Notice of Meeting

Health Scrutiny Committee

Date & time	Place	Contact	Chief Executive
Thursday, 15 November 2012 at **10.00 am**	Ashcombe Suite, County Hall, Kingston upon Thames, Surrey KT1 2DN	Leah O'Donovan Room 122, County Hall Tel 020 8541 7030 leah.odonovan@surreycc.gov.uk	David McNulty

If you would like a copy of this agenda or the attached papers in another format, eg large print or braille, or another language please either call 020 8541 9068, write to Democratic Services, Room 122, County Hall, Penrhyn Road, Kingston upon Thames, Surrey KT1 2DN, Minicom 020 8541 8914, fax 020 8541 9009, or email leah.odonovan@surreycc.gov.uk.

This meeting will be held in public. If you would like to attend and you have any special requirements, please contact Leah O'Donovan on 020 8541 7030.

Members

Mr Nick Skellett CBE (Chairman), Dr Zully Grant-Duff (Vice-Chairman), John V C Butcher, Bill Chapman, Dr Lynne Hack, Mr Peter Hickman, Mrs Frances King, Mr Ian R Lake, Mrs Caroline Nichols, Mr Colin Taylor, Mr Richard Walsh and Mr Alan Young

Co-opted Members

Dr Nicky Lee, Rachel Turner, Hugh Meares

Substitute Members

Ben Carasco, Tony Elias, Carol Coleman, Marsha Moseley, Denise Saliagopoulos, Geoff Marlow, Mohammed Amin, Will Forster, Peter Lambell, Pauline Searle, Fiona White, Nigel Cooper, Chris Frost, Nick Harrison.

Ex Officio Members:

TERMS OF REFERENCE

The Health Scrutiny Committee may review and scrutinise health services commissioned or delivered in the authority's area within the framework set out below:

- arrangements made by local NHS bodies to secure hospital and community health services to the inhabitants of the authority's area;
- the provision of such services to those inhabitants;

- the provision of family health services (primary care trusts), personal medical services, personal dental services, pharmacy and NHS ophthalmic services;
- the public health arrangements in the area, e.g. arrangements by NHS bodies for the surveillance of, and response to, outbreaks of communicable disease or the provision of specialist health promotion services;
- the planning of health services by NHS bodies, including plans made in co-operation with local authorities, setting out a strategy for improving both the health of the local population, and the provision of health care to that population;
- the arrangements made by NHS bodies for consulting and involving patients and the public under the duty placed on them by Sections 242 and 244 of the NHS Act 2006;
- any matter referred to the Committee by Surrey Local Involvement Network under the Local Government & Public Involvement in Health Act 2007;
- social care services and other related services delivered by the authority.

PART 1
IN PUBLIC

1 APOLOGIES FOR ABSENCE AND SUBSTITUTIONS

2 MINUTES OF THE PREVIOUS MEETING: 13 SEPTEMBER 2012 (Pages 1 - 12)

To agree the minutes as a true record of the meeting.

3 DECLARATIONS OF INTEREST

To receive any declarations of disclosable pecuniary interests from Members in respect of any item to be considered at the meeting.

Notes:
- In line with the Relevant Authorities (Disclosable Pecuniary Interests) Regulations 2012, declarations may relate to the interest of the member, or the member's spouse or civil partner, or a person with whom the member is living as husband or wife, or a person with whom the member is living as if they were civil partners and the member is aware they have the interest.
- Members need only disclose interests not currently listed on the Register of Disclosable Pecuniary Interests.
- Members must notify the Monitoring Officer of any interests disclosed at the meeting so they may be added to the Register.
- Members are reminded that they must not participate in any item where they have a disclosable pecuniary interest.

4 QUESTIONS AND PETITIONS

To receive any questions or petitions.

Notes:
1. The deadline for Member's questions is 12.00pm four working days before the meeting 9 November 2012.
2. The deadline for public questions is seven days before the meeting 8 November 2012.
3. The deadline for petitions was 14 days before the meeting, and no petitions have been received.

5 CHAIRMAN'S ORAL REPORT

The Chairman will provide the Committee with an update on recent meetings he has attended and other matters affecting the Committee.

6 RESPONSES FROM THE CABINET TO ISSUES REFERRED BY THE SELECT COMMITTEE

There are no responses to report.

7 HEALTH SERVICES FOR PEOPLE WITH LEARNING DISABILITIES (Pages 13 - 36)

Purpose of Meeting: Scrutiny of Services

The Committee will scrutinise the accessibility of health services for people with learning disabilities, an issue that was identified by the recent Public Value Review.

8 DEMENTIA SERVICES (Pages 37 - 52)

Purpose of Report: Scrutiny of Services

Dementia is a priority area for the whole of Surrey. The Committee will scrutinise the collaborative approach between health and social care for delivering services to people with dementia.

9 SEXUAL HEALTH SERVICES (Pages 53 - 68)

Purpose of Report: Scrutiny of Services

The Committee will scrutinise sexual health services in the County and the work being done to reduce the number of Sexually Transmitted Infections (STIs).

10 NHS SURREY AND CCG ONE PLAN AND QIPP UPDATE (Pages 69 - 74)

Purpose of report: Scrutiny of Services

The Committee will scrutinise performance against QIPP savings targets and national performance indicators.

11 WAYS OF WORKING (Pages 75 - 82)

Purpose of report: Policy Development

The Committee will consider a new process for responding to Care Quality Accounts and the development of an agreed Protocol with NHS bodies in Surrey

12 RECOMMENDATION TRACKER AND FORWARD WORK PROGRAMME (Pages 83 - 92)

The Committee is asked to monitor progress on the implementation of recommendations from previous meetings, and to review its Forward Work Programme.

13 DATE OF NEXT MEETING

The next meeting of the Committee will be held on 24 January 2013.

David McNulty
Chief Executive
Published: Wednesday, 7 November 2012

MOBILE TECHNOLOGY – ACCEPTABLE USE

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MINUTES of the meeting of the **HEALTH SCRUTINY COMMITTEE** held at 9.30am on 13 September 2012 at County Hall, Kingston upon Thames.

These minutes are subject to confirmation by the Committee at its meeting on 15 November 2012.

Members:

* Mr Nicholas Skellett (Chairman)
* Dr Zully Grant-Duff (Vice-Chairman)
* Mr John Butcher
* Mr Bill Chapman
* Dr Lynne Hack
Mr Alan Young
* Mr Richard Walsh
A Mr Ian Lake
* Mr Peter Hickman
A Mr Colin Taylor
* Mrs Caroline Nichols
A Mrs Frances King

Ex officio Members:

Mrs Lavinia Sealy (Chairman of the Council)
Mr David Munro (Vice-Chairman of the Council)

Co-opted Members:

A Dr Nicky Lee
* Mrs Rachel Turner
A Mr Hugh Meares

In attendance:

A Michael Gosling, Cabinet Member for Adult Social Care and Health

* = Present for all of the meeting
A = Apologies

P A R T 1

I N P U B L I C

38/12 APOLOGIES FOR ABSENCE AND SUBSTITUTIONS [Item 1]

Apologies were received from Frances King, Nicky Lee, Hugh Meares, Ian Lake, Alan Young and Colin Taylor.

39/12 MINUTES OF THE PREVIOUS MEETING: 5 JULY 2012 [Item 2]

The minutes were agreed as an accurate record of the meeting.

40/12 DECLARATIONS OF INTERESTS [Item 3]

No declarations

41/12 QUESTIONS AND PETITIONS [Item 4]

None

42/12 CHAIRMAN'S ORAL REPORT [Item 5]

SASH CQC infection control report
The Care Quality Commission recently undertook a follow-up review of compliance on infection control at East Surrey Hospital. It was found to be meeting all of the essential standards following previous concerns.

Southwest London Joint HOSC
The JHOSC met on 3 September to review the Pre-Consultation Business Case. The final version of the document is expected to be signed off by NHS London and the joint PCT boards on 27 September. The preferred option was publicised in the last week of August. As expected, the option going to consultation will be St Helier losing its A&E and maternity services and becoming a planned care centre. The consultation will run from 1 October for 12 weeks, up to 24 December. A final decision will come after this. The next JHOSC meeting is on 3 October and there will be targeted witness sessions to discuss specific areas in-depth.

Department of Health Local Authority Health Scrutiny Regulations consultation response
You will have seen that the Department of Health was consulting on new regulations governing local authority health scrutiny. Surrey has put in its own submission as well as contributing to the regional HOSC network submission, made up of East and West Sussex, Medway, Kent and Brighton and Hove. This was sent to you last week.

Southeast HOSC Network Training Event
On 14 September, the Vice-Chairman, Bill Chapman and I will attend a training event for the regional HOSC network. The event will be an opportunity to test

how substantial variations will be scrutinised under the new systems going live on 1 April next year. We will discuss how we as the Health Scrutiny Committee will work with the new bodies such as the Health and Wellbeing Board and National Commissioning Board Local Area Teams on substantial variations. We will report back any important information to the next meeting.

National Commissioning Board Local Area Team Engagement Event
On 17 September I will attend an engagement event with the Surrey and Sussex Local Area Team. This will be the regional branch of the National Commissioning Board. This will be an opportunity to meet and begin developing a working relationship with this important new NHS body.

In response to an issue raised by a Member of the Committee at a previous meeting the Chair informed the meeting that he has contacted the hospitals in the County who will now endeavour to schedule appointments to accommodate residents who rely on concessionary travel.

43/12 STROKE PATHWAY [Item 6]

Declarations of Interest:

None.

Witnesses:

Carolyn Cheetham – Stroke Association

Dr Carl Long - Clinical Lead, Surrey Heart and Stroke Network

Liz Patroe - Service Improvement Manager, Surrey Heart and Stroke Network

Mimi Parker - Service Improvement Manager, Surrey Heart and Stroke Network

Marion Heron - Associate Director for Community Contracting, NHS Surrey

Geraint Davies - Director of Corporate Services, South East Coast Ambulance Trust (SECAmb)

Dr Jane Pateman - Medical Director, SECAmb

Cliff Bush – Surrey LINk (Healthwatch)

Jane Shipp - Surrey LINk (Healthwatch)

James Stewart - Carer of stroke patient

Key Points Raised During the Discussion:

1. The item opened with a presentation from the Surrey Heart and Stroke Network which outlined the care pathway for a stroke patient in Surrey. The Network is part of a wider national programme to improve stroke services and works with all the acute hospitals in the

County and Kingston Hospital and St George's Hospital in London. Stroke is the single biggest cause of adult disability and five years ago less than 10% of those afflicted returned to work. Stroke patients require intensive care and within the context of an ageing population stroke will continue to be a major issue that impacts upon many families in Surrey.

2. The Surrey Heart and Stroke Network does not commission services but instead works closely with acute commissioners and acute trusts to set service plans and measure performance. The Network coordinates the sharing of best practice amongst a large number of providers who work with stroke patients. The continuing care for patients is commissioned by NHS Surrey and the Network's programmes are framed around national guidance published in 2008.

3. Witnesses outlined how complex and lengthy the stroke care pathway is and that treatment is broken down into a number of stages. Research confirms the importance of stroke units in remedying the effects of stroke as patients can access expert care and be monitored. The Network has worked closely with South East Coast Ambulance service (SECAmb) to create a simpler pre-hospital pathway for initial responses by paramedics to a potential stroke. Telecare is now used in acute hospitals to allow for 24/7 access to an expert opinion. Rehabilitation is essential in treating stroke and sets goal led treatment built around the requirements of the individual patient. The long term aim of the pathway is to return the patient to their GP.

4. There is a joint clinical board for stroke in the County and it reports to NHS Surrey to inform it about the outcomes of services. Performance is reported quarterly and the key metric is that 80% of patients spend 90% of their time in hospital being treated on a stroke unit. Commissioners closely monitor performance as there is a best practice tariff in which a financial bonus is received for high performing services. The County also meets the Royal College of Physicians recommendation that patients receive a CT scan within an hour of suffering a stroke.

5. The Surrey Heart and Stroke Network then informed the Committee that a national audit had recently taken place to look at the clinical and organisational parameters of services. Surrey is meeting some targets but executive management is focused on improving the four hour admittance to a stroke unit target and early supported discharge targets which some providers are not currently meeting.

6. The Committee was then presented with a patient's perspective from a Surrey resident, James Stewart, who cares for his wife who suffered a stroke. Mr Stewart's wife suffered a stroke in 2010 and was initially treated at St George's Hospital. Following this Mrs Stewart required intensive care including regular MRI scans, surgery and a long rehabilitation plan. This treatment was initially provided at the Royal Marsden Hospital as it was coupled with

radiotherapy to treat Mrs Stewart's cancer. Mr Stewart complained that, upon requesting Continuing Health Care funding from NHS Surrey, the rehabilitation pathway lacked coordination. Mr Stewart stated that he had contacted his wife's parents' PCT, NHS Wiltshire, who he claimed provided prompt care including home equipment and daily physiotherapy. Mr and Mrs Stewart also purchased care privately from BUPA.

7. Mr Stewart felt that there had not been enough engagement with him and his wife and that there had been a lack of clinical guidance. Mr Stewart found navigating local stroke services frustrating and stated that he had to rely on the support of the Royal Marsden, his GP and MP to support his wife's rehabilitation whilst becoming a full time carer and advocate.

8. LINk claim that there are 2000 stroke sufferers in Surrey of which 25% are under 60 and believe that this is a significant issue for Surrey's health economy and local residents. LINk, soon to be Healthwatch, is exploring a project to work with stroke patients as there is a perception that some families in Surrey are experiencing issues with post stroke rehabilitation. LINk are keen to work constructively with local health professionals and politicians to find a way forward that provides cost effective services that improve patient outcomes.

9. Surrey Heart and Stroke Network sympathised with Mr Stewart's situation and hoped for a speedy recovery for his wife. The Network informed the meeting that issues in accessing pathways are important learning points and that they have heard of similar cases in which patients experienced issues when transferring between the private and public health systems. The Network is currently halfway through implementing the national ten year strategy and accepts that there are still some areas that require further prioritisation.

10. Commissioners recognise the action that they need to take and have begun to build mandatory pulse checks into contracts for flu clinics, and other forms of community health services and the emerging CCGs. Pulse checks can flag up atrial fibrillation issues that can be a risk of stroke. There has been a particular focus on more deprived areas.

11. Performance issues had been identified in some acute hospitals where patients did not receive a CT scan within one hour or where there was a lack of ring fenced beds in a stroke unit. Members inquired as to whether all the acute trusts in Surrey can cope with the full spectrum of types of stroke and whether all the hospitals have a real unit or a virtual unit. Members were reassured that all the acute hospitals can cope with the full range of cases and have one or two beds dedicated to immediate stroke cases and that telemedicine is purely used to support diagnosis. Members were concerned that average performance county-wide was masking some poor performance in specific acute hospitals.

12. Representatives from SECAmb provided further context by explaining to the Committee the role of the ambulance service in delivering pre-hospital care to stroke patients. The first focus is immediate care and getting them to the next stage in the care journey. SECAmb now investigates every stroke patient's journey to provide learning to improve the service and assured the Committee that Surrey is in the national mean for performance.
13. The Chair summarised the item and offered thanks to Mr Stewart for sharing his experiences and offered on behalf of Members the Committee's best wishes to his wife. The Committee recognised that progress has been made and that there is no lack of goodwill amongst services in the County, however genuine concerns were raised and this issue should continue to be monitored. This needs to be raised with CCGs to ensure that they are ready to commission services. The Committee agreed to look at stroke at a future meeting and to get further input from adult social services. The Committee welcomed the Healthwatch suggestion of a further research project on stroke, but that it should first be assessed for any potential cost implications.

Recommendations:

1. Officers be thanked for presenting the stroke pathway and the work to date on implementing the national ten-year strategy;
2. James Stewart and LINk be thanked for bringing his story to the Committee;
3. The Health Scrutiny Committee recognises the efforts made to improve the care of stroke patients in Surrey but that it is still has genuine concerns about progress towards implementing the national strategy;
4. The Health Scrutiny Committee is concerned about CCGs commissioning services going forward and recommends that all Surrey CCGs give strong consideration to commissioning post-stroke specialist rehabilitation services;
5. Following on from these concerns, the Health Scrutiny Committee formally endorses the stroke project proposed by LINk; and
6. LINk and officers from the Surrey Heart and Stroke Network, come back to a future meeting to discuss the outcomes of the stroke project.

44/12 REVIEW OF NEURO-REHABILITATION SERVICES [Item 7]

Declarations of Interest:

None.

Witnesses:

Dr Graham Henderson - Medical Director, Surrey Community Health

Susan Joyce - Lead for Scheduled Care, Surrey Community Health

Dr David Eyre Brook – GP Lead, Guildford and Waverley CCG

Wendy Lockwood - Associate Director for Patient and Public Engagement, NHS Surrey

Cliff Bush – Surrey LINk (Healthwatch)

Key Points Raised During the Discussion:

1. The Committee received a brief outline on the proposed redevelopment of neuro-rehabilitation services in the west of the County. The proposal is for inpatient services to be consolidated from two sites at Haslemere and Woking Hospitals onto one site at Woking Hospital. From Spring 2013 mixed sex wards are prohibited which means that the wards available at Haslemere will be unable to deliver appropriate care. This will mean that elderly and young patients would need to be mixed together which contravenes best practice.
2. Patients welcome a centre of excellence and believe that Woking Hospital would be the best possible site in the west of the County due to good local transport links and shops are receptive to disabled members of the public. Surrey Community Health were clear that Woking Hospital will be the final destination and that any reference to the solution as interim was related to further work that will take place to incorporate a strategy for the frail elderly. The Committee were informed that a multi disciplinary team will continue to operate at the Haslemere centre to facilitate outpatient appointments. The total number of beds across the two sites will remain the same and the intention is to treat more patients at home as their rehabilitation would be better served in a community setting. The Woking centre will also have the facility to accommodate a family suite including a double room.
3. Members inquired as to whether there were sufficient neuro-rehabilitation services in the east of the County. The meeting was informed that a similar piece of work has already taken place for services in east Surrey and services were focused around a centre in Crawley.
4. The NHS nationally needs to make more effort to improve provision for stroke and serious brain injury rehabilitation. Surrey Community Health are confident that the proposed reorganisation of services in West Surrey will improve the capacity for assisting patients. Members supported the recommendations made in the paper.

Recommendations:

1. Surrey Community Health be thanked for bringing this proposal to the Committee and encouraged to continue to work with and share information with it on the frail/elderly strategy; and

2. The Health Scrutiny Committee formally endorses the proposal to consolidate inpatient neuro-rehabilitation services in west Surrey on Woking Hospital site.

45/12 DEVELOPMENT OF VIRTUAL WARDS [Item 8]

Declarations of Interest:

None.

Witnesses:

Karen Devanny - Whole Systems Redesign, NHS Surrey

Kirsty Thurlby - Lead for Community Nursing, Long Term Conditions and Rapid Response Services, Surrey Community Health, NW Surrey Locality

Jean Boddy - Senior Manager, SCC Adult Social Care

Cynthia Dwyer – Director of Services, NW Locality, Surrey Community Health

Liz Sargeant - Emergency Care Intensive Support Team (ECIST)

Key Points Raised During the Discussion:

1. The Committee was walked through a virtual ward. The project has secured £10m to support whole systems reform in Surrey and is centred on the patient being self-supporting, including through the use of telecare. The central concept is that patients continue to receive specialist help as if they are in a hospital ward but instead takes into account the same patient considerations in a home setting. The wards are driven by care pathways and each is lead by a community matron. Patients each have a care plan and, as in a hospital ward, an expected date of discharge. Virtual wards are a whole team coordinated approach and staff are already working closely with relevant local Clinical Commissioning Group (CCG).
2. LINk indicated that it supported virtual wards as an excellent idea that will provide better options for patients for whom admittance to hospital is inappropriate. LINk felt that it was vital for virtual wards to join up with nursing homes and that in this respect communications need to be improved.
3. NHS Surrey indicated that virtual wards are being implemented in October ready for winter. They are already in place in North West Surrey and Surrey Heath, and district nurses have been taking a pivotal role in end of life care. Virtual wards will not duplicate services, rather it is a 12 week long programme of intensive care management. Some hospitals in Surrey are being inundated with patients and virtual wards are intended to relieve these pressures.
4. Members requested information as to the number of community matrons that will work in the programme and what their work

pressures were. Further questions were asked about the volume of patients that could be treated and how the criteria were set. As an example in North West Surrey there are 16 community matrons, and additional mental health workers and administrative staff who are key to the delivery of wards. The North West Surrey ward is currently treating 495 patients with a capacity of 900 patients.

5. Members asked NHS Surrey about the planned success measures and what measures they would take to ensure that care homes do not just push residents into the virtual wards. NHS Surrey responded that there is a financial outturn expected from the Quality, Innovation, Productivity and Prevention (QIPP) targets focused on reducing unplanned admissions. Before patients are admitted they are visited nine times by their GP and that since patients were admitted the number of A&E admissions, from patients in the virtual wards, had in total fallen from 580 to two over the past six months. Transformation boards have been investigating arrangements with local care homes and the new 111 number should improve triaging.
6. Members asked how GPs are involved with virtual wards and what their reactions to it had been. In response Members were told that GPs hold the ultimate responsibility and they operate through the matron.
7. The Committee agreed to support the intention and idea of virtual wards and stressed the importance of having strong links between community matrons and care homes.

Recommendations:

1. Officers be thanked for the work to date implementing virtual wards; and
2. An update come back to the Committee in a year to show progress and performance: the benefits and reductions in A&E admissions.

46/12 QUALITY, INNOVATION, PRODUCTIVITY AND PREVENTION PROGRAMME AND PERFORMANCE MONITORING [Item 9]

Declarations of Interest:

None.

Witnesses:

Justin Dix - Acting Director of Transition, Governance and Corporate Reporting, NHS Surrey

Nick Moberly - CEO, Royal Surrey County Hospital

Michael Wilson - CEO, Surrey and Sussex Healthcare

Key Points Raised During the Discussion:

1. The Committee opened the item in praising emergency response teams and the acute hospitals for their sterling assistance in the recent tragic coach crash on the A3 at Hindhead.
2. The Chief Executive of Surrey and Sussex Healthcare (SASH) provided an update to the Committee on the performance of the trust. Recently a huge building programme has taken place at East Surrey Hospital and management action had been taken to reduce poor performance in finance and waiting times. There has been significant clinical recruitment of a number of senior consultants, nurses and staff and the majority of vacancies have now been filled. The hospital's catchment is now in excess of 500,000 people and the trust have been refurbishing buildings to get ready for the oncoming winter. SASH have been addressing performance issues by ensuring that all specialities are compliant with the 18-week treatment target, except for orthopedics which is under pressure nationally. SASH has agreed a predicted deficit with the Department of Health and the trust will receive £60m in transitional funding by October of which an initial £8m has already been provided.
3. The Chief Executive of the Royal Surrey County Hospital (RSCH) provided an update to the Committee on the performance of the trust. The RSCH has been a Foundation Trust since 2009 and is regulated on a government risk and financial rating which focuses on a small basket of measures. The RSCH is currently rated green for governance and is performing well financially compared to a challenging national context. There are two main things on the trust's radar at the moment. The first is mainstreaming the recent good performance on four hour waits at A&E, currently between 97% and 98%. RSCH is recruiting six new consultants in A&E and the Acute Medical Unit (AMU) to strengthen the flow into the unit which will be supported by looking at new IT to manage ward processes. RSCH has struggled to comply with the 18 week treatment target and demand is increasingly stripping supply. The trust is planning a 2% surplus in its overall budget. NHS Surrey commented that the A&E performance at RSCH has improved.
4. Members asked SASH about progress after its notice to improve care for stroke patients. SASH informed the Committee that the hospital is now meeting the requirements of the pathway and that there is an acute unit on site that works closely with rehabilitation services in Crawley. There have been issues in relation to the time in getting patients a CT scan within an hour of their stroke but there are now 28 stroke beds available to the unit and they are confident that they have begun to address this issue.
5. NHS Surrey reassured the Committee that, in light of recent stories in the media, Surrey's health economy is not on the point of collapse, and in response to concerns about ambulance waiting times NHS Surrey are planning to meet with SECAmb to discuss

performance in south west Surrey. Further work is being undertaken to look at why there are so many ambulance arrivals at SASH, which is the second highest figure in the south east. The Committee were also provided with an update on Ashford and St Peter's Hospitals (ASPH) performance in relation to a recent improvement notice for its A&E performance. NHS Surrey were confident that an effective management plan is in place and that ASPH triages patients well.

Recommendations:

1. The CEOs of Royal Surrey County Hospital and Surrey and Sussex Healthcare be thanked for their attendance and response to the Committee's concerns; and
2. The next QIPP/Performance item include a report on the readiness of the county's CCGs.

47/12 RECOMMENDATION TRACKER/FORWARD WORK PROGRAMME [Item 10]

Key Points Raised During the Discussion:

1. The Chairman asked for comments, on the recommendation tracker and forward work programme, to be emailed to the Scrutiny Officer.

48/12 DATE OF NEXT MEETING [Item 13]

Noted that the next meeting of the Committee would be held on 15 November 2012.

[Meeting ended: 13:00]

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Chairman

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Health Scrutiny Committee
15 November 2012

Health Service for People with Learning Disabilities

Purpose of the report: Scrutiny of Services

The Committee will scrutinise the accessibility of primary and secondary health services for people with learning disabilities.

Introduction:

1. Surrey County Council undertook a Public Value Review of service for people with learning disabilities in 2011, producing a commissioning strategy in 2012.

2. The Adult Social Care Select Committee scrutinised the commissioning strategy and highlighted the issue that some people with learning disabilities find accessing general health services difficult. A recommendation was made that the Health Scrutiny Committee investigate the accessibility of health services for people with learning disabilities.

A partnership approach

3. In Surrey, services for people with learning disabilities are very much delivered in partnership between health and social care. Surrey & Borders Partnership NHS Foundation Trust is the county's mental health trust. They are commissioned by both NHS Surrey and Surrey County Council Adult Social Care to provide services to people with learning disabilities.

4. **Annex 1** is a paper from Surrey & Borders outlining their work on helping people with learning disabilities to access primary and acute care across the County through the use of PLD Liaison Nurses.

5. Attached at **Annex 2** is a paper from Surrey LINk, outlining its involvement with the PLD Liaison Nurse programme. They have also sent in a report (**Annex 3**) of an event held last year with Macmillan to

highlight the risks of testicular and breast cancer for people with learning disabilities. This paper gives further weight to the need to ensure that people with learning disabilities are supported in accessing health services.

6. At the meeting, representatives from NHS Surrey, primary care, acute care, Surrey & Borders and Adult Social Care will present the ways in which people with learning disabilities are helped to access health services in Surrey.

Recommendations:

7. The Committee is requested to scrutinise the accessibility of health services for people with learning disabilities.

Report contact: Leah O'Donovan, Scrutiny Officer, Legal & Democratic Services

Contact details: 020 8541 7030; leah.odonovan@surreycc.gov.uk

Sources/background papers: None

ANNEX 1

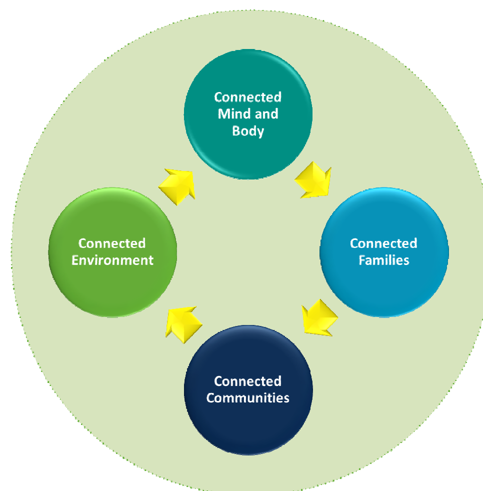
Our Services for People with Learning Disabilities

1.0 Introduction

Surrey and Borders Partnership NHS Foundation Trust is one of the largest providers of specialist health and social care services to people with learning disabilities in the country.

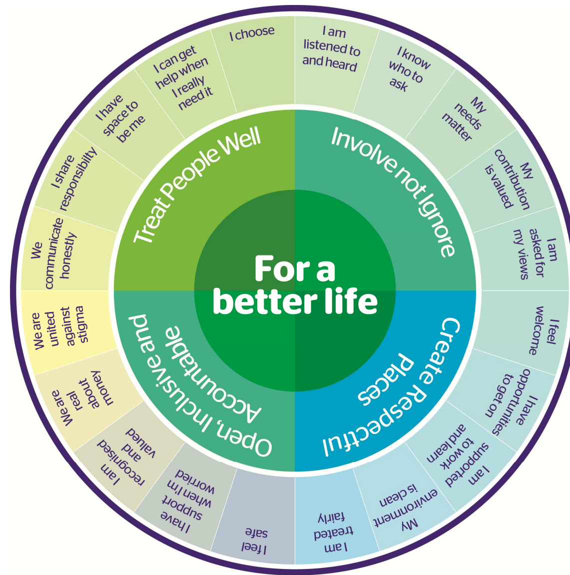
Our dedicated and expert health and social care staff work in partnership with those in other agencies, including the County Council, to provide a range of services for people with learning disabilities from supported living; consultancy, advice and training to other providers; through to specialist health assessment and treatment services.

Our services work to enable people with learning disabilities to live as independently as possible within our communities and to keep well connected with all those who are important to them.



Our values underpin our approach to ensuring that people with learning disabilities lead better lives in Surrey and to reduce the health inequalities which people with learning disabilities can experience.

Trust Headquarters, 18 Mole Business Park, Leatherhead, Surrey KT22 7AD
T_0300 55 55 222 F_01372 217111 www.sabp.nhs.uk



This paper seeks to provide the Surrey Health Overview and Scrutiny Committee with a brief appraisal of our important liaison services work across Surrey. Through these services our expert staff focus on working with other health and social care services to reduce the health inequalities for people who have a learning disabilities. Their specialist expertise in the care and treatment of people with learning disabilities provides important support to the rest of the system to safeguard them, as people with learning disabilities can suffer otherwise as a result of not being able to speak up for themselves. In this way they are a crucial element of ensuring equal treatment and access across all health services for people with learning disabilities.

2.0 Health Needs for People who have Learning Disabilities

Demography – Growing Demand

Within Surrey, using national prevalence rates it might be expected that approx. 22,000 people would have a learning disability with approx. 5,000 people known to health and social care services.[1] This demographic analysis also postulates that demand for learning disability services will increase by 0.5% per annum, leading to a 14% increase in growth in people who have a learning disability known to services 2001-2021 because:

- People who have profound and multiple learning disabilities are more likely to live for significantly longer due to advances in medical technology; and,
- People who have learning disabilities are generally living to an older age.

This growth is double the predicted demographic increase for the overall population levels in the UK over the same period.

[1] Emerson E, & Hatton C. Estimating Future Need for Adult Social Care Services for People with Learning Disabilities in England. Lancaster: Institute for Health Research, Lancaster University, 2008 & Emerson E, Hatton C. Estimating Future Need/Demand for Supports for Adults with Learning Disabilities in England. Lancaster: Institute for Health Research, Lancaster University, 2004.

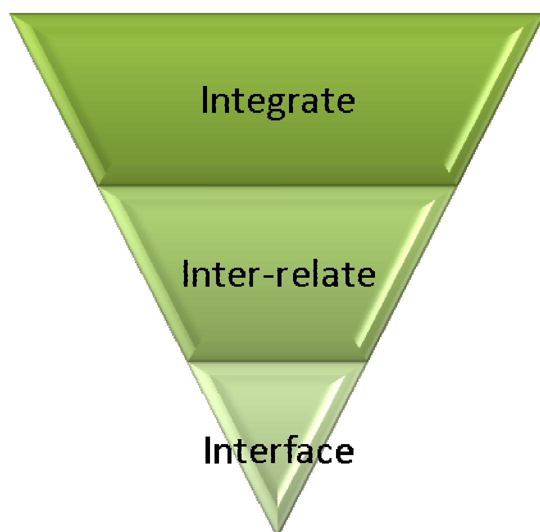
Prevalence of specific health needs
People with learning disabilities experience a range of long-term health conditions, as the wider non-learning disabled population. However, they also have a higher predisposition to some conditions. Brief details are supplied in Appendix 1. [2]

Many of these factors inter-relate with a consequence that people with learning disabilities have an increased risk of early death compared to the general population. Therefore there has been much recent emphasis on overcoming the health inequalities for people who have learning disabilities (as seen in reports such as "Death by Indifference," Mencap 2007 & 2012).[3]

The combination of demographic growth, combined with the prevalence of specific health needs and the fact that traditionally people who have a learning disability have been subject to unequal treatment and 'diagnostic overshadowing' (where a health condition is not treated as it is wrongly perceived as being linked to someone's learning disability) mean that specific attention must be paid to the healthcare needs of people who have a learning disability.

3.0 Our Learning Disability Services

Our services focus on the health and social care needs of people who have a learning disability and we work with others to ensure that equal treatment is provided in Surrey. To ensure equal treatment, we work differently in different settings and this is illustrated by the model below:



People who have learning disabilities are as individual and unique as anyone else. We know that many people live independently, with support from their family, friends and local community and can access services without any specialist intervention.

Services must provide a wide range of supports and 'reasonable adjustments' to enable services for people who have learning disabilities. In order to ensure people can receive equal treatment and **integrate** fully with mainstream services we provide advice on 'easy read' information, training on supporting people who have a learning disability and advice on reasonable adjustments.

We have contributed to www.surreyhealthaction.org.uk so that health professionals are able to create 'easy read appointment letters' and have access to 'easy read' leaflets. Over the

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[2] References for all of the research identified can be supplied contact andy.erskine@sabp.nhs.uk

[3] http://www.mencap.org.uk/sites/default/files/documents/Death%20by%20Indifference%20-%2074%20Deaths%20and%20counting.pdf

past year over 3,500 people have accessed this webpage and approximately 75% have been 'new' visitors accessing this information for the first time, with visitor numbers showing an increasing trend throughout 2012 (data to August 2012) This indicates that there is a greater (and growing) awareness of this resource following the training we provide.

Some people who have a learning disability will also require some additional support from people who have expert knowledge about learning disabilities. Our teams **inter-relate** between individuals and the primary care services, providing specific support to help someone attend an appointment.

- To support this type of work NHS Surrey has enabled the Trust to employ dedicated Hospital Liaison Nurses (3wte) & GP Liaison Nurses (4wte). These nurses are learning disability experts who can help Hospital Services and GP Practices think about how they provide services to people who have a learning disability. The main aims of this service are:
    - To make sure the people who have learning disabilities (and their family carers) are well supported if they visit their GP or Acute Hospital, with consideration of their personal needs.
    - To raise awareness of the health needs of people who have a learning disability and provide awareness training as necessary.
    - To ensure that the rights of people who have a learning disability (especially with regard to the Mental Capacity Act and Human Rights Act) are supported within primary care services.
    - To ensure that GP services and hospitals have data that can show the number of people who have a learning disability who have been seen, and that they can undertake specific work (like physical health checks) to reduce health inequality.

A few people who have a learning disability will need significant support from specifically trained and experienced teams; this is where our services **interface** with primary health services so that particular support can be offered following referral from the GP.

- To support this type of work, we have community teams for people who have a learning disability (CTPLDs). These are multi-disciplinary teams containing Nurses, Consultant Psychiatrists, Occupational Therapists, Psychologists, Speech and Language Therapists, Art & Music Therapists & Physiotherapists, who have all been trained to support people who have a learning disability.

Our services all work in combination together to reduce the health inequalities for people who have a learning disability; this is illustrated by the case study below:

Ann, a 57 year old lady who has a learning disability and mental health needs, was referred to the learning disability acute liaison nurse following her admission to a Hospital after she had suffered a stroke. Following her timely discharge from hospital, the CTPLD continued to support Ann through direct interventions from Physiotherapy, Dietetics, Psychiatry and Speech and Language Therapists. This ensured that Ann was able to remain in her own home, supported by staff that she knew. Although her condition deteriorated, Ann was made comfortable due to ongoing work with the CTPLD, her GP, district nurses and the local hospice team to ensure that her needs were met. This included palliative care, and advice on postural management.

People who have learning disabilities are individual. For example, there may be 2 individuals who need a blood test, 'Ahmed' may need some joint work to plan the test, and ensure they are able to consent to the procedure through the provision of some easy read materials whilst 'Bettina' feels very anxious about the process and needs an significant preparatory clinical work to reduce her anxiety, following a best interests decision that she does need the blood test. In both instances SABP can help. For Ahmed, we would hope the GP practice makes use of the easy read information – and the GP may wish to call the liaison nurse for some brief advice. For Bettina, the situation may require a referral to our CTPLD who could offer some psychological and nursing interventions to reduce her anxiety. We work in partnership to provide effective person centred support that leads to better outcomes for every individual.

Supporting People in prisons

We are the first area of the Country to have a County-wide prison liaison nurse for people who have a learning disability. A National Report (no-one knows) has identified that 7% of the prison population may have a learning disability (compared to prevalence rates of 2% for the population as a whole). The aims of the prison liaison service are very similar to those of the hospital and GP liaison nurses. Our nurse works to raise awareness of the health needs of people who have a learning disability within prisons, and works with the prison healthcare teams and prison officers to enable them provide better services. He has developed easy read resource packs, provided training and implemented screening tools that effectively identify people who have a learning disability.

"The appointment of a learning disabilities lead nurse enhanced the prison's ability to identify prisoners with learning disabilities, and provided suitable care and treatment when required." *Government Inspection Report in a Surrey Prison.*

4.0 Summary

Liaison services provided by Surrey and Borders NHS Foundation Trust are innovative and have been followed elsewhere as a model of good practice. Our liaison nurses have been recipients of awards recognising the improvements they have made to patient care within acute hospitals. We are supporting primary health care providers to ensure equal treatment for people who have a learning disability. This programme of work continues and is demonstrating better outcomes for people who have a learning disability.

"Surrey and Borders Partnership NHS Foundation Trust and Surrey LD Partnership Board have developed an 'Acute Hospitals Learning Disability Training Pack' which contains information on working with people with learning disabilities, challenging behaviour, communication, consent, the legislation, and 'best interests' decisions. It contains protocols for the outpatients department and information to show how to make contact with the community learning disability teams who provide support." *Extract from 'Healthcare for All' Independent Inquiry into the Access to Healthcare for People who have Learning Disabilities – Sir Jonathan Michael, July 2008, p.42.*

Andy Erskine
Director of Services for People with Learning Disabilities
November 2012

Appendix 1

Prevalence of Long Term Health Conditions for People who have Learning Disabilities

Some of the long-term health needs experienced by people with a learning disability include (but are not limited to):

- **Coronary Heart Disease:** Rates of CHD are increasing due to increased longevity and lifestyle changes associated with community living; it is now the 2nd most common cause of death for people who have learning disabilities.
    - Almost half of all people with Down's syndrome are affected by congenital heart problems, a much higher rate than the general population.
- **Dementia:** The prevalence of dementia is more than 3x higher amongst older adults with learning disabilities compared to the general population. People with Down's syndrome are at particularly high risk of developing dementia, with an age of onset 30-40 years younger than the general population.
- **Epilepsy:** The prevalence rate of epilepsy amongst people with learning disabilities has been reported as 22% compared to prevalence rates for the general population of 0.4%-1% (Chadwick, 1994).
- **Respiratory Disease:** Respiratory disease is the leading cause of death for people with learning disabilities occurring 3x more frequently than for people who do not have a learning disability.
- **Osteoporosis:** People with intellectual disabilities have substantially lower bone density than the general population (Aspray et al., 1998).
- **Thyroid Dysfunction:** Children and adults with Down's syndrome are at increased risk of thyroid dysfunction, particularly hypothyroidism, compared to the general population, with the incidence of thyroid dysfunction increasing with age.
- **Mental Ill Health:** estimates of prevalence of mental health problems vary from 25-40%, depending on the population sampled and the definitions used. Prevalence of anxiety and depression in people with learning disabilities is the same as the general population, yet for children and young people with a learning disability, the prevalence rate of a diagnosable psychiatric disorder is 36%, compared with 8% of those who do not have a learning disability.

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ANNEX 2

The Surrey LINk
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<u>Health Overview and Scrutiny Committee - 15th November 2012</u>

The Report from The Surrey LINk Learning Disabilities Group

As part of our work plan 2010-2012 the group have been monitoring the health provision of People with Learning Disabilities (PLD), and can give the following update.

The work of the Acute LD Liaison Nurses in hospitals is ensuring that within the acute care setting, people with Learning Disabilities are getting a more person-centred service with reasonable adjustments. **(Supported by evidence on Surrey LINk Visits and feedback from Service Users and Carers)**

The Hospital Passports have been found to be very useful and have been adopted by other services supporting other groups of vulnerable patients (with dementia for example). **(Supported by evidence on Surrey LINk Hospital visits)**

Surrey LINk joined with the SAMS group supported by VoicAbility, Macmillan Cancer Support, and Surrey and Borders Partnership NHS Foundation Trust to arrange an event with people with learning disabilities and their support workers, about rights, health checks and health screening **(Keeping Healthy Report Attached)** This was very good partnership working with a number of agencies and highlights issues that ought to be taken forwards with the clinical commissioning groups. This partnership will continue to look at cancer awareness and health screening into 2013.

The Surrey LINk LD Group was aware of the difficulties of PLD in accessing an annual GP health check in 2010-2011. We are thus delighted that the Primary Care LD Liaison Nurses are taking this work forward.

The Primary Care LD Liaison Nurses will be liaising very closely with all generic services to improve the quality and inclusiveness of services.

We have also been involved in the ‘Improving the Health of people with Learning Disabilities’ Strategy for Surrey 2012-2015 and the proposed Action Plan will be a useful tool to ensure that inequalities are addressed.

We will continue to promote the importance of involving Family Carers, and Advocates, and the need for “Best Interest “meetings to ensure the health needs and rights of People with Learning Disabilities are upheld.

The Surrey LINk Learning Disabilities Group

November 2012

READ ALL ABOUT IT

WE ARE MACMILLAN. CANCER SUPPORT

SAMS group present 'Keeping Healthy' report

Information we collected at an event for 80 adults with a learning disability living in Surrey

It was a day of fun to find out about your rights, health checks and health screening. We held workshops, played health bingo and had lots of stalls to visit.

The event was held on the 24th February 2012

We asked people who came to the day lots of questions so we could find out more about what support people are getting and what people need more help with.

This picture shows people working in one of the groups

SAMS group set up the event with support from VoiceAbility and worked in partnership with Macmillan Cancer Support, Surrey LINk and Surrey and Borders Partnership NHS Trust.

Introduction

A group including those from S.A.M.S (Self Advocacy Mid Surrey) Active Voices Group supported by VoiceAbility, Macmillan Cancer Support, Surrey and Borders Partnership NHS Trust and The Surrey LINk, who were all concerned at the lack of readily available accessible information, around cancer screening and keeping healthy, found they had a common purpose. The Surrey LINk were also looking at the use of Health Action Plans and the availability of GP Annual Health Checks.

We know that in Surrey (part of Surrey, West Sussex and Hampshire Cancer Network) 5,443 people are diagnosed with cancer each year and 2,682 die due to cancer each year (data from National Cancer Intelligence Network).

"Few people appeared to know about the range of services available from Macmillan for people with cancer and their carers."

Quote from Macmillan professional

Surrey also has the highest concentration of people with learning disabilities in all of Europe and the joint vision between the partnering organisations lead to this event. We were also aware that people with Learning Disabilities were often unaware of their rights, and support being offered to them about various screening procedures.

Who was invited and who attended?

Invitations were sent out by VoiceAbility to many residential homes, supported living homes and Day Centres across Surrey. It was advertised on the Learning Disability Partnership Board website.

Surrey LINk invited commissioners from SCC, NHS Surrey, learning disability leads in the Clinical Commissioning Groups and the Learning Disabilities Associate Director from SABP NHS Trust to attend.

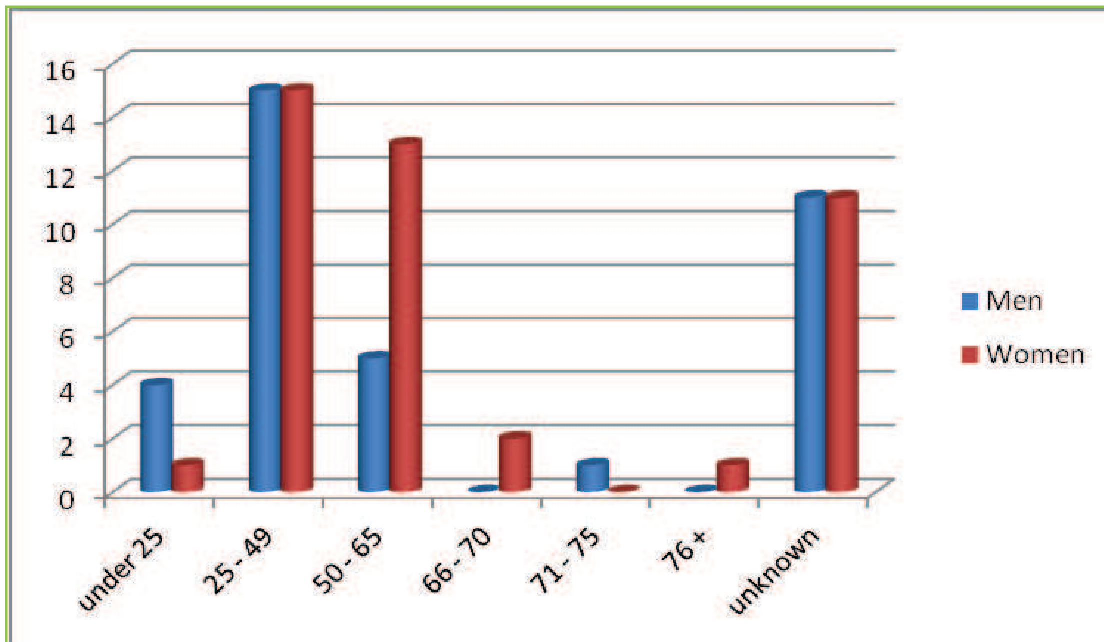
We paid RAD to attend to make sure that people with a hearing impairment could be supported to learn about staying healthy.

We asked Redhill YMCA to come and play Boccia, at lunchtime.

"We got lots of people to play boccia, good game. It's like bowling…we got and lots of people played."

People came from Epsom, Ewell, Bookham, Ashtead, Dorking, Horley, Farnham, Cranleigh, Guilford and Croydon.

Graph showing the ages of people who attended



The age ranges for this question were based on the ages that screening is available. 36 men and 43 women answered this question. As this graph demonstrates, of these 79 people, 22 did not know how old they were. Given the aging population of adults with a learning disability in Surrey, we were surprised that more older people were not supported to attend this event.

On the day

Picture:

The Firestone Rock Band were fabulous and lots of people got up to dance

We decided meet over a healthy lunch and to give time for people to meet up with friends. We paid the Firestone Rock Band to play to improve the ambiance on the day. Food was provided by Colebrook Day Centre where a group of people with learning disabilities have food hygiene certificates and use the money they earn to fund their centre.

“We talked about healthy eating and what food is healthy….fruit and apples”

Quote from SAMS member

“The band was good, excellent, nice music, great atmosphere”

Quote from attendee

We had lots of stands that gave people information and asked them questions. To make sure people went to all the stands, everyone was given a ‘Bingo’ card where they could pick up a sticker from each stand. The Bingo card could then be swapped for a goody bag.

“I had my blood pressure checked and it was fine, they put a band on my arm and it was comfortable.”

Quote from attendee

Picture: Surrey LINk information stand

Things that we talked about include:

- Surry LINk where people were to be asked if they’d had an Annual GP Health Check,
- Healthy Eating,
- Smoking,
- Health Action Plans and Hospital Passports,
- Bowel Screening,
- Blood pressure checks,
- Carers,
- Awareness and experience of cancer
- gender and age range of the attendees.

“The health bingo was good fun and I learnt things at the Macmillan stalls”

Quote from attendee

Goody bags with accessible information e.g. Annual GP health checks; healthy eating and cleaning teeth were also suggested by Macmillan Cancer Support so that people had something to talk about when they got home.

“Not everyone has an annual health check, everyone with a disability should be offered one, doesn’t mean they have to take it.”

Quote from SAMS member

The Workshops

Two Workshops were run at the same time, and both workshops were run twice so the groups could be kept small. People were able to choose whether or not to go to the workshops, and most people chose to attend.

"The workshops were very good; we talked about cancer and self checking."

Quote from attendee

The men's group

One workshop was for men and talked about common cancers in men, including testicular and prostate cancer. In the group people were told about signs and symptoms, and a model was passed around so people could find out what they should look out for. The group talked about reducing the risk and staying healthy. Everyone was reminded to speak to someone and go to their GP if they have any worries. This group was run by the Macmillan Cancer Support Mobile Information Team.

"Having only had 3 patients with a learning disability, the day was a great experience for me."

Quote from Macmillan Nurse

Feedback from the men's group

- The majority of the men participating appeared to be unaware of self checks.
- They were challenged to feel for a lump in a pair of plastic model testicles.
- Some men returned to the Smoking stand afterwards and exclaimed that they now knew what he was talking about.
- When healthy eating was mentioned some of the men burrowed into their goody bags and brought out their healthy eating leaflets.
- There were fewer support workers required in these groups.
- People who attended the group were really keen to learn and some people talked about family who had died from cancer.
- Overall the men's group seemed comfortable talking about cancer and keen to learn about signs and symptoms and risk factors.
- A support worker signed for their client and also a representative from RAD who signed for the benefit of the whole group.

The women's group

One workshop was run for women, and talked about breast and cervical cancer and screening. In the group people were told about signs and symptoms to look out for, and a model was passed around so people could find out what they should look out for. The women were told about their right to screening, as well as how to stay healthy and reduce their risk of becoming ill. Everyone was reminded to speak to someone and go to their GP if they have any worries. The group was run by the Learning Disability Liaison nurse from Surrey and Borders Partnership NHS Foundation Trust, and a Macmillan Breast Cancer Clinical Nurse Specialist from East Surrey Hospital.

"The smaller groups were more effective for people with higher communication needs"

Quote from Learning Disability Liaison Nurse

Feedback from the women's group

- Many of the women commented that they had been given smear tests.
- Some attendees including their supporters were not aware of the age threshold for mammograms.
- The first group required greater one to one support with communication and understanding. But it was hoped that support workers would take the message with them.
- There was more discussion with the second group as they required less support.
- The fake lumpy breasts were a good tool to interact with the attendees.
- The nurse showing how you should feel your breast was well received.
- It was felt that this message was more relevant than time spent on diagnosis, treatment and prognosis.
- The second group was attended by a support worker who had been diagnosed and treated for cervical cancer and talked about her experience, and this really engaged the group.

"Support workers appeared to learn a great deal from the sessions including requesting packs on 'quitting smoking'."

Quote from professional running workshop

Information we collected

50 percent of people we asked had a hospital passport, and 50 percent did not have one

65 percent of people we asked didn't have a Health Action Plan

65 percent of people had an annual health check in the last year. 35 percent of people we asked hadn't had an annual health check in the last year.

14 percent of people we asked told us they know someone who has had cancer

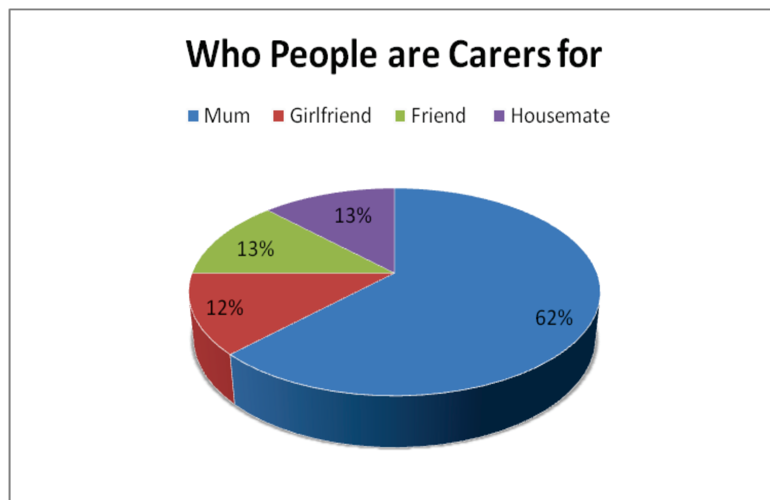
86 percent of people told us they had been to their GP in the last year.

Only one person told us they smoked and we gave them some information. Lots of support workers wanted help with this too.

We asked people who were the right age for **bowel screening** if they had received a pack through the post. 10 percent said yes. 14 percent said no. **75 percent didn't know.** This is very new but it looks like more work need to be done here.

17 percent of people we asked told us they are a carer

Of these 17 percent, people told us they care for:



Summary of Findings

- This was a very good experience and example of partnership working between health, statutory, charity workers and volunteers.
- There was a reasonable take-up on annual GP health checks and Hospital Passports.
- Quite a few people did not appear to understand what an annual health check was.
- Fewer people in Supported Living accommodation had a Health Action Plan.
- Support workers reported that they had learnt a lot about health screening – for example age ranges, and that some tests have to be requested. We hope this will have a beneficial impact for their clients in the future.
- The models used as tools in the workshops were very useful.
- It was interesting to note the number of people with a learning disability attending who regarded themselves as carers to their Mothers or friends or girlfriend.
- Having someone with a history of cancer within the group who shared their experience was very positive and helpful for group members.
- There was evidence of learning having taken place at this event, for people with a learning disability, support workers, carers and professionals.
- Some of the men talked without prompting in the group about the risks of smoking and also knew a lot about healthy eating. We know that locally around 19.2% of the population are smokers although this is slightly lower than the UK average (from Association of Public Health Observatories 2011).
- Some clients were unaware of their own age.
- We had a poster on the Macmillan Cancer Support stand where people were invited to express their experience of family and friends who had had cancer. It was very poignant as at least 14% who engaged with the nurse knew someone.
- 75% of people who were eligible for bowel screening did not know about it.
- Blood pressure checks were offered by a Community Learning Disability Nurse. Three people needed to be referred to their GP for follow up, this was discussed with the people affected and their support workers.

Recommendations

We make the following recommendations to ensure that the learning from this event is sustained and leads to improved understanding, care and access to services for people with learning disabilities in Surrey. We think that these recommendations are likely to be relevant and of interest outside Surrey as well.

1. Ongoing work is needed to support people with a learning disability in Surrey, as many areas of unmet need were indentified through this event.

   Macmillan Cancer Support, LD Liaison Nurse, CTPLD and members of SAMS Group will be meeting in next two months to discuss how this need could be met. We hope the outcome to be a service or new ways of working and /or a change in processes.

   We recognise that scoping work may need to be undertaken as a group to inform future decisions.

2. The above group link with the Independent Mental Capacity Advocate (IMCA) service to provide cancer awareness training, share findings of this report and share best practice in supporting adults with a learning disability.
3. The majority of people who attended this event said they did not self check, and needed support and information on how to do this and what to look for. We thus recommend that people are supported to self check and that when people need support to do this, staff make appropriate appointments with health professionals to enable this to happen.
4. CTPLD Teams are supported by Macmillan Cancer Support to run groups to provide cancer awareness training for people with a learning disabilities.
5. Support workers are given training and information about how to support people to access screening and to self check.
6. Macmillan professionals (including nurses, information managers, and benefits advisors) have access to training on how to support adults with a learning disability. The Surrey LD Liaison Nurse has agreed to support this and the offer will be developed locally.
7. The LD Liaison Nurse is supported to run a workshop at the national conference for Macmillan professionals to share good practises with other geographical areas.
8. SAMS group, or other groups supporting adults with a learning disability, take part in developing and delivering the training.
9. Education / awareness sessions are run in schools, colleges and adult learning facilities for people with a learning disability.

10. High number of carers (17%) were identified at this event, many of whom we believe were not known to services and do not have access to relevant and appropriate support.

    We recommend that further work needs to be done to look into this need, and awareness needs to be raised with community teams, benefits advisors and carers support teams, for the need for carers assessments.

11. Macmillan provide more information to diverse groups about the range of services available, as many of the people attended this event were not aware of the range of services offered by Macmillan Support services.
12. There is a need to ensure that checks and results feed into people's Health Action Plans which are regularly and appropriately updated.
13. The Surrey LINk LD Group will promote this work to Clinical Commissioning Groups and Healthcare providers over the coming months, and ensure that the work is carried into Healthwatch and the Health and Wellbeing Boards.
14. This report is shared within teams and organisations that supported the event to see what learning it is possible to implement.
15. This report and information gathered is shared with other partners, including information on how to hold a similar event.

"The day was a success people said they had a good day…super"

Quote from attendee

Resources

Macmillan Cancer Support Line

Emotional support
Financial support
Information and signposting to local services
Translators, text phone and email available.
http://www.macmillan.org.uk/HowWeCanHelp/TalkToUs/Talktous.aspx

Macmillan publications

Macmillan develops publications specifically for people with cancer, their family and friends. To see our full range of publications and order them free of charge, please visit Be.Macmillan (you will need to register to browse and order from the website) or call 0800 500 800.

http://be.macmillan.org.uk/be/default.aspx

Cancer Information and Support Centres

Our centres offer free, confidential information and support to everyone. If you or a loved one has been diagnosed, or you're worried about cancer, one of our team can help.
Find your local centre here:
http://www.macmillan.org.uk/HowWeCanHelp/LocalInformationCentres/MacmillanInfoCentres.aspx

Grants

For more information on the grants that funded this event, or to find out how to apply, please see:

http://www.macmillan.org.uk/Aboutus/WhatWeDo/Inclusion/InclusionProgramme/InclusionGrants.aspx

or contact your local Macmillan Involvement Coordinator for more information.

Contacts

The groups and individuals who took part in this event have shared their contact details in support of future events that may take place in other areas.

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Health Scrutiny Committee
15 November 2012

Dementia Services

Purpose of the report: Scrutiny of Services

Dementia is a priority item for the Council as a whole. The Committee will scrutinise health services for those with dementia.

Introduction:

1. Surrey County Council and NHS Surrey jointly commissioned an Older People's Mental Health and Dementia Strategy which was endorsed by the Board of NHS Surrey in January 2011.

Partnership approach

2. As with services for people with learning disabilities, services for people with dementia are also delivered very much in partnership between health and social care. Surrey & Borders are commissioned by NHS Surrey and Surrey County Council Adult Social Care to provide services.

3. At **Annex 1** is the most recent update report on Older People's Mental Health strategy, as presented to the Adult Social Care Select Committee in February 2012.

4. At **Annex 2** is a report from Surrey & Borders Partnership NHS Foundation Trust on the current services they provide.

5. Going into hospital can be an extremely distressing time for someone with dementia. Recent news reports have highlighted the need for special care for patients in hospital with dementia. As part of the discussion of this item, a representative from Frimley Park Hospital will attend to provide information on how acute providers are treating patients with dementia.

6. Other attendees will include Surrey & Borders, Adult Social Care and NHS Surrey.

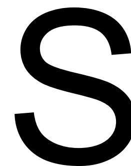
Recommendations:

7. The Committee is requested to scrutinise dementia services provision.

Report contact: Leah O'Donovan, Scrutiny Officer, Legal & Democratic Services

Contact details: 020 8541 7030; leah.odonovan@surreycc.gov.uk

Sources/background papers: None



Adult Social Care Select Committee
22 February 2012

Older People's Mental Health and Dementia Strategy Update

Purpose of the report: Scrutiny of Services – This report is an update on the implementation of the Older People's Mental Health and Dementia Strategy.

Introduction:

1. Surrey County Council and NHS Surrey jointly commissioned an Older People's Mental Health and Dementia Strategy which, following a 12 week public consultation period in the summer of 2010, was endorsed by the Select Committee at its meeting on 23 November 2010 and the Board of NHS Surrey in January 2011.

2. The core objective of this five-year strategy is to improve the quality of older people's mental health services by integrating the health and social care older people's community mental health teams and establishing a community-based dementia service that supports people to live at home in the community and reduce dependency on residential care placements.

3. The strategy is a collaborative whole systems approach with partners targeting areas where efficiencies can be affected and services improved led by executive leadership from Adult Social Care.

4. The focus of the five-year strategy has concentrated on delivering improvements in the following areas:
   a) providing information and advice on dementia for the public, people who use our services and their carers;
   b) providing intermediate care for older people with mental illness or dementia;
   c) improving the quality and effectiveness of in-patient care for older people with mental illness or dementia in acute general hospitals;
   d) improving the quality of long term end of life care, working with care homes to deliver person centred care services;

e) establishing an infrastructure of day care provision and respite services in the 11 Districts/Boroughs we work with; and

f) providing early diagnosis, treatment and support to people suffering from dementia in their local communities.

Overview of needs in Surrey

5. Surrey has approximately 14,500 people over the age of 65 with Dementia, which equates to 1 in 12. This figure will rise to approximately 17,500 by 2020, which is consistent with the predictive increase in population rise for older people. Less than 6,000 of the 14,500 people with dementia have a formal diagnosis of dementia, which means that the main cohort of older people we are targeting are frail elderly.

6. Avoidable admissions to acute general hospitals account for 75% of dementia costs (both health and social care). There are five acute hospitals in Surrey and one in Kingston, which the Surrey population of East Elmbridge use. Most people with dementia have more than one co-morbidity, which must be taken into account when care and treatment is provided.

7. The current Adult Social Care spend on residential care placements for people with dementia is £30m (2009/2010), which will rise to £37.2m by 2020 if we continue our current models of practice for people with dementia.

Success stories

8. Surrey has built a national reputation for its approach to dementia. This success is best illustrated by the testimony of a daughter of a woman who attends a dementia day centre in Spelthorne which Surrey commissions.

   "Perhaps I could take this opportunity to tell you how much we appreciate the Cameo group at the Greeno centre. Although anxiety sometimes gets in the way in the morning, Mum always comes back animated and smiling. Wednesday is our best day (of the) week, Mum is happy because she is actively stimulated, does not feel threatened, and feels capable and worthy again, and it's my best day because I know she is happy and in caring hands."

9. Surrey has worked with the Department of Health to develop a local reporting tool that measures the nine outcomes of the National Dementia Strategy. This tool has been included in the national commissioning pack for dementia launched in July 2010 by the Health Minister as an example of best practice for other authorities to use.

10. We have invested jointly with NHS Surrey in 18 dementia navigators who offer support and advice to people with dementia and their carers. They work closely with the statutory services and are highly valued by carers as the linchpin of support and advice for people who suffer with dementia.

11. We work in partnership with the 11 Districts and Boroughs to ensure that we have sufficient day care places for people with dementia. We are planning to open a day care centre in Runnymede (The Orchard) accommodating 20 places a day for people with dementia. This is a collaborative partnership between Runnymede Borough Council, the Alzheimer's Society and Surrey County Council.

12. We are opening our first local wellbeing centre in Runnymede in March 2012. This centre will be a local information centre for dementia and a venue where peer support groups and professional meetings can take place. We plan to open six more of these centres in 2012/2013 in partnership with our Borough colleagues.

13. We have produced a DVD on living with dementia in Surrey, which has been widely distributed to both the public and a range of local organisations. The DVD explains what dementia is and reassures people and the public that services are available locally when help and support is required. The DVD is also available on YouTube.

14. We are working with the General Practitioner Consortia in Woking on a public engagement programme where we will be targeting local surgery waiting rooms with stalls that have information about dementia, as well as playing the DVD to waiting patients. This programme is scheduled to begin at the end of March 2012. Additionally, we are producing a bi-monthly public newsletter called 'Fading Memories', which will contain information on the development of local services. The fist edition is scheduled for distribution in February 2012.

15. We have completed an audit of training on dementia across agencies in Surrey and have set up an inter-agency training consortium that will agree priority training requirements and set standards of competency for the training programme. We are currently finalising an inter-agency leadership programme for dementia with the intention of running leadership programmes across agencies later in 2012.

16. We have reduced the number of residential placements for people with dementia from 138 placements in 2008/2009 to 110 placements in 2010/2011. This reduction produces savings of over £650k and is consistent with our commitment to support people to live in their own home for as long as they choose to.

17. We have invested £1.68m of the whole systems partnership grant in the establishment of 24-hour/7-days a week crisis services and psychiatric liaison services over a period of two years. This investment is intended to address and reduce the avoidable admissions to acute hospitals in Surrey. The efficiencies derived from the work of these preventative services will fund the ongoing revenue of these services and establish a model of service delivery where avoidable admissions to acute hospitals do not become issues of concern for the future. The impact of this investment in reducing avoidable admissions will be monitored through an agreed metric developed by the Department of Health in the Commissioners Pack for Dementia launched in July 2011.

18. We have invested in the recruitment of 14 social care practitioners who will work in the multi-disciplinary Older Peoples Community Mental Health Teams providing a seamless health and social care service to vulnerable older people with mental health problems, including dementia. Seven of these practitioners have been in post for over a year with an additional seven being recruited to support hospital discharge and enhance the capacity of the 11 teams in Surrey.

19. We have responded to the call for action to address the use of anti-psychotic drugs in care homes. A local GP has been identified to set out a programme of work across Surrey and will be working with pharmacists, general practitioners and psychiatrists to ensure that there are annual reviews of medication and a focus on person centred care, not over reliance on anti-psychotic drugs to control behaviour.

Conclusions:

20. The strategy has an implementation timeline of five years. We believe that our progress to date has matched our ambitions to deliver a sustainable whole systems community based strategy that will absorb the demographic increases predicted in the population of older people with dementia, and establish services that support people to remain in their own home for as long as they wish to.

Financial and value for money implications

21. The shift from hospital to community services will deliver efficiencies across the whole system. The areas of efficiency will initially relate to reducing avoidable admissions to acute hospitals and adult social care will continue to reduce admissions to residential care, as we establish a sustainable infrastructure of community based services.

Equalities Implications

22. An equality impact assessment was completed when the strategy was agreed in 2010.

Risk Management Implications

23. The key risk remaining is an uncertain economic climate where partner agencies are challenged to sustain their commitment to whole systems working. We are confident that with strong community leadership from our executive director, these risks will be mitigated.

Implications for the Council's Priorities or Community Strategy

24. The progress made is consistent with the Council's priorities and contributes to the vision for adult social care: '*Working with all our partners to make a difference to the lives of people, through trusted, personalised and universal social care support, so people have choice and control, and can maximise their wellbeing and independence in their*

local community'. Mental health and substance misuse services support some of the most disadvantaged people in Surrey to:

- Live independently and safely
- Have as much choice and control over their lives as possible
- Live in their own home if they wish, or other accommodation of their choice
- Find out about information, services and support available and how to access them
- Get the support they need in local and community settings, and
- Remain safe from abuse.

Recommendations:

25. The Adult Social Care Select Committee is requested to endorse the progress made to date and continue to support the implementation of this five-year strategy.

Next steps:

To continue progress in the implementation of this strategy.

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Sources/background papers:

Link to Joint Commissioning Strategy.

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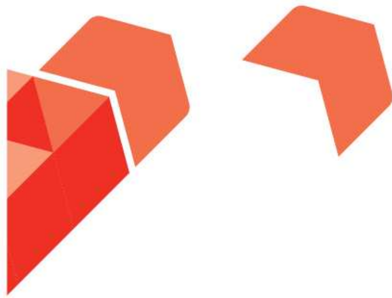


ANNEX 2

Delivering the Dementia Strategy

1.0 Introduction

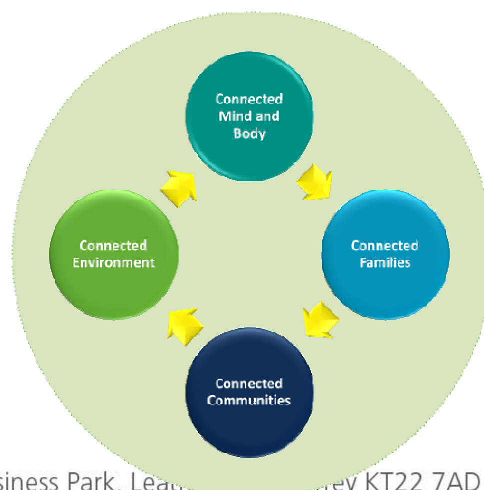
This paper provides the Health Scrutiny Committee with an overview of our work to date to implement, with partners, a targeted work programme to improve the lives of people with dementia and their carers through the local implementation of the national dementia strategy in Surrey.

Since its launch, implementation of the Surrey's Dementia Strategy has been overseen by the Dementia Partnership Board jointly set up by our Chief Executive, Fiona Edwards and Sarah Mitchell, of Surrey County Council.

1.1 Our Mental Health Services for Older People

We are leading the health community in providing accessible and appropriate care for older people with organic and functional mental ill-health, ranging from mild to moderate conditions such as anxiety through to those which are more complex and long term such as dementia and schizophrenia.

We know that you cannot have good health without good mental health and we understand this is particularly important for older people. Our services aim to ensure that older people are enabled to live as independently as possible within our communities through ensuring early diagnosis, assessment and treatment and good support, to them and their carers and families, to enable them to do this.



We offer high quality diagnosis, care and support in our community and hospital services in partnership with social services, voluntary organisations and healthcare providers to offer positive support to the people we serve.

1.2 Our Specialist Dementia Services

Our medical, nursing and therapy experts in Older People's mental health diagnose and treat people with dementia and other cognition difficulties, providing support from early stages of long term memory loss through to end of life care. Following referral to our regional Community Mental Health Teams we undertake a full assessment of a person's needs. Subsequent to diagnosis we work with the person to develop a care plan providing the most suitable range of treatment and support, which may include referral to our memory clinics.

Neuro-psychological assessment plays an important part in fully assessing people who have, or are suspected to have, an organic impairment of the brain such as dementia. This specialist service assesses cognitive function to aid with diagnosis and determining the most suitable course of treatment for the person.

Our hospital services are provided in specialist wards in Chertsey, Guildford and Epsom which have been decorated specifically to provide calming environments that minimise anxiety and distress for people with dementia. Expert staff work with people who have complex needs and challenging behaviour to assess, diagnose, treat and rehabilitate them so they are able to return home or on to more suitable longer term care.

2.0 Our work to implement the Strategy

We know we do our best for older people when we work together with our partners to contribute our expertise at the right time and in the right place. We do this through services we directly provide ourselves e.g. our memory services and through those of partners, where our staff can provide expert advice to others working with them in health and social care e.g. our liaison work.

Working together with partners to make a difference for older people with dementia is a top priority for our Older People's services. We have joined together with colleagues in health and social care across the acute and community sectors and the voluntary sector, particularly the Alzheimer's Society, to achieve real change to local services. We have highlighted a number of these in the following section using the targets set out within the Strategy.

2.1 Improving public and professional awareness and understanding of dementia

- We have helped a number of CCGs to develop local proposals to deliver the **Prime Minister's dementia challenge**.

  One of these includes a bid to develop **dementia friendly communities** by providing training to key members of the local community (business leaders, senior staff in emergency services and local county council services), who will then be supported to roll out the training to wider members of the community. The aim of this project will be to increase general awareness and understanding about dementia, reduce stigma and encourage the adaptation of environments to make them more accessible to people with dementia and their families and carers.

- We have been working in partnership with Surrey County Council, the borough councils and the Alzheimer's society to contribute our staff and their expertise to **development of Wellbeing Centres** across Surrey. They offer a wide range of information and advice and focus on those people and their carers who are worried about their memory or who have been diagnosed with dementia. Early intervention is essential to help people with dementia and their families manage their condition successfully. Creating opportunities for wellbeing through these centres enables services to reach-out to the community to give advice and support.

- We have helped to organise two **dementia training** events for GP practices and local community health care staff (e.g. community matrons, physiotherapist and Occupational therapists) and care home staff. These events aimed to improve the knowledge and skills of community staff who work with people with dementia but who have had little or no prior training in dementia. The training covered a broad range of topics, including an introduction to dementia and the common different types of dementia. Person-centred model of care, medication use in people with dementia and end of life care issues.

- We have co-designed the creation and implementation of **virtual wards** providing a mental health practitioner and consultant supervision. The mental health practitioner provides teaching and consultation to the multi-disciplinary team, and nursing and residential homes.

2.2 Good quality early diagnosis and intervention for all

- Identifying and developing **outcome measures** to assess dementia care quality.

  Our Older People's services are currently identifying and implementing appropriate outcome measures that can be used to assess how well our services are meeting the

needs of people with dementia and their carers/families. All of our dementia wards now utilise three dementia outcome measures; a **Well-being/ill-being** measure, an internally developed **'access to individualised activities'** form and **The Challenging Behaviour Scale**.

- Our **memory services** are constantly evolving to provide more **rapid access** to facilitate early diagnosis and we have significantly enhanced how quickly people who are referred to our services, can access specialist memory services for diagnosis and treatment. Our partnership working with the **Alzheimer's Society** has significantly enhanced this delivery.

- As part of our **continuous programme of quality improvement** and our memory services in Runnymede and West Elmbridge are the first of a series of services that have been accredited as **'excellent'** by the Royal College of Psychiatrists.

2.3 Good quality information for those with diagnosed dementia

- We are engaged with the **Enhancing Quality Programme**, a regional NHS programme for ensuring service improvement is driven by a sound evidence and research base. This is developing a measure in regards to the **quality of information** provided to people diagnosed with dementia and their carers.
- Our services have developed a series of **leaflets** to provide information on dementia in partnership with people who use our services and their carers.

2.4 Enabling easy access to care, support and advice following diagnosis

- **Dementia navigators** run clinics alongside our memory services working in partnership with our specialist dementia care staff, ensuring that people are offered support throughout their journey and sign posted to the right places to receive support and advice.
- We also provide **post diagnostic information and signposting** clinics one month after diagnosis to provide any further specialist clinical care, support and advice

2.5 Improve quality of care for people with dementia in hospitals

- We have been working with the Alzheimer's society and local general hospitals to develop **personal information profiles** in the form of an information booklet that follows the person with dementia on their journey and which will inform all staff, in any organisation/setting, about important personal information. The project has incorporated aspects of the Alzheimer's society's 'This is Me' document and the Hospital Passport used by learning disability services into one new document that focuses on helping care professionals to understand the person and their individual needs, rather than a focus

on disease and symptoms. The leaflet is currently being piloted in a local general hospital

- Our clinical staff are working together with our facilities staff to develop **dementia friendly environments** including the use of standardised dementia signage in our buildings.

  Rooms for reminiscence have been created in two of our wards. The rooms make use of decor and objects from the 1950s to stimulate memory and provide a peaceful environment in which people can feel comfortable and at home. We regularly audit the environment of our wards and identify any changes needed to provide a dementia friendly environment.

- We encourage **a learning culture** for staff in our services. Our staff are supported and encouraged to report, discuss and learn from any incidents or complaints received. We work closely with colleagues in social services to learn from any alerts raised under national and local safeguarding policies for us to manage risks in an open and collaborative manner.

- We have had great success in developing **Liaison Psychiatry** teams for Older Adults admitted to general hospitals to ensure that the general hospital staff are better skilled to support patients with Dementia and those requiring a higher level of Dementia-specific expertise have access to the specialist Liaison team.

  These teams are working in close partnership with the hospital dementia teams to increase diagnostic rates in the general hospital as part of the national dementia CQUIN.

- We are working closely with social services in Surrey to **facilitate timely discharges** so that people do not have to stay in a hospital bed any longer than is necessary.

2.6 Living well with dementia in care homes

- Our service has developed and piloted a **training program for staff in nursing/care homes** looking after people with dementia. The workshop adopts a whole systems approach by offering training to all staff in a care home. We have received very positive feedback from the those home staff who took part in the pilot training and are keen to see take up of the training encouraged in every nursing and care home across the County.

- Community teams are implementing **new referral forms** to be used by care homes when referring into our service. These forms invite care home staff to identify important information specific to the individual person with dementia, which encourages a person-centred approach to identifying and meeting individual client needs. Examples of headings include 'what are the persons particular interests, hobbies and preferred activities', and 'what are the important/valued relationships for the person with dementia'.

- Our expert therapy staff have developed a **booklet on pain and dementia** this is being distributed by Surrey County Council to care homes and carers

2.7 Improved end of life care for people with dementia

- We have been involved, through joint working with partner organisations, in delivering training on **end of life care for people with dementia** to local GP surgery staff, primary care health professionals and staff working in residential/care homes. The training focused on prognostic indicators for end of life, the importance of advanced planning and other legal issues, hydration and nutrition at end of life and supporting carers.

2.8 An informed and effective workforce for people with dementia

- We have provided all our staff within our Older People's services with a **comprehensive dementia care guideline** on the provision of care to people with dementia and their carers and families.

  The guideline provides an overview of dementia in terms of cognitive, functional and emotional demands placed on people with dementia and their family/carers. Importantly, the guide also describes our **person-centred philosophy of care** and how this can be applied to the people who use our services. Other topics covered include communication, meaningful activities, environmental considerations, end of life care issues and understanding challenging behaviour.

- Both our inpatient and community team staff attended **dementia workshops**. These events engaged staff in thinking about how they could ensure that dementia care provided within our wards and community services was person-centred and of consistently high quality. The workshops involved all teams setting **personally identified objectives around improving dementia care**. Follow-up workshops were also provided to support implementation of change.

- Our staff have received **specialist training in dementia** including the highly acclaimed **Stirling model** focusing on developing truly person centred services, with input from David Sheard, a national expert in this area.

2.9 A clear picture of research evidence and needs

- We have set up a **memory research list** which offers every person that uses our service an opportunity to take part in research if they wish.

- A **patient and public involvement (PPI) group** has been establish to support and advise on current and future research.

- We have successfully recruited to a **national study** called EVIDEM-E in 2012. This was a randomized control evaluation of exercise on individuals with dementia and their carers, as a therapy for behavioural and psychological symptoms of dementia.

- There are also a number of **Dementia Research proposals** under development, in relation to:

    - South England Interdisciplinary Study of dementia progression (DEMPRO)
    - ThinkingFit
    - Application submitted to The Alzheimer's Society for one year follow up on patients with Alzheimer's disease
    - The relationship between Plasma Fetuin-A and progression of Alzheimer Disease
    - Hearing aid assessment for patient with dementia

- We are closely linked to the **Enhancing Quality Programme**, which is designed to improve the quality of dementia services through areas such as the use of antipsychotic medication, assessment and treatment services and information provided to people who use services and their families and carers.

Alison Armstrong
Director of Services for Older People, NE Hants and Liaison / Director of Mental Health (Interim)
November 2012

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Health Scrutiny Committee
15 November 2012

Sexual Health

Purpose of the report: Scrutiny of services

This report presents the rates of Sexually Transmitted Infections (STIs) and uptake of Chlamydia screening in Surrey. The report will inform the committee of what action is being taken to address sexual health in Surrey.

Introduction:

Sexually Transmitted Infections

1. Having good sexual and reproductive health is an important aspect of overall physical and emotional health and well-being. Sexually transmitted infections (STIs) and human immunodeficiency virus (HIV) remain among the most important causes of illness due to infectious disease across all age groups, but particularly among younger people.

2. If left untreated, STIs can lead to long-term fertility problems, cervical cancer, and long-term illness and HIV can reduce life span and cause premature death. All of these aspects of poor sexual health can occur at any stage of life and can have an enduring and severe impact upon people's overall quality of life.

3. Genital Chlamydia infection is the most commonly diagnosed STI among young people attending Genitourinary Medicine (GUM) clinics in England. In 2011 over 186,000 new cases were diagnosed in England with sexually active young adults remaining at highest risk of infection[1].During 2011 a total of 2146 new cases of Chlamydia were diagnosed in Surrey, an increase from 1746 in 2010 (see **Annex 1** for further information). Chlamydia is caused by a bacterium called Chlamydia Trachomatis. The bacteria are found in the semen of men and vaginal fluids of women who have the infection. Chlamydia is easily passed from one person to another

[1] Health Protection Agency (2012) http://www.hpa.org.uk/Topics/InfectiousDiseases/InfectionsAZ/Chlamydia/

through unprotected sex. Untreated Chlamydia can have serious long-term health implications and may lead to infertility.

4. Within the NHS the only national screening programme offered to patients (up to the age of 25 years) which screens for STIs is the Chlamydia Screening Programme. NHS Surrey monitors and reports the uptake of Chlamydia Screening quarterly. Antenatal screening is also routinely offered to pregnant women for a range of diseases including syphilis, HIV and hepatitis B however this will not be discussed in this report.

5. Levels of need around the issue of sexual and reproductive health remain diverse in Surrey. In the case of HIV, Black African people and men who have sex with men (MSM) are the two population groups in Surrey who are most affected by this infection given their relative proportions within the Surrey population.

Healthy Lives, Health People (2010)

6. Following the Healthy Lives, Healthy People (2010) White Paper, future commissioning of sexual health services will become the responsibility of public health teams from 1st April 2013. Local authorities will take on a new public health role, commissioning comprehensive accessible and confidential contraception and sexually transmitted infections (STIs) testing and treatment services. This new structure will provide opportunities to integrate sexual health services with wider services, including alcohol and drugs, allowing for targeted work with particular groups.

7. Specialist sexual health services such HIV treatment and care, termination of pregnancy and Sexual Assault Referral Centres (SARC) will not sit within public health in the future but will instead be a commissioning responsibility of the NHS Commissioning Board (NCB). Contraception will also remain in primary care and will not be commissioned by Public Health.

Sexually Transmitted Infections

8. The STIs which are monitored nationally by the Health Protection Agency (HPA) are as follows:
    - HIV
    - Chlamydia
    - Syphilis
    - Gonorrhoea
    - Genital Warts

9. The latest data show the rate of diagnosed STIs in Surrey has increased. Specifically the number of diagnosed cases of Gonorrhoea in Surrey has risen from 182 cases in 2010 to 218 in 2011(see **Annex 1** for further information). Nationally there has also been an increase in diagnosed STIs of 2% in England from 2010- 2011 (from 419,773 to 426,867). This is primarily associated with increased rates of gonorrhoea, syphilis and genital herpes.

10. The high risk groups for STIs in Surrey continues to be young heterosexuals (15-24 years old) and men who have sex with men, with continuing high levels of unsafe sexual behaviour contributing to the rises recorded. However there has also been an increase in STI testing which should lead to a decrease in infection as these are identified and treated. In Surrey there are more STIs diagnosed in the under 15 years age group and those aged 45 years and over compared to England (see **Annex 1** for further information).

11. In 2009 there were 803 people living in Surrey who are diagnosed with HIV infection. This represents an increase of 56 from the previous year and an increase of 144 from 2007. This rise does not necessarily suggest that increased numbers are all newly diagnosed as this may represent some people with known HIV moving to the area. In Surrey HIV infections are highest in the Black African population (given their relative proportions) at 38.7%. This is due to the fact Black Africans are often born in or have close ties with countries in Sub-Saharan Africa which have a greater incidence of HIV England (see **Annex 1** for further information). In 2011 in the UK an estimated 3,000 MSM were diagnosed with HIV, the highest number ever reported in one year[2]. The majority of MSM diagnosed in 2011 are white (84%) and acquired their infection within the UK (84%).

12. Transmission of HIV in Surrey is highest in sex between men and women at 59.8% which is higher than the England average of 50%. Nationally the rate of transmission between MSM is steadily increasing. In 2011 transmission between MSM was 41.8% in England and 32.9% in Surrey (see **Annex 1** for further information).

13. A range of sexual health services are currently provided in Surrey. The below table lists the level of services offered and the commissioning responsibilities (see **Annex 2** for further information on these sexual health services). The provision of sexual health services are currently provided on three levels, the first offering easily accessible, core services which ensure patients are signposted to the appropriate services, level 2 offering some more specialist services and follow up and the third offering all skills provided in the first two along with specialist treatment and screening.

Table 1: Provision of sexual health services in Surrey

	Services	**Health provider**	**Service Commissioner**	**Future Commissioner**
Level 1	GP practices Pharmacy Health Promotion Voluntary sector	Primary Care Pharmacy Terrance Higgins Trust	NHS Surrey	Public Health (Surrey County Council, SCC) NCB
Level 2	Primary Care Contraceptive and sexual health (CASH) clinics	Primary Care Surrey Community Health (SCH)	NHS Surrey	Public Health (SCC)
Level 3	Genitourinary medicine (GUM) clinics	Acute Trusts	NHS Surrey	Public Health (SCC)

14. As proposed by the Surrey Joint Strategic Health Needs Assessment (JSNA) for Sexual and Reproductive Health (2011) and also supported by the Healthy Lives, Healthy People (2010) White Paper, future commissioning of sexual health services should see an integrated sexual health service (combining all sexual health services in one e.g GUM, and CASH) in Surrey. From 1st April 2013 commissioning of these services will look to provide integrated care. In the meantime efforts are being made to enable CASH clinics to offer a wider range of STI testing other than just Chlamydia screening. Support is also being made to enable our GUM clinics to provide a greater range of contraception methods. At present, two of our GUM clinics have fully integrated contraception services on site and greater staff skill mixing is already enabling more people to have 'one-stop-shop' experience of sexual and reproductive health services.

15. A project being undertaken by the public health team in partnership with Surrey Community Health (sexual health service provider) and collages is underway to find out what sexual health services young people would like in Surrey. Following this consultation the public health team will work with the providers and collages using funding available from the Strategic Health Authority to address the identified need.

11. The South East CASH clinics has recently achieved the You're Welcome accreditation which requires health services to meet a set of quality standards to demonstrate that they are providing a young people friendly service. The South East CASH service is one of only two services in Surrey to achieve this standard so far.

Chlamydia Screening

12. Surrey's Chlamydia Screening Programme is part of the National Screening Programme to provide opportunistic screening to all sexually active young men and women under the age of 25. In Surrey this is delivered in a variety of healthcare settings such as GP practices, pharmacies, CASH clinics and in maternity services but it is also delivered in non healthcare settings such as youth centres, prisons, military bases, further education colleges and universities.

13. The table below shows the uptake of Chlamydia screening for England and Surrey along with the national target. In Surrey a local target has been set based on diagnosis (positivity) rate rather than uptake of screening. This was agreed at the Surrey Chlamydia Screening Steering group in order to focus on targeting the population at higher risk of infection. The 2012-13 a target of an overall rate of 1632 per 100,000 10% increase on the previous year) was set in Surrey. This will be achieved by testing more young people. From 2013 the national target will also focus on the diagnosis rate with a target of achieving a rate of 2,400 per 100,000.

Table 2: Chlamydia screening target and uptake for Surrey and England

Year	National target*	England uptake	Surrey uptake
2010-11	35%	28.5%	10.5%

2011-12	N/A	28.5%	19.3%

*** Uptake of screening among sexually active young people under the age of 25**

14. The uptake of Chlamydia screening in Surrey has been increasing year on year (see **Annex 3** for further information). In 2011-12 the percentage of young people testing positive for Chlamydia was similar to the national average at 7.7% compared to 7.3% in England. This suggests we can be confident that the young people being tested in Surrey are those who are more likely to be having unprotected sex and at risk of catching Chlamydia.

15. A recovery plan is in place which aims to increase screening rates through sustainable services such as primary care and CASH clinics, but also to ensure the positivity level remains high by targeting those most at risk. This includes a targeted mail out to young people in specific geographical areas, promoting and embedding screening of young offenders in new prisoner health checks and promoting screening in places attended by large numbers of young people such as colleges and universities.

16. The Surrey Chlamydia Screening service (as part of the Sexual Health Improvement and Prevention Team) have also just achieved the You're Welcome accreditation demonstrating their efforts to provide a young people friendly service.

Conclusions:

17. The increased rate of diagnosed STIs in Surrey is in line with a national increase and reflects the need for greater targeted work with high risk groups.

18. Chlamydia screening uptake is increasing with continued work by the Chlamydia Screening Team to increase this further. The positivity rate is in line with the national rate suggesting the service is testing the high risk groups. The recovery plan will continue to be monitored by the Public Health team to oversee improvements to delivery.

19. Chlamydia screening has been identified as a Public Health outcome in the new Public Health Outcomes Framework (PHOF). This outlines the responsibility of public health to achieve positive health outcomes for the population and reduce inequalities in health. This will ensure a continued focus by public health on improving sexual health in Surrey. There are two public health outcomes specifically relating to sexual health:

    a) Chlamydia diagnoses in 15 to 24 year olds

    b) People presenting with HIV at a late stage of infection

20. Whilst the commissioning of HIV service will not sit within the local authority, public health will be required to report on the numbers of Surrey residents presenting at a late stage of infection.

21. A new integrated sexual health service contract will be developed following the Public Health transition into local authority from 1st April 2013. Current contracts are being transferred over to Surrey County Council as a short

term arrangement to ensure continuity of care with the intention of being reviewed from the 1st April 2013. An integrated sexual health service will improve access for patients in Surrey.

Recommendations:

22. The Committee is requested to scrutinise provision of sexual health services in Surrey.

Next steps:

The following outlines what action is being taken by the Public Health Team to improve sexual health in Surrey considering future commissioning responsibility:

- The Surrey JSNA Sexual and Reproductive chapter will be refreshed during November 2012 to ensure an accurate picture of the sexual health need in Surrey is understood. This will also help to identify groups at higher risk and gaps in current provision.
- A Project Implementation Document (PID) will be completed by the end of November 2012 outlining the work to be undertaken by public health in order to meet the Public Health Outcome Framework. This will ensure continued work towards the commissioning responsibilities outlined above.
- All existing contracts and Local Enhanced Services (LES) will be reviewed and updated and transferred before 1st April 2013 to ensure a smooth transition over to Surrey County Council and the best outcomes for patients.
- A review of all sexual health services in Surrey will be undertaken in January 2013 in light of future responsibility and will inform commissioning and development of a unified contract for integrated sexual health services in Surrey. This will also ensure future practice is evidence based and in line with guidance.
- The Chlamydia Screening Team recovery plan will continue to be monitored by Public Health to ensure the targets outlined by PHOF are achieved.
- All Sexual health services will continue to be encouraged to work towards the You're Welcome quality mark to ensure they are providing young people friendly services.

Report contact: Rebecca Kite

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Sources/background papers:

- Surrey JSNA Sexual and Reproductive Health Chapter
- Health Protection Agency Website

Annex 1:

Table A: Annual and Quarterly Trends of Selected STIs- Patients from Surrey PCT attending any clinic (2008-2011)

Condition	Gender	Number of diagnoses				Rate of diagnoses†			
		2008	2009	2010	2011	2008	2009	2010	2011
Chlamydia*	Male	724	799	791	989	135.12	148.78	145.28	181.64
	Female	977	1109	955	1157	173.88	196.77	167.58	203.02
	Total‡	**1702**	**1910**	**1746**	**2146**	**155.05**	**173.54**	**156.68**	**192.58**
Gonorrhoea	Male	64	119	133	172	11.94	22.16	24.43	31.59
	Female	30	56	49	46	5.34	9.94	8.60	8.07
	Total‡	**94**	**175**	**182**	**218**	**8.56**	**15.90**	**16.33**	**19.56**
Syphilis	Male	10	10	15	19	1.87	1.86	2.75	3.49
	Female	4	4	2	3	.71	.71	.35	.53
	Total‡	**14**	**14**	**17**	**22**	**1.28**	**1.27**	**1.53**	**1.97**
Herpes	Male	143	161	161	161	26.69	29.98	29.57	29.57
	Female	282	306	294	328	50.19	54.29	51.59	57.56
	Total‡	**425**	**467**	**455**	**489**	**38.72**	**42.43**	**40.83**	**43.88**
Warts	Male	604	776	762	773	112.73	144.50	139.95	141.97
	Female	629	720	617	640	111.95	127.75	108.27	112.30
	Total‡	**1234**	**1496**	**1379**	**1413**	**112.42**	**135.92**	**123.75**	**126.80**
New STIs*	Male	2697	3074	2983	3332	503.35	572.41	547.86	611.96
	Female	2733	3028	2747	3062	486.41	537.26	482.02	537.30
	Total‡	**5433**	**6106**	**5731**	**6394**	**494.95**	**554.77**	**514.28**	**573.78**
Other STIs	Male	1031	1236	1163	1343	192.42	230.15	213.60	246.66
	Female	1081	1115	992	1044	192.39	197.83	174.07	183.19
	Total‡	**2112**	**2352**	**2155**	**2387**	**192.41**	**213.69**	**193.38**	**214.20**

Source: Health Protection Agency

* Chlamydia data presented includes National Chlamydia Screening Program (NCSP) data and "Non-NCSP and non-GUM" returns from laboratories among 15 to 24 year olds only. Reporting of "non-NCSP non-GUM" returns began in April 2008, so there are no data available between January and March 2008.

† Rates derived using 2008 or 2009 Office of National Statistics mid-year population data

‡Data on unknown gender are included in the total rows

Table B: Number of new episodes of selected diagnoses by gender & age group in UK (2008 – 2010)

		2008			2009			2010			2009-2010 % change		
		Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total
Chlamydia	<15	43	407	452	40	348	389	45	356	402	13%	2%	3%
	15-19	18305	53729	72709	20182	58510	79300	21119	57804	79194	5%	-1%	0%
	20-24	34616	47878	83108	37569	53714	91954	39361	54151	93820	5%	1%	2%
	25-34	20025	12925	32985	18884	12717	31697	18760	12089	30916	-1%	-5%	-2%
	35-44	5481	2357	7844	5331	2315	7664	5326	2258	7602	0%	-2%	-1%
	45+	2206	650	2859	2341	700	3051	2562	765	3333	9%	9%	9%
	Total	**81592**	**120536**	**203475**	**84414**	**128403**	**214228**	**87259**	**127551**	**215501**	**3%**	**-1%**	**1%**
Gonorrhoea	<15	6	46	52	6	47	53	4	44	48	-33%	-6%	-9%
	15-19	1433	2170	3603	1413	2130	3551	1305	2035	3345	-8%	-4%	-6%
	20-24	3090	1733	4823	3321	1926	5255	3540	1979	5526	7%	3%	5%
	25-34	3549	1007	4556	3937	1096	5039	4619	1138	5763	17%	4%	14%
	35-44	1714	256	1970	1910	304	2221	2150	321	2479	13%	6%	12%
	45+	919	142	1061	1096	154	1251	1218	150	1375	11%	-3%	10%
	Total	**10860**	**5591**	**16451**	**11698**	**5672**	**17400**	**12866**	**5681**	**18580**	**10%**	**0%**	**7%**
Syphilis	<15	1	3	4	0	0	0	0	0	0	0%	0%	0%
	15-19	60	30	90	69	59	128	54	34	88	-22%	-42%	-31%
	20-24	266	58	324	312	83	396	286	84	371	-8%	1%	-6%
	25-34	572	90	662	846	127	976	807	101	914	-5%	-20%	-6%
	35-44	676	40	716	851	54	908	759	61	825	-11%	13%	-9%
	45+	482	25	507	631	32	665	638	27	668	1%	-16%	0%
	Total	**2905**	**404**	**3309**	**2831**	**375**	**3215**	**2583**	**313**	**2911**	**-9%**	**-17%**	**-9%**

Source: Health Protection Agency

Table C: STI diagnoses by age in Surrey, South East Coast and England (2009 and 2010)

	% diagnosed under 15		% diagnosed aged 16-19		% diagnosed aged 20-24		% diagnosed aged 25-34		% diagnosed aged 35-44		% diagnosed aged 45+	
	2009	2010	2009	2010	2009	2010	2009	2010	2009	2010	2009	2010
Surrey	0.58	0.61	18.67	18.66	35.81	36.89	26.14	25.61	10.68	10.09	8.11	8.14
South East Coast	0.23	0.20	21.16	20.14	35.59	35.20	25.97	28.66	10.45	9.95	6.6	5.81
England	0.25	0.23	21.71	20.18	35.09	36.82	27.97	25.61	9.71	10.21	5.28	6.99

Source: Health Protection Agency

Table D: Percentage of HIV infections by age in Surrey and South East Coast (2009)

	% diagnosed under 15	% diagnosed aged 15-24	% diagnosed aged 25-34	% diagnosed aged 35-44	% diagnosed aged 45-54	% diagnosed aged 55+
Surrey	1.5	3.5	20.2	36.9	26.4	11.6
South East Coast	1.2	3.4	18.0	37.2	25.8	14.4

Source: Health Protection Agency

Table E: Percentage of HIV infections by gender in Surrey and South East Coast (2009)

	% males infected with HIV	% females infected with HIV
Surrey	60.9	39.1
South East Coast	73.0	27.0

Source: Health Protection Agency

Table F: Percentage of HIV infections by ethnicity in Surrey, South East Coast and England (2009)

	% White	% Black African	% Other/not known
Surrey	51.8	38.7	9.5
South East Coast	66.5	26.5	7.0
England	49.5	36.9	13.6

Source: Health Protection Agency

Table G: HIV transmission by percentage in Surrey, South East Coast and England (2009)

	% of transmissions by sex between men	% of transmissions by sex between men and women	% of transmissions by other/not known	% of transmissions by injecting drug use	% of transmissions by mother-child transmission
Surrey	32.9	59.8	2.5	2.5	2.4
South East Coast	53.9	40.9	1.9	1.7	1.7
England	41.8	50.0	4.3	1.9	2.1

Source: Health Protection Agency

Annex 2: Sexual Health Services in Surrey

Table H: List of settings and the services provided

	Type of service	What the service offers	How the service is provided
Level 1	GP practice	A range of contraception including Emergency Hormonal Contraception (EHC), advice and information on sexual health and contraception and referral onto other services as required.	Appointments with doctor/nurse for registered patients (as part of their global contract).
	Pharmacy	Sexual health advice and access to EHC.	76 pharmacies across Surrey offer this service to customers through a LES contract.
	Terrance Higgins Trust (THT)	HIV support services for people living with HIV, including support with mental health, access to statutory health and social care services and sexual health and HIV primary and secondary prevention work.	THT subcontracts some of this work to Positive Action (based in Aldershot) and St Peter's House based (based in Redhill). Together these services provide support to people in Surrey who are identified as HIV positive with specific focus on MSM service users.
	Sexual Health Intervention and Prevention Team	Chlamydia screening for young people up to the age of 25 years along with condom distribution	This is provided in a range of services including pharmacies and universities. Young people can also request postal testing packs through the mail, by visiting the www.gocheckyourself.com website and via text message.
Level 2	Primary Care	All forms of contraception such as condoms and Long Acting Reversible Contraception (LARC) which includes contraceptive implants and Intra-uterine contraceptive device fittings (IUCDs)	Practices signed up to the contraceptive implants and IUCD LESs will offer these LARC methods to patients-both registered and referred by other practices.
	Contraceptive and sexual health clinics (CASH)	Offers a range of contraceptive methods, information and advice, referral onto other services such as termination and assessment and treatment of psychosexual problems.	**Clinics:** Woking Community Hospital (7 sessions) Earnsdale Clinic (3 sessions) Epsom Health Centre (6 sessions)

			Outreach: Outreach clinics are also provided across the county under the three 'hubs' listed above.
Level 3	Genitourinary medicine (GUM) clinics	GUM clinics provide a range of services, including testing and treatment for STIs and general advice about sexual health.	**Clinics:** Frimley Park Hospital St Peter's Hospital Farnham Road Hospital Leatherhead Community Hospital Earnsdale Clinic **Outreach:** St Peter's GUM HMP Send HMP Highdown HMP Coldingley

Annex 3: Chlamydia Screening Data

Table I: Chlamydia Screening Data for Surrey, SHA and England (2010-12)

Total Chlamydia Testing Data														
	15-24 year old population estimates†			Total tests			Percent of population tested			Percent of young people testing positive			Diagnoses Rate per 100,000	
	2010-11	2011-12	2012-13 Q1	2010-11	2011-12	2012-13 Q1	2010-11	2011-12	2012-13 Q1	2010-11	2011-12	2012-13 Q1	2011-12	2012-13 Q1
Surrey	125,600	23062	124306	13228	23692	5410	10.5	19.3	4.4	4.9	7.7	7.4	1478.1	1290.4
South East Coast	522,900	516801	522514	128,968	128968	28159	25.0	25.0	5.4	6.8	6.8	7.5	1702.0	1616.0
England	6,884,600	6866089	6872096	1,961,408	1961408	408769	28.5	28.5	5.9	7.3	7.3	8.2	2089.6	1944.0

Source: English National Chlamydia Screening Programme (NCSP)

† 15-24 year old population estimates are based ONS population projections.

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Glossary

CASH	Contraception and sexual health
EHC	Emergency Hormonal Contraception
GUM	Genitourinary Medicine
HIV	Human immunodeficiency virus
HPA	Health Protection Agency
IUCD	Intra-uterine contraceptive devices
JSNA	Joint Strategic Health Needs Assessment
LARC	Long Acting Reversible Contraception
LES	Local Enhanced Services
MSM	Men who have sex with men
NCB	NHS Commissioning Board
PHOF	Public Health Outcomes Framework
PID	Project Implementation Document
PSE	Public Sex Environments
SARC	Sexual Assault Referral Centres
SCC	Surrey County Council
SCH	Surrey Community Health
STI	Sexually Transmitted Infection
THT	Terrance Higgins Trust

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Health Scrutiny Committee
15 November 2012

Quality, Innovation, Productivity and Prevention Programme (QIPP) and Performance Monitoring

Purpose of the report: Scrutiny of Services

The Committee will scrutinise current NHS Surrey performance against QIPP plan savings and acute trust and NHS Surrey performance against national performance targets.

Introduction:

1. NHS Surrey has QIPP plans in place with a target to save £67million in 2012/13. The report at **Annex 1** shows current performance against this savings target.

2. NHS Surrey is responsible for the performance management of Surrey's five acute hospital trusts and the ambulance trust against nationally-set performance targets. The report at **Annex 2** sets out the Quality performance indicators and the performance against these for the last quarter.

Performance against national indicators

3. Currently performance across the national indicators is good. Previous issues with ambulance response times and even four-hour waits in A&E have improved. The only acute hospital that did not meet the 95% target for a four-hour wait in A&E was Frimley Park and this was only just missed with 94.9%.

4. The only other remaining Red performance is continuing in the Cancer two-week wait where breast cancer is not initially suspected. Additionally, there were Mixed Sex Accommodation breaches as both Epsom & St Helier Hospitals and St George's Hospital.

5. In terms of Public Health indicators, the number of smoking quitters and coverage of NHS Health Checks remain Red.

Recommendations:

6. The Committee is asked to scrutinise NHS Surrey on finance and overall performance and to make recommendations as appropriate.

Report contact: Leah O'Donovan, Scrutiny Officer, Democratic Services

Contact details: 020 8541 7030, leah.odonovan@surreycc.gov.uk

Sources/background papers:
Annex 2 Quality Performance indicators summary

Quality					
Code	**Indicator**	**Period**	**Performance**	**Target**	**Status**
PHQ01	Ambulance Clinical Quality- Category A 8 Minute Response Time	Sep 2012	Red 1 75.2%	>75%	Green
			Red 2 75.7%		Green
PHQ02	Ambulance Clinical Quality- Category A 19 Minute Transportation Time	Sep 2012	97.1%	>95%	Green
PHQ03	Cancer 62 Day Waits (aggregate measure) – all cancer	Q1*	89.62%	>85%	Green
PHQ04	Cancer 62 Day Waits (aggregate measure) – referral from screening service	Q1*	96.43%	>90%	Green
PHQ05	Cancer 62 Day Waits (aggregate measure) – consultants decision to upgrade	Q1*	77.27%	N/A	N/A
PHQ06	Cancer 31 Waits – 1st treatment	Q1*	97.92%	>96%	Green
PHQ07	Cancer 31 Waits – subsequent surgery	Q1*	98.12%	>98%	Green
PHQ08	Cancer 31 Waits – subsequent drugs	Q1*	99.78%	>94%	Green
PHQ09	Cancer 31 Waits – subsequent radiotherapy	Q1*	97.89%	>96%	Green
PHQ10	Mental Health Measure- Early Intervention in Psychosis (YTD)	Q2	74	Plan	Green
PHQ11	Mental Health Measure- Crisis Resolution Home Treatment	Q2	291	Plan	Green
PHQ12	Mental Health Measure- Care Programme Approach (CPA)	Q2	110	Plan	Green
PHQ13	Mental Health Measure- Improved access to psychological services	Q1	1.8%	Plan	Green
			43.8%		
PHQ14	People with long-term conditions feeling independent and in control of their condition	2011 / 2012	71.71%	N/A	N/A
PHQ15	Unplanned hospitalisation for chronic ambulatory care sensitive conditions per 100,000 adult population	Aug 2012	28	N/A	N/A
PHQ16	Unplanned hospitalisation for asthma, diabetes and epilepsy per 100,000 under 19 population	Jul 2012	Asthma - 20	N/A	N/A
			Diabetes - 2		
			Epilepsy - 4		
PHQ17	Emergency admissions for acute conditions that should not usually require hospital admission per 100,000 adult population	Aug 2012	98	N/A	N/A
PHQ18	Patient Experience Survey	2011 / 2012	RSCH – 74.4	N/A	N/A
			King – 74.3		
			FPH – 78.2		
			ASPH – 71.3		
			SaSH – 69.5		
			ESHH – 73.5		

PHQ19	Referral to Treatment Pathways - admitted	Aug 2012	92.8%	>90%	Green
PHQ20	Referral to Treatment Pathways – non-admitted	Aug 2012	97.9%	>95%	Green
PHQ21	Referral to Treatment Pathways - incomplete	Aug 2012	95.6%	>92.5%	Green
PHQ22	Diagnostic Test waiting times	Aug 2012	0.6%	<1%	Green
PHQ23	A&E waiting time- Total Time in the A&E Department	Q2	RSCH – 96.1%	>95%	Green
			King – 97.0%		Green
			FPH – 94.9%		Red
			ASPH – 95.7%		Green
			SaSH – 98.5%		Green
			ESHH – 97.8%		Green
PHQ24	Cancer 2 Week Waits - all	Q1*	94.49%	>93%	Green
PHQ25	Cancer 2 Week Waits – breast symptoms	Q1*	88.54%	>93%	Red
PHQ26	MSA Breaches	Sep 2012	ESHH - 1	0	Red
			St Georges – 6		
PHQ27	HCAI measure (MRSA)	Sep 2012	3	Plan	Green
PHQ28	HCAI measure (Clostridium difficile infections)	Sep 2012	17	Plan	Green
PHQ29	VTE Risk Assessment	Q1	RSCH – 92.2%	>90%	Green
			King – 94.0%		
			FPH – 91.5%		
			ASPH – 90.4%		
			SaSH – 91.0%		
			ESHH – 92.3%		
PHQ30	Smoking Quitters	Q1	992	Plan	RED
PHQ31	Coverage of NHS Health Checks	Q1	Offered - 0.1%	Plan	RED
			Eligible – 0.1%		

* Q2 data released on 30th November

KEY

RSCH	Royal Surrey County Hospital NHS Foundation Trust
King	Kingston Hospital NHS Trust
FPH	Frimley Park Hospital NHS Foundation Trust
ASPH	Ashford & St Peter's Hospitals NHS Foundation Trust
SaSH	Surrey and Sussex Healthcare NHS Trust
ESHH	Epsom & St Helier University Hospitals NHS Trust

NHS
Surrey

Update on QIPP Delivery 2012-13 for Health Scrutiny

NHS Surrey reported an amber rating to the SHA on the delivery of QIPP in the September submission. Although transformational milestones are generally on track we are reporting over-performance in contract activity within acute providers.

The QIPP Delivery Board is meeting on a weekly basis to proactively manage this and other risks to non-delivery of QIPP. Below is a snap shot of the QIPP dashboard that has now been finalised and is being utilised by CCG's at a local level as well as an assurance mechanism for the QIPP Delivery Board.

Month Ending Sep 2012

1 of 1 100% Find | Next

NHS Surrey QIPP Monitoring dashboard upto Sep 2012

CCG	Total Schemes	Schemes Achieving	Schemes Not Achieving	Year End Schemes	Annual Plan	YTD Planned	YTD Actual	% Achieved to YTD target
East Surrey CCG	65	40	7	5	(£7,886,274)	(£3,089,429)	(£1,562,482)	50.58
Guildford and Waverley	56	37	6	5	(£6,123,449)	(£2,178,252)	(£1,578,770)	72.48
Surrey Downs CCG	67	46	3	5	(£9,912,188)	(£4,064,764)	(£2,316,036)	56.98
North East Hampshire and Farnham CCG	52	33	6	6	(£1,889,451)	(£697,336)	(£643,955)	92.35
North West Surrey CCG	55	38	9	5	(£12,777,116)	(£4,146,630)	(£4,063,834)	98
Surrey Heath CCG	54	40	1	6	(£2,814,432)	(£1,028,328)	(£1,019,718)	99.16
					(£41,402,910)	**(£15,204,739)**	**(£11,184,796)**	**73.56**

As committees of the NHS Surrey Board, each Clinical Commissioning Group has now taken responsibility for its own performance reporting to the Board. This began at the September meeting and their papers are available as part of the Board papers published on the NHS Surrey website.

The responsibility for QIPP delivery now sits with CCGs, although accountability remains with NHS Surrey until March 2013. All CCG's have mechanisms in place within their localities to track actions that need to be taken, mitigate risks and ensure that all projects have named leads; both managerial and clinical. Staffing to support CCG's has picked up pace with vacancies being advertised and filled at pace.

Financial recovery plans (FRP)

Each CCG submitted their financial recovery plans in September, and NHS Surrey submitted a cumulative financial recovery plan to the SHA at the end of September which reflected the PCT and CCG's meeting the control totals.

Feedback from the SHA has highlighted a number of areas for improvement on the financial recovery plans. These include taking a medium to long term view, sharing plans and actions across Surrey, considering further contractual measures in managing the acute over performance, and implementation of a consistent approach to the application of CQUIN (Commissioning for Quality and Innovation) targets for each acute Trust. These FRPs are being re-worked in consideration of the above by the CCGs and the PCT will cluster the response and submit to the SHA on the 21 November 2012.

Key actions

- Comprehensive Project Briefs are developed for all QIPP Projects detailing clear milestones, timescales, and financial schedule to assure QIPP delivery and the planning process for 2013/14.

- Robust dashboards are used locally to monitor activity against contract performance.

- Ongoing scrutiny and consistent management of all budgets to minimise risk within these budgets during the period to 31 March 2013.

- As committees of the PCT Board, CCGs continue to report their recovery actions to Board meetings.

- Continual focus is required to establish new organisations; CCG structures need to ensure resource is available to support QIPP delivery.

Ali Kalmis
Director of QIPP and Contracts
NHS Surrey

8 November 2012

Health Scrutiny Committee
15 November 2012

Ways of Working

Purpose of the report: Policy Development

This report presents a new way of working for the HSC, starting in May 2013.

Introduction:

1. Each year, the five acute hospital trusts, ambulance trust and mental health trust in Surrey are required to submit what is known as a Care Quality Account (CQA). This is an account of their performance over the past year in terms of patient experience, safety and quality. It includes a set of priorities for the next year and an account of how the trust has met the priorities it set for itself in the previous year.

2. Health Scrutiny is governed by legislation and subsequent regulations. The last regulations were published in 2003. Following passage of the Health and Social Care Act 2012, a new set of regulations will be published in the new year. These regulations set out the duties of NHS bodies in terms of consulting local health overview & scrutiny committees (HOSCs) on service reconfigurations identified as 'substantial variation.' They also give the HOSC its power to refer matters to the Secretary of State.

3. The Health Scrutiny Committee has not previously had a robust process for responding to CQAs. It has also not had a protocol/working agreement between NHS bodies and the HSC with principles for consulting on 'substantial variation.' The implementation of the wide-ranging reforms in the Health and Social Care Act 2012 represents an excellent opportunity to renew and refresh the Health Scrutiny Committee, ensuring a credible, engaged HSC in future.

Care Quality Accounts

4. The NHS trusts in Surrey send their CQA to the Scrutiny Officer in the spring of each year. Previously, a simple email was sent thanking the

trust for sending the CQA and encouraging them to work with the HSC on any relevant scrutiny in the next year. This is recognised as not a robust way of responding and some trusts have expressed disappointment with the way in which the HSC engaged with them on CQAs in years past.

5. The CQA is a Department of Health requirement and can be a large document. Within it, the most important element for the HSC is the performance of the trust in relation to a set of priorities. Each year, the trust refreshes this and identifies key priorities for the next year. It is these priorities on which the HSC is asked to comment. It is also these priorities on which the HSC ought to monitor the trusts.

The Process

6. The process will begin in January/February 2013. Each trust will send through a simple template (**Annex 1**) setting out their initial thinking on what the priorities will be for the next year. For this first time, the documents will be shared with the whole HSC for any comment.

7. At the May 2013 meeting of the HSC, the Scrutiny Officer will invite members to join Member Reference Groups for each NHS trust, of which there are seven. It is suggested that, for the acute hospital trusts, members select the hospital nearest or within his/her division. The mental health trust and ambulance trust are county-wide so any member may join these groups. It is suggested that the groups be no more than four members and no fewer than two.

8. These MRGs will then be tasked with meeting with their trust throughout the year to monitor their priorities. The arrangements for the meetings will vary by trust with some coinciding with meetings of the Council of Governors or LINk, for example. The meetings will be arranged by the Scrutiny Officer and Committee Assistant. Each MRG will be expected to report back to the full Committee on this monitoring.

9. In January/February 2014, the template with emerging priorities will be sent through again. Rather than being sent to the whole HSC, each MRG will be responsible for reviewing it.

10. In spring 2014, when the draft CQAs come in for HSC comment, each MRG will be responsible for filling in the attached commentary (**Annex 2**). It sets out how the trust has engaged with the HSC over the year, any specific involvement on scrutiny topics or meetings and then allows the MRG (on behalf of the HSC) to provide specific comment on each of the trust's priorities for 2014/15.

11. The cycle will then start again in May 2014. Members may wish to remain on their respective MRGs or some may wish to move to another one. There may also be a change in membership of the Committee that will need to be addressed.

Consultation with NHS trusts

12. The Chairman and Scrutiny Officer have begun meeting with the relevant officers in each acute trust, the ambulance trust and the mental health trust to discuss the implementation of this process. Thus far, feedback has been positive and the trusts are encouraged that the HSC will be more directly involved in years to come.

Protocol

13. Health scrutiny relations with the NHS are governed by the NHS Act 2006 (as amended by the Health Social Care Act 2012) and subsequent regulations. The legislation and regulations set out specific duties of NHS bodies in consulting a HOSC on 'substantial variation' and what the HOSC can require of the NHS in carrying out its scrutiny functions. The Health and Social Care Act 2012 now confers powers directly onto the Council rather than the HOSC. New regulations will be published in the new year to reflect the changes to the health system in regards the new CCG commissioning arrangements.

14. Most local authority HOSCs have had in place a protocol, concordat or working agreement between it and the NHS bodies within its area. This document sets out general principles on how the HOSC will be consulted according to the regulations. There is no clear definition of 'substantial variation,' rather it is up to each NHS and HOSC to agree. As such, a protocol sets out some ground rules on how this will be dealt with, should a major service reconfiguration need to take place.

15. Surrey's HSC has not had such a protocol in place before now. There has not been occasion to need one, as there has not been the need for a large-scale public consultation on a major service reconfiguration. Now is the perfect time to put such a protocol in place, as it will be beneficial to establish a good working relationship with CCGs from the outset.

16. The protocol will cover proposals for service change made by commissioners and providers. As such, the protocol will be agreed with all CCGs, all acute hospital trusts, the ambulance trust and the mental health trust.

Consultation with NHS bodies

17. The Chairman and the Scrutiny Officer have discussed the setting of a protocol with the NHS trusts during discussions of the new CQA process. As with the CQAs, feedback has been positive.

18. The current version is in draft (this was sent to members as a background paper) and has not yet been shared with the relevant NHS bodies. When the Chairman and Scrutiny Officer have met with all NHS trusts, it will be shared with them when the templates for the CQA process are sent. This is likely to be in December or January.

19. There is an intention to set up introductory meetings with each CCG in February/March. Similar to the arrangements for the MRGs, members will be invited to attend an introductory meeting for the CCG that covers his/her division. More details on this will follow in the new year. The

protocol will be shared with the CCGs in January/February prior to these meetings.

Conclusions:

20. The implementation of a more robust process for responding to Care Quality Accounts and the setting of a protocol between the NHS and the Committee will add weight to the Committee's credibility.

21. Some Trusts have expressed disappointment with the level of engagement they have had with the HSC in years past, specifically on CQAs. They have welcomed the new process and its higher level of member engagement.

22. While the lack of a protocol has not been a detriment to the Committee in the past, the setting of one now puts the Committee on good ground with the NHS in the years to come should any large-scale reconfiguration occur.

23. The intention for the signing of the Protocol will be a public event with all NHS trust Chief Executives, all CCG Accountable Officers, the Chairman of the Committee and the Head of Democratic Services. There will be liaison with Surrey's Communications team in an effort to get press coverage and raise the profile of the Committee.

Recommendations:

24. The Committee is asked to endorse the new process for handling Care Quality Accounts and the development of a Protocol.

Next steps:

December 2012 – draft Protocol and CQA templates shared with NHS trusts
January/February 2013 – draft Protocol shared with CCGs
January/February 2013 – first emerging priorities documents are sent in
February/March 2013 – introductory meetings with CCGs are held
March 2013 – Protocol signed
1 April 2013 – CCGs take on commissioning responsibilities
May 2013 – Council elections
May 2013 – first meeting of new Health Scrutiny Committee, formation of CQA MRGs

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Report contact: Leah O'Donovan, Scrutiny Officer, Legal & Democratic Services

Contact details: 020 8541 7030; leah.odonovan@surreycc.gov.uk

Sources/background papers:

TRUST NAME:

Stakeholder engagement undertaken for QA priorities for 2013/14 (include here user groups, staff groups, FT members and governors)

Emerging priority areas

Probable priorities for 2013/14 (include here priorities which the Trust already believes it will confirm for 2013/14)

2012/13 priorities to be retained

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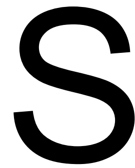
ANNEX 2



QUALITY ACCOUNTS 2013 - 2014

SURREY COUNTY COUNCIL
HEALTH SCRUTINY COMMITTEE

COMMENTARY

Introduction
This is the review of quality issues with the Trust throughout the year (2013/14) and engagement with the Quality Account.

TRUST NAME:

DATE:

SIGNATURE: **Chairman, Health Scrutiny Committee**

PURPOSE OF REPORT: This commentary reflects the views (and supporting evidence, where available) of Surrey County Council Health Scrutiny Committee (HSC) for the period April 2013 – March 2014

Quality of engagement with Surrey County Council **Quality Account Engagement**

Health Scrutiny Committees (HSC) attended & contribution •

Scrutiny Support •

PRIORITY 1:

Health Scrutiny Committee (HSC) comments:

PRIORITY 2:

Health Scrutiny Committee (HSC) comments:

PRIORITY 3:

Health Scrutiny Committee (HSC) comments:

PRIORITY 4:

Health Scrutiny Committee (HSC) comments:

PRIORITY 5:

Health Scrutiny Committee (HSC) comments:

PRIORITY 6:

Health Scrutiny Committee (HSC) comments:

PRIORITY 7:

Health Scrutiny Committee (HSC) comments:

PRIORITY 8:

Health Scrutiny Committee (HSC) comments:

PRIORITY 9:

Health Scrutiny Committee (HSC) comments:

PRIORITY 10:

Health Scrutiny Committee (HSC) comments:

Health Scrutiny Committee
15 November 2012

Recommendations Tracker and Forward Work Programme

Purpose of the report: Scrutiny of Services and Budgets/Policy Development and Review

The Committee will review its Recommendation Tracker and Forward Work Programme and consider whether further scrutiny is needed in the area of hospital appointment times.

Summary:

1. A recommendations tracker recording actions and recommendations from previous meetings is attached as **Annex 1**, and the Committee is asked to review progress on the items listed.

2. The current work programme of items for future meetings is attached as **Annex 2**, and the Committee is asked to review the items scheduled and suggest any further topics for consideration.

Recommendations:

3. The Committee is asked to monitor progress on the implementation of recommendations from previous meetings and to review its Forward Work Programme.

Report contact: Leah O'Donovan, Scrutiny Officer, Democratic Services

Contact details: 020 8541 7030, leah.odonovan@surreycc.gov.uk

Sources/background papers: None

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ANNEX 1

HEALTH SCRUTINY COMMITTEE
ACTIONS AND RECOMMENDATIONS TRACKER – UPDATED 2 NOVEMBER 2012

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 Select Committee. 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. The next progress check will highlight to members where actions have not been dealt with.

Select Committee Actions & Recommendations

Number	Item	Recommendations/ Actions	Responsible Member (officer)	Comments	Due completion date
SC001	CCG update [Item 8]	A future session be held between the Committee and CCG leads in order to build an agreed way of working prior to 2013.	Leah O'Donovan	Introductory meetings will be held in the new year	*March 2013*
SC002	Review Of Major Trauma Unit Designation [Item 7]	That the Committee receives updates via email regarding the outcome of further reviews at RSCH and SASH	Helena Reeves	Information on SASH is expected shortly	*January 2013*
SC004	District and borough co-optee report [Item 10]	Protocol to be sent to HOSC Members.	Bryan Searle	Work is ongoing.	*TBC*
SC005	District and borough co-optee report [Item 10]	Protocol to be sent to all Leaders of Boroughs and Districts to determine their own local arrangements.	Bryan Searle	Work is ongoing.	*TBC*

Number	Item	Recommendations/ Actions	Responsible Member (officer)	Comments	Due completion date
SC006	Health Scrutiny Committee annual survey and report [Item 11]	That the HOSC consider producing an annual report to Council detailing performance.	Leah O'Donovan	This will be considered for next year.	*March 2013*
SC007	Surrey County Council Cabinet Members for Adult Social Care and Health priorities and performance update [Item 11]	The Public Health strategy comes to the next appropriate meeting, including financial aspects and outline spending plans.	Dr Akeem Ali	TBC	*TBC*
SC008	Mental Health Crisis Line Review update [Item 12]	The HOSC receives a further report at the next appropriate meeting, on 1. Outcomes of the carers meetings once they are complete; 2. Review of the acute care pathway; and 3. Any further user surveys.	Mandy Stevens/ Rachel Hennessy	TBC	*TBC*
SC011	Surrey Healthwatch Development [Item 7]	The Healthwatch specification document be shared with the Committee at the earliest opportunity, with consideration given to a workshop or Committee agenda item to collate Committee comments.	Assistant Director for Health and Wellbeing, Scrutiny Officer	A workshop is being scheduled for October.	*November 2012*
SC012	Stroke Pathway [Item 6]	LINk and officers from the Surrey Heart and Stroke Network, come back to a future meeting to discuss the outcomes of the stroke project.	Scrutiny Officer/LINk/Surrey Heart & Stroke Network	This has been added to the Work Programme for January 2013.	*January 2013*

Number	Item	Recommendations/ Actions	Responsible Member (officer)	Comments	Due completion date
SC013	Development of Virtual Wards [Item 8]	An update come back to the Committee in a year to show progress and performance: the benefits and reductions in A&E admissions.	Scrutiny Officer	This will be added to the Work Programme once 2013 meeting dates are known.	*May 2013*
SC014	Quality, Innovation, Productivity And Prevention programme and performance monitoring [Item 9]	The next QIPP/Performance item include a report on the readiness of the county's CCGs.	Justin Dix		*November 2013*
		COMPLETED ITEMS			
SC013	Epsom and St Helier Hospital Transaction Update [Item 9]	The full business case is circulated to the Committee when it is finalised.	CEO - Epsom & St Helier Hospitals NHS Trust, Scrutiny Officer	No longer needed due to halting of merger	*COMPLETE*

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Health Scrutiny Committee Draft Work Programme (last updated 2 November 2012)
ANNEX 2

Date	Item	Why is this a Scrutiny Item?	Contact Officer	Additional Comments
January 2013				
24 Jan	NHS Surrey and CCG One Plan and QIPP Update	Scrutiny of Services – Surrey One Plan is a standing item for the Committee due to the significant transformational and transactional changes cited within the document.	Ali Kalmis and at least two CCG leads	
24 Jan	Development of Services for the Frail and Elderly and those with Long Term Conditions or requiring End of Life Care	Service Development - This issue is a CQUIN priority target for NHS Surrey and an update was requested at the July 2011 meeting, specifically on the End of Life Care (EoLC) QIPP workstream. Older People and End of Life Care are both key issues and it is important that Members contribute to the redesign, commissioning and delivery of services.	Akeem Ali Maggie Ioannou	
24 Jan	Unplanned Care	Scrutiny of Services –Unplanned care rates was identified as a QIPP priority for NHS Surrey and an update was requested at the July 2011 meeting of the Committee.	Maggie Ioannou Acute representative	
24 Jan	Ambulatory Care Pathways	Scrutiny of Services – Admission rates and unplanned care continue to be key areas for scrutiny. Ambulatory Care has been identified as a 2012/13 commissioning priority by NHS Surrey.	Maggie Ioannou Acute representative	
24 Jan	Stroke Pathway LINk Project	Scrutiny of Services – LINk will report back on its findings from a project looking at current provision of post-stroke rehabilitation in Surrey. Surrey Heart & Stroke Network will also attend to update on its work.	Jane Shipp Liz Patroe/Dr Carl Long/Felicity Dennis	

Health Scrutiny Committee Draft Work Programme (last updated 2 November 2012)
ANNEX 2

Date	Item	Why is this a Scrutiny Item?	Contact Officer	Additional Comments
		March 2013		
14 Mar	SECAmb Performance Deep Dive	Scrutiny of Services – The Committee agreed at its July meeting to select two or three geographic areas in the county in which to perform a deep dive scrutiny of SECAmb performance.	Geraint Davies, SECAmb	
14 Mar	Performance Review of Patient Transport Services	Scrutiny of Services – SECAmb was awarded the contract for patient transport services, beginning in October 2012. LINk requested the Committee to review performance on this contract.	Geraint Davies, SECAmb	
14 Mar	Epsom De-merger Update	Scrutiny of Services – Epsom & St Helier Hospitals has a go-live date of 1 April 2013 for the de-merger of the two hospitals and merger of Epsom Hospital with Ashford & St Peter's Hospital. The Committee has been monitoring this and will scrutinise final plans prior to their implementation.	Andrew Liles, CEO, ASPH Matthew Hopkins, CEO, ESHH	
14 Mar	Extending Patient Choice NHS Surrey Priorities Any Qualified Provider (AQP) community services	Scrutiny of Services – The first wave of AQP community care priorities are Improving Access to Psychological Therapies (IAPT), Children's Wheelchair Services and Diagnostics. The aim of this item is for the Committee to understand how the role of AQP for these services will benefit each individually and what work has been undertaken to establish whether the marketplace is ready to deliver these services locally e.g. in terms of patient choice and competition.	Marion Heron, Associate Director of Community & Continuing Healthcare Services & Contract Management	

Task and Working Groups

Group	Membership	Purpose	Reporting dates

Health Scrutiny Committee Draft Work Programme (last updated 2 November 2012)
ANNEX 2

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