

MINUTES of the meeting of the **ADULTS AND HEALTH SELECT COMMITTEE** held at 10.30 am on 4 December 2019 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, 22 January 2020.

Elected Members:

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

Co-opted Members:

- * Borough Councillor Vicki Macleod
- * Borough Councillor Darryl Ratiram, Surrey Heath Borough Council
- * Borough Councillor Rachel Turner, Lower Kingswood, Tadworth and Walton

17 APOLOGIES FOR ABSENCE AND SUBSTITUTIONS [Item 1]

Apologies were received from Bill Chapman and Cameron McIntosh. Bernie Muir would act as Chairman in Dr Chapman's absence.

18 MINUTES OF THE PREVIOUS MEETING: 10 OCTOBER 2019 [Item 2]

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

19 DECLARATIONS OF INTEREST [Item 3]

None received.

20 QUESTIONS AND PETITIONS [Item 4]

None received.

21 CABINET MEMBER UPDATE [Item 5]

Witnesses:

Sinead Mooney, Cabinet Member for Adults and Public Health

Liz Uliasz, Deputy Director, Adult Social Care

Kate Scribbins, Chief Executive, Healthwatch Surrey

Key points raised during the discussion:

1. The Cabinet Member updated the Select Committee with regard to the Surrey Public Health Peer Challenge, mentioned in item 15 of the report. At the Peer Challenge meeting in November 2019, agreed-on recommendations included:
 - a. To review and simplify the governance of the system;
 - b. To ensure that Surrey County Council was clear about the expectations of the Public Health team;
 - c. To ensure that the Public Health team accepted change and was clear about how they were delivering against the priorities set out for them.

The action plan would detail how these recommendations would be implemented, and the recommendations would be closely monitored.
2. The Chairman pointed out that care commitments were over budget and queried why there had been an overspend and what was being done to balance the budget. The Cabinet Member explained that mitigation measures were in place to ensure the budget was balanced, including a staffing underspend of £1.4 million, partly because of difficulties around recruitment; the level of inflation; managing providers' expectations; an underspend of around £1.5 million on ASC internal transformation; and £1.8 million of funding carried forward from the 18/19 budget. Underspends would be offset against an increase in spending on care packages.
3. A Member expressed concern about managing providers' expectations, as many care providers were already struggling financially. The Cabinet Member replied that a report would be coming forward with details of an uplift in funding for the upcoming year. The importance of working closely with providers was emphasised, as were improvements in communications in the past year. The Deputy Director of Adult Social Care added that the commissioning function had been strengthened and restructured, and that providers' requests for increases in spending were dealt with on a case-by-case basis.
4. A Member asked for clarification on why there had been an underspend on transformation, despite the relatively high level of transformation that had been happening. The Deputy Director for ASC responded that the underspend was partly due to incomplete recruitment.
5. A Member queried whether the Council was working with district and borough councils to ensure that there were homes available countywide for people who needed care, with no neglected areas, and whether existing homes were being adapted or new facilities built. Cabinet had recently signed off three sites for the development of homes, with a focus on residents within those catchment areas. In addition, there were many private developments going through the planning process. The Council worked with districts and boroughs to develop residents' own homes so that residents could live independently there.
6. The Select Committee queried stock levels of the flu jab. The Cabinet Member stated these had increased and would be available until February 2020.

7. The Co-Chair of the Surrey Coalition of Disabled People questioned the efficacy of direct payments, due to frequent delays, and asked what was being done to manage the market and liaise with residents. The Deputy Director of ASC acknowledged that performance around direct payments was not good and that indeed direct payments did not suit everyone, but that diagnostic work had been done by the Social Care Institute for Excellence (SCIE) and a working group had been set up to tackle this and residents were being worked with as part of the transformation journey.
8. A Member queried the pressure created on the budget of children with learning disabilities in transition. Pressures would be mitigated through improvements to the transition team and working with young people sooner, working with the SEND team, joining up ASC and young people's services and ensuring that residents with learning disabilities had a stable home and good prospects in study and work.
9. The witnesses were asked for their views on the transformation and what the new view was of dealing with autism specifically. The Cabinet Member responded that there was a comprehensive Autism Partnership Board and Strategy with an easy-to-use website with information, support and signposts to services. The Deputy Director of ASC mentioned that the learning disabilities team had recently been centralised.
10. A Member requested more detail about the Healthy Surrey and Active Surrey initiatives, and asked for an update about the Healthy Surrey Website. The Cabinet Member informed the Select Committee that the website was very proactive and informative, and that so far in 2019 it had had over 150,000 visits and 300,000 page views.
11. The Select Committee questioned reviews of care packages by ASC. Members' concern about individual cases could be raised with the Cabinet Member and would then be examined more closely. The Deputy Director of ASC added that the thresholds were set by statute and could not be changed. Moreover, residents could raise dissatisfaction with individual cases of reviews with Healthwatch.
12. The Select Committee asked about the Cabinet Member's priorities. The budget was the top priority, followed by other ASC and mental health; accommodation with care and support; learning disabilities, specifically improving the offer to residents who had learning disabilities and managing the learning disabilities budget; reviewing care and support packages in a timely manner; reviewing complaint data, given recent findings from the ombudsman and an increase in the number of complaints.

Recommendations:

The Select Committee:

1. Requests that the Cabinet Member for Adults and Public Health provides updates at future meetings on the specific measures being used to achieve a balanced ASC budget;
2. Requests that an update measuring resident outcomes is provided at its meeting on 22 April 2020;
3. Recommends that there is better publicity of the availability of flu jabs, both for Council staff and Surrey residents;
4. Requests that a detailed report on plans for the Learning Disabilities and Autism Services is provided at a future meeting;

5. Recommends that more is done to promote Healthwatch Surrey and the services it offers, particularly with respect to ASC;
6. Requests that a report on complaints and ombudsman findings is provided at a future meeting.

Actions/further information required:

1. For Members to give suggestions of suitable sites for care homes to ensure a wide spread of sites across the county;
2. For the Cabinet Member to provide information about the overall balance between increases and decreases in care packages.

22 ADULT SOCIAL CARE TRANSFORMATION UPDATE [Item 6]

Witnesses:

Sinead Mooney, Cabinet Member for Adults and Public Health

Liz Uliasz, Deputy Director, Adult Social Care

Kate Scribbins, Chief Executive, Healthwatch Surrey

Nick Markwick, Co-Chair, Surrey Coalition of Disabled People

Key points raised during the discussion:

1. The Deputy Director of ASC introduced key points from the report. Mental health and learning disabilities, reablement for these groups and housing across social care were being considered.
2. Members were reminded that Surrey Heartlands was going through a mental health transformation, and the Select Committee itself was continuing to hold the Mental Health Task Group. A Member encouraged the Council to work with the third sector (charities and voluntary and community groups) and improve GPs' relationship with the third sector.
3. A Member asked what the balance was of the spend of the care package budget between older people and people with learning disabilities. The Deputy Director for ASC informed members that she would obtain this information.
4. A Member noted that the council planned to create 90 care units a year in the next few years, in contrast to only seven units over the last 14 years, and questioned whether there was the structure and authority in place to realise this successfully. The Cabinet Member responded that an officer who would work on property and housing in ASC was being recruited, and the Select Committee would be kept updated on this. An extra care brief had been designed and procurement was being examined.
5. A Member referred to the strategic commissioning approach, whereby privately-run care services might be taken back under control of the Council. He questioned whether it could be guaranteed that the Council could run the services cheaper than the current owners. The Deputy Director of ASC reiterated that this approach was needed and emphasised the development of positive relationships with the market.
6. A Member asked if there was a target number of social care package reviews to deliver. The Deputy Director for ASC responded that the target was not numerical, but rather based on outcomes for

individuals. There was variation between different teams and how many reviews they completed; reasons for this included a lack of staff and higher demand in some teams.

7. A member observed that the RAG (red, amber, green) method of rating data could be too focused on financial measures rather than outcomes for individuals. The Deputy Director of ASC informed members that she would meet with Simon White, the Executive Director of Public Health and Heartlands, and the Chairman of the Adults and Health Select Committee with regard to this issue.
8. A Member observed that the conversational approach of an occupational therapist (OT) could be helpful when reviewing patients and asked if there were enough OTs to implement this approach. The Deputy Director for ASC stated that more OTs were needed to apply this approach more widely and a better offer should be made to OTs to make it an attractive job. Also, social workers in general were expected to have a more conversational approach.
9. A Member expressed concern that direct payments were paid directly to residents who then might not spend it for the designated purpose. The Deputy Director of ASC detailed that residents signed an agreement as to how they would spend the payment, and they had to produce receipts to show that they had abided by the spending designations. If they had not abided by this then their support plans might be reviewed. There were advantages to direct payments, such as flexibility as to how and when payments were made, and increased independence for residents.
10. The Cabinet Member indicated that residents were being put in secure housing placements so that they would have a home for life and that reaching out more to social landlords was essential.
11. The Co-Chair of the Surrey Coalition of Disabled People was of the opinion that it was very important that social workers knew the resident and their history well, and he was therefore concerned about social workers being assigned to tasks rather than residents. The Deputy Director for ASC explained that individual residents would be allocated to a social worker who knew their history when needed.
12. The Co-Chair of the Surrey Coalition of Disabled People requested more information on reablement. The Deputy Director of ASC stated that it was hoped that reablement could be improved while working with their provider, SCIE.
13. Members requested to be informed of what the 'key milestones' are, as mentioned in paragraph 10 of the report.

Recommendations:

The Select Committee:

1. Requests that a report on the implementation of the new mental health service model is presented at a future meeting;
2. Requests that a detailed report on the Accommodation with Care and Support programme is presented at a future meeting;
3. Is to examine opportunities to shadow staff and better understand the care and support package review process and outcomes;
4. Requests that details about key programme milestones are included in future update reports.

Actions/further information required:

1. For the Cabinet Member to provide information on how many residents came to the service and were assessed but found to not actually require a care package;
2. For the Deputy Director for ASC to circulate to the Select Committee details of the care package budget balance between older people and people with learning disabilities.

*The Chairman adjourned the meeting at 12:35pm for a short break.
The meeting was reconvened at 12:40pm*

David Mansfield and Darryl Ratiram left the meeting.

23 SOUTH EAST COAST AMBULANCE SERVICE UPDATE [Item 7]

Witnesses:

Ryan Bird, ePCR Operations Manager, SECAMB

Peter Carvalho, Senior Contracts Manager (Ambulance Contracts & IUC),
Surrey Heartlands

Bethan Eaton Haskins, Executive Director of Quality & Nursing, SECAMB

Kate Scribbins, Chief Executive, Healthwatch Surrey

Nick Markwick, Co-Chair, Surrey Coalition of Disabled People

Key points raised during the discussion:

1. The Executive Director of Quality and Nursing gave a summary of the report, including the following points.
 - a. The report looked at performance, executive development and future plans. Despite advances having been made, the service still required radical improvement. SECAMB examined its own performance from a quality perspective, not a financial perspective.
 - b. The incoming HR director of SECAMB could be announced as Ali Mohammed. Details of new executive leadership, including the new Chief Executive, were covered in the report.
 - c. SECAMB's top priority was sustaining and improving response times.
 - d. SECAMB received an outstanding rating in the caring category, which was a good morale boost for staff. They also received an outstanding rating in the well-led category.
 - e. For category 1 and 2 calls (the most urgent), the service was close to or exceeding targets. However, SECAMB remained challenged with regard to category 3 and 4 calls, due to the lower priority level.
 - f. There were struggles in recruiting paramedics, which might worsen when paramedics started working in primary care, as this would make the job offer less attractive to some.
 - g. Hospital handover delays were also an area of concern. There needed to be system-wide change to tackle this.

- h. Ofsted found two out of the three areas inspected in the clinical education department less than satisfactory. Members were assured that education programmes were still being run, but were no longer allowed to be called apprenticeships. An independent review of this had been commissioned.
 - i. Whatever the outcome of Brexit, mutual aid had been agreed upon in order to mitigate potential negative impacts.
- 2. A Member asked for more information on performance issues in rural populations. The Executive Director explained that there was a strategy to ensure that essential framework remained in place in rural areas. The ePCR Operations Manager added that rural areas were mainly where category 3 and 4 delays were seen. The Senior Contracts Manager (Ambulance Contracts & IUC) remarked that collaborative work was being done with regard to system resilience and accessing local care pathways that could not currently be accessed.
- 3. A Member requested clarification regarding SECamb's acquisition of the NHS 111 contract. The Executive Director answered that the commissioning for the 111 and 999 services were separate, and that currently SECamb ran the 999 contract but until now had not run the 111 service. Qualified healthcare professionals would handle 111 calls where necessary.
- 4. Members emphasised the importance of SECamb staff having special training regarding mental health and learning disabilities. For example, explaining the situation to patients with autism was essential for alleviating anxieties that could be more likely for autistic patients. The Executive Director explained that there were mental health clinicians in the assessment centres and this had had a significant impact on improving outcomes. Members suggested that mental health-friendly ways of working be put in place as a default for all patients.
- 5. A Member enquired whether the eight posts that formed part of the operational restructure were new posts or just existing posts with the name changed. The Executive Director responded that some were new posts, such as the Deputy Director of Operations, but the majority were not and were rather just slightly different from before.
- 6. A Member asked how paramedics dealt with delays at hospitals, and whether hospitals with the longest waiting times were reported. The ePCR Operations Manager stated that delays within a targeted area were not currently examined; however, paramedics did send out messages to other paramedics about alternative pathways available if delays were being encountered.
- 7. A Member enquired if there were some hospitals that were generally worse in terms of delays. The ePCR Operations Manager replied that this was the case. Ashford and St Peter's Hospital had made marked improvements recently.
- 8. A Member expressed concern about the reasons for handover delays. The Executive Director informed members that there had been a national project about particularly challenged services, and that steps had been taken to reduce delays, such as pathways having been changed.
- 9. The ePCR Operations Manager observed that paramedics 'on the ground' were sometimes frustrated about access to pathways and having to go to A&E rather than doing a direct referral, due to lack of capacity in the system.

10. A Member enquired if councillors could attend A&E to observe handover delays and discover what problems were causing handover delays. It was agreed that this would be helpful.
11. The Co-Chair of the Coalition asked how cases were categorised and remarked that a resident might have been injured for a number of hours before they made the phone call and this should be taken into account. The Executive Director responded that a triage (priority assessment) tool was used, and was very strict and there was absolutely no deviation from it. It was being ensured that trained clinicians would be available to provide advice over the phone, and where patients had to wait for some time for an ambulance welfare calls were conducted every 30 minutes to check on the patient's condition. If the patient's condition had worsened, the category might be changed accordingly. Moreover, the Executive Director confirmed that the waiting time pre-call was taken into account.
12. The Co-Chair of the Coalition asked how the system and response times were being improved in the long term. The Executive Director responded that the two most important factors in this were increased staff and an increased fleet of ambulance vehicles.
13. The Chief Executive of Healthwatch Surrey requested more information about the patient engagement strategy. The Executive Director replied that historically SECAMB had been poor at patient engagement but that SECAMB had scrapped their old strategy and started a new piece of work in which Healthwatch had been heavily involved.
14. A Member asked what SECAMB's strategic planning was for the long term. The Executive Director responded that in 2019 SECAMB had started an initiative to determine strategic direction, including staff consultation. The next step was to initiate wider consultation; the findings would be published in the next calendar year.
15. A Member asked if waiting times at A&E were measured starting from when the ambulance arrived at the hospital, or when the patient entered the hospital itself. Members were informed that the latter was the case, which could be problematic because patients could be waiting in an ambulance for some time without it being taken into account.
16. A Member requested statistics and more information on abandoned and hoax calls, and asked how the Select Committee could help with reducing these issues. The Executive Director informed the Select Committee that there was a plan and a process around these. The ePCR Operations Manager added that locating some frequent callers was challenging because they often were of no fixed abode.
17. A Member queried what went wrong with clinical education in SECAMB, and what plans were being put in place to address the immediate issues with clinical education. The Executive Director replied that there was now a robust plan for improvement, and a review was being conducted to understand what had gone wrong.
18. A Member commented that issues with staffing in CCGs and with regard to paramedics would affect SECAMB's staffing issues, and emphasised the importance of working with CCGs to improve recruitment for all parties.

Recommendations:

The Select Committee:

1. Notes the report and the CQC ratings achieved by SECAMB;
2. Recommends that mental health-friendly ways of working are put in place as a default for all SECAMB patients;
3. Requests that it is provided with copies of/updates regarding the Clinical Education Independent Review, Peer Review and Transformation Project;
4. Is to examine the possibility of Members observing hospital handover delays;
5. Requests that a report on SECAMB's strategic planning is presented at a future meeting.

Actions/further information required:

1. For SECAMB to provide details on the potential impact on the service of halving the number of wasted hours;
2. For SECAMB to provide statistics regarding abandoned and hoax calls, and frequent callers.

24 RECOMMENDATIONS TRACKER AND FORWARD WORK PROGRAMME [Item 8]

Key points raised during the discussion:

1. The Select Committee acknowledged that most of the recommendations had been completed.
2. Members were reminded that the meeting originally scheduled for 6 February 2020 had been moved to 22 January 2020.
3. The Select Committee was informed that an update on the Winter Pressures Follow-Up report would be possible at the meeting of 14 July 2020 (later than spring, which had originally been suggested, since the 'winter period' lasted officially until April for the officers involved).
4. Members were reminded of upcoming business meetings, including the mental health briefing on Friday 6 December 2019, and the Performance Dashboard Working Group meeting on 11 December 2019.

25 DATE OF THE NEXT MEETING [Item 9]

The next meeting of the Adults and Health Select Committee would be held on 22 January 2020 in Council Chamber, County Hall at 10:30.

Meeting ended at: 1.53 pm

Chairman

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