

MINUTES of the meeting of the **ADULTS AND HEALTH SELECT COMMITTEE** held at 10.00 am on 13 April 2023 at Council Chamber, Woodhatch Place, 11 Cockshot Hill, Reigate, Surrey, RH2 8EF

These minutes are subject to confirmation by the Committee at its meeting on 15 June 2023

Elected Members:

- * Nick Darby
- * Robert Evans OBE
Chris Farr remote
District Councillor Charlotte Swann
Angela Goodwin (Vice-Chairman)
- * Trefor Hogg
- * Rebecca Jennings-Evans
- * Frank Kelly
- * Riasat Khan (Vice-Chairman)
- * Borough Councillor Abby King
David Lewis
- * Ernest Mallett MBE
Borough Councillor Neil Houston
- * Carla Morson
- * Bernie Muir (Chairman)
- * Buddhi Weerasinghe

(= present at the meeting)*

9/23 APOLOGIES FOR ABSENCE AND SUBSTITUTIONS [Item 1]

Apologies were received from Neil Houston and Angela Goodwin. David Lewis attended remotely.

10/23 MINUTES OF THE PREVIOUS MEETING: 16 FEBRUARY 2023 [Item 2]

The minutes of the Adults and Health Select Committee held on 16 February 2023 were formally agreed as a true and accurate record of the meetings.

11/23 DECLARATIONS OF INTEREST [Item 3]

Trefor Hogg declared his interest as a community representative for NHS Frimley and as such, had assisted in developing the mental health graphic on page 30 of the Access to GPs Update paper from Frimley in

addition to involvement in the some of the work referenced on in paragraph 18 on page 32 of the same paper.

Nick Darby declared his position as Trustee of Surrey and Borders Partnership NHS Foundation Trust.

12/23 QUESTIONS AND PETITIONS [Item 4]

None received.

13/23 ACCESS TO GPs: UPDATE FROM SURREY HEARTLANDS AND FRIMLEY [Item 5]

Witnesses:

Mark Nuti – Cabinet Member for Adults and Health

Liz Uliasz - Chief Operating Officer, Adult Social Care

Nikki Mallinder – Director of Primary Care, Surrey Heartlands

Pramit Patel – Primary Care Clinical Leader, Surrey Heartlands

Katrina Watson - The Associate Director for Primary Care and Primary Care Network (PCN) Development for Surrey Heath, Frimley

Key points raised during the discussion:

1. The Vice Chairman asked if plans existed to enable GP surgeries to return calls during times suitable for patients, particularly given that some patients may be working full-time, on zero hours contracts or caring for someone. The Primary Care Clinical Leader, Surrey Heartlands explained that work to manage the demand of unscheduled inbound calls was progressing, communication with patients was required to advise when they would receive a response as the urgency of need was dependant on the clinical query in question. Outbound planned appointment calls would continue in the same way as face to face appointment requests.
2. The Vice Chairman queried what provision was in place for weekend calls. The Primary Care Clinical Leader, Surrey Heartlands confirmed that extended access for routine appointments was available outside of the general practice contracted hours of 8.00am until 6.30pm, Monday to Friday adding that out of hours calls backs had been subcontracted to 111 resulting in urgent need callers receiving a call back from the out of hours provider following their initial call to 111.
3. The Chairman said that despite the report noting that 98 per cent of practices had moved to the new telephony system, barriers remained for some when contacting practices by telephone and queried how could be addressed. The Director of Primary Care, Surrey Heartlands said that whilst 98 per cent of practices in Surrey Heartlands had moved to the new increased functionality cloud based telephony system, providing the system alone was not enough and in partnership with Redmoor Health, a change programme was being

rolled out to help each of the 104 practices to determine a set of standards for patients to address those that still faced barriers.

4. The Chairman asked if training packages had been purchased with the new telephony systems and queried who had been trained and how. The Director of Primary Care, Surrey Heartlands explained that telephony systems purchased by each practice were sourced from an NHS England procurement framework with each provider required to confirm a required set of purchase standards. Training differed between providers and Redmoor Health had been contracted regionally to provide any required additional learning.
5. The Chairman asked if the basic training on any new telephony system was provided by the technology provider. The Primary Care Clinical Leader, Surrey Heartlands confirmed that a basic hardware support package was provided by the technology provider and there was confidence that the technology procured across 98 per cent of practices could now achieve the expectations within the development toolkit.
6. The Chairman said that the paper did not reflect the experiences of people that had not been able to use the telephone system successfully and asked what were the health implications of patients that drop out whilst waiting in a telephone queue. The Director of Primary Care, Surrey Heartlands said that each practice was required to provide telephone data, these numbers did reflect drop out numbers and could be shared with Committee Members following a sensible period of reporting. **Action - The Director of Primary Care, Surrey Heartlands**
7. A Member asked if the language line services noted in paragraph 10, page 27 of the Frimley report were centralised or geographically based and queried how patients were made aware of these services, was there evidence to indicate the extent to which these services were being utilised and what were the clinical and mental health ramifications of not being able to access these services. The Associate Director for Primary Care and PCN Development for Surrey Heath, Frimley summarised the successful use of language line and BSL services in Surrey Heath noting that the system had been used 628 times over the last year covering 34 languages. The service was promoted through the carers network, various events and by practice staff who have had or would receive training. The Member noted concerns at the feedback he had received, particularly from Ukrainian visitors that they had experienced difficulties in connecting and engaging with services. The Associate Director for Primary Care and PCN Development for Surrey Heath, Frimley agreed that more could be done to make these cohorts of patients aware of the services available and undertook to investigate this further. **Action - The Associate Director for Primary Care and PCN Development for Surrey Heath, Frimley**

8. The Mental Health Lead, Surrey Coalition of Disabled People queried the accessibility features of the new telephony systems, in particular SMS reminders and the accessibility for people who were deaf or hard of hearing. The Mental Health Lead, Surrey Coalition of Disabled People also ask if any consideration had been given to people with home care needs who may not be able to access appointments in the morning. The Primary Care Clinical Leader, Surrey Heartlands explained that work with the Surrey Coalition of Disabled People following the procurement of the Surrey Heartlands online portal would result in all interfaces having a more simplistic feel. The Chairman queried the consequences of failure to implement these aspects. The Director of Primary Care, Surrey Heartlands confirmed that Surrey Heartlands would help practices comply to the contractual requirements.
9. A Member queried current Surrey Heartlands & Frimley access for patients that may struggle to book appointments by telephone such as non – verbal residents or those with mental health issues. The Primary Care Clinical Leader, Surrey Heartlands confirmed that consideration of how to work with such patients would be undertaken and the help of local councillors to share the message with communities would be needed.
10. A Member asked if there were targeted efforts to overcome challenges around digital exclusion. The Director of Primary Care, Surrey Heartlands confirmed that a Surrey Heartlands workstream under the digital portfolio had focused on bringing together a program to support those that did not have access to services digitally and this would help to free up resources for other patients that would access services in a more traditional way. The Primary Care Clinical Leader, Surrey Heartlands added that a partnership with Barclays Tech Angels had resulted in a patients champion which meant that people could be signposted to a location set up to provide digital support and guidance. The Member said that it was important to know who was not accessing services so their needs could be identified and addressed.
11. The Chairman said that additional information and detail about the figures included in the report tables was required so that the Committee could fully understand the approach being taken.
12. The Cabinet Member for Adults and Health championed the actions taken by Surrey Heartlands and Frimley in recognising demand and identifying solutions to educate people to access the right services for their needs.
13. A Member, in referencing a recent personal experience where a receptionist was not able to book an appointment, queried how digitally excluded residents could access appointments. The

Associate Director for Primary Care and PCN Development for Surrey Heath, Frimley said that this should not have been the case and requested further information for investigation. The Chairman noted that this was not a one off occurrence and as such, it was essential that those being turned away with no further offer were recorded and included in the data. The Primary Care Clinical Leader, Surrey Heartlands said that practices would be supported to implement the contractual changes to address the specific inclusion of on the day assessment of need included in the new contract.

14. The Vice Chair asked to what extent patients were being made aware of how to decide if they should approach their GP or attend Accident and Emergency (A&E) in the event of becoming unwell and did reception staff receive training around this. The Director of Primary Care, Surrey Heartlands said that national communication around this had restarted and would run alongside communications about how to access available services. The Director of Primary Care, Surrey Heartlands added that there was work was underway with practice receptionists and care coordinators to focus on responding to and directing people to the appropriate service.
15. The Vice Chairman asked if it would be possible to record and monitor when patients are advised to attend A&E rather than being offered General Practice (GP) appointments. The Director of Primary Care, Surrey Heartlands confirmed that all A&E demand was captured.
16. A Member questioned what was being done to ensure that mental health patients were directed to safe havens as opposed to A&E. The Primary Care Clinical Leader, Surrey Heartlands agreed that it was important that patients were seen by the right service the first time around and said that the appointment of new mental health practitioners as part of the additional roles reimbursements scheme would work closely to ensure services work effectively.
17. A Member asked how continuity of care was being optimised to improve clinical outcomes as well as patient experience and how could any barriers to achieving effective continuity of care be overcome. The Primary Care Clinical Leader, Surrey Heartlands said that there were 64,000 high users of healthcare of which 1 per cent (624) were 'very' high users. This 624 cohort had 1900 A&E attendances, 500 inpatient stays, 500 outpatient appointments and 54000 GP contacts. This cohort now has a PCN multidisciplinary team wrapped around them and early reports suggest the number of hospital attendances had started to significantly drop.
18. A Member asked what prevention measures were being taken to ensure a proactive, rather than reactive approach to providing care and asked for more detail about national and localised prevention measures. The Primary Care Clinical Leader, Surrey Heartlands

noted the focus on prevention within the Fuller Stocktake report and explained that work was underway within Surrey Heartlands to make every contact count and to reach out and create simple pathways. An example of this was encouraging patients to have blood pressure and weight monitoring checks to prevent chronic cardiovascular disease. The Associate Director for Primary Care and PCN Development for Surrey Heath, Frimley explained that Frimley ICB had been focusing on developing multi-disciplinary core models of care to make every contact count. Health on the High Street work through the spring booster campaign had been used to help to boost blood and weight tests to identify patients as they presented alongside the management of long term conditions to improve targets and help the patient recover in a more holistic way.

19. A Member asked what was being done within primary care to address the issue of elective treatment waiting lists. The Primary Care Clinical Leader, Surrey Heartlands said that the demand for general practice had increased and the development of an interface between primary and secondary care was being progressed. The Associate Director for Primary Care and PCN Development for Surrey Heath, Frimley agreed that the elective care backlogs had resulted in an increased demand in primary care and multi-disciplinary teams were being utilised to support patients whilst they waited for surgery on certain pathways.
20. The Local Healthwatch Contract Manager, Healthwatch Surrey asked if all sources of patient experience were being considered together to consider themes and ensure system developments could be implemented to achieve better outcomes for all and how was the information being captured and measured. The Director of Primary Care, Surrey Heartlands said that it had been difficult to pull together the entire picture to date because general practice complaints had originally been retained by NHS England and not delegated down to Integrated Care Systems (ICS). This data was now being brought over and combined with the other data, would allow an understanding of all the issues faced by patients. The Associate Director for Primary Care and PCN Development for Surrey Heath, Frimley said that regular meetings with Healthwatch representatives and direct access to practice managers helped to consistently address any patient experiences and complaints.
21. A Member queried what processes in place to identify if individual learning and training of practice staff was adequate. The Director of Primary Care, Surrey Heartlands noted that each practice was an independent contractor and as such, the human resources (HR) function of staff would fall directly with the practice. Support to train and educate from Surrey Heartlands would be provided and the Care Commissioning Committee in Surrey Heartlands continued to have

the responsibility for overseeing the delivery of general practice in Surrey.

22. A Member asked if practitioners would continue to routinely receive mental health training, and would such training be mandatory. The Primary Care Clinical Leader, Surrey Heartlands explained that at the locally commissioned Severe Mental Illness service provided specific training requirements for administrators and clinicians with performance measured through the Primary Care Commissioning Committee.
23. The Chairman queried how monies were allocated in the Additional Roles Reimbursement Scheme (AARS). The Director of Primary Care, Surrey Heartlands confirmed that the national Carr-Hill formula was used for the entirety of the contract and considered various demographics of the population being served. The Primary Care Clinical Leader, Surrey Heartlands added that whilst the funding had been provided for the additional roles, they would still require training and supervision to be undertaken by GPs and their practices as this had not been taken into account within the multiyear deal. The Associate Director for Primary Care and PCN Development for Surrey Heath, Frimley confirmed that systems were in place to train to the AARS roles within Frimley which were PCN led to support the needs within the communities.
24. The Vice Chairman asked what was the process for monitoring GP surgery performance and would additional and special assistance be offered to practices performing poorly. The Director of Primary Care, Surrey Heartlands noted the responsibility of the Primary Care Committee in the commissioning and delivery of general practice with practice performance considered monthly to ensure targets were met. Targets would be measured against metrics, access visits and Quality Care Commission (QCQ) inspections. Any poorly performing practices were referred for assistance to the delivery team in Surrey. Any issues would be identified by The Director of Primary Care, Surrey Heartlands; each area has a team of people looking after Practice, on top we have metrics and measurement. Access visits annually with specific questions and the CQC had its own standard for measurement. The Associate Director for Primary Care and PCN Development for Surrey Heath, Frimley confirmed the same processes for Frimley including quality and resilience monthly meetings to address any upcoming issues, weekly practice meetings regular practice visits to ensure issues were flagged as quickly as possible.
25. The Primary Care Clinical Leader, Surrey Heartlands welcomed Members to a further session outside of the Committee to discuss the Development Toolkit in more detail and address some of the issues that have been discussed.

Recommendations:

Primary Care Leads at Surrey Heartlands & Frimley Integrated Care Systems:

1. To develop explicit strategies to tackle digital exclusion, and to help increase access for residents with challenges who may struggle to utilise digital platforms.
2. To work on enabling GP surgeries to receive/return calls during times that may be more suitable for patients; taking into account patient's working hours or caring commitments.
3. To expand the reach of language-line services, and to increase patient awareness of these services.
4. To increase public awareness of all the available avenues for GP access, and to improve understanding of the challenges of increased demand for GP services.
5. 5. To work on optimising continuity of care to improve clinical outcomes as well as patient experience, particularly for patients with Long Term Conditions or those on long waiting lists
6. To continue to formulate a robust system of monitoring the performance of individual GP practices, including the development of records of patients being declined appointments, and for adequate measures to be taken to aid the improvement of surgeries seen to be performing poorly.

Actions/ requests for further information:

- i. Further figures and information to be shared with the Committee following a sensible period of reporting regarding telephone call 'drop out,' and to include the health implications for patients that hang up. **Action - The Director of Primary Care, Surrey Heartlands**
- ii. Further investigation to be undertaken around how cohorts can be made more aware of services such as language line availability and access. **Action - The Associate Director for Primary Care and PCN Development for Surrey Heath, Frimley**

14/23 CANCER AND ELECTIVE CARE BACKLOGS: UPDATE FROM SURREY HEARTLANDS AND FRIMLEY [Item 6]

Witnesses:

Mark Nuti – Cabinet Member for Adults and Health

Professor Andy Rhodes – Joint Chief Medical Officer Surrey Heartlands
Louise Stead – CEO Royal Surrey NHS Foundation Trust and Chair of the Surrey & Sussex Cancer Alliance
Helen Coe – Director of Operations & Recovery, Surrey Heartlands
Jo Hunter – Director of Planned Care, Surrey Heartlands
Nicola Beech – Programme Director, Surrey & Sussex Cancer Alliance
Orlagh Flynn – Integrated Care System Programme Director Elective Care, Frimley
Liz Howells – Director of System Planned Care, Frimley

Key points raised during the discussion:

1. The Chairman asked how the current strikes would impact the backlogs. The Joint Chief Medical Officer Surrey Heartlands said that some assessments and surgery scheduled had been postponed because of the strike action. The Chairman asked if cancellations figures as a result of the strikes were available. The Director of System Planned Care, Frimley advised that 2,700 patients had had their appointments cancelled for the four day strike period and patients had been offered new appointments at the time of cancellation.
2. The Chairman asked for further information to be brought back to the Adults and Health Select Committee in a few months' time to include how long patients had waited for their appointment before they were cancelled and how long the subsequent wait for their new appointment would be in addition to the physical and mental impact of this. **Action - Director of System Planned Care, Frimley/ CEO Royal Surrey NHS Foundation Trust and Chair of the Surrey & Sussex Cancer Alliance**
3. A Member asked how the imperative to reduce backlogs whilst ensuring that patients receive the most focused and effective care possible was balanced. The Director of Operations & Recovery, Surrey Heartlands said that the focus was to clear patients with the highest clinical priority in addition to considering innovation in treating patients differently such as fit tests and self-care initiatives. The Programme Director, Surrey & Sussex Cancer Alliance said that patient on the cancer pathway was monitored and reviewed frequently to ensure the next action was in place following clinical validation undertaken to conversations with patients and if required, patients being treated more urgently as a result.
4. A Member asked for further information about the aforementioned self-care initiative. The Director of Planned Care, Surrey Heartlands explained that this involved regular contact with patients in addition to providing them with diabetic home tests, blood pressure and ECG monitors with access to digital platforms to upload results. This enabled patients to take responsibility for their own care and provided a way for clinicians to monitor from a distance. The Member asked

for further statistics about patients accessing self-care and fit tests. The Director of Planned Care, Surrey Heartlands undertook to investigate methods of reporting these figures back to the Committee.

Action - Director of Planned Care, Surrey Heartlands

5. A Member asked how extensive was the use of teledermatology and had the process helped to relieve pressure in skin cancer diagnosis and treatment. The Director of System Planned Care, Frimley said explained as the programme had started in the autumn of 2022, information would be provided to the Committee in the longer term. The Integrated Care System Programme Director Elective Care, Frimley confirmed that the programme was available to all GP practices across the ICS and work continued with them to encourage patient use with 2600 people accessing the programme since September 2022 with hospitals experiencing a reduction in patients requiring acute treatment.
6. A Member questioned what measures would be taken to help increase confidence and knowledge amongst males regarding prostate cancer and queried the effectiveness of prostate cancer prevention measures. The Programme Director, Surrey & Sussex Cancer Alliance explained that a five month pilot study in 2022 had invited those at high risk of prostate cancer to meet with a nurse and discuss information prostate cancer, raise awareness and offer Prostate Cancer Screening (PSA) through their GP. The pilot received successful feedback from those that attended and there was a proposal to roll out to other areas. A project for a mobile van to visit busy areas such as shopping centres and car parks to access those unlikely to visit their GP was also proposed for late 2023. The CEO Royal Surrey NHS Foundation Trust and Chair of the Surrey & Sussex Cancer Alliance added that the government was considering the implementation of a national screening programme for prostate cancer for men at higher risk.
7. The Chairman queried if there were enough resources for the Mutual Aid System referenced in paragraph 47, page 166 and asked how many people were benefiting from it. The Director of Planned Care, Surrey Heartlands said that resources were dependent on specific situations.

Rebecca Jennings-Evans left the meeting at 12.53.

8. A Member asked how figures were impacted by patients residing outside of Surrey choosing to be on waiting lists within the county. The Director of Planned Care, Surrey Heartlands confirmed that there were two waiting lists, one to reflect the numbers of those resident in Surrey and one to reflect the size of those trying to access care in Surrey.

9. A Member asked to what extent were patient records sufficiently accurate and synergised for the purposes of cancer and elective care. The Joint Chief Medical Officer Surrey Heartlands explained that whilst the implementation of both platforms had been challenging, particularly on the administrative side, there were huge clinical advantages in bringing all records together adding that a recent external audit process would bring about the resolution of any data problems to drive the benefits forward.
10. A Member asked Frimley to expand on some of the benefits and advantages of utilising the EPIC system referenced in paragraphs 34 to 37, pages 164 to 165. The Chairman asked what was the cause of any challenges with EPIC. The Director of System Planned Care, Frimley noted that here were initial issues with the recording of data such as duplication which had resulted in it not being ready for publication.
11. The Chairman, in referring to the Harm reviews noted in both reports, asked for a definition of Harm. The CEO Royal Surrey NHS Foundation Trust and Chair of the Surrey & Sussex Cancer Alliance said that the Harm reviews were a clinical review and addressed any deterioration in a patient's condition.
12. The Local Healthwatch Contract Manager, Healthwatch Surrey asked what reassurance were there that patients and carers were communicated with regularly and given the updates about when to expect their treatment and given advice. The Director of Planned Care, Surrey Heartlands noted that the Frimley patient portal would enable more effective, timely and efficient communication to those on waiting lists. The 'My Planned Care' website was also available, however the information provided was high level and would not break down clinical priority. A National Health Service England (NHSE) programme called 'Waiting Well' encouraged better engagement across primary and secondary care to help patients wait well and avoid deterioration by maintaining a healthy lifestyle whilst waiting for surgery.
13. A Member questioned to what extent was patient choice a factor in prolonged waiting times. The CEO Royal Surrey NHS Foundation Trust and Chair of the Surrey & Sussex Cancer Alliance explained there were many reasons for patients choosing to cancel appointments or planned surgery such as school holidays and patients could choose to postpone up to three times before a conversation took place with them to provide information on which to base their decision.
14. The Chairman, in referring to item 19 on page 173 of the Surrey Heartlands report which noted that ethnic minority groups were less likely to access services and were therefore not visible to analysis asked for further information about this as requested previously by

the Select Committee. **Action – Director of Planned Care, Surrey Heartlands**

15. A Member asked what work was involved in the Surrey Heartlands and Surrey Minority Ethnic Forum (SMEF) development of the digital exclusion strategy referenced in paragraph 20, page 173 and queried how this would help to address the issues of lack of access and the digital skills required to enable ethnic minorities to attend virtual consultations. The Director of Planned Care, Surrey Heartlands said that whilst most of the work was being undertaken in the community by primary care colleagues, tech angels were working as support outreach workers to identify those that found it more difficult to access services. SMEF had identified populations that clinical colleagues could have conversations with and signpost to tech sessions. The Director of System Planned Care, Frimley noted the specific work to target the homeless population utilising some of the learning from the COVID pandemic to achieve this.
16. A Member questioned what steps would be taken to increase prevention and awareness of cervical cancer amongst Black, Asian and Minority Ethnic (BAME) Women, particularly given the potential taboos surrounding sexual health within elements of these communities. The Director of Planned Care, Surrey Heartlands said that specific engagement had taken place with BAME communities regarding cervical screening and work underway with the pathology network to develop self-test kits for women to use in the privacy of their own home in addition to pilot clinics for anxious women from any background.
17. A Member asked how the quality of packages upon discharge was monitored and coordinated and queried to what extent families and carers were involved in or received guidance on how to provide effective aftercare. The Director of Operations & Recovery, Surrey Heartlands explained that many of the discharge care decisions were made at the preoperative assessment to inform and support the process upon discharge with families and carers involvement. The Chairman noted a previous recommendation made by the Committee around the thorough provision of discharge notes and information being readily available for families and carers, however this was still not routinely available and suggested a survey was conducted to ensure satisfaction.
18. A Member asked what mechanisms were in place to ensure the recording and measurement of patient feedback bearing in mind those that were digitally excluded. The CEO Royal Surrey NHS Foundation Trust and Chair of the Surrey & Sussex Cancer Alliance said that complaints and information from the Patient Advice and Liaison Services (PALS) were used alongside conversations with Healthwatch Surrey and friends and family gradings. Other efforts include a patient story heard by the board every two months and a

patient panel and a review of social media at the Royal Surrey Hospital to include the voice of residents.

Recommendations

1. To look into increasing Community Diagnostic Centres to enable greater reach and to reduce the need to rely on hospital settings.
2. To continue to work on reducing backlogs in Cancer and Elective care, whilst ensuring that each individual patient receives the most effective care possible.
3. To continue to improve Aftercare packages, and for the effectiveness of these packages to be adequately monitored.
4. To proactively work on Cancer prevention measures so as to reduce the prospect of future backlogs.
5. To pursue more work with Ethnic Minorities and residents with other challenges (such as Learning Disabilities) so as to improve access to cancer and elective care services amongst these groups, and to improve cancer and elective treatment outcomes for these individuals.
6. To monitor the impact of medical strikes on the acuity of cancer and elective care patients' conditions, and to share details of any potential delays to cancer and elective surgeries as a result of strikes (including numbers of surgeries delayed and the associated impact on patient conditions). Reporting of this should include the period since patients were originally referred for cancer & elective care treatment; to consider cancellations for patients already on long waiting lists.

Actions/ requests for further information:

- i. Further information to be presented to the Committee in a few months' time to reflect waiting times experienced before cancellations due to the junior doctors strike to include the physical and mental impact of the delays. **Action - Director of System Planned Care, Frimley/ CEO Royal Surrey NHS Foundation Trust and Chair of the Surrey & Sussex Cancer Alliance**
- ii. The Committee to be provided with statistics regarding the numbers of patients using self-care and fit test initiatives. The Director of Planned Care, Surrey Heartlands, to investigate methods of reporting these figures back to the Committee. **Action - Director of Planned Care, Surrey Heartlands**

- iii. The Chairman, in referring to item 19 on page 173 of the Surrey Heartlands report which noted that ethnic minority groups were less likely to access services and were therefore not visible to analysis asked for further information about this as requested previously by the Select Committee. **Action – Director of Planned Care, Surrey Heartlands**

15/23 COMMUNITY MENTAL HEALTH TRANSFORMATION PROGRAMME: UPDATE ON PROGRESS AND EFFECTIVENESS [Item 7]

Witnesses:

Mark Nuti - Cabinet Member for Adults and Health
Liz Uliasz - Chief Operating Officer, Adult Social Care
Andy Erskine – Deputy Chief Operating Officer, Surrey and Borders Partnership (SABP) NHS Foundation Trust
Georgina Foulds – Associate Director for Primary and Community Transformation, Surrey Heartlands
Ane Sosan – Community Mental Health Transformation Programme Manager
Colette Lane - Lived Experience Development Lead
Laura Parrington-Neads - Senior Recovery Coach, Managing Emotions Programme
Damien Taylor – Community Transformation Lead for Older Adults
Patrick Wolter – CEO, Mary Francis Trust
Christine Gee – Reaching Out Operational Manager, Surrey and Borders Partnership (SABP) NHS Foundation Trust
Hina Ashraf – Health Project Lead, Surrey Minority Ethnic Forum

Key points raised during the discussion:

1. The Chairman asked what was the impact of the annual allocation of transformation funding on page 184, Item 11, Table 1 and said that an explanation for each box in the table was required for better understanding. A further discussion took place regarding sustainable funding for the third sector and The Deputy Chief Operating Officer, SABP committed to come back to the Committee following further considerations of the changes in funding indicated in the table. **Action. Deputy Chief Operating Officer, SABP/ CEO, Mary Francis Trust**
2. A Member, in noting the need required to transform and modernise the traditional service model referenced in paragraph 8, pages 182-183 asked what were the pitfalls of the traditional service and how could the new model overcome them. The Associate Director for Primary and Community Transformation, Surrey Heartlands explained that fragmentation had occurred with the introduction of new services and focus was required to ensure that the wide range of services work together across primary and secondary care. The Community Transformation Lead for Older Adults said that from an

older adults perspective, the focus was to ensure that there was a wraparound service to provide support at the right time, in turn identifying those that need support earlier.

3. A Member asked if the cost-of-living crisis had increased poor mental health and in addition to signposting, what steps were being taken to improve mental health for residents struggling with their mental health. The Deputy Chief Operating Officer, SABP confirmed that the cost of living crisis had resulted in an increased and sustained demand at every level. The community transformation work had resulted in more people being seen more quickly. The Associate Director for Primary and Community Transformation, Surrey Heartlands said that since the transformation programme had launched, highly specialised clinicians were in place in addition to partners from social care and the voluntary sector working together to intervene earlier and address increasing need more efficiently.
4. A Member questioned what was involved with the Managing Emotions Programme carers course referenced in paragraph 30, page 194, how was its effectiveness measured and what had the uptake been to date. The Senior Recovery Coach, Managing Emotions Programme explained that the course which began in April 2021 had been aimed at carers for those who found it difficult to regulate their emotions. The course was promoted and advertised on the GP integrated mental health service (GPimhs) and the personality disorder section of the Surrey and Borders website.
5. The Chairman requested that further information on the initiatives included in the reports be provided to the Committee to include cohorts, location, funding, funding term, key performance indicator (KPI) monitoring, promotion of the initiatives, geography, communications, marketing and reach. The Deputy Chief Operating Officer, SABP committed to take this action to provide the Committee with further information regarding the scale and impact of effectiveness of the initiatives. **Action – Deputy Chief Operating Officer, SABP**
6. A Member asked what were the timescales for the four 2023 PCN rollouts referenced in appendix 6 on page 219 and had the recruitment been successful to date. The Associate Director for Primary and Community Transformation, Surrey Heartlands confirmed that Redhill and Phoenix had just launched with plans for the remaining three to go live in the next three months, dependant on recruitment.
7. A Member asked if there was confidence that young people were transitioning smoothly to adult care. The Reaching Out Operational Manager, SABP explained that the workstream included an initiative to provide all young people from 17 years and nine months to 18 years and 3 months with a support worker to support them with their

transition from children and young people's services to adults services or transitioning out of mental health services.

8. A Member asked what was being done to stop people from being bounced and how effective had this been to date. The Associate Director for Primary and Community Transformation, Surrey Heartlands explained that the new model of integrated primary and community mental health care has a specific requirement from NHS England to address the 'bounce' that historically existed for people with unmet need in primary care who were not 'ill enough' to be seen by secondary community mental health teams or were too complex for NHS Talking Therapies (formerly IAPT). Since 2019 the new GPimhs/MHICS PCN teams have been filling this gap, supporting people with significant mental health needs preventing 'bounce' back to their GP. Their work includes forming bridging teams with system partners via weekly pathways forums to support adults stepping up or down between primary and secondary community mental health teams, enabling that person to access the help they need without repeat assessments or referral screening between services. The Chairman requested a detailed report with comprehensive data about bouncing. **Action - Associate Director for Primary and Community Transformation, Surrey Heartlands**
9. A Member questioned what additional efforts were being taken to reduce waiting times and were the impacts of waiting times on the acuity of peoples mental health conditions being examined. The Associate Director for Primary and Community Transformation, Surrey Heartlands said that under the transformation programme the expectation was for a four week wait in the new model of primary care.
10. The Chairman queried when the Unity Insights report noted in paragraph 35, page 196 would be available to the Committee. The Community Mental Health Transformation Programme Manager confirmed that the first interim report would be ready by the end of April 2023.
11. A Member said that information about explicit criteria through which the measurement of outcomes and effectiveness of the delivery of the programme was required. The Associate Director for Primary and Community Transformation, Surrey Heartlands agreed that there had been a lack of formal evaluation due to the COVID pandemic and now that issues around data being inputted into an interim system had been addressed, there was confidence that more information would be available going forward.

Recommendations

1. To implement greater flexibility in recruitment so as to take into account and harness the benefits of lived experience in the delivery of this programme.
2. To support ICB executive recommendations locally and to NHSE for more sustainable funding and contracts for third sector organisations providing mental health services.
3. To continue to support the Mental health Improvement Plan on reducing the tendency for patients bouncing between services, and to provide future explicit evidence of how the Community Transformation Programme is achieving this within the scope of the programme.
4. To develop more meaningful data that demonstrates robust work is taking place to support carers who are supporting mental health patients.
5. To ensure processes are in place to attract and retain both clinical and non-clinical workforce, including experts by experience.
6. To mitigate challenges associated with transitions for Young People who will continue to require non-urgent community based mental health support and services.
7. To improve communications, reach, and public awareness of any initiatives under this programme.

Actions/ requests for further information:

- i. The Committee requested further explanations for the figures included in each box in the Annual Allocation of Transformation table 1, item 11 on page 184, and for the updated information to include a consideration of the changes in funding indicated in the table. **Action. Deputy Chief Operating Officer, SABP/ CEO, Mary Francis Trust**
- ii. Additional information was requested about the scale and impact of effectiveness of the initiatives referenced in the report to be shared with the Committee to include cohorts, location, funding, funding term, KPI monitoring, details about the promotion of the initiatives, geography, communications, marketing and reach. **Action – Deputy Chief Operating Officer, SABP**

16/23 RECOMMENDATIONS TRACKER AND FORWARD WORK PROGRAMME [Item 8]

The Select Committee noted the Recommendation Tracker and the Forward Work Programme.

17/23 DATE OF THE NEXT MEETING: 15 JUNE 2023 [Item 9]

The Committee noted its next meeting would be held on 15 June 2023.

Meeting ended at: 3.35pm

Chairman