MINUTES of the meeting of the **ADULTS AND HEALTH SELECT COMMITTEE** held at 10.00 am on 20 October 2021 at Council Chamber, Woodhatch Place.

These minutes are subject to confirmation by the Committee at its meeting on Thursday, 16 December 2021.

Elected Members:

* Nick Darby
* Robert Evans
* Chris Farr
* Angela Goodwin (Vice-Chairman)
* Trefor Hogg
  Rebecca Jennings-Evans
* Frank Kelly
* Riasat Khan (Vice-Chairman)
  David Lewis
* Ernest Mallett MBE
* Carla Morson
* Bernie Muir (Chairman)
  Buddhi Weerasinghe

(*=present at the meeting)

Co-opted Members:

Borough Councillor Neil Houston, Elmbridge Borough Council
Borough Councillor Vicki Macleod, Elmbridge Borough Council
* Borough Councillor Darryl Ratiram, Surrey Heath Borough Council

21/21 APOLOGIES FOR ABSENCE AND SUBSTITUTIONS [Item 1]

Apologies were received from Neil Houston, Rebecca Jennings-Evans, David Lewis and Vicki Macleod.

22/21 MINUTES OF THE PREVIOUS MEETING: 3 MARCH 2021 [Item 2]

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

23/21 DECLARATIONS OF INTEREST [Item 3]

Trefor Hogg declared a personal interest as a community representative for Frimley Clinical Commissioning Group.

Frank Kelly declared a pecuniary interest as an employee of Surrey and Borders Partnership NHS Foundation Trust. It was agreed that he would withdraw from the meeting when Item 7 was discussed.

Carla Morson declared a personal interest as a relative of a Frimley Park Hospital employee.

24/21 QUESTIONS AND PETITIONS [Item 4]

None received.

25/21 ENABLING YOU WITH TECHNOLOGY TRANSFORMATION PROGRAMME [Item 5]

Witnesses:

- Toni Carney – Head of Resources (Adult Social Care)
- Nick Markwick – Co-Chair, Surrey Coalition of Disabled People
- Sinead Mooney – Cabinet Member for Adults and Health

Key points raised during the discussion:

1. The Head of Resources (Adult Social Care) introduced the report and explained that Surrey County Council did not have a history of routinely using technology to support people and that the current providers were largely the district and borough councils. They went on to explain that the aim of the Enabling You With Technology Transformation Programme was not to use one type of technology but to offer a whole range to help support people with varying needs.

2. Members heard that the Enabling You With Technology Transformation Programme started with Design Phase 1, which involved a pilot with Mole Valley District Council. Outlining the programme's next steps, the Head of Resources (Adult Social Care) informed the Select Committee that Phase 2, which started in September 2021, would involve testing the technology and monitoring platform on a larger scale to better understand the impact that would have on not just the people being supported but also workforce. Phase 3, they went on to explain, was scheduled to take place in early 2022 and would involve developing and trialling a mobile wellbeing response service and self-funder model. Phase 3 would also involve working directly with the Council's Learning Disabilities and Autism and Mental Health services to pilot further technology-enabled care solutions.

3. The Cabinet Member for Adults and Health added that the aim of the programme was to increase choice and the quality of care available to residents, which was one of their main strategic priorities. They went on to congratulate officers for their positive approach and spoke highly of the engagement that the Council had been having with Frimley and Surrey Heartlands Integrated Care Systems.

4. Responding to a question regarding work that was to be undertaken with the Learning Disabilities and Autism Service and how deeply embedded technology-enabled care solutions were likely to be, the Head of Resources (Adult Social Care) explained that the purpose of the pilot was to explore what could be done in supported living spaces, as these presented unique challenges. The aim of Phase 3 would be to learn what worked best for individuals in those settings. The Cabinet Member for Adults and Health added that they would be looking to tailor the technology-enabled care package around those needs, and it was suggested that a site visit should be organised for the Select

Committee so Members could see what technology-enabled care solutions looked like in action.

5. The Co-Chair of the Surrey Coalition of Disabled People asked how officers were planning to move forward the overseeing of data and dashboards by home care providers, what was being done to explain to people the way in which the technology worked and how data was being used, and what was being done to get buy in from other district and borough councils in Surrey. In response, the Head of Resources (Adult Social Care) expressed their excitement at the opportunities available for providers and the ways in which the technology could be used to better target when someone needed a visit. Further to this, the Head of Resources (Adult Social Care) said that they could see the technology enabling providers to provide care on demand. With regards to concerns around the technology and privacy, the Head of Resources (Adult Social Care) explained that two videos had been produced to explain to people that the technology would only monitor movement and temperature, and that technology could not be installed for anyone who had not given their consent. It was important to make sure that people were aware the technology would not be spying on them.

6. A Member asked what had been learnt from the Mole Valley District Council pilot and what engagement had taken place, particularly with those from hard to reach communities. In response, the Head of Resources (Adult Social Care) explained that the technology had been provided free as part of the pilot to ensure people were not put off by financial costs, and that they learnt that the technology needed to be in place for at least a number of weeks to produce the kind of data that is helpful. Regarding engagement, they went on to say that everyone who used the technology as part of the Phase 1 pilot was given a short questionnaire to complete so officers could better understand their experiences of using the technology. The Select Committee was given assurance that there would be no shortage of engagement going forward.

7. Responding to a question regarding support being given to those with physical difficulties and the potential for using the technology to identify people at risk of falls, the Head of Resources (Adult Social Care) explained that the aim was for the technology offer to be bespoke, person-centred and accessible for all so users received technology-enabled care that was right for them. Regarding people at risk of falls, they went on to inform the Select Committee that a pilot was underway with Mole Valley District Council that involved the use of a wristwatch that helped to monitor people's gait, and that this would be used to support people at risk of falls. The pilot was currently in its early stages and had three people using it, but officers were keen to undertake further engagement around the falls agenda and how technology-enabled care might be able to help. The Select Committee also heard from the Cabinet Member for Adults and Health that discussions were being had with the South East Coast Ambulance Service around how technology-enabled care could help reduce blue light callouts and tie in with wider falls prevention work that was taking place.

8. A Member questioned how carers were to be involved going forward and was told by the Head of Resources (Adult Social Care) that they had undertaken positive engagement with carers so far and that this engagement would continue during the rollout of Phases 2 and 3. Technology-enabled care provided exciting opportunities for supporting carers and would, for instance, help to put the carer in control by allowing them to take the technology with them outside of the home in the form of an app.

9. Regarding a question from a Member on what had been learnt from good practice elsewhere and how this would incorporated into Phases 2 and 3, the Head of Resources (Adult Social Care) explained that a consultant had been brought in from the Technology-Enabled Care Services Association and that they had helped bring a wider knowledge of what other local authorities were doing and how this could shape the technology-enabled care support on offer in Surrey. They went on to say that the Council was cutting edge in its use of technology-enabled care. Further to this, the Cabinet Member for Adults and Health added that they had met with Kent County Council to discuss their use of technology to help support those with learning disabilities and autism. It was felt at that particular time that the support being offered was not right for Surrey County Council, but the conversations had with Kent County Council had nonetheless helped Surrey County Council to better understand what technology-enabled care could work well. Engagement would continue to be had with local authorities throughout Phases 2 and 3.

10. Responding to a question about whether other district and borough councils had been approached, the Head of Resources (Adult Social Care) explained that the work would have to be done incrementally but that they had sensed genuine enthusiasm for the programme. They went on to say that conversations were being had with Epsom and Ewell Borough Council and they were hoping for them to come on board.

11. A Member asked whether it was possible for the data to be used to identify trends that could be built into, and help shape, Adult Social Care support more generally. In response, the Head of Resources (Adult Social Care) explained that this was not being done at the current time but there was the potential for this to be done with people's consent.

12. In response to a Member's question about whether there was the potential for the mobile response service to be run for more than 16 hours a day if findings from the Phase 3 trial indicated that this would be beneficial, the Head of Resources (Adult Social Care) said that the current plan was for this service to be offered 16 hours a day because of the frequency of falls alerts being received by Mole Valley District Council during those hours. However, if the evidence was that the service needed to be offered 24 hours a day, there would be additional costs involved and further work would need to be done to determine whether these could be met.

13. Regarding the criteria for self-funders and a potential cost model, the Head of Resources (Adult Social Care) explained that there would not

be a criteria as such as it would instead be an offer that people could buy into, and there were likely to be different options available. In terms of the cost model, the Select Committee was informed that this would depend on whether a universal offer could be agreed with the district and borough councils when a county-wide service was in operation, as they all currently had their own arrangements for telecare and community alarm systems on offer. This was a conversation that would be had with each of the district and borough councils. The Cabinet Member for Adults and Health added that the self-funder market in Surrey was a large one and that it was important that their needs were met. They went on to say that they would like self-funders to be offered a universal offer with tiered charging so residents could purchase the level of support that was right for their needs.

Recommendations:

The Select Committee requests that a report on the outcome of Phases 2 and 3 and relevant pilot studies is presented to the Select Committee at the appropriate time following their conclusion, and that this report covers:

- How technology-enabled care will be used to help those residents requiring learning disabilities, physical disabilities, autism and mental health support
- Engagement undertaken with the district and borough councils and progress made in rolling out technology-enabled care across Surrey

Actions/requests for further information:

The Cabinet Member for Adults and Health and Scrutiny Officer are to explore the possibility of organising a site visit for Select Committee members to see what technology-enabled care looks like in action.

26/21 COVID-19 RECOVERY PROGRAMMES AND PREPARATION FOR WINTER PRESSURES [Item 6]

It was agreed that Items 6a and 6b would be considered together as they related to the same topic.

Witnesses:

- Dr Charlotte Canniff – Clinical Chair, Surrey Heartlands CCG
- Helen Coe – Director of Recovery and Transformation, Surrey Heartlands ICS
- Jo Hunter – Deputy Director of Recovery and Transformation, Surrey Heartlands ICS
- Nick Markwick – Co-Chair, Surrey Coalition of Disabled People
- Nikki Mallender – Director of Primary Care, Surrey Heartlands CCG
- Dr Pramit Patel – Primary Care Network Lead, Surrey Heartlands CCG
- Kate Scribbins – Chief Executive, Healthwatch Surrey
- Fiona Slevin-Brown – Executive Lead for Urgent and Emergency Care, Frimley CCG

- Simon White – Executive Director of Adult Social Care, Surrey County Council
- Patrick Wolter – Chief Executive Officer, Mary Frances Trust
- Paul Young – Portfolio Lead for Health and Social Care Integration, Surrey Heartlands ICS & Surrey County Council

Key points raised during the discussion:

1. The Director of Recovery and Transformation introduced the report and explained to the Select Committee that Frimley and Surrey Heartlands Integrated Care Systems (ICSs) were working closely together to recover services and deal with the significant pressure the health service was currently under.

2. A Member started by thanking health and care staff for all of their hard work throughout the Covid-19 pandemic. They then asked what mental health support was being offered to members of staff, as well as support relating to abuse they might receive from the public. In response, the Director of Recovery and Transformation explained that a self-help website had been made available to all staff, alongside crisis support and the delivery of approximately 1,500 wellbeing workshops. Regarding abuse, conflict resolution and customer care training was on offer to all staff. They went on to say that exhaustion and burnout, anxiety about returning to the office, and the management of Long Covid were all issues of concern that had been raised by staff. Personal risk assessments had been conducted for all members of staff, and a zero tolerance policy was in the process of being developed.

3. Responding to a question on what measures were in place to deal with potential staff absences and the pressures that these could place on the health system, the Director of Recovery and Transformation explained that a system-wide call was currently held each weekday at 9am at which operational issues were discussed, and this would take place seven days a week from 1 November. Mutual aid was offered to all hospitals, staff were reduced in some areas to deal with pressures elsewhere, and they had access to agency and bank personnel to help with absences when needed. The whole system had been working hard to support one another.

4. Referencing Paragraph 33 of the Surrey Heartlands report, a Member asked about the specific measures being put in place to deal with possible greater demand on Intensive Therapy Units over the winter months. In response, the Director of Recovery and Transformation said that a review had been undertaken on what was done in first two phases of the Covid-19 pandemic and that this had highlighted, both regionally and nationally, the need for investment in critical care services. Plans were currently being formulated for 2022/23 and the number of beds that could be staffed had been almost doubled through the training of staff to support critical care patients. They went on to explain that modelling was being done on a weekly basis and it was expected that peak demand would come towards the end of October. The current focus was on training staff, but there was a possibility that staff might have to be stepped down from other

services, such as elective surgery, to deal with the increased demand. However, this would not be done unless absolutely necessary.

5. A Member asked whether there was an adequate supply of flu vaccines and Covid-19 booster jabs and was told by the Executive Lead for Urgent and Emergency Care that there had been a slight delay in these being delivered but that there now were sufficient supplies available.

6. In response to a question about what was being done to discharge people from hospital, the Executive Lead for Urgent and Emergency Care explained that all health and social care partners worked closely together to ensure patients were discharged in a safe and timely manner, and to stop people being admitted to hospital in the first place where this was avoidable. The Executive Director of Adult Social Care added that both the NHS and social care were under extreme pressure and that there were difficulties in recruiting staff. Regarding Discharge to Assess, they informed Members that this was scheduled to come to an end in March 2022 and that they were planning for what would come next, as it would not be desirable to go back to the status quo. Any change to a new model would need to be resourced, but indications from the Treasury were that extra funds for this would not be made available from central government. The Executive Director of Adult Social Care went on to say that, both now and in the future, it was important to ensure that when patients were discharged from hospitals, the destination was still their home, even if this required them to be provided with a period of bedded rehabilitative care. However, this was not just a social care issue, as it also required input from, and close working with, NHS community services.

7. The Select Committee heard from the Chief Executive of Healthwatch Surrey, who spoke about the Discharge to Assess model and the important role played by carers. They went on to explain that recent work undertaken by Healthwatch Surrey revealed that, although there were examples of positive experiences, some patients were being discharged to their homes in a worse condition than when they were first admitted to hospital, and that there were problems with the information provided to carers and the ways in which hospitals were communicating with them. A Member suggested that hospitals could design standardised communications that they could provide to the next of kin of those being discharged into care to ensure they were aware of their care needs and questions they should be aware of.

8. A Member asked about diagnostic wait times and the support being given to those patients whose elective surgery had been delayed and was told by the Deputy Director of Recovery and Transformation that, at the start of 2021, there were nearly 2,500 patients in Surrey Heartlands waiting over 52 weeks for treatment, but that this number had now been reduced to approximately 600. There were a number of programmes in place to review patients' conditions and ensure they had not deteriorated, and surgery could be brought forward if it was felt this was needed. The Deputy Director of Recovery and Transformation went on to tell the Select Committee about the "waiting well" schemes, which involved partners from across integrated care working together to ensure patients were remaining fit and healthy.

This involved the use of remote monitoring systems, which produced physiological measurements to ensure patients' conditions were not deteriorating during their wait.

9. The Select Committee heard from the Clinical Chair of Surrey Heartlands CCG, who explained that Surrey Heartland was one of the top 10 ICSs in the country in terms of its recovery. Primary care was facing challenges in three main areas: demand, capacity, and models of care and access. Despite these challenges, primary care capacity had increased, and circa 40,000 more appointments were now being delivered per month, with 63% of these taking place in person. The Clinical Chair went on to explain that primary care was facing long-term issues relating to recruitment and retention, GPs nearing or at retirement age, and a workforce demoralised by the pressures of the Covid-19 pandemic. It was important for conversations to be had about the development of a mixed model of access to ensure patients' needs were met. There was not a one-size-fits-all approach that would work across Surrey, but instead engagement and consultation needed to take place with patients. Data collected by Surrey Heartlands showed that the majority of patients had found digital access helpful but that they were confused about how to access GPs and the benefits of triaging. It was important to make sure patients were able to meet with the right person for their needs, and this was not always a GP.

10. The Director of Primary Care informed the Select Committee that the number of face-to-face primary care appointments taking place in Surrey Heartlands had returned to roughly pre-pandemic levels, and that the uptake of digital appointments was the highest across the whole of south-east England, with 2.1 million contacts taking place through remote channels. On the subject of patient satisfaction with GPs, this figure stood at 86% in Surrey Heartlands, against a national backdrop of 83%. The Director of Primary Care also explained that, prior to the pandemic, the number of annual health checks for those with learning disabilities and autism was 40%, whereas during year of pandemic this had risen to 70%.

11. The Primary Care Network Lead added that although there was the need to celebrate those achievements made by primary care during the pandemic, there were also gaps that required filling by working together. Key areas of focus going forward would be: planning additional capacity through winter, continuing to recover services, narrowing health inequalities across the system, developing Surrey Heartlands' zero tolerance approach, and ensuring patients were engaged and involved in the co-designing of the new way of working and accessing primary care. They also spoke about the importance of enabling and accelerating the implementation of the Health and Wellbeing Strategy to help empower and support people and level up services across Surrey.

12. Responding to a question about accessing mental health support at GP surgeries, the Clinical Chair spoke about the General Practice Integrated Mental Health Service (GPIMHS), which brought mental health services into primary care settings and had been hugely successful in the areas of Surrey to which it had been rolled out. However, they explained that, due to workforce and resourcing issues

exacerbated by the pandemic, it had not yet been possible to roll out the services across the whole of Surrey, leaving some GP surgeries reliant on identifying themselves those patients that required mental health support and, where it was an issue that they could not manage alone, referring on to other services for extra help. Work was taking place to improve mental health services through the Mental Health Improvement Plan, which would have actions for everyone across the health system.

13. A Member asked what was being done to ensure people were more easily able to access primary care services by telephone rather than remote channels, and to ensure face-to-face appointments were available for vulnerable groups. In response, the Clinical Chair said that the purpose of the triage was to identify those patients that might be vulnerable and for their preferred type of appointment to be offered. However, those preferring to be seen face-to-face might have to wait longer, and it might not always be in their best interest to be seen in this way – particularly with regards to putting themselves at risk of being infected with Covid-19. The Director of Primary Care added that one of Surrey Heartlands' biggest areas of focus was around modernising the telephony system. They explained that government support would be given to achieve this.

14. In response to a Member's queries about what was being done to make sure the continued prevalence of Covid-19 and the future rollout of vaccinations would not continue to affect primary care, and whether full-time vaccinators were being recruited, the Clinical Chair explained that Surrey Heartlands had at its disposal a large non-clinical workforce that had been trained up as vaccinators over the course of the pandemic and could lead vaccination sites going forward. The vaccination programme had also expanded into community pharmacies, resulting in a lot more choice. However, there were still pressures being put on primary care staff who were volunteering at vaccination hubs. The Primary Care Network Lead added that in Surrey Heartlands there were GP collaboratives working at scale across multiple sites, such as the Woodhatch vaccination hub in Reigate.

15. The Co-Chair of the Surrey Coalition of Disabled People asked what was being done to ensure more people were able to use texting to access services and communicate with clinicians. In response, the Clinical Chair explained that this was used a lot in primary care and that there was now the ability to make this a two-way method of communicating with patients. The Co-Chair of the Surrey Coalition of Disabled People asked for this to be replicated elsewhere in the health system.

16. A Member referred to the 2021 GP Patient Survey and asked what plans were in place to improve those surgeries that had been rated poorly. The Director of Primary Care explained that visits were taking place in each of the 104 practices in Surrey to ensure that best practice was being shared across the system, and that approximately 25 of these visits had already taken place.

17. Responding to a question about handover delays at hospitals, the Deputy Director of Recovery and Transformation told the Select Committee that processes were in place to minimise these wherever possible. They explained that the pandemic had sped up a lot of the transformation work taking place in healthcare and that triaging at the A&E front door was now more advanced. Members were told about the use of SDEC (same day emergency care), acute emergency admissions areas and the diverting of patients who were not critically ill but could be cared for in different locations and at a slightly slower pace. The Deputy Director of Recovery and Transformation went on to explain that all patients were triaged based on their clinical presentation, even if they arrived at A&E in an ambulance, and that work was being done to redirect and support patients at home with advice and guidance. Patients were being directed to other areas of care that were right for their needs, including pharmacies and GP surgeries, as well as 111, which could now book patients directly into A&E. Handover delays were likely to continue to be an issue over winter due to the workforce pressures being faced by ambulance services, but Surrey Heartlands were committed to working closely with them and continuing to take their feedback on changes that could be made.

18. A Member asked about what could be done to signpost patients to pharmacists. In response, the Deputy Director of Recovery and Transformation spoke about the importance of getting support nationally to help change public perception and help people to understand that pharmacies were a trusted local resource that could be used as a first port of call. The Clinical Chair added that the Community Pharmacist Consultation Service (CPCS) was about to be launched in Surrey Heartlands, and that this would help to triage patients to community pharmacies. It would also be possible for GPs to receive feedback on the outcome of consultations. Following a further question from a Member about ensuring pharmacies had the facilities needed to deal with an increase in patients, the Clinical Chair explained that CPCS was a national programme for community pharmacies and that those that had signed up would be provided with additional resource.

Recommendations:

The Select Committee recommends that Frimley and Surrey Heartlands:

1. Work closely with Surrey County Council's Public Health team to create and deliver a communications campaign that highlights to residents the importance in following 'Hands. Face. Space' and social distancing to help reduce the pressures being put on hospitals over the winter months
2. Work with residents and Members to co-design standardised communications that hospitals can provide to the next of kin of those being discharged into care, and for these to clearly detail their care needs and questions they need to be aware of
3. Explore ways in which they can highlight to patients the right services for their needs to ensure they do not attend A&E when their condition does not require them to

27/21 UPDATE ON THE IMPLEMENTATION OF MENTAL HEALTH TASK GROUP RECOMMENDATIONS [Item 7]

Witnesses:

- Andy Erskine – Deputy Chief Operating Officer, Surrey and Borders Partnership NHS Foundation Trust
- Immy Markwick – Mental Health Lead, Independent Mental Health Network
- Sinead Mooney – Cabinet Member for Adults and Health
- Professor Helen Rostill – Deputy Chief Executive & Director of Therapies, Surrey and Borders NHS Foundation Trust
- Liz Uliasz – Assistant Director of Mental Health, Surrey County Council
- Patrick Wolter – Chief Executive Officer, Mary Frances Trust

Key points raised during the discussion:

Frank Kelly left the meeting for the duration of the item.

1. In response to a Member's question regarding support, funding and resourcing for the work of the Mental Health Improvement Plan, the Deputy Chief Executive & Director of Therapies explained that there was a cross-sector commitment to deliver improvement to mental health services, and these were being driven forward through a range of schemes and initiatives that showcased an improvement in collaborative working. Financially, there was an ongoing commitment to funding under the NHS Long-Term Plan, and mental health investment was received through the 2020 spending review. The Deputy Chief Executive & Director of Therapies went on to say that a review was underway to look at the resourcing of mental health services in Surrey, and as part of this they would look at issues around the sufficiency, use and distribution of funding, as well as value for money and effectiveness. They also added that a second Mental Health Summit would be taking place in December 2021 after being discussed at a meeting of the Health and Wellbeing Board in June 2021. The Select Committee then heard from the Assistant Director of Mental Health, who reiterated her commitment to supporting, funding and resourcing mental health services and spoke about how refreshing it was to see joined up working happening at all levels.

2. A Member asked about support being given to smaller third sector organisations and was told by the Assistant Director of Mental Health that this was part of the work that was being done around the Alliance model to ensure that everyone involved, including residents, had an equal voice. The Cabinet Member for Adults and Health added that she was committed to taking the Alliance forward and discussing at the Mental Health Summit what could be done to make sure that third sector organisations had every opportunity for their voices to be heard.

3. The Mental Health Lead of the Independent Mental Health Network spoke about the current availability of the General Practice Integrated Mental Health Service/Mental Health Integrated Community Services (GPIMHS/MHICS) being based primarily around the north and north-

west parts of Surrey, and that there was a lack of availability in the south and south-east. They went on to say that there was an issue with people experiencing mental health crises being taken to A&E, despite this not being an appropriate setting for them. In response, the Deputy Chief Operating Officer explained that very few people experiencing mental health crises were taken directly Safe Havens by ambulances and were instead being taken to A&E, and that work around this was being done with the South East Coast Ambulance Service (SECAmb). They went on to say that one of the biggest challenges was reminding SECAmb that Safe Havens were an option, but that a Professionals Advice Line had been set up and was well used, and this was more likely to signpost towards Safe Havens and away from A&E.

4. The Select Committee heard from the Chief Executive Officer of Mary Frances Trust, who spoke about the difficulties sometimes faced by third sector providers when trying to participate as equal partners with larger organisations. A lot of collaborative working had been taking place, particularly since the start of the Covid-19 pandemic, and many interesting initiatives had been developed, but it was sometimes difficult for the third sector to participate in certain activities, such as data collecting, due to fewer numbers of staff and available resources. Going forward, all partners needed to think about how best to support smaller organisations. They went on to say that, during the early stages of the Covid-19 pandemic, Safe Havens had concentrated on delivering services only for those people experiencing mental health crises, and that many face-to-face services had been replaced by a virtual offer. Safe Havens were in the process of returning to face-to-face services but were now needing to operate both in person and online because the virtual offer was well received and still being used, which was a challenge. The Chief Executive Officer explained that Safe Havens used to have the function of supporting people to prevent them going into crisis, which they were not currently able to fulfil, and that third sector organisations were having conversations with Surrey and Borders Partnership about the future model so they could ensure people were able to access and receive the right support.

5. Responding to a question about funding for the continued rollout of GPIMHS/MHICS across Surrey, the Deputy Chief Executive & Director of Therapies explained that funding had been agreed and that plans for the rollout of the service to all Primary Care Networks (PCNs) were being taken forward. Including the Frimley footprint, there were nine PCNs that GPIMHS/MHICS was being rolled out to over the remainder of 2021, which would increase the total number of sites to 20. There remained challenges around recruitment, but the nine sites were still on track to be delivered in 2021, with the remaining sites following in 2022.

6. A Member asked whether the work taking place at the Abraham Cowley Unit at St Peter's Hospital was still on track to be completed in the summer of 2024 and what risks there might be in relation to that timescale. In response, the Director of Mental Health confirmed that they were still working to those timescales and that funding would be received through the national dormitory eradication programme.

28/21 ESTABLISHMENT OF A HEALTH INEQUALITIES TASK GROUP [Item 8]

Key points raised during the discussion:

None.

Recommendations:

The Select Committee:

1. Reviewed and commented on the draft scoping document of the Task Group
2. Approved the membership of the Task Group

29/21 APPOINTMENT OF A NAMED STANDING OBSERVER AND SUBSTITUTE FOR THE HAMPSHIRE TOGETHER JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE [Item 9]

Key points raised during the discussion:

The Chairman informed the Select Committee that Carla Morson had put herself forward for the role of substitute.

Recommendations:

The Select Committee agreed to appoint Trefor Hogg as standing observer for the Hampshire Together Joint Health Overview and Scrutiny Committee and Carla Morson as substitute.

30/21 RECOMMENDATIONS TRACKER AND FORWARD WORK PROGRAMME [Item 10]

Key points raised during the discussion:

None.

Recommendations:

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

31/21 DATE OF THE NEXT MEETING [Item 11]

The next meeting of the Select Committee will be held on 16 December 2021.

Meeting ended at: 1:12 pm

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Chairman

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