MINUTES of the meeting of the **HEALTH SCRUTINY COMMITTEE** held at 10.00 am on 17 September 2014 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 W D Barker OBE
Mr Tim Evans
Mr Bob Gardner
Mr Tim Hall
Mr Peter Hickman
Rachael I. Lake
Mrs Tina Mountain
Mr Chris Pitt
Mrs Pauline Searle
Mrs Helena Windsor

Independent Members

Borough Councillor Karen Randolph
District Councillor Lucy Botting

Apologies:

Mr Ben Carasco
Borough Councillor Mrs Rachel Turner

45/14 APOLOGIES FOR ABSENCE AND SUBSTITUTIONS [Item 1]

Apologies were received from Ben Carasco and Rachel Turner.

46/14 MINUTES OF THE PREVIOUS MEETING: 3 JULY 2014 [Item 2]

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

47/14 DECLARATIONS OF INTEREST [Item 3]

None were received.

48/14 QUESTIONS AND PETITIONS [Item 4]

1. A public question was received from District Councillor Philippa Shimmin. The question and response were tabled at the meeting, and are enclosed within these minutes.

2. The Chairman invited Ms Shimmin to ask a supplementary question. A further question was asked and the Scrutiny Officer was to seek an answer from officers. The supplementary question and the response are also enclosed in these minutes.

49/14 CHAIRMAN'S ORAL REPORT [Item 5]

Declarations of Interest: None

Witnesses: None

Key points raised during the discussion:

1. The Chairman provided the following oral report:

Major Changes at Surrey's Acute Hospitals

The acquisition by Frimley Park Hospital of Heatherwood and Wexham Park Hospitals is progressing. The relevant CCGs have agreed to pick up the costs of the acquisition transaction.

The merger of Royal Surrey County Hospital with Ashford and St Peter's Hospitals is being pursued with enthusiasm. Surrey Health Scrutiny Committee has been asked to provide volunteers for the Merger Stakeholder Panel.

The future of Epsom Hospital remains uncertain. The South West London health economy has been identified as one of 9 'challenged health economies' in England. It is estimated to have a £500 million annual deficit. Epsom Hospital has to be considered to be at least in close orbit to that economy.

Epsom Hospital's deficit last year's was £7.4 million. The aim is to break-even this financial year and to enter the process of becoming a Foundation Trust early in 2015.

East Surrey Hospital continues to seek Foundation Trust status. The Hospital received a 'Good' rating from its CQC Inspection, but there still seem to be question marks over its projected financial position.

Quality of Health Services

The impact of the Francis Report continues to be felt. As we heard at our Meeting of 30 May 14 the announced Inspections by the Care Quality Commission (CQC) have been broadened and deepened. Those of our Acute Hospitals that have been subject to the new Inspections have come through well.

CQC has previously raised some concerns about Surrey and Borders Partnership (SABP) and has recently carried out a new style Inspection of SABP. SABP is the Trust that provides Mental Health Services in Surrey. We expect to be involved in an SABP Quality Summit.

Integration of Health and Social Services

A major shift of emphasis in the integration process is towards enabling people to stay out of hospital as much as possible. The major key performance indicator from Central Government is the reduction in the number of unplanned admissions into hospital, with a target of 3.5% reduction year on year.

The Clinical Commissioning Groups will move money from the Acute Hospitals towards Social Services and Community Care. As a consequence the Acute Hospitals will come under pressure to downsize by taking beds out of commission. This will have a major impact on the Acute Hospitals.
The mechanism for managing this shift of funding in 2015/16 will be the Better Care Fund (BCF). Progress in planning the shift is slow with the CCGs understandably keen to know that the money lost from their budgets to Social Services will result in a compensatory reduction in demand on the Acute Hospitals.

Recommendations: None

Actions/ further information to be provided: None

Committee next steps: None

50/14 INTEGRATION: COMMUNITY PROVISION IN THE HEALTH SYSTEM AND THE USE OF TECHNOLOGY [Item 6]

Declarations of Interest: None

Witnesses:

Tricia McGregor, Managing Director, CSH Surrey
Ian Wiles, Director of Operations, Virgin Care
Philip Greenhill, Managing Director, First Community Health & Care
Jan Don, Director of Service Development, First Community Health and Care
Vernon Nosal, Acting Senior Manager Personal Care and Support, Adult Social Care

This item required the Committee to divide into three groups with each group being assigned a provider. This gave Members the opportunity to conduct in depth discussions with leading figures in the healthcare community in Surrey and develop a greater understanding of both the opportunities and challenges presented by integration and the use of technology for the provision of healthcare in Surrey.

Key points raised during the discussion

1. To preface the group discussions each of the providers gave a brief introduction to their report and gave the Committee a context for the environments in which they were working as well as some of the healthcare services they provided to the people of Surrey. The providers highlighted the challenges of providing frontline healthcare services and the increased pressure placed on providers both due to the emergence of more complex and demanding healthcare needs not just from the increasing elderly population but also from children being born with severe medical conditions that previously would have been fatal.

2. Following the conclusion of the discussions, a spokesman from each of the groups was asked to provide feedback on what members had learned about the process of integration for healthcare providers in Surrey as well as the obstacles they faced in ensuring that there were no gaps in the provision of healthcare services. Some common themes emerged from the feedback the most prominent of which was issues arising from the existing funding model which makes integration more difficult because of underlying differences in how different providers are funded. The incentives for these organisations are not presently aligned representing a barrier to integration. Moreover, the authorisation and regulatory framework which Acute Hospitals work under, MONITOR or the Trust Development Authority, can prevent them from engaging in systematic change especially where this has a significant impact on size, clinical standards and ultimately potential viability.

3. Clinical Commissioning Groups (CCGs) need to be proactive in influencing payments and in promoting the use of different commissioning models. They could, as has been done in the Guildford and Waverley area with the creation of an Integrated Care Organisation, consider the resources of the health system as a whole.

4. On the whole, providers reported good working relationship with Surrey CCGs at a strategic and operational level especially around the Better Care Fund but cautioned that cultural differences could impede delivery of the integration agenda. It was also suggested that specific funding was required to achieve large scale transformational change that enabled up-front investment rather than trying to establish very different services without the opportunity for testing/building the new system and clinical confidence. It was further highlighted that Members play an important role in influencing the integration agenda.

5. Providers felt that there needed to be confidence in the sharing of data across the health and care system that could be achieved if organisations could work together to understand and mitigate information governance risks. This was particularly important as there is no real technical barrier to

sharing data. Further to this, the ability to recruit a skilled, fit for purpose workforce is a key component to greater integration and this can be hampered by national incentives that prioritise certain professional roles and the split in commissioning e.g. Public Health are responsible for health visitors and school nurses whereas CCGs recruit healthcare staff in other areas.

6. Feedback also centred on the disparate provision of nursing home solutions across Surrey and highlighted the need to create a single community based solution due to the fact that the duplication of roles can cause confusion for those referring patients. In addition, providers said that there needed to be a single point of access to health and social care and that community providers need to integrate the care they provide with that given by GPs such as that provided by NW Surrey Hub which has proven to be a successful single point of access model.

7. The Adult Social Care representative was given the opportunity to respond to some of the concerns raised during the feedback. It was advised that Surrey County Council was not resistant make changes to the existing funding models but rather wanted to ensure that they created an innovative funding model that worked for worked effectively for all parties concerned. The Committee was advised that meetings were currently taking place discussing funding models in order to aid integration of healthcare services in Surrey and hoped to be able to present a solution soon.

8. It was also advised that the Council was currently looking at effective integration pathways and, working with CCGs, hoped to have these pathways finalised within the next few weeks.

Recommendations:

1. To ask the providers to give an update on the progress of integration in 6 months time.
2. Better Care Fund Member Reference Group to scrutinise the final Better Care Fund submissions.

Actions/ further information to be provided:

None

Committee next steps:

None

51/14 MEMBER REFERENCE GROUP REPORT ON SECAMB PLANS TO REORGANISE ITS EMERGENCY OPERATION CENTRES [Item 7]

Declarations of Interest: None

Witnesses: Bob Gardner, Karen Randolph

An update was provided on the latest developments regarding SECAmb's (South-East Coast Ambulance Trust) proposed reorganisation of its Emergency Operations Centres (EOC). It was advised that representatives

from SECAmb had stressed the need for a reorganised EOC given that they currently receive in excess of 9 million 999 and 111 calls annually and that within the next few years they would reach full capacity in terms of the number of calls that SECAmb's current provision of EOCs can process. SECAmb had considered three potential options for meeting the projected increased in 999 calls: an incremental expansion and improvement of existing centres, building two new large centres or moving all centres to one large EOC. It was decided that the second option, building two large EOCs, was the best option as SECAmb was reluctant to centralise in one area in case of an event which could compromise the operational capacity of the EOC while it was felt that incremental updates and expansions of the existing EOCs would only be sustainable for so long. SECAmb had highlighted that they were currently in the process of locating suitable sites for the new EOCs and that conversations had taken place with staff to make them aware of the new arrangements, discuss arrangements about how they travel to the new site and to advise that there were be no redundancies as a result of the relocations of SECAmb's EOCs. Furthermore, it was also advised that the new EOCs would help SECAmb to make a two-tiered system for dealing with 999 calls and 111 calls to ensure that they were given the appropriate priority status when being responded to by paramedics.

Key points raised during the discussion:

1. Members requested more information on the extent to which SECAmb used the 'hear and treat method' for dealing with some emergency calls. It was advised that this method was used for prioritising patients and ensuring that patients are directed to the most appropriate service. Paramedics have also been given increased powers to decide whether patients need to go to hospital or if they can be treated at home while Paramedics are also on-hand at EOCs to offer advice to 999 responders and ensure that patients are given increased support.

2. The Committee expressed some concern that the report didn't include any details on SECAmb's quality outcomes and requested further information on these for its EOCs. It was advised that these would be discussed at the next meeting of the Member Reference Group with a view to presenting these at a forthcoming Select Committee.

3. Concern was also raised as a result of the fact that 111 wasn't mentioned in the report. It was indicated that the plan was to create a two-tiered system to allow the Trust to handle the increasingly complex and lengthy 999 calls during the development of the new EOCs as well as the 111 service.

4. Members also asked for more information on funding for the reorganisation of the new EOCs and to cover the increased staff budget that would result from expanding the operational capacity of SECAmb to meet increased demand. It was advised that the funding for the construction would come from selling off existing assets held by SECAmb so that no additional funds would be required from Central Government to cover the building costs. In terms of the new staff, Members were informed that there would be no sharp increase in staff numbers once the new EOCs had been built but rather there would be a steady increase in the number of staff and would be covered in line with the existing annual budget so no additional funds would be required for staffing

5. The Committee requested additional information on how the new EOCs would fit in with the Blue Light Collaboration Project to integrate with other emergency services given that a new fire station was being built in Spelthorne. Members were informed that the Blue Light Collaboration Project is to work is ongoing but that representatives from SECAmb had been in discussions with representatives from the other emergency services to discuss the practicalities.

Bill Barker left the meeting at 12.20 pm.

Recommendations:

1. Clarify finance for reorganisation for SECAmb EOCs having reached capacity.
2. Member Reference Group to follow-up after the launch of the reorganisation at the Trust's Board on 25 September.

52/14 RECOMMENDATION TRACKER AND FORWARD WORK PROGRAMME [Item 8]

Members requested the addition of an update regarding the outcome of the planned public engagement outlined in the presentation.

Recommendations:

None

Actions/ further information to be provided:

1. An update on the public engagement conducted by SECAmb will be added to the forward work programme.

Committee next steps:

None

53/14 DATE OF NEXT MEETING [Item 9]

The Committee noted the next meeting would be held on 20 November 2014 at 10.00 am in the Ashcombe Suite.

Meeting ended at: 12.25 pm

Chairman

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Question from Councillor Philippa Shimmin:

"Considering the pressure on mental health services and the need for patients to access them promptly, why has there not been a single referral to the Mary Francis Trust, by a G.P. in Surrey? SCC and the CCG have already bought the services, so there is no financial commitment for the practices. Mental health patients need this, Surrey tax payers have paid for it. How will SCC ensure that referrals are made and the patients promptly receive the services they need?"

Joint Surrey County Council Adult Social Care and North East Hampshire CCG response:

The Community Connections Service was established as an outcome of a public value review on adult mental health services in October 2012. The service is jointly commissioned by the six clinical commissioning groups (CCGs) and Surrey County Council. It is an outcome based preventative service. Mary Francis Trust is the lead provider for delivering this service in Mole Valley and Epsom &Ewell, and is one of five lead providers across the county.

The services started in April 2013 and have made a difference by giving individuals universal access to local preventative services. However, we recognise there are challenges in the referral uptake, particularly from general practitioners (GPs). To date there have been 107 referrals from GPs to the Community Connections service across the county and five referrals to the Mary Francis Trust from GPs. The table below shows the numbers of general practitioner referrals across the county alongside the total number of referrals to the Community Connections services to date. This illustrates that general practitioner referrals across the county are generally low.

	Total GP referrals across the community connections service	GP referrals to Mary Francis Trust	Total referrals across the community connections service
Q1 2013/14	21	0	449
Q2 2013/14	20	4	589
Q3 2013/14	25	1	631
Q4 2013/14	22	0	814
Q1 2014/15	19	0	677
Total	**107**	**5**	**3160**

Lead commissioners for adult mental health services in the clinical commissioning groups, Surrey Downs CCG, have confirmed that they would like to promote a refreshed presentation about Mary Francis Trust to local GPs. In addition they would discuss with the lead GPs for mental health an initiative that will increase referrals to local Community Connections Services across the county, and locally to Mary Francis Trust.

The clinical commissioning groups are aware of the valuable work of the Mary Francis Trust and Patrick Walter (Chief Executive) has given local presentations on the range of services they offer. The GPs do refer to 'First Steps' as an accessible source of information and self-help support for mental health and well-being. 'First Steps' are aware of Mary Francis Trust and do signpost people onwards. These referrals would however not necessarily be sourced as a GP referral.

As a county council we will also promote referrals to Mary Francis Trust from our general practitioner colleagues as part of our commitment to delivering preventive services.

Supplementary Question from Councillor Philippa Shimmin:

"What will Surrey County Council do to ensure mental health services work as a whole integrated system and in particular what can the MFT do to enable this to happen to ensure the effective services they offer benefit more people with mental health problems and provide the Surrey tax payers with the value they have already paid for?

Joint Surrey County Council Adult Social Care and North East Hampshire CCG response:

Surrey County Council and the 6 Clinical Commissioning Groups in Surrey are fully committed to the commissioning and provision of mental health services that are integrated in their design and focused on outcomes. The 6 Clinical Commissioning Groups and Surrey County Council align our commissioning of adult mental health services in Surrey & Border Partnership NHS Foundation Trust to deliver integrated health and social care services for people with mental health problems and we jointly commission the community connection services through 5 voluntary organisations of which Mary Frances Trust is one. We are currently consulting on a joint health and social care emotional wellbeing and mental health strategy which will inform our commissioning intentions for the next 5 years in Surrey and North East Hampshire.

The Mary Frances Trust are a valued partner in this whole system approach to meeting the needs of vulnerable people with mental health problems in Surrey and they do offer a range of services in Mole Valley and Epsom and Ewell through their community connections contract. Since this contract began in April 2013 they have offered services to 253 people in these two district/ boroughs where they have the contracts.

The chief executive of Mary Frances Trust, Patrick Wolter, has been talking with commissioners about how Mary Frances Trust can promote better use of services. Some of the suggestions discussed have been to contact the patient engagement officer of Surrey Downs Clinical Commissioning Group. Further discussions with the mental health lead in Surrey Downs Clinical Commissioning Group on how to better engage with local general practitioners, the establishment of a newsletter with the other 4 community connections providers targeting primary care services and the development of a short video showing the value of community connection services which could be shown in general practitioners surgeries. These are all ideas that the lead providers of the community connections services are intending to pursue in the next three months in order to increase the awareness and referrals from general practitioners across the county.

These measures would increase the marketing of Mary Francees Trust services and demonstrate that the tax payers of Surrey are getting value for money from mental health services.

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