

MINUTES of the meeting of the **ADULTS AND HEALTH SELECT COMMITTEE** held at 10.30 am on 15 October 2020 as a REMOTE MEETING.

These minutes are subject to confirmation by the Committee at its meeting on Thursday, 17 December 2020.

Elected Members:

- * Bill Chapman (Vice-Chairman)
- * Clare Curran
- * Nick Darby (Vice-Chairman)
- Bob Gardner
- * Angela Goodwin
- * Jeff Harris
- * Ernest Mallett MBE
- * David Mansfield
- * Marsha Moseley
- * Tina Mountain
- * Bernie Muir (Chairman)
- * Fiona White

Co-opted Members:

- Borough Councillor Neil Houston, Elmbridge Borough Council
- * Borough Councillor Vicki Macleod, Elmbridge Borough Council
- * Borough Councillor Darryl Ratiram, Surrey Heath Borough Council

31/20 APOLOGIES FOR ABSENCE AND SUBSTITUTIONS [Item 1]

Apologies were received from Bob Gardner and Neil Houston.

32/20 MINUTES OF THE PREVIOUS MEETINGS: 14 JULY 2020 AND 7 AUGUST 2020 [Item 2]

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

33/20 DECLARATIONS OF INTEREST [Item 3]

Clare Curran declared a personal interest as a non-executive director and the Chairman of the Board of Directors of Surrey Choices.

Jeff Harris declared a personal interest as Director and Chairman of the board of Hendeca, which was associated with the Surrey Care Association.

34/20 QUESTIONS AND PETITIONS [Item 4]

None received.

35/20 REPORT OF THE MENTAL HEALTH TASK GROUP [Item 5]

Witnesses:

Olive Aherne, Area Manager, Richmond Fellowship
Karl Atreides, Chair, Independent Mental Health Network

Janice Clark, Governor, Surrey and Borders Partnership
Nick Darby, Chairman of the Mental Health Task Group
Nick Markwick, Co-Chair, Surrey Coalition of Disabled People
Sinead Mooney, Cabinet Member for Adults and Health
Professor Helen Rostill, Director of Mental Health, Surrey Heartlands
Kate Scribbins, Chief Executive, Healthwatch Surrey

Key points raised during the discussion:

Ernest Mallett joined the meeting at 10:36am.

1. The Chairman of the Mental Health Task Group introduced the report, highlighting issues in the mental health patient journey that were raised multiple times over the course of the Task Group's work, namely:
 - a. There were often problems involved in the transition from children's to adults' mental health services;
 - b. 'Falling between two stools' – the phenomenon of patient not meeting criteria for a particular treatment and therefore being bounced back and forth between services;
 - c. The development of the GP Integrated Mental Health Service (GPIMHS) was deemed very encouraging;
 - d. Contracts with charity sector organisations tended to be only about three years long – the Task Group recommended that this be extended;
 - e. The Task Group recommended that longer opening hours of Safe Havens be considered;
 - f. Data protection rules meant that sharing patient information was difficult;
 - g. Incompatibility of IT systems meant that patients had to repeat their stories multiple times;
 - h. Training was important to foster greater understanding of mental health issues;
 - i. There had been delays in making improvements to the Abraham Cowley Unit of St Peter's Hospital.
2. A Member emphasised that mental health problems could start as early as pre-school age, so it was important that the transition from children's to adults' services took this into account.
3. A Member asked whether ligature points had now been eradicated in the Abraham Cowley Unit. The Surrey and Borders Partnership (SABP) Director of Mental Health responded that the ward where ligature points had been identified had now been closed and patients were being cared for in other facilities. The ligature risk had been assessed on all wards and work was underway to fit Primera safe hinges, which had a sensor function to prevent ligature from occurring.
4. A Member enquired whether steps were being taken to provide out of hours service at Safe Havens. The Director of Mental Health stated that SABP was in the process of looking at providing 24/7 Safe Haven provision in partnership with NHS England. Moreover, the mental health liaison services and home treatment teams already provided 24/7 service.
5. A Member requested that the Select Committee be sent a diagram showing pathways for patients through the mental health system in Surrey.

6. A Member emphasised that all transitions should be considered, not only the transition from children's to adults' mental health services, as there were often weaknesses involved in transition from one service to another.
7. The Task Group assured the Select Committee that this report would be shared with a wide audience: it would be presented at Cabinet on 27 October 2020; sent to all witnesses who took part in the Task Group's work; presented to the Health and Wellbeing Board; and publicised in a press release.
8. The Chair of the Independent Mental Health Network (IMHN) expressed support for the Task Group's work and suggested that training to become a mental health first-aider could be a suitable type of training to be looked at when implementing the Task Group's recommendations.
9. The Cabinet Member for Adults and Health suggested that the Task Group's input from service users could be reflected more strongly in the report.
10. The Chairman of the Select Committee explained that the Task Group would regularly report back to the committee on progress in following up recommendations, and Members would consider whether to continue the work of the Task Group with revised terms of reference.

Recommendations:

The Select Committee endorses the recommendations set out in the Mental Health Task Group report.

Actions/further information to be provided:

1. Democratic Services officers to share a diagram showing the patient mental health pathways in Surrey.

36/20 UPDATE ON ADULT SOCIAL CARE MENTAL HEALTH TRANSFORMATION PROGRAMME [Item 6]

Witnesses:

Olive Aherne, Area Director, Richmond Fellowship
 Karl Atreides, Chair, Independent Mental Health Network
 Janice Clark, Governor, Surrey and Borders Partnership
 Kirsty Gannon-Holmes, Senior Commissioning Manager (Mental Health)
 Nick Markwick, Co-Chair, Surrey Coalition of Disabled People
 Sinead Mooney, Cabinet Member for Adults and Health
 Kate Scribbins, Chief Executive, Healthwatch Surrey
 Liz Uliasz, Assistant Director (Mental Health) and Deputy Director of Adult Social Care
 Simon White, Executive Director of Adult Social Care

Key points raised during the discussion:

1. The Cabinet Member for Adults and Health introduced the report, reminding the Select Committee that this was an update paper on mental health services now they had moved back into Surrey County Council Adult Social Care (ASC) following the decision to terminate the Section 75 agreement (of the National Health Services Act 2006). During the challenging journey to move these services into the Council, the focus had been on transition, training and supporting staff. Good progress had been made and the process continued.

2. The Assistant Director of Mental Health emphasised the use of strengths-based practice in the service and outlined the changes that had been made since the Section 75 agreement was terminated. Firstly, the structure of the team had been changed, as the team inherited had had no team managers. Two new teams had been developed: the mental health duty team, which acted as the service's 'front door' during normal working hours; and the hospital discharge team. Work had also been done to ensure the service was linked into GPIMHS and Surrey Heartlands. There was more work to do around direct payments, creating robust structures and working with partners.
3. Regarding the service's response to Covid-19, the Assistant Director continued to explain that since lockdown the team had been very busy – referrals and caseload had increased by 200 in the last six months and there had been an impact on mental health assessments both in and out of hours. There had been an increase in the number of Section 136 referrals, particularly amongst young people, and the service was working with the police on this. Overall, there had been an increase in the number and complexity of conditions. The service had been given guidance around virtual assessments in cases where there was a high Covid-19 risk, but, where appropriate, it had continued to conduct visits with PPE in the locality and check on people's wellbeing.
4. A Member enquired what the timelines were for the service to achieve its goals, such as reinstating the Mental Health Programme Board Reference Group, working with the Surrey County Council Learning Disabilities and Autism (LD&A) team, and working together across area hubs. The Assistant Director of Mental Health replied that some of this work had been paused in the summer. However, in terms of the LD&A service, the ASC mental health team was working with Steve Hook, Assistant Director of Disabilities and lead for that service, and a report was being produced; joined up work between mental health and Autism Spectrum Disorder services in the Council was happening already. Regarding staff structure, the aim was to have the structure completed by June 2021. Moreover, a senior manager was in contact with the Independent Mental Health Network about setting up the reference group, which had been helpful to enable co-design, and it was aimed that this would also be set up by June 2021.
5. The Cabinet Member for Adults and Health suggested that the Select Committee could have representation on the reference group. The Chairman of the Select Committee agreed that this could provide more clarity for Members.
6. A Member noted that, while the Mental Health Task Group had highlighted record sharing as a point of weakness, in this report it stated that 'there are no plans to extend access [to the Surrey Care Record shared data system] to the third sector at this time' and that 'it is likely that the patient will be able to share their own data with others on an individual basis'. Patients and other stakeholders were often not aware that patients could access and share their own data, while third sector organisations' difficulty in accessing patients' data complicated treatment. The Assistant Director of Mental Health stated that in the ASC service officers would always ask patients' consent to share data. The section of the report on this was more about the development of a portal to facilitate data sharing. While the Surrey Care Record did not include every patient's information, the ASC service would continue to lobby for this. The Member responded that it was important that health

and social care professionals understood that patients already had the right to ask for and share their own data. Also, the work of the third sector was hindered if data was not shared with them too. This did not make sense when a number of third sector organisations were commissioned by Surrey County Council. She requested that officers report back on the issue of data sharing.

7. A Member referred to the £1.8m underspend forecast for the staffing budget and asked what the reason for this and effect on patient outcomes was. The Assistant Director of Mental Health said that this was an historic underspend caused by the struggle to recruit Approved Mental Health Professionals (AMHPs). The service did have locum staff but it was difficult in general to attract staff to mental health services. The LD&A service had done a good piece of work on recruitment and the mental health service was trying to replicate that with a targeted mental health recruitment campaign.
8. A Member asked for more information on care packages. The Assistant Director responded that there had been an increase in demand for care packages and the Council was working with Surrey and Borders Partnership (SABP) and commissioners to ensure pathways were right and people did not end up in bedded care unless necessary. The Council aimed to discharge patients into their own homes whenever possible with the right package of care. While care packages were a pressure on the budget, it was not felt that this was currently impacting on patients.
9. A Member requested an explanation of the performance figures in the report. The Assistant Director of Mental Health explained that certain performance targets should be kept low as it was important that services and assessments were only given to people who really needed them. Certain indicators (such as the percentage of people reviewed or reassessed in the last 12 months) had shown significant improvement since the end of the Section 75 agreement. The area that still needed work was direct payments: the current percentage of people in the community who purchased their service with a direct payment had decreased to 13.9%, against a target of 30%.
10. The Cabinet Member for Adults and Health suggested that officers include a glossary in future reports.
11. The Cabinet Member for Adults and Health also requested that Members assist the recruitment drive in mental health by sharing publicity on social media. A Member requested that witnesses share pre-prepared text and JPEG images with the Select Committee, for them to easily share on social media.
12. A Member proposed that mental health careers and apprenticeships be encouraged in schools and amongst people working in health (for example, GPs). The Assistant Director of Mental Health agreed to pass on this message to the workforce team.
13. The Executive Director of ASC emphasised that improvements had been made to the service following the termination of the Section 75 agreement.
14. A Member asked for more information on the service's partnership with carer organisations based on its attendance at the SABP Carers' Action Group and Carers' Commissioning Group, and link with the GP lead for carers in Surrey Heartlands. How much influence did these groups have on the budget, for example? The Assistant Director of Mental Health replied that one of the managers within the service was the senior lead for carers. Partnership with these groups was less

about budgets and more about having conversations that influenced staff practices. The Governor of SABP stated that these groups had been valuable for service users and carers.

15. With regards to involving carers in mental health in general, the Governor remarked that a whole family approach was important; it was important that ASC services put sufficient resources into adult services users whose carers were children, in order to alleviate pressures on the children and prevent mental health issues; and sound social care assessment processes were essential for the third sector to be able to do its work properly. Members agreed that it was important to intervene in and prevent mental health problems as early as possible.

Recommendations:

1. The Select Committee agrees to nominate a member to sit on the Mental Health Programme Board Reference Group;
2. The Select Committee recommends that the Council continues to lobby for Surrey Care Record access to be extended to third sector organisations, and that a follow-up on this is included in the next Transformation Programme Update paper;
3. The Select Committee recommends that the Council explores the development of ASC recruitment drives in schools, colleges and universities, as well as the further development of apprenticeship schemes.

Actions/further information to be provided:

1. The Assistant Director of Mental Health to share suitable pre-prepared text and JPEG images with the Select Committee for sharing on social media.

37/20 WINTER PRESSURES IN SURREY HEARTLANDS [Item 7]

Witnesses:

Olive Aherne, Area Director, Richmond Fellowship
Karl Atreides, Chair, Independent Mental Health Network
Jane Chalmers, Director of Delivery (Financial Recovery), Surrey Heartlands
Helen Coe, Recovery Director, Surrey Heartlands
Nick Markwick, Co-Chair, Surrey Coalition of Disabled People
Jackie Raven, Associate Director of Urgent and Integrated Care, Surrey Heartlands
Professor Helen Rostill, Director of Mental Health, Surrey Heartlands
Kate Scribbins, Chief Executive, Healthwatch Surrey
Karen Thorburn, Director of Performance, Surrey Heartlands

Key points raised during the discussion:

1. The Director of Performance introduced the report, highlighting key issues including:
 - a. The significant impact caused by the second wave of Covid-19 that had begun in autumn 2020;
 - b. There had been over 182,000 attendances to A&E in winter 2019/20, which was an increase of 9.4% compared to 2018/19;
 - c. The number of attendances to A&E had dropped significantly when the lockdown began in March 2020;

- d. Performance over winter 2019/20 had deteriorated compared to Surrey Heartlands' results in previous years, but was favourable against the England average;
 - e. Ambulance handover had improved and was performing well;
 - f. In order to ensure in-person work could continue where appropriate, Covid-secure measures had been put in place, including PPE;
 - g. A campaign to encourage the public to take up the flu vaccination had commenced;
 - h. In winter 2020/21, it would be important to balance business as usual, the Covid-19 second wave and recovering backlogs.
2. A Member expressed concern about a statistic in the report that in March 2020, NHS 111 calls answered within 60 seconds had dropped to a low of 12%. How much longer than 60 seconds did it take to answer these calls? Was it significantly longer (for example, one hour), or only a matter of seconds? The Director of Performance said that every year, the service conducted modelling and learning to ensure there was more than 100% staffing to ensure that all 111 call volumes could be covered. The Associate Director of Urgent and Integrated Care stated that she would provide the information requested on the duration of waiting times for 111 calls to be answered. She added that the 111 service would focus on recruitment and increased home working to ensure there was resilience in future.
 3. A Member requested data on the time between a service user calling 111 or 999 and the service user being seen or treated by a doctor or consultant. She had heard anecdotal evidence of people waiting many hours for an ambulance to arrive. The Director of Performance agreed to provide this information.
 4. The Chair of the IMHN asked what provisions would be put in place over winter considering that bed capacity had been reduced in the Abraham Cowley Unit and Langley Green mental health hospital (in West Sussex, close to the Surrey border). The Director of Mental Health stated that there was a short-term arrangement in place at the Elysium site in Surrey for people who had been on the Abraham Cowley Unit wards. Surrey and Borders Partnership (SABP) also continued to provide services with other partners. The Chair of the IMHN suggested that service users should be involved and consulted wherever possible.
 5. A Member remarked that there had been supply issues with the flu vaccine. The Director of Performance responded that primary care organisations usually ordered their flu vaccine stock a year ahead, meaning it had not been possible for them to take Covid-19 into account. There had been a lot of publicity about providing free vaccinations to 50-64-year-olds, leading to an increase in demand; a decision on this would be made nationally in November. For now, the focus was on vaccinating at risk groups, such as those with underlying health conditions. The Director of Performance acknowledged that some practices had lacked supplies of the flu vaccine. Although the logistics were difficult, Surrey Heartlands had ambitions and clear plans on making sure that it could supply sufficient vaccines in winter 2020/21.
 6. The Co-Chair of the Surrey Coalition of Disabled People indicated that, while staff working in care homes were tested weekly for Covid-19, there were no regular testing requirements for domiciliary care staff, leaving their clients vulnerable. The Director of Delivery

(Financial Recovery) acknowledged that domiciliary care workers were not required to be tested weekly, but there were limits on what could be enforced locally, so for the time being domiciliary care workers had to book tests through the government website like most members of the public. The Director of Performance agreed to check whether domiciliary care workers were considered key workers and would therefore be prioritised for Covid-19 tests.

7. The Chief Executive of Healthwatch Surrey asked how hospital discharge would work during the second wave of Covid-19. The Associate Director of Urgent and Integrated Care replied that, while discharge would often occur more quickly due to the pandemic, it was still fundamental that the patient was safe when leaving the secondary care environment and that discussions were had with the patient and their carer. Appropriate onwards support for each patient post-discharge was arranged quickly and reviewed at a later date. The Associate Director emphasised the importance of placing people and conducting assessments in their own homes when possible, where they would often feel safer, as this led to better outcomes.
8. The Chief Executive of Healthwatch Surrey highlighted the issue of digital exclusion with regards to the shift towards digital avenues for health and care due to the Covid-19 pandemic. For example, a significant proportion of GP appointments were now conducted over telephone or video call, even though 7% of the population did not use digital pathways. The Director of Performance acknowledged that some people would not feel comfortable accessing services digitally. She was keen that safe access to services continued to be provided, particularly now that a second wave of Covid-19 was occurring, and she agreed to feed this issue back to primary care services.

Recommendations:

1. The Select Committee recommends that GPs ensure digital modes of contact remain available for patients during winter 2020/21, and that all Surrey residents are able to access a practice website that allows for self-care, self-referral and the submission of an online consulting request;
2. The Select Committee recommends that measures are put in place to ensure that residents who are not able to access GP services digitally are prioritised when requesting access to face-to-face appointments;
3. The Select Committee recommends that Surrey Heartlands works closely with Surrey County Council to ensure it publicises to residents that advice about flu vaccinations can be sought from pharmacists and GPs.

Actions/further information to be provided:

1. The Associate Director of Urgent and Integrated Care to provide details on the duration of waits over 60 seconds for 111 calls to be answered;
2. The Director of Performance to provide data on the average time between a service user calling 111 or 999 and being seen or treated by a doctor or consultant;
3. The Director of Performance to check whether domiciliary care workers are counted as key workers and therefore prioritised for Covid-19 testing.

38/20 WINTER PRESSURES IN FRIMLEY HEALTH AND CARE [Item 8]

Witnesses:

Olive Aherne, Area Director, Richmond Fellowship
Nicola Airey, Director of Planning and Delivery, Surrey Heath CCG
Karl Atreides, Chair, Independent Mental Health Network
Michelle Head, Area Director, Adult Social Care
Nick Markwick, Co-Chair, Surrey Coalition of Disabled People
Professor Helen Rostill, Director of Mental Health, Surrey Heartlands
Kate Scribbins, Chief Executive, Healthwatch Surrey

Key points raised during the discussion:

1. A Member requested more detail on the new standard to replace the four-hour standard for waiting times in A&E. The Director of Planning and Delivery stated that the new standard measured average time in A&E rather than percentage of people seen within four hours. The rationale behind this was to try to see the right people in the right time-frame. For instance, a very sick person would need to be seen much more quickly than four hours. The benchmark average time was 220 minutes, and this week Frimley Health and Care had averaged around this benchmark. As well as the 220-minute figure, there were sub-targets including particular pathways for the most vulnerable.
2. A Member enquired what the effect of the closure of the Camberley Safe Haven had been. Had it resulted in increased footfall at the Safe Haven in Aldershot, particularly amongst Surrey Heath residents? The Director of Mental Health agreed to provide footfall data for the Aldershot Safe Haven and said that there had not been a significant increase in people with mental health needs going to A&E.
3. The Chair of the IMHN questioned whether the possibility was being looked into of Safe Havens run by Frimley Health and Care offering 24/7 provision, as well as Surrey Heartlands. The Director of Mental Health stated that this had not been decided yet but the possibility of extending the 24/7 model was being explored.
4. A Member asked how Frimley Health and Care were viewing staffing and other challenges, given the rapidly changing situation brought about by the Covid-19 pandemic. The Director of Planning and Delivery acknowledged that the situation was changing rapidly day by day. Key to Frimley's response were adjusting for risks, flexing resources and mutual aid. The service was aware that this period would be challenging and had experience of adapting to change. The Member questioned whether, during the approaching second wave of Covid-19, Frimley had the resilience to continue offering treatment for conditions other than Covid-19, such as cancer. The Director of Planning and Delivery replied that there were plans in place to treat patients with the greatest need, including elective operations in some cases. The Area Director added that the service was able to adapt quickly and respond to residents' needs in a personalised manner. It was also anticipated that communities would support each other during the second wave, as they had during the initial wave of Covid-19. Moreover, councillors could support the work of the health service by sharing the message that the NHS was open for business.

Recommendations:

1. The Select Committee recommends that GPs ensure digital modes of contact remain available for patients during winter 2020/21, and that

all Surrey residents are able to access a practice website that allows for self-care, self-referral and the submission of an online consulting request;

2. The Select Committee recommends that measures are put in place to ensure that residents who are not able to access GP services digitally are prioritised when requesting access to face-to-face appointments;
3. The Select Committee recommends that Frimley Health and Care works closely with Surrey County Council to ensure it publicises to residents that advice about flu vaccinations can be sought from pharmacists and GPs.

Actions/further information to be provided:

1. The Director of Planning and Delivery to provide footfall data for the Aldershot Safe Haven.

39/20 RECOMMENDATIONS TRACKER AND FORWARD WORK PROGRAMME [Item 9]

The Select Committee noted the Recommendations Tracker and the Forward Work Programme.

40/20 DATE OF THE NEXT MEETING [Item 10]

The next meeting of the Select Committee would be held on 17 December 2020.

Meeting ended at: 1.36 pm

Chairman

41/20 PRIVATE WORKSHOP [Item 11]

The discussion was conducted in private after the conclusion of the meeting.