Supplementary Agenda

Adults and Health Select Committee

SURREY COUNTY COUNCIL

Date & time
Wednesday, 22 January 2020 at 10.30 am

Place
Council Chamber, County Hall, Kingston upon Thames, Surrey KT1 2DN

Contact
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Chief Executive
Joanna Killian

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This meeting will be held in public. If you would like to attend and you have any special requirements, please contact Ben Cullimore, Scrutiny Officer on 0208 213 2782.

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) and Mrs Fiona White

Independent Representatives:
Borough Councillor Vicki Macleod, Borough Councillor Darryl Ratiram and Borough Councillor Rachel Turner

TERMS OF REFERENCE

- Statutory health scrutiny
- Adult Social Care (including safeguarding)
- Health integration and devolution
- Review and scrutiny of all health services commissioned or delivered within Surrey
- Public Health
- Review delivery of the Health and Wellbeing Strategy
- Health and Wellbeing Board
- Future local delivery model and strategic commissioning

AGENDA

2 **MINUTES OF THE PREVIOUS MEETINGS: 4 DECEMBER 2019** (Pages 5 - 14)

To agree the minutes of the previous meeting of the Adults and Health Select Committee held on 4 December 2019 as a true and accurate record of proceedings.

5 **SCRUTINY OF REVENUE AND CAPITAL BUDGET 2020/21** (Pages 15 - 44)

Purpose of report: To provide details of the budget for scrutiny prior to Cabinet and Council meetings.

6 **INTEGRATED SEXUAL HEALTH AND HIV SERVICE CONTINUOUS IMPROVEMENT PLAN** (Pages 45 - 66)

Purpose of report: To update the Adults and Health Select Committee on the Continuous Improvement Plan for the Surrey Integrated Sexual Health and HIV service and to provide information on key sexual health indicators.

7 **RECOMMENDATIONS TRACKER AND FORWARD WORK PROGRAMME** (Pages 67 - 76)

Purpose of report: For the Select Committee to review the attached Recommendations Tracker and Forward Work Programme, making suggestions for additions or amendments as appropriate.

Joanna Killian
Chief Executive
Published: Tuesday, 14 January 2020

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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

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

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 referment, 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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Adults and Health Select Committee
2020 – 2025 Budget Scrutiny
22 January 2020

SURREY COUNTY COUNCIL

Context

- Last year - a budget that didn't rely on Reserves and helped stabilise our finances
- This year - moving from short- to long-term: **investing for impact** and for financial sustainability
- Next year – outcome focused and comprehensive medium-term plan
- Significant progress towards financial stability and good performance
- Plus the injection of additional resources from Central Government, once again mean **no use of Reserves**, and a more medium-term and investment based outlook
- Continuing medium-term challenges:
  - Uncertainty about funding levels from 2021
  - Continuing high demand for services
- A refreshed Organisation Strategy and Phase 2 Transformation

SURREY COUNTY COUNCIL

Organisation Strategy 2019 – 2023

OUR FOCUS FOR THE NEXT 5 YEARS 2020 - 2025

SURREY COUNTY COUNCIL

We are changing and improving what the Council does and how it delivers services to reflect the ways in which our residents and communities now live their lives. We are now a year into our transformation to become a leading council. We are ambitious about our future and here we outline where our focus lies in the years ahead.

Tackling inequality
Working with residents in every area of Surrey to identify and address causes of inequality, especially in life expectancy for everyone.

Supporting independence
Helping residents help themselves and each other within their community.

More joined up health and social care
Integrating health and council services so they're more effective, efficient and seamless for residents.

Creating a greener future
Tackling the causes of climate change and become a carbon-neutral county as soon as possible.

Embracing Surrey's diversity
Recognising the benefits of a diverse workforce and population to ensure Surrey is a place full of opportunity.

Partnership
Working with residents, businesses, partners and communities to collectively meet challenges and grasp opportunities.

Supporting the local economy
Investing in the infrastructure Surrey needs to build a strong and resilient economy.

Digital revolution
Making the most of new technology to innovate and improve services, and the way we work, to help Surrey and residents thrive.

OUR VALUES:
we care about -

- our residents
- being excellent
- being open
- working together
- respecting others

THE PRINCIPLES GUIDING OUR WORK:

1. Focus on ensuring no one is left behind
2. Take a fresh approach to working in partnership
3. Support people to help themselves and each other
4. Involve and engage residents earlier and more often in designing and delivering services, and responding to challenges

To read a full list of our achievements from the past year and to read our Organisational Strategy in full, please go to **www.surreycc.gov.uk**

Transformation Programme 2020 - 2025

There are 28 individual programmes across different stages: 13 are continuing and 15 are newly introduced into the transformation programme

Discover & Define → Design & Develop → Deliver

PEOPLE

Discover & Define
- Adults with learning disabilities and autism **NEW**
- Health and social care integration **NEW**
- Working differently with communities **NEW**

Design & Develop
- Domestic abuse **NEW**
- Preparing for adulthood
- Libraries and cultural services

Deliver
- Accommodation with care and support
- Adult social care practice improvement
- Adult social care market management
- Adult mental health (including staff transfer) **NEW**
- Family resilience
- Special Educational Needs and Disabilities (SEND) transformation (including transport)

PLACE

Discover & Define
- Greener future **NEW**
- Countryside **NEW**
- Economic growth **NEW**

Design & Develop
- Rethinking transport
- Rethinking waste **NEW**
- Improving infrastructure **NEW**
- Creating Environment, Transport and Infrastructure **NEW**

Deliver
- Community protection (including Surrey Fire and Rescue Service Transformation)

ORGANISATION

Discover & Define
- Data insights **NEW**

Design & Develop
- Digital
- Agile workforce
- Customer experience
- Transforming our core business processes **NEW**
- Land and property **NEW**
- Becoming more entrepreneurial **NEW**

Deliver
- Moving closer to residents

SURREY COUNTY COUNCIL

Headline Capital Schemes to commence 20/21- 24/25

Over £650M invested in the County

(c£530m over the medium-term)

Highways - Further **£92M** of spend to improve and maintain our highway network which includes 3000 miles of road, over 3000 miles of pavements; from a deteriorating to steady state.

Extra Care - up to 165 units across first three planned extra care sites, with an estimated pre-planning land value of £5.5M. SCC capex of **£1.8M**. Total investment of **£7.3M.** Future phases to deliver up to 725 units.

SEND - Up to **£31M** on specialist provision and a new SEND school. Further phases in future years.

River Thames Flood Alleviation Scheme - £237M and Wider Surrey Flood Alleviation Scheme – £33M to protect thousands of homes and businesses from the risk of flooding.

Schools Basic Need - SCC will invest a further **£70M** to provide school places.

Community Investment Fund – **£100M** fund to regenerate high streets and visible investment in communities over the medium term.

Greener Futures – Various projects including a Solar Farm; EV charging point pilot; ULEV purchases and electrification of various transport services. Total spend c**£84M.**

Improved Access to the Countryside – Maintenance and improvements to the rights of way network and visitor improvements totalling **£3M.**

SURREY COUNTY COUNCIL

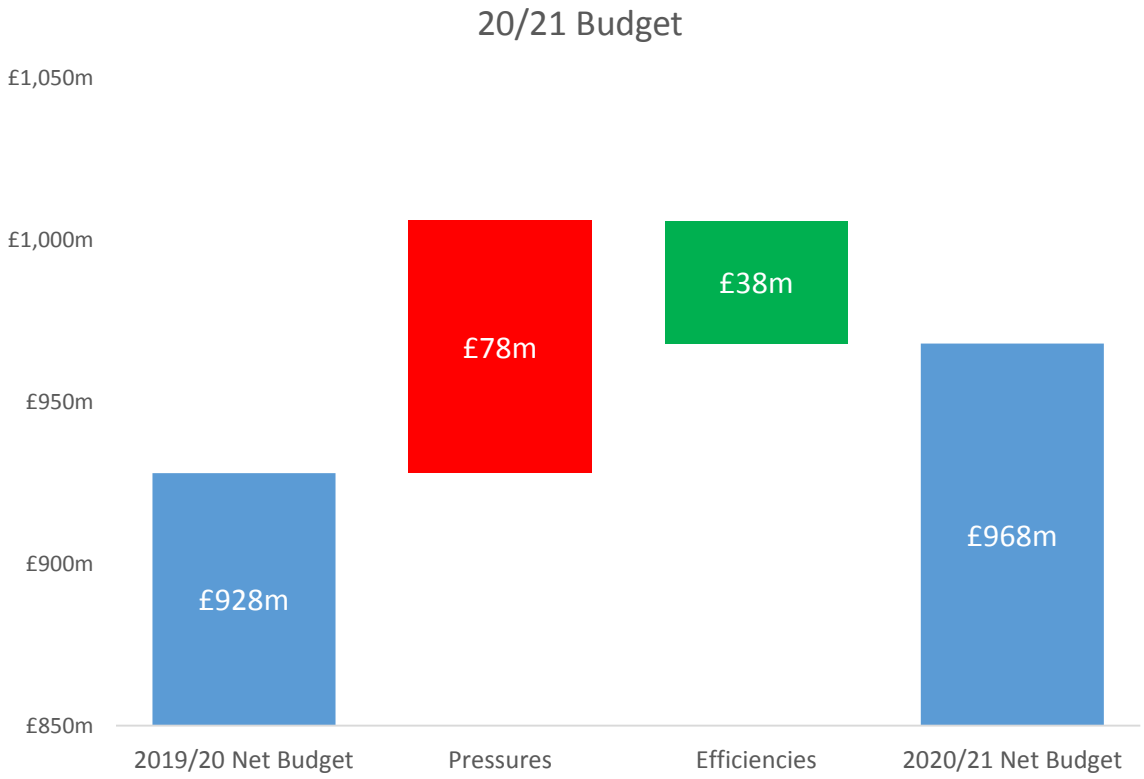
Draft Funding announcements from Central Government

- Draft funding was announced on 20 December (called the Provisional Settlement) - broadly followed our planning assumptions
- It was largely a roll forward of the 2019/20 position and provided additional funding for:
  - Adults Social Care (£14.2m)
  - Children with SEND (£13.5m)
- A new Social Care Precept of 2% (=£14.6m) and Council Tax threshold of 1.99% (=c£16m)

SURREY COUNTY COUNCIL

Key Budget Highlights for 20/21

- Additional ***c*£38M plus £13.5M SEND** from Provisional Settlement, one-year only – waiting on Final Settlement in Jan 2020 to confirm
- Total net funding of **£968M**
- Pressures of **£78M –** including pay and contract inflation
- Efficiencies of **£38M**, of which £24m to be delivered by Transformation
- Future year funding remains very uncertain - **provisional gap of c£160M by 24/25**



SURREY COUNTY COUNCIL

Budget build 19/20 to 20/21 by Directorate

- New funding, additional pressures, pay and contract inflation as well as efficiency proposals identified through the budget process = **Net Budget for 2020/21 of £968M for SCC**

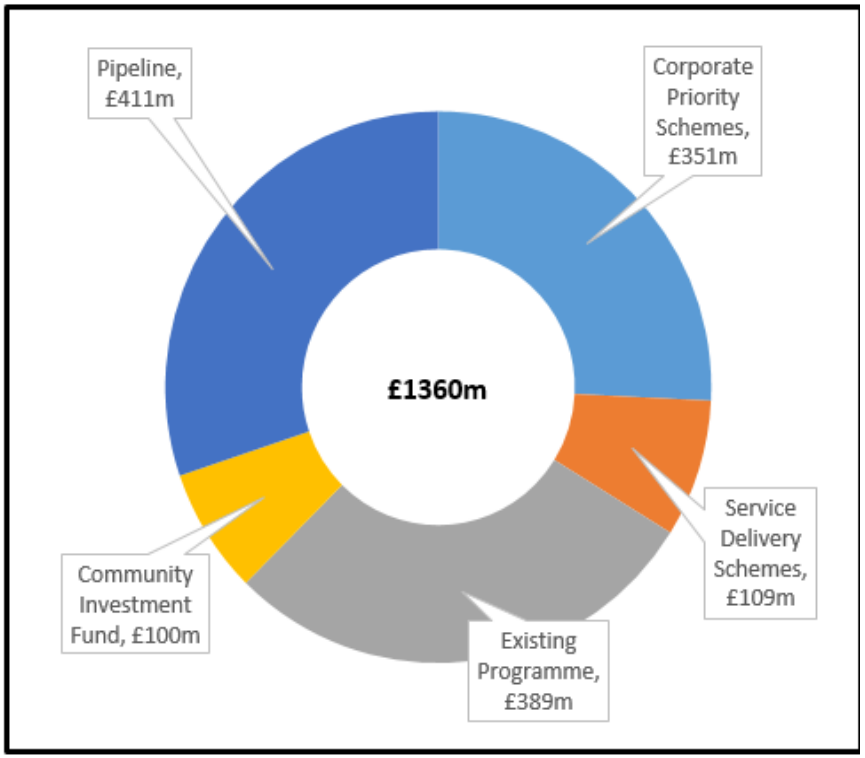
Directorate	2019/20 £m	Pressures £m	Pay Inflation £m	Contract Inflation £m	Efficiencies £m	2020/21 £m
Children, Families, Learning & Culture	243.7	5.7	3.0	3.8	-12.0	244.2
Public Health	30.2	0.3	0.0	0.0	-0.3	30.2
Adult Social Care	363.9	11.7	1.4	7.4	-12.3	372.1
Environment, Transport & Infrastructure	162.6	4.8	1.3	3.5	-4.0	168.2
Transformation, Partnerships & Prosperity	16.9	2.9	0.3	0.1	-1.0	19.1
Resources	65.7	2.6	0.9	1.2	-4.1	66.3
Central Income & Expenditure (1)	45.6	27.1			-4.4	68.2
Total Net Expenditure	**928.6**	55.0	6.8	16.1	-38.1	**968.4**
Total Funding	**-928.6**					**-968.4**

Note (1) The increase in CIE from 19/20 to 20/21 is mainly attributable to the following increases: £7.5m Transformation Fund, £5m Feasibility Reserve, £10m additional Contingency and additional MRP. This will be further detailed in the final report

SURREY COUNTY COUNCIL

Proposed Capital Programme 20/21 – 24/25

- Capital Programme continues to be developed; **c£1.4B** over the period
- **Corporate Priority Schemes -** £351M including SEND, Highways, River Thames, Extra Care
- **Service Delivery Schemes -** £109M of projects being finalised
- **Pipeline Schemes -** £411M of projects at early stages
- **Community Investment Fund -** £100M of schemes to be developed
- **Current Programme -** £389M



- Detailed programme to be presented in January Budget Report

SURREY COUNTY COUNCIL

Adult Social Care (ASC)

Adult Social Care Strategy

ASC's vision is "***To promote people's independence and wellbeing, through personalised care and support that focuses upon their strengths, the outcomes they want to achieve and enables choice and control".***

ASC has embarked on an ambitious transformative agenda to achieve this vision. This includes:

- Embedding a **strength-based approach** to social work practice.
- **Investing in prevention** including Technology Enabled Care Services and Reablement.
- **Streamlining ASC's front door**, improving signposting to reduce and better channel demand.
- Establishing **new Commissioning and Brokerage functions** to lead market relationships.
- Creating a **new Learning Disability & Autism service**.
- **Maximising** the benefits of the **positive relationships** already in place with **health partners**.
- **Replacing traditional forms of support to enhance people's independence** including:
  - **Independent living instead of residential care** for people with LD / Autism.
  - Expanding **affordable extra care housing provision for Older People**.
  - Moving **away from institutionalised care in the community**.
  - Focusing on **supporting people into employment**.
- **Taking back control over ASC Mental Health services** and embedding strength based practice.

SURREY COUNTY COUNCIL

ASC budget – Where is the money spent?

Area of expenditure	2019/20			2020/21
	Budget £m	Forecast £m	Variance £m	Budget £m
Care packages expenditure	404.8	414.0	9.2	412.0
Care packages income	-69.6	-71.6	-2.1	-70.5
Net care packages expenditure	*335.2*	*342.4*	*7.1*	*341.5*
Staffing excluding in-house care packages	56.3	54.8	-1.4	58.2
Wider contracts & grants	20.1	20.6	0.4	19.9
Other expenditure	1.0	1.3	0.4	1.0
ASC investment fund	2.0	0.5	-1.5	2.0
Additional Better Care Fund related activity	0.0	0.0	0.0	2.5
2018/19 carry forward	0.0	-1.8	-1.8	0.0
Total net expenditure prior to BCF and grants	*414.6*	*417.8*	*3.2*	*425.0*
Core Better Care Fund income	-39.3	-42.5	-3.2	-41.7
ASC government grants	-11.3	-11.3	0.0	-11.2
Total Core BCF income and Government grants	*-50.6*	*-53.8*	*-3.2*	*-52.8*
Total net expenditure	**364.0**	**364.0**	**-0.0**	**372.1**

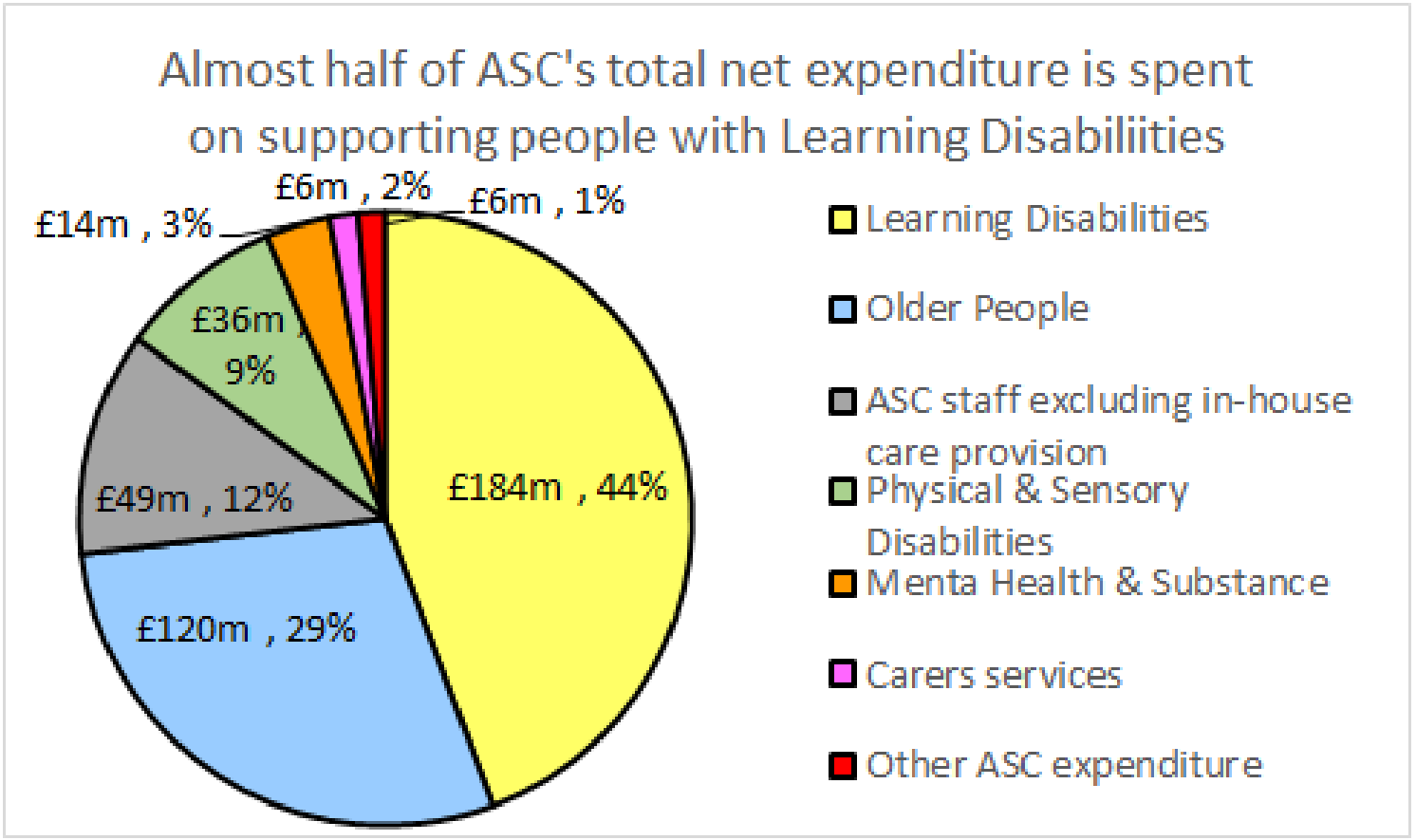
Care package spending accounts for over 80% of total gross expenditure and net expenditure prior to BCF income and government grants and is the key area of focus for delivery of efficiencies.

The blue circles highlighted in the table above show that an overspend of £7.1m on care package spending was forecast at the end of October, but a balanced overall ASC budget was still forecast for 2019/20 due to the use of alternative balancing measures, the majority of which are one-off.

Although the 2020/21 care package budget has been increased to nearer to the projected 2019/20 outturn, there are new pressures in 2020/21 and so current care package spending needs to be reduced to achieve next year's budget.

SURREY COUNTY COUNCIL

Summary of ASC net expenditure excluding Better Care Fund income and Government Grant funding

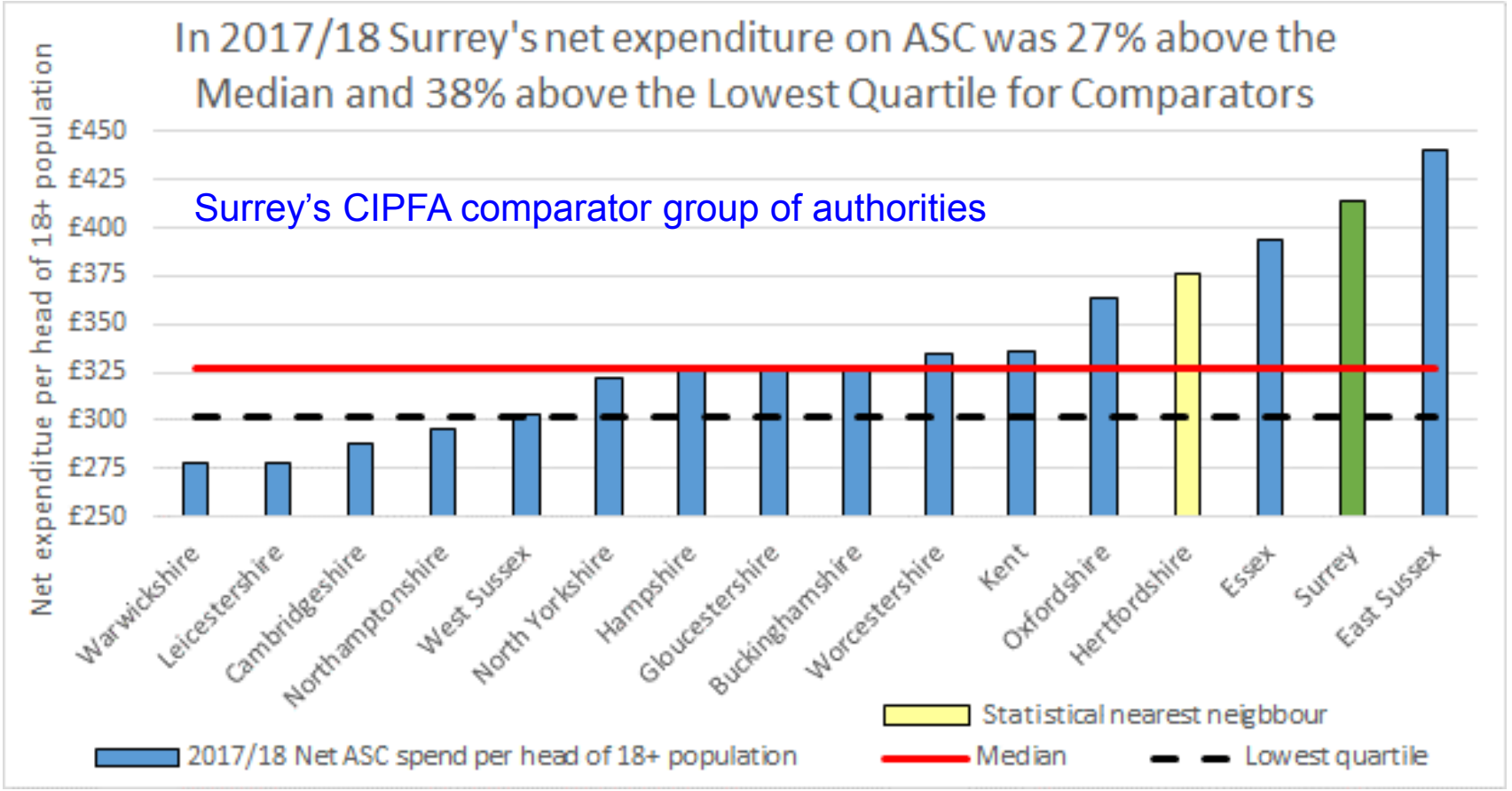


Older People and Learning Disabilities account for the majority of the money spent on care and support services for residents.

When assessed fees & charges income that people pay towards their care is taken into account, Learning Disabilities and Autism is by far the biggest area of Adult Social Care expenditure.

SURREY COUNTY COUNCIL

Surrey's ASC expenditure is high compared to comparators

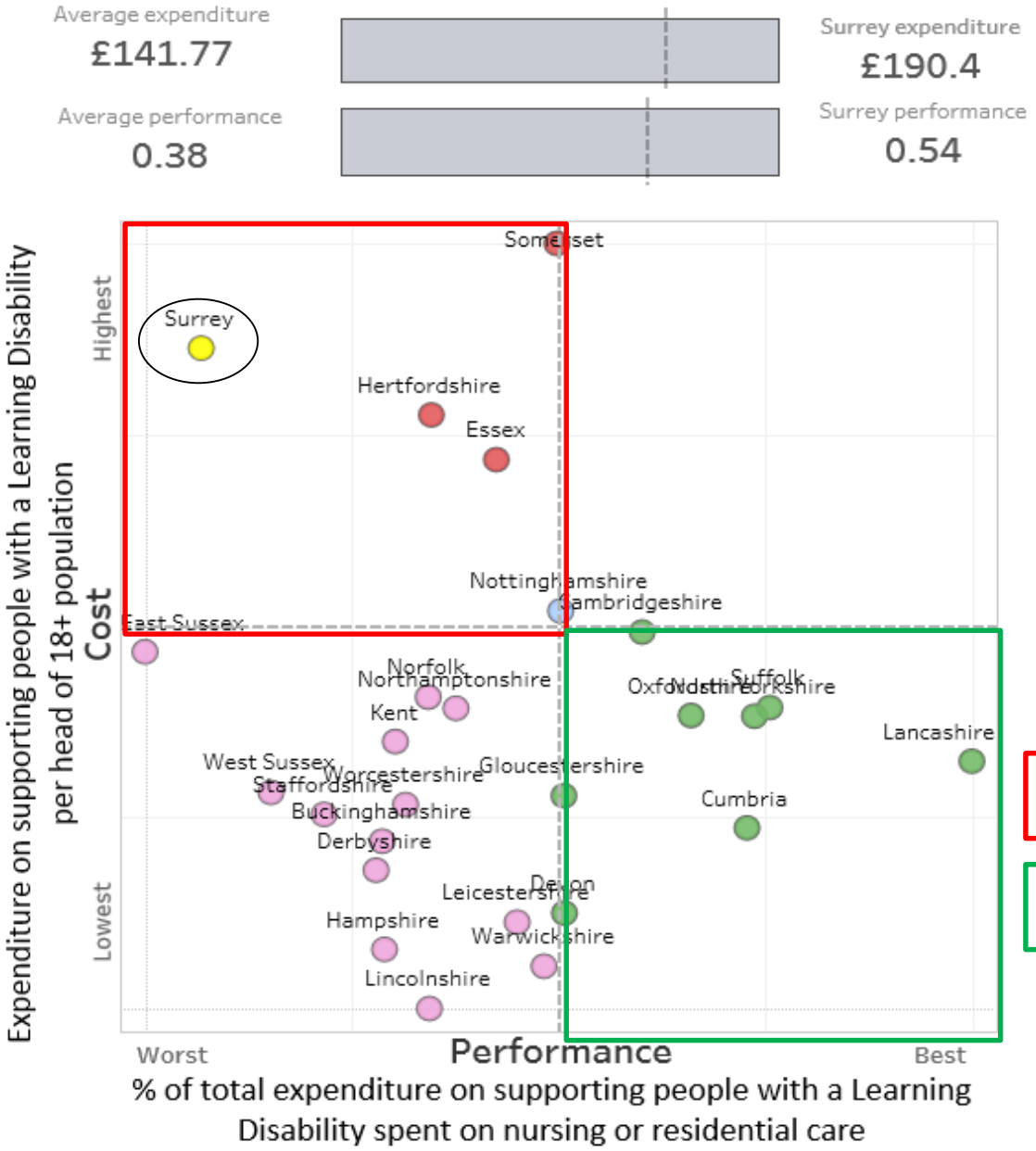


Surrey is a comparatively high spender on ASC. This is in part due to local factors such as the very high Learning Disability transfer from the NHS to SCC in April 2011.

Nonetheless, if Surrey had spent at the median level for comparators in 2017/18, net expenditure on ASC would have been £81m lower. If spending had only been reduced to Surrey's nearest statistical neighbour, Hertfordshire, spending would have been £35m lower.

SURREY COUNTY COUNCIL

ASC plans to change service models



The chart shows that out of all County Councils, Surrey had the 2nd highest spend per head on Learning Disabilities and 2nd highest % of spend on nursing or residential care in 2017/18.

A key aim of ASC's transformation programme is to shift away from institutionalised models of care.

For Learning Disabilities (LD) this involves a specific focus on expanding independent living care provision.

Surrey's high expenditure on LD is in part due to having the largest commissioning transfer from the NHS in the country in April 2011.

Highest spenders with highest % of spend on nursing or residential care

Lowest spenders with lowest % of spend on nursing or residential care

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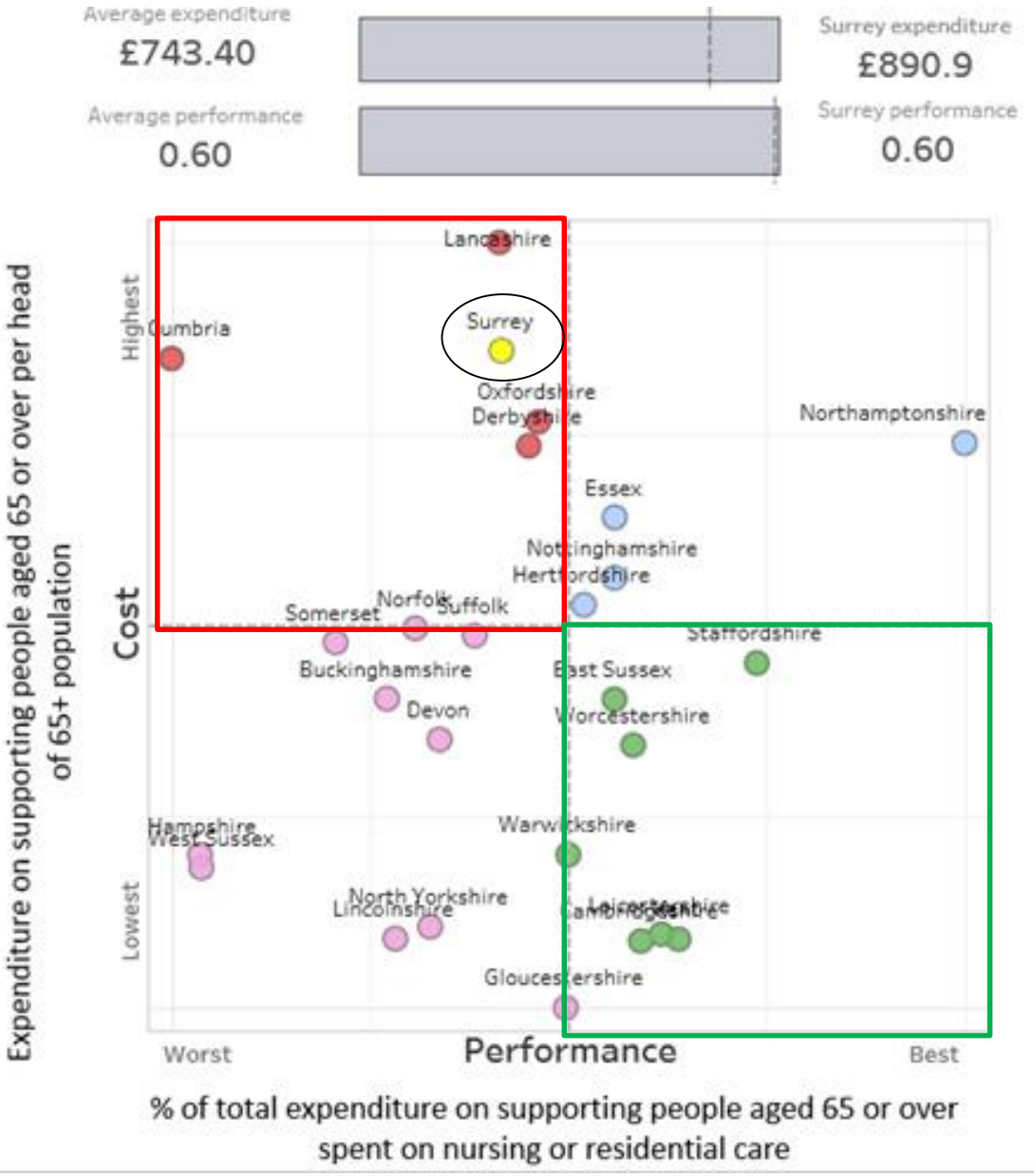
The picture is similar for Older People care provision

Older People 2017/18



Like with Learning Disabilities, Surrey is also a high spender on Older People with a fairly high proportion of spend on nursing or residential care.

Expanding affordable extra care housing for Older People is a key focus of ASC's transformation programme.

Highest spenders with highest % of spend on nursing or residential care

Lowest spenders with lowest % of spend on nursing or residential care

SURREY COUNTY COUNCIL

Adult Social Care budget summary

Budget movement	£m	Comments
Prior year budget	**363.9**	
Growth pressures		
Care package 2019/20 pressure	6.2	Estimated pressure ongoing into 2020/21
Pay inflation	1.4	Does not include incremental progression
Increase in ASC Transition staffing	0.6	Additional required capacity
Care package price inflation	7.4	Risk that higher inflation could be required
New Transition cases	5.0	People transitioning from CFLC services
Demand outside of Transition	0.0	Assumed all other demand is mitigated
Better Care Fund changes for ASC	0.0	Assumed new activity matches funding
Total growth pressures	**20.5**	
Efficiencies	**-12.3**	See next slide for a list of efficiencies
Final 2020/21 budget	**372.1**	

The 2020/21 budget plans for a small increase in ASC's budget from 2019/20. However, underlying commitments are already higher than the 2019/20 budget and the Council's funding changes may mean a significant reduction in spending is required in future years.

SURREY COUNTY COUNCIL

Adult Social Care efficiencies

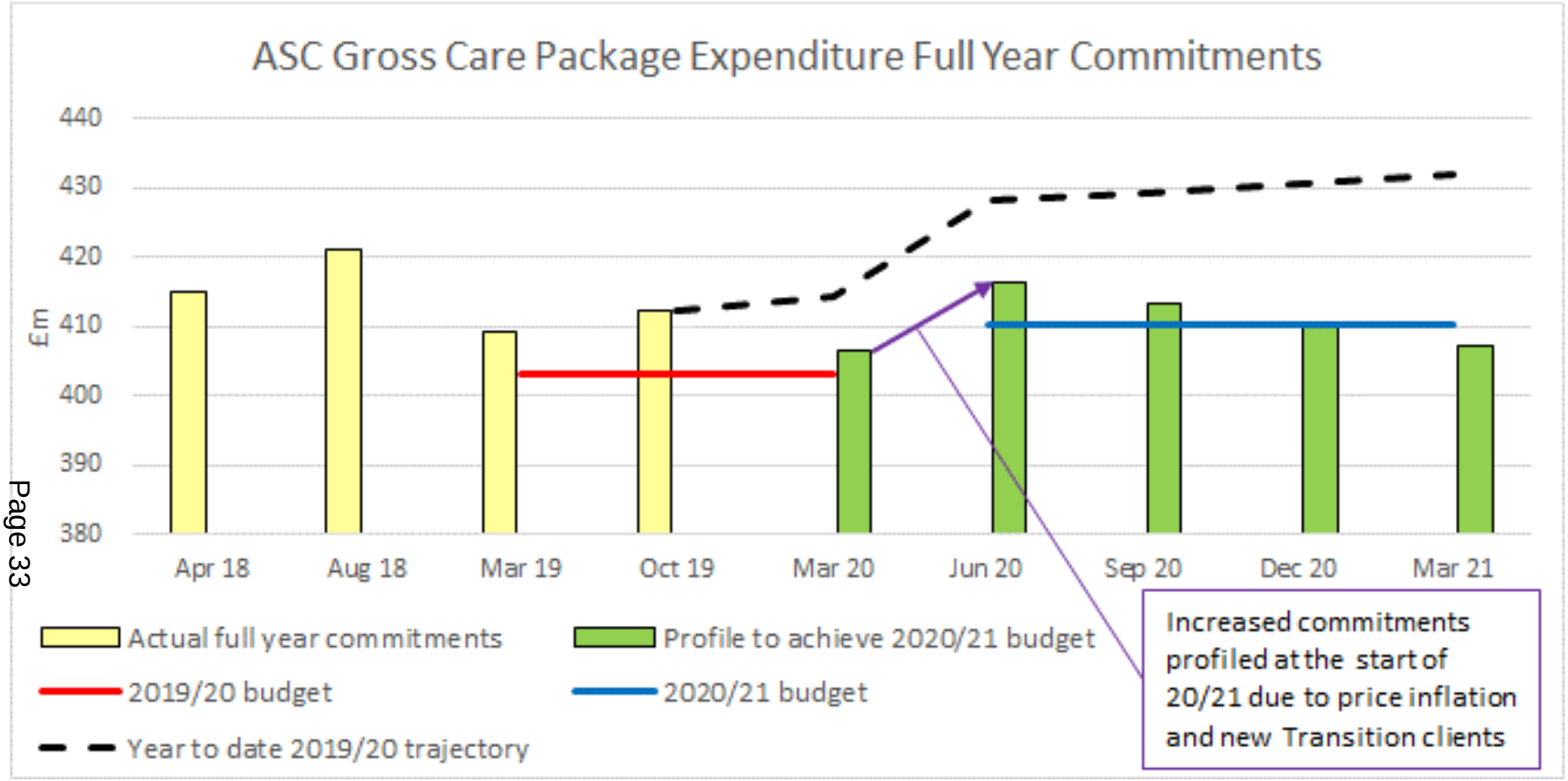
Efficiencies for OP Extra Care are expected to be achieved from 2023/24

Efficiency title	2020/21 £m	Transformation programme
Expansion of affordable Older People extra care housing	0	Accommodation with Care & Support
Older People care package efficiencies (excluding extra care)	4.6	ASC Practice Improvement
Physical & Sensory Disability care package efficiencies	1.6	ASC Practice Improvement
Strategic shift from Learning Disability residential care to independent living	0.8	Accommodation with Care & Support
Learning Disability and Autism care package efficiencies	4.6	Learning Disabilities & Autism
Mental Health care package efficiencies	0.7	Mental Health
Total efficiencies	**12.3**	

All of ASC's efficiencies are directly linked to and reliant on the delivery of ASC's transformation programmes.

SURREY COUNTY COUNCIL

Care package spending profile



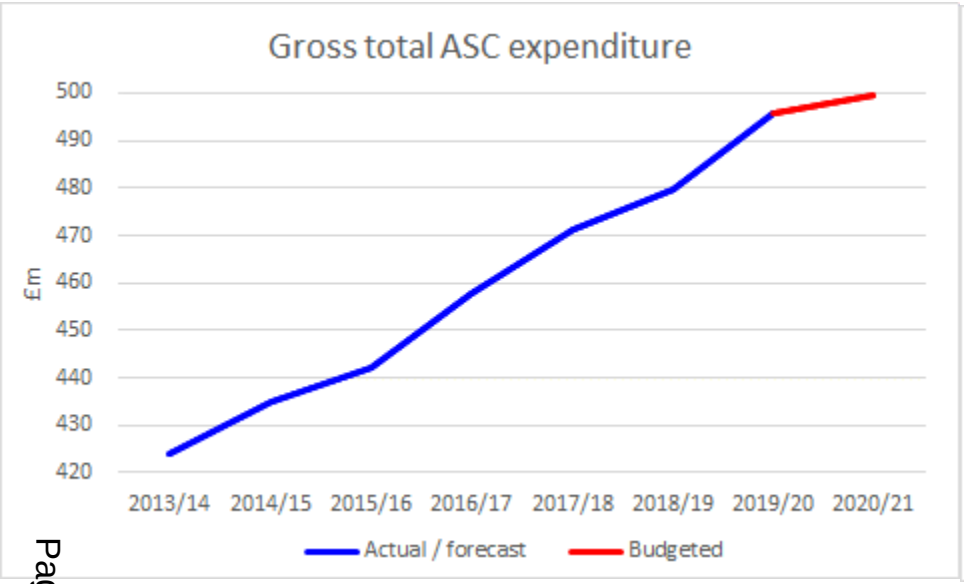
ASC management actions successfully reduced care package commitments by £12m between August 2018 and March 2019 (£6m reduction for 2018/19 overall).

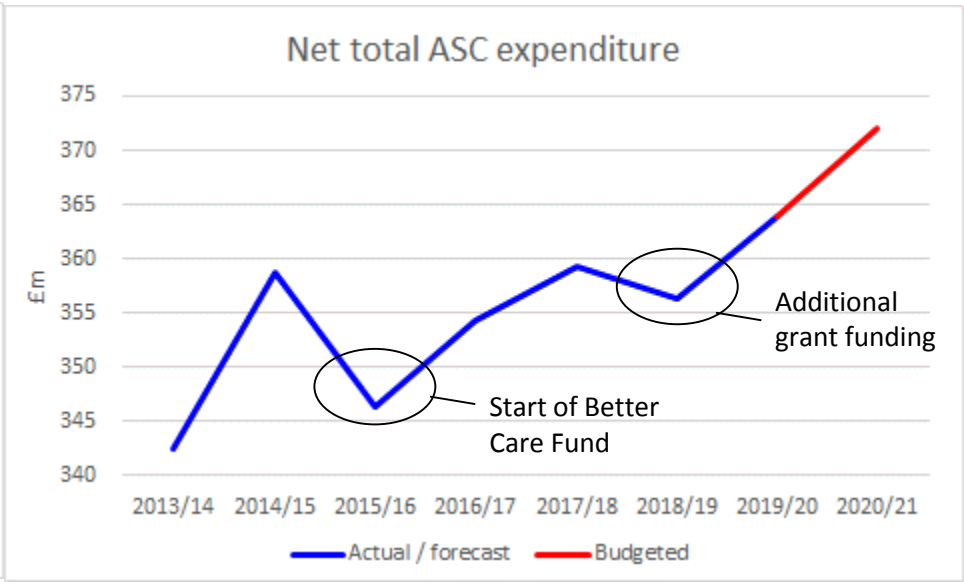
However, commitments have increased by £3m so far in 2019/20, at an average of £0.4m per month and were £9.2m above the 2019/20 budget at the end of October.

If this trend were to continue (black dotted line in the graph) then care package commitments would be £25m higher than the profile required to deliver the 2020/21 budget by March 2021.

SURREY COUNTY COUNCIL

Adult Social Care spending trajectories





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Total gross ASC expenditure excluding income has increased fairly steadily year on year since 2013/14 To achieve the 2020/21 budget requires expenditure to be held much more tightly than the trend for previous years if the budget is to be achieved.

Net expenditure on ASC has increased at a slower rate. Surrey has benefited from additional Better Care Fund and government grant funding, as well as an increase in care package income. Nonetheless, net expenditure is still increasing at a rate that is not likely to be sustainable in future years.

SURREY COUNTY COUNCIL

Summary of key ASC budget issues and risks

The **most significant issue** ASC faces in the delivery of the 2020/21 budget is **reducing expenditure on care packages**. The Adults Leadership Team is refreshing its budget strategy to address this.

Other key issues / risks include:

- **Price inflation** – will the £7.4m budgeted be sufficient?
- **Staffing budget** – cost pressures could arise as a result of ASC's staffing review and / or the fact that budgeted pay inflation does not cover the cost of pay progression.
- **Better Care Fund income** – the budget assumes that the £2.4m increase in BCF income being used in 2019/20 to fund additional care package activity is held to fund new areas of expenditure in 2020/21. It may instead be possible to use this funding (plus a potential further increase of circa £1.1m in 2020/21) to fund additional care package activity if expenditure does not fall as planned.
- **Liberty Protection Safeguards (LPS)** – it is estimated that to fully comply with new legislation relating to LPS could cost £8m per year or more in the worst case scenario. More work is required to review the likelihood and size of this risk. No budget provision has currently been made for this potential risk.
- **Social Care Green Paper** – we are still no clearer on when, if at all, this will published and so the future national funding plans for ASC remain uncertain.

SURREY COUNTY COUNCIL

Public Health

SURREY COUNTY COUNCIL

Public Health Strategy

The Public Health (PH) service aims **to improve and protect the health of people living and working in Surrey** by:

- Providing expert advice to inform evidence based decision-making.
- Supporting people to make positive lifestyle changes to improve health & wellbeing.
- Protecting Surrey residents from communicable diseases and environmental hazards.

Surrey's PH service has **faced 3 key financial challenges** in delivering this strategy:

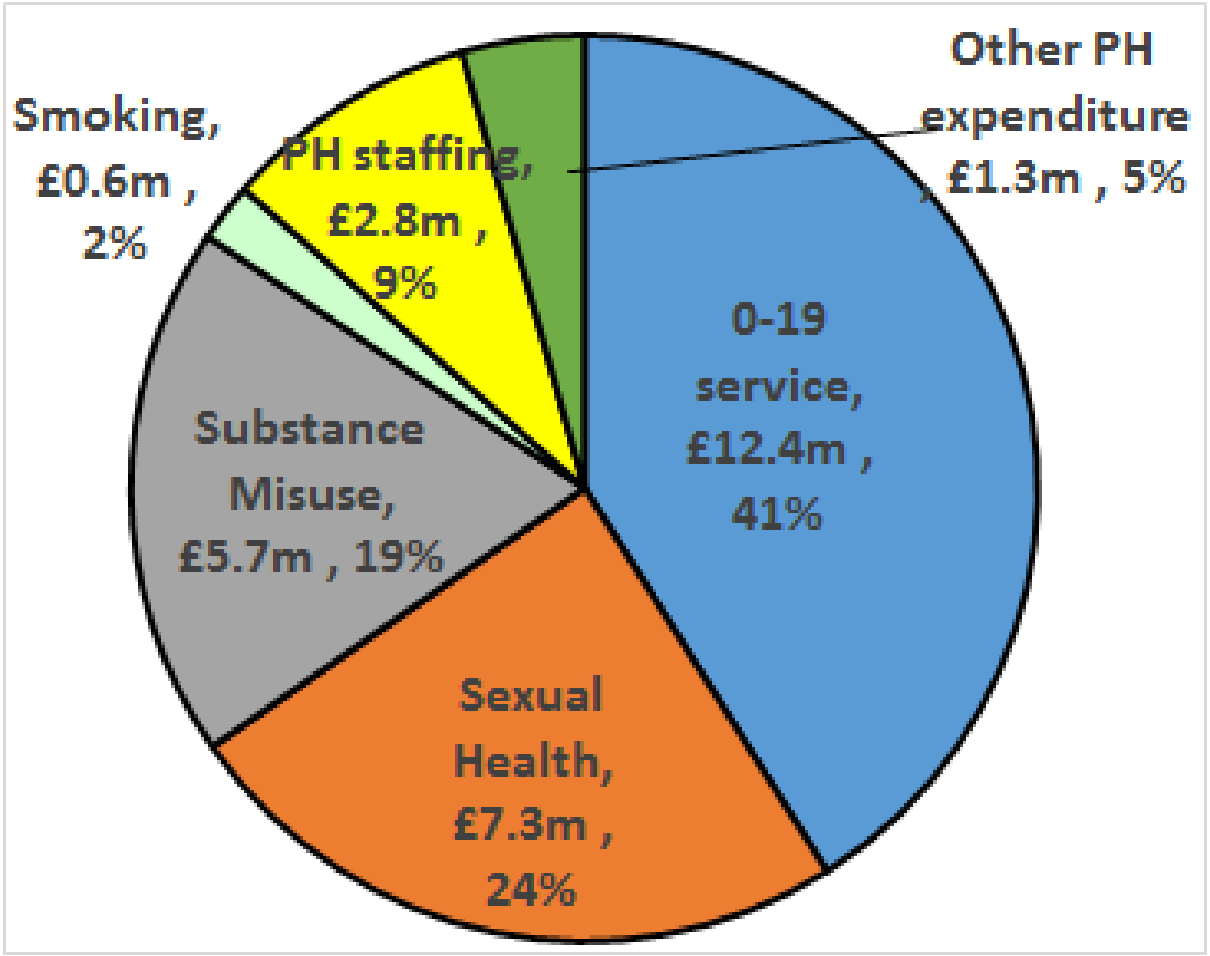
1. **Surrey's funding** for PH service provision is the **lowest per head of population in the country**.
2. The **government has cut PH funding** – the 2019/20 grant is 9% lower than 2013/14.
3. A **growing proportion of Surrey's PH grant** has been **spent on PH services provided by other parts of the Council that meet PH outcomes**, which has required the PH service to reorganise and reduce the services it directly commissions.

Clear prioritisation of services has therefore become **increasingly important** to ensure PH's limited resources are spent on the areas that deliver greatest benefits, and that efficiencies are focused on the areas that are estimated to cause the least adverse impacts.

SURREY COUNTY COUNCIL

Public Health – Where is the money spent?

The Public Health service's 2019/20 total budget for services they commission directly is £30.2m.



Other PH expenditure includes homelessness, mental health, healthy weight & physical activity services and SCC overheads

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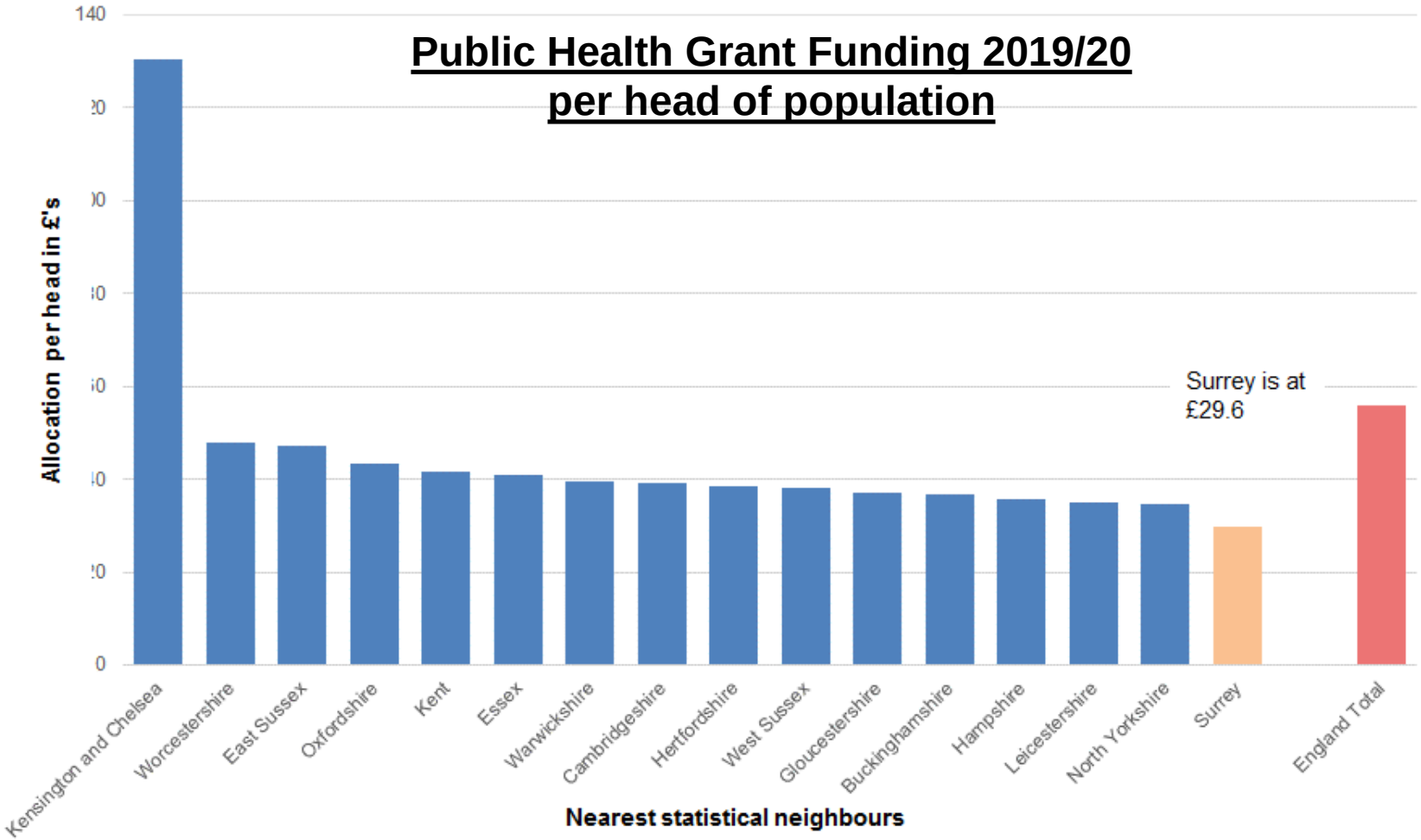
Surrey receives the lowest level of Public Health funding in the country



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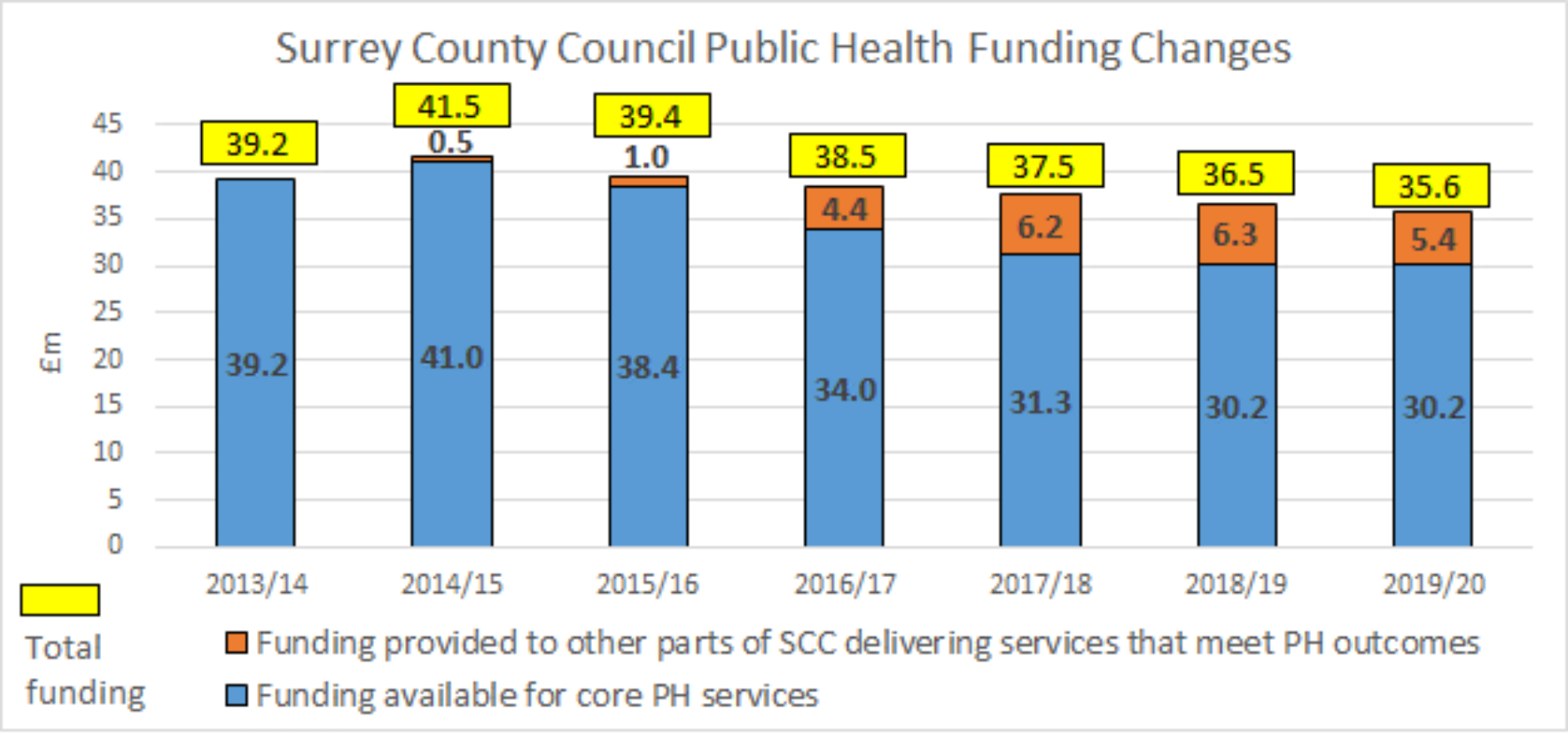
The amount available to spend on PH services has reduced steadily since 2013/14



The government has reduced Surrey's already very low PH total grant funding by £3.6m (9%) since the PH service transferred to SCC in 13/14.

In addition to the reduction in grant funding, SCC has used an increasing proportion of the grant to fund services that meet the PH grant criteria delivered by other parts of the Council. This has meant that total funding for core services commissioned by the PH service has reduced by £9m (23%) since 2013/14.

SURREY COUNTY COUNCIL

Public Health service core budget summary

Budget movement	£000	Comments
Prior year budget	**30,236**	All spend funded by ringfenced grant
Growth pressures		
Sexual health demand	220	PH's main demand driver area of spend
Pay inflation	60	Does not include incremental progression
Sexual health contracting	11	Genitourinary Medicine contract extension
Recharge pressure	25	Recharge of SCC overheads to PH
Pharmaceutical Needs Assessment	3	Completed every 3 years
Total growth pressures	**319**	
Efficiencies	**-319**	See next slide for a list of efficiencies
Final 2020/21 budget	**30,236**	All spend still funded by ringfenced grant

Surrey's total PH ringfenced grant in 2019/20 is £35.6m. The remaining £5.4m of grant not included in the table above is spent on services delivered by other parts of SCC that contribute to PH outcomes.

As a result of efficiencies PH have had to find in previous years to enable £5.4m of grant funding to be used for this purpose, PH is only required to deliver efficiencies to offset its own direct service pressures in 2020/21.

SURREY COUNTY COUNCIL

Public Health efficiencies

Efficiency	2020/21 £000
Review of Stop Smoking service	115
Staffing efficiencies	92
Commissioning changes	50
Efficiencies related to the integrated Substance Misuse service	36
Family Weight Management contract efficiencies	21
Efficiencies related to Children's Dental Health Epidemiology Survey	5
Total efficiencies	**319**

The PH service has adopted a prioritisation tool to ensure robust allocation of the public health grant ensuring maximum health gain.

The PH service has also conducted a Chartered Institute of Professional Financial and Accountancy (CIPFA) and Association of Project Managers accredited ‘value for money’ review of the public health commissioned services. This assesses the relative merits of different services based on their value for money (economy, efficiency and effectiveness), stakeholder value and strategic importance.

Efficiencies in future years will be reviewed and confirmed once the Council’s financial position for years beyond 2020/21 is clearer.

SURREY COUNTY COUNCIL

Summary of key PH budget issues and risks

- There is a **high degree of confidence** that the **2020/21 budget will be delivered**.
- The PH service has **plans in place** to **manage its pressures in 2020/21** and deliver the associated budgeted efficiencies required.
- **Surrey's PH grant is currently £35.6m**. **£5.4m** is allocated to fund services in **other parts of SCC** that meet PH outcomes. The **core PH service budget** is therefore **£30.2m**.
- The government announced in the **Spending Review 2019** that **PH grant funding** would be **increased "in real terms" in 2020/21**. For **Surrey**, we **estimate** this could equate to around an **extra £0.65m**. Use of this increased funding will be reviewed once the 2020/21 grant and any requirements associated with increased funding have been confirmed.
- Under the planned **new Fairer Funding system**, **the PH grant** would become **unringfenced** and be rolled into SCC's general funding allocation in **2021/22**. This would give councils greater discretion about how much they choose to spend on PH services.
- Current funding changes forecast for SCC mean that it is likely that **further reductions in PH spending may be required**. This could have very serious long term impacts for Surrey residents, so any future changes will need to be considered carefully to limit potential adverse impacts.

SURREY COUNTY COUNCIL

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Adults and Health Select Committee
22 January 2020
Integrated Sexual Health and HIV Service Continuous Improvement Plan

Purpose of report

To update the Adults and Health Select Committee on the Continuous Improvement Plan for the Surrey Integrated Sexual Health and HIV service and to provide information on key sexual health indicators.

Introduction

1. This is a joint report between:

    - Surrey County Council (SCC) Public Health team as the commissioners of sexual health services in Surrey
    - NHS England and NHS Improvement South East (NHSE/I) as the commissioners of HIV treatment and care services in Surrey
    - Central and North West London NHS Foundation Trust (CNWL) as the main provider of integrated sexual health and HIV services in Surrey

2. In April 2017 CNWL began delivering sexual health and HIV treatment and care services in Surrey following award of the contract in 2016. The integrated sexual health three-year contract awarded had the option to extend for up to two years without the need for a new procurement process.

3. In 2018 Surrey County Council and NHS England/NHS Improvement undertook a formal decision-making process which included a review of:

    - service user feedback,
    - results from continued engagement with stakeholders,
    - clinical targets,
    - key performance indicators and
    - an appraisal of the current market.

4. This information was written into a commissioner report which presented a number of options. The decision-making process was based on the stages charted in Annexe 1. This was shared with key stakeholders. As the option for a contract extension was enabled in the original decision to award the contract made in 2016, formal consultation was not required. However, it was essential that patient and stakeholder feedback from the ongoing engagement was incorporated into the decision-making process as to whether to use the permitted option to extend the contract or not. The

types of engagement used are outlined in Annexe 1 (detailed in the commissioner report).

5. Following the process outlined in Annexe 1, the decision to use the allowed two-year extension to March 2022 was made under the 2017 Procurement Standing Orders by the Head of Service (Director of Public Health) and the Head of Procurement, in discussion with the Cabinet Member. The decision to extend included the development and implementation of a Continuous Improvement Plan. The main purpose of this report is to outline that Continuous Improvement Plan.

6. This report will outline:

   - Context of the Continuous Improvement Plan
   - Development and key themes of the plan
   - Progress to date of the plan
   - Future plans
   - The sexual health of Surrey residents
   - Reflections and lessons learnt
   - Recommendations

Context of the Continuous Improvement Plan

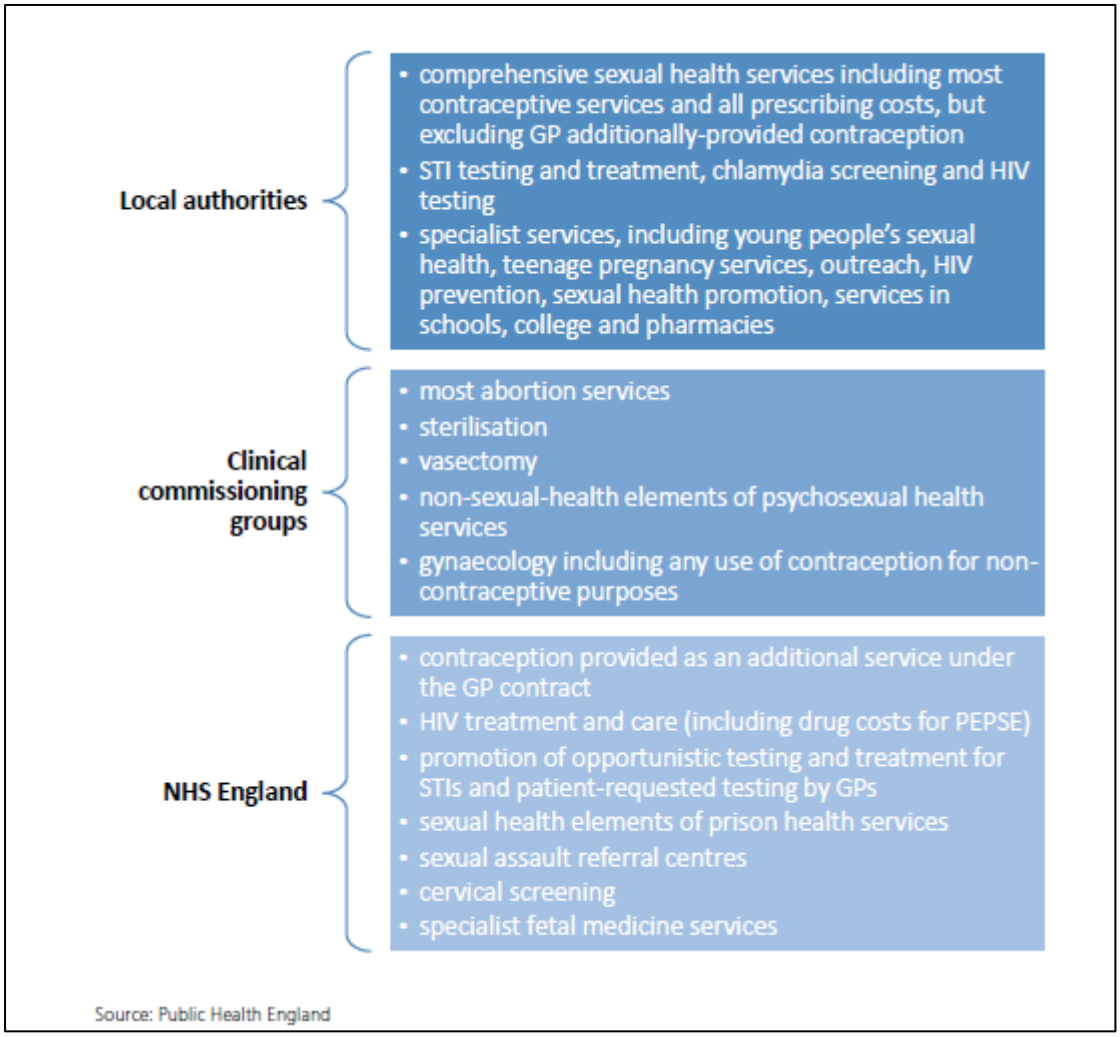
This section describes:

- *how sexual health and HIV services are commissioned and*
- *how the specialist sexual health service provided by CNWL links with other commissioned sexual health services.*

7. The integrated sexual health service provided by CNWL is one aspect of sexual health service delivery in Surrey. Surrey County Council also commissions General Practice to deliver long-acting reversible contraception (LARC). LARC includes coils and implants. Community pharmacists are commissioned to deliver chlamydia and gonorrhoea testing and emergency hormonal contraception (EHC). EHC is taken orally to prevent pregnancy after unprotected sex; often known as the ‘morning after pill’.

8. Commissioning responsibilities for sexual health and HIV services are complex. This complexity was highlighted in the House of Commons Health and Social Care Committee report on sexual health published in June 2019 and is shown below in Figure 1.

Figure 1 Commissioning responsibilities[1]



9. The Continuous Improvement Plan is specific to the specialist CNWL service. Other work is ongoing to ensure that the system as a whole can provide a service which ensures Surrey residents have optimum sexual health and are supported in making healthier choices about sex. This requires all parts of the system to work together to ensure patient choice is respected. Details of all the services offered can be found here:
   https://www.healthysurrey.org.uk/sexual-health

10. CNWL is keen to continue to accept patients diverted from primary care/general practice to reduce pressure in primary care where appropriate. A recent example of this was given when there were concerns from primary care colleagues over how general practice would manage demand from the new intake of students at the University of Surrey. Surrey County Council and CNWL worked with the university

[1] House of Commons Health and Social Care Committee report on sexual health
https://publications.parliament.uk/pa/cm201719/cmselect/cmhealth/1419/1419.pdf

and primary care colleagues to ensure patients were diverted to CNWL sexual health services.

Development and key themes of the plan

This section describes:

- *the engagement which contributed to the Continuous Improvement Plan,*
- *how the Continuous Improvement Plan was developed and*
- *the key themes in the Continuous Improvement Plan.*

11. The Continuous Improvement Plan was developed as a result of patient and professional engagement through wide dissemination of two questionnaires asking for feedback on CNWL services and promotional material. One was aimed at patients and asked about CNWL services including their outreach and online services and the other was aimed at professionals including:
    - GPs
    - School Nurses
    - Youth Workers
    - District and Borough staff
    - Pharmacists

12. The questionnaires were made available online for the month of April 2019 and were promoted by Surrey County Council, NHS England South East, and Healthwatch Surrey through our networks including:
    - Sexual Health Outreach Group (SHOG)
    - Local Medical Committee (LMC)
    - Local Pharmaceutical Committees (LPC)
    - Health and Wellbeing Communications Meeting (HWCM)

13. In addition to this, CNWL and Surrey County Council held engagement events at each of the main hub sexual health clinics where patients could fill out the questionnaires and ask questions. These events were also supported by Healthwatch. The survey was widely promoted and there were in total 105 patients' questionnaires and 98 professional questionnaires completed. During June and July 2019 Surrey County Council, NHSE/I and CNWL developed a Continuous Improvement Plan based on the results of the questionnaire and ongoing patients and professional engagement. Six main themes emerged under which we were able to categorise the specific issues raised.

14. The agreed themes are shown below as Table 1.

Table 1 Table of agreed themes

Theme from feedback	Actions
Confidentiality	Improve the confidentiality in the clinic waiting rooms
Appointment Availability	Increase the number of bookable appointments
Booking system functionality	Improve the usability of the booking system for service users and patient
Central booking office	Surrey clinics location training for central booking office staff
Publicity and engagement	Improve the dissemination of publicity
	Service information shared between professionals and CNWL and promoted through our networks including SHOG.
	Implement Surrey patient engagement events for Sexual Health and HIV patients.
Pathways	Produce online self-testing kit and contraception flow charts outlining the process for professionals who are signposting to services
	Repeated notification of HIV status for people living with HIV
	Promote publicity on pathways for referral into complex genito-urinary, complex long-acting reversible contraception and psychosexual counselling

15. In addition to the quarterly contract meetings already in place, Surrey County Council, NHSE/I and CNWL are also holding monthly meetings to review the plan and ensure the targets and deadlines are being completed and that continuous improvement to the service is being achieved.

16. To ensure our stakeholders are informed of the work we have been doing as part of the Continuous Improvement Plan we sent out engagement briefings outlining any changes taking place, updating on work being carried out and presenting relevant sexual health data evidencing the impact on the Surrey population.

Progress to date on the plan

This section describes:

- *progress to date against the Continuous Improvement Plan in each of the six themes,*
- *an outline of issues where progress has been slower than expected and*
- *publicity and engagement additional to the Continuous Improvement Plan.*

Confidentiality

17. Confidentiality was one of the key themes to come out of the patient engagement questionnaire. It was highlighted that patients felt improved confidentiality was needed in the clinic waiting rooms. It was agreed that CNWL would rearrange the waiting area in the Earnsdale (Redhill) clinic by facing the chairs away from the desk so that when a patient approaches the desk they cannot be seen. Unfortunately, due to the limited space and shared waiting room in Woking Hospital and limited space in Buryfields (Guildford), CNWL were unable to make any adjustments to the seating in those waiting areas.

18. To improve the confidentiality in the Buryfields clinic, therefore, a glass partition is being implemented to further improve confidentiality and enable patients to speak to reception staff without being overheard. This will enable staff to maintain a clear view of the waiting room to ensure the safety of the other patients.

19. Woking clinic appointments are all pre-booked. This means that patients need only give their identifying details when approaching the reception desk and do not need to give details to identify what type of appointment they might need.

20. To reduce the risk of confidential information being heard between patients and reception staff, TVs have been placed in all three of the main clinics. This creates background noise which makes conversations harder to be overheard. It also gives patients a focus point whilst waiting for their appointment which will hopefully reduce any anxiety they may have about being there.

21. Where a mix of walk-in and booked appointments are available, reception staff have also had training to simply ask patients if they have a walk-in or a booked appointment and then give them a registration form to complete. This avoids the need to ask confidential questions at the reception desk. This minimises the amount of confidential information a patient will have to share verbally.

Appointment availability

22. Appointment availability was another key theme to be highlighted in the patient and professional engagement questionnaires. To improve this, and to increase the availability of bookable appointments, CNWL have an ongoing programme of dual Genito-Urinary Medicine (GUM) and contraception training. This enables clinical staff to see patients for both issues related to sexually transmitted infections (GUM) and contraception. This also allows a more flexible approach to using highly specialised staff so that it can be tailored to patient demand. A wider range of conditions can also be dealt with during walk-in sessions.

23. The dual-training programme increases staff competency in dealing with patients with symptoms of sexually transmitted infections for longer. This is lengthy, comprehensive training which works to upskill the work force and improve confidence at administering certain forms of contraception. Staff need to carry out classroom and online training, shadow colleagues carrying out the procedures, and be observed in

clinical practice themselves before being signed off as competent. The target of 80% of staff being dual trained by end October 2019 was agreed. This has been achieved and the dual training has led to an increase in the number of appointment types of available.

24. After carrying out a deep-dive data analysis on patient data CNWL made the decision to change the Earnsdale clinic (Redhill) opening times to better meet demand by increasing the number of more complex appointments (symptomatic and long-acting reversible contraception). CNWL have also put in a dedicated young people's clinic on a Thursday after school as the data shows this is when most young people attend.

25. As part of the deep-dive data analysis a review of walk-in or booked appointment options was carried out and adjustments have been made. GP feedback from the professional questionnaire in particular was that a walk-in service was needed, although it would be unusual to need repeated walk-in appointments. The Woking clinic can only offer booked appointments due to the configuration of the shared clinical space. However, Buryfields (Guildford) and Earnsdale clinics now both offer booked and walk-in services.

26. CNWL continue to have weekly updates on activity and monthly deep-dive meetings with clinical leads to go through levels and patterns of activity. A summary of face-to-face appointments from the most recent update is given below in Table 2. This shows an increase in more complex contraception (coils and implants) and STI (sexually transmitted infection) treatment. It shows a reduction in more simple contraception and STI testing. This is an important improvement demonstrating that the specialist workforce is completing more of the complex appointments. More simple appointments (STI testing and simple contraception) are being completed using the online service. This model aims to ensure greater availability of necessary face-to-face appointments for patients.

Table 2 Change in appointment categories (snapshot)

Category	Change	% change
STI testing	-86	-3.9%
STI treatment	+117	+22.3%
LARC (long-acting Reversible Contraception)	+66	+25.5%
Implant insertion	+3	+3.7%
Coils	+23	+31.1%
LARC removal	+40	+38.4%
Other contraception	-79	-11.3%
Other	+8	+11.4%

Booking system functionality

27. Another key theme to be raised in the patient and professionals engagement questionnaires was frustration around being able to book appointments. The ability to view all three clinics' appointment availability together online could help patients to be able to book appointments more convenient to them. It could also make the process easier as they will only have to view one web page to see all available appointments. CNWL currently use a third-party booking system as the clinical system cannot be accessed from a non-secure connection. CNWL requested a list of changes from the system provider in December 2019. The booking partner fed back in January 2020 that these specific proposed changes would be difficult to implement due to functionality issues between systems but that they would respond shortly with an alternative way of providing the service's requirements.

28. CNWL is also working towards patients being able to enter their registration details directly into the clinical record system during online booking, and for booking to be provided directly into the clinical system rather than through a third party. Enabling patients to enter personal details needed for the clinical records into the online booking system would save time for patients in-clinic as details would already be recorded on the clinical system. This is dependent on allowing information exchange between the CNWL secure network and patients' own PCs/mobiles/tablets. Following delays by the previous IT provider in setting this up CNWL ceased the contract with the provider in November 2019. A solution architect has been engaged by CNWL in January 2020 to address this complex issue.

29. A selection of HIV patients' feedback suggested that they felt that the consistency of care they were receiving could be improved (that is, they would like the option to see the same consultant where possible). To address this, CNWL has added the list of HIV consultants to their website so that patients can see which consultants are leading which clinic, and book appropriately to suit their choice of consultant.

Central booking office

30. Another key theme to be raised in the patient questionnaire was frustration with the central booking office. Patients fed back that they were frustrated by the staff's limited knowledge of Surrey's geography as they were being sent to clinics far away from the locations they had originally requested and were being given incorrect information about the clinic services. To address this and improve the consistency of information and geographical knowledge, permanent staff have now been recruited and the Business and Infrastructure Manager has developed and ensured delivery of comprehensive training to all staff, which includes this issue.

Publicity and engagement

31. A key theme from the professionals' questionnaire was that many of those that completed it reported that they had not received CNWL publicity. To plan, coordinate, monitor and evaluate this work more effectively, CNWL regularly updates the communications plan, which gets fed back at the quarterly contract meetings so this

can be reviewed. This also enables the ability to plan ahead for the national sexual health campaigns throughout the year and ensure that London campaigns are being replicated where appropriate in Surrey. The plan also includes ensuring key partners, particularly in GP practices, are aware of any improvements and changes to clinic availability as this was an issue identified in the questionnaire results.

32. Some patients fed back that they would like additional options to feed back on their clinic visit to ensure their views and opinions were heard. As mentioned above, in response to this CNWL now organise and promote quarterly, promoted clinic-based engagements events for patients. It was agreed that because of the nature of the service/patients (often only visiting a single time), clinic-based events were the most appropriate method of gaining patient feedback. The events are held once a quarter on a rolling basis (through each main clinic) and are advertised on the CNWL website and in clinics. This involves members of staff talking patients through questionnaires and exploring specific issues with patients attending for clinics (or for patients wishing to attend the events specifically to give feedback). The schedule covers a range of walk-in and booked appointment clinics to gain the feedback of different patient types. During the first two events (in August and November), a total of 35 patients chose to talk to staff and give feedback in this way. This is in addition to the standard ways of giving feedback about the service which can be submitted through the Healthy Surrey website (https://www.healthysurrey.org.uk/contact) and the patient feedback cards which are available at all CNWL clinics.

Pathways

33. A key theme raised in the professionals' questionnaire was a lack of clarity that professionals felt they had on the list of services CNWL offered, the processes they used and the referral pathways. To address and improve this issue CNWL put together a professionals' fact sheet listing the services offered by CNWL and specific contact information for each service to ensure that professionals had the necessary contact information in an easily accessible format.

34. To support GPs with the promotion of the online services for STI testing and contraception services CNWL have developed flow charts outlining the ordering, testing and notification process. The aim of these are to help GPs explain the processes of the services to patients to encourage them to access them.

35. To support GPs to refer patients for more complex appointments CNWL have developed publicity outlining pathways for referral into complex genito-urinary and complex long-acting reversible contraception (LARC). Psychosexual counselling appointments are referred internally and the patient needs to have an appointment in the sexual health service for an initial assessment to determine the most appropriate service to meet patient need. These pathways have been circulated to GPs.

36. The evidence that the flowcharts and pathways have been implemented is demonstrated in Table 2 above showing the increase in complex clinic appointments, and a decrease in asymptomatic and basic contraception appointments. The 'online service' offers patients the ability to request postal testing and/or contraception

online. This reduces the demand for face-to-face appointments needed for more complex issues. A consistent increase in the use of online contraception since the service started in May 2019 can be seen in Table 3 below.

Table 3 Online Contraception *(The service started in May 2019)*

Month (2019)	May	Jun	Jul	Aug	Sep	Oct	Total
Total number accessing online contraception	**11**	**14**	**76**	**76**	**83**	**90**	**350**

37. Table 4 below shows the use of the online testing service from April to September 2019. This was not a new service (unlike the online contraception service) so there is some variation in the numbers below. The use of sexual health services varies considerably throughout the year due to differences in sexual activity. The variation in numbers between boroughs below are due to the different sized populations in each area. There are also differences in the expected use of sexual health services by different populations. For example, the University of Surrey in Guildford means we see higher uses of sexual health services in general and also higher uses of online services there. These differences are in part why it is it not possible to predict 'ideal' levels of online sexual health services.

Table 4 Online STI testing

Tests sent by borough	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Total (n)
Elmbridge	55	60	62	69	97	94	**437**
Epsom	75	67	48	59	58	62	**369**
Guildford	144	223	150	148	199	163	**1027**
Mole Valley	74	60	58	60	70	96	**418**
Reigate and Banstead	102	98	74	98	120	131	**623**
Runnymede	77	85	61	88	96	97	**504**
Spelthorne	63	50	50	54	64	59	**340**
Surrey Heath	60	67	67	53	73	71	**391**
Tandridge	32	31	45	48	55	61	**272**
Waverley	64	67	69	75	76	99	**450**
Woking	122	96	69	92	94	99	**572**

38. HIV patients fed back that they were frustrated by the management of their HIV result when they had completed an online sexually transmitted infection test. People living with HIV should test regularly for other sexually transmitted infections and blood tests are generally carried out for all sexually transmitted infections, including HIV. Patients who know that they are HIV positive are again informed of their HIV status when they receive their online sexually transmitted infection test results. To address this issue CNWL have considered adding a tick box, so that someone who is already aware of the HIV status can let the service know so they are not retold each time. There are legal implications about not advising people of a positive HIV result each time they test. There are risks with an 'opt-out' option as those who do not know their status

may accidently tick the 'opt-out' box. It has been agreed that clearer information will be added to the website when ordering an HIV/Syphilis test so that patients are aware of this issue in advance. For those receiving care for HIV from CNWL, staff will be aware when making the phone call.

Publicity and engagement outside of the Continuous Improvement Plan

39. Whilst the Continuous Improvement Plan is specific to the contract with CNWL there is ongoing work outside of that contract. The feedback on publicity came from the professionals' questionnaire. Many of those who answered the questionnaire had not received the publicity that had been sent out. The Health and Wellbeing Board Communications group whose members include: SCC, Surrey Heartlands Health and Care Partnership, NHS Trusts, CCGs (Clinical Commissioning Groups), District and Borough Councils and external partners is used as an avenue to ensure relevant updated publicity is distributed through these networks. In addition we have also developed relationships with communications leads for GPs and Pharmacies through the Local Medical Committee (LMC) and Local Pharmaceutical Committees (LPC) who support us in our ongoing communications.

40. To ensure we are reaching our target groups we send publicity through the Sexual Health Outreach Group (SHOG) and receive feedback on its design and suitability. For example, we have recently developed some learning disability-friendly leaflets that were requested by SHOG members. SHOG members include: colleagues from Surrey County Council and CNWL, GPs, designated leads from CCGs for safeguarding and looked after children plus representatives from Surrey Youth Focus, Healthy Schools, Local Pharmacy Committee, Supporting Families, Family Nurse Partnership and Children and Family Health Surrey.

Next steps on the Continuous Improvement Plan

This section describes:

- *areas where action is still required on the Continuous Improvement Plan and*
- *key factors (in particular workforce availability) which impact across many areas of the Continuous Improvement Plan.*

41. Many of the actions suggested by the Continuous Improvement Plan have now been completed. As this is a *continuous* improvement plan there will be aspects which will continue to be assessed and addressed for the foreseeable future. Providers and commissioners continue to review patient feedback and respond accordingly. In addition to quarterly contract meetings, Surrey County Council, NHSE England/NHS Improvement and CNWL now have monthly operational meetings to ensure progress against the Continuous Improvement Plan and other key issues.

Appointment availability and digital services

42. Increasing the availability of bookable appointments remains a key area for improvement. This is complex because:

a) Sexual health services are provided in a number of settings in addition to the specialist service provided by CNWL, including primary care, pharmacy and, in some cases, hospital services.
b) There is also some overlap between the commissioning arrangements for sexual health (shown in Figure 1 above).
c) This means that in some cases (such as for oral contraception) patients have the choice of seeing their GP, attending the specialist service (either by a booked or walk-in appointment), ordering online (by post) or seeing a pharmacist.
d) All of this enables greater choice for patients, which is important for sexual health. However, it represents a challenge in ensuring the right healthcare professionals are delivering sexual health services in the right place at the right time for patients. This challenge is further complicated by the changing demand as sexual behaviours vary considerably across the year.

43. We have looked in detail at the numbers of face-to-face attendances at the specialist service. The estimate for these was based on the combined average annual number of face-to-face appointments with the three previous providers. There are several reasons why the number of face-to-face appointments has reduced. These are listed below:

- The provision of online (postal) screening and contraception (see below and Table 3 and Table 4 above).
- Contraception prescriptions are now offered to last a whole year in some cases.
- People who have needed treatment for a sexually transmitted infection can now test online (by post) to see if the treatment has been successful (so they don't need a follow up face-to-face appointment for 'test of cure').

44. The online (postal) chlamydia and gonorrhoea screening service for under-25s has been in place for several years and is well established. CNWL has sought to provide residents with a number of options not requiring a face-to-face appointment. The following additions have now been made to the online service since sexual health was previously discussed at the Adults and Health Select Committee:
    - CNWL have extended online testing for all those aged 18 and over to include self-tests for HIV and syphilis (plus the original gonorrhoea and chlamydia tests) from April 2018.
    - CNWL now offer online contraception, including the progestogen-only pill (POP) and repeat contraceptive pills for existing patients. This was introduced in May 2019.
    - Automated negative texting: since October 2019, text messages for negative results are now sent automatically by the clinical system. This reduced the wait for results from 7-10 days to 24-48 hours. Positive results continue to be followed up with a phone call by the results team.

Workforce availability and deployment

45. Trained healthcare staff are an increasingly valuable and limited resource; this is particularly the case for sexual health. In 2017 the British Medical Association

identified Genito-Urinary Medicine (GUM) as being in the lowest three medical specialties in terms of filled posts. Against this backdrop, through additional efforts to retain and recruit staff, CNWL currently have all their consultant posts filled. Recruitment to the full complement of specialty doctors remains a challenge. Appointment availability is being addressed through dual-training (see 'Appointment availability' above) and recruitment to specialist nurse posts.

46. A key aim of the service model is to ensure that, where possible, the specialist workforce is able to prioritise more complex services, whilst services not requiring a specialist are provided by other professionals in the service/system or online where appropriate.

47. The sexual health model likely to best deliver the right availability of healthcare staff for patients is one in which:

    a) People can access the online STI testing and contraception services.
    b) People can access non-booked, urgent appointments in the ***walk-in*** clinics provided by the specialist service.
    c) People needing simpler non-urgent contraception or treatment can ***book in with the specialist*** service (as well as attending walk-in clinics at the specialist service).

    Examples of people needing to use the walk-in clinics include:

    - people with symptoms after having sex without a condom with someone with an infection
    - people who have had sex without contraception who do not take emergency contraception orally (the 'morning after pill') within 72 hours and require a coil to be fitted within 5 days to prevent pregnancy
    - people who have had sex without a condom with someone known to have a Sexually Transmitted Infection (STI) – an example of this would be someone who was contacted through the service's partner notification service which helps patients diagnosed with an STI to contact previous sexual partners and encourage them to come for testing

48. It would be unusual for individual patients to require repeated urgent face-to-face appointments. Where there are repeated Sexually Transmitted Infections, more intense prevention work would be needed to encourage safer sex.

49. Those requiring emergency contraception, those requiring PEP (Post Exposure Prophylaxis is used as a treatment for people who may have been exposed to HIV), those who have experienced sexual assault, those who are under-16 and people in pain can walk in any time during opening hours at Earnsdale (Redhill) and Buryfields (Guildford).

50. This model should ensure that appointments for those needing specialist, complex sexual health services are available from the specialist service. Some spoke clinics

are currently underused and draw valuable staff from the key hubs, reducing appointment availability (details of all clinics and services can be found at https://www.healthysurrey.org.uk/sexual-health). Stability in service provision is key to patients and healthcare providers making full use of the specialist service. This naturally needs to be balanced with clinics being physically accessible to those who need them.

The sexual health of Surrey residents

This section describes:

- *key data on the sexual health of Surrey residents and*
- *key data on people diagnosed with HIV in Surrey.*

51. The views of our residents and partners are essential in ensuring sexual health service provision is as accessible to as many people as possible. Public Health England also collate data on a range of sexual health and HIV treatment outcomes and compare us with other local authorities.

52. The numbers of people using sexual health services is relatively low as a proportion of the population. This means that at the district and borough level the numbers are often broad estimates from which it is difficult to draw firm conclusions.

53. These comparisons are a useful and objective guide to how sexual health provision in Surrey compares to other areas. Key indicators are outlined below. For large numbers of indicators Surrey compares well to the South East and England averages.

Under 18 conception rates

54. These are now the lowest they have been in Surrey since current data began being collected in 2011. For the third quarter (July to September) in 2011 there were 22.6 conceptions per 1,000 under 18-year-olds, and in the same quarter in 2018 there were 7.7 per 1,000. The numbers are small but the overall trend is definitely much improved.

55. Annual conception data is collected and analysed by ONS (The Office of National Statistics) and has a time lag of approximately 14 months after the end of the end of the year in which the conceptions occurred. We therefore currently only have annual data for 2017. The data for 2018 is expected to be released in April 2020. The 'Recent Trend' column in Spelthorne.

56. Figure 2 shows that conception rates for under 18-year-olds have gone down in every district and borough in Surrey.

57. There is some variation by district and borough. The black horizontal bars in Figure 2 indicate that the numbers are small and therefore actual numbers could be considerably lower or higher than the green/yellow horizontal bars. Spelthorne is the only place that is significantly higher than the Surrey average. Surrey County Council

and CNWL are working with partners to address the issue of higher rates of conception for under 18-year-olds in Spelthorne.

Figure 2 Under 18 conceptions by district and borough in Surrey (2017 – most recent data available)

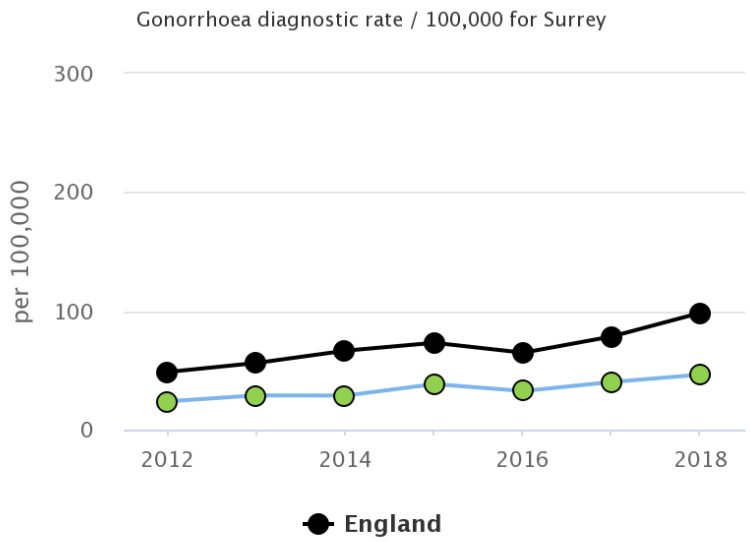
Area	Recent Trend	Neighbour Rank	Count	Value	95% Lower CI Lower CI	95% Upper CI Upper CI
England	↓	-	15,748	17.8	17.5	18.1
Surrey	↓	-	197	9.9	8.6	11.4
Spelthorne	↓	-	27	18.3	12.0	26.6
Runnymede	↓	-	19	15.7*	9.4	24.5
Tandridge	↓	-	20	12.9	7.9	19.9
Elmbridge	↓	-	23	9.7	6.2	14.6
Mole Valley	↓	-	15	9.6*	5.4	15.8
Waverley	↓	-	21	9.0	5.6	13.7
Woking	↓	-	14	8.8*	4.8	14.8
Guildford	↓	-	19	8.4*	5.1	13.2
Reigate and Banstead	↓	-	20	8.1	4.9	12.5
Surrey Heath	↓	-	12	7.5*	3.8	13.0
Epsom and Ewell	↓	-	7	4.7*	1.9	9.7

Sexually Transmitted Infections (STIs)

Gonorrhoea

58. Figure 3 below shows the Gonorrhoea diagnostic rate for Surrey (green) compared to England (black).

Figure 3 Gonorrhoea diagnostic rate in Surrey (green) 2012-2018



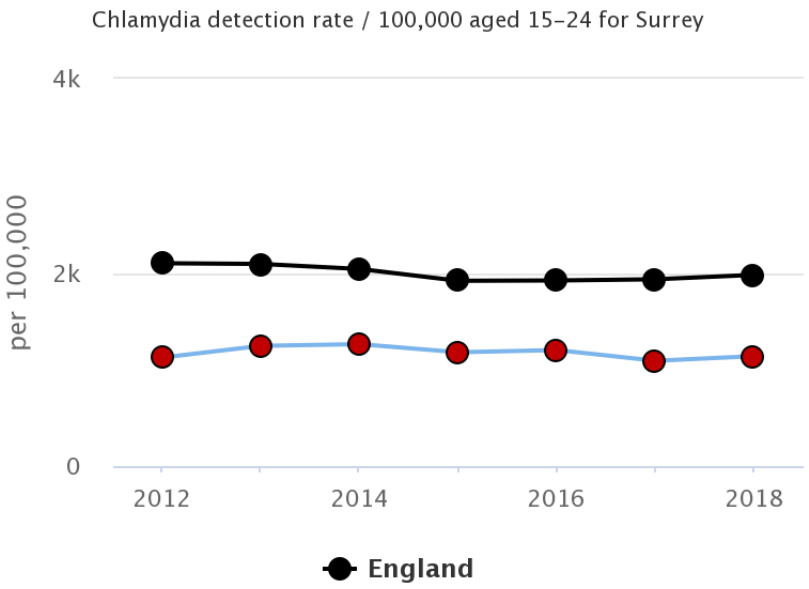
59. Gonorrhoea rates can be reduced by primary prevention (reducing the number of sexual partners and/or by condom use) and by increasing sexual testing so that people do not pass it on unknowingly. Figure 3 shows that rates in England in the

number of new diagnoses of Gonorrhoea have more than doubled according to the most recent six years' figures. Although rates in Surrey (green) have increased slightly they have not increased in line with the national trend and remain considerably lower than the England average.

Chlamydia

60. Figure 4 shows the Chlamydia detection rate per 100,000 people aged 15-24 in Surrey (red) compared to England (black).[2]

Figure 4 Chlamydia detection rate in people aged 15-24 in Surrey (red) 2012-2018



61. There is a screening programme for Chlamydia as people can have Chlamydia without any symptoms and can pass on the disease to other people unknowingly.

62. Figure 4 shows that the Chlamydia detection rate in Surrey (red) is considerably lower than the rate for England. Detecting more cases of Chlamydia can enable more people to be treated. With lower numbers of people being diagnosed with Gonorrhoea (Figure 3), it could be expected that there would also be fewer people being diagnosed with Chlamydia. The challenge of ensuring increased detection rates is a common issue across the South East and this is being examined by the South East Sexual Health Network, led by Public Health England and attended by Surrey County Council Public Health.

Long-acting reversible contraception (coils and implants)

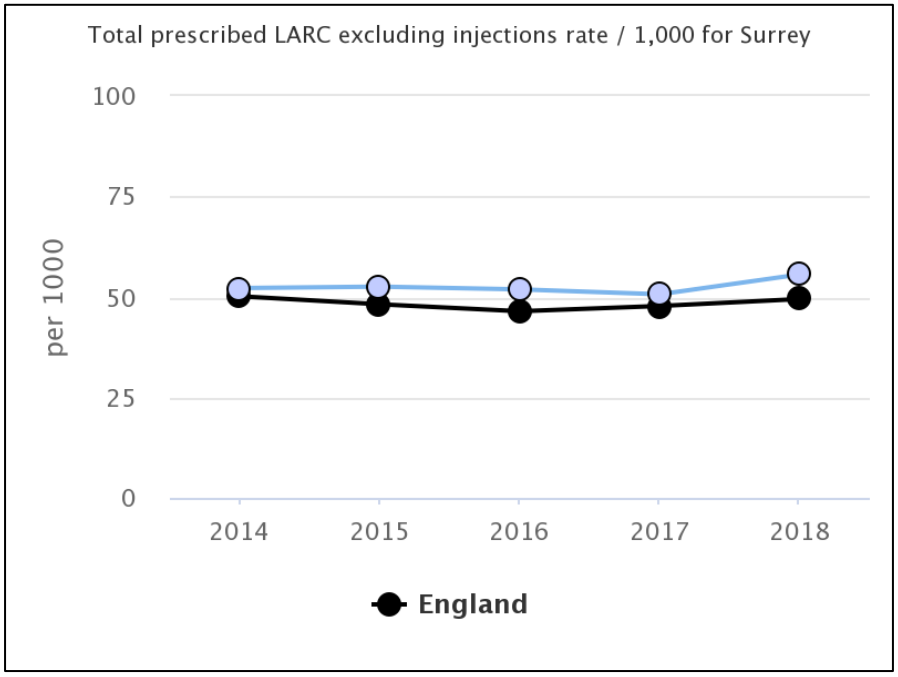
63. Irreversible contraception (vasectomies and sterilisation) are commissioned by Clinical Commissioning Groups. Long-acting reversible contraception, including coils

[2] The actual calculation is all chlamydia diagnoses in 15- to 24-year-olds attending specialist and non-specialist sexual health services (SHSs)*, who are residents in England, expressed as a rate per 100,000 population.

and injections, is commissioned by local authorities. These are important methods of reducing unwanted pregnancies.

64. Figure 5 below shows that the rate of non-injection long-acting contraception (usually coils) in Surrey is higher than that for the rest of England and has increased at a slightly higher rate than the rest of England since 2017.

Figure 5 Total prescribed LARC excluding injections (generally Intra-Uterine Devices or 'coils') 2014-2018 for Surrey (blue)

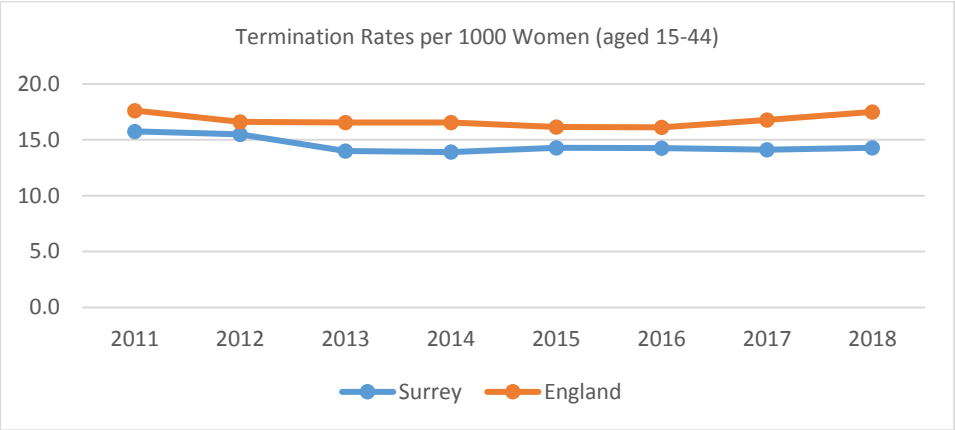


Termination rates

65. Abortion services (terminations) are commissioned by CCGs. However, unwanted pregnancies can indicate issues with access to contraceptive services.

66. Figure 6 below shows that termination rates in Surrey (blue) have remained stable since 2015/2016 but have increased nationally (orange). A destabilising event such as a change in sexual health provision can sometimes cause access issues, which have an effect on termination rates. This has not been observed in Surrey.

Figure 6 Termination rates (2018)



HIV testing and diagnoses in Surrey

67. Table 5 shows the proportion of people eligible for an HIV test who accepted a test. Knowledge of HIV status increases survival rates, improves quality of life and reduces the risk of HIV transmission.

Table 5 HIV testing and late diagnoses in Surrey (highlighted in the yellow box) 2018

Indicator	Period	England	South East region	Bracknell Forest	Brighton and Hove	Buckinghamshire	East Sussex	Hampshire	Isle of Wight	Kent	Medway	Milton Keynes	Oxfordshire	Portsmouth	Reading	Slough	Southampton	Surrey	West Berkshire	West Sussex	Windsor and Maidenhead	Wokingham
HIV testing																						
HIV testing coverage, total (%)	2018	64.5	68.4	77.8	64.6	66.6	64.2	61.4	60.0	68.6	73.6	77.4	78.8	57.0	69.1	77.3	63.7	69.0	68.8	73.9	82.1	69.5
HIV testing coverage, MSM (%)	2018	87.8	88.2	92.9	86.9	90.3	80.5	84.0	85.3	83.7	91.5	89.4	95.5	83.2	92.2	94.2	80.0	91.0	92.1	92.1	92.6	90.1
HIV testing coverage, men (%)	2018	78.4	79.9	84.7	78.1	82.5	75.6	76.4	68.9	78.3	83.6	82.2	84.0	69.7	85.6	81.6	75.0	81.9	85.2	79.8	87.3	84.4
HIV testing coverage, women (%)	2018	55.2	61.0	73.3	54.8	57.2	57.2	54.0	54.6	61.9	68.7	72.7	74.3	51.4	59.0	74.5	56.2	59.7	58.1	69.3	78.1	59.5

68. Table 5 indicates that HIV testing coverage in Surrey is good in all categories (all groups combined, men who have sex with men, females only and males only). HIV testing is higher than the English average for all these groups.

69. **Table 6**Table 6 below shows the HIV diagnosis rate and the HIV late diagnosis rate. The new diagnosis rate shows the number of people per 100,000 who are newly diagnosed with HIV in any one year. The late diagnosis rate is measured by the number of 'CD4' cells a person has left when they are diagnosed with HIV. CD4 cells are the cells that the HIV virus kills. Having more CD4 cells when a person is

diagnosed suggests that the HIV virus has not been in the person's system for long enough to kill a lot of the CD4 cells[3].

Table 6 HIV diagnosis rate and late diagnosis rate in Surrey (highlighted in the yellow box) 2018

Indicator	Period	England	South East region	Bracknell Forest	Brighton and Hove	Buckinghamshire	East Sussex	Hampshire	Isle of Wight	Kent	Medway	Milton Keynes	Oxfordshire	Portsmouth	Reading	Slough	Southampton	Surrey	West Berkshire	West Sussex	Windsor and Maidenhead	Wokingham
New HIV diagnosis rate / 100,000 aged 15+	2018	8.7	6.4	5.1	18.6	4.4	3.9	4.3	0.8	4.4	6.7	21.5	5.8	12.4	23.7	12.5	12.9	4.7	3.1	5.2	4.9	4.5
HIV late diagnosis (%) <25% 25% to 50% ≥50%	2016 - 18	42.5	45.4	65.0	29.7	48.0	48.6	52.0	*	59.1	59.3	46.6	33.9	34.2	53.1	51.3	47.6	35.5	*	45.0	50.0	46.2
HIV late diagnosis (%) in MSM <25% 25% to 50% ≥50%	2016 - 18	32.5	36.4	62.5	26.5	30.4	40.5	41.7	*	47.3	66.7	20.0	36.1	26.7	38.1	40.0	48.1	30.0	*	41.8	38.5	25.0
HIV late diagnosis (%) in heterosexual men <25% 25% to 50% ≥50%	2016 - 18	59.4	57.0	80.0	42.9	55.6	38.5	73.9	*	66.7	37.5	68.4	33.3	28.6	66.7	66.7	30.8	56.3	*	56.5	*	*
HIV late diagnosis (%) in heterosexual women <25% 25% to 50% ≥50%	2016 - 18	49.4	56.9	*	29.4	61.5	50.0	55.2	*	72.7	71.4	64.3	37.5	41.7	66.7	64.3	57.9	46.2	*	46.7	*	*

70. Table 6 shows that relatively low numbers of people in Surrey are being diagnosed with HIV each year. When combined with good coverage rates (as shown in Table 5) this indicates that the actual number of people with HIV in Surrey remains low (as we know people are being tested, and the number of positive results is low).

71. Table 6 also shows that of those people being diagnosed with HIV, there are more people being diagnosed 'late' than we would hope for. This is being seen across England and the South East. Surrey remains lower than England on all these indicators, which is positive. Overall Surrey has the fourth lowest percentage of late diagnoses in the South East, which is also encouraging. The number of late diagnoses in heterosexual men is particularly high. These issues are being examined by the South East Sexual Health Network, led by Public Health England and attended by the Surrey County Council Public Health.

HIV treatment in Surrey

72. There is only one measure of HIV treatment with a national target. This is the percentage of patients with a viral load of less than 50 within 12 months of starting treatment for HIV. A person with a viral load of less than 50 cannot pass on the virus to other people. This makes it a very important indicator. To achieve a viral load of less than 50 within 12 months, patients must have access to the correct clinical care needed to diagnose, monitor, prescribe and adjust treatment and must be supported to take the treatment effectively. As shown in Table 7 below, 85-95% is 'equivocal'

[3] The actual figure for late diagnosis is the percentage of adults (aged 15 years or more) diagnosed with a CD4 cell count less than 350 cells per mm^3 among all newly diagnosed adults with CD4 cell count available within 91 days of diagnosis.

and above 95% is a 'pass' (the highest target level). In Surrey, 97% of patients treated for HIV are unable to pass on the virus to others within 12 months of treatment. This is a key step towards the important United Nations aim of eradicating AIDS by 2030. Measures such as these are the result of the whole system approach and Surrey as a county can be proud of its contribution towards this important goal.

Table 7 Percentage of patients in Surrey with a viral load of less than 50 within 12 months of treatment at CNWL

% of maintenance patients on ART >12 months with VL <50
97%▼
<85% Fail; 85-94% Equivocal; ≥95% Pass

Conclusions

73. Many actions from the Continuous Improvement Plan have now been completed. Future work has been outlined and is summarised in 'Next steps' below. When compared to England and other local authority areas in the South East, the sexual health of the population of Surrey is generally good.

Next steps

74. Key areas to focus on in the future are:

- Maximising the availability of appropriate appointments
- Improving the patient experience when booking appointments and using the website
- Continuing the work to ensure the CNWL service in Surrey is seen as a preferred place to work for the valuable specialist workforce
- Continuing to engage with key groups who could benefit from using the integrated sexual health and HIV service (including people from Black and Minority Ethnic Groups and people living with a learning disability)
- Continuing to engage with patients and ensure that themes from feedback are incorporated into the Continuous Improvement Plan.

Recommendations

75. Members of the Adults & Health Select Committee are invited to note the update and ask for clarity or further information.

Report contact: Jonathan Lewney Consultant in Public Health, Surrey County Council
Contact details: jonathan.lewney@surreycc.gov.uk
Sources/background papers:

Public Health England Fingertips Profiles Sexual and Reproductive Health:
https://fingertips.phe.org.uk/profile/sexualhealth/data#page/0/gid/8000057/pat/6/par/E12000008/ati/202/are/E10000030

House of Commons Health and Social Care Committee report on sexual health
https://publications.parliament.uk/pa/cm201719/cmselect/cmhealth/1419/1419.pdf

Annexe 1

CNWL Contract extension: Stages leading to formal decision-making process

Category	**Activity**
Engagement	Engagement events across all sexual health hubs in Surrey
Engagement	Online engagement survey for residents and health professionals
Engagement	***Engagement report*** Assimilation of engagement activity findings including: - Ongoing engagement activity as per the patient engagement strategy - Wider stakeholder feedback to date - CNWL engagement events (as above) - Online survey (as above)
Performance	***Performance report*** Written based on performance of the whole contract to date
Market appraisal	***Market appraisal*** Undertaken to inform commissioner report
EIA	***Update of the existing EIA*** in light of key findings of the engagement work above
SCC and NHSE Commissioner report	***Draft commissioner report*** written Report included: - Engagement - Performance - Market appraisal - EIA - Risk - Finances - Options - Recommendation (To either: Re procure or extend current contract)
Update	Update to the Surrey Strategic Health and Care Commissioning Collaborative
Decision	Report submitted to the following for decision: **SCC:** - Public Health Leadership team - Final decision by: • Director of Public Health, • SCC Head of Procurement **NHS England:** - Sign off by: NHS E Specialised Commissioning Procurement team and Specialised Commissioning (South East) Senior Management Team

ADULTS AND HEALTH SELECT COMMITTEE

22 JANUARY 2020

RECOMMENDATIONS TRACKER AND FORWARD WORK PROGRAMME

The Committee is asked to review its recommendations tracker and forward work programme.

Recommendation:

That the Committee reviews the attached forward work programme and its recommendations tracker, making suggestions for additions or amendments as appropriate.

Next Steps:

The Select Committee will review its work programme and recommendations tracker at each of its meetings.

Report contact: Ben Cullimore, Scrutiny Officer

Contact details: 020 8213 2782 / ben.cullimore@surreycc.gov.uk

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ADULTS AND HEALTH SELECT COMMITTEE - ACTIONS AND RECOMMENDATIONS TRACKER

The recommendations tracker allows Committee Members to monitor responses, actions and outcomes against their recommendations or requests for further actions. The tracker is updated following each meeting. Once an action has been completed, it will be shaded out to indicate that it will be removed from the tracker at the next meeting.

KEY	No Progress Reported	Action In Progress	Action Completed

Date of meeting	Item	Recommendations/Actions	To	Response
10 October 2019	Adult Social Care Transformation Update	Recommends a dashboard of key indicators are supplied by the Cabinet Member for Adults and Public Health and are reviewed and assessed against national performance on a six-week basis, and: • The Chairman and Vice-Chairmen of the Committee form a Performance Sub-Group are to receive this update, with the Cabinet Member for Adults and Public Health, to consider the detailed performance indicators and appropriate case studies • The Committee receives a quarterly update of key performance measures	Scrutiny Officer Cabinet Member for Adults and Public Health	A Performance Dashboard Working Group was convened and members examined possibilities for a dashboard of key indicators, which is now being formulated by officers.

4 December 2019	Cabinet Member Update	1. The Select Committee 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. The Select Committee requests that an update measuring resident outcomes is provided at its meeting on 22 April 2020. 3. The Select Committee recommends that there is better publicity of the availability of flu jabs, both for Council staff and Surrey residents 4. The Select Committee requests that a detailed report on plans for the Learning Disabilities and Autism Services is provided at a future meeting. 5. The Select Committee recommends that more is done to promote Healthwatch Surrey and the services it offers, particularly with respect to ASC. 6. The Select Committee requests that a report on complaints and ombudsman findings is provided at a future meeting.	Cabinet Member for Adults and Public Health	1. Information on specific measures being used to achieve a balanced ASC budget will be incorporated into future reports. 2. Request has been forwarded to the Cabinet Member for Adults and Public Health 3. Request has been forwarded to the Cabinet Member for Adults and Public Health. 4. Item has been added to the Select Committee's forward plan. 5. Request has been forwarded to the Cabinet Member for Adults and Public Health. 6. Request has been forwarded to the Cabinet Member for Adults and Public Health.

4 December 2019	Adult Social Care Transformation Update	1. The Select Committee requests that a report on the implementation of the new mental health service model is presented at a future meeting. 2. The Select Committee requests that a detailed report on the Accommodation with Care and Support programme is presented at a future meeting. 3. The Select Committee is to examine opportunities to shadow staff and better understand the care and support package review process and outcomes. 4. The Select Committee requests that details about key programme milestones are included in future update reports.	Deputy Director of Adult Social Care	1. Request has been forwarded to the Deputy Director of Adult Social Care. 2. Item has been added to the Select Committee's forward plan. 3. Details about a site visit for Members are currently being finalised. 4. Item has been added to the Select Committee's forward plan.
4 December 2019	South East Coast Ambulance Service Update	1. The Select Committee requests that it is provided with copies of/updates regarding the Clinical Education Independent Review, Peer Review and Transformation Programme. 2. The Select Committee is to examine the possibility of Members observing hospital handover delays. 3. The Select Committee requests that a report on SECAmb's strategic planning is presented at a future meeting.	Executive Director of Quality and Nursing, SECAmb	1. Request has been forwarded to the Executive Director of Quality and Nursing. 2. Details about a site visit for Members are currently being explored. 3. Request has been forwarded to the Executive Director of Quality and Nursing.

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Adults and Health Select Committee Forward Work Programme 2019/2020

Adults and Health Select Committee (Chairman: Mr Bill Chapman, Scrutiny Officer: Ben Cullimore)				
Date of Meeting	**Scrutiny Topic**	**Description**	**Outcome**	**Method**
22 January 2020	Continuous Improvement Plan for the Integrated Sexual Health and HIV Service for Surrey	The Sexual Health contract awarded in 2016 had the option to extend for up to two years without the need for a new procurement. Surrey County Council, NHS England and NHS Improvement undertook a formal decision-making process which reviewed clinical targets, key performance indicators, service user feedback, results from continued engagement with stakeholders and an appraisal of the current market. A number of options were considered and it was decided to use the allowed two-year extension and implement a number of improvements.	The Select Committee reviews the Continuous Improvement Plan and understands any relevant background information, taking into consideration any associated impacts and risks for service users and making recommendations accordingly.	Report
22 January 2020	Budget Scrutiny	A report on the proposed budget for the Adults Social Care and Public Health Directorate.	Scrutiny of the Directorate's budget plans with any recommendations to Cabinet before it meets in January 2018. The Committee to ensure the financial processes in place are transparent, outcomes focused and that the	Report

		To include an update on Adult Social Care's outstanding debt position.	plans will deliver a sustainable budget as well as positive outcomes for residents.	
22 April 2020	Feedback from Public Consultation on the Improving Healthcare Together Programme	On 8 January it was agreed that a period of public consultation would be launched to consider the three potential options for the location of a brand new specialist emergency care hospital. This report will provide the Select Committee with an update on the public consultation undertaken and future plans.	The Select Committee is to consider initial themes identified during the period of public consultation and potential next steps, taking into consideration the associated impacts and risks for Surrey residents and making recommendations accordingly.	Report
22 April 2020	Learning Disabilities and Autism Service	Agreed to be considered in the Cabinet Member Update recommendation on 4 December 2019.	The Select Committee reviews and scrutinises plans for the Learning Disabilities and Autism Service.	Report
22 April 2020	Reconfiguration of Urgent Care	NHS England has developed clear guidance for commissioners responsible for the development of Urgent Care. This report will outline an update on the impact and risks associated with the reconfiguration of Urgent Care services in Surrey Heartlands and Frimley Health and Care.	The Committee reviews the progress of the Surrey Heartlands and Frimley Health and Care programmes of change.	Report
14 July 2020	Winter Pressures in Surrey Heartlands and Frimley Health and Care – Follow Up	Agreed to be considered in Winter Pressures recommendation on 10 October 2019.	The Select Committee reviews a follow-up report which outlines performance against the key themes included in the original Winter Pressures report.	Report
14 July 2020	Uptake of Vaccinations in Surrey Heartlands and Frimley Health and Care	Agreed to be considered in Winter Pressures recommendation on 10 October 2019. Specific reference is to be made to:	The Select Committee scrutinises the ongoing work being done to improve the take up of appropriate vaccinations in Surrey for residents, NHS staff, partners and those who interact with the system.	Report

		• Performance data which includes reasons why someone would refuse a vaccination/not come forward • Communications • Partnership work to raise awareness and how local authorities can feed into the communication and promotion of vaccinations		
To be confirmed	Transformation of the offering of outpatient appointments and support to health and care using digital and technological innovations	Members are to consider a Surrey Heartlands' programme of work which focuses on reducing substantially the need for patients to travel to outpatient appointments. This will contribute to a reduction in the production of greenhouse gases and air pollution and will feed into the Surrey County Council's 'Rethinking Transport' programme.	The Committee reviews Surrey Heartlands' transformation programme, taking into consideration the associated impacts and risks for Surrey residents and making recommendations accordingly.	Report
To be confirmed	Accommodation with Care and Support	In development.	In development.	Report
To be confirmed	Implementation of the Health and Wellbeing Strategy	In development.	In development.	Report
To be confirmed	Primary Care	In development.	In development.	Report
Ongoing	South West London and Surrey Joint Health Overview and Scrutiny – Improving Healthcare together 2020 - 2030	In June 2017, Improving Healthcare Together 2020 - 2030 was launched, a programme led by Merton, Sutton and Surrey Downs CCGs to review the delivery of acute services at Epsom and St Helier University	A Sub-Committee of the South West London and Surrey Joint Health Overview and Scrutiny Committee has been established to scrutinise the Improving Healthcare Together 2020 – 2030 Programme as it develops.	Joint Health Overview and Scrutiny Committee

		Hospitals NHS Trust (ESTH). ESTH serves patients from across Merton, Sutton and Surrey and so the Health, Integration and Commissioning Select Committee joined colleagues from the London Borough of Merton and the London Borough of Sutton to review the Improving Healthcare Together Programme as it progresses.		
Task Groups				
	Mental Health	For Members of the Task Group to understand the patient journey through the adult mental health system in Surrey to consider how organisations across the public sector are working together to support those with mental health conditions to live full and fulfilling lives. The Task Group will focus its review on adult mental health services in Surrey while recognising that mental health problems often begin in childhood.	The Task Group will review the journey of adults with mental health conditions in Surrey through support services and interventions to assess how their interactions with different public sector organisations aid their recovery.	<u>Membership:</u> Nick Darby Bernie Muir

<u>Standing Items (to be considered at each formal Select Committee meeting)</u>

- **Update on Cabinet Member priorities:** For the Select Committee to receive an update on work that has been undertaken by Cabinet Members and areas of priority work/focus going forward.
- **Update on Adult Social Care Transformation:** To provide an update on the progress of the Adult Social Care transformation programmes.