Notice of Meeting

Health Scrutiny Committee

SURREY COUNTY COUNCIL

Date & time	Place	Contact	Chief Executive
Thursday, 9 January 2014 at **10.00 am**	Committee Room C, County Hall, Kingston upon Thames, Surrey KT1 2DN	Ross Pike or Victoria Lower Room 122, County Hall Tel 020 8541 7368 or 020 8213 2733 ross.pike@surreycc.gov.uk or victoria.lower@surreycc.gov.uk	David McNulty

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This meeting will be held in public. If you would like to attend and you have any special requirements, please contact 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: 14 NOVEMBER 2013 (Pages 1 - 12)

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

3 DECLARATIONS OF INTEREST

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

Notes:

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

4 QUESTIONS AND PETITIONS

To receive any questions or petitions.

Notes:

1. The deadline for Member's questions is 12.00pm four working days before the meeting (3 January 2014).
2. The deadline for public questions is seven days before the meeting (2 January 2014).
3. The deadline for petitions is 24 December 2013.

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 INTEGRATION TRANSFORMATION FUND

Purpose of report: Scrutiny of Services

To provide a shared understanding of the Integration Transformation Fund (ITF) and the joint work underway to produce the Surrey ITF Plan for sign-off by the Health and Wellbeing Board in February 2014.

7 PATIENT TRANSPORT SERVICE (Pages 13 - 54)

Purpose of report: Scrutiny of Services

The Committee seeks an update on performance of PTS in Surrey and to scrutinise developments following the item in September 2013.

8 SEXUAL HEALTH SERVICES FOR CHILDREN AND YOUNG PEOPLE (Pages 55 - 62)

Purpose of report: Scrutiny of Services

The Committee will scrutinise prevention work with children and young people in schools, colleges and the youth service.

9 SURREY AND SUSSEX LOCAL AREA TEAM (Pages 63 - 72)

Purpose of report: Scrutiny of Services

The Surrey & Sussex Local Area Team of the National Commissioning Board will be invited to report on their draft commissioning intentions for primary care for the next year.

10 SURREY AND SUSSEX FOUNDATION TRUST CONSULTATION (Pages 73 - 94)

Purpose of report: Scrutiny of Services

The Committee will consider the plans of Surrey and Sussex Healthcare NHS Trust to become a Foundation Trust and feed into the consultation process.

11 RECOMMENDATION TRACKER AND FORWARD WORK PROGRAMME (Pages 95 - 108)

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

12 DATE OF NEXT MEETING

The next meeting of the Committee will be held at 10am on 19 March 2014.

David McNulty
Chief Executive
Published: Thursday, 19 December 2013

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MINUTES of the meeting of the **HEALTH SCRUTINY COMMITTEE** held at 10.00 am on 14 November 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 Bob Gardner
* Mr Tim Hall
* Mr Peter Hickman
* Mrs Tina Mountain
* Mr Chris Pitt
* Mrs Pauline Searle
* Mrs Helena Windsor

Independent Members

* Borough Councillor Nicky Lee
* Borough Councillor Karen Randolph
* Borough Councillor Mrs Rachel Turner

Apologies:

Mr Richard Walsh

In attendance:

* Mrs Margaret Hicks

40/13 APOLOGIES FOR ABSENCE AND SUBSTITUTIONS [Item 1]

Apologies were received from Richard Walsh.

41/13 MINUTES OF THE PREVIOUS MEETING: 18 SEPTEMBER 2013 [Item 2]

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

42/13 DECLARATIONS OF INTEREST [Item 3]

There were no declarations of interest.

43/13 QUESTIONS AND PETITIONS [Item 4]

There were no questions or petitions to report.

44/13 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:

SUTTON HOSPITAL
Epsom and St Helier Trust wished to continue relocating services from Sutton Hospital elsewhere and approached us as part of a minor consultation process.

Peter Hickman and Bob Gardner make up the Members Reference Group for Epsom and St Helier. Bob being unavailable at the time, Peter and I met a senior representative from Epsom and St Helier for discussions which I later relayed to Bob.

We raised no objections to the proposed relocations which were in the established direction of closure.

PATIENT TRANSPORT SERVICE
Members will recall that at the last Health Scrutiny Committee Meeting on 18 September we concluded that the Patient Transport Service provided by South East Coast Ambulance Service (SECAmb) to be unsatisfactory in a number of respects.

Subsequently Ross and I held discussions with the commissioners, East Surrey Clinical Commissioning Group (CCG) and representatives of SECAmb. You will have received documentation of these meetings.

I'm happy to say that we saw evidence of a good improvement programme and progress in the Service. SECAmb will be returning to our 9 January meeting to provide a formal update.

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BETTER SERVICE BETTER VALUE (BSBV)
Following a ballot of its GPs Surrey Downs Clinical Commissioning Group has decided to withdraw from the programme, thus apparently ending any immediate major concerns there might have been concerning services to Surrey residents.

FRIMLEY PARK HOSPITAL AND HEATHERWOOD & WEXHAM PARK
The work on a possible take-over of Heatherwood and Wexham Park Hospitals by Frimley Park Hospital has progressed to the point of commissioning further detailed investigations.

MEETINGS
Since the last Meeting on 18 September I have met with representatives from Frimley Park Hospital, First Community Health, Surrey Public Health, East Surrey CCG, Surrey Heath CCG, Healthwatch Surrey, South East Coast Ambulance Service, and East Surrey CCG again at an Alcohol Pathway Event.

Recommendations: None.

Actions/further information to be provided:

The Chairman to discuss the future of Epsom Hospital following Surrey Downs CCG vote to withdraw from the BSBV programme.

Committee next steps: None.

45/13 POST-STROKE REHABILITATION UPDATE [Item 7]

Declarations of interest: None.

Witnesses:

Jane Shipp, Healthwatch
Cliff Bush, Surrey Coalition of Disabled People

Key points raised during the discussion:

1. The Healthwatch representative gave an overview of the work that had been undertaken by Healthwatch since the publication of the Stroke Pathway Project Report. She explained that representatives had spoken to CCGs about the recommendations which featured on page 14 of the report and responses had been positive with CCGs.

2. The Committee were informed that East Surrey CCG were due to visit East Surrey Hospital in November 2014 due to the poor patient experiences which had been reported from this hospital. The hospital was in the process of appointing a Project Manager to address issues of stroke pathways.

3. Healthwatch informed the Committee that they were still unsure of who was the lead commissioner for stroke rehabilitation pathways in Surrey, though had spoken to North West Surrey CCG.

4. It was felt that progress had been made but that more work needed to be done to ensure commissioning plans included stroke rehabilitation pathways services across Surrey. The project had been successful in raising awareness of stroke survivors, and had received the attention of Healthwatch England and MPs.

5. Surrey Coalition of Disabled People provided an update on behalf of the Local Area Team. Strategies were being developed which were long term though the current issue was that acute hospitals received the funding for stroke care rather than community providers, additionally none of the Surrey hospitals were currently compliant as they were not providing enough information regarding their care pathways. There were current issues that recovery rates were higher if a stroke was suffered during the week in the morning, however unfortunately most people suffered a stroke on a Friday evening.

6. It was felt that it was important that more investment was put into speech therapy and eight week rehabilitation services to ensure survivors have a 80% chance of recovery. This was especially important as there was a wait of 22 weeks to receive speech therapy in Surrey. This issue had been raised with North West Surrey CCG as the commissioners of Virgin Healthcare. Members were deeply concerned by the wait experienced by patients to receive speech therapy.

7. The Committee were informed that Epsom and Frimley Park hospitals had the best in-hospital facilities, though the aim was to develop an across Surrey stroke service so all residents would be able to experience excellent care.

8. The report had found that there was no flexibility on the eight weeks of rehabilitation in the east of Surrey, even if the patient required additional assistance. Healthwatch recommended that rehabilitation was commissioned for six days a week with flexibility on the end date depending on the needs of the patient. They had found that many patients continue their rehabilitation privately through yoga classes or visiting the gym.

9. Members raised concerns that there was no single person championing the development of stroke pathways across Surrey due to the other commitments of Healthwatch and Surrey Coalition of Disabled People.

10. Healthwatch confirmed they were tracking the recommendations and would monitor the commissioning plans of the CCGs when they are released in January. Furthermore they would continue to raise awareness of the need to develop stroke pathways. Healthwatch felt they were able to manage more than one project at a time due to the recruitment of more staff and were beginning to look at the issues surrounding GP surgeries. This project was welcomed by the Committee as it was felt it was a big issue for Surrey residents.

Recommendations:

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a) The Committee welcomes the CCGs engagement in the development of stroke pathways across Surrey.

b) The committee encourages CCGs to make eight weeks of suitable rehabilitative therapy, as a minimum, available for stroke survivors across the county

c) The Committee requests the Health & Wellbeing Board's assistance in clarifying which CCG is the lead commissioner for stroke services in Surrey.

Actions/further information to be provided: None.

Committee next steps:

a) The Committee will scrutinise the Healthwatch strategy in 2014.

b) The Committee will scrutinise progress against the Stroke Pathways report recommendations in six months.

46/13 DEVELOPMENT OF SERVICES FOR THE FRAIL AND ELDERLY [Item 6]

Declarations of interest: None.

Witnesses:

Anne Butler, Assistant Director Commissioning Adult Social Care, Surrey County Council
Andrew Brooks, Clinical Lead Surrey Heath CCG
Jane Shipp, Healthwatch
Cliff Bush, Surrey Coalition of Disabled People

Key points raised during the discussion:

1. The Committee were provided with a presentation from the Assistant Director of Commissioning and the Clinical Lead for Surrey Heath CCG. Within this presentation they provided an overview of the development of services for the elderly and frail in Surrey which would ensure positive outcomes and admissions to hospitals only when necessary. They are working with a number of organisations, including community and voluntary groups to ensure early intervention takes place, and the Public Health team make certain that the work being carried out is having a positive effect.

2. They informed the Committee that they were working with the Health & Wellbeing Board to underpin the Boards' strategies and collaborative working. It was important these strategies were delivered successfully and it would only be a success when organisations worked collaboratively around local populations, such as aligning Adult Social Care commissioning with the CCG's commissioning plans so there is an integrated service. The Joint Commissioning Partnership Board assists with this and it is hoped will receive £40million of central government funding to assist in achieving a positive impact on older Surrey residents. It was stressed, however that this was not new

money as it was thought that the funding had come from the budget of CCGs.

3. The Committee were informed that Surrey followed national trends with a growing elderly population and the number of people being diagnosed with dementia.

4. They were developing services which would assist the elderly and frail in Surrey though there were risks such as; financial constraints, the growing demand for services, the impacts of the Care Bill and the Dilnot Report market failure and the challenges of shifting services from acute hospitals to the community.

5. Members queried whether experiences of Surrey residents in hospitals outside Surrey, such as Kingston Hospital, were being considered as part of the development of services. The Committee were informed that CCGs which commissioned services to additional hospitals outside the county did look at the services within these hospitals and Adult Social Care did review the pathways of these hospitals to ensure they were at the level expected by Surrey. Transformation Boards were in place for each hospital to assist with discharges when it covered council borders.

6. The Committee were informed that some hospitals had the Liverpool Care Pathways still in operation, but the intention was that it would be replaced. It was stated that it was important that End of Life Care was well managed across the board.

7. Members queried whether community providers were ready to provide the services for the elderly and frail. The Clinical Lead for Surrey Heath CCG stated that due to community care and the use of virtual wards there had been fewer A&E attendances, but agreed that it was important that community providers needed to be able to provide the right level of care for the patients.

8. Members raised concerns that the money reallocated from central government which was used to tackle health inequalities often did not go to areas with high levels of elderly and frail residents. The Clinical Lead stated that CCGs used data from Public Health to ensure commissioning was at the right level and in the right areas.

9. The Committee discussed the issues which many elderly residents experienced in booking GP appointments and suggested this was an area to consider when trying to lower A&E attendances.

10. The Committee were assured that the development of services was being done using a bottom up approach and were working with the community providers to ensure the new services would be delivered successfully.

11. The Clinical Lead suggested that it was important that the Committee monitored the services being developed and ensured that timescales were being kept to. The Committee welcomed this suggestion and requested detailed plans and timescales in spring 2013 once they had been agreed.

Recommendations:

a) The Committee welcomed plans which would assist in lowering the number of A&E referrals for the elderly and frail.

b) The Committee requested a detailed update of services which had been developed to assist the elderly and frail from being admitted to A&E from the Joint Partnership Board.

Actions/further information to be provided: None.

Committee next steps: None.

County Councillors Chris Pitt and Margaret Hicks left the meeting.

47/13 HEALTH & WELLBEING BOARD UPDATE [Item 8]

Declarations of interest: None.

Witnesses:

Michael Gosling, Cabinet Member for Public Health and Health & Wellbeing Board and Co-Chairman of the Health & Wellbeing Board
Justin Newman, Performance and Change Lead Manager, Surrey County Council

Key points raised during the discussion:

1. The Co-Chairman of the Health & Wellbeing Board explained that the health landscape in Surrey was large and diverse and the challenge was to get all organisations working in the same direction. It was necessary to avoid duplication of services due to the lack of funding.

2. The Health & Wellbeing Board was a board of commissioners and not a commissioning board and included representatives from the six Surrey CCGs, Surrey County Council, Healthwatch, and Surrey Police.

3. The Joint Strategic Needs Assessment had assisted the Health & Wellbeing Board to choose five priorities; 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. These key priorities feature within the Surrey Joint Health & Wellbeing Strategy. Strategies were being developed and agreed by the Board at their meetings, with the Children's and Emotional and Mental Health strategies having already been agreed by the Board.

4. Prevention was an important aspect of the work of the Health & Wellbeing Board, with the Acting Director of Public Health assisting on this area of the strategy by looking at short-term, medium-term and long-term prevention strategies. The Borough and Districts were also required to be involved in this strand as they had the ability to influence healthy living among residents through their Leisure teams.

5. The Co-Chairman confirmed that the Health & Wellbeing Board had regular informal discussions with Health Service providers and would continue to work with them, though it was felt that the membership was already large and it would not be currently feasible to include them on the membership.

6. It was explained that it was important that Surrey provided as many services as possible within the county as currently some patients went into London for treatment which costed more than it would in Surrey.

7. The Committee queried whether the Co-Chairman felt the Board had sufficient powers to influence behaviour among health commissioners. The Co-Chairman stated that the Board had the ability to decide the direction of travel though did not get involved in the delivery of services. However, he did concede that if there was an issue they would be held accountable by the public and would feel morally responsible. Furthermore, he felt that with the Integration Transformation Fund going to the Health & Wellbeing Board to be agreed that this was a sign of the Board gaining more influence.

8. Members were pleased to hear that emotional and mental wellbeing was a priority and were informed that a further update on progress against the strategy would be heard by the Board in March.

9. Members queried whether the Surrey Health & Wellbeing Board worked with other Boards and were informed that they did when it was felt appropriate. Additionally, officers regularly monitored the forward work programmes of other Boards to see if there was anything additional Surrey should focus on. It was felt that currently the Surrey Health & Wellbeing Board was in a better position than most though the situation would be continually monitored.

10. The Committee raised the issue of over representation from Reigate & Banstead, with four meetings scheduled to take place at the Borough Council offices, a Borough Council representative and Chief Executive all from Reigate & Banstead. The Co-Chairman agreed there was not a fair representation of Surrey on the Board currently, though this was the current situation and was not something he was able to influence.

Recommendations:

a) The Committee requests an update from the Health & Wellbeing Board in six months on the Board's key priority strategies and progress against these strategies.

Actions/further information to be provided: None.

Committee next steps: None.

Borough Councillor Dr Nicky Lee left the meeting.

48/13 REPORT OF QUALITY ACCOUNT MEMBER REFERENCE GROUPS [Item 9]

Declarations of interest: None.

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Witnesses:

Bob Gardner, Quality Account Member Reference Group – Epsom & St Helier Trust, East Surrey Hospital and SECAmb
Peter Hickman, Quality Account Member Reference Group – Epsom & St Helier Trust
Helena Windsor, Quality Account Member Reference Group – East Surrey Hospital
Bill Barker, Quality Account Member Reference Group – Royal Surrey Hospital
Pauline Searle, Quality Account Member Reference Group – Royal Surrey Hospital
Tina Mountain, Quality Account Member Reference Group – Frimley Park Hospital
Rachel Turner, Quality Account Member Reference Group – Frimley Park Hospital
Tim Evans, Quality Account Member Reference Group – Ashford & St Peters Trust Hospital
Tim Hall, Quality Account Member Reference Group – Surrey & Borders Partnership
Jane Shipp, Healthwatch

Key points raised during the discussion:

1. The Epsom & St Helier Member Reference Group (MRG) informed the Committee that the Trust had seven priorities and progress was being made with all, though not all targets were being met. Meticillin-resistant staphylococcus aureus (MRSA) targets were being met while clostridium difficile infection (CDI) was low. The Members felt that the priorities were sensible, and though they were provided with a lot of information it was well set out.

2. The SECAmb MRG felt disappointed with the lack of notice of meetings and stated that the report was in a confusing format. SECAmb appeared to be failing to meet targets, meeting only one of five, though they were making progress. There was concern that SECAmb were not sufficiently engaged.

3. Members of the East Surrey Hospital MRG felt positive about their meeting and had been provided with a booklet of the hospitals Quality Account. They informed the Committee that there was a focus on patient experience and the information provided was clearly laid out. The MRG reported that the hospital were meeting targets, such as 96% of A&E patients were seen within four hours, though progress was still to be made with regards to the stroke pathway. They had been informed that the hospital planned to ring fence stroke beds and were working with the CCG. MRSA and CDI targets were being met and progress was being made with regards to patient nutrition. The MRG were however disappointed to hear of a norovirus outbreak at the hospital through local media and were looking to discuss how to share information in the future.

4. The Royal Surrey MRG reported that there appeared to be a lot of action taking place at the hospital to improve standards. Work still

needed to be done regarding infections due to catheters and cleanliness of toilets outside of wards. The hospital had nine priorities and had the lead officer present at workshops to discuss progress, with the next workshop planned to take place in February. The Members had been accompanied by Healthwatch at the meetings and were in the process of organising a walk around the hospital with a member of staff.

5. The Frimley Park MRG were deeply disappointed with the reception they had received, with their meeting taking place within a corridor and were provided no information except for that which they had specifically asked for. They informed the Committee that the hospital had not met its A&E target in the last month, though the hospital had one of the longest A&E consultant cover in the country, between 8am and midnight during the week and 8am to 10pm at weekends. Furthermore the hospital would be fined due to CDI outbreaks, though the hospital felt this was due to waiting rooms not being large enough and patients speaking ten different languages. However, the hospital was performing well with regards to stroke pathways with 16 rehabilitation beds, and two stroke consultants with a third being recruited.

6. The Ashford & St Peters MRG had been accompanied by Healthwatch to a workshop in October and felt it had been a positive meeting. The Committee were informed that the Ashford & St Peters Quality Account meeting was one of the best in Surrey and a model to be used by others as there was a full compliment of officers present to answer questions. The Trust did not however have A&E as one of its targets and felt that being split over two sites presented a different set of problems than experienced by other providers.

7. The Surrey & Borders Partnership MRG and felt that they required more guidance on how to proceed with the meetings and had also experienced problems of information coming out in the media before being informed. The Chairman and Healthwatch agreed to attend the next meeting to ensure the right information was being provided to Members.

Recommendations:

a) The Committee requests providers invite Healthwatch to attend future meetings to discuss Quality Accounts.

b) The Committee thanked the providers for their assistance, though requested that Members continue to be invited to future meetings to discuss Quality Accounts.

Actions/further information to be provided:

Officers to discuss with providers the requirements and suggested format of MRG meetings.

Committee next steps:

Members to report on the progress of providers at a future meeting.

49/13 RECOMMENDATION TRACKER AND FORWARD WORK PROGRAMME [Item 10]

Declarations of interest: None.

Witnesses: None.

Key points raised during the discussion:

1. The Committee noted its recommendations tracker and forward work programme.

2. The Scrutiny Officer informed the Committee that during the meeting the following items had been added to the forward work programme; an update from Healthwatch on its strategy, an update from the Health & Wellbeing Board in May 2014 and an update from the Joint Commissioning Partnership Board in spring 2014.

3. The Committee noted that concerns regarding primary care in Surrey could be considered during the Local Area Team update in January 2014.

4. Members requested an item be scheduled that would look at the future of Epsom Hospital and its A&E since the Surrey Downs CCG vote against the BSBV proposals.

Recommendations: None.

Actions/further information to be provided: None.

Committee next steps: None.

50/13 DATE OF NEXT MEETING [Item 11]

The Committee noted that its next meeting would be on 9 January 2014 at 10am.

Meeting ended at: 1.25 pm

Chairman

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SURREY COUNTY COUNCIL

Health Scrutiny Committee
9 January 2014

Patient Transport Services

Purpose of the report: Scrutiny of Services

The Committee will scrutinise South East Coast Ambulance (SECAmb) delivery of the patient transport contract.

Summary:

1. A report from Surrey Coalition for the Disabled offering a patient perspective can be found as **Annex 1.**

2. A report from the commissioners of SECAmb in Surrey, can be found as **Annex 2**.

3. An update report on the Patient Transport Service from South East Coast Ambulance Service can be found as **Annex 3**.

Recommendations:

4. The Committee is asked to scrutinise South East Coast Ambulance Service on the delivery of Patient Transport Services.

Report contact: Ross Pike, Scrutiny Officer, Democratic Services

Contact details: 020 8541 7368; ross.pike@surreycc.gov.uk

Sources/background papers: None

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Surrey Coalition of Disabled People

Evidence submitted to the Health Scrutiny Committee on Patient Transport Services

9th January 2014

1. INTRODUCTION

Surrey Coalition of Disabled People have represented the interests of patients with long term conditions on NHS Surrey's Patient Transport User Group for many years. Patient representatives monitored the performance of the Patient Transport Service (PTS) previously provided by G4S, and were involved in developing the specification for the new service which was re-tendered last year. We were also involved in the procurement process which resulted in the PTS Contract being awarded to South East Coast Ambulance Service (SECAmb) from 1st October 2012.

Since then the PTS User Group has met with NHS Commissioners, SECAmb and the County Council's Central Booking Service to monitor implementation of the Patient Transport Service.

We reported to the Health Scrutiny Committee in March 2013 on our disappointment that the new PTS was not delivering the service we had expected.

We then submitted evidence to the Heath Scrutiny Committee on 18th September 2013 on the significant problems still faced by patients one year after the contract was awarded to SECAmb.

We are grateful to members of the Health Scrutiny Committee for taking our concerns so seriously and for the recommendations made by the Committee to seek

improvements in the service. We are also grateful to Cllr Bill Chapman (HSC Chairman) for following up on these recommendations informally with NHS Commissioners and SECAmb since then.

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This report now provides further evidence on behalf of patients on the extent to which any improvements have been made, and on problems which remain to be resolved.

2. RESPONSES TO COMMENTS ON THE RECOMMENDATIONS MADE BY HEALTH SCRUTINY COMMITTEE ON 18TH SEPTEMBER 2013

2.1. Suitability of PTS vehicles for wheelchair users

We were informed a few weeks ago that SECAmb had at last accepted that the wheelchair clamping mechanism installed in their new fleet of ambulances a year ago was inadequate. We have also been advised that a new system has been installed. A patient representative experienced the new system in early December. The tie down system is an improvement on the previous system, however as the existing floor tracking has not been amended (widened) or added to, tying down different width wheelchairs is still challenging for the crews. SECAmb also need to source headrests for wheelchairs for these vehicles to prevent whiplash in the event of an accident.

2.2. Notification of late pick ups

We cannot confirm whether or not drivers now give fair warning of lateness as mandatory practice, as recommended by the Health Scrutiny Committee. However we have an example of a patient due to be provided PTS for an outpatient appointment in October, who was not contacted to explain they would be late, and furthermore neither did the driver call ahead to the hospital to notify the clinic that the patient would be late. Fortunately the patient herself phoned the hospital so that she did not miss her appointment.

2.3. Handling of complaints

We do not have any evidence of an improvement in complaints handling, and understand that SECAmb acknowledge there is a problem in responding within agreed timescales. For example, we have not yet received information on the outcome of a complaint submitted on behalf of a patient on 29th October 2013, seven weeks ago.

3. OTHER REMAINING CONCERNS

3.1. Patient eligibility for PTS

We were involved in designing a flowchart to explain eligibility and a protocol for eligibility assessment some eight months ago, but are very concerned that this has yet to be included in the IT system for the booking service. This means that there is still no standardised system for assessing patients' eligibility for PTS against the national eligibility criteria.

3.2. Patient information about PTS

Despite continual requests over the past eighteen months there is still no patient information leaflet to explain eligibility for PTS, how to access it, or to provide information on other options. Again, we have been involved in designing a leaflet, but this has not yet been produced.

3.3. Timeliness of PTS

We gave evidence of a wide range of concerns and complaints about timeliness in our report to the Health Scrutiny Committee on 18th September. We understand that SECAmb have achieved some improvement in recent months and are now achieving 85% on the KPI for arrival time for appointments and collection following the appointment. The target however is to achieve 95%, and we remain concerned for the 2250 patients on average per month who are late for their appointments or miss them altogether.

An example of the impact of lateness resulted in a complaint to SECAmb in October. In this case the husband was so late arriving for an appointment in the morning at one hospital that his wife (who had to accompany him due to his dementia) missed her own appointment in the afternoon at another hospital. A month later transport for another appointment did not arrive at all.

Also, one of our patient representatives gathered evidence during a recent inpatient stay at Royal Surrey County Hospital:-

- The Discharge lounge reports ongoing excessive waits to pick up patients to take them home, frequently in excess of 2 hours (often 4), which is a daily occurrence. The patient representative himself observed that a chemotherapy patient was having to wait 5 hours to go home. This is not uncommon, and is not acceptable.
- The physiotherapy department reports of patients being either picked up late and missing the cardiac exercise clinic (a group one hour class) or patients refusing to travel because the transport is late and there is no point wasting their time.

3.4. Drivers views

Speaking to some of the PTS crews who transferred across from the previous PTS provider, G4S, they gave the following opinions as to why the system is falling down:-

a. The dispatchers in the Dorking centre do not have an adequate grasp of the geography of the county and are sending vehicles inefficiently back and forth across the county with only one patient
b. The number of vehicles in the fleet is considerably lower than used by G4S, thus leading to capacity issues especially later in the day

c. The drivers see the management of the system as disinterested in listening to experiences and information coming from the bottom up
d. There appears to be little or no encouragement to improve the patient experience

4. CONCLUSION

We have met with the new PTS Contract manager and know that he has prepared a new Performance Plan to address the many concerns. We also have a patient representative on both the Contract Performance Management Group and the Operational Delivery Group, set up recently to improve the governance arrangements.

We hope that these processes, together with influence from the Health Scrutiny Committee will ensure the patient transport service soon delivers the standards which patients should reasonably expect.

Cliff Bush OBE
Chair
Surrey Coalition of Disabled People 16 December 2013

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SURREY CCG

COMMISSIONING PTS

PRESENTATION TO SURREY HEALTH SCRUTINY COMMITTEE

Richard Penney

Samantha Stanbridge

SECAMB/CBS Patient Transport (PTS)

- Tendered and awarded Oct 2012
- 3 Year duration
- Covers 210,000 journeys
- Surrey Registered or Resident Patients
  - Travelling to Surrey healthcare facilities and to out of county healthcare facilities
- Berkshire Patients travelling to Surrey Healthcare facilities
- Max 17% on day bookings

SECAMB Operating Times

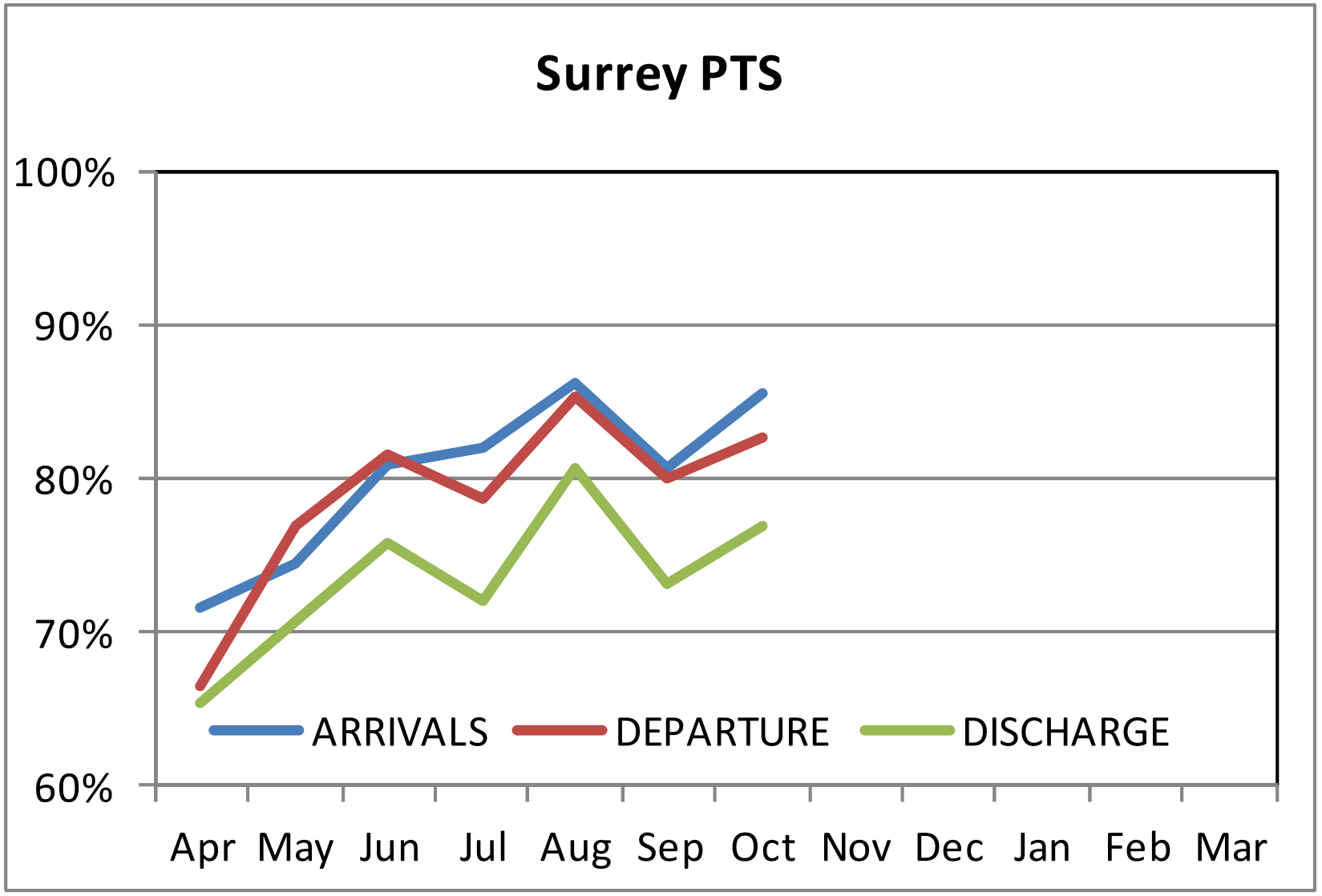
- Outpatient Clinic Journeys
  - Monday to Saturday, from 0800hrs to 2000hrs
- Regular Appt Clinics i.e. Renal, chemotherapy
  - Monday to Saturday, from 0800hrs to 2300hrs
- Ward Discharges
  - 0800hrs- 2100hrs (last patient being discharged at 2100hrs)). Last booking to be made at 2000hrs.
- Accident and Emergency Discharges
  - Accident and Emergency discharges will operate between 0800hrs – 2300hrs. Last booking to be made by 2200hrs.

Central Booking System (Surrey CC)

- Operates
  - Monday to Friday from 0900hrs to 17.00hrs
  - Takes only pre-planned journeys
  - From patient or HCP
  - Applies Eligibility criteria
  - 5131 Calls Offered in October

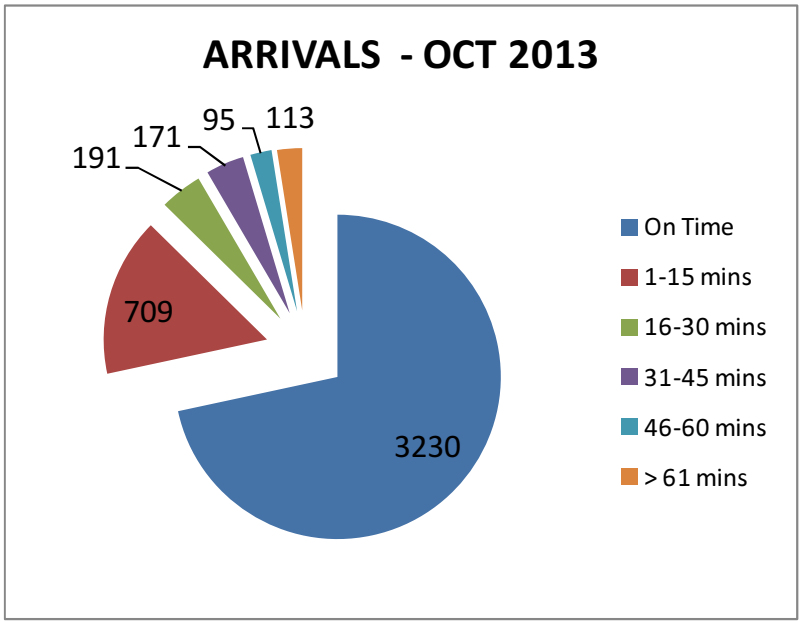
KPI	Performance Standard	Values	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13
90% of calls to be answered within 60 seconds	90%	Service Level	56%	62%	80%	73%	60%	58%	73%
100% of calls to be answered within 120 seconds (based on average speed of answer)	100%	Service Level	82%	84%	89%	86%	77%	74%	85%

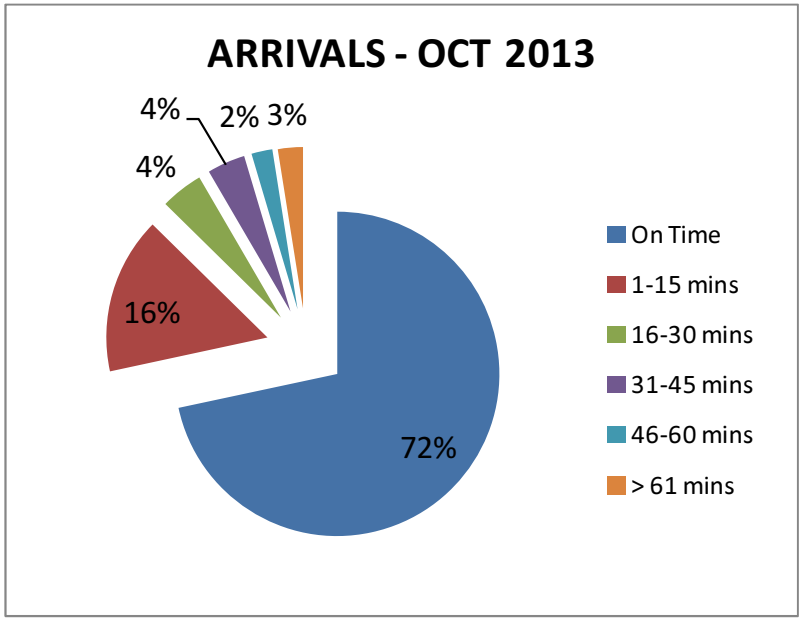
SECAMB Performance

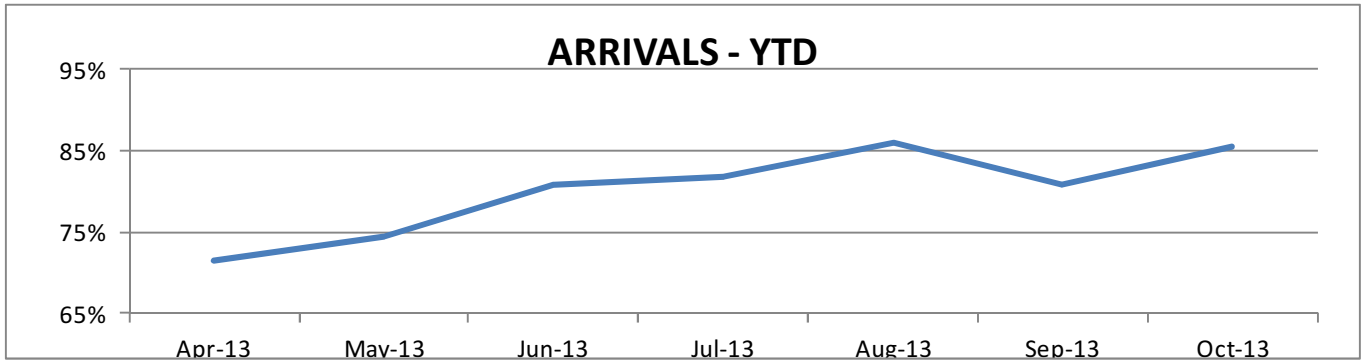


Arrivals

95% to arrive within 45 minutes before and 15 minutes after appt time

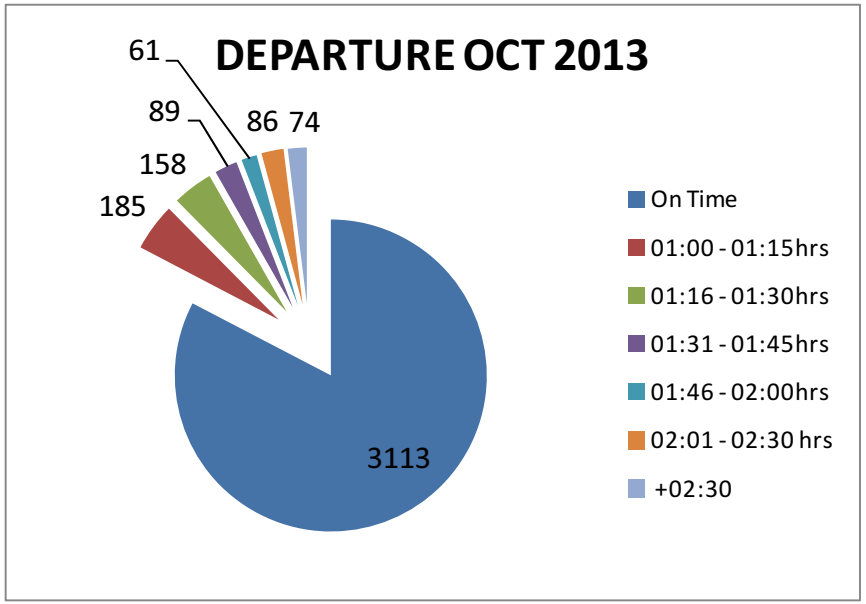


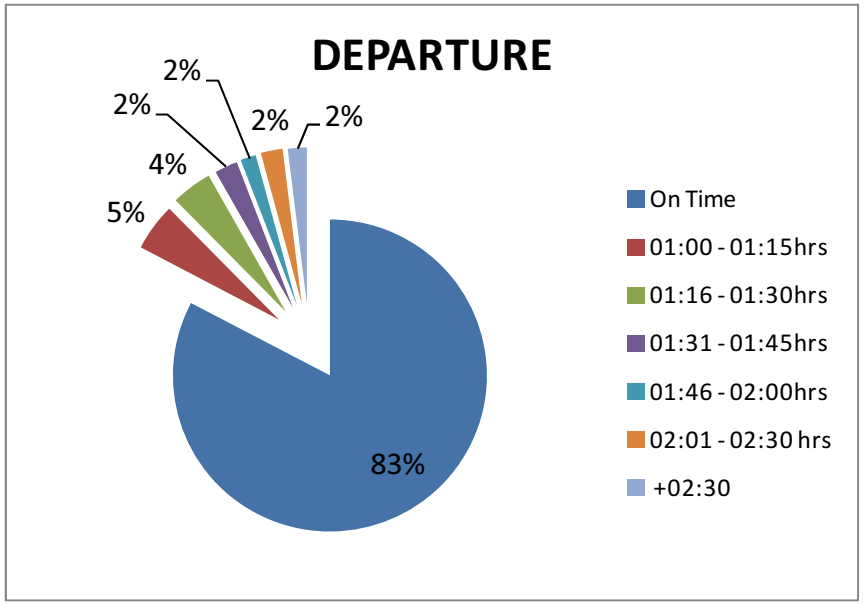


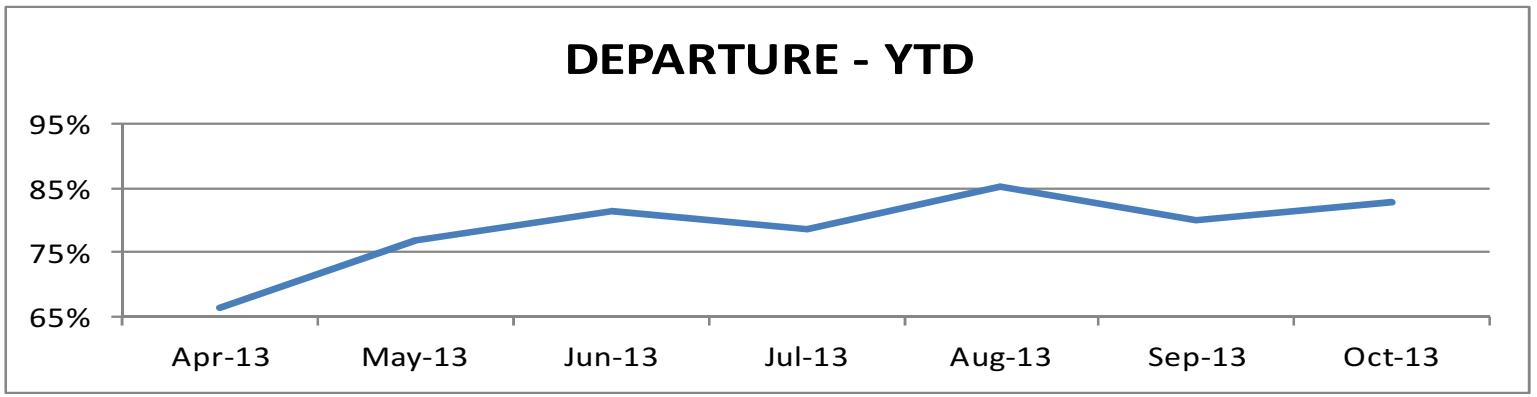


Departure

95% collected no more than 60 minutes after planned pick up

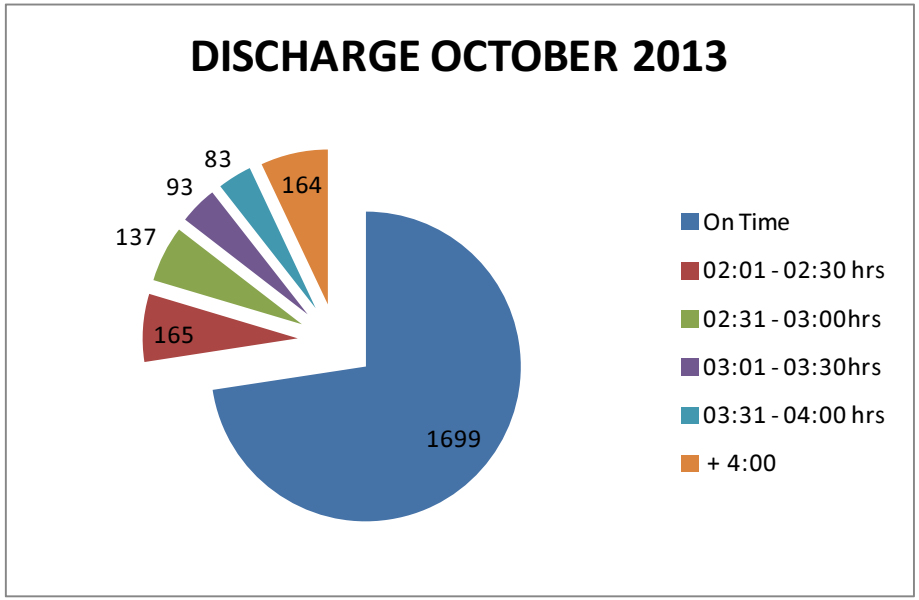


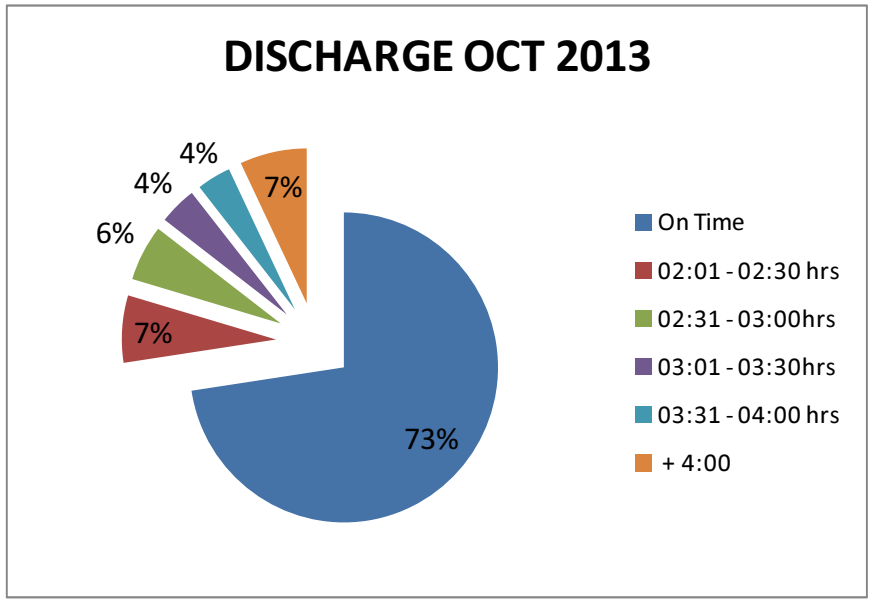


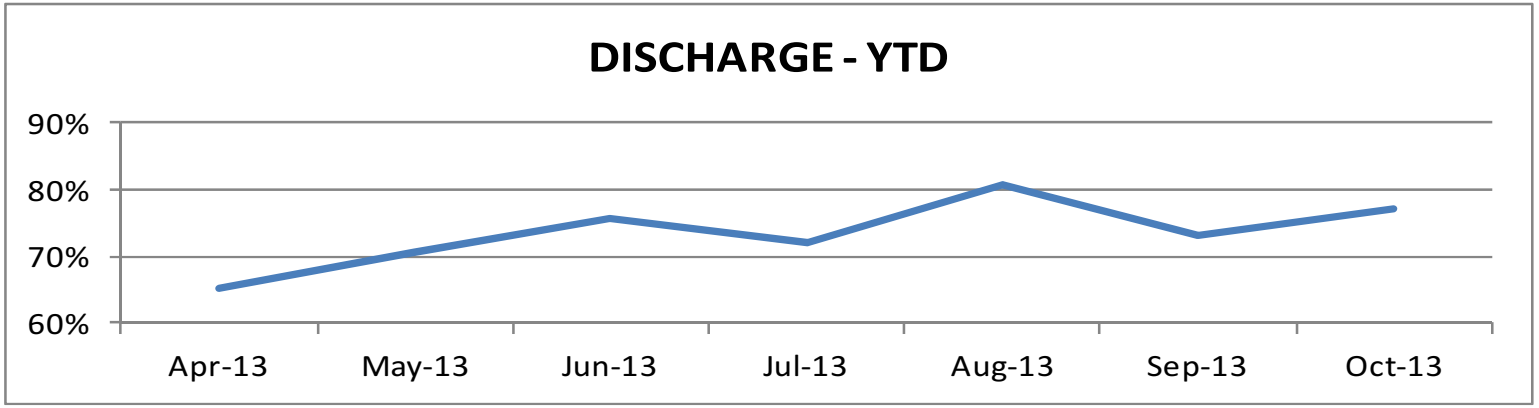


Departure

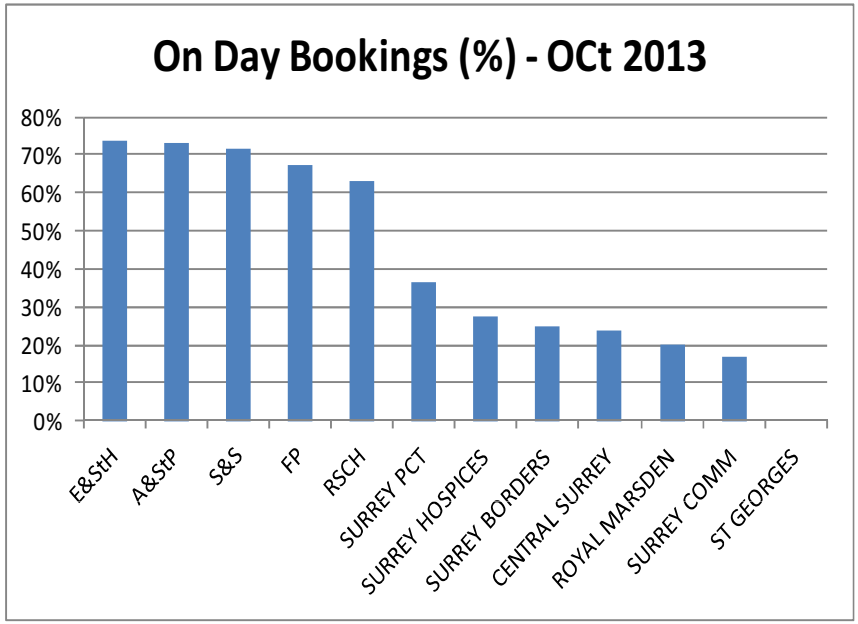
95% picked up no more than 120 minutes after being booked ready

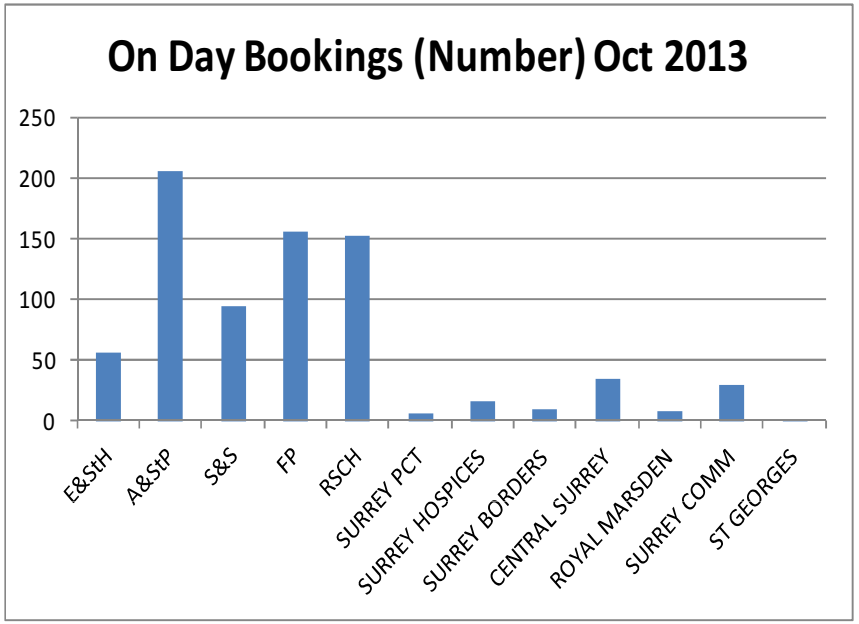


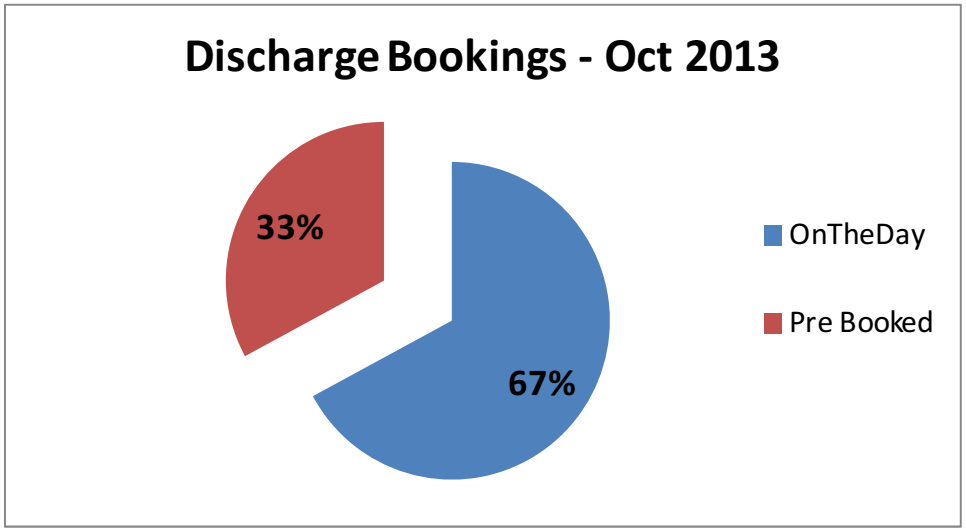




DISCHARGE BOOKINGS







Complaints - Patient

- Policy and Process in place
- Using Datix system from 1/10/2013
- Make complaint within 12 months of incident
- If formal in writing via Complaints or PALS
- Acknowledged in 3 working days
- Response within 25 working days
- If not satisfied raise with SECAMB or Ombudsman

complaints@secamb.nhs.uk

Complaints
Health Care Professionals/Organisations

- E-mail the complaint or incident form to SECAmb at PTSSurrey@secamb.nhs.uk
  - Patients name
  - Date of incident
  - Description of incident/event
- Acknowledged within 48 hours identifying the allocated SECAmb investigating manager/ Team Leader.
- A response will be provided back to the stakeholder within 10 working days.
- Using Datix system from 1/10/2013
- Monthly report

Complaints & HCP Feedback

- October 2013
  - 46 PALS (incl HCP feedback)
  - 6 Formal Complaints

  - Timeliness
  - Transport not attending
  - Staff Attitude
  - Standard of driving

Actions

- Strengthened Interim Commissioning arrangements
- Created new PTS governance structure
- Created separate Contract/Performance and Operational meet
- Identified all key areas for improvement
- Created first draft Improvement Plan

Key Improvement Areas

- Meeting KPI's
  - Eligibility Criteria
  - Activity
  - E-booking
  - IT / booking system issues
  - Prioritising patients
  - On day communication and cancellations
  - Staff sickness and attitude
  - Provider Capacity/Efficiency
  - Data and reporting
  - Strength of Commissioning and overall governance

Other Issues

- Wheelchair anchoring

  All vehicles reported by SECAMB as having been fitted with appropriate anchoring mechanisms

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South East Coast Ambulance Service NHS
NHS Foundation Trust

Surrey Patient Transport Service Monthly Report

November 2013

01/11/2013

SUMMARY

- Total Journeys undertaken by SECAmb in the Surrey region for the month numbered 14210

Of the 14210 Journeys

15% were aborted
18% were on the day
23% had an escort

- Data capture for the month was

Arrivals 75%
Departures 74%
Discharges 74%

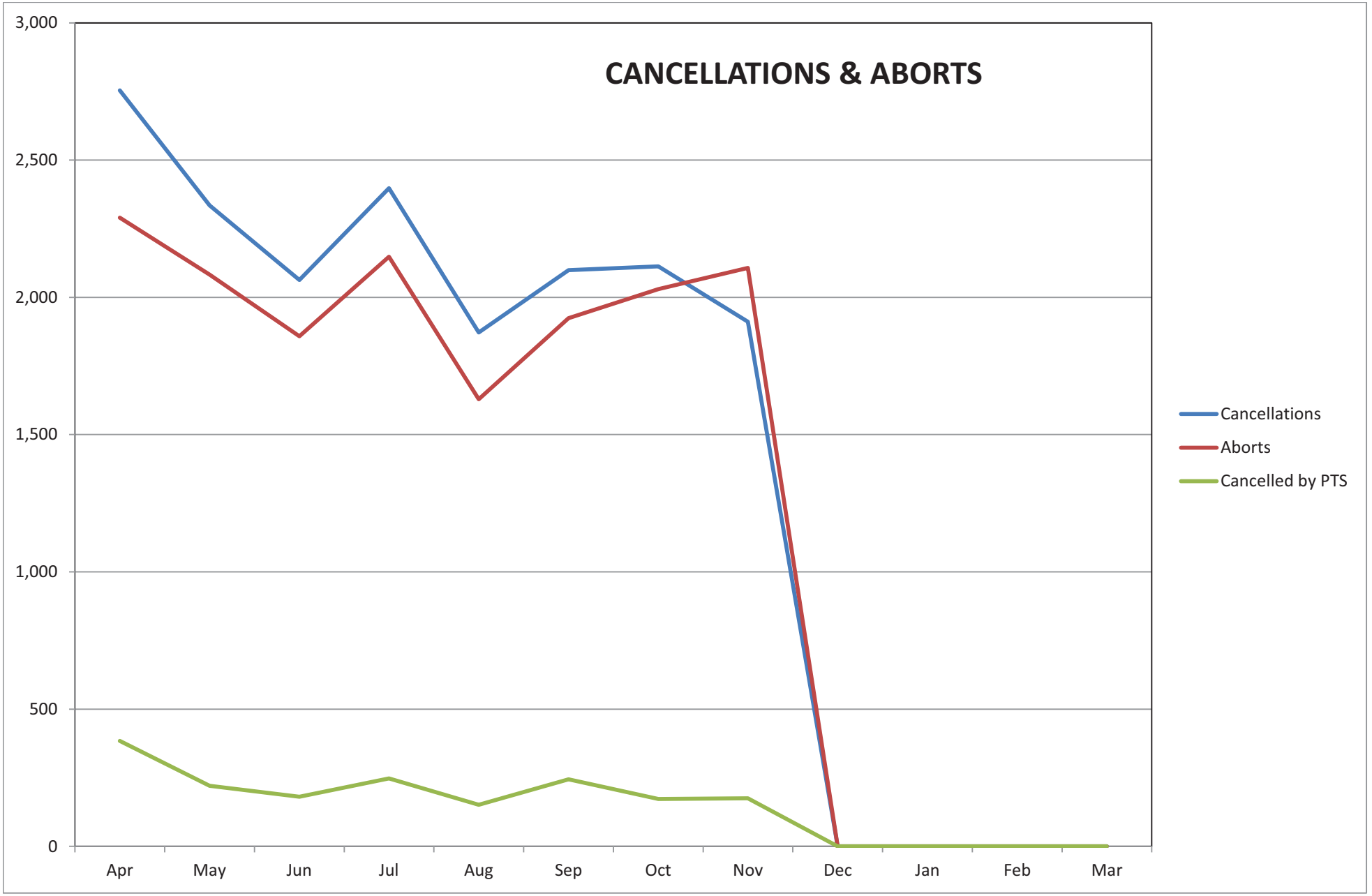
- Timliness

80% of patients arrived no later than 15 minutes after their appointment versus 95% target
89% of patients arrived no earlier than 45 minutes before their appointment versus 95% target
80% of patients were collected no later than 60 minutes after their planned departure time versus 95% target
77% of were collected no later than 120 minutes after their planned departure time versus 95% target

CANCELLATIONS & ABORTS

Abort Reasons	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total
No appointment	251	192	239	227	174	152	149	174	0	0	0	0	**1,558**
Canc by Hosp (ON DAY)	299	315	233	259	198	296	263	286	0	0	0	0	**2,149**
Patient No Trace	225	271	200	244	167	194	176	137	0	0	0	0	**1,614**
Too ill to travel/attend	186	190	162	198	153	179	228	216	0	0	0	0	**1,512**
Making own way in & home	420	360	261	328	236	319	307	323	0	0	0	0	**2,554**
Canx. by Patient/Relative	96	107	74	104	65	77	101	82	0	0	0	0	**706**
Hospital in-patient	120	88	105	139	87	99	74	74	0	0	0	0	**786**
Double/Incorrect Booking	94	68	58	63	56	49	51	71	0	0	0	0	**510**
No Reply	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	**#N/A**
Refused to travel/attend	66	43	27	34	30	27	30	24	0	0	0	0	**281**
Patient not ready	271	282	272	356	326	346	389	433	0	0	0	0	**2,675**
Patient Deceased	34	16	18	18	10	8	12	10	0	0	0	0	**126**
Wrong mobility booked	33	29	28	36	32	38	50	55	0	0	0	0	**301**
Pat.moved/wrong address	21	18	19	17	17	9	7	14	0	0	0	0	**122**
No Knowledge of Appt	14	9	14	20	7	11	22	27	0	0	0	0	**124**
Patient Admitted	56	28	30	24	12	24	31	42	0	0	0	0	**247**
Treatment finished	10	6	8	6	2	13	7	6	0	0	0	0	**58**
Patient on holiday	2	1	3	6	5	7	2	0	0	0	0	0	**26**
NO Patients TTO's	18	22	21	17	9	16	22	21	0	0	0	0	**146**

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total
Cancellations	2,754	2,335	2,063	2,398	1,872	2,099	2,113	1,911	0	0	0	0	**17,545**
Aborts	2,290	2,083	1,858	2,148	1,629	1,924	2,030	2,107	0	0	0	0	**16,069**
Cancelled by PTS	384	221	181	248	152	244	173	175	0	0	0	0	**1,778**


CANCELLATIONS & ABORTS
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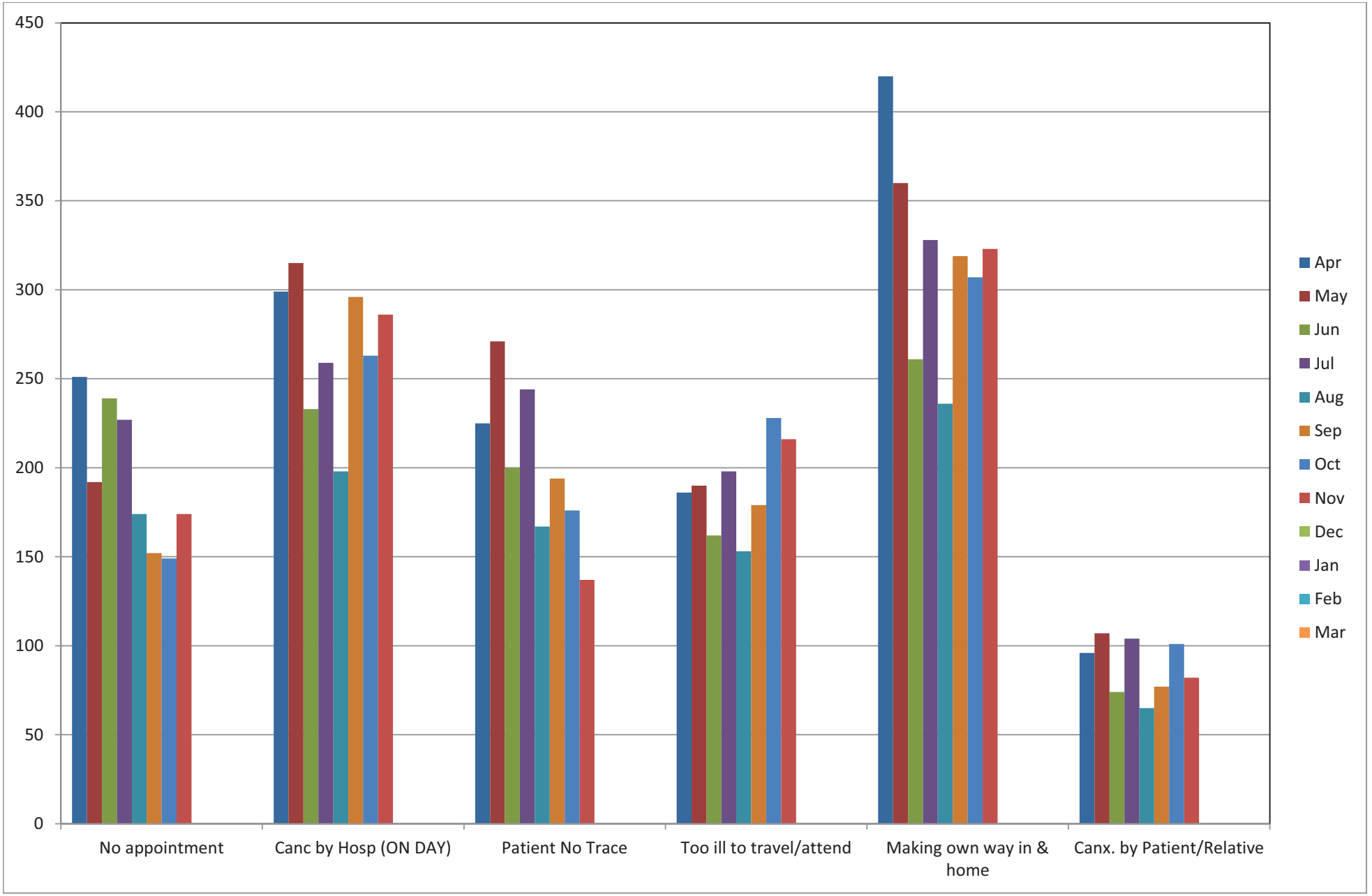
Cancellations
Aborts
Cancelled by PTS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Patient No Trace
Too ill to travel/attend
Making own way in & home
Canx. by Patient/Relative
Apr
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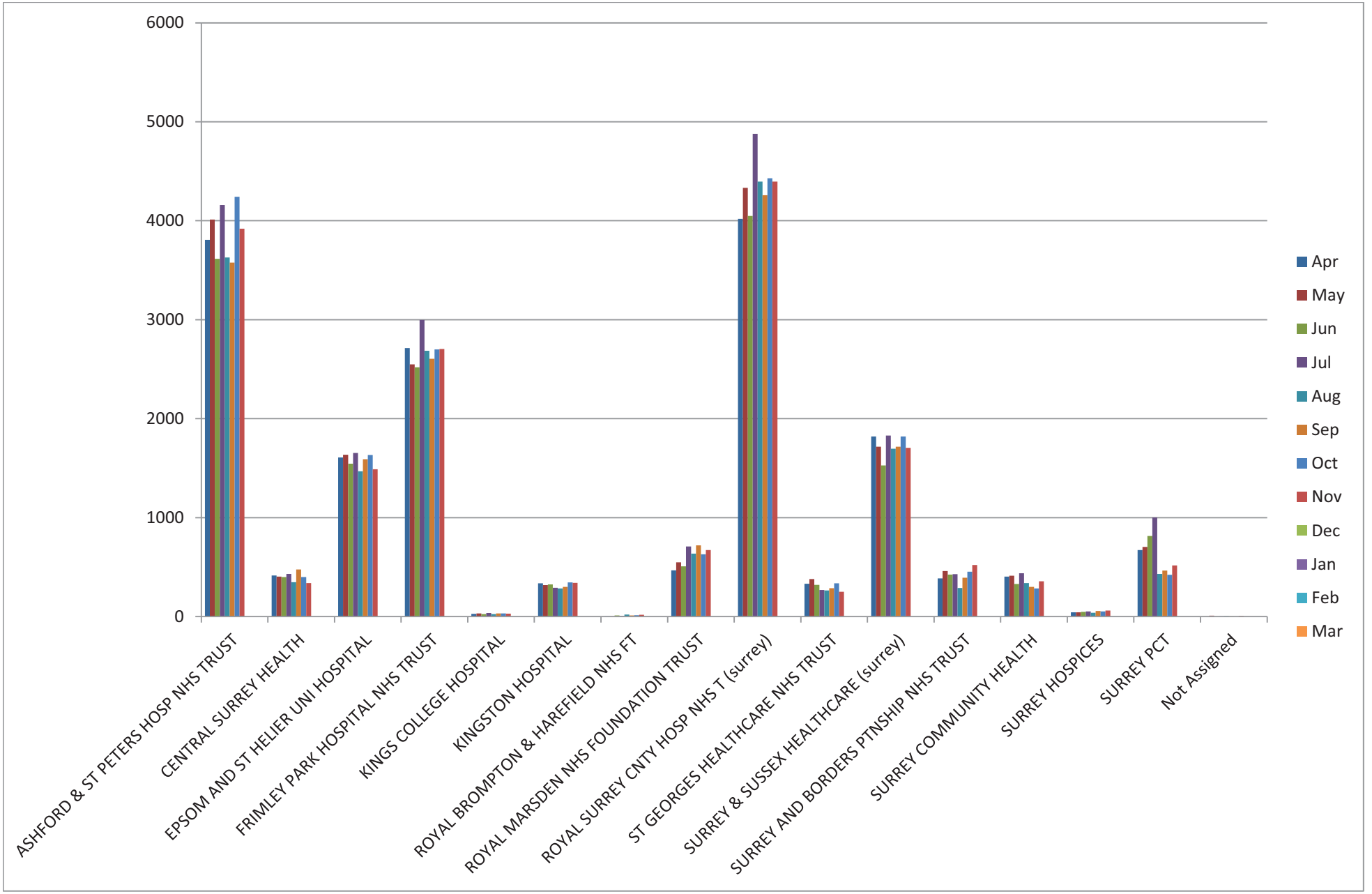
	ACTIVITY										
ACTIVITY	LOW	MED	HIGH	SPEC	ESCT	ABORT	ABORT%	CANC	OnDay	OnDay%	TOTAL
ASHFORD & ST PETERS HOSP NHS TRUST	2,195	607	330	34	754	525	13%	474	890	23%	**3,920**
CENTRAL SURREY HEALTH	171	102	7	4	55	35	10%	47	13	4%	**339**
EPSOM AND ST HELIER UNI HOSPITAL	750	276	79	10	374	201	13%	172	195	13%	**1,489**
FRIMLEY PARK HOSPITAL NHS TRUST	1,495	523	185	37	464	331	12%	258	499	18%	**2,704**
KINGS COLLEGE HOSPITAL	29	0	0	0	0	2	7%	2	1	3%	**29**
KINGSTON HOSPITAL	166	65	4	4	101	43	13%	23	13	4%	**340**
ROYAL BROMPTON & HAREFIELD NHS FT	5	8	17	0	5	2	6%	1	0	0%	**35**
ROYAL MARSDEN NHS FOUNDATION TRUST	514	32	10	27	116	73	10%	87	53	8%	**699**
ROYAL SURREY CNTY HOSP NHS T (surrey)	115	170	214	7	723	511	42%	474	540	44%	**1,229**
ST GEORGES HEALTHCARE NHS TRUST	86	117	2	14	31	29	12%	56	4	2%	**250**
SURREY & SUSSEX HEALTHCARE (surrey)	906	296	140	6	358	206	12%	157	357	21%	**1,706**
SURREY AND BORDERS PTNSHIP NHS TRUST	426	7	3	1	85	46	9%	62	11	2%	**522**
SURREY COMMUNITY HEALTH	214	45	11	2	85	34	10%	35	20	6%	**357**
SURREY HOSPICES	24	18	15	6	3	12	18%	9	11	17%	**66**
SURREY PCT	194	121	19	8	174	55	11%	50	11	2%	**516**
Not Assigned	5	0	2	0	2	0	0%	1	0	0%	**9**
TOTAL	**7,295**	**2,387**	**1,038**	**160**	**3,330**	**2,105**	**15%**	**1,908**	**2,618**	**18%**	**14,210**

	ACTIVITY BY MONTH												
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total
ASHFORD & ST PETERS HOSP NHS TRUST	3806	4011	3616	4159	3628	3576	4243	3920	0	0	0	0	**30959**
CENTRAL SURREY HEALTH	415	404	399	431	348	476	400	339	0	0	0	0	**3212**
EPSOM AND ST HELIER UNI HOSPITAL	1607	1636	1544	1653	1468	1590	1632	1489	0	0	0	0	**12619**
FRIMLEY PARK HOSPITAL NHS TRUST	2714	2549	2520	2997	2687	2606	2699	2704	0	0	0	0	**21476**
KINGS COLLEGE HOSPITAL	27	32	26	36	26	32	32	29	0	0	0	0	**240**
KINGSTON HOSPITAL	336	318	324	290	285	300	346	340	0	0	0	0	**2539**
ROYAL BROMPTON & HAREFIELD NHS FT	2	3	12	8	21	12	13	18	0	0	0	0	**89**
ROYAL MARSDEN NHS FOUNDATION TRUST	466	549	507	708	637	719	629	672	0	0	0	0	**4887**
ROYAL SURREY CNTY HOSP NHS T (surrey)	4020	4332	4048	4878	4396	4259	4429	4395	0	0	0	0	**34757**
ST GEORGES HEALTHCARE NHS TRUST	332	379	320	269	265	287	337	250	0	0	0	0	**2439**
SURREY & SUSSEX HEALTHCARE (surrey)	1820	1716	1527	1829	1695	1717	1821	1706	0	0	0	0	**13831**
SURREY AND BORDERS PTNSHIP NHS TRUST	386	461	424	429	289	392	453	521	0	0	0	0	**3355**
SURREY COMMUNITY HEALTH	404	413	330	437	339	299	285	357	0	0	0	0	**2864**
SURREY HOSPICES	42	42	48	52	38	56	53	60	0	0	0	0	**391**
SURREY PCT	672	703	815	1001	431	464	422	516	0	0	0	0	**5024**
Not Assigned	0	10	0	2	4	1	0	7	0	0	0	0	**24**
TOTAL	**17049**	**17558**	**16460**	**19179**	**16557**	**16786**	**17794**	**17323**	**0**	**0**	**0**	**0**	**138706**

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total
LOW	9,679	10,201	9,645	11,318	9,886	9,922	10,686	10,240	0	0	0	0	**81,577**
MED	2,921	2,839	2,506	2,841	2,384	2,405	2,537	2,601	0	0	0	0	**21,034**
HIGH	1,082	1,038	1,189	1,182	1,024	1,078	1,133	1,019	0	0	0	0	**8,745**
SPEC	143	126	115	188	112	126	119	133	0	0	0	0	**1,062**
ESCT	3,224	3,354	3,005	3,650	3,151	3,255	3,319	3,330	0	0	0	0	**26,288**
ABORT	2,292	2,083	1,860	2,151	1,631	1,925	2,031	2,105	0	0	0	0	**16,078**
OnDay	2,593	2,612	2,431	2,799	2,454	2,552	2,751	2,618	0	0	0	0	**20,810**

MileageBand	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total
Band 1	5,864	5,983	5,514	6,480	5,700	5,639	6,207	5,849	0	0	0	0	**47,236**
Band 2	5,930	6,049	5,703	6,397	5,473	5,900	5,947	5,730	0	0	0	0	**47,129**
Band 3	2,680	2,704	2,655	3,089	2,725	2,667	2,921	2,841	0	0	0	0	**22,282**
Band 4	1,207	1,219	1,080	1,380	1,096	1,282	1,272	1,350	0	0	0	0	**9,886**
Band 5	867	1,000	968	1,187	1,087	962	1,031	1,002	0	0	0	0	**8,104**
Band 6	468	546	505	567	424	297	362	495	0	0	0	0	**3,664**
Band 7	24	33	22	52	35	27	37	33	0	0	0	0	**263**
ECJ	9	24	13	27	17	12	17	23	0	0	0	0	**142**
TOTAL	**17,049**	**17,558**	**16,460**	**19,179**	**16,557**	**16,786**	**17,794**	**17,323**	**0**	**0**	**0**	**0**	**138,706**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CENTRAL SURREY HEALTH
EPSOM AND ST HELIER UNI HOSPITAL
FRIMLEY PARK HOSPITAL NHS TRUST
KINGS COLLEGE HOSPITAL
KINGSTON HOSPITAL
ROYAL BROMPTON & HAREFIELD NHS FT
ROYAL MARSDEN NHS FOUNDATION TRUST
ROYAL SURREY CNTY HOSP NHS T (surrey)
ST GEORGES HEALTHCARE NHS TRUST
SURREY & SUSSEX HEALTHCARE (surrey)
SURREY AND BORDERS PTNSHIP NHS TRUST
SURREY COMMUNITY HEALTH
SURREY HOSPICES
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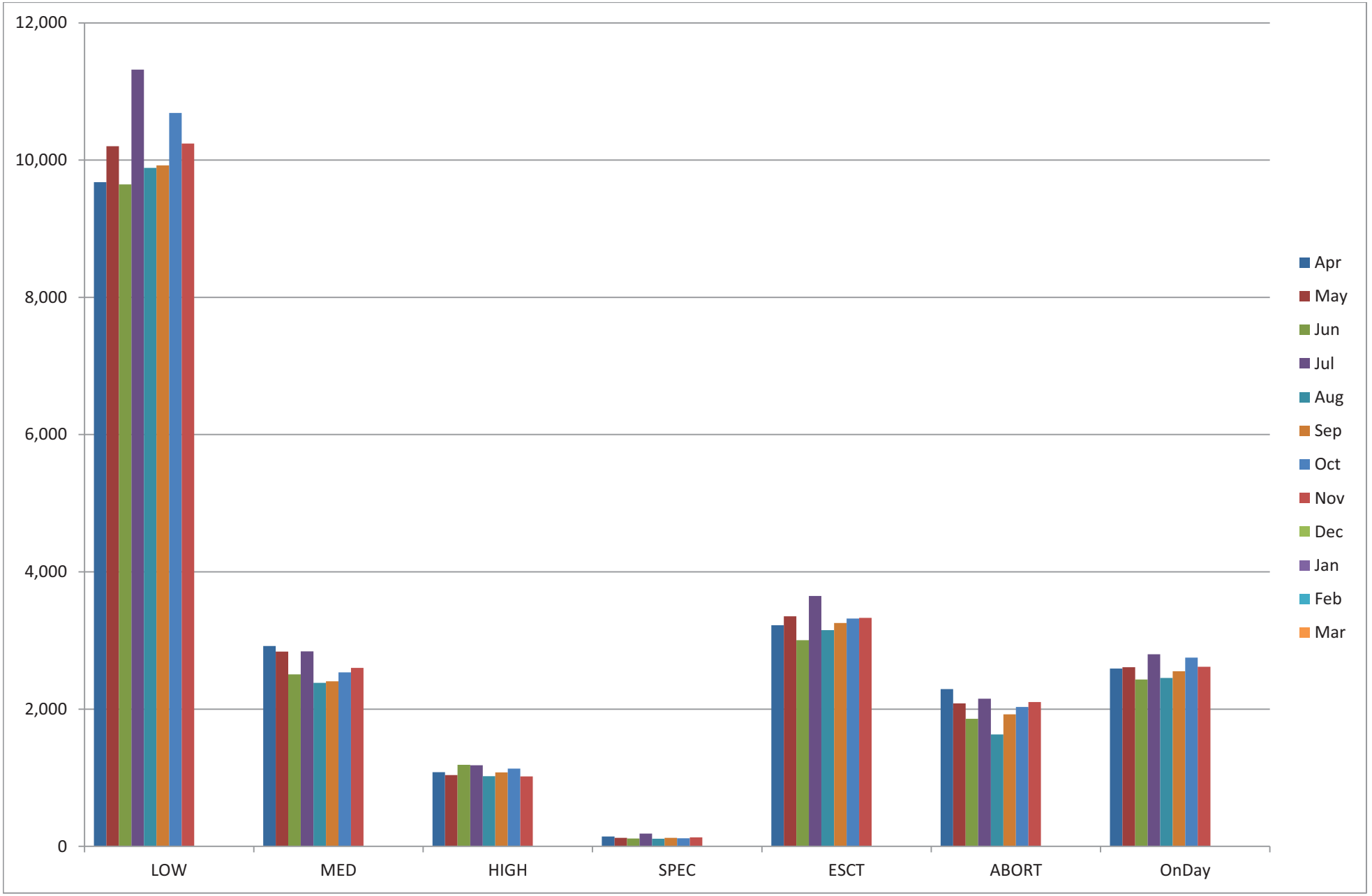
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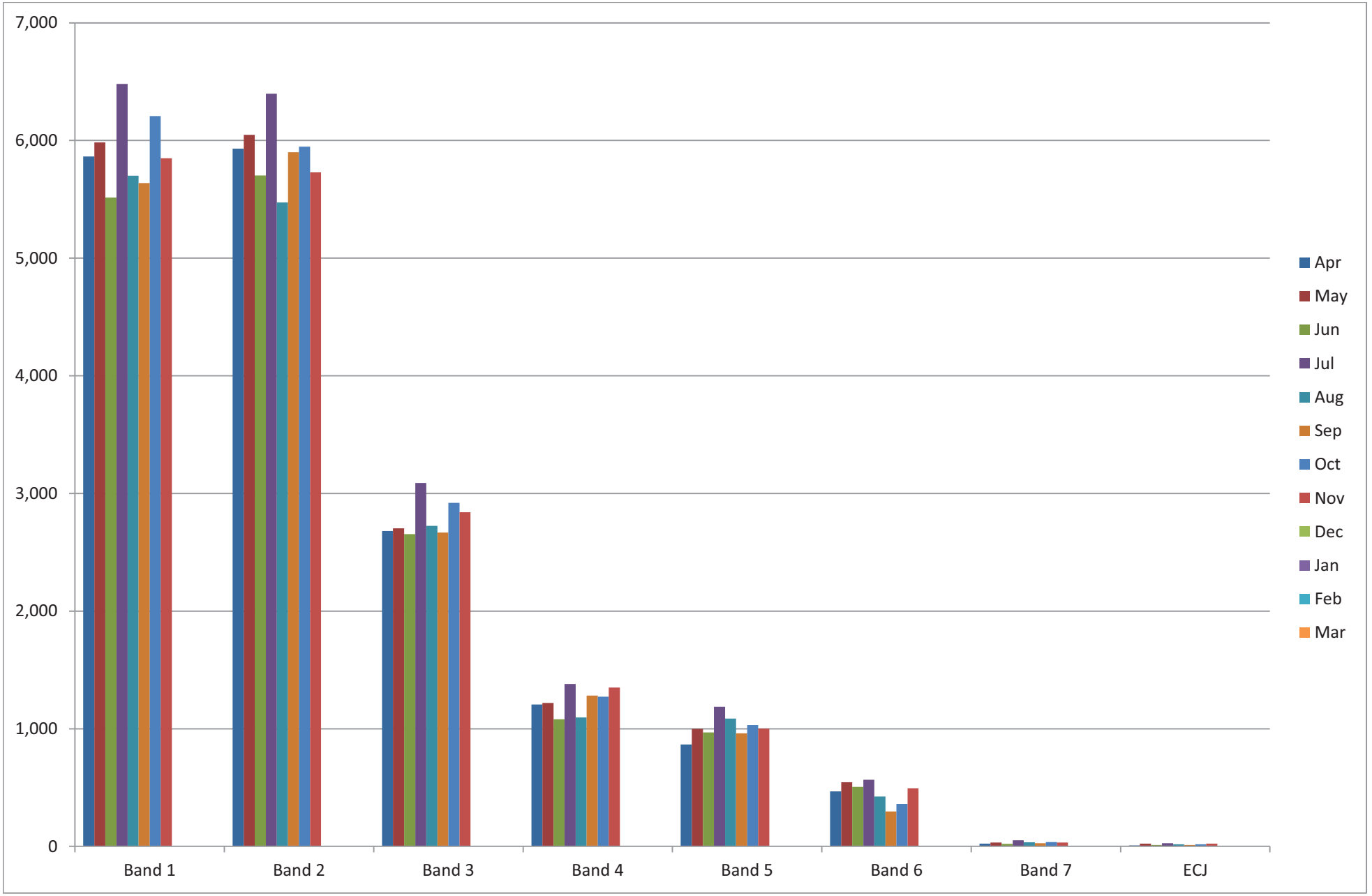
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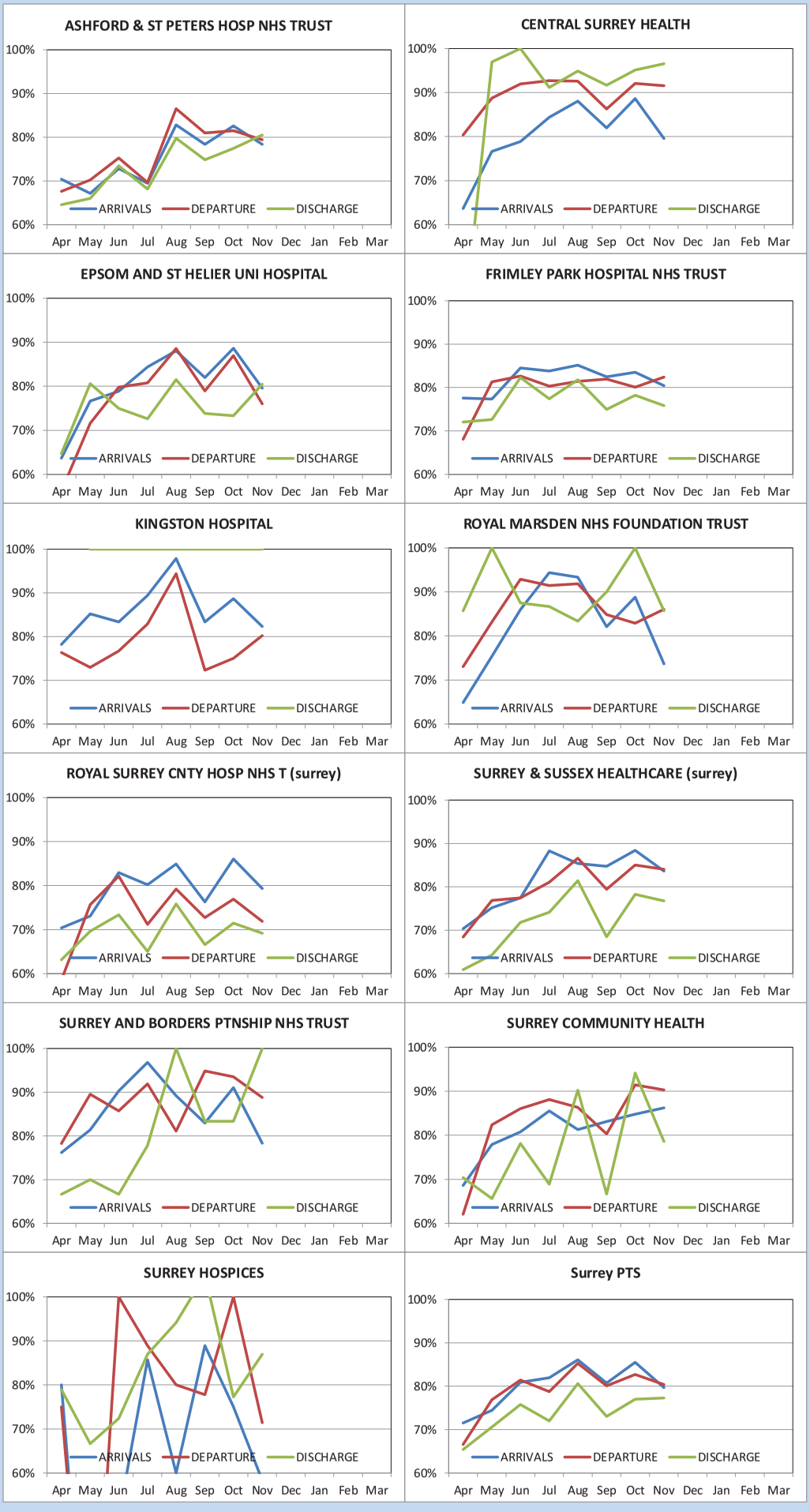
	PERFORMANCE BY MONTH											
ARRIVALS	**Apr**	**May**	**Jun**	**Jul**	**Aug**	**Sep**	**Oct**	**Nov**	**Dec**	**Jan**	**Feb**	**Mar**
ASHFORD & ST PETERS HOSP NHS TRUST	70%	67%	73%	69%	83%	78%	83%	78%				
CENTRAL SURREY HEALTH	79%	92%	89%	87%	96%	89%	91%	87%				
EPSOM AND ST HELIER UNI HOSPITAL	64%	77%	79%	84%	88%	82%	89%	80%				
FRIMLEY PARK HOSPITAL NHS TRUST	78%	77%	84%	84%	85%	82%	84%	80%				
KINGS COLLEGE HOSPITAL	#N/A	100%	#N/A	#N/A	#N/A	100%	0%	0%				
KINGSTON HOSPITAL	78%	85%	83%	89%	98%	83%	89%	82%				
ROYAL BROMPTON & HAREFIELD NHS FT	100%	#N/A	100%	100%	100%	33%	100%	50%				
ROYAL MARSDEN NHS FOUNDATION TRUST	65%	75%	86%	94%	93%	82%	89%	74%				
ROYAL SURREY CNTY HOSP NHS T (surrey)	70%	73%	83%	80%	85%	76%	86%	79%				
ST GEORGES HEALTHCARE NHS TRUST	75%	71%	86%	89%	88%	75%	78%	66%				
SURREY & SUSSEX HEALTHCARE (surrey)	70%	75%	77%	88%	85%	85%	88%	84%				
SURREY AND BORDERS PTNSHIP NHS TRUST	76%	81%	90%	97%	89%	83%	91%	78%				
SURREY COMMUNITY HEALTH	69%	78%	81%	86%	81%	83%	85%	86%				
SURREY HOSPICES	80%	0%	50%	86%	60%	89%	75%	58%				
SURREY PCT	72%	75%	87%	86%	92%	83%	87%	88%				
Not Assigned	#N/A	#N/A	#N/A	100%	#N/A	#N/A	#N/A	50%				
TOTAL	**72%**	**74%**	**81%**	**82%**	**86%**	**81%**	**86%**	**80%**				
RECORDS	74%	72%	78%	79%	81%	80%	75%	79%				

DEPARTURE	**Apr**	**May**	**Jun**	**Jul**	**Aug**	**Sep**	**Oct**	**Nov**	**Dec**	**Jan**	**Feb**	**Mar**
ASHFORD & ST PETERS HOSP NHS TRUST	68%	70%	75%	70%	87%	81%	81%	79%				
CENTRAL SURREY HEALTH	80%	89%	92%	93%	93%	86%	92%	92%				
EPSOM AND ST HELIER UNI HOSPITAL	56%	72%	80%	81%	89%	79%	87%	76%				
FRIMLEY PARK HOSPITAL NHS TRUST	68%	81%	83%	80%	81%	82%	80%	82%				
KINGS COLLEGE HOSPITAL	0%	#N/A	#N/A	#N/A	#N/A	100%	100%	80%				
KINGSTON HOSPITAL	76%	73%	77%	83%	94%	72%	75%	80%				
ROYAL BROMPTON & HAREFIELD NHS FT	100%	#N/A	#N/A	100%	100%	100%	100%	100%				
ROYAL MARSDEN NHS FOUNDATION TRUST	73%	83%	93%	91%	92%	85%	83%	86%				
ROYAL SURREY CNTY HOSP NHS T (surrey)	59%	76%	82%	71%	79%	73%	77%	72%				
ST GEORGES HEALTHCARE NHS TRUST	66%	80%	97%	95%	85%	85%	86%	85%				
SURREY & SUSSEX HEALTHCARE (surrey)	68%	77%	77%	81%	87%	79%	85%	84%				
SURREY AND BORDERS PTNSHIP NHS TRUST	78%	90%	86%	92%	81%	95%	94%	89%				
SURREY COMMUNITY HEALTH	62%	82%	86%	88%	86%	80%	91%	90%				
SURREY HOSPICES	75%	0%	100%	89%	80%	78%	100%	71%				
SURREY PCT	77%	83%	91%	89%	93%	82%	93%	90%				
Not Assigned	#N/A	#N/A	#N/A	#N/A	#N/A	100%	#N/A	#N/A				
TOTAL	**67%**	**77%**	**81%**	**79%**	**85%**	**80%**	**83%**	**80%**				
RECORDS	57%	67%	65%	69%	72%	73%	74%	76%				

DISCHARGE	**Apr**	**May**	**Jun**	**Jul**	**Aug**	**Sep**	**Oct**	**Nov**	**Dec**	**Jan**	**Feb**	**Mar**
ASHFORD & ST PETERS HOSP NHS TRUST	65%	66%	73%	68%	80%	75%	77%	80%				
CENTRAL SURREY HEALTH	35%	97%	100%	91%	95%	92%	95%	97%				
EPSOM AND ST HELIER UNI HOSPITAL	65%	81%	75%	73%	82%	74%	73%	80%				
FRIMLEY PARK HOSPITAL NHS TRUST	72%	73%	82%	77%	82%	75%	78%	76%				
KINGS COLLEGE HOSPITAL	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A				
KINGSTON HOSPITAL	#N/A	100%	100%	100%	#N/A	#N/A	#N/A	100%				
ROYAL BROMPTON & HAREFIELD NHS FT	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A				
ROYAL MARSDEN NHS FOUNDATION TRUST	86%	100%	88%	87%	83%	90%	100%	86%				
ROYAL SURREY CNTY HOSP NHS T (surrey)	63%	70%	73%	65%	76%	67%	71%	69%				
ST GEORGES HEALTHCARE NHS TRUST	100%	100%	100%	#N/A	100%	100%	100%	100%				
SURREY & SUSSEX HEALTHCARE (surrey)	61%	64%	72%	74%	81%	68%	78%	77%				
SURREY AND BORDERS PTNSHIP NHS TRUST	67%	70%	67%	78%	100%	83%	83%	100%				
SURREY COMMUNITY HEALTH	70%	66%	78%	69%	90%	67%	94%	79%				
SURREY HOSPICES	79%	67%	72%	87%	94%	105%	77%	87%				
SURREY PCT	77%	80%	73%	84%	86%	100%	82%	83%				
Not Assigned	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A				
TOTAL	**65%**	**71%**	**76%**	**72%**	**81%**	**73%**	**77%**	**77%**				
RECORDS	57%	67%	65%	69%	72%	73%	74%	76%				

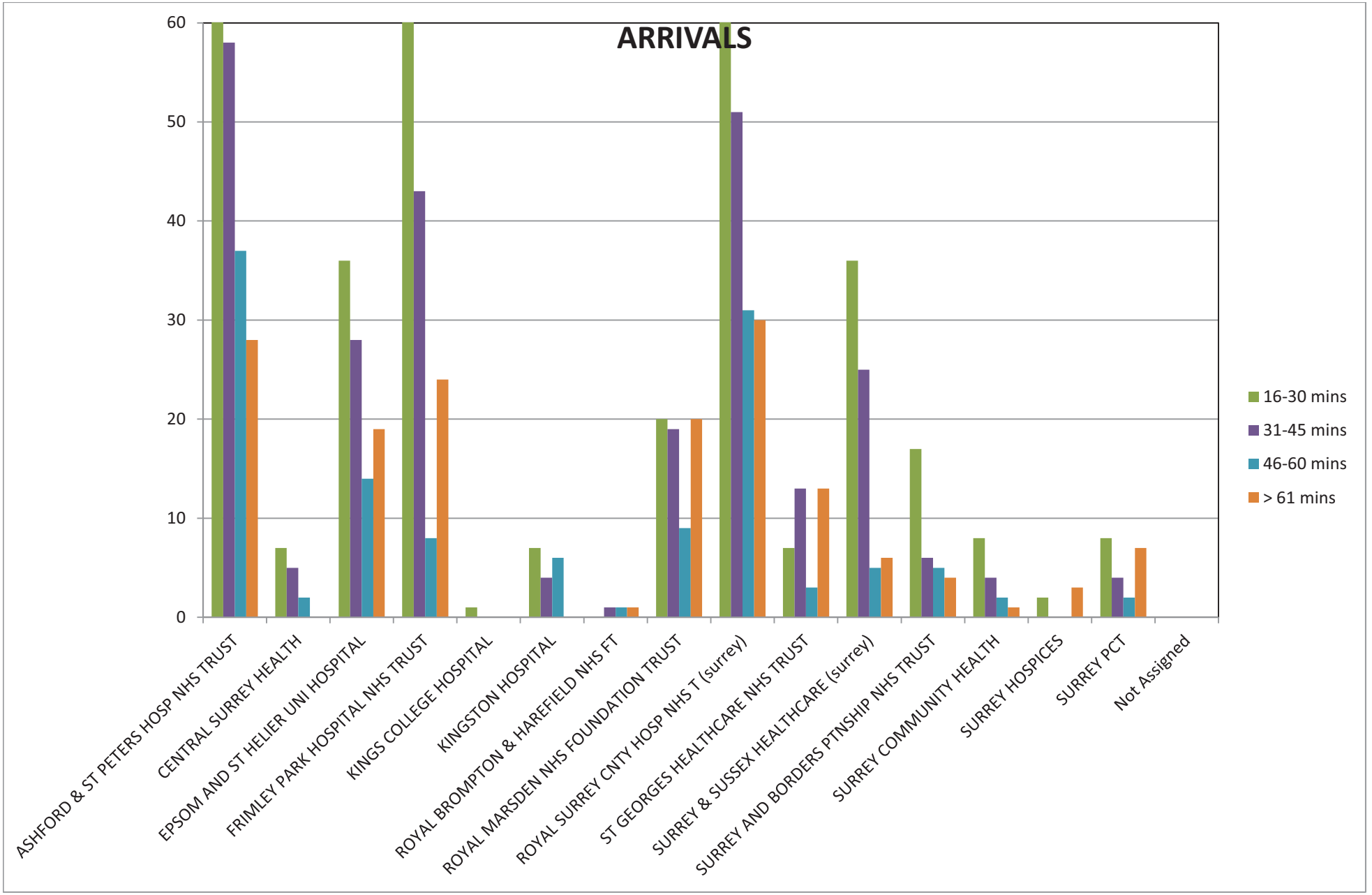
EARLY	**Apr**	**May**	**Jun**	**Jul**	**Aug**	**Sep**	**Oct**	**Nov**	**Dec**	**Jan**	**Feb**	**Mar**
ASHFORD & ST PETERS HOSP NHS TRUST	93%	92%	94%	91%	89%	92%	88%	88%				
CENTRAL SURREY HEALTH	92%	90%	91%	87%	92%	90%	90%	89%				
EPSOM AND ST HELIER UNI HOSPITAL	95%	89%	93%	86%	88%	92%	89%	89%				
FRIMLEY PARK HOSPITAL NHS TRUST	93%	93%	92%	90%	92%	89%	90%	91%				
KINGS COLLEGE HOSPITAL	#N/A	0%	#N/A	#N/A	#N/A	100%	100%	100%				
KINGSTON HOSPITAL	94%	94%	94%	92%	90%	88%	88%	95%				
ROYAL BROMPTON & HAREFIELD NHS FT	100%	#N/A	100%	50%	100%	100%	100%	83%				
ROYAL MARSDEN NHS FOUNDATION TRUST	92%	83%	88%	86%	80%	86%	85%	84%				
ROYAL SURREY CNTY HOSP NHS T (surrey)	93%	94%	94%	92%	91%	95%	91%	89%				
ST GEORGES HEALTHCARE NHS TRUST	91%	98%	93%	90%	89%	97%	89%	93%				
SURREY & SUSSEX HEALTHCARE (surrey)	93%	91%	93%	88%	89%	86%	86%	86%				
SURREY AND BORDERS PTNSHIP NHS TRUST	96%	97%	96%	97%	98%	87%	94%	93%				
SURREY COMMUNITY HEALTH	88%	88%	85%	81%	88%	78%	84%	83%				
SURREY HOSPICES	80%	100%	100%	100%	100%	89%	88%	100%				
SURREY PCT	91%	87%	88%	88%	81%	86%	82%	79%				
Not Assigned	#N/A	#N/A	#N/A	100%	#N/A	#N/A	#N/A	100%				
TOTAL	**93%**	**91%**	**92%**	**90%**	**90%**	**90%**	**88%**	**89%**				
RECORDS	74%	72%	78%	79%	81%	80%	75%	79%				

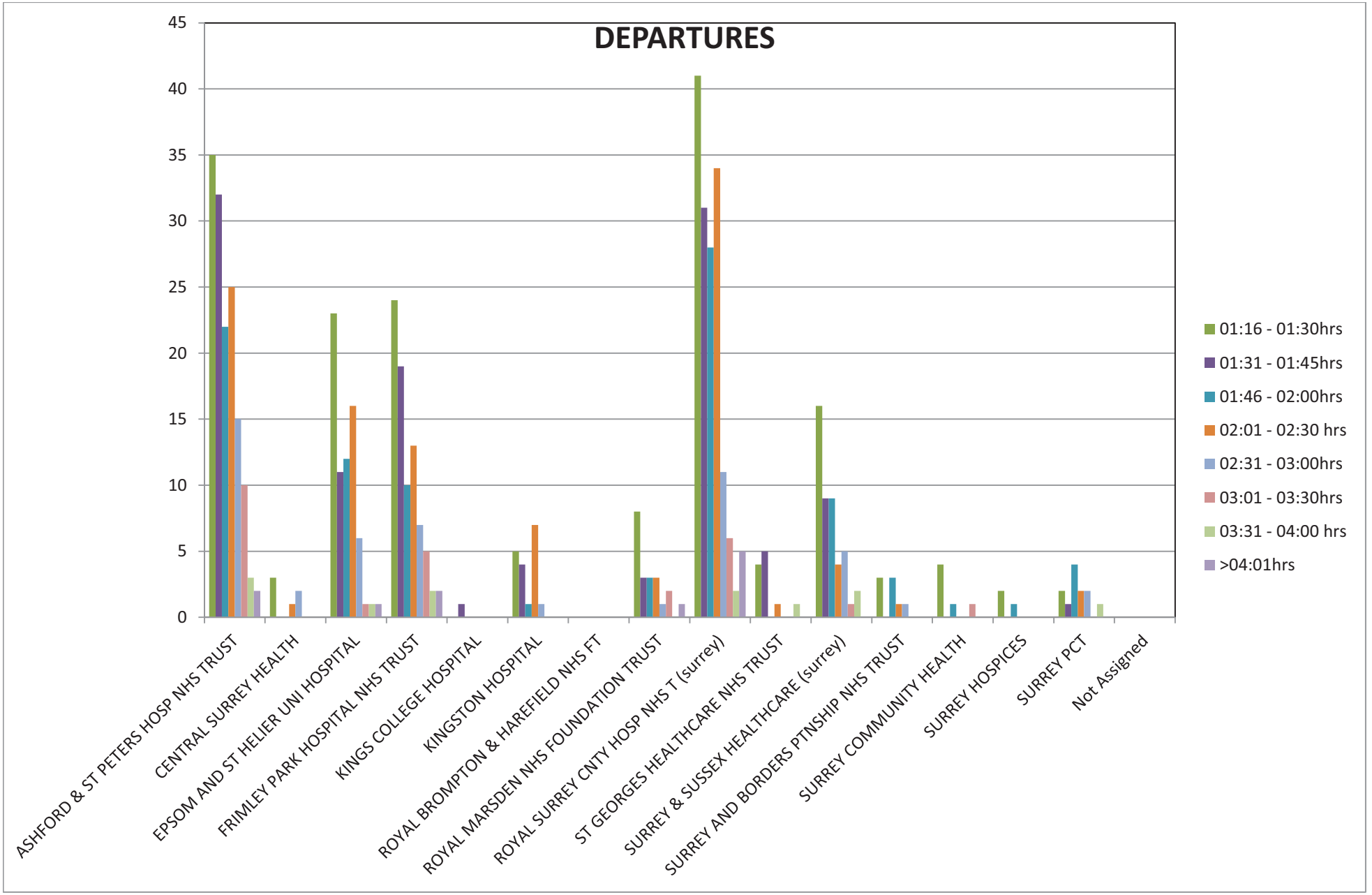

ASHFORD & ST PETERS HOSP NHS TRUST
CENTRAL SURREY HEALTH
EPSOM AND ST HELIER UNI HOSPITAL
FRIMLEY PARK HOSPITAL NHS TRUST
KINGSTON HOSPITAL
ROYAL MARSDEN NHS FOUNDATION TRUST
ROYAL SURREY CNTY HOSP NHS T (surrey)
SURREY & SUSSEX HEALTHCARE (surrey)
SURREY AND BORDERS PTNSHIP NHS TRUST
SURREY COMMUNITY HEALTH
SURREY HOSPICES
Surrey PTS
100%
90%
80%
70%
60%
Apr May Jun Jul Aug Sep Oct Nov Dec Jan Feb Mar
ARRIVALS
DEPARTURE
DISCHARGE

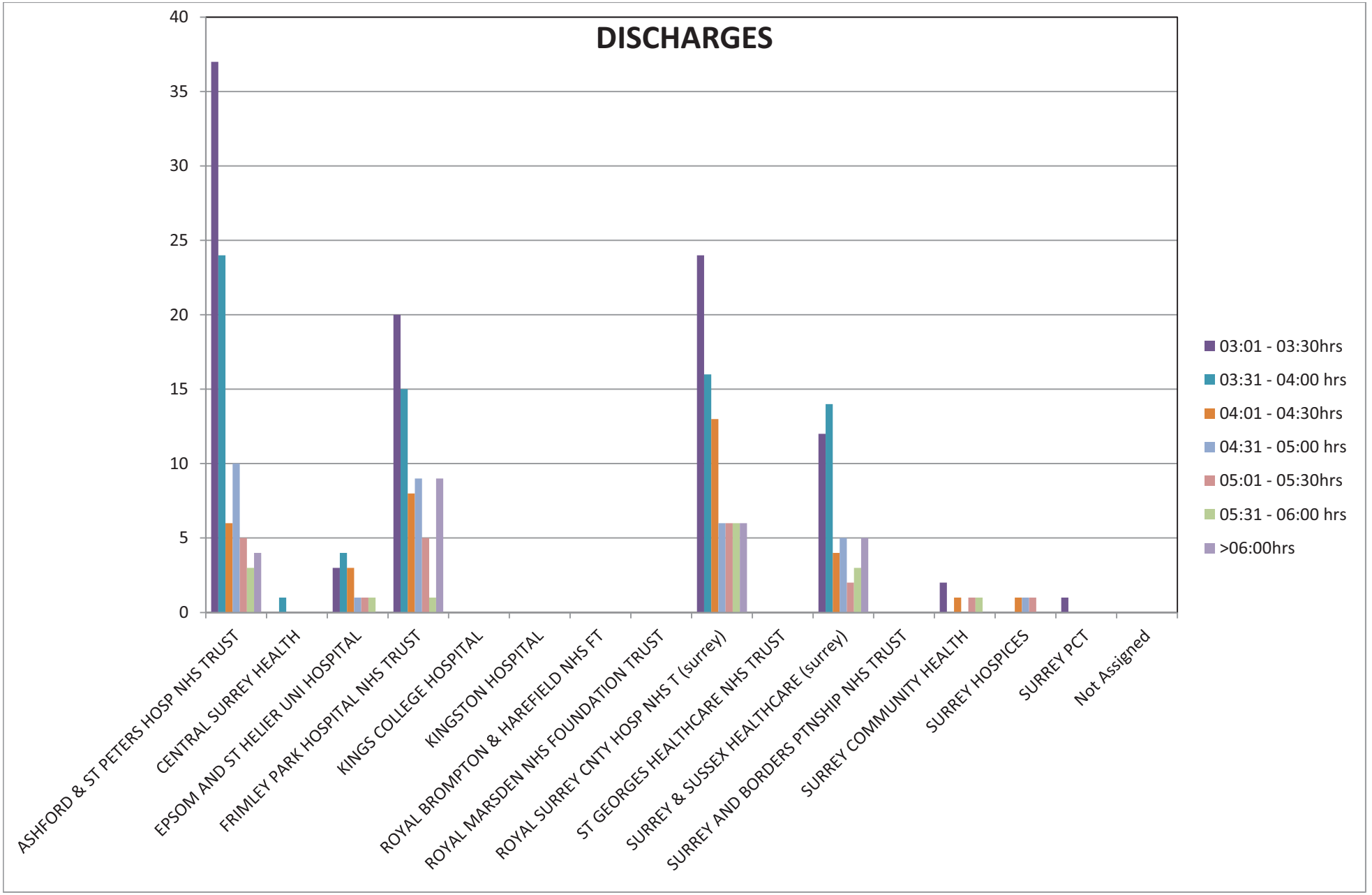
ARRIVALS	On Time	1-15 mins	16-30 mins	31-45 mins	46-60 mins	> 61 mins	Total	OnTheDay	%OTD
ASHFORD & ST PETERS HOSP NHS TRUST	593	145	79	58	37	28	**940**	16	2%
CENTRAL SURREY HEALTH	87	17	7	5	2	0	**118**	0	0%
EPSOM AND ST HELIER UNI HOSPITAL	266	71	36	28	14	19	**434**	10	2%
FRIMLEY PARK HOSPITAL NHS TRUST	543	124	66	43	8	24	**808**	14	2%
KINGS COLLEGE HOSPITAL	0	0	1	0	0	0	**1**	0	0%
KINGSTON HOSPITAL	63	24	7	4	6	0	**104**	0	0%
ROYAL BROMPTON & HAREFIELD NHS FT	2	1	0	1	1	1	**6**	0	0%
ROYAL MARSDEN NHS FOUNDATION TRUST	189	26	20	19	9	20	**283**	5	2%
ROYAL SURREY CNTY HOSP NHS T (surrey)	587	122	64	51	31	30	**885**	12	1%
ST GEORGES HEALTHCARE NHS TRUST	75	15	7	13	3	13	**126**	1	1%
SURREY & SUSSEX HEALTHCARE (surrey)	286	59	36	25	5	6	**417**	4	1%
SURREY AND BORDERS PTNSHIP NHS TRUST	115	23	17	6	5	4	**170**	1	1%
SURREY COMMUNITY HEALTH	84	7	8	4	2	1	**106**	3	3%
SURREY HOSPICES	4	3	2	0	0	3	**12**	0	0%
SURREY PCT	108	14	8	4	2	7	**143**	0	0%
Not Assigned	0	0	0	0	0	0	**0**	0	
TOTAL	**3002**	**651**	**358**	**261**	**125**	**156**	**4553**	66	1%

DEPARTURE	On Time	01:00 - 01:15hrs	01:16 - 01:30hrs	01:31 - 01:45hrs	01:46 - 02:00hrs	02:01 - 02:30 hrs	02:31 - 03:00hrs	03:01 - 03:30hrs	03:31 - 04:00 hrs	>04:01hrs	Total	OnTheDay	%OTD
ASHFORD & ST PETERS HOSP NHS TRUST	737	44	35	32	22	25	15	10	3	2	**925**	76	8%
CENTRAL SURREY HEALTH	106	4	3	0	0	1	2	0	0	0	**116**	2	2%
EPSOM AND ST HELIER UNI HOSPITAL	321	30	23	11	12	16	6	1	1	1	**422**	39	9%
FRIMLEY PARK HOSPITAL NHS TRUST	646	39	24	19	10	13	7	5	2	2	**767**	49	6%
KINGS COLLEGE HOSPITAL	5	0	0	1	0	0	0	0	0	0	**6**	0	0%
KINGSTON HOSPITAL	71	4	5	4	1	7	1	0	0	0	**93**	7	8%
ROYAL BROMPTON & HAREFIELD NHS FT	5	0	0	0	0	0	0	0	0	0	**5**	0	0%
ROYAL MARSDEN NHS FOUNDATION TRUST	202	10	8	3	3	3	1	2	0	1	**233**	29	12%
ROYAL SURREY CNTY HOSP NHS T (surrey)	665	64	41	31	28	34	11	6	2	5	**887**	57	6%
ST GEORGES HEALTHCARE NHS TRUST	106	3	4	5	0	1	0	0	1	0	**120**	1	1%
SURREY & SUSSEX HEALTHCARE (surrey)	322	13	16	9	9	4	5	1	2	0	**381**	31	8%
SURREY AND BORDERS PTNSHIP NHS TRUST	146	6	3	0	3	1	1	0	0	0	**160**	0	0%
SURREY COMMUNITY HEALTH	79	1	4	0	1	0	0	1	0	0	**86**	0	0%
SURREY HOSPICES	6	0	2	0	1	0	0	0	0	0	**9**	0	0%
SURREY PCT	126	2	2	1	4	2	2	0	1	0	**140**	2	1%
Not Assigned	0	0	0	0	0	0	0	0	0	0	**0**	0	
TOTAL	**3543**	**220**	**170**	**116**	**94**	**107**	**51**	**26**	**12**	**11**	**4350**	**293**	**7%**

DISCHARGE	On Time	02:01 - 02:30 hrs	02:31 - 03:00hrs	03:01 - 03:30hrs	03:31 - 04:00 hrs	04:01 - 04:30hrs	04:31 - 05:00 hrs	05:01 - 05:30hrs	05:31 - 06:00 hrs	>06:00hrs	Total	OnTheDay	%OTD
ASHFORD & ST PETERS HOSP NHS TRUST	559	52	35	37	24	6	10	5	3	4	**735**	551	75%
CENTRAL SURREY HEALTH	28	1	1	0	1	0	0	0	0	0	**31**	6	19%
EPSOM AND ST HELIER UNI HOSPITAL	102	9	14	3	4	3	1	1	1	0	**138**	83	60%
FRIMLEY PARK HOSPITAL NHS TRUST	342	42	28	20	15	8	9	5	1	9	**479**	307	64%
KINGS COLLEGE HOSPITAL	0	0	0	0	0	0	0	0	0	0	**0**	0	
KINGSTON HOSPITAL	1	0	0	0	0	0	0	0	0	0	**1**	0	0%
ROYAL BROMPTON & HAREFIELD NHS FT	0	0	0	0	0	0	0	0	0	0	**0**	0	
ROYAL MARSDEN NHS FOUNDATION TRUST	7	1	0	0	0	0	0	0	0	0	**8**	3	38%
ROYAL SURREY CNTY HOSP NHS T (surrey)	274	28	33	24	16	13	6	6	6	6	**412**	265	64%
ST GEORGES HEALTHCARE NHS TRUST	1	0	0	0	0	0	0	0	0	0	**1**	0	0%
SURREY & SUSSEX HEALTHCARE (surrey)	240	29	19	12	14	4	5	2	3	5	**333**	227	68%
SURREY AND BORDERS PTNSHIP NHS TRUST	10	1	1	0	0	0	0	0	0	0	**12**	4	33%
SURREY COMMUNITY HEALTH	44	4	5	2	0	1	0	1	1	0	**58**	10	17%
SURREY HOSPICES	20	3	1	0	0	1	1	1	0	0	**27**	5	19%
SURREY PCT	10	1	0	1	0	0	0	0	0	0	**12**	4	33%
Not Assigned	0	0	0	0	0	0	0	0	0	0	**0**	0	
TOTAL	**1638**	**171**	**137**	**99**	**74**	**36**	**32**	**21**	**15**	**24**	**2247**	**1465**	**65%**


ARRIVALS
60
50
40
30
20
10
0
16-30 mins
31-45 mins
46-60 mins
> 61 mins
ASHFORD & ST PETERS HOSP NHS TRUST
CENTRAL SURREY HEALTH
EPSOM AND ST HELIER UNI HOSPITAL
FRIMLEY PARK HOSPITAL NHS TRUST
KINGS COLLEGE HOSPITAL
KINGSTON HOSPITAL
ROYAL BROMPTON & HAREFIELD NHS FT
ROYAL MARSDEN NHS FOUNDATION TRUST
ROYAL SURREY CNTY HOSP NHS T (surrey)
ST GEORGES HEALTHCARE NHS TRUST
SURREY & SUSSEX HEALTHCARE (surrey)
SURREY AND BORDERS PTNSHIP NHS TRUST
SURREY COMMUNITY HEALTH
SURREY HOSPICES
SURREY PCT
Not Assigned


DEPARTURES
45
40
35
30
25
20
15
10
5
0
ASHFORD & ST PETERS HOSP NHS TRUST
CENTRAL SURREY HEALTH
EPSOM AND ST HELIER UNI HOSPITAL
FRIMLEY PARK HOSPITAL NHS TRUST
KINGS COLLEGE HOSPITAL
KINGSTON HOSPITAL
ROYAL BROMPTON & HAREFIELD NHS FT
ROYAL MARSDEN NHS FOUNDATION TRUST
ROYAL SURREY CNTY HOSP NHS T (surrey)
ST GEORGES HEALTHCARE NHS TRUST
SURREY & SUSSEX HEALTHCARE (surrey)
SURREY AND BORDERS PTNSHIP NHS TRUST
SURREY COMMUNITY HEALTH
SURREY HOSPICES
SURREY PCT
Not Assigned
01:16 - 01:30hrs
01:31 - 01:45hrs
01:46 - 02:00hrs
02:01 - 02:30 hrs
02:31 - 03:00hrs
03:01 - 03:30hrs
03:31 - 04:00 hrs
>04:01hrs


DISCHARGES
40
35
30
25
20
15
10
5
0
ASHFORD & ST PETERS HOSP NHS TRUST
CENTRAL SURREY HEALTH
EPSOM AND ST HELIER UNI HOSPITAL
FRIMLEY PARK HOSPITAL NHS TRUST
KINGS COLLEGE HOSPITAL
KINGSTON HOSPITAL
ROYAL BROMPTON & HAREFIELD NHS FT
ROYAL MARSDEN NHS FOUNDATION TRUST
ROYAL SURREY CNTY HOSP NHS T (surrey)
ST GEORGES HEALTHCARE NHS TRUST
SURREY & SUSSEX HEALTHCARE (surrey)
SURREY AND BORDERS PTNSHIP NHS TRUST
SURREY COMMUNITY HEALTH
SURREY HOSPICES
SURREY PCT
Not Assigned
03:01 - 03:30hrs
03:31 - 04:00 hrs
04:01 - 04:30hrs
04:31 - 05:00 hrs
05:01 - 05:30hrs
05:31 - 06:00 hrs
>06:00hrs

KPI Ref;	Key Performance indicator	Frequency	Target	ACTUAL	Monthly Data												Comments
					Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14	
1	Audit of hand hygiene, spot checks	Y	100.00%	100.00%				✓	✓	✓	✓	✓					Ongoing process, detailed report available quarterly.
1a	PTS Staff complete infection prevention training and hand hygiene assessment. (e-learning)	Y	100.00%	100.00%				✓	✓	✓	✓	✓					
2	All Staff will have/receive the necessary immunisation, 100% valid immunisation with staff	M	100.00%	100.00%				✓	✓	✓	✓	✓					
3	All new staff to receive training	M	100.00%	100.00%				✓	✓	✓	✓	✓					
3a	Training plans/records upto date and available	M	100.00%	100.00%				✓	✓	✓	✓	✓					
3b	All new staff must receive Trust induction training within 4 weeks of starting work.	M	100.00%	100.00%				✓	✓	✓	✓	✓					
4	Driving licences must be checked every 6 months and a full report submitted to the Authorised Officer for the Trust.	BA	100.00%	100.00%				✓	✓	✓	✓	✓					
4a	All staff to have been extended CRB vetted and passed in accordance with the Trust Policies.	Q	100.00%	100.00%					✓	✓	✓	✓					There is 1 outstanding CRB renewal due for this period.
5	Equality and Diversity training that is compliant with national statutory obligations. (SAM training)	Q	100.00%	54.00%				✓	✓	✓	✓	✓					
6	Mandatory training Skills Framework - compliance with mandatory national and local standards. (e-Learning and SAM)	Y	100.00%	56.00%				✓	✓	✓	✓	✓					
7	Clinical staff professional registration. Trainers and people required to be clinically registered.	Y	100.00%	100.00%				✓	✓	✓	✓	✓					
8	Positive treatment of people with learning disabilities - Compliance against statutory obligations (SAM)	Y	100.00%	54.00%				✓	✓	✓	✓	✓					
9	Safeguarding children and vulnerable adults - Compliance with national standards and statutes. (e-Learning)	Y	100.00%	100.00%				✓	✓	✓	✓	✓					
10	Dress Code - Staff to comply with local uniform policy	Q	100.00%	100.00%				✓	✓	✓	✓	✓					
11	Yearly reminder of drink, drug and smoking policy (SAM)	Y	100.00%	54.00%					✓	✓	✓	✓					
12	Vacancy rate not to exceed 9%.	M	5.00%	0.00%					✓	✓	✓	✓					
12a	Sickness Levels (>95% = green, 91-94% = Amber, <90% = Red)	M	100.00%	88.51%					✗	✗	✗	✗					
13	PTS structure in place and available to Commissioners and Healthcare providers	M	100.00%	100.00%				✓	✓	✓	✓	✓					
14	Vehicle Compliance with Department of Transport legislative requirements and British Safety Standards or equivalent	Y	100.00%	100.00%				✓	✓	✓	✓	✓					
15	All vehicles have current MOT	Y	100.00%	100.00%				✓	✓	✓	✓	✓					
15a	All vehicles have vehicle excise licence and insurance	Y	100.00%	100.00%				✓	✓	✓	✓	✓					
15b	Compliance with vehicle deep cleaning, Swab testing.	Q	100.00%	93.40%				!			✓	!					
16	Interior cleaning to be compliant with standard in contract.	Q	100.00%														Data being compiled. Available next month.
16a	Exterior cleaning to be compliant with standard in contract	Q	100.00%														
17	Vehicle mileage to be recorded daily, accidents and incidents to be recorded and reported.	Q	100.00%	100.00%				✓	✓	✓	✓	✓					
18	Driving standards audits completed and available, CPC STANDARDS	Q	100.00%	100.00%				✓	✓	✓	✓	✓					
19	Specialist vehicles available as required in the contract	M	100.00%	100.00%				✓	✓	✓	✓	✓					If SECAmb specialist vehicle not available then journey is out sourced.
20	Vehicle Availability	M	100.00%					✓									
21	Patient Experience, patients surveyed. 5% CAPTURED BY Q2.	Q	5.00%	14.00%			✓#		✓	✓	✓	✓					This is reported quaterly, report now available.
22	Complaints- reply within 25 days. (PTS ONLY)	M	95.00%	100.00%				✓	✓	✓	✓	✓					All complaints receive an initial response within 25 working days. Full complaints and PALS report available.
23	SIRIs closed within 60 days	MINAP	100.00%	100.00%				✓	✓	✓	✓	✓					
24	Compliance with internal and external inspection recommendations	Y	100.00%														Awaiting full CQC recommendations

KPI Ref;	Key Performance indicator	Frequency	Target	ACTUAL	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14	Comments
24a	Performance - arrival % patients will arrive no more than 15 minutes after their appointment time.	M	95.00%	80.00%	✗	✗#	✗#	✗	✗		✗	✗					
25	Performance - arrival % patients will arrive no more than 45 minutes before their appointment.	M	95.00%	89.00%	!	!#	!#	✗	✗		✗	✗					
25a	Performance - departure % patients will be collected within 60 minutes of their planned collection time	M	95.00%	80.00%	✗	✗#	✗#	✗	✗		✗	✗					
26	Performance - discharge % patients will be colleted within 120 minutes of the booked to travel time	M	95.00%	83.00%	✗	✗#	✗#	✗	✗		✗	✗					
27	Calls to be answered within 60 seconds / or call back within 15 minutes	M	95.00%						✗								
29	Activity rate	M	5.00%														
30	Patient journeys cancelled by SECAmb as % of all journeys	M	0.00%					✗	✗								
31	Abortive journeys kept to minimum	M	10.00%	12.00%				✗	✗			✗					
32	All minors to be accompanied by a responsible adult.	M	100.00%	79.00%						!	!	!					
33	Patients should be contacted prior to PTS arriving with confirmation of expected time of arrival when being collected from a place of residence	M	90.00%														
34	Major incident and contingency plans to be updated regularly and made available.	Q	100.00%	100.00%				✓	✓	✓	✓	✓					
35	All reports submitted to the trust must be accurate and delivered within 10 working days of end of month	M	100.00%	100.00%				!	✓	✓	✓	✓					
36	Audit plans to be implemented and complete	Y	100.00%														Awaiting full CQC recommendations
38	Direct reporting of SIRIs to PCT in line with current PCT guidelines	Q	100.00%	100.00%				✓	✓	✓	✓	✓					
39	Green travel plans, (q1=baseline measure, q2=Plan,q3&4=To be delivering)	Q	100.00%														

Health Scrutiny Committee
9 January 2014

Sexual Health Prevention in Schools, Colleges & Services for Young People in Surrey

Purpose of the report: To provide clarification, following a request made by members at the last Health Scrutiny Committee meeting, about sexual health prevention work currently taking place in schools, colleges and Services for Young People in Surrey.

INTRODUCTION:

1. Context

Having good sexual health is an important aspect of overall physical and emotional health and well-being. It is central to the development of some of the most important relationships in our lives. Any person who is sexually active could be negatively affected by their sexual health decisions and may need to take precautions or access sexual health services to maintain a positive and healthy sexual life.

Following publication of the Healthy Lives, Healthy People white paper[1] and changes introduced in the Health & Social Care Act 2012[2], local authorities took on a new public health role from April 2013 including commissioning of sexual health services. To accompany these changes the Department of Health published a Public Health Outcomes Framework[3] document which sets out desired outcomes for public health and how they will be achieved. The importance of improving sexual health is acknowledged in this document by the inclusion of three indicators: under-18 conceptions; chlamydia (a sexually transmitted infection) diagnoses in 15–24-year-olds and people presenting with HIV at a late stage of infection.

Education and prevention is a key part of promoting good sexual health and relies on developing good, productive working relationships between key stakeholder agencies including: public health, schools, colleges, services for young people and sexual health services who will work together under the strategic leadership of the Health & Wellbeing Board, Children & Young People's Partnership and Surrey Safeguarding Children's Board.

2. Sex & Relationship Education

Personal, Social, Health & Economic education (PSHE) includes Sex & Relationships Education (SRE). PSHE is not currently a compulsory part of the National Curriculum for schools in England.

The Office for Standards in Education (OFSTED) is the non-ministerial government department responsible for inspecting schools, colleges and local authority youth services. OFSTED state that Personal, Social, Health & Economic education: "...is an important and necessary part of all pupils' education." PSHE is assessed by OFSTED during their inspection process. In 2013, OFSTED published a report[4] on PSHE in which they stated that: "PSHE is not yet good enough in a sizeable proportion of schools in England."

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3. Sexual Health of Young People in Surrey

One of the highest risk groups for sexually transmitted infections in Surrey continues to be young heterosexuals (15-24 years old) with continuing high levels of unsafe sexual behaviour contributing to the rises recorded[5]. Under 18 conception rates[6] in Surrey remain below the national rate, however, there are some notable 'hot spots' in the county. Of these under 18 conceptions, the percentage resulting in termination (abortion) during the 3rd quarter of 2012 (the most recent period for which data is available) was 56.3%, indicating the conception as unwanted thus an opportunity for prevention.

4. Preventing Child Sexual Exploitation (CSE)

Child Sexual Exploitation, and its prevention, is an emerging issue both nationally and in Surrey. In 2009 the Department for Education published a guidance document[7] with targets for implementation at a local level through the Surrey Safeguarding Children Board.

5. School Nursing Service

In Surrey, the school nursing service is provided for all school aged children and young people by Virgin Care, Central Surrey Health and First Community Health & Care. Since April 2013, local authority Public Health departments are responsible for commissioning school nursing services. This commissioning will be informed by the government document[8] on school nursing published in April 2013.

6. Sexual Health Clinics & Services for Young People

Detailed information about sexual health clinics and services in Surrey has been presented at a previous Health Scrutiny Committee. However, it should be noted that there are a number of sexual health services in Surrey specifically for young people including clinics, access to emergency contraception through community pharmacies and the Surrey Chlamydia Screening Programme. In addition, all mainstream sexual health services in Surrey are 'You're Welcome'[9] accredited. 'You're Welcome' is a government scheme to ensure that mainstream health services are accessible and welcoming to young people.

NEEDS ANALYSIS

7. The Joint Strategic Needs Assessment analyses the needs of young people who engage in risky sexual behaviour and identifies three key areas of need.

- **Teenage conceptions/pregnancy:** Surrey has witnessed an overall decrease in the number of teenage conceptions however most of Surrey's top 20 wards have more than twice the Surrey rate of 24 conceptions per 1000 females aged 15-17 for 2006-2008.

- **Terminations:** The percentage of young people aged 15-17 years who opted for an abortion in 2009 increased to 61%, considerably higher than in the rest of England and the South East.
- **Sexually transmitted infections (STIs):** STIs are more common among young people than any other group. There is also a much higher proportion of women under the age of 20 experiencing new diagnoses of STIs than the same age group amongst men.

8. Surrey's One in Ten needs assessment identifies the following key risk factors:
- Poor educational attainment
- Poor attendance at school
- Young people who are in care or have been looked after.

9. Other risk factors include being a daughter of a teenage mother, having mental health problems, sexual abuse in childhood and early first intercourse. There is also an association between crime and teenage parenthood and the use of alcohol and drugs also increases the likelihood of under 18 conception (DCSF, 2010).

10. A key area of emerging need has been identified by the Surrey Safeguarding Children Board (SSCB) and is included in the Services for Young People Participation Needs Assessment 2013. The SSCB Child Sexual Exploitation Strategy 2013 states how sexual exploitation can have a serious long term impact upon every aspect of a young person's life, health and education and we have come to better understand the greater prevalence of CSE in recent years. Girls aged 14-17 are highlighted as the main group who are at risk in Surrey, and their vulnerability is increased by: being in local authority care; using alcohol and/or drugs; family dysfunction with poor relationships with parents and a history of absconding.

SCHOOLS & COLLEGES

11. Surrey Healthy Schools

11.1 Babcock 4S are commissioned to run the Surrey Healthy Schools programme in partnership with Surrey County Council (SCC). It provides a framework for schools to co-ordinate, develop and improve all areas of PSHE, including Sex & Relationships Education (SRE), in line with the national guidance and best practice.

11.2 99% of Surrey schools are participating in the Healthy Schools programme and 82% have achieved Healthy School status.

12. Sex & Relationships Education (SRE)

12.1 Babcock 4S are a key partner organisation for sexual health education and prevention work in Surrey schools. They offer improvement and consultancy services to schools and academies including Sex & Relationships Education (SRE). Schools are charged for this service and uptake relies on individual schools prioritising SRE and allocating funding for it. As a result many schools are not in a position to take up this service from Babcock as they are not able to allocate funding to it.

12.2 All Surrey secondary schools have been provided with a toolkit and accompanying interactive CD Rom on Sex & Relationships Education.

12.3 Training for teachers on Sex & Relationships Education is provided by Babcock 4S as well as an accredited course for teachers, teaching assistants and youth workers undertaking PSHE. This training must be funded by individual schools.

13. School Nursing Service

13.1 Public Health commissioned a full review of school nursing in mainstream schools in Surrey which is due for publication in January 2014. SRE is one of the issues to be looked at.

13.2 The review will give an overview of how much involvement the school nursing service has in school SRE, school nurse training needs, good practice as well as gaps and areas requiring further support.

14. Priority Schools

14.1 Priority schools were identified for a number of reasons e.g. high number of teenage pregnancies or drug/alcohol incidents. Opportunities need to be explored to make best use of the expertise available in the County to offer to offer this expertise to schools that need it.

15. Condom Distribution Scheme ('Get it On' & 'C-card')

15.1 Eleven colleges in Surrey operate as pick-up points for the 'C card' scheme. (For more detail see paragraph 17 below.)

SERVICES FOR YOUNG PEOPLE

16. Relationships & Sex Education (RSE) in Youth Centres

16.1 Surrey Services for Young People are a key partner service for sexual health education and prevention work in Surrey. Surrey County Council has published a policy on Relationships & Sex Education in Youth Centres[10]. This policy is currently under review and is due for publication in early 2014.

16.2 Planned and opportunistic programmes of Relationships & Sex Education which respond to the needs of young people take place in individual youth centres in line with this policy.

17. Condom Distribution Scheme ('Get it On' & 'C-card')

17.1 A scheme for 13-24 year olds living in Surrey to enable access to sexual health & relationship advice and free condoms from trained professionals.

17.2 Young people are required to register to obtain a 'C Card' which is a plastic key fob with a unique card number used to obtain free condoms and lubricant at a number of pick-up points around the county.

17.3 Twenty one youth centres in Surrey have trained staff and operate as pick-up points for the 'C card' scheme. Young people can also access the scheme through the Youth Support Service.

17.4 The C-card is available in every borough and district in Surrey. Currently 65 members of staff in Services for Young People are trained to deliver the scheme. A further 60 members of staff will be trained in 2014.

18. Information, Advice and Guidance

18.1 The Youth Engagement Contract is commissioned by Surrey County Council Services for Young People to provide universal information, advice and guidance to all 13-19 year olds in Surrey. One of the key topics is Sexual Health. Since April 2012 over 65,000 young people have been informed about the C-card Scheme through the contract and over 42,000 have been informed about the Chlamydia Screening Service.

19. Looked After Children & Young People Leaving Care

19.1 All Surrey looked after children and care leavers have an entitlement to additional services and support. A personal advisor is provided for all young people leaving care until they are 21, under the provision of the Children Act.

19.2 A Looked After Children Health Needs Assessment is currently being undertaken by Public Health and is due for publication in March 2014. Sexual health is a key element of this needs assessment.

20. Sexual Health Advisors for Young People

20.1 Surrey County Council commissions two part-time young people's sexual health advisors (one in Spelthorne, one in Elmbridge). Their role is to provide sexual health advice, information and support to young people in a variety of youth work settings. The support workers operate on an outreach basis with no fixed base. These roles are hosted by Surrey Services for Young People (the youth service) and were already in place when Public Health inherited their new sexual health commissioning role.

21. Care to Learn Grants

21.1 Care to Learn funding is crucial in allowing young parents to continue their education. The scheme provides financial support to teenage parents who want to continue their education, or return to learning, and need help with the cost of childcare and any associated travel.

OTHER PROVISION

22. Preventing Child Sexual Exploitation (CSE)

22.1 Surrey Police lead a sub group of the Surrey Safeguarding Children Board tasked to implement the government CSE prevention guidance[4] in Surrey and formulate a local action plan based on the targets set out in the government document. This action plan and progress towards targets is reported to the Surrey Safeguarding Children Board.

22.2 The Surrey Safeguarding Board sub-group action plan for prevention of child sexual exploitation in Surrey includes an awareness raising and prevention campaign involving a drama workshop. The drama workshop has been offered, free of charge, to all secondary schools & academies plus non-school provision and some high risk groups in Surrey during spring 2014. (To date 95% of secondary schools/academies offered have signed up to participate in this initiative.)

22.3 All schools are required to have a trained Child Protection Liaison Officer. Babcock 4S are Surrey County Council's preferred provider for Child Protection Liaison Officer training. This training includes information on preventing Child Sexual Exploitation.

24. Surrey Peer Education Project

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24.1 The Surrey Peer Education Project is an independent project with charitable status. Young people aged 15-19 who are looked after or leaving care are offered the opportunity to attend residential workshops to learn more about a variety of issues in a supportive environment. Sexual health is frequently chosen by the young people as the workshop topic.

24.2 This project will be involved in the LAC health needs assessment.

25. Surrey Sexual Health Intervention & Promotion (SHIP) Team

25.1 The Sexual Health Intervention & Promotion Team are part of the Surrey Chlamydia Screening Programme (SCSP) and undertake opportunistic and targeted sexual health promotion work with young people in a variety of settings e.g. schools, colleges, youth centres, pupil referral units and young offenders units. They can also offer opportunistic Chlamydia screening at these venues.

26. Sexual Health Clinics & Services for Young People

26.1 Detailed information about sexual health clinics and services in Surrey has been presented at a previous Health Scrutiny Committee. However, it should be noted that there are a number of sexual health services in Surrey specifically for young people including clinics, access to emergency contraception through community pharmacies and the Surrey Chlamydia Screening Programme. In addition, all mainstream sexual health services in Surrey are 'You're Welcome'[11] accredited. 'You're Welcome' is a government scheme to ensure that mainstream health services are accessible and welcoming to young people.

CONCLUSIONS:

27. While there are a good range of sexual health prevention services already available in Surrey, work is underway to take a more strategic approach to future commissioning. This will start with a full Surrey wide sexual health needs assessment to inform a new Sexual Health Strategy for Surrey and associated commissioning.

FUTURE PLANS:

28. PSHE review

28.1 Babcock 4S have been commissioned by Public Health to undertake a full review of PSHE in Surrey secondary schools and academies. The review is due to begin in January 2014 and run until summer 2014. SRE will be a key issue to be looked at and the review should give an overview of how much SRE is taking place, staff training needs, areas of good practice, schools requiring further support and the level of involvement of school nurses and other outside agencies.

29. Surrey wide Sexual Health Needs Assessment

29.1 A full sexual health needs assessment will be undertaken by Public Health running from January – May 2014. It will involve all key partner agencies and services (including all the projects and services mentioned above) in order to gather information on the sexual health needs of the population of Surrey and inform commissioning intentions for 2015/16 and the Sexual Health Strategy for Surrey.

RECOMMENDATIONS:

30. Sexual Health prevention work in Surrey should be reviewed again by the Committee in 18-24 months following the completion of the above mentioned Sexual Health Needs Assessment and resulting commissioning decisions.

NEXT STEPS:

31. The first meeting of the Sexual Health Needs Assessment Steering Group to be arranged for January 2014 representatives from key partner agencies/services invited.

Lead Officers: Helen Atkinson, Director for Public Health, Garath Symonds, Assistant Director for Young People.

Contact Officers: Susan Whitfield, Public Health Lead, Jenny Smith, Senior Development Manager, Services for Young People

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References:

[1] Healthy Lives, Healthy People: our strategy for public health in England, 30 November, Department of Health

[2] Health & Social Care Act, 2012, HM Government

[3] Public Health Outcomes Framework, January 2012, Department of Health

[4] Not yet good enough: personal, social, health and economic education in schools, 1 May 2013, Ofsted

[5] Health Protection Agency, 2012

[6] Office for National Statistics, November 2013

[7] Safeguarding children and young people from sexual exploitation: supplementary guidance, August 2009, Department for Education

[8] Getting it right for children, young people and families: Maximising the contribution of the school nursing team: Vision and Call to Action, April 2013, Department of Health

[9] 'You're Welcome', the Department of Health's quality criteria for young people friendly health service, 19 May 2011, Department of Health

[10] Youth Development Service, sex & relationships education policy, July 2005, Surrey County Council

Name of Meeting: Surrey County Council Health Scrutiny Committee

Date of meeting: 9 January 2014

Title of Report: **NHS England (Surrey and Sussex Area Team)** **Primary Care Commissioning Intentions**
Summary: This report identifies the draft commissioning intentions for Primary Care Commissioning in the Surrey and Sussex Area. Some of the text within is taken from the draft national intentions that have not been published.
Recommendation: To note the report, particularly the Ashford 'Walk-in centre' action on page 9.
Director sponsor: Sarah Creamer, Director of Commissioning

Author: Richard Woolterton, Head of Primary Care	**Date of report:** 17/12/13

NHS England Surrey and Sussex Area Team –
Primary Care Commissioning Intentions 2014/15

NHS England Background

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1. From 1 April 2013 the National Commissioning Board adopted the new name 'NHS England'. The main aim of NHS England is to improve the health outcomes for people in England; this is structured around five key areas, the domains of the NHS Outcomes Framework where the government expects NHS England to make improvements:

    1. Preventing people from dying prematurely
    2. Enhancing quality of life for people with long-term conditions
    3. Helping people recover from episodes of ill health or following injury
    4. Ensuring that people have a positive experience of care
    5. Treating and caring for people in a safe environment and protecting them from avoidable harm

2. NHS England is one organisation across the whole of England with one National Support Centre, four Regional teams and twenty seven Area Teams. Surrey and Sussex is one of the largest in terms of population (2.8 million), geography and with twelve Clinical Commissioning Groups (CCGs) plus NE Hants and Farnham.

    NHS England directly commissions:

    Primary Care (GP's, Dentists, Optometrists and Pharmacists) and has approximately 1,800 Primary Care contracts.

    Specialist Commissioning of 140 services across five programmes of care (internal medicine, cancer and blood, mental health, trauma, women and children) across Kent, Surrey and Sussex

    Public Health, categorised as cancer and non-cancer screening, childhood immunisations, flu and the healthy child 0-5 programme.

    Offender and Military Health is commissioned across the South by other Area Teams

    The Area Team has an assurance role for its 12 CCGs who have a £3.2 billion annual commissioning budget.

    Commissioning of public health services is undertaken by Public Health England (PHE) and local authorities, although NHS England commissions on behalf of PHE, many of the public health services delivered by the NHS.

Primary Care Background

3. 2014 / 2015 will be an exciting and yet challenging year for primary care services in England.

   NHS England has internally shared a draft document of national commissioning intentions and a final document is expected shortly. The Area Team commissioning intentions will be reviewed and updated in line with any future revision of the national document.

   General practice and wider primary care services face increasingly unsustainable pressures. There is a recognition that primary care wants and needs to transform the way it provides services to reflect these growing challenges. These include:

   - An ageing population, growing co-morbidities and increasing patient expectations, resulting in large increase in consultations, especially for older patients, e.g. 95% growth in consultation rate in primary medical care services for people aged 85-89 in the ten years up to 2008/09. The number of people with multiple long term conditions is set to grow from 1.9 to 2.9 million from 2008 to 2018;
   - Increasing pressure on NHS financial resources. It is estimated that if services continue to be delivered in the same way as now, this will result in a funding gap which could grow to £30bn between 2013/14 to 2020/21
   - Growing dissatisfaction with access to services. The most recent GP Patient Survey shows further reductions in satisfaction with access, both for in-hours and out-of-hours services. 76% of patients (nationally) rate overall experience of making an appointment as good;
   - Persistent inequalities in access and quality of primary care, including twofold variation in GPs and nurses per head of population between more and less deprived areas;
   - Growing reports of workforce pressures including recruitment and retention problems.

4. Our aim is to enable primary care to play an even stronger role at the heart of more integrated out-of-hospital services that deliver better health outcomes, more personalised care, excellent patient experience and the most efficient possible use of NHS resources. This forms part of the wider 'The NHS belongs to the people: a call to action' that NHS England launched on 11 July 2013. Primary care will be expected to promote innovative approaches to care, including extending access to GP services with a focus on a move towards seven day working and greater integration between primary care and urgent care services (including Out of Hours and 111).

5. These intentions set the agenda for constructive preparation and engagement to achieve our shared goal of improvements in outcomes for patients and service transformation within the fixed resources available.

Commissioning Intentions - Timescales

6. As the majority of Primary care services are commissioned through nationally negotiated contracts, Area teams have limited scope to indicate any commissioning intentions for these contracts.

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7. The outcome of negotiations regarding GMS (medical) contracts was announced in November, the negotiations relating to other independent contractor groups (pharmacy, dental and optical) are likely to conclude in Quarter 1 of 2014/15.

Strategic Framework for Commissioning Primary care

8. 2014 / 2015 commissioning intentions are being developed in the context of the emerging strategic framework for commissioning primary care. This framework will:

    - Describe the national direction of travel for primary care, based on a vision for the future (the next ten years) of primary care and its contribution to the overarching strategy for health and care in England; and
    - Through our area teams work with CCGs, Local Professional Networks (LPNs) and other community partners to develop local strategies for primary care and more integrated out-of-hospital services
    - Set out how NHS England, as commissioner of primary care services, will promote, enable and assure local action to improve the quality of primary care.

Commissioning Primary Care Medical Services

9. The Area Team is developing with CCGs and with other local community partners, local strategies for primary care or integrated strategies for out-of-hospital care that support the six key themes set out in *'primary care - a call to action'*

    1. Proactive co-ordination of care, particularly for people with long term conditions and more complex health and care problems.
    2. Holistic care: addressing people's physical health needs, mental health needs and social care needs in the round.
    3. Ensuring fast, responsive access to care and preventing avoidable emergency admissions and A&E attendances.
    4. Preventing ill-health, ensuring more timely diagnosis of ill-health, and supporting wider action to improve community health and wellbeing.
    5. Involving patients and carers more fully in managing their own health and care.
    6. Ensuring consistently high quality of care: effectiveness, safety and patient experience.

Commissioning Dental Services

10. From April 2013, NHS England took commissioning responsibility for all NHS dental services: primary, community and secondary, including dental out of hours and urgent care. Services will be developed in association with the oral health needs assessment which will be published by public health teams in local authorities and will help determine the needs of local populations.

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11. Dental care pathways are being developed to describe consistent national elements regardless of setting, describing;

- Complexity and procedures across all levels of care, building on work led by the Department of Health
- Consistent clinical competencies for each level of care
- Consistent environment and equipment standards
- Consistent clinical outcomes, quality standards and patient reported outcome measures (PROMS)
- Consistent coding and pricing measures for each care pathway

12. Our intention will be to commission improved dental health outcomes for patients and communities, tackling health inequalities, working within the available resources. We will commission to nationally consistent high standards but with local flexibility so that decisions about services can be made as locally as possible, involving the clinical community, patients and the local population.

13. The Local Dental Professional Network Chair has been appointed in Surrey and Sussex and is in the process of recruiting its core membership to identify and drive forward the local dental strategy. The LPN is currently proposing a pilot of oral health education within care homes.

Dental care pathway development

14. A number of care pathways have been identified nationally as a priority including:
    - Oral and maxilla facial surgery
    - Orthodontics
    - Restorative dentistry
    - Vulnerable people/ special care dentistry (including anxiety management / domiciliary and offender health)

Commissioning General Optometry Services

15. The Government has made eye health a public health priority not only by supporting the UK Vision Strategy (UKVS) and VISION 2020, but by publishing the first ever Public Health Indicator for eye health to track progress from 1 April 2013.

16. Services will be developed in association with the eye health needs assessment which will be published by public health teams in local authorities and will help determine the needs of local populations.

17. Clinical leadership will be provided by the Local Professional Network – for eye health (LEHPN) will:

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- work to improve access for sight tests for hard to reach groups
- support Health and Wellbeing Boards (HWBs) to carry out effective Eye Health Needs Assessments (EHNAs) as part of the local Joint Strategic Needs Assessment (JSNA) and Joint Health and Wellbeing Strategy (JHWS)
- focus on improving and redesigning services in line with national eye health pathways, such as: ocular hypertension monitoring service; glaucoma; referral refinement; acute referral services (e.g. PEARS); pre and post-operative cataracts; low vision service for adults; eye services for adults with a learning disability
- have a key role in developing eye health in primary, secondary and social care to support better service integration around patients' needs and improved outcomes.

18. CCG's will be the commissioner for these eye health enhanced services, whilst NHS England retains the sight test contractual responsibility.

Commissioning Community Pharmacy Services

19. Although the Department of Health (DH) retains responsibility for medicines supply and reimbursement, NHS England will now play a key role in the discussions with pharmacy services negotiating committee in relation to future commissioning implications.

20. The Local Professional Network for Community Pharmacy will set out a strategy to improving service quality, focusing on pharmacy's role in medicines optimisation, public health, treating minor ailments and supporting people to live independently.

21. NHS England has the main contractual relationship with Community Pharmacies; however, 'enhanced services' have transferred to the local authority or CCG.

Patient & Public Engagement

22. In upholding the NHS Constitution, NHS England is committed to prioritising patients in every decision that NHS England makes; putting patients first needs to be a shared principle in all that we do. Surrey and Sussex Area Team will be seeking through implementation of these commissioning intentions and its contracts, to ensure that this objective is upheld.

23. We expect all providers to demonstrate real and effective patient participation, both in terms of an individual patient's treatment and care, and on a more collective level through patient groups/forums; particularly in areas such as service improvement and redesign.

24. It is essential that all providers of primary care and secondary care dental services demonstrate the principles of transparency and participation and offer their patients the right information at the right time to support patients to make informed decisions about their treatment and care.

25. Providers of primary care and secondary care dental services should look to provide accessible means for patients to be able to express their views and their experiences on services. As well as capturing patient experience feedback from a range of insight sources, providers should demonstrate robust systems for analysing and responding to that feedback.

26. To support providers capture patient and user feedback, NHS England will pilot the introduction of the family and friends test across primary care providers. This has been formalised within the new General Practice GMS contracts.

Service Specific Issues

27. **General Medical Services contracts** (67% of contracts)

Nationally negotiated changes summarised:

More personal care for older people and those with complex health needs

1. **Named, accountable GP for people aged 75 and over**
   As part of a commitment to more personalised care for patients with long-term conditions, all patients aged 75 and over will have a named, accountable GP with overall responsibility for their care.
2. **Out-of-hours services**
   There will be a new contractual duty to monitor and report on the quality of out-of-hours services and support more integrated care, e.g. through record sharing.
3. **Reducing unplanned admissions**
   There will be a new enhanced service to improve services for patients with complex health and care needs and to help reduce avoidable emergency admissions. Some of the key features of the scheme will be for GP practices to:
   - Improve practice availability, including same-day telephone consultations, for all patients at risk of unplanned hospital admission
   - Ensure that other clinicians and providers (eg A&E clinicians, ambulance services) can easily contact the GP practice by telephone to support decisions relating to hospital transfers or admissions

Empowering patients and the public

4. **Choice of GP practice**
   From October 2014, all GP practices will be able to register patients from outside their traditional boundary areas without a duty to provide home visits. Area teams

will need to arrange in-hours urgent medical care when needed at or near home for patients who register with a practice away from home.

5. **Friends and family test**
   There will be a new contractual requirement from December 2014 for practices to offer all patients the opportunity to complete the friends and family test and to publish the results.
6. **Patient online services**
   GP practices will be contractually required from April 2014 to promote and offer patients the opportunity to book appointments online, order repeat prescriptions online and gain access to their medical records online. The current enhanced service for patient online services will cease and the associated funding transfer into global sum payments.
7. **Extended opening hours**
   The extended hours enhanced service will be adapted to promote greater innovation in how practices offer extended access.
8. **Patient participation**
   The patient participation enhanced service will be adapted to promote greater innovation in how practices seek and act on patient insight and feedback, including the views of patients with mental health needs.

Other improvements to quality of patient care

9. **Diagnosis and care for people with dementia**
   The existing enhanced service will be changed to promote more personalised care planning and allow greater professional judgement in which patients should be offered assessment to detect possible dementia.

10. **Annual health checks for people with learning disabilities**
    The scope of this service will be extended to young people aged 14-17, to support transition to adulthood and to introduce health action planning.
11. **Alcohol abuse**
    The existing enhanced service will be changed to incorporate additional assessment for depression and anxiety.

28. **Personal Medical Services contracts** (31% contracts)

The Area Team will give notice of their intention to review Personal Medical Services (PMS). PMS contracts with be aligned with the locally emerging primary care strategies arising from discussions informed by 'a call to action' to achieve better access and better outcomes for patients, and offering best value for money. PMS contracts will also be aligned to include changes to the GMS contract listed above.

29. **Alternative Provider Medical Services contracts** (2% of contracts)

The Area Team is currently in discussion with CCGs and Providers of the GP-Led Health Centre contracts that provide services for both registered and walk-in patients (8am-8pm 7 days per week). There are five 'walk-in centres' across

Surrey and Sussex with contracts due for expiry between March 2014 and June 2015. On expiry of the contract the walk-in centre 'open access' element of the contract becomes the responsibility of the CCG to decide on its commissioning options, with the registered list element being responsibility of NHS England.

The **Ashford 'walk-in centre'** contract is due for expiry in June 2014, however, NHS England and North West Surrey CCG are in discussion with the provider to extend the contract to allow sufficient time for robust stakeholder consultation to inform commissioning decisions during 2014/15.

9

30. **Local Enhanced Services (LES)**

These services are in transition and will transfer to the most appropriate commissioner, in most cases this will be the local authority or CCG's.

31. **GP Premises**

NHS England are developing a strategic framework to support joint work with healthcare providers, CCGs, local authorities and other community partners to ensure that local strategies for out-of-hospital care include appropriate strategies for premises development.

There is a great demand across Surrey and Sussex for existing premises development and new facilities where housing growth is planned. The Area Team is currently gathering outline details of all requests in order to identify local priorities and strategic need. The demand in the context of the 'call to action' is challenging financially, so providers working with their CCG's will be asked to explore more effective use of current primary care estate.

32. **Dental Services**

The work of the Local Professional Network for Dental will seek to develop consistent care pathways in all dental specialities, to ensure that patients are seen in the clinical setting most appropriate to their health needs.

The Area Team is intending to commission an endodontics (root & pulp treatment) service as this has been highlighted as an area of need. The Oral Needs Health Assessment will identify commissioning priorities; however, there is a known access issue in the Brighton & Hove area which will be the main priority for procurement.

33. **Community Pharmacy Services**

Any outstanding enhanced services carried over by NHS England through transition will cease from 31 March 2014. These services will transfer to the most appropriate commissioner, in most cases this will be the local authority or CCG.

The local professional network for community pharmacy will seek to review patient pathways and identify areas for development.

END.

9

Surrey and Sussex NHS
Healthcare NHS Trust

Headquarters
East Surrey Hospital
Canada Avenue
Redhill
RH1 5RH

Tel: 01737 768511 x 6199
www.sash.nhs.uk

Dear Members of Surrey Health Scrutiny Committee

Surrey and Sussex Healthcare NHS Trust (which runs East Surrey Hospital) is on the journey to becoming a NHS foundation trust (FT).

FTs are membership organisations free from central government control and are accountable, through a Council of Governors, to their local community, patients and staff. Being an FT will provide new ways for patients, local people and partner organisations to contribute to the way the Trust is run and the development of its future plans.

As part of our journey to FT we are conducting a public consultation on our proposals that are set out in our consultation document 'Have your say' (available at www.sash.nhs.uk/ft). As a key representative in our local area, we would like your support and to hear any comments you have on our proposals:

> **All of our FT membership and governor proposals are set out in the document, but in your trusted opinion, have we got it right?**

We would also like to ask for your support by becoming a member, and encouraging your patients, colleagues, neighbours, family and friends to become members too.

> **To be a successful FT we need a membership that represents the communities we serve and we are hoping that you will be able to spread the word for us through your links with the local community.**

Members can choose their level of involvement. Some members simply want to show their support by registering as a member, and others want to be actively involved in the governance of the Trust.

Our consultation runs until the end of February. We are very willing to visit community groups to present our FT plans, and answer any questions. If you would like us to arrange a meeting or presentation, please contact Eloise Clarke on 01737 768511 x 6199.

Michael Wilson
Chief Executive

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Surrey and Sussex Healthcare NHS Trust

Join us on our journey to become a NHS foundation trust

Surrey and Sussex NHS Healthcare NHS Trust

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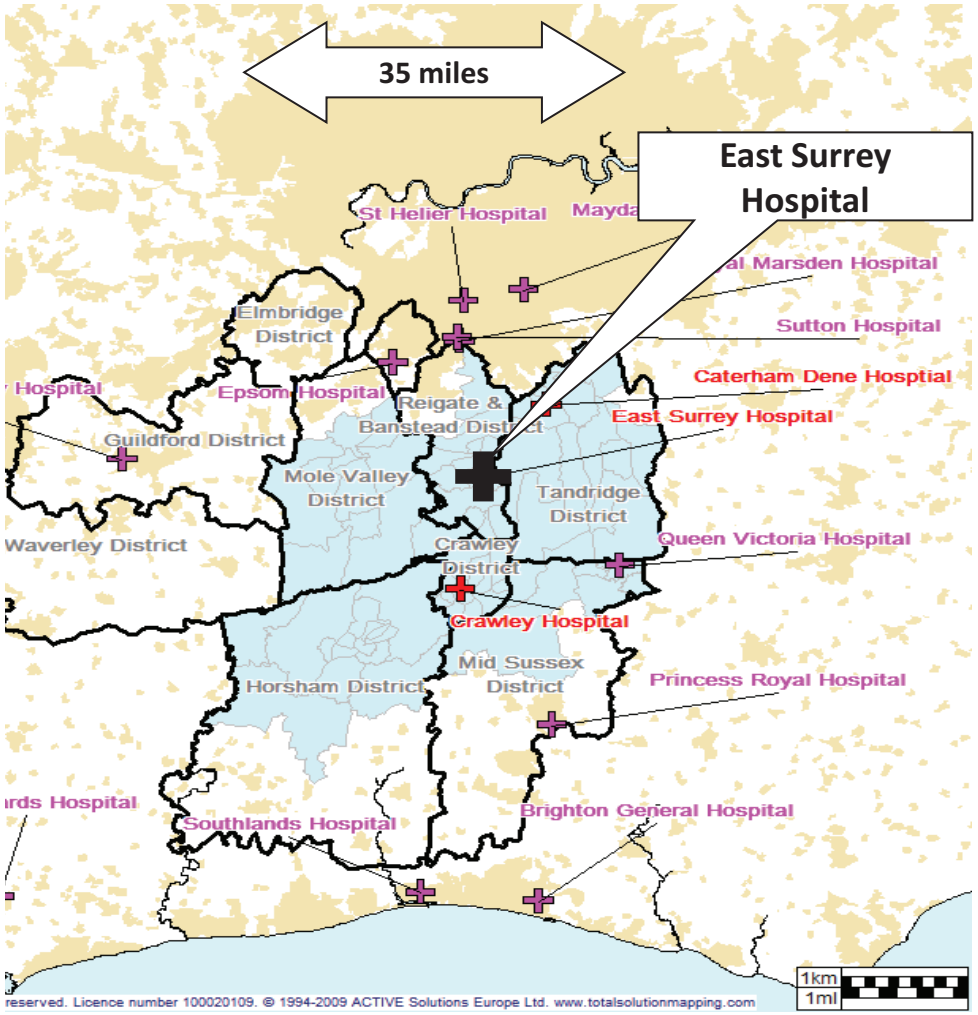
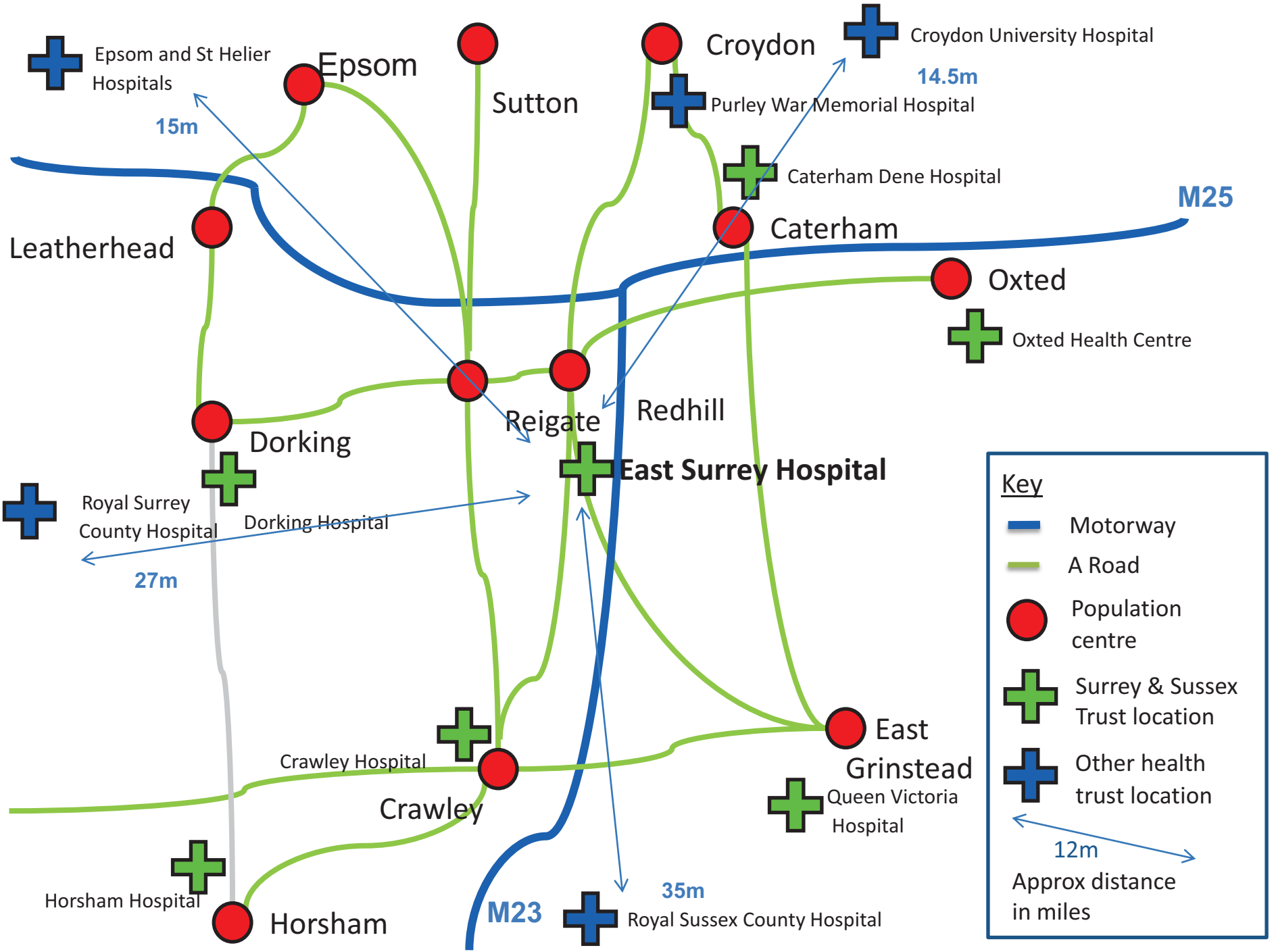
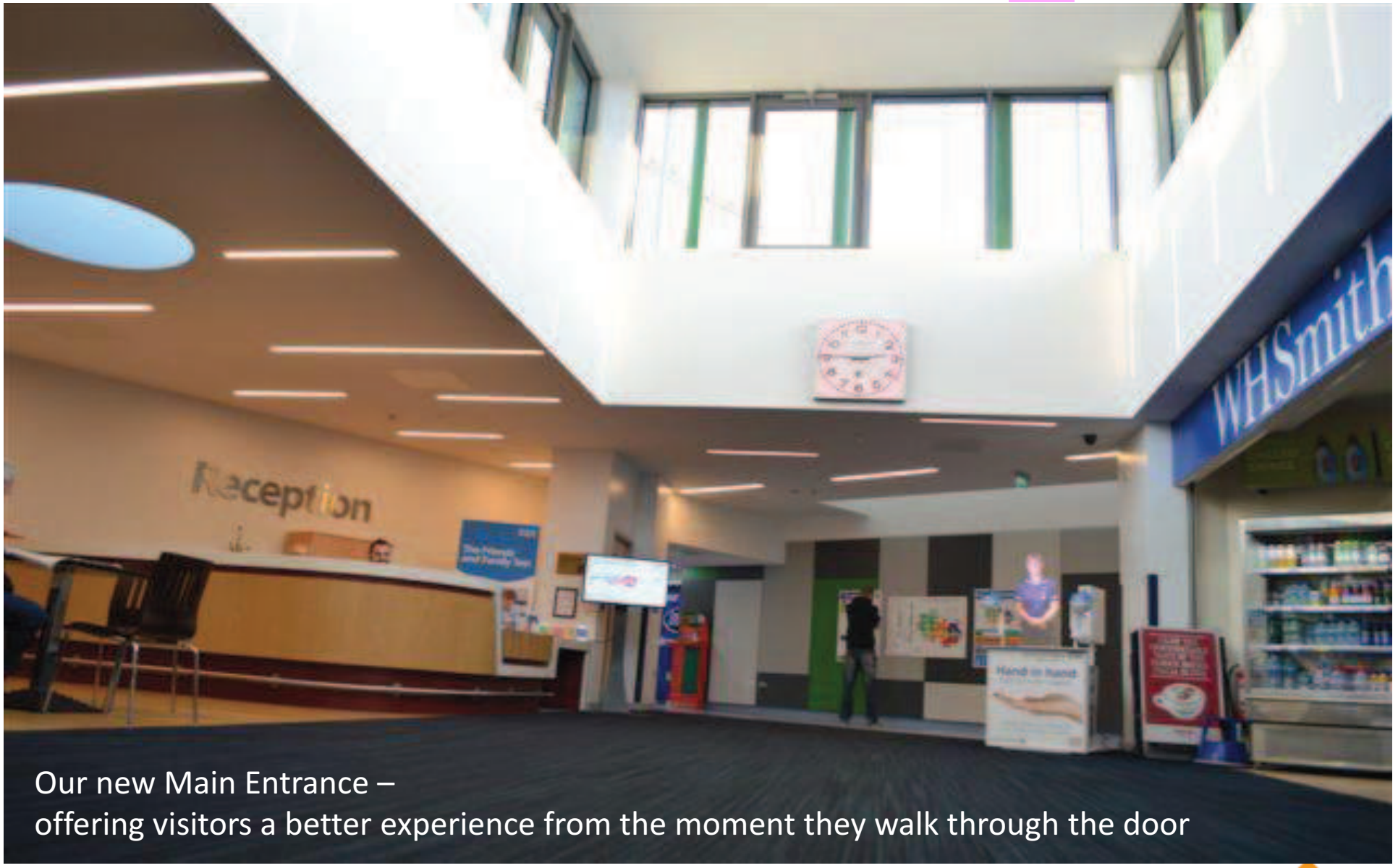
Delivering excellent, accessible healthcare

Key Facts

- Income of c£227m
- Main site: East Surrey Hospital, total land area: 66 acres. Land value £11.9M, buildings: £73.2M
- Provide services leasing clinical and admin space from:
  - Crawley Hospital
  - Horsham Hospital
  - Dorking Hospital
  - Caterham Dene Hospital
  - Oxted Health Centre
- Approximately 3,500 staff
- Patient population 530,000




Epsom and St Helier Hospitals
Epsom
Sutton
Croydon
Croydon University Hospital
14.5m
15m
Purley War Memorial Hospital
Caterham Dene Hospital
M25
Caterham
Leatherhead
Oxted
Oxted Health Centre
Reigate
Redhill
Dorking
East Surrey Hospital
Royal Surrey County Hospital
Dorking Hospital
27m
Crawley Hospital
East Grinstead
Crawley
Queen Victoria Hospital
Horsham Hospital
Horsham
M23
35m
Royal Sussex County Hospital
Key
Motorway
A Road
Population centre
Surrey & Sussex Trust location
Other health trust location
12m
Approx distance in miles



Our new Main Entrance –
offering visitors a better experience from the moment they walk through the door

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staff base
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Delivering excellent, accessible healthcare

Integrated Community Services/Care closer to home

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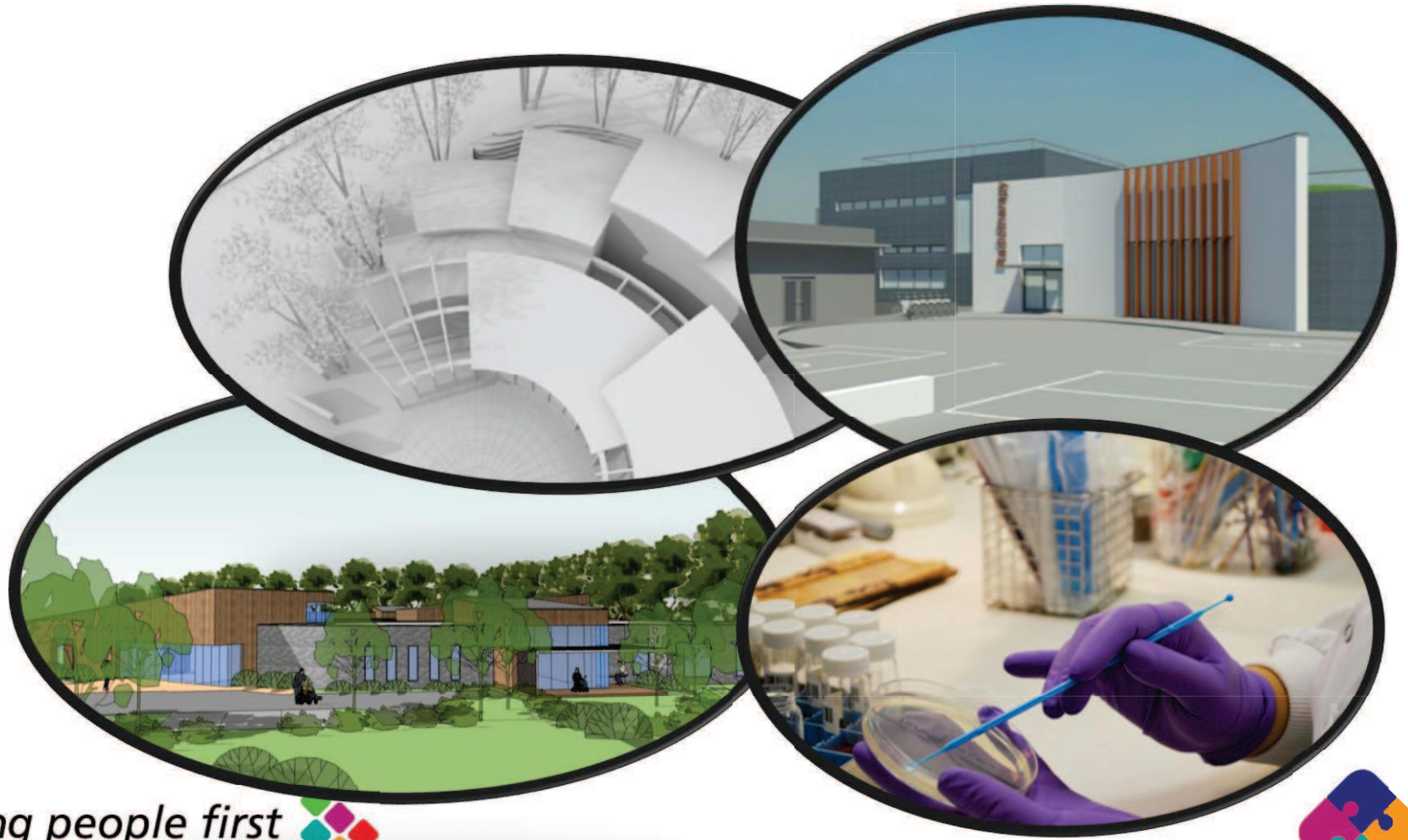
Strategic Partnerships:

- Macmillan Information Centre with Macmillan (Hospices/Marie Curie)
- Radiotherapy Unit with Royal Surrey County
- BOC Respiratory Centre with Guys and St Thomas's
- Pathology with Brighton and Sussex



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Strategic Direction 2014 - 2019

To provide excellent DGH services to our catchment population

Our strategy is based on four strategic themes:

Excellence	Services which are: safe, effective, caring, responsive & well-led
Locally Based Services	In partnership with leading organisations & where appropriate closer to home
Affordability	Right place, right time, right bed using technology & innovation within resources
Leadership	Clinically led & managerially enabled

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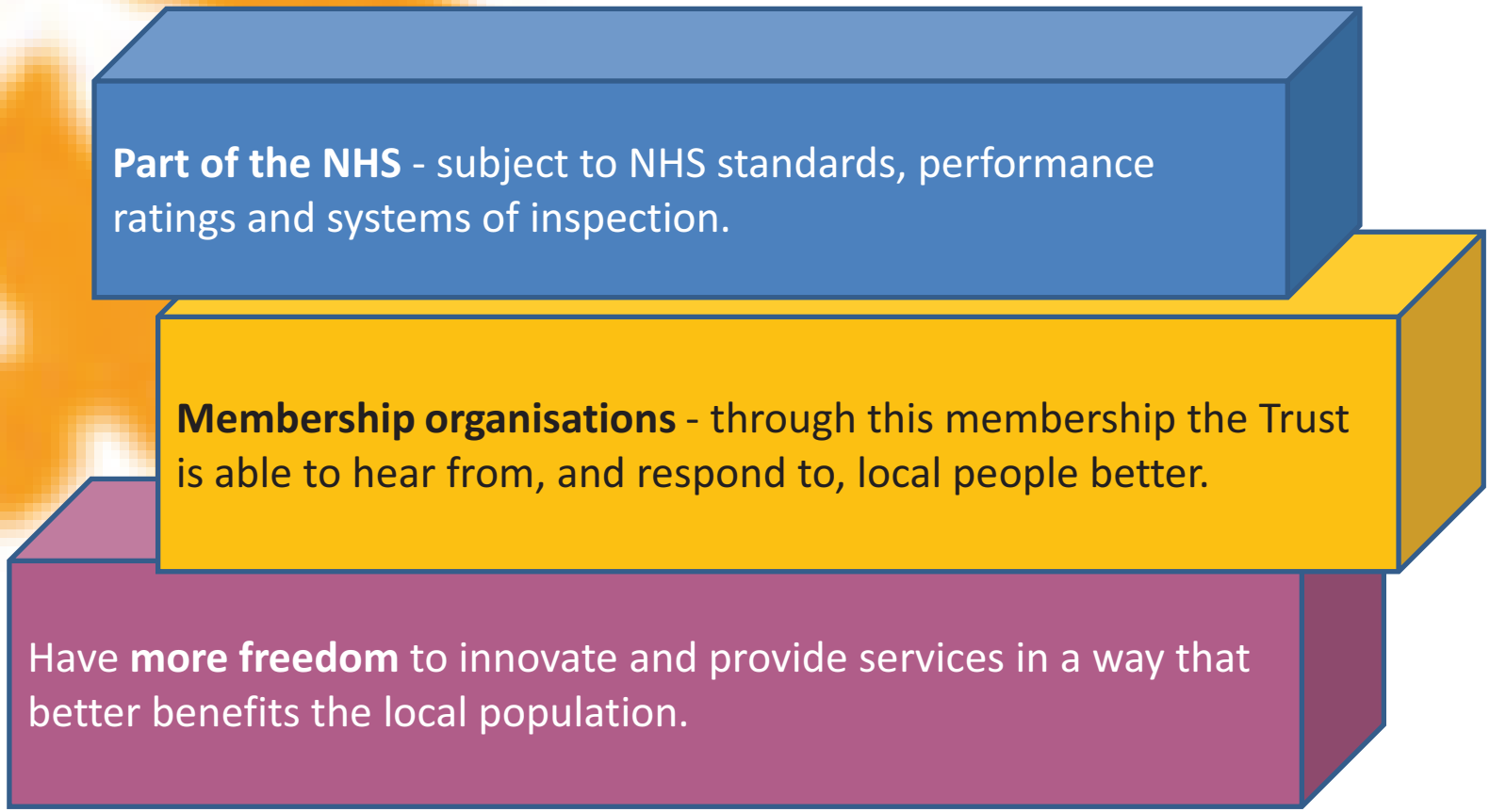
What is a NHS foundation trust?



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Why become a NHS foundation trust?

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Why now? Our performance is where it needs to be...

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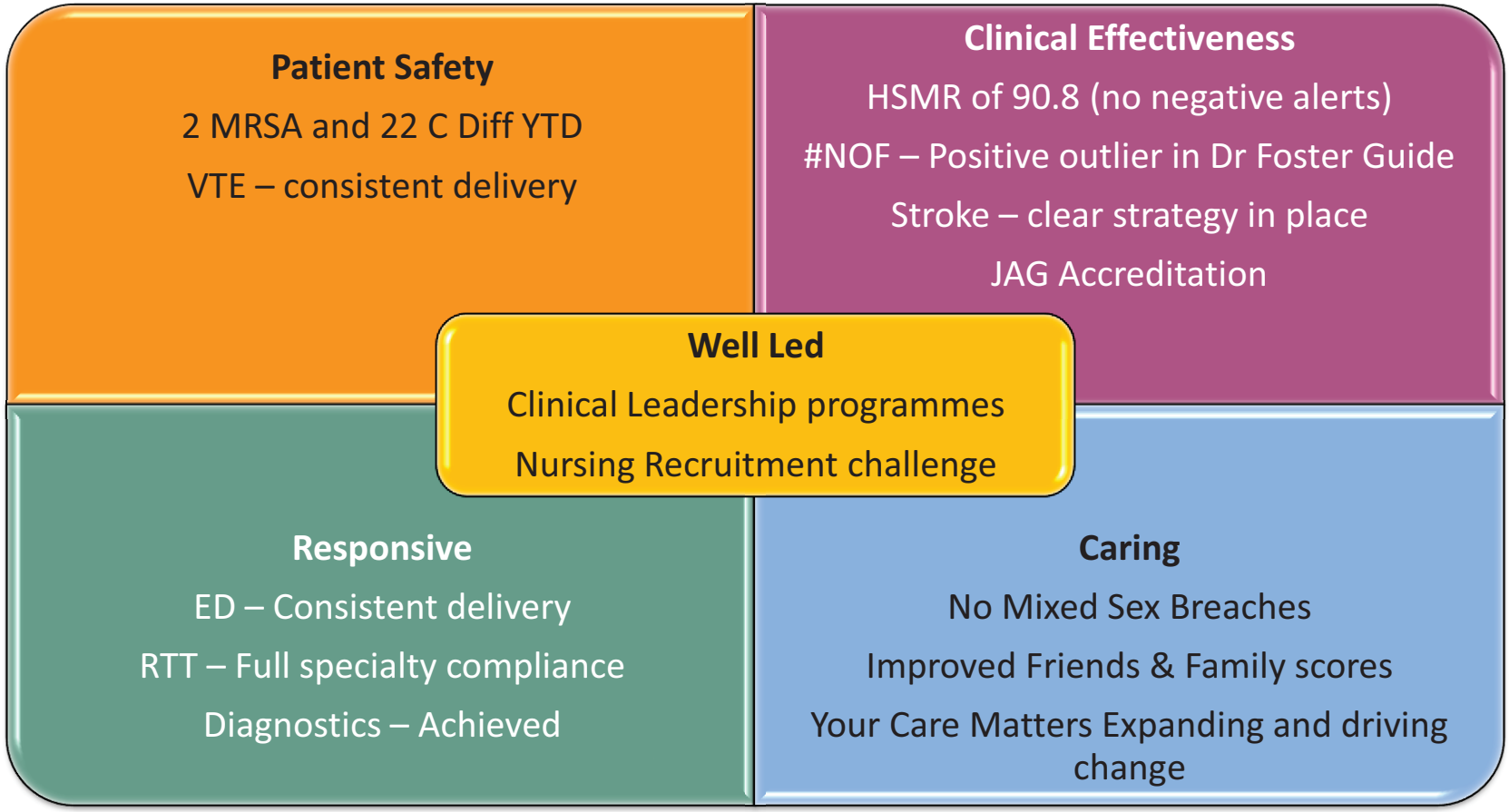
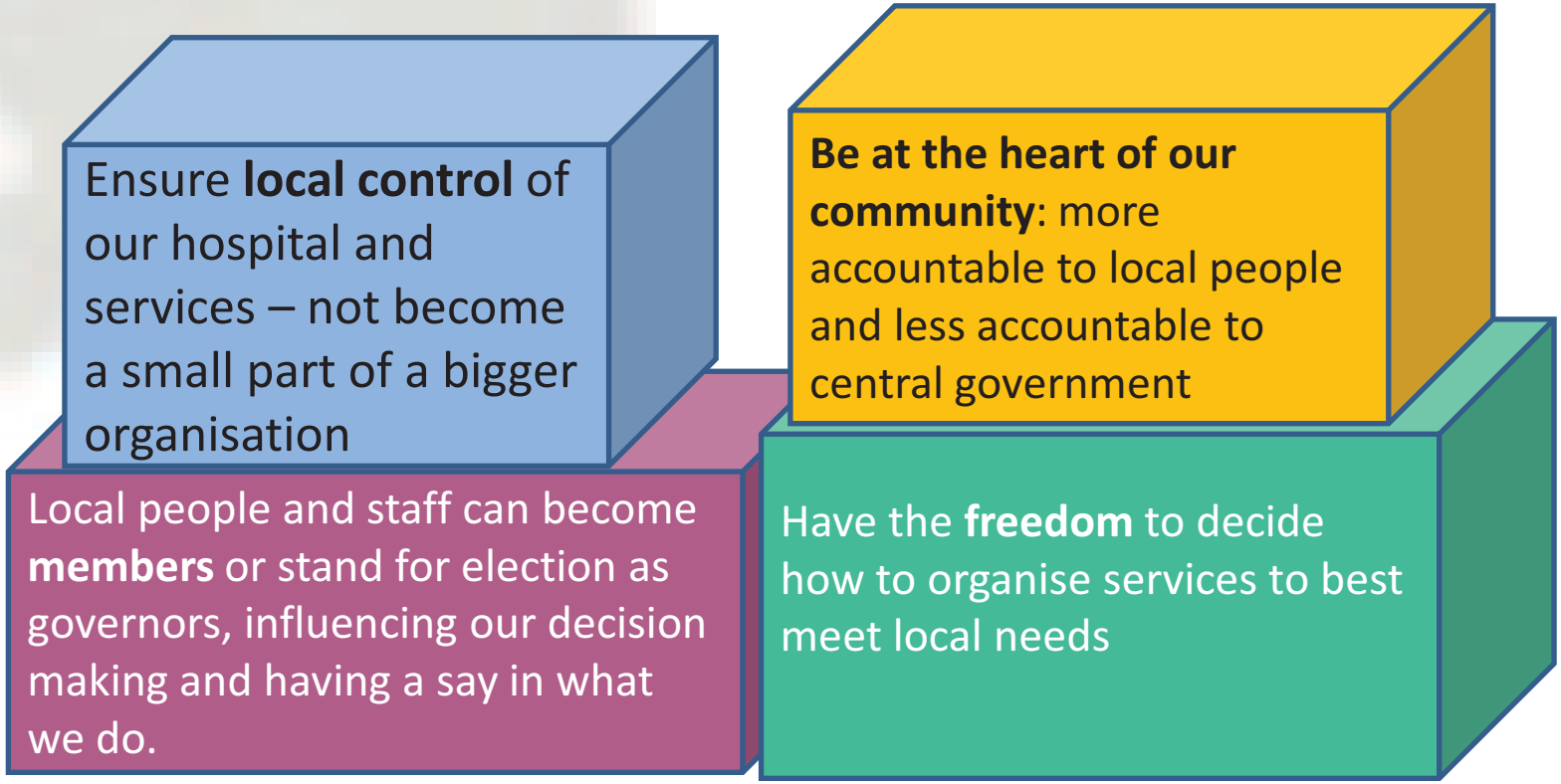
Why now?

***** Care Quality Commission Band 6 (Lowest Risk) *****



What are the benefits of being a NHS foundation trust?



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Our Public & Patient Membership

We need **5,500** public & patient members:

Who are UK residents and over 14 years old:

Public Member = A patient, carer or resident living inside our catchment area

Mole Valley • Reigate & Banstead • Tandridge District • Crawley District • Mid Sussex • Horsham • Croydon •

Patient Member = A patient, or carer of a patient, treated in the last 5 years living outside our catchment area

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What do members do? *they choose..*

A little:

Receive an occasional newsletter from the Trust

A little bit more:

Elect the public and staff representatives to the Council of Governors

Have the opportunity to respond to requests for feedback

Have the opportunity to be part of special interest groups

A lot:

Stand as a governor on the Council of Governors

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How is a NHS foundation trust governed?

As a foundation trust our governance (the way the trust is run and managed) will change and will have three main elements:

Membership

Council of Governors

Board of Directors

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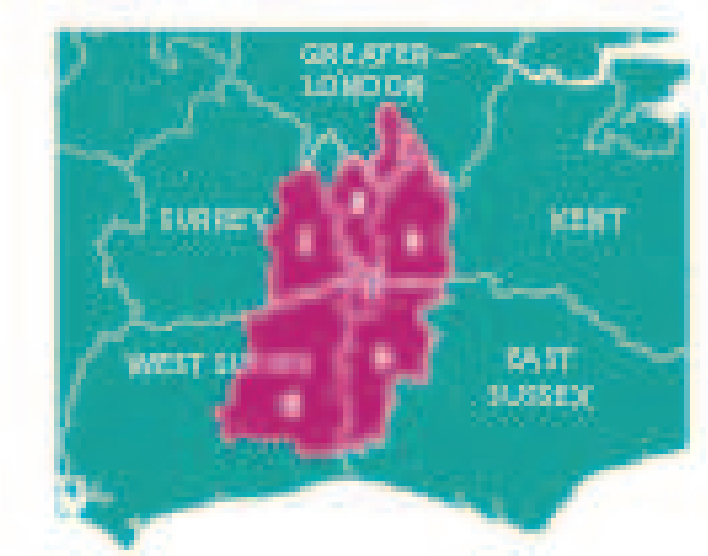
Our Governors

28

Staff Governors = 4
Partner Organisation Governors = 9

Public/Patient Governors =15

1 Crawley District = 2
2 Mole Valley District = 1
3 Reigate & Banstead = 2
4 Tandridge District = 2
5 Horsham = 2
6 Mid Sussex = 1
7 Croydon = 1
Patient (outside catchment area) = 4



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Membership – benefits

- Local control of services
- Be as involved as much
  or as little as you choose
- Access to Health Service
  Discounts

Go to: **www.sash.nhs.uk/ft** and complete a quick form

Members elect their representatives on the Council of Governors

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Surrey and Sussex NHS
Healthcare NHS Trust

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Health Scrutiny Committee
9 January 2014

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 2014 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

Sources/background papers: None

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ANNEX 1

HEALTH SCRUTINY COMMITTEE
ACTIONS AND RECOMMENDATIONS TRACKER – UPDATED 21 NOVEMBER 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
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.	*March 2014*
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.	*March 2014*
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.	*March 2014*
SC037	Post-Stroke Rehabilitation Update [Item 7]	The committee encourages CCGs to make eight weeks of suitable rehabilitative therapy, as a minimum, available for stroke survivors across the county	Scrutiny Officer Healthwatch CCGs		*January 2014*

Number	Item	Recommendations/ Actions	Responsible Member (officer)	Comments	Due completion date
SC038	Post-Stroke Rehabilitation Update [Item 7]	The Committee requests the Health & Wellbeing Board's assistance in clarifying which CCG is the lead commissioner for stroke services in Surrey.	Scrutiny Officer Health & Wellbeing Board		*January 2014*
SC039	Development of Services for the Frail and Elderly [Item 8]	The Committee requested a detailed update of services which had been developed to assist the elderly and frail from being admitted to A&E from the Joint Partnership Board.	Adult Social Care CCGs Scrutiny Officer		*March 2014*
SC040	Health & Wellbeing Board Update [Item 9]	The Committee requests an update from the Health & Wellbeing Board in six months on the Board's key priority strategies and progress against these strategies.	Health & Wellbeing Board Scrutiny Officer	Update scheduled for May 2014 from the Health & Wellbeing Baord	*May 2014*
SC041	Report of Quality Account Member Reference Group [Item 10]	The Committee requests providers invite Healthwatch to attend future meetings to discuss Quality Accounts.	Surrey NHS Providers Healthwatch Scrutiny Officer	Letter to be sent to providers requesting Healthwatch be invited to future meetings.	*January 2014*
COMPLETED ITEMS					
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	Better Services Better Value / Scrutiny Officer	Surrey Downs CCG has voted to withdraw from BSBV.	*N/A*

Number	Item	Recommendations/ Actions	Responsible Member (officer)	Comments	Due completion date
		attend a Committee meeting post-consultation.			
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 receiving an update in January '14 from the provider.	*January 2014*
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 receiving an update in January '14 from the provider.	*January 2014*
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 receiving an update in January '14 from the provider.	*January 2014*

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Health Scrutiny Committee Work Programme 2013-2014

Date	Item	Why is this a Scrutiny Item?	Contact Officer	Additional Comments
January 2014				
9 Jan	Integration Transformation Fund Briefing	Scrutiny of Services - To provide information on the Integration Transformation Fund (ITF) and the joint work underway to produce the Surrey ITF Plan for sign-off by the Health and Wellbeing Board in February 2014.	Susie Kemp, Assistant Chief Executive	Verbal Update
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 Garath Symonds Assistant Director for Young People	Invite C&E Select Chairman & Vice-Chairman
9 Jan	Surrey & Sussex Foundation Trust Consultation	Scrutiny of Services – The Committee will consider the plans of Surrey and Sussex Healthcare NHS Trust to become a Foundation Trust and feed into the consultation process.	Michael Wilson, Chief Executive Eloise Clarke, Head of Communication	
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, Geraint Davies,	

Health Scrutiny Committee Work Programme 2013-2014

Date	Item	Why is this a Scrutiny Item?	Contact Officer	Additional Comments
			SECAmb Healthwatch Surrey Coalition of Disabled People	
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 for the next year.	Amanda Fadero, Surrey & Sussex LAT	
Budget Workshop				
19 Feb	Budget Workshop	Scrutiny of Services – The Committee will consider the finances of the Public Health team	Helen Atkinson Paul Carey-Kent	
March 2014				
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 representative	
19 Mar	Healthwatch Update	Scrutiny of Services – To consider the Healthwatch strategy and priorities which were agreed by the Board at the beginning of the year.	Healthwatch	
19 Mar	Joint Commissioning	Scrutiny of Services – To consider the plans of the Joint Commissioning	Adult Social	

Health Scrutiny Committee Work Programme 2013-2014

Date	Item	Why is this a Scrutiny Item?	Contact Officer	Additional Comments
	Partnership Board Update	Partnership Board	Care rep Surrey Heath CCG	
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	Surrey & Borders Partnership Update	Scrutiny of Services – To be provided with an update from Surrey & Borders regarding services and CQC reviews.	Surrey & Borders Partnership	
		May 2014		
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	
22 May	Rapid Improvement Event – Acute Hospital	Policy Development – the committee will review the progress and impacts of the actions identified in the October Rapid Improvement Event	Sonya Sellar, ASC	

Health Scrutiny Committee Work Programme 2013-2014

Date	Item	Why is this a Scrutiny Item?	Contact Officer	Additional Comments
	Discharge	alongside the continued monitoring of the SECAmb delivered PTS.	CCG representative Acute Trust	
22 May	Health & Wellbeing Board Update	Scrutiny of Services – The Health & Wellbeing Board will be invited to present a report identifying progress during its first year of formation.	Chairs of the Health & Wellbeing Board Justin Newman, Performance and Change	
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/Ross Pike, Scrutiny Officer	
July 2014				
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	
3 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	Board representatives	

Date	Item	Why is this a Scrutiny Item?	Contact Officer	Additional Comments
		terms. The Committee would benefit from understanding the outputs of an exemplar board and their role in the health system		
3 July	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, Schools & Families representative Healthwatch representative	To be joint with C&E Select
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	
To be scheduled				
	Renal Services	Scrutiny of Services/Policy Development – St Helier Hospital, which is	Epsom & St	

Health Scrutiny Committee Work Programme 2013-2014

Date	Item	Why is this a Scrutiny Item?	Contact Officer	Additional Comments
		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.	Helier Hospitals CCG lead (TBC)	
	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 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	Surrey Downs CCG	

Date	Item	Why is this a Scrutiny Item?	Contact Officer	Additional Comments
		arrangements for handling the backlog and moving forward.	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

Task and Working Groups

Group	Membership	Purpose	Reporting dates
Alcohol	TBC	The health effects of alcohol are well known however it use 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	
Unplanned Care	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	TBC

Health Scrutiny Committee Work Programme 2013-2014

		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.	
Prevention for 50-plus	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