

MINUTES of the meeting of the **WELLBEING AND HEALTH SCRUTINY BOARD** held at 10.30 am on 7 January 2016 at The Council Chamber, County Hall, Kingston upon Thames, KT1 2DN.

These minutes are subject to confirmation by the Board at its meeting on Wednesday, 16 March 2016.

Elected Members:

- *Mr W D Barker OBE
- Mr Ben Carasco (Vice-Chairman)
- *Mr Bill Chapman (Chairman)
- *Mr Graham Ellwood
- *Mr Bob Gardner
- *Mr Tim Hall
- *Mr Peter Hickman
- *Rachael I. Lake
- *Mrs Tina Mountain
- Mr Chris Pitt
- *Mrs Pauline Searle
- *Mrs Helena Windsor
- District Councillor Lucy Botting
- *Borough Councillor Mrs Rachel Turner
- *Borough Councillor Karen Randolph

Ex officio Members:

- Mrs Sally Ann B Marks, Chairman of the County Council
- Mr Nick Skellett CBE, Vice-Chairman of the County Council

Also in attendance:

31 APOLOGIES FOR ABSENCE AND SUBSTITUTIONS [Item 1]

Apologies received from Bob Gardner, Chris Pitt and Ben Carasco. Michael Gosling and Karan Persand acted as substitutes.

32 MINUTES OF THE PREVIOUS MEETING: 12 NOVEMBER 2016 [Item 2]

To agree the minutes as a true record of the meeting.

Amendment to be made to item 6, page 6, paragraph 4 to read:

"It was reported that Healthwatch Surrey's understanding of current patient experience of general practice is one of deterioration. It was suggested that part of the solution would require partners working together to agree and communicate what patients can expect when accessing their GP. It was stated that some GP practices are very successful in managing appointments in a way which suits patient's needs, whilst others are not. This remains a priority for Healthwatch Surrey and it will be undertaking further work in this area. It was agreed by the Board that communication is vital when looking at ways to strengthen GP services in Surrey."

33 DECLARATIONS OF INTEREST [Item 3]

None received

To receive any declarations of disclosable pecuniary interests from Members in respect of any item to be considered at the meeting.

Notes

- In line with the Relevant Authorities (Disclosable Pecuniary Interests) Regulations 2012, declarations may relate to the interest of the member, or the member's spouse or civil partner, or a person with whom the member is living as husband or wife, or a person with whom the member is living as if they were civil partners and the member is aware they have the interest.
- Members need only disclose interests not currently listed on the Register of Disclosable Pecuniary Interests.
- Members must notify the Monitoring Officer of any interests disclosed at the meeting so they may be added to the Register.

Members are reminded that they must not participate in any item where they have a disclosable pecuniary interest.

34 QUESTIONS AND PETITIONS [Item 4]

At the previous meeting a question was received from Mrs Helena Windsor. A request for response sent 11/11/2015. Responses incomplete as of 29/12/2015.

35 CHAIRMAN'S ORAL REPORT [Item 5]

Visits

On 25 November 2015, with Tim Hall, Bob Gardner and Peter Hickman I took part in a review of the Quality Plan for Epsom and St Helier Hospitals Trust. The previous week the Care Quality Commission had completed a first in-depth announced inspection, one of the last six to be completed across England.

I had a one-to-one meeting on 7 December 2015 with the Surrey Director of Public Health. One of the roles of our Board is to scrutinise the work of Surrey Public Health. We discussed the likely shape of the Public Health budget for 2016/17.

On 11 December 2015 I met leaders of Healthwatch Surrey and the Citizens' Advice Bureau. We discussed how the two organisations interwork and their individual work-programmes.

On 15 December 2015 I met the CEO of North-West Surrey Clinical Commissioning Group to hear about plans for re-commissioning Community Services. Services for children will be re-commissioned jointly for the Council and the Surrey CCGs, with Ruth Hutchinson of Public Health leading. Community Services for adults will be re-commissioned separately.

Ross and I will be meeting the Chairmen and Officers from the other Health Overview and Scrutiny Committees in South East England on 18 January 16 when, amongst other things, we will compare notes on the performance of the South East Coast Ambulance Service NHS Foundation Trust which we will be covering under Item 8 today.

Air Pollution

Members may recall that the 2013/14 Annual Report by the Surrey Director of Public Health made the point that, across England, air pollution is second only to smoking as a contributor to ill-health. Road traffic is a major contributor to air pollution in Surrey, especially in the more urban areas.

I can find no evidence that the Surrey Health and Wellbeing Board has considered the matter but have persuaded the Director of Public Health to invite me to an informal meeting of the H&WB where air pollution will be addressed.

Licensing of the Sale of Alcohol

The Surrey Director of Public Health's Report for 2013 /14 pointed to excessive alcohol consumption as the third most significant determinant of ill-health in Surrey. The Public Health Prevention Plans address this point and Members may have noted that the advice to limit alcohol consumption is being put across in GP's surgeries, Hospitals, Pharmacies and generally throughout the media.

Surrey Public Health is now a Responsible Authority in the terms of the 2003 Licensing Act. Surrey Heath Borough Council is currently carrying out its 5-yearly review of its Licensing Policy and Public Health is contributing to the review for the first time.

The Scottish Parliament has added a 5th Licensing Objective to its Licensing Law: 'Protecting and Improving Public Health'. An attempt by the Parliament to introduce a minimum price for a unit of alcohol in Scotland has recently been rejected by an EU Court.

36 CHILDREN'S MENTAL HEALTH [Item 6]

Declarations of interest:

None

Witnesses:

Sheila Jones, Head of County-wide Services, Surrey County Council

Ian Banner, Head of Children's Services Commissioning, Surrey County Council

Diane McCormack, Deputy Director Children's Commissioning, NHS Guildford and Waverley Clinical Commissioning Group

Maria Crowley, Head of Mental Health Specialised Commissioning, NHS England South

Linda McQuaid, Interim Co-Director for Children's and Young People's services, Surrey and Borders Partnership NHS Foundation Trust

Dr Philip Ferreira-Lay, Consultant Psychiatrist, Surrey and Borders Partnership NHS Foundation Trust

Key points raised during the discussion:

1. The Head of Children's Services Commissioning stated that the partners had undertaken a 16 month consultation with parents, GPs, stakeholders and patients. It was said that the reason for this investigation was to identify gaps in the service and to collect opinions about the service. The issues that had been identified included a lack of telephone advice for parents and poor out-of-hours responses. It was stated that Commissioners had been continually adapting services to meet Government demands in recent years.
2. It was reported that there had been an extension of the HOPE Service which increased the level of support and decreased the possibility of patients falling through the net when needing care services. Members were told that the current waiting time for treatment depended on different situations but could take up to nine months. A member questioned the safety of staff and other pupils in schools as the waiting time could have an effect on staff and leave them feeling unsupported. It was agreed by witnesses that there has been a big change from the Primary Care Trusts to NHS England commissioning Tier 4 services. There was a keen aspiration to join up with Tier 3 as early as possible.
3. The Head of Mental Health Specialised Commissioning at NHS England South explained the aspiration to join up with local, Tier 3 services as early as possible and that the shift to national based commissioning had meant they had been able to cope with quality issues as one organisation. She also stated that NHS England were

currently in deliberation over joint commissioning with local partners to join up pathways and provide continuity for patients moving away from the lack of dedicated resources by building up capacity at Tier 3 level and more local influence on Tier 4 services.

4. The travel issue in the South East was said to be replicated on a national level due to the ongoing pressures faced regarding acute beds. The Consultant Psychiatrist- SABP explained that they had dedicated two beds in Springfield Hospital, prior to April 2013, in Wandsworth for Surrey residents who live closer to the area. Post April 2013, services were commissioned on a national basis, meaning SABT whilst having access to all NHS England Tier 4 Camhs beds, did not have contracted beds at Springfield Hospital.
5. The Interim Co-Director for Children's and Young People's services recognised that waiting times had been appalling and must improve to achieve parity of esteem. The Board were informed that the Surrey mental health provider, Surrey and Borders NHS Partnership, had recruited staff to implement the new local CAMHS model. This amounted to a net increase of 28 staff. The SABP team are currently in the process of recruiting a new Senior Clinical Nurse.
6. The Head of Mental Health Specialised Commissioning, NHS England South, informed the Board that there were currently many recruitment challenges especially in the long lead in period in NHS contracts, competition with London and workforce planning falling behind service expansion.
7. The Head of County-wide Services informed the Board that Primary Mental Health Services were becoming more complex and more involved with schools. Anger management was highlighted as a major issue by the Board who argued that there is no facility for this issue as it had never been addressed. The Consultant Psychiatrist agreed that there was a significant gap currently in the system for behavioural management but that care was needed in terminology and that the new model for CAMHS would offer significant improvements for people with this diagnosis.
8. The Board agreed that the new model represented an opportunity for change as CAMHS contributed to the delivery of a multi-agency service for children and young people with complex moderate to severe mental health issues.

Recommendations:

- The Board recognises the efforts made by commissioners to work together to improve CAMHS in Surrey and the further funding made available.
- The Board recommends that commissioners and SABP return to the Board in 2017 with a report that outlines the new CAMHS performance against Key Performance Indicators. This should include the time taken for children to be referred, assessed and treated, the type of interventions they receive and what differences these have made.

- It also recommends that NHS England provide details on the outcome of specialised CAMHS commissioning and in particular how this will deal with adverse travelling times experienced by Surrey residents.

37 SOUTH EAST COAST AMBULANCE TRUST UPDATE [Item 8]

Witnesses:

Paul Sutton, Chief Executive

Geraint Davies, Director of Corporate Affairs and Service Development

Key points raised during the discussion:

1. The Board inquired about the re-triage process and the performance up-dates and challenges. The Chief Executive informed the Board that the process saw clinicians taking up to an extra 10 minutes to further assess calls that had come across from the non-emergency 111 service to 999. The re-triage process finished mid February 2015. The Board were informed that fourteen clinical decision makers were given 10 more minutes to re-triage the call and as a result a third of calls did not have an ambulance dispatched.
2. It was highlighted that in 2014, the Ambulance Trust was under pressure due to the lowest survival rate and the time lost at Accident and Emergency (A&E). Peak weekend call activity on the 111 phone line was impacting 999 responses, so it was suggested irresponsible to respond without proper triaging. The Chief Executive explained that the Trust had been working hard to improve call taking and accuracy at 111 to ensure the re-triage process was not needed in the winter of 2015.
3. The Chief Executive explained to the Board that Red 1 calls are those known to involve people in cardiac arrest and are always a challenge in winter. He informed the board that if a patient goes into cardiac arrest, this is potentially reversible if they were defibrillated and this is where the eight minute target originates from. Due to the ongoing pressures faced by the trust, the trust used a Resource Allocation Action Plan (REAP) which saw management, including the Chief Executive, involved in the field.
4. Members were informed by the Chief Executive that the winter months were the most challenging for the NHS. It was stated that 35% of 999 calls within North East Kent did not need an ambulance. It was stated that there was further support from other organisations in the health system but the project rationale was not communicated well with patients and Health Scrutiny bodies.
5. The Chairman of the Board asked the witnesses about the handover aspect of the ambulance service, and how this fits in with the different parts of the health system. It was stated by the Chief Executive that the NHS as a whole work well together with good engagement and an increased level of engagement within the last year, especially with those who had critical illnesses.

6. A concern was raised about the Trust's culture including doubts following recent whistle blowing issues. The Chief Executive and Director of Corporate Affairs and Service Development both agreed that this matter was very serious and the staff survey showed that there are issues. Member's questioned the reasoning behind the whistle blowing incident which was said to be a cause of culture, poor communication and negative attitudes. The Chief Executive admitted that they do need some external support to understand the issues but that their diligent culture worked well in emergency circumstances.
7. A Member raised the issue of providing defibrillators within her community. The South East Ambulance Service advised that it could help. It was stated by the Chief Executive that members of the public had a tendency to be reluctant to use the devices, however, he completely supported increased access for the public. He stated he is currently working on influencing Parliament to change Health and Safety legislation to ensure all public sector bodies have defibrillators in their buildings. A member stated that young people should be trained on how to use defibrillators in schools and colleges.
8. The Chief Executive explained to the Board that they were the third or fourth best ambulance trust service in the country. Members questioned the witnesses regarding how they could improve for the future by looking at other services to learn from. It was stated that the South East Service had more patients and calls nationally than any other service however they will continue to improve their operation. It was added that 45% of patients with the South East Service receive treatment where they do not need a hospital admission whereas in London 80% of patients are taken to hospital.
9. It was highlighted that the key challenges for the Trust are handover delays at hospital and managing demand. It was highlighted that SECAmb are working with Royal Surrey County Hospital and Ashford and St Peter's Hospitals to improve transfers.

Graham Ellwood left at 13:09.

Recommendations:

- Requests that the trust communicates the outcomes of the patient impact, governance and clinical reviews with the scrutiny board and reports on any changes to its services as a result.

38 BETTER CARE FUND ENABLER PROJECTS [Item 7]

Declarations of interest:

None

Witnesses:

Kat Stolworthy, Digital Platform Manager, Health and Social Care Integration

Key points raised during the discussion:

1. The report was introduced by the Platform Manager for Health and Social Care Integration who explained the position of the Better Care Fund (BCF) enabler projects and the progress to date. She informed the Board that the BCF had involved pooling £71.4m of existing budgets in 2015/16. Two of the enabler projects, Workforce and Equipment and Adaptations had delivered their objectives at a system-wide strategic level and were now moving into local delivery, to reflect local priorities and needs.
2. With regards to the third enabler, the Board were advised that Information Governance officers across Surrey were jointly developing a Surrey Information Sharing Agreement to enable the sharing of data across health and social care partner organisations, for the provision of care; that Healthwatch Surrey had been commissioned to collect public's view on data sharing between agencies; and that an electronic shared care record was now in development. Members questioned whether shared care records were a reality, it was stated that work was in progress. Key challenges were integrating the many case management systems and dealing with the varying qualities of data. The Board were advised that the Surrey health and social care system was working towards delivering a number of digital objectives, including a electronic shared care record, to aim for the system to become paperless by 2020/2021..
3. The Platform Manager of Health and Social Integration concluded the report by expressing to the Board that the service had made good progress across complex health and social care systems. The next steps would be to continue to build on the progress of the three enabler projects.
4. The Board pointed out that the Government expected Health and Social Care to be a reality by 2020. Members concluded that with this timescale the projects needed to be implemented at an earlier date of 2017. The Board were informed that officers are working to have a Digital Roadmap/strategy ready for July 2016 and that this would outline the phases necessary to realise these objectives. The Chairman of the Board advised that these enablers, and the projects within them, were reporting to the Surrey Health and Wellbeing Board.

Rachel I Lake left at 13.37

Recommendations:

39 RECOMMENDATIONS TRACKER AND FORWARD WORK PROGRAMME [Item 9]

The Committee is asked to monitor progress on the implementation of recommendations from previous meetings, and to review its Forward Work Programme.

March meeting items:

- Health Inequalities Workshop
- Public Health Budget Monitoring

40 DATE OF NEXT MEETING [Item 10]

The Board notes its next meeting will be held at 10.30 am on Wednesday 16 March 2016 in the Ashcombe Suite.

Meeting ended at: 13.45

Chairman

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