

## Notice of Meeting

# Health Scrutiny Committee



**Date & time**  
**Thursday, 14**  
**November 2013**  
**at 10.00 am**

**Place**  
Ashcombe Suite,  
County Hall, Kingston  
upon Thames, Surrey  
KT1 2DN

**Contact**  
Ross Pike or Victoria Lower  
Room 122, County Hall  
Tel 020 8541 7368 or 020  
8213 2733

**Chief Executive**  
David McNulty

ross.pike@surreycc.gov.uk or  
victoria.lower@surreycc.gov.uk

**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 9122, 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 [ross.pike@surreycc.gov.uk](mailto:ross.pike@surreycc.gov.uk) or [victoria.lower@surreycc.gov.uk](mailto:victoria.lower@surreycc.gov.uk).**

**This meeting will be held in public. If you would like to attend and you have any special requirements, please contact Ross Pike or Victoria Lower on 020 8541 7368 or 020 8213 2733.**

### **Members**

Mr Bill Chapman (Chairman), Mr Ben Carasco (Vice-Chairman), Mr W D Barker OBE, Mr Tim Evans, Mr Bob Gardner, Mr Tim Hall, Mr Peter Hickman, Mrs Tina Mountain, Mr Chris Pitt, Mrs Pauline Searle, Mr Richard Walsh and Mrs Helena Windsor

### **Co-opted Members**

Dr Nicky Lee, Rachel Turner, Karen Randolph

### **Substitute Members**

Graham Ellwood, Pat Frost, Marsha Moseley, Chris Norman, Keith Taylor, Alan Young, Victoria Young, Ian Beardsmore, Stephen Cooksey, Will Forster, David Goodwin, Stella Lallement, John Orrick, Nick Harrison, Daniel Jenkins, George Johnson.

### **Ex Officio Members:**

Mr David Munro (Chairman of the County Council) and Mrs Sally Ann B Marks (Vice Chairman of the County Council)

## **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 NHS bodies to secure hospital and community health services to the inhabitants of the authority's area;
- the provision of both private and NHS services to those inhabitants;
- the provision of family health services, personal medical services, personal dental services, pharmacy and NHS ophthalmic services;
- the public health arrangements in the area;
- 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 plans, strategies and decisions of the Health and Wellbeing Board;
- 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 Healthwatch under the Health and Social Act 2012;
- 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: 18 SEPTEMBER 2013**

(Pages 1  
- 8)

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 (8 November 2013).
2. The deadline for public questions is seven days before the meeting (7 November 2013).
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 DEVELOPMENT OF SERVICES FOR THE FRAIL AND ELDERLY**

Presentation

**Purpose of report:** Scrutiny of Services/Policy Development

The Frail/Elderly pathway has been identified as a key priority County-wide. Issues include the unnecessary admission of care home residents into hospital. Hospitals and CCGs have been developing key workstreams around improving the pathway. It is important for the Committee to scrutinise current services and contribute to the development and commissioning of new services and pathways.

- 7 POST-STROKE REHABILITATION UPDATE** (Pages 9 - 12)
- Purpose of report:** Scrutiny of Services/Policy Development
- In 2012, the Committee commissioned Healthwatch's predecessor, LINK, to undertake a project on the accessibility and quality of post-stroke rehabilitative care in the county. They made their report in March 2013 and developed an action plan that passed to Healthwatch for their continued work. The Committee will scrutinise progress so far in implementing the improvements suggested in the action plan.
- 8 HEALTH & WELLBEING BOARD UPDATE** (Pages 13 - 118)
- Purpose of report:** Scrutiny of Services
- To update the Committee on the continued development and work of Surrey's Health and Wellbeing Board.
- 9 REPORT OF QUALITY ACCOUNT MEMBER REFERENCE GROUPS** Verbal Update
- Purpose of report:** Scrutiny of Services
- The Committee will receive mid-year update reports from each of the NHS Trust Quality Account Member Reference Groups (QA MRGs). Focus will be on A&E performance and the stroke pathways.
- 10 RECOMMENDATION TRACKER AND FORWARD WORK PROGRAMME** (Pages 119 - 130)
- The Committee is asked to monitor progress on the implementation of recommendations from previous meetings, and to review its Forward Work Programme.
- 11 DATE OF NEXT MEETING**
- The next meeting of the Committee will be held at 10am on 9 January 2014.
- Following the meeting today there will be a private Committee budget workshop to consider the Public Health budget. This will begin at 2pm in the Ashcombe Suite.

**David McNulty**  
**Chief Executive**

Published: Wednesday, 6 November 2013

## MOBILE TECHNOLOGY – ACCEPTABLE USE

Use of mobile technology (mobiles, BlackBerries, etc.) in meetings can:

- Interfere with the PA and Induction Loop systems
- Distract other people
- Interrupt presentations and debates
- Mean that you miss a key part of the discussion

**Please switch off your mobile phone/BlackBerry for the duration of the meeting.** If you wish to keep your mobile or BlackBerry switched on during the meeting for genuine personal reasons, ensure that you receive permission from the Chairman prior to the start of the meeting and set the device to silent mode.

*Thank you for your co-operation*

This page is intentionally left blank

**MINUTES** of the meeting of the **HEALTH SCRUTINY COMMITTEE** held at 10.00 am on 18 September 2013 at Ashcombe Suite, County Hall, Kingston upon Thames, Surrey KT1 2DN.

These minutes are subject to confirmation by the Committee at its meeting.

**Elected Members:**

Mr Bill Chapman (Chairman)  
Mr Ben Carasco (Vice-Chairman)  
Mr W D Barker OBE  
Mr Tim Evans  
Mr Tim Hall  
Mr Peter Hickman  
Mrs Tina Mountain  
Mr Chris Pitt  
Mrs Pauline Searle  
Mr Richard Walsh  
Mrs Helena Windsor

**Independent Members**

Borough Councillor Karen Randolph  
Borough Councillor Mrs Rachel Turner

**Apologies:**

Mr Bob Gardner  
Borough Councillor Nicky Lee

**31/13 APOLOGIES FOR ABSENCE AND SUBSTITUTIONS [Item 1]**

Apologies were received from Bob Gardner and Nicky Lee.

**32/13 MINUTES OF THE PREVIOUS MEETING: 4 JULY 2013 [Item 2]**

These were agreed as an accurate record of the meeting.

**33/13 DECLARATIONS OF INTEREST [Item 3]**

There were no declarations of interests.

**34/13 QUESTIONS AND PETITIONS [Item 4]**

There were no questions or petitions to report.

**35/13 CHAIRMAN'S ORAL REPORT [Item 5]**

**Declarations of interest:** None.

**Witnesses:** None.

**Key points raised during the discussion:**

1. The Chairman provided the following oral report:

"I am delighted to welcome Ross Pike as our new Scrutiny Officer. Ross joined us in early August, having previously served in Children's Social Care Commissioning. I would also like to formally welcome Karen Randolph to the Committee as a new co-opted Borough Councillor.

With Leah or Ross I have now completed a first pass of familiarisation meetings with the relevant organisations. These include the 5 Acute Hospitals, the 6 Clinical Commissioning Groups, the 3 Community Care providers, SECamb the Ambulance Service provider, the Surrey and Borders Mental Health care provider, Healthwatch Surrey, NHS South East England and Public Health South East England. I have also attended a public meeting of the Surrey Health and Wellbeing Board.

The work-up of the Better Service, Better Value proposal which would impact Epsom Hospital has been suspended over the Summer. Ross will be attending a meeting of Officers soon as work resumes.

Another significant change to the health service experience for Surrey residents would be the possible take-over by Frimley Park Hospital of Heatherwood and Wexham Park Hospitals. This possibility is still under evaluation by Frimley Park Management.

Finally, Peter Hickman and I are meeting with the directors of Epsom & St. Helier NHS Trust to discuss their plans for Sutton Hospital this afternoon. Members are welcome to attend if they are interested."

**Recommendations:**

None.



**Actions/further information to be provided:**

None.

**Committee Next Steps:**

None.

**36/13 NHS 111 SERVICE [Item 6]**

**Declarations of interest:** None.

**Witnesses:**

Cliff Bush, Surrey Coalition of Disabled People  
 Mark Bounds, Chief Officer, East Surrey Clinical Commissioning Group (CCG)  
 Sam Stanbridge, Director of Commissioning and Engagement, East Surrey CCG  
 Jenny Cooke, Senior System Improvement Lead, NHS Surrey and Sussex Commissioning Support Unit  
 Anouska Adamson-Parks, 111 Project Director, South East Coast Ambulance Service  
 Jane Shipp, Surrey Healthwatch

**Key points raised during the discussion:**

1. The Committee was informed that a number of difficulties had been encountered in the first months following the NHS 111 Service “soft launch” in April 2013. The forecast activity profile had proven incorrect, with a lack of preparedness for the types of calls the service received. It was also highlighted that the staffing structure had not been reflective of demand, and that a number of management and staff retention issues impacted on service delivery. The Committee was informed that a number of rectification plans had been put in place, and that a marked improvement had been made in the two Key Performance Indicators (KPI).
2. Officers from East Surrey CCG commented that they had seen a definitive improvement in the performance of the NHS 111 service, and recognised that South East Coast Ambulance Service (SECamb) had responded to the commissioner’s concerns.
3. The Committee was informed that NHS England had directed a national launch in April 2013, and that this had presented a number of challenges. Amongst these there was the fact that the NHS 111 service was replacing a number of services, that the geographical areas it was required to cover were not the same of those services it was replacing and that there had been a number of contracts previously. It was highlighted that officers did not believe that anyone had been placed at risk by this transition, but that it had created a series of difficulties in the launch of the new service.

4. The Committee questioned how the quality of advice offered was measured. It was explained that a GP Lead regularly reviews the service. In addition there was a clear complaints process which was monitored by clinical leads. The Committee was informed that GPs and other healthcare professionals were being encouraged to try the service for themselves as 'mystery patients' and that there had been positive feedback.
5. The Committee asked what pressures had been taken off acute services as a result of implementing the NHS 111 service. Officers commented that a complex series of factors contributed to increasing pressures on acute services. The Committee was informed that there was a need to build confidence in the 111 service and ensure that the appropriate care pathways were being signposted. It was highlighted that work was underway to consider how services were brought together on one site in order to improve patient flow between pathways. Officers also commented that the NHS 111 service was an effective way of highlighting where commissioning gaps may exist within Surrey.
6. The Committee discussed ways of improving public confidence in the NHS 111 service. The "soft launch" had seen a number of leaflets and posters produced. However, officers commented that a national launch to promote the service was still pending, and would be directed by NHS England.
7. Members questioned what extra resource had been put in place for the winter and potential staff sickness. It was clarified that SECamb had an occupational health plan, and that it had been felt that no additional resource would be required for NHS 111 over the winter. Officers highlighted a number of other measures in place to cope with additional demand for healthcare services during the winter months.
8. The Committee questioned what provision had been made for expanding capacity in the future. Officers confirmed that the 2 year contract had an option to increase resource by an approximate additional £1 million. However, it was stated that an over-capacity number of phone calls was not a key concern.
9. The Committee raised a series of questions in relation to calls which were abandoned or where there had been a referral to out of hours GP care and no follow up call had been made. Officers commented that the NHS 111 service would always investigate where particular issues in relation to this had occurred, and that it was a closely monitored area.
10. The Committee heard a number of concerns from witnesses regarding the NHS 111 service and the barriers experienced by young carers, those for whom English is a second language, and those receiving ongoing palliative care. The Committee was informed that the NHS 111 service made use of special patient notes, and is looking to improve access to clinical notes to improve how different care pathways worked together.

**Recommendations:**

- a) That it be noted that the Committee recognise the difficulty of the launch period of the NHS 111 service and the subsequent improvements made.
- b) That the NHS 111 service is encouraged to publicise its services in the future in order to improve public confidence. The Committee also look forward to the national launch of the service.
- c) That the NHS 111 service addresses concerns about access for minority groups.
- d) That the NHS 111 service work to improve the service for young carers and those in long-term palliative care.

**Actions/further information to be provided:**

Update to be provided to the Committee in six months time.

**Committee Next Steps:**

None.

**37/13 PATIENT TRANSPORT SERVICE UPDATE [Item 7]**

**Declarations of interest:** None.

**Witnesses:**

Mark Bounds, Chief Officer, East Surrey Clinical Commissioning Group (CCG)  
 Sam Stanbridge, Director of Commissioning and Engagement  
 East Surrey Clinical Commissioning Group  
 Anouska Adamson-Parks, 111 Project Director, South East Coast Ambulance Service  
 Cliff Bush, Surrey Coalition of Disabled People  
 Nick Markwick, Surrey Coalition of Disabled People  
 Sonya Seller, Adult Social Care, Surrey County Council  
 Tracey Coventry, Environment and Infrastructure, Surrey County Council  
 Jane Shipp, Surrey Healthwatch

**Key points raised during the discussion:**

1. The Committee heard from witnesses that there were a number of concerns relating to the Patient Transport Service (PTS). It was highlighted that there were issues with the clamping mechanism used in the vehicles and their appropriateness for wheelchair users. Representatives from South East Coast Ambulance (SECAmb) confirmed that a new wheelchair clamping mechanism was currently being tested and it was anticipated that this would be in use by October 2013. The Committee expressed serious concerns that the issue had not been resolved in the six month period leading up to the contract's start on 1 April 2013. Officers commented that there was currently limited provision for recording detailed notes on the requirements for individual patients.

2. The Committee was informed that there were concerns about the punctuality of PTS, in particular relating to out-patient appointments. The view was expressed by witnesses that the Key Performance Indicator (KPI) of 45 minutes before or 15 minutes after the scheduled appointment meant that many patients were not arriving at hospital in a timely fashion. Further to this, many patients returned having missed their homecare due to lateness. The Committee commented that this was not acceptable, and that greater efforts should be made by PTS to identify where people were likely to miss their home care arrangements. It was also highlighted that drivers were not contacting patients when they were running late. Representatives from SECamb commented that they were encouraging drivers to do so. However, the Committee expressed the view that phoning should be mandatory.
3. The Committee was informed that the complaints process for PTS required a number of details to be provided before SECamb would investigate. This could sometimes prove difficult for patients to recall. Representatives from SECamb confirmed that the name and date would be the only thing required in order for them to investigate.
4. The Committee was informed that SECamb was working with the acute Trusts to improve the provision of transport for late hospital discharges. It was recognised that often a number of these bookings were last minute. Officers from Surrey County Council highlighted the work of the recent Rapid Improvement Event (RIE) around acute hospital discharge and that there were significant changes being made to the discharge process. It was confirmed that multi-disciplinary teams would now be in place on hospital wards to support discharge pathways. The Committee was informed that services were encouraging patients to discuss and consider what transport options were available to them in order to reduce the number of staff automatically using the PTS. It was also highlighted that officers were working with the Red Cross and other local services to ensure that suitable home care would be provided to patients returning from hospital. It was confirmed by officers that the timeline for delivering these changes was by winter 2013.
5. The Committee asked when it was expected that SECamb would demonstrate an improvement against their Performance Improvement Plan. Officers from East Surrey CCG commented that it was expected that an improvement would be seen by the end of October 2013.
6. The Committee thanked the witnesses for their attendance and contributions to the item.

**Recommendations:**

- a) That it be noted that the Committee is deeply appalled by the lack of suitability of the Patient Transport Service in transporting disabled people. It is urged that all partners work together to ensure that issues in wheelchair transportation are resolved as a matter of urgency.
- b) That SECamb ensure that drivers give fair warning of lateness as mandatory practice.

- c) That SECAMB ensure that they respond to and investigate complaints
- d) That SECAMB and other partners work to ensure a consistent quality of service across the county
- e) That it be noted that the Committee welcome the work undertaken as part of the Rapid Improvement Event, especially as it will support disabled people with discharge from acute hospital services

**Actions/further information to be provided:**

The Chairman of the Health Scrutiny Committee to meet with SECAMB to monitor the progress of the issues highlighted.

The Committee to scrutinise progress in three months time.

**Committee Next Steps:**

None.

**38/13 RECOMMENDATION TRACKER AND FORWARD WORK PROGRAMME [Item 8]**

**Declarations of interest:** None.

**Witnesses:** None.

**Key points raised during the discussion:**

1. The Committee noted its recommendations tracker and forward work programme. There were no further comments.

**Recommendations:**

None.

**Actions/further information to be provided:**

None.

**Committee Next Steps:**

None.

**39/13 DATE OF NEXT MEETING [Item 9]**

The Committee noted that its next meeting would be 14 November 2013 at 10am.

Meeting ended at: 12.10 pm

---

**Chairman**

This page is intentionally left blank



## Report to Health Scrutiny Committee

### Post Stroke Rehabilitation Progress Update

14 November 2013

#### Introduction

Following the publication of the Stroke Pathway Project Report Healthwatch in April 2013 has continued to engage with Clinical Commissioning Groups (CCGs), commissioners and providers in Surrey on the recommendations for action in the report. Healthwatch has shared the report widely and had discussions to reinforce the importance of the service for stroke survivors, carers and their families post discharge from acute hospital. We have found that CCGs, in their early stages of development, have begun to look at commissioning for stroke and long term conditions, the intention is that the report will influence the commissioning process.

Healthwatch can report progress with the following organisations.

#### Stroke Association

“The report was well received both within our own association and with our Commissioner, in our view it is an on-going piece of work and not time limited. The Stroke Association would like to thank you and Healthwatch for all your efforts in the last few months in trying to improve the services and support for stroke survivors in Surrey”

The Stroke Association has not seen any immediate increase in commissioning capacity.

Report recommendation – Increase the number/hours of Stroke Association Care Support Workers in the localities.

Action - Jean Boddy Surrey County Council (SCC) commissioner will have increasing capacity on the agenda for discussion with CCG commissioners in January 2014.

#### East Surrey CCG

Report highlighted - the patient experience of discharge from East Surrey Hospital, lack of a psychology service and limited availability of community rehabilitation.

Action – Karen Devanny (Director of Nursing & Quality) and Dr Jo Osborne will be visiting the stroke services at East Surrey Hospital in November 2013.

#### First Community Health

Report highlighted -The availability of community rehabilitation in the east of Surrey is limited.

Action – Samantha Stanbridge at East Surrey CCG has the options for the delivery of the community rehabilitation service from First Community Health for consideration.

#### NW Surrey CCG

Report recommendations – To commission using the Royal College of Physicians clinical guidance, to ensure stroke registers are in place, support plans for seamless discharge from acute to community care, a service capable of delivery of stroke rehabilitation at home.

Action – The CCG has a draft Strategic Commissioning Plan with the above report recommendations in it as some of the key changes to the current model commissioning.



## Summary

There is progress taking place with improvements in the experiences for people on the ground beginning to be part of commissioning plans but continued monitoring of progress will be required to ensure this happens. What the report has done is raise awareness of the experience of stroke survivors, families and carers widely. It has been featured in Healthwatch England's first annual report to parliament, Katherine Rake OBE, Chief Executive of Healthwatch England said "The work done by Surrey highlights the very real difference local Healthwatch are making on the ground, both in hospitals and in the community, they have been able to provide commissioners and providers with insight into how to develop people shaped services".

Healthwatch Surrey

This page is intentionally left blank



Health Overview and Scrutiny Committee  
14 November 2013

**Update from Surrey's Health and Wellbeing Board**

**Purpose of the report:** Scrutiny of Services and Budgets

To update the Committee on the continued development and work of Surrey's Health and Wellbeing Board.

**Introduction:**

1. The Health and Social Care Act 2012 introduced a new role for local authorities in the co-ordination, commissioning and oversight of health and social care, public health and health improvement.
2. The changes represent the most significant reform of the leadership and management of the health and health care system for a generation. Effective from 1 April 2013, the four main strands of the Council's new responsibilities are:
  - The creation of a Health and Wellbeing Board;
  - The transfer of public health and health improvement functions to the Council (from the Primary Care Trust);
  - The expansion of the scope of the current health and social care scrutiny function; and
  - The establishment of local Healthwatch.
3. This report focuses on the Health and Wellbeing Board which the Health and Social Care Act 2012 introduced as a committee of all upper tier local authorities from April 2013 with the intention for the Board to be a forum for collaborative local leadership in the area with three main functions:
  - To assess the needs of the local population through the joint strategic needs assessment process;
  - To produce a local health and wellbeing strategy as the overarching framework within which commissioning plans are developed for health services, social care, public health, and other services which the Board agrees are relevant; and

- To promote greater integration and partnership, including joint commissioning, integrated provision, and pooled budgets where appropriate.
4. Surrey was granted 'early implementer' status and a shadow Health and Wellbeing Board, co-chaired by Councillor Michael Gosling and Dr Joe McGilligan, was established in 2011. These arrangements were formalised in April 2013.

### Surrey's Health and Wellbeing Board – progress since April 2013

5. Surrey's Health and Wellbeing Board ('the Board') met formally for the first time on **4 April 2013**. At this meeting, amongst other items, the Board discussed and approved:

- **The Board's Terms of Reference and Membership of the Board**  
The Terms of Reference for the Board set out the key principles and functions of the Board, and state its shared purpose to be:

*"Through mutual trust, strong leadership, and shared values, we will improve the health and wellbeing of Surrey people".*

Membership of the Board includes a number of statutory roles (elected Members from the County Council, representatives of Surrey's six Clinical Commissioning Groups, the County Council's Directors of Adult Social Care, Children, Schools and Families, and Public Health, and a representative of Healthwatch Surrey). In addition the Board, agreed to invite three representatives of the County's District and Borough Councils on to the Board (one Chief Executive and two elected Members). This membership has since been extended to include the Chief Constable of Surrey Police (see paragraph 7).

- **Surrey's Joint Health and Wellbeing Strategy**  
Following extensive consultation and engagement with a wide range of stakeholders, Surrey's Joint Health and Wellbeing Strategy (Annex A) was developed setting out five priorities for improving health and wellbeing in Surrey (Improving children's health and wellbeing; Developing a preventative approach; Promoting emotional wellbeing and mental health; Improving older adults' health and wellbeing; and Safeguarding the population).

The Board also received a presentation from the Director of Public Health on Surrey's **Joint Strategic Needs Assessment and an update from Surrey Healthwatch**.

- **A forward work programme** for the Board  
At the heart of its work programme, the Board agreed to tackle and agree action plans for each of the five priorities set out in Surrey's Joint Health and Wellbeing Strategy in turn starting with the Emotional Wellbeing and Mental Health Priority at its meeting in June 2013.

#### Surrey's Joint Health and Wellbeing Strategy

*"Through mutual trust, strong leadership, and shared values, we will improve the health and wellbeing of Surrey people"*

**JOINT  
STRATEGIC  
NEEDS  
ASSESSMENT  
SUMMARY**

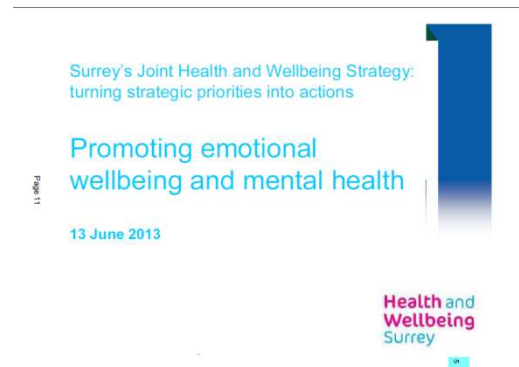
Health and Wellbeing  
Surrey

Health and Wellbeing  
Surrey

6. Following an informal private workshop held in May 2013, the Health and Wellbeing Board met formally for the second time on **13 June 2013**. The key items examined by the Board were:

➤ **The Emotional Wellbeing and Mental Health priority action plan**

The Board approved the Joint Health and Wellbeing Strategy action plan for the Emotional Wellbeing and Mental Health priority which was presented jointly by leads from North East Hampshire and Farnham Clinical Commissioning Group (as leads on behalf of all of the Clinical Commissioning Groups) and Surrey County Council. The attached slides (Annex B) show the plan which is set out under four key themes (an integrated systems pathway/strategy; accommodation and employment; inequalities and stigma; and governance).



➤ An update from the **Better Services Better Value (BSBV)** programme

The Board received an update from the BSBV programme team enabling the Board to understand the latest position, raise any concerns and ask questions about the proposals.

➤ An update on **local health and wellbeing groups**

The Board received a presentation describing the progress that was being made in each district / borough in developing local health and wellbeing arrangements.

7. Further informal private workshops of the Board were held in July and August with a focus on developing an agreed approach to implementing the 'improving children's health and wellbeing' priority. At its formal meeting on **5 September 2013** the Board discussed:

➤ **The Improving Children's Health and Wellbeing priority action plan**

The Board endorsed the proposed approach to implementing the Improving Children's Health and Wellbeing priority action plan which was presented jointly by leads from Guildford and Waverley Clinical Commissioning Group (as leads on behalf of all of the Clinical Commissioning Groups) and Surrey County Council. The attached slides (Annex C) set out the proposed approach under nine key themes (mental health and emotional wellbeing; accident and emergency admissions and out of hours services; healthy behaviours; early help; complex needs; commissioning for children; domestic abuse – including underlying factors; risky behaviours; and shared understanding of need).



➤ **Aligning commissioning plans / cycles**

Representatives of each of the Clinical Commissioning Groups (CCGs) and the County Council's Public Health, Children, Schools & Families and Adult Social Care Directorates gave a presentation to the Board on commissioning priorities and plans for each of their organisations / services. The priorities of each organisation were discussed in further detail along with planning timescales.

The purpose of the item was to share at a headline level the commissioning planning timeframes and key commissioning priorities / intentions of each of the Clinical Commissioning Groups and Surrey County Council and in doing so, help to highlight opportunities, gaps and challenges for the Board in implementing the Joint Health and Wellbeing Strategy.



➤ **Healthwatch Surrey**

The Board received a presentation updating on the progress that has been made in the development of Healthwatch Surrey as a new independent organisation that aims to give people a voice to improve and shape services and help them get the best out of health and social care services.

➤ **Board Membership**

The Board agreed to extend its membership by inviting the Chief Constable of Surrey Police onto the Board.

8. In addition to the progress that the Board has made through its formal meetings and informal workshops, further work has been undertaken to raise the profile of the work of the Board and engage partners and the public. This includes:

➤ **Engagement with District and Boroughs**

Recognising the significant role that the District and Borough Councils play in improving the health and wellbeing of residents, a programme of workshops has been developed specifically aimed at sharing best practice and identifying actions the District and Borough Councils are taking to contribute to the implementation of each of the Joint Health and Wellbeing Strategy priorities. Two of these workshops have been held already focussing on Emotional Wellbeing and Mental Health and Children's Health and Wellbeing.

➤ **Engagement sessions at each Board meeting**

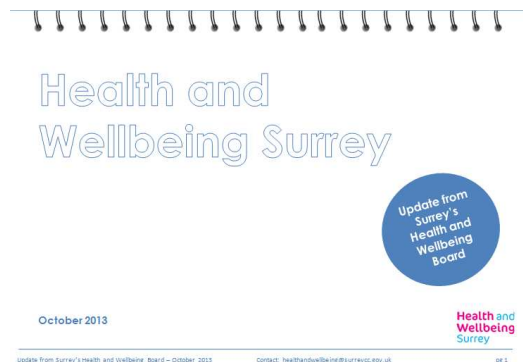
Time has been allocated at each of the formal meetings for members of the public to ask questions on the issues that have been discussed as part of the agenda. This is in addition to opportunities the public have to submit questions in advance, serve petitions and questions from County Councillors.

➤ **[www.healthysurrey.org.uk](http://www.healthysurrey.org.uk)**

A dedicated website has been developed to provide a single source of information for residents and stakeholders about health and wellbeing in Surrey. The website will be used to run public health campaigns, publish updates from and information about the Health and Wellbeing Board, and provide news and events taking place across Surrey.

➤ **Public updates from the Health and Wellbeing Board**

Following feedback received from a member of the public at the formal meeting in June 2013, the Board began to publish summaries of their meetings (both informal and formal meetings) to help keep residents and stakeholders up to date with the work of the Board. Copies of these updates are attached to this report (Annex D).



**Surrey's Health and Wellbeing Board – next steps**

9. Discussions have already begun to develop an agreed approach to implementing the Improving Older Adults' Health and Wellbeing priority – an informal private workshop was held in October with a further session planned for November. An action plan for the priority will be presented to the Board at its next formal meeting on 12 December 2013.
10. At its formal meetings in March 2014 and June 2014, the Board is due to discuss and agree priority action plans for the remaining two priorities (Developing a preventative approach and Safeguarding the population).
11. Progress updates on the implementation of each of the priorities will be presented to the Board starting with Emotional Wellbeing and Mental Health and Children's Health and Wellbeing at the formal meeting in March 2014.

**Conclusions:**

12. In the first six months since being formally constituted, Surrey's Health and Wellbeing Board has made significant progress. Building on the wide ranging engagement undertaken prior to April 2013, a continued focus on developing a genuine partnership approach has resulted in strong and maturing relationships between Board members and a culture of trust and respect which has enabled the Board to have healthy, challenging discussions and debates around key issues.
13. The Board has agreed a Joint Health and Wellbeing Strategy for Surrey, built upon a robust evidence base from the Joint Strategic Needs Assessment and extensive engagement of stakeholders and residents. Work has begun to translate the Strategy into actions focusing on how Board members can work together to improve health and wellbeing outcomes for Surrey's residents.
14. Strong foundations have been laid which make the Board well placed to tackle the big challenges which will need to be overcome over the coming months and years to continue to improve health and wellbeing across Surrey.

## Recommendations:

15. The Health Overview and Scrutiny Committee is asked to:
- note the progress made in developing Surrey's Health and Wellbeing Board and the implementation of Surrey's Joint Health and Wellbeing Strategy; and
  - use the monthly updates from the Health and Wellbeing Board to help keep up-to-date with progress.

## Next steps:

- As described in paragraphs 9-11 above.

-----  
**Report contact:** Justin Newman, Health & wellbeing and innovation lead, Policy and Performance, Chief Executive's Office

**Contact details:** 020 8541 8750 / [justin.newman@surreycc.gov.uk](mailto:justin.newman@surreycc.gov.uk)

### Sources/background papers:

Annex A – Surrey's Joint Health and Wellbeing Strategy

Annex B – Promoting Emotional Wellbeing and Mental Health – slides from the Health and Wellbeing Board 13 June 2013

Annex C – Improving Children's Health and Wellbeing – slides from the Health and Wellbeing Board 5 September 2013

Annexes D 1-4 – Public updates from the Health and Wellbeing Board



---

---

# Surrey's Joint Health and Wellbeing Strategy

---

8

“Through mutual trust, strong leadership, and shared values, we will improve the health and wellbeing of Surrey people”

---



---

---

## Dear Residents/Patients

All of us at some time are patients. This is the first joint strategy between health and social care presented by the Health and Wellbeing Board. The criteria for selecting our priorities is what can we do better together than apart that will benefit all. The joint strategy is an evolutionary document and the start of a conversation with you, our patients, people who use services, their carers, families, and partners.

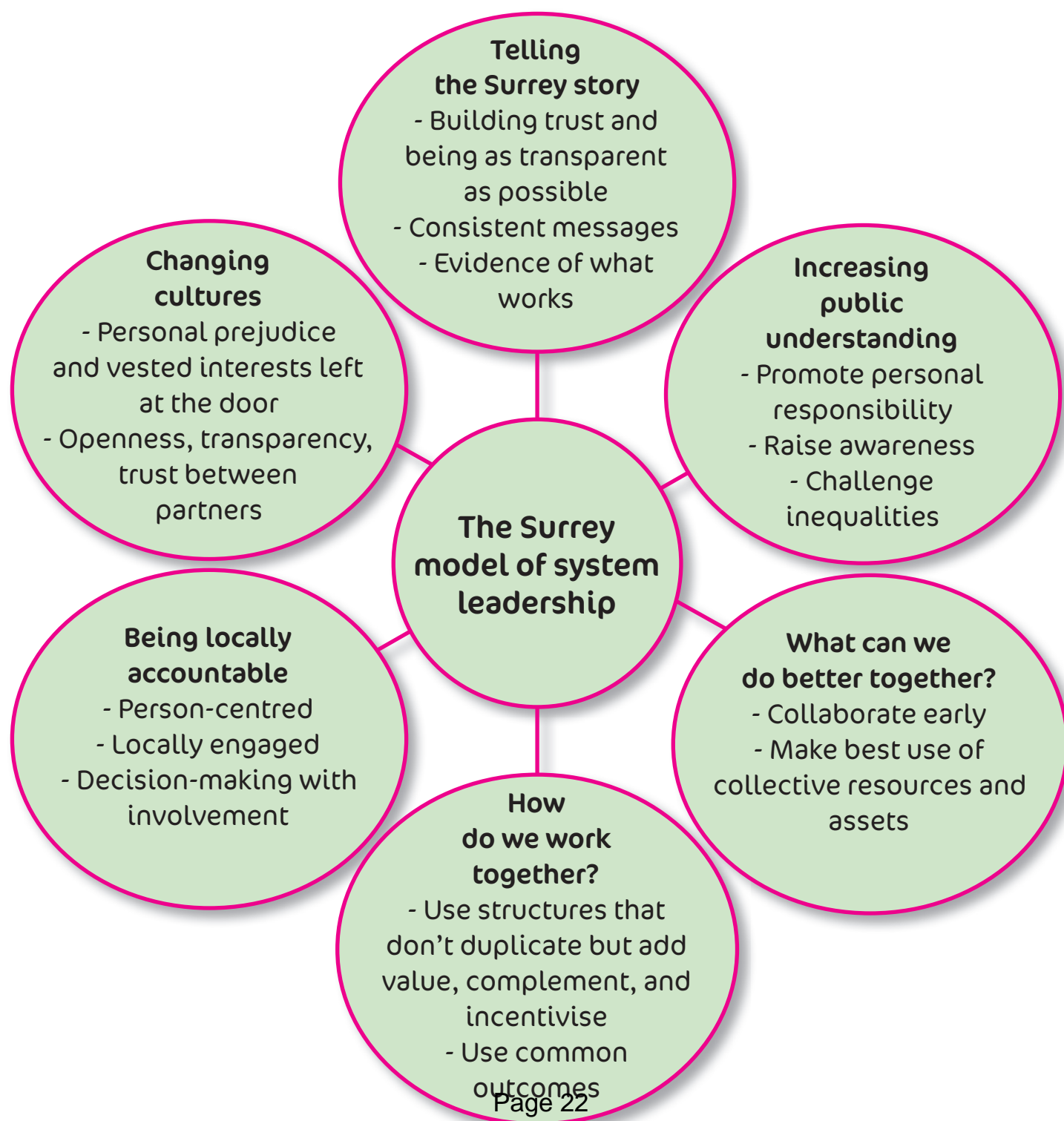
**Councillor Michael Gosling**  
Cabinet Member Health and Wellbeing  
and Public Health  
Joint Chair – Surrey Health and  
Wellbeing Board

**Dr Joe McGilligan**  
Chair – East Surrey Clinical  
Commissioning Group  
Joint Chair – Surrey Health and  
Wellbeing Board

Health and Wellbeing Boards are being set up around the country as part of the Government's changes to the NHS. The Board is the place for the NHS, Public Health, children's and adult social care, local councillors and service user representatives to work together to improve the health and wellbeing of the people of Surrey.

8

This joint strategy is the first to be developed by Surrey's Health and Wellbeing Board, which has set itself the ambitious challenge of developing the most innovative and effective health and social care system in the country. During its shadow year Surrey's Board has built a strong foundation for leading this change:





---

The Board sets direction and makes sure that direction is translated into activity, supporting each partner organisation. Some areas are led by specific partners and some are led by the Board as a whole.

This year the Board asked for the help of Surrey residents, partner organisations and key stakeholders, to decide what it should focus on. While lots of work continues across all the areas considered, you helped us select five priorities where the Board should work together.

8

These are:

**Improving children's health and wellbeing**

**Developing a preventative approach**

**Promoting emotional wellbeing and mental health**

**Improving older adults' health and wellbeing**

**Safeguarding the population**

You can find more information about all the priorities in the Joint Strategic Needs Assessment at [www.surreyi.gov.uk](http://www.surreyi.gov.uk). This pulls together lots of information about people in Surrey, how they live, where they live and their health and wellbeing needs.



---

## Priority 1: Improving children's health and wellbeing

Improving children's health and wellbeing means giving every child the best start in life and supporting children and young people to achieve the best health and wellbeing outcomes possible. We can do this by supporting families from the very start, right through to children becoming adults, and giving additional support where this is needed.

### **Our Joint Strategic Needs Assessment tells us that:**

- A high proportion of women start breastfeeding in Surrey, but data suggests that after six to eight weeks just 56% of women are still breastfeeding
- An estimated 6,800 children and young people aged 5-16 have an emotional health issue
- Around 8,500 children with a disability live in Surrey
- Surrey supports around 1,200 young carers (children caring for siblings and other family members) but this may represent as little as 10% of the total number of young carers
- Looked after children and care leavers are more likely to experience poorer health and education outcomes than other people, as well as behavioural, emotional or mental health disorders. At any one time there are approximately 800 looked after children. Around 390 children leave care every year
- There are certain groups in Surrey who experience health inequalities. For example, the percentage of Gypsies, Roma and Traveller mothers who experience the death of a child is 18%, compared to 1% in the wider population.

---

## Priority 1 - If we get this right we hope to see the following outcomes:

- More babies will be born healthy
- Children and young people with complex needs will have a good, 'joined up' experience of care and support
- More families, children and young people will have healthy behaviours
- Health outcomes for looked after children and care leavers will improve
- More children and young people will be emotionally healthy and resilient.





---

## Priority 2: Developing a preventative approach

8 We want to prevent ill-health and promote wellness, as well as spot potential problems as early as possible and ensure effective support for people. National and international evidence tells us that there is a clear link between social status, income and health, which creates a significant gap in life expectancy. Put simply people are healthy when they:

Have a good start in life, reach their full potential and have control over their lives, have a healthy standard of living, have good jobs and working conditions, live in healthy and sustainable places and communities.

You can find out more about this from: [www.instituteofhealthequity.org](http://www.instituteofhealthequity.org)

### **Our Joint Strategic Needs Assessment tells us that:**

- Life expectancy is 6.3 years lower for men and 4.0 years lower for women in the most deprived areas of Surrey than in the least deprived areas. Poverty is also linked to poor health outcomes for children
- On average in Surrey, boys aged 11 to 18 years eat 3 portions of fruit and vegetables per day and girls eat 2.8 portions per day. Only 11% of boys and 8% of girls in this age group met the '5-a-day' recommendation
- 14% of children in year 6 are classed as 'obese', this is five percentage points below the English average of 19%
- Only around a third of adults (32.5%) in Surrey eat the minimum of five fruit and vegetables per day
- In 2010, 12% of adults in Surrey did the recommended amounts of physical activity (5 x 30 minutes of moderate activity every week)
- About 25% of people aged 16+ in Surrey drink in a way classed as "increasing risk", meaning more than 3-4 units a day on a regular basis. This is the second highest level of "increasing risk" drinking in the country, and is higher than the national average which is 20%
- On average there are around 550 more deaths in winter than summer in Surrey, some of which can be prevented by improvements in housing conditions.



---

## Priority 2 - If we get this right we hope to see the following outcomes:

- The gap in life expectancy across Surrey will narrow
- More people (people means all people in this strategy- children and adults) will be physically active
- More people will be a healthy weight
- The current increase in people being admitted to hospital due to drinking alcohol will slow
- There will be fewer avoidable winter deaths.

8



---

## Priority 3: Promoting emotional wellbeing and mental health

8 Positive mental health is a foundation of individual and community wellbeing. The communities in which we live, the local economy and the environment all impact on an individual's mental health. We want to promote good mental health for the wider population, early intervention to support people with emerging mental health needs and effective treatment and support services for people with enduring mental health problems.

### **Our Joint Strategic Needs Assessment tells us that:**

- An estimated 6,800 children and young people aged 5-16 have an emotional health issue
- Of the 145,860 children and young people aged 5 to 15, 10,356 (one in 14) have a mental health issue
- Generally, although rates of mental health disorders in children are lower in Surrey, some areas have a higher rate than the national average.
- Nearly one in four adults is estimated to experience some form of mental distress. This would be 215,741 people aged 16+ in Surrey
- National stigma and discrimination studies indicate nearly nine out of ten people (87%) with mental health problems have been affected by stigma and discrimination
- Depression is the biggest form of mental illness in older people, with more than 24,000 people aged 65 and over (around one in seven) estimated to have either depression or severe depression
- The World Health Organisation has projected that by the year 2030, depression will be the greatest cause of disease burden in high-income countries.



---

### Priority 3 - If we get this right we hope to see the following outcomes:

- More people (people means all people in this strategy - children and adults) will have good mental health
- More people with mental health problems will recover
- More people with mental health problems will have good physical health
- More people will have a positive experience of care and support
- Fewer people will experience stigma and discrimination.



---

## Priority 4: Improving older adults' health and wellbeing

8 More people in Surrey are living longer. This is great news, but there are also some challenges. The growing number of older people in Surrey will have a major impact, as older people are more likely to experience disability and long-term conditions. Part of the challenge will be to make sure that the right services are in place so that older people can remain independent for as long as possible. The number of people over 85 years old is predicted to increase significantly. People over the age of 85 often need more support from health and social care services. They are also at greatest risk of isolation and of poor, inadequately heated housing, both of which can impact on health and wellbeing.

### **Our Joint Strategic Needs Assessment tells us that:**

- The number of older people aged 65 and over in Surrey is projected to rise from 181,500 in 2013 to 233,200 in 2020
- It is estimated that the number of people aged 85 and over in Surrey will increase from 32,000 people in 2013 to 46,000 by 2020
- Dementia is a significant issue in Surrey. Around 14,500 people over 65 have a diagnosis of dementia, but this is likely to be an under-estimate
- Although the 65+ population accounted for 17.6% of the county's total population in 2011, people aged 65 or over accounted for almost 41% of all hospital spells in Surrey from 2011 to 2012, and accounted for over 67% of total bed usage
- Around 75,000 people over 65 have a long term health condition, which is projected to rise to 90,000 in 2020
- An estimated 7,770 carers aged 65 and over are providing more than 20 hours of care every week
- People from all ethnic groups are affected by dementia. Across the country the number of people with dementia in minority ethnic groups is around 15,000 but this is set to rise sharply. People from some communities access support services less than people from other communities. This is because of many different reasons, for example language challenges (in many Asian languages there is no word for dementia) or social stigma.



---

## Priority 4 - If we get this right we hope to see the following outcomes:

- Older adults will stay healthier and independent for longer
- Older adults will have a good experience of care and support
- More older adults with dementia will have access to care and support
- Older adults will experience hospital admission only when needed and will be supported to return home as soon as possible
- Older carers will be supported to live a fulfilling life outside caring.



---

## Priority 5: Safeguarding the population

8 Living a life that is free from harm and abuse is a fundamental right of every person and everyone has a responsibility for safeguarding children and adults. Any individual can be hurt, put at risk of harm or abuse regardless of their age, gender, religion or ethnicity. When abuse does take place, it needs to be dealt with swiftly, effectively and in ways that are proportionate to the issues, with the individual's views at the heart of the process.

Protecting this right means that people can grow up and live safely, and live a life that makes the most of their opportunities.

### **Our Joint Strategic Needs Assessment tells us that:**

- Currently around 800 children are subject to a Child Protection Plan; this is a slight increase from the last year
- More than half of children with a Child Protection Plan were affected by domestic abuse within their family
- The number of vulnerable children needing social care support has risen to around 5000
- Estimates indicate that 21,000 women between 16 and 59 years old in Surrey could be experiencing domestic abuse each year
- As awareness of the issue of abuse of vulnerable adults has improved among partner agencies and the wider public, the number of initial contacts about potential abuse has increased. During 2011-12, Surrey Adult Social Care received 3,176 contacts about potential abuse, from members of the public, police and other agencies. Of these, 853 progressed to a full safeguarding investigation
- Physical abuse (34%) and neglect (33%) are the most common types of alleged abuse of vulnerable adults reported in Surrey.

---

## Priority 5 - If we get this right we hope to see the following outcomes:

- People (people means all people - children and adults) whose circumstances make them vulnerable will be safeguarded and protected from avoidable harm
- People will receive care in hospital that always promotes their health and wellbeing
- People who use services will feel safe
- Fewer people will experience domestic abuse and repeat incidents of domestic abuse.





---

The Health and Wellbeing Board is the place to ensure each of these priorities is clear and present in the plans and actions of all its partner organisations.

8 The Board has agreed a set of principles that will underpin its work together on each priority. The principles provide reference points for each discussion at the Board and will help to identify where to facilitate an improved outcome, support existing arrangements, challenge underperformance, or develop new ways of working:





---

The Board wants everybody in Surrey to be involved in improving their health and wellbeing.

You can keep an eye on the Board and let us know what you think or share any ideas you have by following us on [www.surreycc.gov.uk/healthandwellbeingboard](http://www.surreycc.gov.uk/healthandwellbeingboard). As well as joining us at Health and Wellbeing Board meetings you can find out what is going on in your local area.

8

Healthwatch Surrey represent the views of local people on health and social care issues, and they are members of the Health and Wellbeing Board. You can contact them and they always welcome new members who want to be involved.

We will be reviewing our strategy and looking at what we will need to do in the future. We really need your help to do this so please join in.



---

## Working to improve your health and wellbeing

The Surrey Health and Wellbeing Board membership is made up of the following representative organisations:

8 Councillor Michael Gosling - Joint Chair of Surrey Health and Wellbeing Board, Cabinet Member for Health and Wellbeing and Public Health, Surrey County Council

Dr Joe McGilligan - Joint Chair of Surrey Health and Wellbeing Board, Chairman, East Surrey Clinical Commissioning Group

Councillor Mary Angell - Cabinet Member for Children and Families, Surrey County Council

Sarah Mitchell, Strategic Director of Adult Social Care and Health, Surrey County Council

Nick Wilson, Strategic Director of Children, Schools and Families, Surrey County Council

Helen Atkinson, Interim Director of Public Health, Surrey County Council

Dr Andy Whitfield, Chair, North East Hampshire and Farnham Clinical Commissioning Group

Dr Jane Dempster, North East Hampshire and Farnham Clinical Commissioning Group

Dr Andy Brooks, Chief Officer, Surrey Heath Clinical Commissioning Group

Dr Liz Lawn, Chair, North West Surrey Clinical Commissioning Group

Dr Claire Fuller, Chair, Surrey Downs Clinical Commissioning Group

Dr David Eyre-Brook, Chair, Guildford and Waverley Clinical Commissioning Group

John Jory, Chief Executive, Reigate and Banstead Borough Council (district and borough officer representative)

Councillor James Friend, Deputy Leader, Mole Valley District Council (district and borough elected member representative)

Councillor Joan Spiers, Leader, Reigate and Banstead Borough Council (district and borough elected member representative)

Healthwatch Surrey

---

## Useful links and references

For further details on the Board's work visit  
**[www.surreycc.gov.uk/healthandwellbeingboard](http://www.surreycc.gov.uk/healthandwellbeingboard)**

To find your nearest healthcare services and for comprehensive online information to help people make choices about their health visit: **[www.nhs.uk](http://www.nhs.uk)**

For health advice and information about local services call **NHS 111**; a new, free to call number when you need medical help fast, but it is not an emergency.

For information about the health needs of the Surrey population visit:  
**[www.surreyi.gov.uk](http://www.surreyi.gov.uk)**

To find out what local support and services are available in your area visit  
**[www.surreyinformationpoint.org.uk](http://www.surreyinformationpoint.org.uk)**



Surrey's Joint Health and Wellbeing Strategy:  
turning strategic priorities into actions

# Promoting emotional wellbeing and mental health

13 June 2013



Health and  
Wellbeing  
Surrey

# Aim

---

The Health and Wellbeing Board are asked to:

- review the progress we have made so far in turning our strategic priorities into actions
- reflect and remind ourselves of the journey we have been on
- consider and discuss a set of proposed actions
- agree which actions should be taken forward as part of the next steps

# The journey so far

---

October 2012 – development workshop of the ‘shadow’ Health and Wellbeing Board identified Mental Health as a potential priority

April 2013 – Surrey’s Joint Health and Wellbeing Strategy approved by the Health and Wellbeing Board with Emotional Wellbeing and Mental Health as one of five priority areas

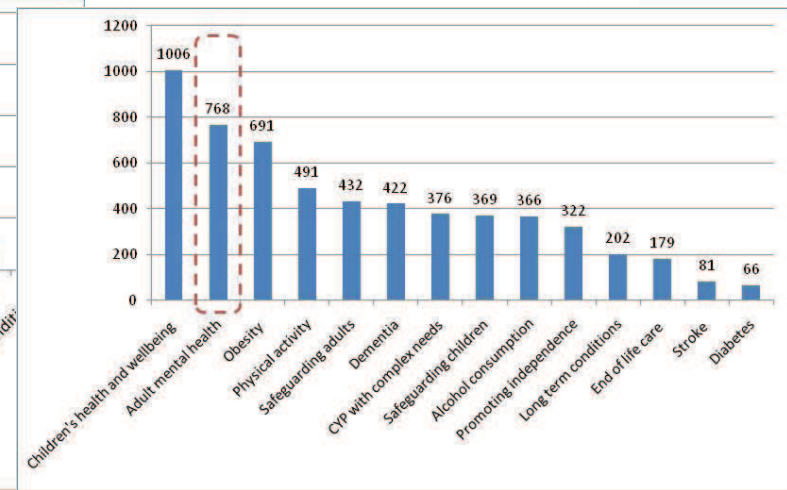
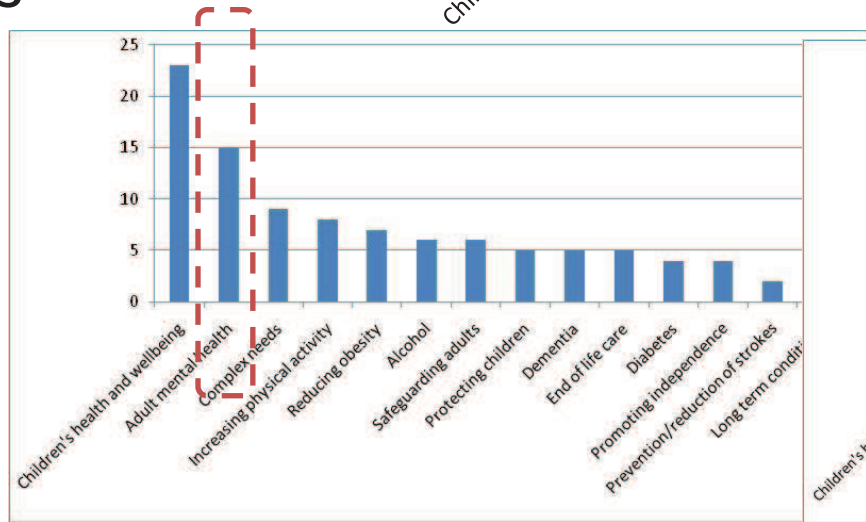
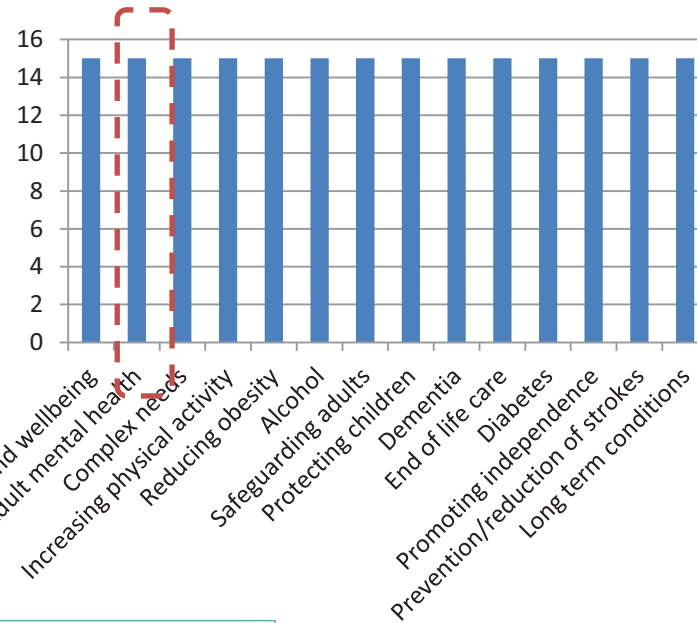
May 2013 – Informal workshop of the Health and Wellbeing Board to generate and discuss ideas for actions the Board should take forward



# Why we chose this as a priority

Emotional wellbeing and mental health scored highly during the board's prioritisation process

Page 42



# Joint Health and Wellbeing Strategy

## Priority 3: Promoting emotional wellbeing and mental health

Positive mental health is a foundation of individual and community wellbeing. The communities in which we live, the local economy and the environment all impact on an individual's mental health. We want to promote good mental health for the wider population, early intervention to support people with emerging mental health needs and effective treatment and support services for people with enduring mental health problems.

Our Joint Strategic Needs Assessment tells us that:

- An estimated 6,800 children and young people aged 5-16 have an emotional health issue
- Of the 145,860 children and young people aged 5 to 15, 10,356 (one in 14) have a mental health issue
- Generally, although rates of mental health disorders in children are lower in Surrey, some areas have a higher rate than the national average
- Nearly one in four adults is estimated to experience some form of mental distress. This would be 215,741 people aged 16+ in Surrey
- National stigma and discrimination studies indicate nearly nine out of ten people (87%) with mental health problems have been affected by stigma and discrimination
- Depression is the biggest form of mental illness in older people, with more than 24,000 people aged 65 and over (around one in seven) estimated to have depression or severe depression
- The World Health Organisation has projected that by the year 2030, depression will be the greatest cause of disease burden in high-income countries

## Priority 3 - If we get this right we hope to see the following outcomes:

- More people (people means all people in this strategy - children and adults) will have good mental health
- More people with mental health problems will recover
- More people with mental health problems will have good physical health
- More people will have a positive experience of care and support
- Fewer people will experience stigma and discrimination.



# Scoping the priority

---

A working group consisting of Donal Hegarty, SCC, Diane Woods, North East Hants and Farnham CCG and Ros Hartley, North East Hants and Farnham CCG scope the priority.

Four key themes were identified:

- An integrated systems pathway/strategy
- Accommodation & employment
- Inequalities and stigma
- Governance

# Informal workshop – generating ideas

A successful workshop was run to generate ideas of how the EWMH priority could be implemented

Page 45

## Why people supported mental health



## Potential areas for joint working



Discussions centred around the four themes identified by the working group.



# Stigma and discrimination

---

## Aim

To tackle the stigma, discrimination and inequalities experienced by people with mental health problems and their carers in Surrey.

## Key Objectives

- Improve understanding of and positive attitudes towards mental health.
- Reduce the stigma, discrimination and inequalities experienced by people with mental health problems, their family and/or carers.
- Increase the confidence and ability of people with mental health problems, their families and carers to address discrimination and have equal access to employment and housing opportunities.

# Stigma and discrimination

---

## Proposed actions

- Promote 'Time to Change Surrey' message countywide with positive media coverage of mental health.
- Encourage individual and organisation pledges to tackle stigma and discrimination.
- Establish an employer accreditation scheme to promote good mental health at work.
- Support the pilot project in Merstham/Redhill to deliver a whole community approach which includes workforce mental health awareness training for local employers, establishing a local mental health ambassador scheme, drama based awareness in East Surrey College and community development project that tackles discrimination, stigma and inequalities.

# Stigma and discrimination

---

## What would success look like?

### Year 1 – 2013

Increase in knowledge and awareness of positive mental health in the pilot area.

Reduction in stigma experienced by people with mental health problems and carers in the pilot area.

### Year 3 – 2016

Programme of work and learning from pilot delivered in other areas of high mental health need to achieve measurable increase in positive attitude, awareness and reduction of stigma.

Established employer accreditation schemes across Surrey.

### Year 5 – 2018

Established climate of positive change cross Surrey where discrimination, stigma and inequalities are not tolerated.



# Whole systems pathway

---

## Aim

The aim of developing an integrated strategy for emotional wellbeing and adult mental health in Surrey will be to have a coherent and systematic approach to:

*promote good mental health for the wider population, early intervention to support people with emerging mental health needs and effective treatment and support services for people with enduring mental health problems*

# Whole systems pathway

---

## Key Objectives

- Provide better mental health for all and to increase the amount of people recovering from mental illness
- Raise awareness of how everyone has a role in improving mental health locally; not just health and care services
- Outline what the new health and care system will mean for emotional wellbeing and mental health
- Set out how progress on delivering the strategy will be monitored and reported and how the range of outcome measures currently available will be built upon in future illustrating how improving mental health will help organisations meet their broader objectives
- Translate the strategy's vision into specific actions setting out a series of recommendations for local organisations to take forward.
- Detail a series of local commitments to support implementation.

# Whole systems pathway

---

## Proposed actions

- Establish a governance structure in Surrey for emotional wellbeing and mental health that will oversee the development and monitoring of the joint commissioning strategy
- Each partner organisation to nominate a person to lead the development and implementation of the emotional wellbeing and mental health strategy
- Workstreams, timeframes and resource requirements for developing the strategy to be agreed and established
- Preparation work for development of strategy which includes bringing together information from the Mental Health Needs Assessment, review of current service pathways, a review of whole system spend and stakeholder views to be completed

# Whole systems pathway

---

## What would success look like?

### Year 1 – 2013

By the end of 2013 there will be a Surrey joint commissioning strategy for Emotional Wellbeing and Adult Mental Health

### Year 3 – 2016

By 2016 Surrey will be able to see a % increase in the number of:

- People who will have good mental health
- People with mental health problems who have recovered
- People with mental health problems who have good physical health
- People who have had positive experience of care and support
- People experiencing stigma and discrimination

### Year 5 – 2018

By 2018 Surrey will be able to see a further % increase in the number of:

- People who will have good mental health
- People with mental health problems who have recovered
- People with mental health problems who have good physical health
- People who have had positive experience of care and support
- People experiencing less stigma and discrimination

# Accommodation and employment

---

## Aim

To increase the access to and sustainability of people with mental health problems in relation to employment and secure accommodation.

## Key Objectives

- Increase the numbers of people with mental health problems into full time employment.
- Support people with mental health problems to retain employment.
- Promote the value to employers of recruiting and retaining people with mental health problems.
- Increase access to appropriate accommodation for people with mental health problems.
- Work with landlords to reduce evictions for people with mental health problems.

# Accommodation and employment

---

## Proposed actions

- Mental health awareness training for all Borough Housing Department staff.
- Agreed protocols between Borough Housing Departments and Health & Social Care Services to reduction evictions.
- Better understanding locally for general practitioners (GPs) of the range and criteria for accessing accommodation.
- Ensure that information sharing is robust and available to all partners supporting an individual with mental health problems.
- Establish apprenticeship schemes for people with mental health problems and creating access to existing schemes in Surrey County Council.
- Extend the existing 6 months NEETS Scheme to include people with mental health problems with applications, subject to general practitioner (GP) recommendation.
- Promote the benefit of employing people with mental health problems through work with Job Centre Plus.



# Accommodation and employment

---

## What would success look like?

### Year 1 - 2013

Better understanding of professionals across the whole system on the processes to access accommodation locally.

Promotion of schemes that promote employment opportunities for people with mental health problems.

### Year 3 – 2016

Reduction in the eviction rate of people with mental health problems

Housing staff are trained to support people with mental health problems in a whole system approach.

Employers recognise the value of employing and retaining people with mental health problems.

### Year 5 – 2018

People with mental health problems contribute to the workforce of organisation, both public and private, across Surrey.

People with mental health problems have access to local accommodation that supports their community integration and mental wellbeing.

# Governance

---

## Aim

To ensure structures are set in place locally and county wide to carry out the development, implementation and monitor progress of the emotional wellbeing and mental health strategy

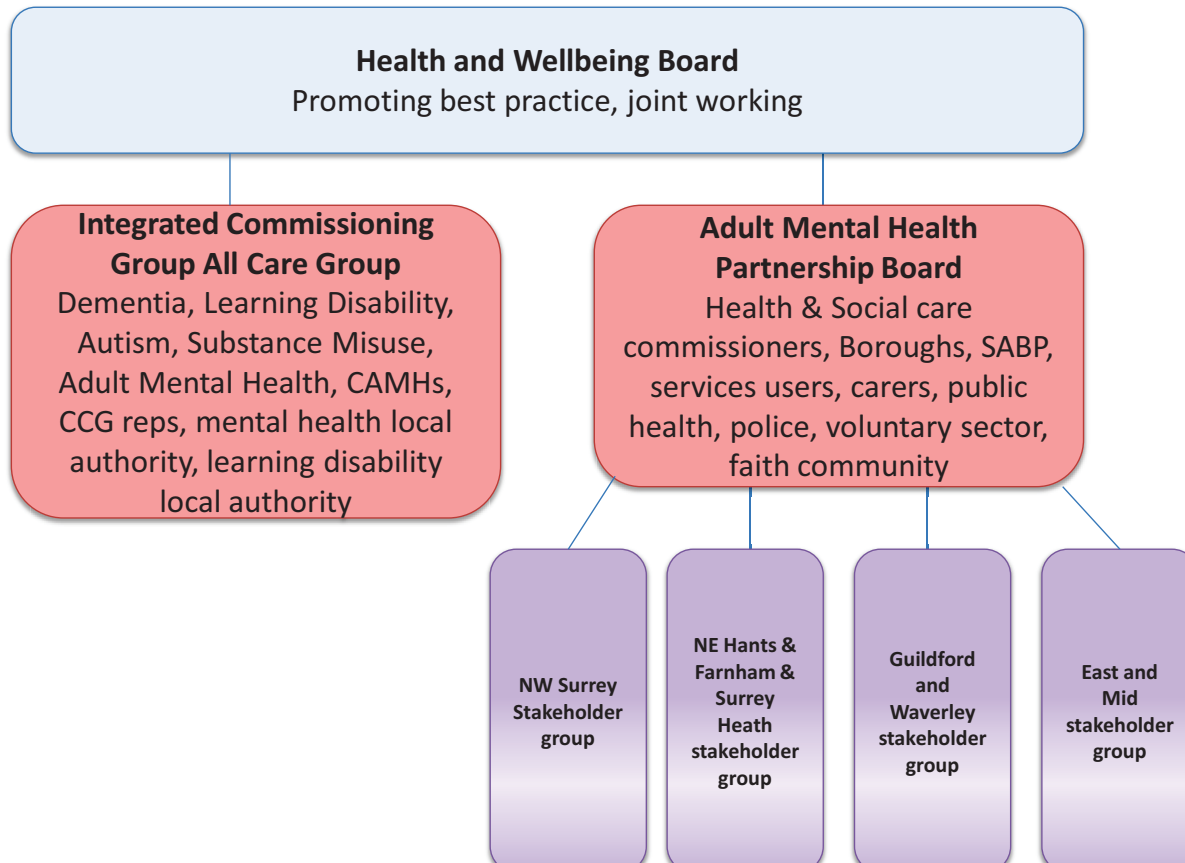
## Key Objectives

- Governance structures assist in defining *expectations*, harnessing leadership, and verifying performance against key indicators.
- Assure the investment in Emotional Wellbeing and Adult Mental Health generate business value and mitigate the risks that are associated with Emotional Wellbeing and Mental Health.
- Ensure emotional wellbeing and mental health is part of everyone's business and is not just a siloed area of activity
- Ensure that quality is at the heart of the indicators developed
- Comprehensive multi level communication approaches to gain involvement and support engagement

# Governance

## Proposed actions

- Support for the governance structure illustrated below
- Establish an Emotional Wellbeing/Adult Mental Health Partnership Board
- Establish an Integrated Commissioning All Care Group



Health and Wellbeing Surrey

# Governance

---

## What would success look like?

### Year 1 - 2013

In 1 years time (end of 2013) there will be clear structures in place that have engaged the right people and organisations to reflect a whole system and partnership approach of putting emotional wellbeing and mental health as one of their key priorities to improve

### Year 3 – 2016

In 3 years time (2016) the structures will have had success in monitoring and evaluating the partnerships key deliverables

### Year 5 – 2018

In 5 years time (2018) the governance arrangements will have ensured that the planning and initiation of future plans have taken place to continue supporting the improvement of peoples emotional wellbeing and mental health

# Next steps

---

- Board decision today about which proposed actions to take forward
- Engagement of key partners and stakeholders
- Agree resources and contributions from all partners to implement the priority
- The working group lead the planning of agreed actions.

This page is intentionally left blank



# Surrey Health and Wellbeing Board

---

## Children and Young People's Health & Wellbeing: turning priorities into action

**25% of our population  
100% of our future**

**5 September 2013**

**Health and  
Wellbeing  
Surrey**

# The journey so far

---

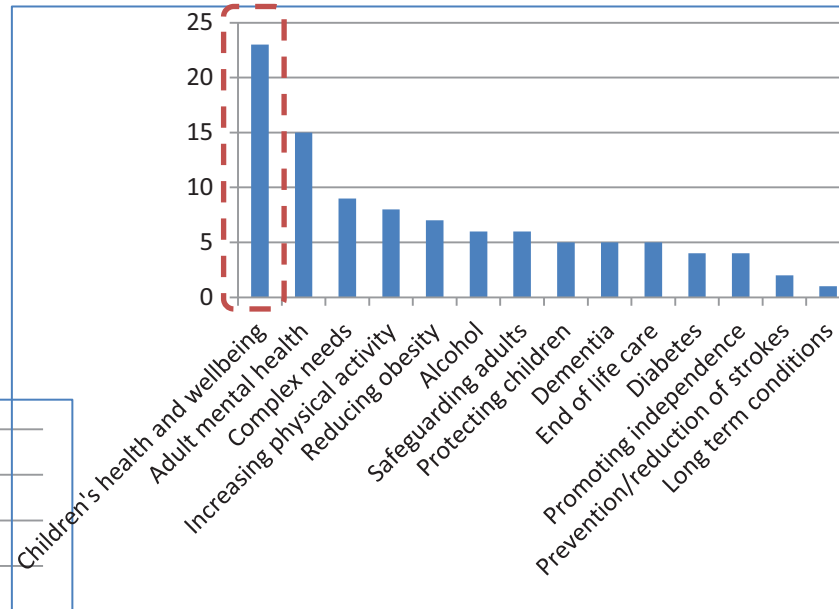
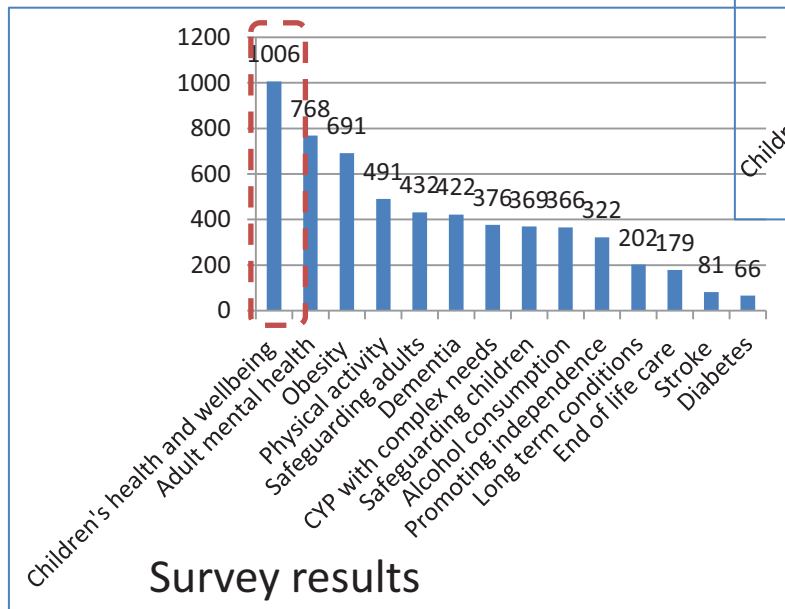
- 2012: **extensive engagement** on priorities for Health and Wellbeing Strategy
- April 2013: Surrey's Joint Health and Wellbeing **Strategy approved** by the Health and Wellbeing Board with Children and Young People's Health and Wellbeing as one of five priority areas
- July/August 2013: evidence of **need** was reviewed, **themes** were identified through Children's Health and Wellbeing Group and Children and Young People's Partnership
- 4 July and 1 August 2013: Health and Wellbeing Board developed **ideas** for action
- 5 September 2013: Health and Wellbeing Board to agree **action plan**

# Why we chose this priority?

## Children's health and wellbeing scored highly in the Board's prioritisation process

For children to achieve their self confidence and esteem is key

Start at a young age so children take those ideas forward with them into adulthood.



To promote the physical and mental health of the next generation

Clear joint working

Feel it is important for future generations to achieve

Health and Wellbeing Surrey

# What outcomes we aim to achieve

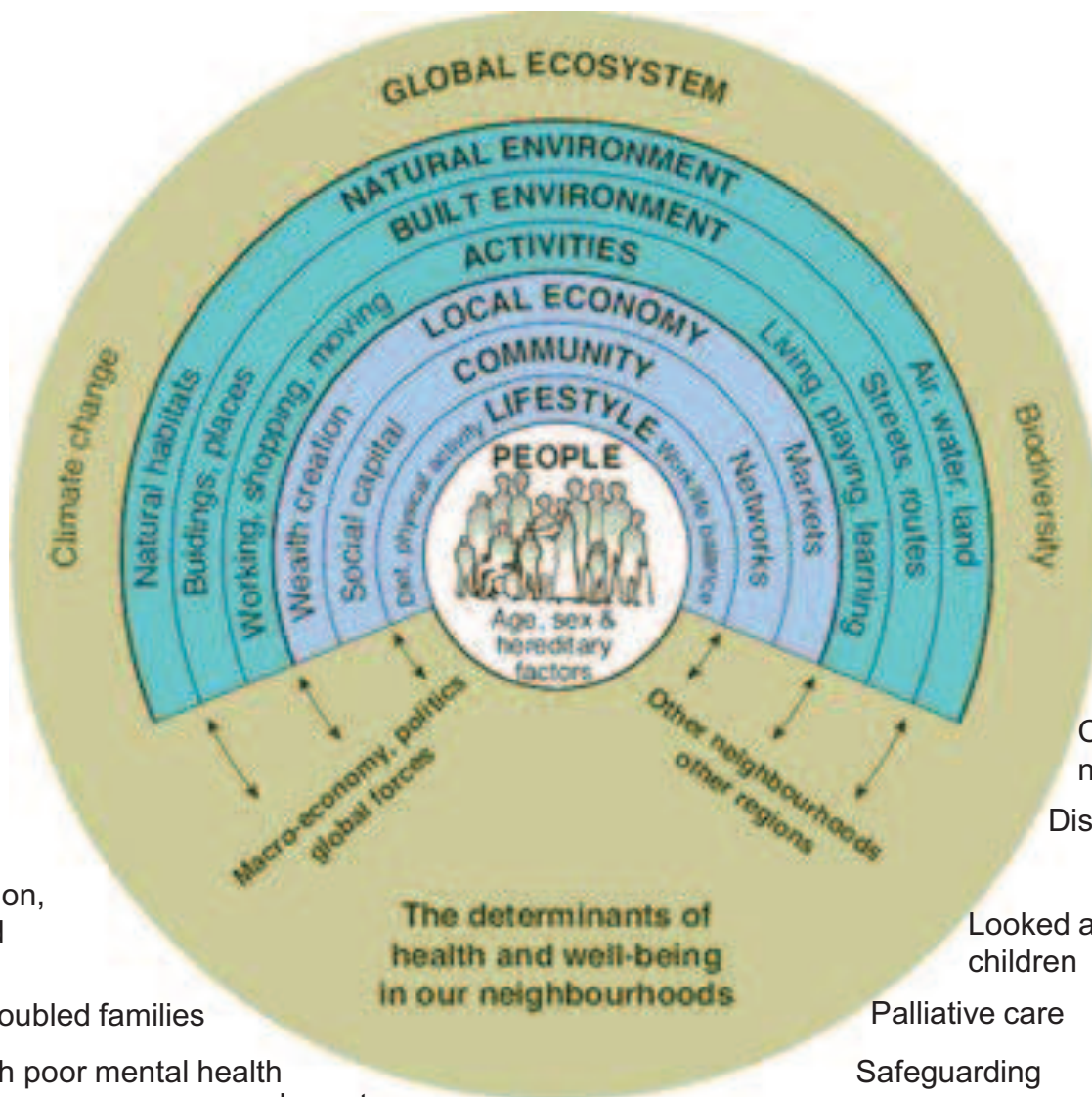
---

**Through the Health and Wellbeing Strategy, the Health and Wellbeing Board commits to the following outcomes for children and young people:**

- More babies will be born healthy
- Children and young people with complex needs will have a good, 'joined up' experience of care and support
- More families, children and young people will have healthy behaviours
- Health outcomes for looked after children and care leavers will improve
- More children and young people will be emotionally healthy and resilient
- CYP and families are safeguarded

# Wider determinants of health & wellbeing

Page 65



Primary care

Health promotion, prevention and improvement

Troubled families

Children with poor mental health

Urgent care for acute illness

Long-term conditions

Medicines to optimise health outcomes

Complex health needs

Disabilities

Looked after children

Palliative care

Safeguarding

Health and Wellbeing Surrey

# Scoping the priority

Themes were identified based on issues emerging from the [Joint Strategic Needs Assessment \(JSNA\)](#) (please also see [summary document](#)) and engagement events, and priorities identified through Children and Young People's Strategic Partnership. These are areas where the Health and Wellbeing Board could add value to what is already happening.

- Mental health and emotional wellbeing
  - Accident and emergency admissions (A&E) and out of hours services
  - Healthy behaviours
- Explored through workshop on 4 July*

- Early help
  - Complex needs
  - Commissioning for children
- Explored through workshop on 1 August*

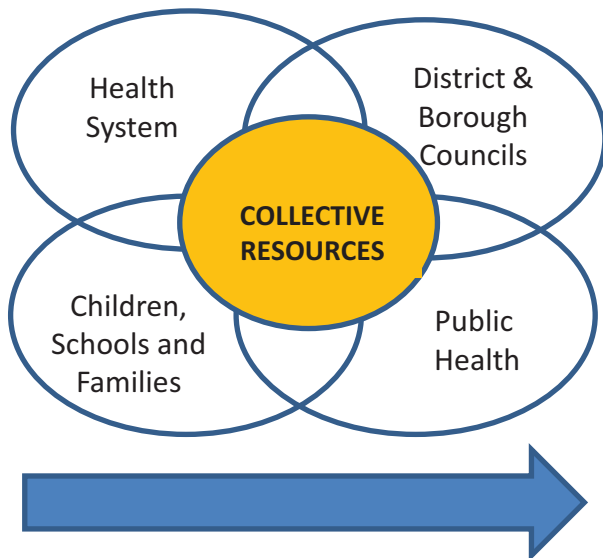
- Domestic abuse – including underlying factors
  - Risky behaviours
  - Shared understanding of need
- Further development of actions through Children's Health and Wellbeing Group with Children and Young People's Partnership*



# Improving outcomes for children and young people

The organisations that make up the Health and Wellbeing Board have the collective resources and influence to improve children and young people's health and wellbeing in these areas. This is especially crucial in a period of reducing resources. This action plan shows how the Board can work together to achieve this over the coming five years.

Page 67



Early Help

Complex needs

Emotional wellbeing & mental health

A&E admissions and out of hours

Domestic abuse

Risky behaviours

Commissioning for children

Healthy behaviours

Shared understanding of need

Health and Wellbeing Surrey

# Early help – Aim

Lead organisations – SCC and CCGs

---

An early help approach is needed to develop services that identify and address the needs of Surrey's children and families early, reducing the need for more intensive, acute or specialist support.

**Early help aims to increase wellbeing and resilience in our children, young people and families and our communities**

**Health and  
Wellbeing  
Surrey**

# Early help – where do we want to be?

## Actions

- Commit to an early help approach including:
  - development of an early help system with partners, which includes a range of family support interventions e.g. The Family Support Programme
  - partners using consistent and common language around early help and common thresholds
  - jointly commissioning early help and timely intervention services to achieve agreed outcomes and priorities
  - developing the market of local services
  - implementing an 'Early Help Assessment' encompassing a team around the child/family approach, clear role for lead professional and electronic recording system to improve information sharing
  - supporting workforce reform including: partnership training, induction on use of Early Help Assessments and development of lead professional role

# Early help – where do we want to be?

## Outcomes

- Families are resilient and feel supported to tackle issues and problems as soon as they arise
- Families receive a minimum intervention as early as possible to prevent escalation of problems
- Children and young people make good relationships
- Children and young people are happy, healthy and well
- Children and young people maximise life opportunities

# A&E Admissions and Out of Hours Services – Aim

Lead organisation – CCGs

---

To develop a systematic approach to supporting CYP and families out of hours, including ensuring they will not attend A&E where they can be treated successfully elsewhere either by primary care, community health services or self care.

# A&E and Out of hours – where do we want to be?

## Actions

### Improved access to out of hours services

- Pilot Children’s evening GP clinics in walk in centres
- Pilot ‘GP Front Door’ – patients attending A&E are seen first by a GP

### Community nursing

- Improved and reactive Community Nursing and Social Care Services
- Review role of community nursing in supporting provision of urgent care and reducing the number of attendances & admissions

### Pathways

- Implement pathways for primary care to ensure conditions are managed as effectively in the community
- Links to overarching Clinical Commissioning Groups (CCG) unplanned care strategies
- Production of high volume condition pathways for use by all CCGs (fever/bronchiolitis/viral illness)





# A&E and Out of hours – where do we want to be?

---

## Further actions

- Work with schools to run the ‘choose well’ children’s education package
- Improved in hours access to GPs for children, young people and their families
- Improved input and provision of red book advice for new parents

## Outcomes

- Developing a systematic approach to supporting CYP and families out of hours.
- No children and young people will have to attend A&E when they could be treated successfully elsewhere either by primary care, community health services or self care.
- A 30% overall reduction in A&E attendances for children and young people by 2017

# Complex needs – Aim

---

Lead organisations –  
SCC and CCGs

Children and young people with complex needs have a single assessment process and education, health and care plan with personalised support

# Complex needs – where do we want to be?

## Actions

- Commit to implementing Children and Families Bill in Surrey including: single assessment, Education, Health and Care Plan and personal budgets
- Support the achievement and progression of young people with complex needs through integrated planning, commissioning and delivery
- Joint commissioning including paediatric therapies
- Publish local offer

# Complex needs – where do we want to be?

## Outcomes

- CYP and families have greater control and choice in decisions through co-production
- Children and young people receive more personalised services
- Introducing personal budgets for health
- Integrated assessment – families will not have to repeat their stories more than once
- Good quality transition and preparation for adulthood
- Delivery of services CYP and families receive will be more co-ordinated

# Mental health – Aim

Lead organisations – SCC and CCGs

---

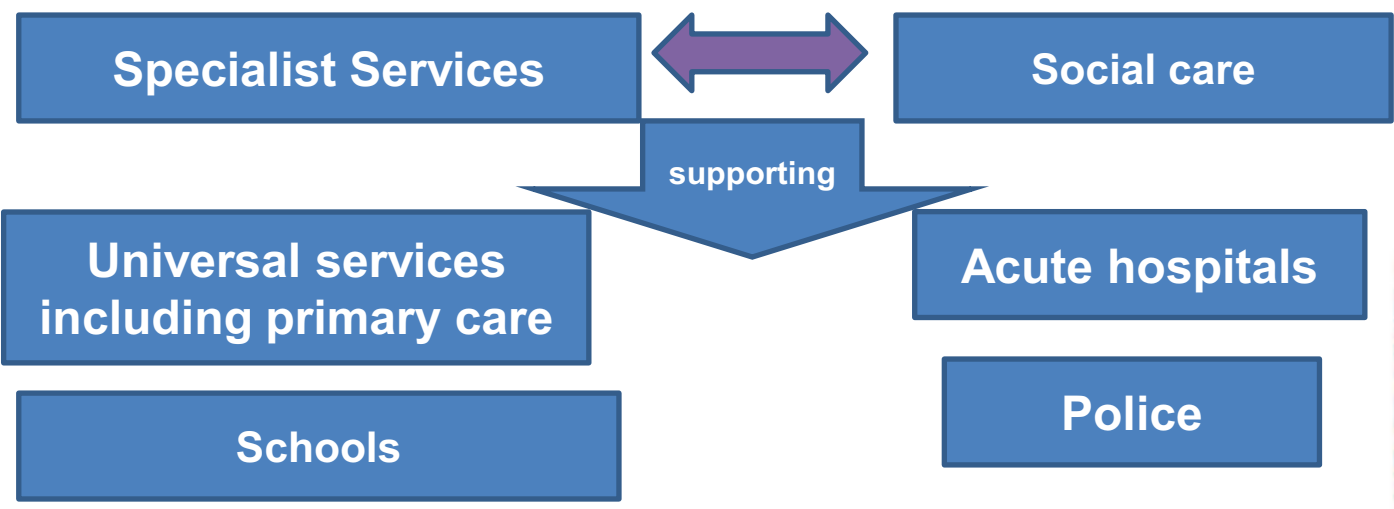
Children and young people are supported as close to home and by people they know as much as possible and there are seamless pathways to effective targeted and specialist services where needed

# Mental health – where do we want to be?

## Actions

- Enable practitioners in schools, GPs and universal settings to enhance skills to support children with emotional health issues at an early stage
- Enable staff in specialist services such as A&E and Police to identify emotional health needs and identify appropriate pathways
- Re-commission specialist services based on shared understanding of need
- Develop pathway for children and young people needing more specialist services

Page 78





# Mental health – where do we want to be?

---

## Outcomes

- Children and young people are supported by people they know in their local area
- Families feel supported
- Professionals working together for the young persons identified outcome
- Children, young people and their families know where to seek help
- Parents are supported to have good mental health and emotional wellbeing

# Healthy behaviours – Aim

Lead organisation – SCC: Public Health

---

To ensure Surrey children and young people develop and maintain healthy behaviours.

# Healthy Behaviours – where do we want to be?

## Actions

### Generic:

- Build on health improvement initiatives in children's centres (Year 1)
- Health improvement training for all professionals working with CYP (Ongoing)
- Reinstate annual survey to obtain more accurate data on the prevalence of health behaviours (Year 1)
- Promotion materials available through a range of young person friendly means (Year 1)

### Physical Health (All year 2)

- Implement a replacement for the annual national PE & School Sport Survey.
- Improve health improvement in primary schools, including primary school sports premium to be partly used for after school sport/physical activities
- Cookery leader training to continue (funding only secured for 2013/14)

# Healthy Behaviours – where do we want to be?

## Actions

### **PHSE/Drugs and alcohol:**

- Drug and Alcohol Education Guidance for Surrey should be updated in-line with current protocol (Year 1)
- PSHE provision in schools to be monitored and support provided for new PSHE staff (Year 2)
- Surrey Secondary Schools should be supported to take part in the National PSHE Continued Professional Development (CPD) Programme (Year 2)
- A day or half day of funded PSHE – Drug, Alcohol and Tobacco training should be provided for all Surrey Secondary Schools

# Healthy Behaviours – where do we want to be?

## Actions

### **Sexual Health:**

- Improve access to contraception and advice services (Ongoing)
- Improve the consistency of messages about sex and relationship education within schools and GPs (Year 1/2)
- Focus education and resources at geographical hotspot wards and priority groups (Year 2)

### **Accident Prevention:**

- Improve the awareness of the importance of helmet wearing when on a bike and at skate parks (Year 2)

### **Breastfeeding:**

- Funding to be made available to support breastfeeding peer support programme (Year 3)

# Healthy behaviours – where do we want to be?

## Outcomes

- CYP will be living in home circumstance where there are parents are leading healthy lifestyles that do not negatively impact their children
- Interventions to be evidence based and available to all schools, children centres and youth services with tailored and more intensive support for 'priority' schools and children centres and youth centres with greatest need.
- **Breastfeeding:** Increase percentage of women who initiate and continue to exclusively breastfeed for 6 months.
- **Substance Misuse, tobacco control and alcohol:** Fewer children and young people start smoking and misusing substances
- **Sexual Health:** Fewer teenage conceptions, increase positivity in those tested for Chlamydia
- **Healthy Weight:** Fewer children classified with excess weight



# Risky behaviours – Aim

Lead organisation – SCC: Public Health

---

To ensure children, young people and families are supported to lead healthy lifestyles and prevent risk taking behaviours by taking a systematic family approach

# Risky behaviours – where do we want to be?

## Actions

- Developing a systematic approach to supporting CYP and families to prevent and tackle risky behaviours
- Robust needs assessment/collation of JSNA information should be used to identify gaps and needs for children and young people and risk taking behaviour.
- Ensuring free milk is claimed for those on FSM
- Increase uptake of vouchers for families on low incomes, which are exchanged for free fruit, vegetables and milk
- Increase uptake of ‘healthy start’. More work is needed around uptake of vitamins locally, which is one of the lowest in the South East. 4000 women in Surrey are eligible but just 2.6% uptake.
- Improve pathways between Children’s Services and substance misuse services
- Develop understanding and provision of parental substance misuse for children and young people



# Risky behaviours – where do we want to be?

---

## Outcomes

- A systematic approach to supporting CYP and families is taken, which understands and tackles issues of the whole family
- An integrated approach between Children's Services and substance misuse services which addresses the holistic needs of young people and their family
- Children and young people are happy, healthy and well
- Families and communities are resilient

# Domestic abuse – Aim

Lead organisation(s) – to be decided by Children's Health & Wellbeing Group

---

To mitigate the causes of domestic abuse and its impact on children and their families

Most cases of domestic abuse are accompanied by other issues e.g. alcohol misuse, mental health issues

# Domestic abuse – where do we want to be?

## Actions

- To progress the initial work that is aimed at gaining an understanding of need and service provision to become fully countywide.
- Improve understanding of need (including those needs of children and young people who witness domestic abuse)
- Through evidence-based research identify and jointly commission effective interventions to help children, young people and families achieve positive outcomes
- Improve referral at the earliest opportunity e.g. through IRIS, information sharing, data collection and joint response to cases of domestic abuse
- Develop and promote a healthy relationship education package to be delivered in schools
- Review and adopt education programmes aimed at adults – victims and perpetrators

# Domestic Abuse – where do we want to be?

## Outcomes

- Reduction in incidents and harm from domestic abuse
- Victims and their children feel safe
- Effective co-ordinated, multi-agency, right first time response to incidents
- Preventative work with children and young people having a real impact
- Cultural shift from reactive working to prevention and early intervention
- A full understanding of need, service provision and gaps
- Joint commissioning based on the above



# Shared understanding of need – Aim

Lead organisation – SCC

---

To develop a culture of sharing information on CYP and families so that we can collectively serve their interests in a more joined up way.



# Shared understanding of need – where do we want to be?

## Actions

Year 1	Year 3	Year 5
Live list on what needs analyses/assessments are in progress	1, 3 and 5 year projections on the use of CYP services for each theme	1, 3 and 5 year projections on the prevalence of need for each theme
Ensure the voice of CYP and families is integral in assessment and design/development of services	Ensure the voice of CYP and families is integral in assessment and design/development of services	Ensure all new/renewed commissioning contracts include requirement to evidence voice of CYP
Develop a multi-agency data and analyst group to monitor and facilitate interagency data sharing	Provide a mechanism through which we can join up information on the needs of the parent(s)	
Invite partners to share all new engagement/consultation with CYP on SurreySays	Monitor and report on how engagement/consultation with CYP informs each theme	
Identify and promote the Caldicott Guardian		

# Shared understanding of need— where do we want to be?

## Expected outcomes for children, young people and families

- Health and wellbeing services for children and families are designed to take account of their needs and experiences
- CYP and families feel a part of decisions made about their health and wellbeing
- CYP and families are able to see where and how their input has affected strategic decisions (SurreySays)

## Expected process outcomes

- Agencies have developed an appropriate 'if in doubt, share' culture around data
- Agencies are collectively well aware of the future demand for services and needs of CYP and families
- Agencies are collecting and using the voice of CYP and families routinely to inform service decisions
- There is less duplication of work within and between agencies

Health and  
Wellbeing  
Surrey

# Commissioning for children – our plans

Lead organisations – SCC and CCGs

The Health and Wellbeing Board is asked to sign up to this programme of joint commissioning activity that will be delivered through the Children’s Health and Wellbeing Group

Early help	Children with complex needs	Mental health (CAMHS)	Looked after children
<ul style="list-style-type: none"> <li>➤ Establish Early Help Commissioning group to develop Early Help Joint Commissioning Strategy</li> <li>➤ Market position statement</li> <li>➤ Business case</li> <li>➤ Joint Procurement Project</li> </ul>	<ul style="list-style-type: none"> <li>➤ Development of Commissioning Strategy and joint procurement project for short breaks &amp; personal support</li> <li>➤ Joint strategic review of short breaks</li> <li>➤ Joint procurement of therapies</li> </ul>	<ul style="list-style-type: none"> <li>➤ Consultation on Draft Joint Commissioning Strategy</li> <li>➤ Set-up of procurement project for targeted CAMHS pooled budget</li> <li>➤ Draft s.75 for pooled budgets governance</li> </ul>	<ul style="list-style-type: none"> <li>➤ SCC Draft LAC Commissioning Strategy</li> <li>➤ Guildford &amp; Waverley CCG tendering for LAC medicals</li> <li>➤ Review of protocols for notification of LAC out of county in need of secondary care i.e. CAMHS</li> </ul>

## A&E admissions – GP focus

- Work with Children’s Centres to distribute leaflets/workshops around appropriate use of health services
- Education packs distributed in all Surrey primary schools



# Recommendations

---

## For each theme the Health and Wellbeing Board is asked to agree the:

- Aim
  - Lead organisation(s)
  - Actions
  - Outcomes
  - Governance (see below)
- **In addition:** to sign up to this programme of joint commissioning activity that will be delivered through the Children's Health and Wellbeing Group

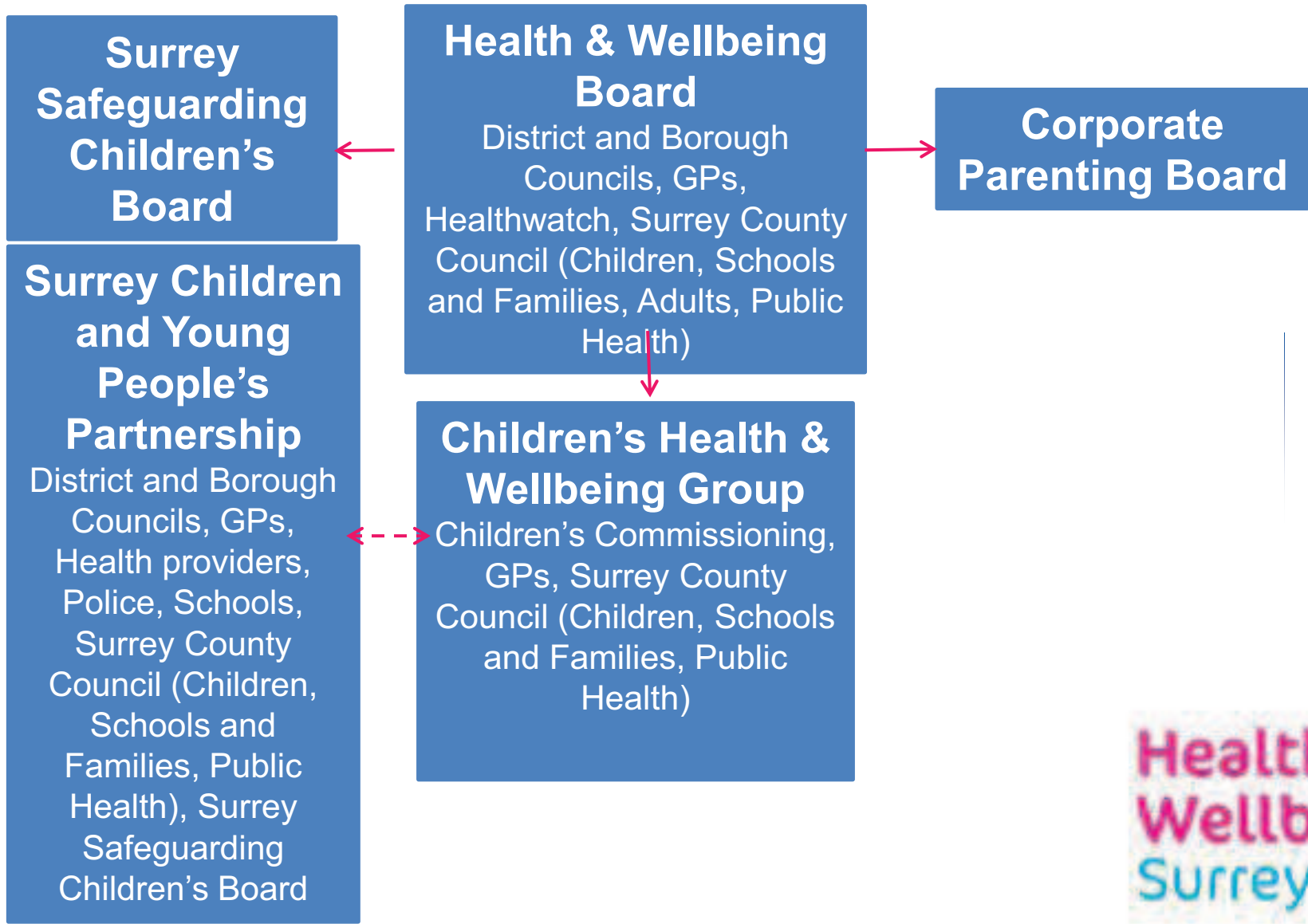
## The Children's Health and Wellbeing Group will:

- be responsible for delivering the action plan, including the joint commissioning activity
- develop its membership and engage as appropriate to ensure relevant stakeholders for health and wellbeing are involved in decision-making
- report back to the Health and Wellbeing Board on progress



Health and  
Wellbeing  
Surrey

# Governance



# Next steps

---

- **10 September 2013:** Children's Health and Wellbeing Group agree how further actions will be developed through engagement with stakeholders including Children and Young People's Operational Partnership
- **September-October 2013:** Detailed action plan to be developed including accountable leads, timescales and success measures in 1, 3 and 5 years
- **21 October 2013:** District and Borough workshop to identify how actions will be implemented at a local level
- **20 March 2013:** report back on progress to Health and Wellbeing Board

This page is intentionally left blank





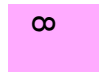
# Health and Wellbeing Surrey

Page 99



July 2013

Health and Wellbeing Surrey



## At our informal meeting on 4 July 2013, Surrey's Health and Wellbeing Board discussed a range of issues...

### What we discussed

- Going digital / patient health records
- The Winterbourne Review stocktake for Surrey
- The Disabled Children's Charter for Health and Wellbeing Boards
- Surrey's Joint Health and Wellbeing Strategy priority: improving children's health and wellbeing

### Who was there?

Councillor Michael Gosling (co-chair) - Cabinet Member, Surrey County Council  
 Dr Joe McGilligan (co-chair) – Chair, East Surrey Clinical Commissioning Group  
 Helen Atkinson – Acting Director of Public Health, Surrey County Council  
 Caroline Budden - Deputy Director, Children's, Schools and Families, Surrey County Council  
 Dr Jane Dempster – North East Hampshire and Farnham Clinical Commissioning Group  
 Dr David Eyre-Brook – Chair, Guildford and Waverley Clinical Commissioning Group  
 Councillor James Friend – Deputy Leader, Mole Valley District Council  
 Dr Claire Fuller – Clinical Chair, Surrey Downs Clinical Commissioning Group  
 Emma Harewood – Interim QIPP\* Programme Manager, Surrey Health Clinical Commissioning Group  
 Dr Liz Lawn – Chair, North West Surrey Clinical Commissioning Group  
 Sarah Mitchell – Strategic Director of Adult Social Care, Surrey County Council  
 Kathy O'Leary - Head of Policy, Development & Property, Reigate and Banstead Borough Council  
 Jane Shipp – Healthwatch Surrey  
 Dr Andy Whitfield – Chair, North East Hampshire and Farnham Clinical Commissioning Group  
 Justin Newman – Health & Wellbeing and Innovation lead, Surrey County Council  
 Eleanor Robb – Health and Wellbeing Programme Manager, Surrey County Council

\*QIPP – Quality, Innovation, Productivity and Prevention

## Going digital / patient health records

**Presented by:** Lucie Glenday, Programme Director Superfast Broadband (Surrey County Council)



### What did we cover?

Lucie provided the Board with an update regarding the steps the County Council is taking to give Surrey 99.7% coverage for fibre broadband, to develop/enhance digital skills where necessary and to use digital technology to support public service transformation.

Lucie described how this approach could be used to integrate patient health records.

### What was the outcome of the discussion?

The Board supported the approach Lucie described and asked her to continue her dialogue with Clinical Commissioning Groups to develop and refine options, and scope costs.

*IT or software should be seen as a problem fixer...*

*Start small...build to test*

*Focus on the user*



## The Winterbourne Review stocktake for Surrey

**Presented by:** Jo Poynter, Senior Manager, Adults Social Care (Surrey County Council)

### What is the Winterbourne View stocktake?

NHS England and the Local Government Association have established a Joint Improvement Programme following the publication of the final report on events at Winterbourne View Hospital.

The aim of the Programme is to work with local areas to make sure services are personalised, safe and local – the purpose of the stocktake is to enable local areas to assess progress against commitments made national, to identify where any support is required from the Joint Improvement Programme and to share best practice.

*Surrey has more people with learning disability per head of population than anywhere in northern Europe.*



### What did we cover?

The Board discussed the findings from the local stocktake for Surrey.

### What was the outcome from the discussion?

The Board signed off the local stocktake submission for Surrey which showed overall the County had made good progress in ensuring people with learning disabilities in Surrey are receiving care which is personalised, safe and local.



## Improving children's health and wellbeing

**Presented by:** Dr David Eyre-Brook, Lucy Botting (Guildford and Waverley Clinical Commissioning Group), Caroline Budden, Kelly Morris, Jo Holtom (Surrey County Council), Dr Charlotte Canniff (North West Surrey Clinical Commissioning Group), Diane McCormack (Children's Commissioning lead for Clinical Commissioning Groups)

### What did we cover?

The leads for the 'Improving children's health and wellbeing' priority facilitated a workshop for the Board which covered: children's health needs across Surrey; key themes which should be explored further; and beginning to generate ideas for improving children's health and wellbeing.

Three themes were selected for group discussions - these were: healthy behaviours; mental health and emotional wellbeing; and A&E admissions and out of hours services.

### And if we get it right?

Surrey's Joint Health and Wellbeing Strategy describes the outcomes we'll achieve if we get this priority right:

- More babies will be born healthy
- Children and young people with complex needs will have a good, 'joined up' experience of care and support
- More families, children and young people will have healthy behaviours
- Health outcomes for looked after children and care leavers will improve
- More children and young people will be emotionally healthy and resilient

*Children and young people (CYP) don't tend to have one risky behaviour they have multiple.*

*Prevention is a the common theme throughout the emerging topics.*

*Some groups of CYP are more likely to experience inequalities such as looked after children, however it is not just certain groups of CYP, geographical inequalities exist too.*



### What was the outcome of the discussion?

It was agreed that the leads would take the outputs from the session and work with partners to refine into proposals to bring back to the Board for approval on 5 September 2013.

Further themes / areas of focus for the 'Improving children's health and wellbeing' will be discussed at the informal business meeting of the Board on 1 August 2013.

## The Disabled Children's Charter

### What is the Disabled Children's Charter for Health and Wellbeing Boards?

The Charter has been developed to support Health and Wellbeing Boards to meet their responsibilities towards disabled children, young people and their families, including children and young people with special educational needs and health conditions.

### What was the outcome of the discussion?

The Board was asked to note the 'Disabled Children's Charter for Health and Wellbeing Boards' and consider it throughout the discussions about the 'Improving children's health and wellbeing' priority at today's and next month's Board meeting.

**Health and Wellbeing Surrey**



# Health and Wellbeing Surrey

Page 103



August 2013



## At our informal meeting on 1 August 2013, Surrey's Health and Wellbeing Board discussed a range of issues...

### What we discussed

- Surrey's Supporting Families Programme
- Improving children's health and wellbeing

### Who was there?

Councillor Michael Gosling (co-chair) - Cabinet Member, Surrey County Council  
 Dr Joe McGilligan (co-chair) – Chair, East Surrey Clinical Commissioning Group  
 Helen Atkinson – Acting Director of Public Health, Surrey County Council  
 Dr Jane Dempster – North East Hampshire and Farnham Clinical Commissioning Group  
 Dr David Eyre-Brook – Chair, Guildford and Waverley Clinical Commissioning Group  
 Dr Claire Fuller – Clinical Chair, Surrey Downs Clinical Commissioning Group  
 John Jory, Chief Executive, Reigate and Banstead Borough Council  
 Susie Kemp, Assistant Chief Executive, Surrey County Council  
 Sue Robertson, Associate Director, North West Surrey Clinical Commissioning Group  
 David Sargeant, Assistant Director - Personal Care and Support, Surrey County Council  
 Jane Shipp – Healthwatch Surrey  
 Dr Andy Whitfield – Chair, North East Hampshire and Farnham Clinical Commissioning Group  
 Nick Wilson, Strategic Director of Children, Schools and Families, Surrey County Council  
 Eleanor Robb – Health and Wellbeing Programme Manager, Surrey County Council

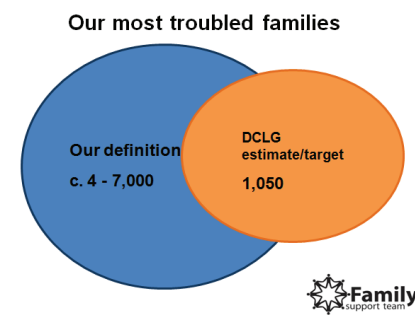


## Surrey's Supporting Families Programme

**Presented by:** Sean Rafferty  
(Head of Family Services,  
Surrey County Council)

### What did the presentation cover?

Sean provided the Board with information about Surrey's Supporting Families Programme. The Supporting Families Programme is an intensive programme that facilitates the coordination of agencies around those families most in need.



The presentation covered the national policy context, the methodology used to select the families who receive support, how the programme is funded, the geographical location of families, the whole family approach and timescales for local implementation.

*Surrey's Supporting Families Programme is about stepping in to help the families most in need*



### What was discussed by the Board?

- The role of adult literacy education in the Programme
- Information sharing protocols and the good learning that comes from the Programme
- The level of awareness about the Programme amongst health professionals and how GPs and other health partners can add to the work
- Opportunities for targeting public health and preventative work with families on the Programme

*It saves money...£20,000-£30,000 per family*



### What was the outcome of the discussion?

- The Supporting Families Programme will be part of the action plan for the 'improving children's health and wellbeing' priority, as well as the action plan for the 'taking a preventative approach' priority
- Key strategic conversations will take place between health partners, District and Borough Councils, Public Health and Surrey's Supporting Families Programme to facilitate greater understanding and involvement across health partners
- Workshops aimed at scaling up the Supporting Families Programme to reach more families will take place in the autumn

**Health and Wellbeing Surrey**



## Improving children's health and wellbeing

**Presented by:** Dr David Eyre-Brook, Lucy Botting, Dr Liz Rayment (Guildford and Waverley Clinical Commissioning Group), Nick Wilson, Ian Banner, Beverley Clarke (Surrey County Council), Diane McCormack (Children's Commissioning lead for Clinical Commissioning Groups).

### What did the presentations cover?

Following on from the Health and Wellbeing workshop held in July, the leads for the 'Improving children's health and wellbeing' priority facilitated a workshop focussing on three themes:

- children with complex needs;
- early help; and
- joint commissioning.

*Early help is about family resilience...*

*It is easier to do things together than apart*



### What was discussed by the board?

The discussion was wide ranging across each of the three themes and included:

- the need for making decisions about pooled budgets and joint commissioning, and the current barriers to this;
- the importance of information sharing between agencies;
- the need for courageous leadership in leading organisations to work together and promote whole system change; and
- the need to develop the workforce to support improvements to children's health and wellbeing.

### What was the outcome of the discussion?

The Board agreed to progress the joint approach to commissioning they had discussed.

It was also agreed that the leads would take the outputs from the session, together with the outputs from the workshop held in July, and work with partners to develop an outline children's health and wellbeing plan to be presented to the Board at its meeting on 5 September 2013.

On 11 July 2013 the county's district and borough councils held a workshop to focus on their role in implementing the 'promoting emotional wellbeing and mental health' priority...

### Who was there?

John Jory, Chief Executive of Reigate and Banstead Borough Council, hosted the workshop which had representatives from Surrey's district and borough councils, Surrey County Council and North East Hampshire & Farnham Clinical Commissioning Group (as lead commissioners for mental health for the Surrey Clinical Commissioning Groups).

### What were the aims of the workshop?

The workshop was designed to ensure those who attended:

- developed a better understanding of health issues across Surrey, particularly emotional wellbeing and mental health and the impact it can have on people's lives;
- learned about the action that is being taken pan-Surrey through Surrey's Joint Health and Wellbeing Strategy;
- were able to share examples of the work being undertaken locally to promote emotional wellbeing and mental health; and
- discussed and generated ideas for further action to be taken locally.

### What happened at the workshop?

The workshop had a packed agenda with a combination of presentations and group discussions.

The discussions showed that there is a huge amount going on already to promote emotional wellbeing and mental health – including the development of Dementia Wellbeing Centres, a wide range of 'housing' initiatives, community and leisure services and the Supporting Families Programme.

Opportunities for further work were also identified including mental health awareness training, encouraging volunteering and reaching out within communities through community hubs and the use of new, digital technology.

The highlight of the workshop, was a powerful short play (performed by Acting Out) to demonstrate the impact of mental illness on a person's life.

*Did you know in Surrey...*  
*...an estimated 110,000 people aged 18-64 have a common mental disorder such as depression or anxiety.*  
*...almost 20,000 children / young people have a mental health problem.*



*Nationally...*  
*...nearly 9 / 10 people with mental health problems have experienced stigma & discrimination.*  
*...fewer than 4 / 10 employers say they would consider employing someone with a history of mental health problems.*

### What happens next?

Attendees agreed to take back the actions they had discussed to their respective organisations to explore how they could be taken forward. Further workshops will be held each quarter to discuss other priorities and discuss the progress that has been made.

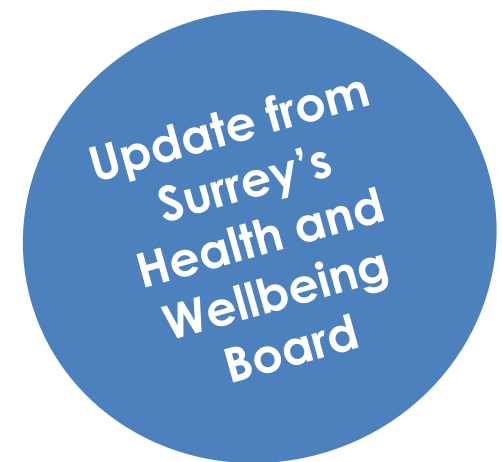
**Health and Wellbeing Surrey**

This page is intentionally left blank

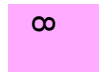


# Health and Wellbeing Surrey

Page 109



September 2013



## At our formal meeting on 5 September 2013, Surrey's Health and Wellbeing Board discussed a range of issues...

### What we discussed

- Aligning the commissioning cycles
- The 'Improving Children's Health and Wellbeing' priority
- Healthwatch's work programme
- The Disabled Children's Charter for Health and Wellbeing Boards

### Who was there?

Councillor Michael Gosling (co-chair) - Cabinet Member, Surrey County Council  
 Dr Joe McGilligan (co-chair) – Chair, East Surrey Clinical Commissioning Group  
 Helen Atkinson – Acting Director of Public Health, Surrey County Council  
 Dr David Eyre-Brook – Chair, Guildford and Waverley Clinical Commissioning Group  
 Dr Claire Fuller – Clinical Chair, Surrey Downs Clinical Commissioning Group  
 John Jory, Chief Executive, Reigate and Banstead Borough Council  
 Liz Lawn, Clinical Chair, North West Surrey Clinical Commissioning Group  
 Andy Brooks, Chief Officer, Surrey Heath CCG  
 Sarah Mitchell, Strategic Director for Adult Social Care, Surrey County Council  
 Jane Shipp – Healthwatch Surrey  
 Councillor James Friend, Leader Mole Valley District Council  
 Dr Andy Whitfield – Chair, North East Hampshire and Farnham Clinical Commissioning Group  
 Nick Wilson, Strategic Director of Children, Schools and Families, Surrey County Council  
 Lynne Owens, Chief Constable, Surrey Police  
 Justin Newman – Health & Wellbeing and Innovation Lead, Surrey County Council

**At the beginning of the meeting, the Board agreed to invite the Chief Constable, Surrey Police (Lynne Owens) to be a formal member of the Board.**

## Aligning commissioning cycles

**Presented by:** Representatives of each clinical commissioning group and Surrey County Council's Adult Social Care, Children, Schools and Families, and Public Health teams.

### What did the presentation cover?

The purpose of the presentation was to share at a headline level the commissioning planning timeframes and key commissioning priorities / intentions of each of the Clinical Commissioning Groups (CCGs).

Each of the presenting Board members discussed their timelines for the development and delivery of commissioning activities, strategic priorities and commissioning intentions (a copy of the slides are published on the website alongside this update).

*We are a Board of commissioners, not a commissioning Board*



#### Aligning commissioning cycles

##### Purpose of the presentation:

To share at a headline level the commissioning planning timeframes and key commissioning priorities / intentions of each of the Clinical Commissioning Groups and Surrey County Council.

##### The Health and Wellbeing Board is asked to:

- Note the presentation given by the rep's of the Clinical Commissioning Groups & Surrey County Council
- Consider & discuss any opportunities, gaps or challenges that have been identified in the presentation
- Agree any further actions required to support the development & alignment of commissioning plans



#### Aligning commissioning cycles – summary

##### Questions from members of the Board?

##### The Health and Wellbeing Board is asked to:

- Note the presentation given by the rep's of the Clinical Commissioning Groups & Surrey County Council
- Consider & discuss any opportunities, gaps or challenges that have been identified in the presentation
- Agree any further actions required to support the development & alignment of commissioning plans



### What was discussed by the Board?

- the importance of understanding the commissioning plans and intentions across health and social care partners
- the common building blocks for each organisation's plans – such as Surrey's Joint Strategic Needs Assessment and Joint Health and Wellbeing Strategy
- the opportunities and need to work together where commissioning intentions align

### What was the outcome of the discussion?

The Board noted the commissioning timetables and priorities / intentions.

The Board also re-stated and endorsed the principle of working together where commissioning intentions aligned.





## Improving children's health and wellbeing

**Presented by:** Caroline Budden (Children's, Schools and Families, Surrey County Council), Dr Liz Rayment (Guildford and Waverley Clinical Commissioning Group) and Helen Atkinson (Public Health, Surrey County Council)

### What did the presentation cover?

Following on from the Health and Wellbeing Board workshops held in July and August, the leads for 'Improving children's health and wellbeing' presented a summary of the journey so far and suggested actions for delivering the priority.

The presentation set out nine themes for the improving children's health and wellbeing: early help, A&E admissions/out of hours services, complex needs, healthy behaviours, mental health, domestic abuse, risky behaviours, shared understanding of need and commissioning for children.

Each theme was discussed within the presentation. These discussions included the current services in place, the outcomes we are trying to achieve and the suggested actions.

Children are 25% of our population...

...and 100% of our future



### What was discussed by the board?

- how the success of this work would be measured;
- the important role for Surrey's District and Borough Council's in improving children's health and wellbeing; and
- the need to be ambitious in delivering the Joint Health and Wellbeing Strategy.

*Our Health and Wellbeing Strategy says that if we get this right we hope to see the following outcomes:*

- More babies will be born healthy
- Children and young people with complex needs will have a good, 'joined up' experience of care and support
- More families, children and young people will have healthy behaviours
- Health outcomes for looked after children and care leavers will improve
- More children and young people will be emotionally healthy and resilient.

### What was the outcome of the discussion?

The Board endorsed the overall aims, outcomes, lead organisations and actions set out in the presentation.

The Board also:

- recognised the need for further discussions within individual Board member's organisations to agree whether some of the specific actions within the presentation would be adopted in their areas.
- agreed that the Children's Health and Wellbeing Group take responsibility for monitoring the delivery of the action plan and will report back to the Health and Wellbeing Board with progress.



## Healthwatch's work programme

**Presented by:** Richard Davy,  
Healthwatch Surrey



### What did the presentation cover?

The presentation provided the Board with an update on the progress that Healthwatch Surrey has made since April 2013.

The update included information about the recent appointments to the Board of Healthwatch Surrey, including the appointment of Peter Gordon as chair.

Richard updated the Board on the progress made in developing information and advice services, an overview of community research and engagement activities undertaken and progress made in gathering evidence and insight on health and social care issues.

### What was the outcome from the discussion?

The Board noted the progress that has been made in developing Surrey's Healthwatch arrangements and welcomed the appointment of the new chair and other new members of the Healthwatch Surrey Board.

*Healthwatch Surrey, part of the Healthwatch England national network, is a new independent organisation that will give people a voice to improve and shape services and help them get the best out of health and social care services.*



### Want to know more about Healthwatch Surrey or get involved?

If you want to find out more information you can visit their website [healthwatchesurrey.co.uk](http://healthwatchesurrey.co.uk) or to contact them you can:

Pop into any of the Citizens Advice Bureaux in Surrey

**Tel:** 0303 303 0023 (local rate number)

**Text Relay:** 18001 0303 303 0023

**SMS Text:** 07592 787533

**Email:**  
[enquiries@healthwatchesurrey.co.uk](mailto:enquiries@healthwatchesurrey.co.uk)

@HW\_Surrey

## The Disabled Children's Charter for Health and Wellbeing Boards

### What is the charter?

The Disabled Children's Charter for Health and Wellbeing Boards sets out a range of commitments made by those signed up to it to improve the lives and experience of disabled children, young people and their families.

### What was the outcome of the discussion?

The Board discussed the merits of signing up to the charter and were all agreed about the importance of improving the lives and experience of disabled children. The Board agreed to bring the charter back to a future meeting to discuss and decide whether it would sign up to it.



This page is intentionally left blank



# Health and Wellbeing Surrey

Page 115



October 2013



**At our informal meeting on 3 October 2013, Surrey's Health and Wellbeing Board focussed on the 'Older Adults' priority from our Joint Health and Wellbeing Strategy...**

Page 116

**Who was there?**

Councillor Michael Gosling (co-chair) - Cabinet Member, Surrey County Council  
 Dr Joe McGilligan (co-chair) – Chair, East Surrey Clinical Commissioning Group  
 Joanne Alner, North West Surrey Clinical Commissioning Group  
 Lisa Andrews - Public Health, Surrey County Council  
 Jean Boddy – Adult Social Care, Surrey County Council  
 Andy Brooks, Chief Officer, Surrey Heath CCG  
 Councillor Steve Cossar – Cabinet Associate, Surrey County Council  
 Councillor Mel Few – Cabinet Member, Surrey County Council  
 Councillor James Friend, Leader Mole Valley District Council  
 Dr Claire Fuller – Clinical Chair, Surrey Downs Clinical Commissioning Group  
 Dr Jonathan Inglesfield – Guildford and Waverley Clinical Commissioning Group  
 Tom Kealey, Reigate and Banstead Borough Council  
 Sarah Mitchell, Strategic Director for Adult Social Care, Surrey County Council  
 Jane Shipp – Healthwatch Surrey  
 Dr Andy Whitfield – Chair, North East Hampshire and Farnham Clinical Commissioning Group  
 Justin Newman – Health & Wellbeing and Innovation Lead, Surrey County Council

## Improving older adults health and wellbeing

Our focus on improving older adults health and wellbeing intends to deliver a coherent approach across Surrey whilst also recognising different needs and demands in local areas.

### The objectives of the workshop were to:

- > develop a shared understanding and vision for older people's health and wellbeing in Surrey;
- > develop a plan of action for each Clinical Commissioning Group (CCG) area in Surrey; and
- > identify opportunities for joint commissioning in each CCG area.

### Did you know...

... the number of older people aged 65 and over in Surrey is projected to rise from 181,500 in 2013 to 233,200 in 2020.

...it is estimated that the number of people aged 85 and over in Surrey will increase from 32,000 people in 2013 to 46,000 by 2020.

...an estimated 7,770 carers aged 65 and over are providing more than 20 hours of care every week.



*Our Health and Wellbeing Strategy says that if we get this right we hope to see the following outcomes:*

- Older adults will stay healthier and independent for longer
- Older adults will have a good experience of care and support
- More older adults with dementia will have access to care and support
- Older adults will experience hospital admission only when needed and will be supported to return home as soon as possible
- Older carers will be supported to live a fulfilling life outside caring.

### What was discussed by the Board?

- The Board split into groups to discuss the priority for each of the six CCG areas in Surrey.
- The discussions focussed on:
  - what we were trying to achieve;
  - what is currently working well;
  - what areas aren't working as well; and
  - what actions could we take to improve older adult's health and wellbeing.

**Health and Wellbeing Surrey**

## Improving older adults health and wellbeing

### What sorts of things came up in the workshop?

The discussions were wide ranging and covered a variety of issues related to improving the health and wellbeing of older adults in Surrey - below are just a few of the examples from across the six CCG areas in Surrey:

#### Vision – what are we trying to achieve?

*“The elderly will remain as healthy as possible for as long as possible and will be supported in their own homes wherever possible”*  
*“Increase healthy life expectancy”*  
*“Planned care, not reactive”*  
*“Good dialogue for residents and families/carers”*  
*“Seamless patient flow”*  
*“Sense of belonging / happy, healthy and independent older people”*  
*“Improving experience”*

#### What's working well at the moment?

Examples varied from each area but included:  
*“High quality local hospital / general practice”*  
*“Joint working between the CCG and the Borough Council”*  
*“Adult Social Care service / support 8am-8pm, 7 days a week”*  
*“Innovative community service”*  
*“Work with paramedics – e.g.. referring to GPs rather than hospitals”*  
*“Our dementia pilot”*

#### What's not working so well at the moment?

Examples varied from each area but included:  
*“Avoidance of unnecessary admission to hospitals”*  
*“Demand exceeding provision”*  
*“Pressures on primary and community care staff”*  
*“Care through the out of hours service”*  
*“Patient flows through the health system”*  
*“Our patient transport”*

#### What was the outcome of the discussion?

The leads from each of the CCG areas took the notes from the workshop for their respective areas away with them to discuss further with colleagues and partners to agree at a local level how they can be implemented.

#### Did you know...

... dementia is a significant issue in Surrey. Around 14,500 people over 65 have a diagnosis of dementia, but this is likely to be an under-estimate.

...around 75,000 people over 65 have a long term health condition, which is projected to rise to 90,000 in 2020.

...people from all ethnic groups are affected by dementia.



#### So what actions can we take?

Examples varied from each area but proposed actions included:  
*“Shared resources between local authorities”*  
*“Joint health and social care commissioning forum”*  
*“Use of residential care home beds to support discharge from hospital”*  
*“Enhance community provision”*  
*“Have better coordination of care with a named responsible person”*  
*“Strengthen contract management arrangements”*

**Health and Wellbeing Surrey**



Health Scrutiny Committee  
14 November 2013

**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 draft Work Programme.

**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 Work Programme for 2013/14 is attached at **Annex 2**. The Committee is asked to note its contents and make any relevant comments.

**Recommendations:**

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

---

**Report contact:** Ross Pike, Scrutiny Officer, Democratic Services

**Contact details:** 020 8541 7368, [ross.pike@surreycc.gov.uk](mailto:ross.pike@surreycc.gov.uk)

**Sources/background papers:** None



This page is intentionally left blank

## ANNEX 1

### HEALTH SCRUTINY COMMITTEE ACTIONS AND RECOMMENDATIONS TRACKER – UPDATED 7 OCTOBER 2013

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
SC027	Better Services Better Value [Item 6]	The Committee is concerned by the effect of the review on Surrey residents but welcomes the public consultation, giving Member and their residents an opportunity to have their say. The Committee will therefore invite BSBV to attend a Committee meeting post-consultation.	Better Services Better Value / Scrutiny Officer	BSBV has not yet announced when consultation will begin.	<i>TBC</i>
SC031	NHS 111 [Item 6]	That the NHS 111 service is encouraged to publicise its services in the future in order to improve public confidence.	SECamb East Surrey CCG Scrutiny Officer	Update scheduled for March '14 from the provider.	<i>March 2014</i>
SC032	NHS 111 [Item 6]	That the NHS 111 service addresses concerns about access for minority groups.	SECamb East Surrey CCG Scrutiny Officer	Update scheduled for March '14 from the provider.	<i>March 2014</i>

Number	Item	Recommendations/ Actions	Responsible Member (officer)	Comments	Due completion date
SC033	NHS 111 [Item 6]	That the NHS 111 service work to improve the service for young carers and those in long-term palliative care.	SECAMB East Surrey CCG Scrutiny Officer	Update scheduled for March '14 from the provider.	<i>March 2014</i>
SC034	Patient Transport Service [Item 7]	That SECAMB ensure that drivers give fair warning of lateness as mandatory practice.	SECAMB East Surrey CCG Scrutiny Officer	To be raised in meetings with CCG and expect update in January '14 from the provider.	<i>January 2014</i>
SC035	Patient Transport Service [Item 7]	That SECAMB ensure that they respond and investigate complaints	SECAMB East Surrey CCG Scrutiny Officer	To be raised in meetings with CCG and expect update in January '14 from the provider.	<i>January 2014</i>
SC036	Patient Transport Service [Item 7]	That SECAMB and other partners work to ensure a consistent quality of service across the county	SECAMB East Surrey CCG Scrutiny Officer	To be raised in meetings with CCG and expect update in January '14 from the provider.	<i>January 2014</i>
<b>COMPLETED ITEMS</b>					

## Health Scrutiny Committee Work Programme 2013-2014

Date	Item	Why is this a Scrutiny Item?	Contact Officer	Additional Comments
<b>November 2013</b>				
14 Nov	Development of Services for the Frail and Elderly	Scrutiny of Services/Policy Development – The Frail/Elderly pathway has been identified as a key priority County-wide. Issues include the unnecessary admission of care home residents into hospital. Hospitals and CCGs have been developing key workstreams around improving the pathway. It is important for the Committee to scrutinise current services and contribute to the development and commissioning of new services and pathways.	SASH  East Surrey CCG & other CCGs  Sarah Mitchell, Strategic Director for Adult Social Care	To be joint with ASC Select
14 Nov	Post-stroke Rehabilitation Update	Scrutiny of Services/Policy Development – In 2012, the Committee commissioned Healthwatch’s predecessor, LINK, to undertake a project on the accessibility and quality of post-stroke rehabilitative care in the county. They made their report in March 2013 and developed an action plan that passed to Healthwatch for their continued work. The Committee will scrutinise progress so far in implementing the improvements suggested in the action plan.	Healthwatch representative  Jane Shipp	
14 Nov	Health & Wellbeing Board Update	Scrutiny of Services – The Health & Wellbeing Board will be invited to present a report identifying progress since April and any potential changes in service provision or commissioning for the next year.	Chair(s) Health & Wellbeing Board  Justin Newman, Performance and Change	

## Health Scrutiny Committee Work Programme 2013-2014

Date	Item	Why is this a Scrutiny Item?	Contact Officer	Additional Comments
			Lead Manager	
14 Nov	Report of Quality Account Member Reference Groups	Scrutiny of Services – The Committee will receive mid-year update reports from each of the NHS Trust Quality Account Member Reference Groups (QA MRGs). Focus on A&E performance and the stroke pathway.	MRG Chairmen	
<b>Budget Workshop</b>				
14 Nov	Budget Workshop	Scrutiny of Services – The Committee will consider the finances of the Public Health team	Helen Atkinson Paul Carey-Kent	
<b>January 2014</b>				
9 Jan	Sexual Health Services for Children and Young People	Scrutiny of Services – The Committee will scrutinise prevention work with children and young people in schools, colleges and the youth service.	Helen Atkinson, Acting Director of Public Health  Caroline Budden, Children, Schools & Families	To be joint with C&E Select
9 Jan	Childhood Obesity	Scrutiny of Services – There is a growing national problem of obesity in children and young people. The JSNA identifies that Surrey does not have an agreed weight management care pathway and services vary across the County, not meeting the needs of those at high risk. The Committee will scrutinise efforts of Public Health and the CCGs in addressing this issue.	Helen Atkinson, Acting Director of Public Health  Guildford & Waverley CCG  Children,	To be joint with C&E Select

## Health Scrutiny Committee Work Programme 2013-2014

Date	Item	Why is this a Scrutiny Item?	Contact Officer	Additional Comments
			Schools & Families representative	
9 Jan	Patient Transport Service	Scrutiny of services – Committee seeks an update on performance of PTS in Surrey and to scrutinise developments following the item in September 2013.	Mark Bounds, East Surrey CCG,  Paul Sutton, SECamb  Patient Rep	
9 Jan	Surrey & Sussex Local Area Team	Scrutiny of Services – The Surrey & Sussex Local Area Team of the National Commissioning Board will be invited to report on their commission intentions for primary care and prisoner and offender health for the next year.	Amanda Fadero, Surrey & Sussex LAT	
<b>Budget Workshop</b>				
19 Feb	Budget Workshop	Scrutiny of Services – The Committee will consider the finances of the Public Health team	Helen Atkinson Paul Carey-Kent	
<b>March 2014</b>				
19 Mar	End of Life Care	Scrutiny of Services – People approaching the end of their lives may have complex care needs. Their family also needs to be supported to cope with the relative's eventual death. The Committee will scrutinise current service provision in responding to a person's choices in end of life care.	CCGs  Acute hospital representative  Social care	

## Health Scrutiny Committee Work Programme 2013-2014

Date	Item	Why is this a Scrutiny Item?	Contact Officer	Additional Comments
			representative	
19 Mar	Commissioner Response to Francis	Scrutiny of Services – Following on from last July’s session with providers giving their response and plans on the Francis Report, all CCGs are invited to present how they are responding to Francis.	CCGs	
19 Mar	Review of Quality Account Priorities	Policy Development – The Committee will receive progress reports from the QA MRGs for each NHS Trust and review the MRG’s comments on priorities for the next year’s QA for those Trusts that have submitted draft priorities.	MRG Chairmen/Leah O’Donovan, Scrutiny Officer	
<b>May 2014</b>				
22 May	Diabetes management	Scrutiny of Services – The prevention and management of diabetes was identified as a priority for the County in the Joint Health and Wellbeing Strategy. The Joint Strategic Needs Assessment has identified that not everyone who needs weight management and exercise programmes is accessing them. The Committee will scrutinise current service provision and identify any gaps.	CCGs  Primary Care representative  Community Health representative	
22 May	GP Out of hours service	Scrutiny of Services – Public confidence in local GP out of hours schemes is very low. This can lead to more A&E attendances as people struggle to access healthcare at nights and weekends. The Committee will scrutinise current plans for out-of-hours care across the county.	CCG representatives	TBC
22 May	Rapid Improvement Event – Acute Hospital Discharge	Policy Development – the committee will review the progress and impacts of the actions identified in the October Rapid Improvement Event alongside the continued monitoring of the SECamb delivered PTS.	Sonya Sellar, ASC  CCG representative	TBC



## Health Scrutiny Committee Work Programme 2013-2014

Date	Item	Why is this a Scrutiny Item?	Contact Officer	Additional Comments
			Acute Trust	
22 May	Review of Quality Account Priorities	Policy Development – The Committee will review the MRG’s comments on priorities for the next year’s QA for those Trusts submitting priorities since the last meeting.	MRG Chairmen/Leah O’Donovan, Scrutiny Officer	
<b>July 2014</b>				
3 July	Acute Hospitals	Scrutiny of Services – the performance of acute hospital are of the utmost interest to the Surrey public and they have been widely reported to be under more pressure than in the past. The performance of the hospitals also effects the whole health system. Following the MRG QA meetings the Committee will be well placed to take an overview of the issues facing the hospitals across Surrey in a public forum.	Acute Trusts CCGs Patients/Health Watch	TBC
12 July	Transformation Board Update	Scrutiny of Services/Policy Development - Transformation Boards are made up of NHS commissioners and providers and SCC. The Boards centre on the Acute Trusts and have the entire health economy of that area as their scope. They solve problems and strategise on thematic terms. The Committee would benefit from understanding the outputs of an exemplar board and their role in the health system	Board representatives	TBC
3 July	Meeting rural area emergencies	Scrutiny of Services – The Community First Responder Scheme (CFRS) and the location of public-use de-fibrillators in rural areas is part of the way in which these residents receive medical emergency services as there is not always the ability to get an ambulance within the eight-minute target window. The Committee has expressed a desire to learn more about this area and to identify ways of expanding the CFRS scheme in order to reach more people in rural areas.	SECamb SCC representative	

Health Scrutiny Committee Work Programme 2013-2014

Date	Item	Why is this a Scrutiny Item?	Contact Officer	Additional Comments
<b>To be scheduled</b>				
	Renal Services	Scrutiny of Services/Policy Development – St Helier Hospital, which is based in the London Borough of Sutton, provides renal services to most Surrey residents. Following the outcome of the Better Services Better Value review that X should become a planned care centre, there is a need to review access to these services for residents of Surrey. The Committee will scrutinise current availability of renal services and the potential to move services back into Surrey.	Epsom & St Helier Hospitals  CCG lead (TBC)	
22 May?	Better Services Better Value	Scrutiny of Services – The BSBV programme should have completed consultation by this point. The Committee will scrutinise any final plans for the reorganisation of health services in south west London and north Surrey.	BSBV	
	Cancer Services	Scrutiny of Services – The Committee will scrutinise current provision of cancer screening and treatment services across the County.	Acute hospital representatives  Community health representatives	
	Community Health Services	Scrutiny of Services – The Committee will scrutinise current community health provision across the County from the three community providers.	Virgin Care  Central Surrey Health  First Community Health & Care	

## Health Scrutiny Committee Work Programme 2013-2014

Date	Item	Why is this a Scrutiny Item?	Contact Officer	Additional Comments
			ASC representation	
	Continuing Health Care (CHC)	Scrutiny of Services – Historically there was a backlog of CHC decisions to be made. The Committee will scrutinise the new lead CCG on arrangements for handling the backlog and moving forward.	Surrey Downs CCG  Andy Butler, SCC ASC	
	Partnership working arrangements with Surrey & Borders Partnership NHS Foundation Trust (SABP)	Scrutiny of Services/Policy Development – The Mental Health Services Public Value Review of 2012 reviewed the partnership working arrangements of Surrey County Council and Surrey & Borders Partnership NHS Foundation Trust. The Committee will scrutinise the outcomes of this review.	Donal Hegarty/Jane Bremner, ASC	To be joint with ASC Select

Page 129

### Task and Working Groups

Group	Membership	Purpose	Reporting dates
Alcohol	TBC	The health effects of alcohol are well known however it remains prevalent among Surrey residents of all backgrounds. The group should investigate public perceptions on safe drinking and the effect on statutory services. The group may also develop strategies for managing alcohol intake, raising awareness and contribute to Public Health's Alcohol Strategy	

## Health Scrutiny Committee Work Programme 2013-2014

<b>Unplanned Care</b>	TBC	There is a national and regional issue whereby people attend A&E for non-emergency care. The various reasons include inability to secure an appointment with a local GP or general lack of knowledge about other more appropriate services. CCGs will attempt to reduce the number of A&E attendances and the aim of this Group will be to work with the CCGs to communicate the message of A&E alternatives to the general public.	TBC
<b>Prevention for 50-plus</b>	TBC – To be joint with Adult Social Care Select Committee	Preventing the need for social care or health care in the future is paramount to reducing costs across the health and social care landscape as well as contributing to a healthier Surrey population. The Group will investigate the availability and provision of preventative services across the County for both physical and mental wellbeing for those over 50.	March 2014