

MINUTES of the meeting of the **ADULTS AND HEALTH SELECT COMMITTEE** held at 10.00 am on 25 January 2018 at Ashcombe Suite, County Hall, Kingston upon Thames, Surrey KT1 2DN.

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

Steve Abbott, Chief Information Officer and IM&T Programme Director, Surrey Heartlands Health & Care Partnership

Toni Carney, Head of Resources & Caldicott Guardian, Adult Social Care, Surrey County Council

Helyn Clack, Cabinet Member for Health, Surrey County Council

Tony Delaney, Communications Manager, Surrey Heartlands Health & Care Partnership

Akbar Dhala, Alpenbest Care

Mel Few, Cabinet Member for Adults, Surrey County Council

Caroline Lapwood, Project Officer, Surrey County Council

Ian Lyall, Strategic Procurement Manager, Surrey County Council

Nick Markwick, Surrey Coalition of Disabled People

Sarah Parker, Director of Transformation, Surrey Heartlands Health & Care Partnership

Matt Parris, Deputy CEO, Healthwatch Surrey

Liz Uliasz, Deputy Director of Adult Social Care, Surrey County Council

Claire White, Lead Project Manager, Adult Social Care, Surrey County Council

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

Apologies were received from David Wright and Victoria Young

2/18 MINUTES OF THE PREVIOUS MEETING: 9 NOVEMBER 2017 [Item 2/18]

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

3/18 DECLARATIONS OF INTEREST [Item 3/18]

None received

4/18 QUESTIONS AND PETITIONS [Item 4/18]

The Adults and Health Select Committee received a number of public questions. Responses to these questions are attached to these minutes as Appendix 1.

5/18 SURREY CARE RECORD - A SHARED INTEGRATED DIGITAL CARE RECORD FOR SURREY HEARTLANDS AND NHS EAST SURREY CLINICAL COMMISSIONING GROUP [Item 5/18]

Declarations of Interests:

None

Witnesses:

Steve Abbott, Chief Information Officer and IM&T Programme Director, Surrey Heartlands Health & Care Partnership

Helyn Clack, Cabinet Member for Health, Surrey County Council

Tony Delaney, Communications Manager, Surrey Heartlands Health & Care Partnership

Nick Markwick, Surrey Coalition of Disabled People

Sarah Parker, Director of Transformation, Surrey Heartlands Health & Care Partnership

Matt Parris, Deputy CEO, Healthwatch Surrey

Key points raised during the discussion:

1. The report was introduced by officers from Surrey Heartlands Health and Care Partnership who informed Select Committee Members that the aspiration for the Surrey Care Record was to give healthcare professionals the information required to make the best possible decisions by enabling them to access patient data and information. Members heard that the implementation of the Surrey Care Record

would take place in several stages. The proposal to make GP medical records available to clinicians at A&E departments within the Surrey Heartlands STP footprint and East Surrey CCG areas was the first phase of this project.

2. Witnesses stated that information governance procedures were currently being developed to accompany the implementation of the first phase of the Surrey Care Record to ensure that patient information would be stored and shared safely. Discussions were underway with partners and stakeholders from across the healthcare community within the Surrey Heartlands and East Surrey areas to consult them in the development of robust information governance procedures.
3. The Select Committee was advised that a 12-week engagement period would soon commence and which aimed to make people aware of the introduction of the Surrey Care Record and their right to opt out of sharing some or all of their medical information. The engagement period would include leafleting households within the Surrey Heartlands and East Surrey area, asking GPs and other relevant stakeholders to disseminate information on their established communications channels as well as making use of online platforms such as social media.
4. Members heard that the introduction of the Surrey Care Record was just one element of integrating how care was delivered and one strand of the digital strategy to create a unified health and social care system under the aegis of Surrey Heartlands Health and Care Partnership. The aspiration was to integrate health and social care records during a future phase of the development of the Surrey Care Record.
5. The Committee enquired about the decision by officers to proceed on an opt-out rather than an opt-in basis for including patients within the Surrey Care Record and stressed that engagement would have to be exceptionally widespread to ensure that all residents within the footprint were given sufficient opportunity to opt-out of their medical records being shared through the Surrey Care Record. Witnesses advised that this had been determined in consultation with GPs who felt that the SCR should be introduced on an opt-out basis. There would also be significant additional cost associated with requiring residents to opt-in and so this had also impacted on the decision. Officers further highlighted that a significant amount of work had been done on developing the communications and engagement plan around the SCR and stressed that there were a significant number of ways that residents could be made aware of the right to opt-out of the SCR. This would include dropping over a million leaflets across the Surrey Heartlands and East Surrey area informing residents about the SCR and explaining how to opt-out if they wished to do so.
6. Members asked whether there was any appetite to focus particular attention on communicating with those who frequently use acute services to make sure that they are aware of the introduction of the SCR. Concern was expressed that often people don't pay attention to leaflets that they receive through the door or don't use social media which may hamper efforts to inform residents of their right to opt out.

Witnesses stressed that a significant amount of research had been conducted by Surrey Heartlands to design leaflets that would attract residents' attention. The NHS logo was both well-known and trusted and so would be displayed prominently on the leaflets to encourage people to read them. Committee Members were further informed that half a million leaflets would be dropped initially followed by a further half a million a few weeks later in order to maximise dissemination.

7. Further information was sought on the role of GPs in making their patients aware of the introduction of the SCR and Members asked whether doctors' surgeries were geared up to respond to questions about that their patients may have about the SCR. The Committee received confirmation that GP surgeries would be given literature that could give to patients which explained what the SCR and directed them to where they could find out more.
8. Select Committee Members asked whether contact had been made with day centres and community hubs to use their channels in order to cascade information to key groups. Witnesses confirmed that they had been in contact with a range of stakeholder groups and had asked them to disseminate information about the SCR through their communication channels. The Committee was advised, however, that it was those individuals who had little contact with the health and social care community that were hardest to reach.
9. Members enquired as to whether there were examples from other local authorities that could be used to tailor the most effective way of engaging with patients. Officers stated that the SCR was being introduced as part of a national programme which provided numerous examples of best practice that could be drawn from. Indeed work had taken place with other areas that had introduced a shared care record to understand what lessons learned around their communications campaigns.
10. Attention was drawn to the fact that the SCR was a phased programme with the circle of healthcare professionals able to access patient records widening with each of the stage of the project. Members asked whether further communication would take place with residents at each stage of the project to make them aware of the widening scope of the SCR. Officers emphasised that patient information would only be accessible by health care providers within the County and by acute trusts neighbouring Surrey to take account of patient flows. Officers indicated that they were unsure whether the further communication was planned with residents around the implementation of later phases but confirmed that they would provide a written response to the Select Committee on this question once they had consulted with Surrey Heartlands' Caldicott Guardians.
11. Further clarity was sought on the sharing of patient information with acute hospitals outside of the Surrey Heartlands and East Surrey area. Would patient data be made accessible to clinicians at Frimley Park Hospital, for example. The Committee was advised that patient information would not be made available to acute providers outside of the area covered by the SCR as standard but that there would be a facility in place for hospitals to request this information.

12. Discussions returned to the decision taken by Surrey Heartlands to operate the SCR on an opt-out basis. Members stated that the ability for healthcare organisations to easily share patient information would improve care while contributing towards the financial sustainability of the care system and should therefore be viewed as a good news story. Officers highlighted the importance of striking the right balance between privacy and the advantages that could be derived from sharing patient information across healthcare providers. The Committee was further informed that many people were surprised by the fact that their information was not already shared between across organisational boundaries within NHS England. The Deputy CEO of Healthwatch Surrey confirmed that their research indicated that there was widespread support for sharing health records between healthcare professionals although highlighted that there was less support for sharing with social care professionals and that this made raising awareness amongst groups using social care services particularly important (e.g. older people, those with Learning Disabilities).
13. Officers were asked about the budget allocation for engaging with residents around the introduction of the SCR and were asked for clarity on what residents would actually see from the communications campaign. Committee Members heard that an initial budget of £75k had been made available for the communications campaign although it would be possible to supplement this due to some additional funding that had been made available by NHS England. It was highlighted that the available budget gave Surrey Heartlands the capacity to conduct a communications campaign that encompassed a wide range of mediums for engaging with residents enabling them to make an informed decision on whether or not to opt-out of the SCR.
14. The Cabinet Member for Health expressed her support for the introduction of the SCR, emphasising the benefits it could provide in integrating patient care. She also highlighted that there was a role for Members in promoting awareness during their contacts with residents. The Cabinet Member further highlighted the role of Local Committees in ensuring that residents understood their rights in relation to the introduction of the SCR.
15. The Committee heard from the Director of Surrey Coalition of Disabled People who asked about the adoption of the accessible information standard for communicating with residents around the SCR particularly those with visual impairments. Witnesses confirmed that an Equalities Impact Assessment was undertaken in relation to communication and engagement around the SCR which ensured that the information provided would be accessible.
16. Further clarity was sought from the Committee on whether residents would be able opt-out of their medical records being shared through the SCR after it had been implemented and if children would be given the opportunity to opt-out of the SCR once they turned 16. Members received confirmation that the SCR included a facility for residents to opt-out at any time as well as giving them the capacity to choose which elements of their medical information would be shared through

the integrated care record. In terms of whether children turning 16 would be made aware of their ability to opt-out of the SCR, witnesses confirmed that they would consult with GP leads on introducing a right to decide mechanism into the system and that they would report back on this to the Committee.

Recommendations:

The Adults and Health Select Committee recommended:

- i. that patients be incorporated into Surrey Care Record on an opt-in rather than an opt-out basis.
- ii. a clear audit trail should be maintained for when patients have agreed to their records being shared; and
- iii. that consent should be actively sought from children for their information to be shared as part of the Surrey Care Record once they reach 16.

6/18 ADULT SOCIAL CARE ONLINE PORTALS [Item 6/18]

Declarations of interest:

None

Witnesses:

Toni Carney, Head of Resources & Caldicott Guardian, Adult Social Care, Surrey County Council

Mel Few, Cabinet Member for Adults, Surrey County Council

Nick Markwick, Surrey Coalition of Disabled People

Matt Parris, Deputy CEO, Healthwatch Surrey

Liz Uliasz, Deputy Director of Adult Social Care, Surrey County Council

Claire White, Lead Project Manager, Adult Social Care, Surrey County Council

Key points raised during the discussion:

1. The Committee received an introduction to the report from officers who highlighted that SCC had implemented a series of online portals to deliver more efficient engagement with providers and service users. A specific portal had been created for providers which enabled them to submit invoices to the Council electronically although this was being introduced slowly due to the need to make providers aware of the portal and then training them on how to use it.
2. Members received a demonstration from officers on SCC's new citizens' portal. Officers advised that the portal was an addition to the existing mediums through which residents could seek information from the Council on their eligibility for social care support. The Committee heard from officers that it was anticipated that those completing the online assessment process would be assisted by friends and relatives. The citizen's portal had been separated into so two parts, one that

surveys a client's support needs and another which undertook a financial assessment to give an indication as to whether a person would be required to pay for social care. The portal utilised Care Act principles to assess levels of social care need while also signposting residents to where they could find support if they were not eligible for social care. The Committee was advised that, following completion of the online assessment by someone deemed to be eligible for support, a social worker would be sent out to undertake a physical assessment of their individual requirements.

3. The Committee was informed that SCC had not yet advertised the new citizens' portal to residents. This was to give the Council the opportunity to correct any problems that arose before the portal received a significant amount of traffic. An advertising campaign had, however, been developed with the Communications Team which included radio advertising, posters and cascading through stakeholders to formally launch the online portal in February.
4. Members highlighted that the Adult Social Care Portal was primarily aimed at an audience who were often less confident using IT and asked officers to comment on its accessibility. The Committee was advised that the introduction of the client portal was about providing residents with another choice about how to find out about their eligibility for social care support and that pre-existing ways for residents to seek an assessment would continue to exist. Officers challenged the assumption that older people lack confidence using IT systems but stated that those who didn't have access to a computer or found it challenging to use them would still be able to contact the Council through existing methods.

Mr Nick Darby entered the room at 10.45am

5. Further detail was sought on how officers would judge the success of the citizen's portal. Committee Members heard that the portal had already garnered a considerable amount of interest from residents. A significant number of people were accessing the portal and then dropping out part way through the assessment so officers would undertake some analysis of the reasons for this but it was possible that assessments were not being completed as users were being informed by the system that they were not eligible to receive social care support. The aim of introducing the portal was to mitigate demand on Adult Social Care by reducing the number of requests for a social care assessment received by SCC's Contact Centre. If the portal led to an increase in the number of people contacting SCC to request a social care assessment then work would be undertaken to understand why this was and to strengthen the Council's online assessment tools.
6. The Committee asked whether there was a target for the number of assessments completed using the online tool and if there were any financial implications anticipated from the introduction of the citizens' portal. Members heard that there was no specific target regarding the uptake of the portal but heard that SCC would monitor usage of the online assessment against the number of calls being received by social care teams. Officers also highlighted the need to develop online tools for existing users so that those already in receipt of social care

support were able to interact with the Council digitally. The team that managed the transition of residents from children's social care to adult social care were particularly keen for online tools to be developed as their client group was used to interacting with services and organisations digitally. In respect of savings, officers stated that the portals hadn't been introduced to save money but stated that use of the digital space to interact with residents around the provision of social care services had the potential to be transformative.

7. The Committee heard from the Cabinet Member for Adults who highlighted the importance of using technology to interact with residents. Members were informed that the introduction of the portals was the culmination of a significant amount of work by officers within the Adult Social Care Directorate and highlighted that this was the first step in what was hoped would be an ambitious digital offering for users of SCC's social care services.
8. Members stated that the elderly population was generally less confident using IT and suggested that elements of the portal were quite complicated which could put some residents off using the online assessment tools which were available. Officers reiterated that the citizen's portal would not be suitable for everyone but that it was one of a range of options for how residents could find out about their eligibility for social care support.
9. Attention turned to the assessment within the portal for determining carers' support needs. Members emphasised the need to engage with stakeholders in order to raise its profile and suggested that those identified as carers could be directed to the portal by their GP. It was further suggested Members could also play a role in promoting the online assessment tool among residents. Officers indicated that the Communications Team had developed a significant amount of material to promote the portal informing as many people as possible that it existed. This included a plan to engage with stakeholders and partners so that they could cascade information to those that they came into contact with. Material was also being developed by the Communications Team to share with Members to make use of their experience in order to promote the Portal.
10. The Deputy CEO of Healthwatch stated that health and social care service users often report that there is either too much or not enough information in respect of accessing services. He highlighted that the Portal had the functionality to provide residents with specific information about their eligibility for support as well as signposting them to services that were targeted towards specific needs. Officers were asked whether any work had been undertaken with healthcare colleagues around hospital discharge given that it was a significant source of demand on Adult Social Care. The Committee heard that healthcare partners had not been specifically engaged in the development of the portal as work was underway through the Sustainability and Transformation Partnerships to develop and implement an overarching digital strategy. NHS England had introduced a requirement for STPs to develop a portal that would enable patients to manage aspects of their healthcare online although Members were informed that it would be sometime before a single

health and social care portal could be implemented. In terms of hospital discharge specifically, Members heard that the portal had only been live for two months and that during this period it had been necessary to manage the number of people using it. Officers recognised the potential of the portal as a tool for assessing social care need but indicated that the development of its functionality would be an iterative process.

Recommendations:

The Adults and Health Select Committee agreed to receive a further update on the portal's development at its meeting in September 2018.

7/18 UPDATE ON HOME-BASED CARE [Item 7/18]

Declarations of interest:

None

Witnesses:

Akbar Dhala, Alpenbest Care

Mel Few, Cabinet Member for Adults, Surrey County Council

Ian Lyall, Strategic Procurement Manager, Surrey County Council

Caroline Lapwood, Project Officer, Surrey County Council

Nick Markwick, Surrey Coalition of Disabled People

Matt Parris, Deputy CEO, Healthwatch Surrey

Liz Uliasz, Deputy Director of Adult Social Care, Surrey County Council

Key points raised during the discussion:

1. Members asked if Key Performance Indicators (KPI) were the only mechanism through which the Council could assess providers' usage of the e-brokerage system given that data relating to these KPIs was input by providers themselves. The Committee was advised that SCC also maintained an Action Log for each provider which allowed information on their performance to be completed by Council officers and stakeholders which provided an accurate picture of individual provider's performance.
2. Discussions turned to whether the e-brokerage system was supporting Surrey's Home Based Care provider market. Members heard that the introduction of the e-brokerage system had improved efficiency and productivity among Home Based Care providers allowing all organisations to compete for packages of care on a level playing field. The system also enabled providers to work with their staff in order to understand flexibility and capacity within the market.
3. Members highlighted that people living in rural areas found it challenging to secure a home based care package and asked whether it was difficult to recruit care workers to operate in rural areas. Witnesses confirmed that it was harder to recruit care workers for rural areas given the additional costs associated with travelling but suggested that these challenges could be mitigated by awarding a travel allowance to these staff to offset these additional costs.

4. The Committee asked why not all registered home-based care providers in Surrey used the e-brokerage system. Officers highlighted that the system had significantly increased choice for residents wishing to access a package of care since it was first introduced but indicated that some providers deal exclusively with self-funders meaning that it wasn't necessary for them to use the e-brokerage system.
5. Members sought clarity on how SCC ensure that the e-brokerage system is fair and doesn't heap added pressure onto the already stretched home based care provider market. The Committee was advised that officers had done a great deal of engagement with providers through the Surrey Care Association Provider Network to ensure that the implementation of the new system helped rather than hindered providers. It was stated that all providers registered on the system had a contract with Surrey with agreed rates for delivering packages of care. Furthermore, data generated by the system enabled the Council to monitor the market and take mitigating steps if the market came under significant pressure.
6. The Director of Surrey Coalition of Disabled People informed the Committee that the e-brokerage system had improved the market in some parts of Surrey although it remained difficult to get a package of care in many areas. He indicated that it was hard to pinpoint a significant change in home based care provision in Surrey for users since the new system's introduction and highlighted that that there frequently wasn't a great deal of choice with users often having to take the package of care that was offered. Members also heard that the quality of care among home based care providers was variable, a cause for concern among those seeking a package of care. Officers acknowledged that the e-brokerage system hadn't solved all of the problems within the home based care market highlighting that it was much easier to manage quality within the nursing and residential care sectors. The Select Committee was asked to nominate a Member to attend a meeting of the home based care Quarterly Reference Group to provide an understanding of SCC's quality assurances processes within the home based care market.
7. Members asked whether there was a provision for those who received home based care to provide feedback on the service they received. Officers confirmed that this service users had the ability to comment on their provider through development coordinators who also ensured that any specific issues raised through this feedback were resolved swiftly. The Committee was further advised that providers will undertake their own quality assurance processes which includes seeking feedback directly from service users. Field supervisors were often dispatched to service users to review their specific requirements and ensure that the correct package of care was in place. Some home based care providers also undertook spot checks on their carers as a means of quality assurance which included seeking feedback on performance directly from users.
8. The Committee was informed that Healthwatch heard little about quality and provision within the home based care market as those in receipt of home based care were a hard to reach group. The Deputy CEO of Healthwatch did, however, enquire as to whether National Institute for Health and Care Excellence (NICE) guidance had been

implemented in respect of home based care. Officers confirmed that these guidelines had been incorporated into SCC's commissioning standards which were then checked through user feedback surveys.

9. Attention turned to the workforce challenges facing the social care sector and Members asked what steps were being made to make being a care worker a more attractive profession. Witnesses stressed that staff retention was a significant challenge for social care providers but that steps were being taken to try and address the issue. The representative from Alpenbest Care highlighted that pay was a particular issue for carers. The introduction of the national living wage had, however, placed a significant additional burden on providers and so work was underway with the Council in an effort to mitigate this challenge. The Committee further heard that the UK's decision to leave the EU had also made it more difficult to recruit to care workers to offset the high rate of attrition within the profession. Members were advised that the workforce stream within the Surrey Heartlands STP plan was making funds available to grow the health and social care workforce within the footprint.

Recommendations:

The Adults and Health Select Committee:

- i. noted the status of the re-commissioned Home Based Care Service in Surrey, specifically the part of the market commissioned by Adult Social Care; and
- ii. noted Surrey County Council's plans to:
 - a. continue gathering efficiencies through the usage of e-brokerage;
 - b. exercise regular contract management and performance monitoring; and
 - c. work with the provider market to stimulate and support sufficient quality delivery capacity.

8/18 ADULT SOCIAL CARE DEBT [Item 8/18]

Declarations of Interest:

None

Witnesses:

Toni Carney, Head of Resources & Caldicott Guardian, Adult Social Care, Surrey County Council

Mel Few, Cabinet Member for Adults, Surrey County Council

Nick Markwick, Surrey Coalition of Disabled People

Matt Parris, Deputy CEO, Healthwatch Surrey

Liz Uliasz, Deputy Director of Adult Social Care, Surrey County Council

Key points raised during the discussion:

1. The report was introduced by officers who informed Committee Members that adult social care debt had been an ongoing challenge for the Council. The Financial Assessment and Benefits (FAB) Team

had been transferred across to the Adult Social Care (ASC) Directorate from the Orbis Partnership which meant that the collection of debt through the implementation of the Dunning Process was the responsibility of ASC staff. Members heard that the decision to transfer responsibility for collecting money owed to the Council for the provision of social care to the ASC Directorate had been taken following the implementation of a deferred payment initiative which had led to a considerable reduction in the amount of money owed to SCC for social care.

2. Attention turned to an updated version of Annex 1 which was tabled at the meeting and is attached as Appendix 2 to these minutes. Members highlighted that the table suggested that the majority of money owed to the Council for the provision of social care appeared to be forthcoming. Officers highlighted that more analysis was required to understand the different categories of debt to understand the extent to which monies owed to SCC should be classed as secured or unsecured. The Committee was advised that officers would be proactive in pursuing unsecured debt which was deemed to be recoverable.
3. Members asked how SCC would approach the recovery of social care debt differently since its transfer over to the ASC Directorate. The Committee heard that the FAB Team would undertake a review of the Dunning Process to ensure that it was fully effective. Previous experience had demonstrated that having direct conversations with those who missed payments for social care support was more effective at recovering debt than simply sending them a letter. In the majority of cases those who owed the Council money for social care support did want to pay but there were physical restrictions on their ability to do so and in these instances the FAB Team were able to assist users in making payments. Members heard that some people felt that social care should be a free service, in these instances it was important for the FAB Team to highlight their obligation to pay for social care and then fast-track legal proceedings against those who still refused to pay.
4. The Cabinet Member for Adults highlighted that he had advocated for the FAB Team to be transferred across to the ASC Directorate stating that it made sense for collection of social care debt to be done in house. He further emphasised the need to promote Direct Debit as means of payment for the receipt of social care.
5. The Committee highlighted that payments for social care could be made through an online account and asked whether this was promoted as a means of payment. It was highlighted that this was a pre-paid account which users could transfer funds across to that could then be drawn down by SCC as a means of payment for social care. Officers were unsure the number of people who used the pre-paid account but stated that they would respond to the Committee with a percentage.
6. Members expressed concern that the amount of money owed to the Council was increasing and highlighted the need to institute a robust process for writing off debt for which there was little prospect of SCC recovering. Officers were asked whether the transfer of the FAB Team

across to the ASC Directorate would take time to embed and if the debt position was likely to deteriorate in the short term. The Committee was advised that there were challenges inherent in the transfer of staff over to a new Directorate but that it had gone relatively smoothly. Members heard that the transfer would require staff within the FAB Team to change how they operated but it was reported that they welcomed the challenge and were committed to reducing the amount of social care debt. Officers were asked whether they had a specific target in mind that they wished to reduce the level of social care debt to who responded by stating that while no debt should be considered acceptable they would have a figure in mind the next time they reported on SCC's social care debt position.

7. Members were encouraged by the £2.7 million in debt that had been collected during the pilot project run by the FAB Team last year highlighting that this income was greater than many of the Council's most significant savings project.

Recommendations:

The Adults and Health Select Committee:

- i. agreed to receive an annual report on the performance of ASC's debt management in light of the transfer of responsibility from Business Operations to Adult Social Care; and
- ii. agreed that an updated set of figures on the Council's social care debt position be circulated to Committee Members for information in six months' time.

9/18 SURREY HEARTLANDS SUSTAINABILITY & TRANSFORMATION PARTNERSHIP (STP) MEMBER REFERENCE GROUP UPDATE [Item 9/18]

Declarations of Interest:

None

Witnesses:

None

Key points raised during the discussion:

None

10/18 RECOMMENDATIONS TRACKER AND FORWARD WORK PROGRAMME [Item 10/18]

Declarations of Interest:

None

Witnesses:

None

Key points raised during the discussion:

None

11/18 DATE OF THE NEXT MEETING [Item 11/18]

The Committee noted that its next meeting would be held on 4 April 2018.

Meeting ended at: 1:35pm

Chairman

Questions to Adults & Health Select Committee – 7 November 2017

Question submitted by Michael Devine

It appears from reports made to the BHU Working Group that Buryfields Clinic, Guildford does not comply with statutory disabled access requirements. CNWL have now arranged for access audit surveys to be conducted by DisabledGo (www.disabledgo.com/home/) at the three “hub” premises from which it is running the Surrey sexual health & HIV contract – Buryfields, Woking Community Hospital and Earnsdale Clinic, Redhill. Why wasn't this done before CNWL were allowed to commit to just the three main centres at Buryfields, Woking and Redhill, and why was the previous service provider allowed to use premises at Buryfields that were not fit for purpose?

Response

The Adults and Health Select Committee is unable to provide a response to specific elements of service delivery and these should be directed to the Patient Mobilisation Group. The Committee has, however, asked commissioners to respond to the concerns raised within your question and has received the following response from NHS England and Surrey County Council:

'CNWL ensures its premises are Equality Act compliant and wish to provide assurance to the AHSC, the Patient Working Group and commissioners about this. CNWL have arranged for a compliance assessment to be conducted on Buryfields Clinic in Guildford, Woking Clinic and Earnsdale Clinic in Redhill. The assessments will be conducted for CNWL by Disability Go (<https://www.disabledgo.com/>) in February.'

Question submitted by Michael Devine

Have the promised satellite clinics opened yet and are they compliant with statutory disabled access requirements? If not open yet, why not?

Response

The Adults and Health Select Committee is unable to provide a response to specific elements of service delivery and these should be directed to the Patient Mobilisation Group. The Committee has, however, asked commissioners to respond to the concerns raised within your question and has received the following response from NHS England and Surrey County Council:

'The satellite clinics in Epsom, Leatherhead are open and they are compliant with accessibility requirements. The clinic in Runnymede is in development and will open in the Spring along with the re-launch of the Staines clinic.'

Question submitted by Hugh Ricketts

Many residents of North East Surrey are closely following policy developments at the Epsom and St Helier Hospitals Trust.

A considerable number of people have noted that several services have been transferred from Epsom to St Helier and that assets at Epsom have been sold to fund changes and property maintenance at St Helier.

What does the committee see as its role in the development of policy, following the recent public engagement exercise undertaken by the trust, and what steps does it intend to take to preserve a full range of services at Epsom General Hospital?

Response

The Adults & Health Select Committee appreciates that there is anxiety among residents arising from the publication of Epsom and St Helier Universities Hospital Trust's Strategic Outline Case which proposes an option to centre acute services on a primary site within the Trust's estate. While discussions regarding the options proposed within the Strategic Outline Case are ongoing it would be inappropriate for the Select Committee to comment further at this time. The Committee was involved in the public engagement exercise undertaken Epsom and St Helier Trust through its Surrey Heartlands Sustainability & Transformation Partnership Sub-Group and will continue to use this forum to understand more about the clinical models proposed within the Strategic Outline Case. If and when specific plans for a clinical model emerge in the wake of the proposals outlined within the Strategic Case Outline then the Select Committee will conduct the appropriate scrutiny of these plans to form a view based on the evidence available.

In reference to your first point, it is the understanding of the Select Committee that no services have been transferred from Epsom Hospital to St Helier Hospital and that no assets have been sold off at Epsom Hospital to fund improvements at St Helier Hospital.

Mr Ken Gulati
Chairman – Adults and Health Select Committee
25 January 2018

ASC Care Debt Report

Revised Annex 1

Line No	Debt > 1 Month £ million	November 2016	April 2017	November 2017
1	Total outstanding debt (greater than 1 month)	17.60	17.76	19.60
2	Less amount secured with a legal charge against a property	6.59	7.44	7.79
3	Total unsecured debt	11.01	10.32	11.81
4	Breakdown of unsecured debt not currently subject to recovery action			
	Under query (complaints/requests for review etc)	0.33	0.70	0.77
	Awaiting probate	0.21	0.55	0.44
	Agreed payment terms by instalments	0.47	0.46	0.57
	Pending deferred payment agreement	0.31	0.21	0.50
	External application to the Court of Protection for Deputyship	0.45	0.72	0.80
	Unsecured debt with Legal services	2.30	2.15	2.05
	ASC Deputyship/appointeeship	2.37	2.36	2.87
	Awaiting ASC write off authorisation	0.14	0.07	0.17
	Total unsecured debt not subject to dunning	6.58	7.22	8.17
5	Balance of unsecured debt subject to dunning	4.43	3.10	3.64
	Other items			
6	% of payments collected by DD	65%	66%	64%
7	Total live credit balances	-0.73	-0.78	-0.80
	Total deceased credit balances	-0.18	-0.20	-0.24
8	Number of 'open cases' with Legal	107	107	106
	Current value of 'open cases' including secured debt	3.18	3.02	2.97

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