

**MINUTES** of the meeting of the **ADULTS AND HEALTH SELECT COMMITTEE** held at 10.00 am on 9 November 2017 at Ashcombe Suite, County Hall, Kingston upon Thames, Surrey KT1 2DN.

These minutes are subject to confirmation by the Committee at its meeting on Thursday, 25 January 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)
- \* Mr Mark Nuti
- \* Mr John O'Reilly
- \* 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

**In attendance**

Helen Atkinson, Strategic Director of Adult Social Care & Public Health, Surrey County Council  
Andrew Baird, Democratic Services Officer, Surrey County Council  
Nanu Chumber-Stanley, Public Health Development Worker, Surrey County Council  
Helyn Clack, Cabinet Member for Health, Surrey County Council  
Billy Hatfani, Director of Quality Improvement, Surrey & Borders Partnership Trust  
Helen Harrison, Public Health Consultant, Surrey County Council  
Don Illman, Surrey Coalition of Disabled People  
Matthew Parris, Deputy Chief Executive, Healthwatch Surrey  
Lorna Payne, Chief Operating Officer, Surrey and Borders Partnership  
Dr Justin Wilson, Chief Medical Officer, Surrey and Borders Partnership  
Diane Woods, Associate Director of Mental Health Commissioning, Surrey Clinical Commissioning Group collaborative.

**18/17 APOLOGIES FOR ABSENCE AND SUBSTITUTIONS [Item 1]**

Apologies were received from Cllr Darryl Ratiram.

**19/17 MINUTES OF THE PREVIOUS MEETING: 4 SEPTEMBER 2017 [Item 2]**

The minutes were agreed as an accurate record of the meeting.

### **20/17 DECLARATIONS OF INTEREST [Item 3]**

Mr David Mansfield declared an interest in relation to item 4. Public questions had been submitted to the Adults & Health Select Committee which related to the Sexual Health and HIV Services contract and Mr Mansfield stated that he had previously worked with Central & North West London NHS Foundation Trust who were responsible for delivering sexual health and HIV services in Surrey. Mr Mansfield stated his intention to abstain from involvement in any discussions related to item 4.

Mr Bill Chapman declared an interest in relation to items 5 and 6 on the agenda. Mr Chapman advised that he was on the Board of Governors for Surrey and Borders Partnership NHS Foundation Trust but indicated that he intended to participate in discussions on these items.

### **21/17 QUESTIONS AND PETITIONS [Item 4]**

The Adults and Health Select Committee received a number of public questions. Questions submitted to the Committee are attached to these minutes as Annex 1.

A supplementary question was asked by Ms Sheila Boon at the meeting. The question along with a response to the Committee is attached to these minutes as Annex 2.

### **22/17 RELOCATION OF MENTAL HEALTH WARDS FROM EPSOM TO CHERTSEY [Item 5]**

#### **Declarations of interest:**

An interest was declared by Mr Bill Chapman as a member of the governing body of Surrey & Borders Partnership NHS Foundation Trust.

#### **Witnesses:**

Don Illman, Chairman, Surrey & North East Hampshire Independent Mental Health Network

Matthew Parris, Deputy Chief Executive, Healthwatch Surrey

Lorna Payne, Chief Operating Officer, Surrey and Borders Partnership

Dr Justin Wilson, Chief Medical Officer, Surrey and Borders Partnership

#### **Key points raised during the discussion:**

Mr John O'Reilly and Mr Graham Ellwood arrived at the meeting 10.12am.

1. The item was introduced by officers who advised the Committee that the purpose of the report was to update Members on progress by Surrey and Borders Partnership NHS Foundation Trust against a series of recommendations which had been put forward by Surrey County Council's Wellbeing and Health Scrutiny Board (WHSB). Members were informed that positive progress had been made against the majority of recommendations made by WHSB.

2. The WHSB had also requested that the report include an update on Missing Persons rates from the Trust and Members were informed that an overall reduction had been recorded in the number of patients absconding from mental health inpatient wards operated by SABP despite a spike in cases of patients being reported as Absent Without Leave (AWOL) during late summer/ early autumn 2017. New practices had been introduced at the Abraham Cowley Unit (ACU) which had contributed to reducing the number of patients absconding from the ward and had led to a reduction in Missing Persons rates across the Trust as a whole.
3. Discussion took place regarding the relocation of inpatient service from the Delius and Elgar wards at Epsom Hospital to the ACU at St Peter's Hospital in Chertsey. Members inquired as to what lessons SABP had drawn from the move which could be applied to any future proposals for reconfiguring mental health inpatient services in the county. Officers stated that the Trust had learned a great deal from its experience in relocating the Delius and Elgar wards particularly around communicating with key stakeholders as well as with patients and their families on proposed changes to service provision.
4. Members highlighted the results of SABP's patient satisfaction survey which demonstrated that Delius was the most popular ward among inpatients and inquired as to why this was. The Committee was informed that there were a range of factors that influenced patients' views on a particular ward and so it was hard to pinpoint a specific reason as to why Delius was the most popular ward among those surveyed by the Trust. Officers did, however, highlight that the challenging environmental conditions did not prevent good practice from taking place at Delius Ward.
5. The Deputy Chief Executive of Healthwatch Surrey informed the Committee that Healthwatch, as an independent watchdog, had held 15 events in the catchment area of Delius and Elgar since April 2017 but had not heard any issues related to the handling of the transfer which supported the Trust's assessment of the success of the transfer. Of 25 experiences reported to Healthwatch since April 2017, there had been an equal number of positive and negative comments in relation to inpatient services at ACU although concern was raised by Healthwatch regarding the capacity of the new wards at ACU to accommodate increased demand. The Deputy CEO of Healthwatch Surrey shared a recent Case Study with Committee Members which highlighted the need to remain alert to the issue of accommodating increased demand at ACU although it was noted that the Trust was very responsive in addressing the specifics of the case.
6. Discussion turned to the accessibility of the ACU for patient and their families particularly for those located in the Southeast of the County which was previously served by the Delius and Elgar wards at Epsom Hospital. Members inquired as to whether Healthwatch had received any complaints about support for travelling distances for patients accessing inpatient services. The Committee was advised that Healthwatch had not received any specific complaints regarding the accessibility of the ACU although it was highlighted that those receiving treatment in mental health inpatient wards could be hard to

reach and so evidence regarding the accessibility of ACU was hard to obtain.

7. The Chairman of Surrey & North East Hampshire Independent Mental Health Network highlighted that anecdotal evidence demonstrated clear issues with accessibility for patients who lived in the east of the county. In particular, Members were informed that the ACU was hard to reach by public transport and that parking at the site was also extremely difficult which was presenting accessibility issues for both patients and visiting family members.

Mrs Victoria Young entered the meeting at 10.28am

8. The Committee expressed concern regarding car parking arrangements for patients and their families at the ACU and asked whether this had been taken into consideration when SABP decided to relocate two of its inpatient wards to the St Peter's Hospital site. Members further highlighted the need for SABP to be flexible in the support that they provided to patients and their families who were required to travel to the ACU from far away. Officers stated that they would review the points raised by the Committee regarding travel arrangements and car parking to help tailor the support they provided to patients and their families.
9. Members sought further clarity on the Trust's Missing Persons rate and asked whether patients absconding from inpatient wards was entirely due to SABP's airlock door system. The Committee was advised that it was a combination of physical environment and staff practice which resulted in patients absconding from the inpatient unit at the ACU. Staff at the ACU don't wear a specific uniform and there are often visitors in the ward which made identifying patients challenging in the event that they tried to abscond from the ward through the airlock door. Members were further informed that the airlock door was located within a busy area of the ward which presented additional challenges in managing who went in and out of it. Officers stated that the physical environment was much easier to manage at the ACU than it had been at the wards on the Epsom Hospital site which had contributed to a reduction in the number of Missing Persons reported across the Trust. There was, however, continued work to do with staff to ensure that the airlock door was managed appropriately at all times.
10. The Chairman of Surrey & North East Hampshire Independent Mental Health Network highlighted that patients were well aware that tailgating was an effective method for getting through the airlock door. The Committee was advised that SABP also needed to do more to discourage patients from absconding by improving some of the social aspects of the ward. In particular, it was highlighted that a shop within the ACU had been shut down which contributed to a sense of isolation among patients.

Recommendations:

The Adults and Health Select Committee:

- i. noted the update following the consolidation of Delius and Elgar wards at the Abraham Cowley Unit, Chertsey; and
- ii. Recommended that Surrey & Borders Partnership Trust considers concerns around travel arrangements for the Abraham Cowley Unit

## **23/17 DEVELOPING MENTAL HEALTH IN PATIENT SERVICES IN SURREY [Item 6]**

### **Declarations of interest:**

An interest was declared by Mr Bill Chapman as a member of the governing body of Surrey & Borders Partnership NHS Foundation Trust.

### **Witnesses:**

Don Illman, Chairman, Surrey & North East Hampshire Independent Mental Health Network

Matthew Parris, Deputy Chief Executive, Healthwatch Surrey

Lorna Payne, Chief Operating Officer, Surrey and Borders Partnership

Dr Justin Wilson, Chief Medical Officer, Surrey and Borders Partnership

Diane Woods, Associate Director of Mental Health Commissioning, Surrey Clinical Commissioning Group collaborative.

### **Key points raised during the discussion:**

1. The Committee received an introduction to the report from officers who highlighted that the Trust had learned lessons from the consultation process which had taken place on the relocation of inpatient mental health services from Epsom to Chertsey and that this learning would inform future consultations undertaken by SABP regarding any future service reconfigurations. Modelling work commissioned by the Trust had demonstrated that SABP needed to build capacity in order to deliver inpatient services capable of meeting future demand. Members were informed that SABP was focussed on refurbishing its existing sites to maximise the use of resource and to ensure the continued provision of effective care in spite of the increasing demand. This included a plan to create 80 beds at the ACU which would move away from dormitories to private rooms for patients as well as introducing gendered wards.
2. More detail was provided on Phase 3 of the Trust's plan to build capacity within its inpatients services and it was highlighted that SABP would progress its plans to provide inpatient services in the east of the county which would most likely involve refurbishing the existing West Park site but other options were being discussed which included the construction of a new facility. The Committee was informed that there would be some changes to service delivery while SABP was building capacity within its inpatient services but that plans would be clearly communicated to partners in order to minimise disruption. Planning for phases 2 and 3 would also take place concurrently to ensure a joined up approach to developing inpatient capacity across the County.

3. Further clarity was sought on the modelling which had informed the number of beds that the Trust required within its inpatient services. Witnesses from SABP stated that modelling had looked at demographic changes taking place across Surrey in conjunction with an increasing trend in people experiencing mental health problems and had concluded that more inpatient provision would be required over the coming years than had originally been anticipated.
4. Attention was drawn to the length of time that it would take for the plans to be fully realised and Members asked how the Trust intended to ensure that services would deliver for those who needed them. The Committee was told that the Farnham Road facility in Guildford had been built prior to the most recent modelling of likely demand which had been commissioned by SABP. The Trust was committed to creating inpatient provision in the east of the County which would take place in conjunction with the refurbishment of the ACU in Chertsey.
5. Discussions turned to the Trust's proposal for funding plans to increase mental health bed capacity and Members asked whether the refurbishment projects contained within the plan could only proceed if the Trust completed the proposed £35m land sale. Officers confirmed that refurbishment projects put forward for Phase 2 were being financed by the £35m in receipts made from land sales and that building work could only go ahead once this money had been secured. The Committee was, however, informed that negotiations to sell land owned by SABP were advanced. In respect of Phase 3 of the Trust's bed capacity development plan, Members were informed that discussions with commissioners around financing this were ongoing.
6. The Committee highlighted development plans for the St Peter's site and the Committee inquired as to SABP had coordinated with Ashford & St Peter's Foundation Trust to align refurbishment work on the ACU. Officers indicated that discussions had taken place with Ashford & St Peter's regarding planned construction to facilitate a more integrated approach to physical and mental health at the St Peter's site.
7. Members asked whether SABP's plans would be able to cope with future demand beyond the five year scope of the project or if it would be necessary to continue expanding inpatient provision. Officers indicated that it was impossible to project future demand for mental health services with complete certainty but emphasised they were confident that the modelling which the Trust had commissioned provided an accurate projection of future demand. The trend was to treat mental health conditions in a community rather than residential setting and it was expected that this would mitigate demand over time. SABP would keep its options open and work to ensure that future expansion was possible at inpatient facilities that would undergo refurbishment.
8. Further clarity was sought on the options that there were still undergoing consideration by the Committee and when a decision would be made on these. Members were advised that SABP had committed to proceed on the refurbishment of the ACU and that the only outstanding decision was regarding the creation of inpatient services in the east of the county. A final decision on whether to

refurbish West Park or construct a new hospital was predicated on factors that were still undergoing consideration to ensure that the correct option was chosen. Members were further advised that a final decision on Phase 3 of the project would not be made for over a year but that that the timetable for the implementation of Phase 3 would enable public involvement in the decision. It had not been decided whether a full public consultation was required regarding Phase 3 but that the Select Committee would be kept informed of the process.

9. The Committee asked how many beds there were at the ACU and were advised that there 110 beds for working age adults experiencing mental health problems and a further 11 drug and alcohol beds.
10. Members inquired as to how Phase 3 of the bed capacity development plan sat with the Surrey Heartlands Sustainability & Transformation Partnership (STP). It was advised that conversations had taken place with STP leaders and there was a clear aspiration to improve mental health service delivery within the STP plan although discussions had not been had regarding resource allocation.
11. Concern was expressed by Members that there had been an ongoing shortage of mental health inpatient beds in the east of the county and assurance from officers that the project would address the lack of provision within this area of the County. The Committee was informed that SABP would engage with the public around the choices available for increasing the number of inpatient beds in the east of the county before making a decision on Phase 3 of the project. Officers stated that SABP would continue to be able to place patients at the Langley Green Hospital in Crawley which would help to provide provision for patients resident in East Surrey.
12. The Select Committee heard from the Chairman of Surrey & North East Hampshire Independent Mental Health Network representative who highlighted concern among residents about the amount of time it had been since there had been adequate provision in the east of the County. He provided Members with an overview of mental health inpatient services over the previous few years and stated that the Trust had been placing patients in Langley Green Hospital for over ten years due to a lack of sufficient provision within Surrey. He also expressed the view that the proposals outlined by SABP would not meet the rising demand that would take place over the coming years.
13. The Healthwatch Surrey representative asked the commissioners whether they considered that there was a legitimate expectation that there should be a public consultation on the location of an additional inpatient unit in Surrey. It was advised that public engagement events would be necessary which would be supported by previous consultation work undertaken by the Committee and that the intention was to undertake consultation work on phases 2 and 3 in tandem. The Healthwatch Surrey representative drew attention to recent local experience of commissioners around consultation through the reconfiguration of the Sexual Health and HIV Services Contract which demonstrated the importance of basing any decision to consult on sound legal advice. The Cabinet Member for Health informed Members that she would raise planning for mental health inpatient

provision with the Health & Wellbeing Board to ensure that it was consistent with the County's Joint Health & Wellbeing Strategy.

14. Discussion turned to the recommendations contained within the report and Members suggested that an update from SABP on the development of mental health inpatient provision should be delivered to the Committee before its meeting on 7 November 2018. It was agreed that the Select Committee should receive the next update at its meeting on 4 July 2018 and that this should include further detail on Phase 3 of the project as well as information on plans for the consultation process including timescales for completion and accessibility of services.

**Recommendations:**

The Adults and Health Select Committee:

- i. noted progress and proposals to date to achieve improved hospital facilities for people who are mentally unwell; and
- ii. agreed to receive a further update on the development of mental health patient in services at its meeting on 4 July 2018 including details on Phase 3 plans and the consultation process with timescales for completion and accessibility of services.

**24/17 SUICIDE PREVENTION FRAMEWORK [Item 7]**

**Declarations of interests:**

None

**Witnesses:**

Helen Atkinson, Strategic Director of Adult Social Care & Public Health, Surrey County Council  
Nanu Chumber-Stanley, Public Health Development Worker, Surrey County Council  
Billy Hatfani, Director of Quality Improvement, Surrey & Borders Partnership Trust  
Helen Harrison, Public Health Consultant, Surrey County Council  
Don Illman, Chairman, Surrey & North East Hampshire Independent Mental Health Network  
Matthew Parris, Deputy CEO, Healthwatch Surrey

**Key points raised during the discussion:**

1. Officers introduced the report to the Committee highlighting that the number of completed suicides in Surrey was lower than the national average. The risk factors that contributed to people attempting suicide were similar to those across the rest of the country with substance misuse and mental health among the most prevalent contributory factors. Members were advised that there were a range of partners involved in Surrey's Suicide Prevention Framework and that these organisations worked together to address the risk factors that led to



people attempting suicide. The Committee was further informed that initiatives were being planned with the Coroner's Service and the Multi-Agency Safeguarding Hub (MASH) to improve safeguarding in relation to suicides.

2. Members sought clarity on the role of data in helping agencies to identify those that may be at risk of suicide. Officers highlighted that data was an important tool but that the constraints on information sharing between public sector partners arising from the data protection act made it difficult to build an accurate picture of suicide risk particularly in relation to adults.
3. The Committee inquired as to whether SCC seeks information from other organisations which help to identify those who may be at risk. It was highlighted that the Council does receive information from organisations that work with groups considered to be high risk such as the homeless and the Lesbian, Gay, Bisexual and Transgender (LGBT) community. Members were informed that officers had links into these hard to reach groups which helped to intervene with individuals where necessary.
4. Discussion turned to the initiative that SCC had undertaken with Network Rail and Southwest Trains to reduce instances of suicide at specific train stations in Surrey. Officers stated that an inter-organisational group had been established to reduce instances of suicide at Woking Station, a location which had seen a growing number of people taking their own life in previous years. The inter-organisational group, which included a range of stakeholders, had educated those working within half a mile of the station, who someone on route to attempt suicide at Woking Train Station may come into contact with, training them to interpret or identify signs and to alert the appropriate agencies where they have concerns. Suicide prevention champions and Street Angels were also operating at Woking Station to help identify and intercept those seeking to attempt suicide. The plan was to introduce this at other train stations in Surrey which had been identified as having a high number of suicides.
5. Attention was drawn to Figure 1 within the report which demonstrated that there had been no tangible reduction in completed suicides in Surrey despite a concerted effort by SCC and its partners to decrease this number. The Committee sought clarity on why the number of suicides had not reduced and asked whether officers felt that a dedicated resource would help. Members were advised that the trend in Surrey mirrored what was taking place nationally which had prompted the Government's review into suicide prevention. In response to this review, the Government had produced a suite of measures in an effort to stop rising instances of suicide. Officers stated that Surrey was already doing many of the measures that the Government had introduced but acknowledged that these could be scaled up. The Committee was informed that it was hard to judge the extent to which a dedicated resource would help to reduce instances of suicide in Surrey.
6. Members highlighted the role of training as a means of identifying those at risk of attempting suicide and stated that the money

committed by Government was not sufficient to have a tangible impact on suicide rates. The Cabinet Member for Health highlighted that the House of Commons Health Committee inquiry report into suicide prevention had asked local authority health overview & scrutiny committees to review suicide prevention plans. The Health Committee's report inquiry detailed that the Government had not dedicated sufficient resources to the initiative. The Cabinet Member highlighted that there was a need to consider how training could be delivered to those best placed to identify those at risk of taking their own life and stated that she would put herself forward as a Suicide Prevention Champion.

7. The Healthwatch Surrey representative reported that of 189 students that they spoke to at Magna Carta School in March a third of those who experienced anxiety chose not to do anything about it. This was considered to highlight the importance of the Targeted Mental Health in Schools initiative. However it had been reported to Healthwatch Surrey that fully funded training places were not being readily taken up by schools. He asked whether this was true and what was being done to encourage schools to take up the training. The Healthwatch Surrey representative further inquired as to what was being done to support or engage parents in having discussions about mental health with their children. The Strategic Director for Adult Social Care and Public Health highlighted that these questions were relevant to the provision of the Children and Adolescent Mental Health Service (CAMHS) and that officers would source a response to these questions for Healthwatch.
8. Members highlighted cuts to services provided by the Council to help tackle substance misuse which was a leading cause of suicide and asked what impact this would have on prevention. The Cabinet Member for Health highlighted that there had been significant reductions to SCC's ring-fenced Public Health funding which had a knock-on impact on the services that SCC was able to provide. The Council was, however, working with STP partners to agree funding to influence the wider determinants as this was the only way to reduce demand on health and social care services. The Strategic Director for Adult Social Care & Public Health drew attention to the brief interventions work with Primary Care which would provide an additional preventative safeguard.
9. Officers were asked whether a more proactive approach could be made to offering suicide awareness training to organisations across Surrey. Members were informed that the Council is proactive in its training offer approaching partners to offer them training on suicide awareness and having conversations about mental health. The Council had also sought to get suicide prevention embedded within voluntary, community and faith sector organisations' strategies.
10. The representative from the Chairman of Surrey & North East Hampshire Independent Mental Health Network informed Members that he had had first-hand experience of suicide and felt that better support should be available for bereaved family members. He further highlighted the need for more effective cooperation between public sector agencies on developing a strategy to tackle suicide. The

Committee was advised that the Coroner's Service issued notifications to local authorities and partner agencies when it was felt that more could have been done to prevent someone taking their own life and it was suggested that more could be done to embed learning from these notifications. More work was also required with Primary Care on training GPs to be more responsive to patients who indicate that they have had suicidal thoughts. Officers stated that SABP does have a process in place to embed learning from prevention of death certificates issues by the Coroner's Service.

Mr Graham Ellwood left the meeting at 12.28pm and returned at 12.38pm

11. The Healthwatch Surrey representative raised the importance of good discharge arrangements and that, whilst inpatient services are an issue in Surrey, users of these services had clearly expressed dissatisfaction with discharge arrangements in a report published by Healthwatch Surrey entitled 'Keeping the Light On'. For many this was the first step to becoming well and potentially, therefore, not requiring inpatient services again. The Healthwatch Surrey representative proposed this as an area for future scrutiny by the Committee.
12. Officers emphasised the importance of having more open conversations about suicide within families and communities. The majority of people who take their own lives in Surrey don't come into contact with SABP as a mental health service provider and so a more open dialogue on suicide was vital.
13. Members stressed the need to for the response to House of Commons Health Committee to make mention of the Government's lack of investment in local suicide prevention plans and the challenges this caused in delivering sustained reductions in the number of suicides which took place in Surrey each year.

**Recommendations:**

That the Adults and Health Select Committee:

- i. responds to House of Commons Health Select Committee citing concerns regarding national legislative constraints to proactive data sharing to enable local identification of someone who could potentially be 'at risk' of suicide. The response should also make mention of training on suicide prevention and mental health funding.
- ii. reviews progress of the next steps in 12 months' time.

**25/17 UPDATE ON THE SOUTH EAST COAST AMBULANCE SERVICE (SECAMB) REGIONAL HEALTH SCRUTINY SUB-GROUP [Item 8]**

**Declarations of interests:**

None

**Witnesses:**

None

**Key points raised during the discussion:**

1. Members of the SECAMB Regional Health Overview & Scrutiny Committee Sub-Group introduced the report and addressed concerns regarding the Care Quality Commission's (CQC) rating of SECAMB as inadequate. It was clear that there remained some ongoing challenges at the Trust but it was also evident that plans to improve the performance of SECAMB against the areas outlined by the CQC were beginning to deliver although they would take time to be fully embedded.
2. Attention turned to SECAMB's performance against national call response time targets. The Healthwatch Surrey representative referred to three recent case studies regarding particularly long waits for ambulances which probably fell into the 'Green Calls' category. He asked that this be considered an area for particular scrutiny by the SECAMB HOSC Regional Sub-Group. Members discussed the Trust's declining performance on meeting nationally mandated target on the timeframe for responding to Red 1 and Red 2 calls. It was suggested that there were systemic issues with meeting nationally mandated response times which required further scrutiny. The Committee was informed that SECAMB was on the verging of moving to new call response targets as part of the Ambulance Response Programme and it was agreed that an update would be provided to the Committee on performance against this new framework at its meeting on 4 April 2017.

**Recommendations:**

The Adults and Health Select Committee:

- i. noted scrutiny that the Regional HOSC Sub-Group is undertaking of South East Coast Ambulance Service NHS Foundation Trust;
- ii. requested that it receives a further update from the SECAMB Regional HOSC Sub- Group in six months' time; and
- iii. suggested the following areas for scrutiny by the SECAMB Regional HOSC Sub-Group:
  - a. performance against call response time targets as outlined in the Ambulance Response Programme (ARP); and
  - b. response times for ambulances on call outs to rural areas.

**26/17 RECOMMENDATIONS TRACKER AND FORWARD WORK PROGRAMME [Item 9]**

**Declarations of interests:**

None

**Witnesses:**

None

**Key points raised during the discussion:**

The Chairman stated that the Terms of Reference for the Sexual Health Services Task Group formed by the Committee to consider consultation and communication on the reconfiguration of services arising from the new Sexual Health & HIV Services contract had been submitted to the Overview & Budget Scrutiny Committee for approval. In anticipation of the Terms of Reference being agreed by the Overview and Budget Scrutiny Committee, Members were asked to volunteer to be part of the Task Group. It was agreed that the following three Members would constitute the Task Group: Sinead Mooney (Task Group Chair), Nick Darby and John O'Reilly.

**27/17 DATE OF THE NEXT MEETING [Item 10]**

The Committee noted that its next meeting would be held on 25 January 2018.

Meeting ended at: 1.05 pm

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**Chairman**

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## Questions to Adults & Health Select Committee – 7 November 2017

### Question submitted by Stephen Fryett

Following the closure of the Blanche Heriot Unit (BHU) a “transition clinic” for patients attending the BHU who have HIV has been set up to assess their needs. Many of the longstanding HIV patients of BHU will not be able to travel to Buryfields Clinic in Guildford because they are mobility impaired and/or frail. Others may simply not be able to afford the expense (let alone the time) of travelling to Guildford from North West Surrey. Others may need to be able to access the service quickly, as they have always been able to do at BHU, because of co-morbidities which may flare up at any time and cause acute illness. These patients will not be able to “transition” to Buryfields Clinic. The obvious answer is for a service to be maintained at St Peter’s for those patients whose assessed needs are such that they need continuing access to a local service. This can be provided in the Blanche Heriot Unit, where the transition clinic will be held in future, by maintaining that clinic provision. Will the Committee seek an assurance from the relevant officers that, in the interests of patient safety, such an arrangement will be made?

### Response

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

Ashford and St Peter’s NHS Foundation Trust have allocated space at the Blanche Heriot Unit at St Peter’s Hospital to CNWL for six months for the purpose of delivering an HIV transition clinic. The purpose of the transition clinic is to provide an opportunity for patients to have a conversation with the clinical team about their personal circumstances and to determine optimal arrangements for their ongoing care.

A patient working group is in place to discuss any problems encountered by patients through Phase 3 of mobilisation, from the previous service at the Blanche Heriot Unit (BHU) to Central and North West London NHS Foundation Trust (CNWL) and in addition, NHS England South is working with the Coalition for Disabled People in Surrey to identify access issues.

### Question submitted by Sheila Boon

The terms of reference and time scale for the task group set up by the Adults & Health Select Committee at its meeting on 4 September 2017 have yet to be published. Similarly, no information has been provided as to how the task group will take evidence from patients, GPs and other stakeholders on issues relating to consultation and implementation on the integrated sexual health & HIV services contract. BHU patients were never informed, let alone consulted, on the closure of the Blanche Heriot Unit as a consequence of the award of the Surrey integrated sexual health services contract to the single bidder, Central & North West London NHS Foundation Trust. We are anxious to brief the task group about this and the lack of adequate preparation which has become apparent following the closure of the Blanche Heriot Unit. When can we expect the arrangements for giving evidence to the task group to be agreed and made public?

## **Response**

Surrey County Council's governance structure dictates that Select Committee's individual forward work programmes are subject to review by the Council's Overview and Budget Scrutiny Committee (OBSC), this includes the establishment of Task Groups. Agreement by Members of the Adults and Health Select Committee to form a Task Group to review the consultation process, implementation phase and any lessons learned about the commissioning of sexual health services for future commissioning of services will be considered by OBSC at its meeting on 16 November 2017. The scoping document for this Task Group was submitted for inclusion in the agenda papers for OBSC which was submitted on Wednesday 8 November, the scoping document is also attached as appendix 1 to these questions for reference. As you will see, it is the clear intention of the Task Group to undertake engagement with patients, GPs and other stakeholders to ensure all issues around consultation on and implementation of the contract are fully understood by Members to provide clarity on what lessons can be learned for any potential service changes that Surrey County Council and its partner organisations might propose to undertake in the future. Following agreement of the scoping document by OBSC, officers will commence the process of liaising with patients, GPs and other relevant stakeholders to meet with Members of the Task Group in a manner that facilitates inclusivity and accessibility.

## **Question submitted by Jennifer Fash**

NHS England ran an online survey in August and September that was stated to be "for service users of Blanche Heriot Unit and other interested parties to help us understand your concerns." The survey was limited in scope with only five questions and, contrary to the stated intention, did not allow anyone who did not identify themselves as a current or past service user to complete the survey. When I queried this with Fiona Mackison at NHS England her response was that the web survey designer had advised that to change the current survey would lose "valuable patient responses that have already been entered" and that "setting up a new survey for 'non-patients' will take a few weeks and take us beyond the closing date of the 22nd September." It is now over 5 weeks since the survey closed and we still have not seen the results. Given that no consultation had taken place previously on the proposed closure of the Blanche Heriot Unit with BHU service users the results of this survey should be valuable evidence for the AHSC task group. When can we expect the results of the survey to be published and in what form will they be made available to those who completed the survey and other interested parties such as the BHU Patients Group and the Surrey Coalition for the Disabled?

## **Response**

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



The patient survey results are being prepared by NHS England South. Additional resources were required to collate the results and this led to a short delay whilst this was sourced. NHS England South apologise for the delay and anticipates that the survey will be available on Monday 13th November. It will be available on the Healthy Surrey website ([www.healthysurrey.co.uk](http://www.healthysurrey.co.uk)), sent to Healthwatch Surrey and the report will be presented at the Patient Working Group.

### **Question submitted by Stephen Fash**

In view of issues that are already apparent with the provision of the sexual health services contract in Surrey – difficulties in accessing the service through the online and telephone booking systems, access and travel difficulties for disabled patients expected to attend Buryfields Clinic, the need for continuing provision to be made at St Peter's Hospital for vulnerable HIV patients as determined by their assessed needs, lack of effective communication with schools and young people's organisations about availability of confidential contraceptive and sexual health services following the closure of BHU and clinics across Surrey, delays in implementing online access to self-testing kits, delay in setting up a 'spoke' clinic facility in the Runnymede area, migration of BHU patients to out of Surrey providers etc – what contingency arrangements are in place should the contract cease to be viable for CNWL to continue to operate or in the event that CNWL are unable to meet the activity and performance requirements specified in the contract?

### **Response**

The Adults and Health Select Committee has asked commissioners to respond to the concerns and has received the following response from NHS England Surrey County Council:

NHS England South and Surrey County Council will hold joint Contract Review Meetings with CNWL on a quarterly basis. Any performance issues will be addressed through this contractual route.

In addition the Patient Working Group has an issues log that captures these themes. These are then actioned by the relevant party; commissioner and/or provider. Some performance data is now being shared with the Patient Working Group although we have to be mindful of patients' confidentiality and commercial sensitivity.

**Mr Ken Gulati**  
**Chairman – Adults and Health Select Committee**  
**9 November 2017**

## Select Committee Task and Finish Group Scoping Document

The process for establishing a task and finish group is:

1. The Select Committee identifies a potential topic for a task and finish group
2. The Select Committee Chairman and the Scrutiny Officer complete the scoping template.
3. The Overview and Budget Scrutiny Committee reviews the scoping document
4. The Select Committee agrees the membership of the task and finish group.

<p><b>Review Topic:</b></p> <p>Recommissioning Sexual Health Services</p>
<p><b>Select Committee(s)</b></p> <p>Adults and Health Select Committee</p>
<p><b>Relevant background</b></p> <p>Sexual health, sexually transmitted infection (STI), contraception, reproductive health and HIV services are made up of a combination of universal and specialist services. The commissioning arrangements are split across NHS England, Public Health and the Clinical Commissioning Groups (CCGs). An overview of where responsibility rests for commissioning specific sexual health services can be found in <b>annex 1</b>.</p> <p>With the ending of the Virgin Care Community contract in March 2017, Surrey County Council (SCC), having sought advice from the Competition and Markets Authority, was legally bound to carry out a full tender process, compliant with European Union Public Contract Regulations and the Council's Procurement Standing Orders. The contract was awarded to Central &amp; North West London NHS Foundation Trust (CNWL). The contract began on 1 April 2017 and, implementation was carried out in three phases. The phases are described in the paper submitted to AHSC on 4<sup>th</sup> September</p> <p>The new commissioning arrangements have seen a reconfiguration of services previously provided by Virgin Care, Frimley Health NHS FT and the Blanche Heriot Unit (BHU) at Ashford and St Peter's NHS FT.</p> <p>The reconfiguration of services has caused some concern among residents and stakeholders as was made clear to the Adults &amp; Health Select Committee at its meeting on</p>

4 September 2017.

### **Why this is a scrutiny item**

The committee received a formal referral from Healthwatch regarding the award of the contract to Central North West London NHS Foundation Trust and the resulting service reconfiguration. The referral by Healthwatch highlighted the lack of communication about the services being delivered by the new provider and the lack of consultation with residents and service users on the proposed reconfiguration. Concerns raised by Healthwatch have also been reflected in public and stakeholder interest around the contract as was made clear to the Adults & Health Select Committee at its meeting on 4 September 2017.

### **What question is the task group aiming to answer?**

#### Consultation Process

What are the commissioners' responsibilities in respect of consulting on service reconfigurations and how were these met?

How was the consultation communicated to residents and service users?

How did the views gathered during the consultation inform the development and implementation of the contracts?

#### Contract Implementation

What steps did CNWL undertake to achieve continuity of care during implementation of the contract and were they sufficient?

What communication was undertaken to inform residents and service users about reconfiguration of services arising from the contract?

#### Lessons Learned

What improvements can be made to the conduct and communication of future consultations on service changes?

What lessons can be learned regarding the implementation of the contract?

**Aim**

To review the consultation process, implementation phase and lessons that can be learned from the commissioning of sexual health and HIV services, with a view to informing future commissioning of services.

**Objectives**

- To scrutinise the commissioners' approach to consulting on proposed changes to the provision of sexual health services and to understand what lessons can be learned for future consultations on service changes.
- To review how commissioners communicated with residents and service users around the consultation and proposed changes to the provision of sexual health service and to understand how to promote more effective engagement.

**Scope (within / out of)**In Scope

- The rigour of the consultation process; how views gather informed contract development
- Communication in relation to service changes and the consultation.
- Continuity of care during the implementation phase of the contract

Out of Scope

- The quality and accessibility of sexual health and HIV services provided by CNWL
- Operational implications of service reconfigurations including closure of the Blanche Heriot Unit.
- Potential implications of CNWL's deficit on the level of service provision.

**Outcomes for Surrey / Benefits**

The Task Group will review the quality and transparency of the consultation run by commissioners regarding the new integrated sexual health & HIV services contract in light of concerns raised by residents and stakeholders. In doing so it will make recommendations that will enable increased engagement with consultation processes. The review will also consider the implementation phase of the contract with a view to understanding how residents can be better informed about changes to service provision and feel as though they are receiving adequate continuity of care when it is necessary to reconfigure services.

**Proposed work plan**

It is important to clearly allocate who is responsible for the work, to ensure that Members and officers can plan the resources needed to support the task group.

Timescale	Task	Responsible
September 2017	Scoping with input from Cabinet Member and relevant officer	Chairman of Adults & Health Select Committee
October 2017	Provisional Project Plan	Democratic Services Officer/ Chairman
November 2017	Information Session – background from officers from the consultation process and implementation phase of the contract	Task Group
November - December 2017	Research and intelligence gathering- “Listening session” with service users and stakeholders.	Task Group
December 2017 - January 2018	Interview sessions with key officers, Cabinet Members and other witnesses	Task Group
February 2018	Interim Report	Chairman
March 2018	Final Report	Chairman

<p><b>Witnesses</b></p> <p>Cabinet Member for Health  Strategic Director for Adult Social Care &amp; Public Health  Deputy Director for Public Health  Senior Public Health Lead  Representatives from CNWL  Representatives from NHS England  Representatives from the SASSE GP Locality Network  Representatives from Surrey Local Medical Committee  Mr Stephen Fash  Healthwatch Surrey  Service users  Patient groups</p>
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### **Useful Documents**

<https://mycouncil.surreycc.gov.uk/ieListDocuments.aspx?CId=149&MId=3676&Ver=4> - report on prevention and sexual health in Surrey (18 March 2015)

<https://members.surreycc.gov.uk/documents/s32861/160914%20Chairmans%20Report.pdf> – Chairman’s report to the Wellbeing and Health Scrutiny Committee (14 September 2016)

<https://mycouncil.surreycc.gov.uk/documents/s32272/item%2006%20-%20Integrated%20Sexual%20Health%20Services.pdf> – Cabinet decision (20 September 2016)

<https://mycouncil.surreycc.gov.uk/documents/s33441/HIV%20Services%20in%20Surrey.pdf> – Report on HIV Services to the Wellbeing & Health Scrutiny Committee (10 November 2016)

<https://mycouncil.surreycc.gov.uk/documents/s36110/Integrated%20Sexual%20Health%20Services%20cover%20report.pdf> – Report to the Wellbeing and Health Scrutiny Committee on the mobilisation of the sexual health services contract. (13 March 2017)

<https://mycouncil.surreycc.gov.uk/documents/s36880/Item%202%20-%20Sexual%20Health%20Services%20Contract.pdf> – Leader Decision on to extending the existing arrangements for sexual health services with Ashford St Peters Hospital and Frimley Park Hospital for an interim period to allow for sufficient time to exit from these contracts safely. The recommended interim period is six months subject to final agreement with providers.” (20 March 2017)

<https://mycouncil.surreycc.gov.uk/documents/s39436/AHSC%20Sept%202017%20-%20Sexual%20Health%20Integrated%20Service%20V21.pdf> – Report to the Adults & Health Select Committee on the implementation of the new sexual health services contract (4 September 2017)

**Potential barriers to success (Risks / Dependencies)**

There has been a significant amount of public interest in the reconfiguration of the new sexual health services contract, the closure of the Blanche Heriot Unit and in CNWL as the new provide. There is a risk that witnesses may focus their comments on these aspects of the contract rather than remain within the scope of the Task Group’s objectives. This will be mitigated by ensuring witnesses limit the scope of their evidence to the consultation and implementation phases of the contract.

Members’ ambitions to understand the consultation and implementation of the sexual health services contract must remain within the constraints of the time allocated for the Task Group to report on its findings. Equally, it must seek to challenge its own assumptions and assertions in order to identify where further evidence is required.

The Task Group must ensure that there is equal opportunity for service users, stakeholders and patient groups to share their views and to give these the same weight as those provided by commissioners.

**Equalities implications**

The Task Group recognises that there are a number considerations around equalities when conducting its work, and there are a number of people with complex health needs that will be contributing to this process. It will be mindful of how it conducts its work in order to ensure people are provided the opportunity to contribute, and that any barriers to doing so are mitigated.

The Task Group will monitor the equalities implications emerging from its recommendations with officers, and will work to identify mitigation measures for those with a potentially negative impact.

<b>Task Group Members</b>	
<b>Co-opted Members</b>	
<b>Spokesman for the Group</b>	
<b>Scrutiny Officer/s</b>	

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