Notice of Meeting

Health Scrutiny Committee

Date & time
Wednesday, 19 March 2014
at **10.00 am**
A private Members pre-meeting will be taking place at 9.30am in Committee Room B

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

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

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

Chief Executive
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.

In addition, the Health Scrutiny Committee will be required to act as a consultee to NHS bodies within their areas for:

- substantial development of the health service in the authority's areas; and
- any proposals to make any substantial variations to the provision of such services.

IN PUBLIC

1 APOLOGIES FOR ABSENCE AND SUBSTITUTIONS

2 MINUTES OF THE PREVIOUS MEETING: 9 JANUARY 2014 (Pages 1 - 14)

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 (13 March 2014).
2. The deadline for public questions is seven days before the meeting (12 March 2014).
3. The deadline for petitions was 14 days before the meeting, and no petitions have been received.

5 CHAIRMAN'S ORAL REPORT

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

6 BETTER CARE FUND BRIEFING (Pages 15 - 18)

Purpose of report: Scrutiny of Services and Budgets

The Better Care Fund is designed to improve outcomes for vulnerable people through better integrated care and support, and a significant expansion of care in community settings. It will achieve this by shifting resources from acute services into preventative services in primary care, community health and social care

7 END OF LIFE CARE (Pages 19 - 42)

Purpose of report: Scrutiny of Services and Budgets

To scrutinise current service provision in responding to a person's choices in end of life care.

8 SURREY & BORDERS PARTNERSHIP UPDATE (Pages 43 - 94)

Purpose of report: Scrutiny of Services and Budgets

This Report provides an update for the Scrutiny Committee on our Mental Health services for adults of working age, following our previous attendances at Committee in May 2012.

9 RECOMMENDATION TRACKER AND FORWARD WORK PROGRAMME (Pages 95 - 110)

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

10 DATE OF NEXT MEETING

The next meeting of the Committee will be held at 10am on 22 May.

David McNulty
Chief Executive
Published: Tuesday, 11 March 2014

MOBILE TECHNOLOGY AND FILMING – ACCEPTABLE USE

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Thank you for your co-operation

MINUTES of the meeting of the **HEALTH SCRUTINY COMMITTEE** held at 10.00 am on 9 January 2014 at Committee Room C, 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 Tim Evans
Mr Tim Hall
Mr Peter Hickman
Mrs Pauline Searle
Mr Richard Walsh
Mrs Helena Windsor

Independent Members

Borough Councillor Karen Randolph
Borough Councillor Mrs Rachel Turner

Apologies:

Mr W D Barker OBE
Mr Bob Gardner
Mrs Tina Mountain
Mr Chris Pitt
Borough Councillor Nicky Lee

1/14 APOLOGIES FOR ABSENCE AND SUBSTITUTIONS [Item 1]

Apologies were received from Bill Barker, Bob Gardner, Nicky Lee, Tina Mountain and Chris Pitt.

There were no substitutions.

2/14 MINUTES OF THE PREVIOUS MEETING: 14 NOVEMBER 2013 [Item 2]

The minutes of the meeting on 14 November 2013 were agreed as a true record of the meeting with the following amendments:

- Item 45/13 paragraph 7 – The Committee were asked to note that this information was not contained within the report from Healthwatch.
- Item 45/13 paragraph 8 should state that the minimum length of rehabilitation should be six weeks instead of eight.
- Item 45/13 recommendation b) should read 'The Committee encourages CCGs to make six weeks suitable rehabilitation therapy, as a minimum, available for stroke survivors across the county.
- Item 46/13 paragraph 11 should read spring 2014 instead of spring 2013.

3/14 DECLARATIONS OF INTEREST [Item 3]

None were received.

4/14 QUESTIONS AND PETITIONS [Item 4]

None were received.

5/14 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:

Better Services Better Value
On Monday 6 Jan the Members of the Epsom and St Helier: Peter and Karen were briefed by Susie Kemp on the latest developments around the future of Epsom Hospital. Ross and I were also present.

Quality Account Member Reference Groups
It was evident from the reports received at our Meeting on 14 November that not all of the providers (the 5 Acute Hospitals, SECAmb the Ambulance Trust and the Surrey and Borders Partnership) understood how to interact with the MRGs.
Ross has started the process of reminding them:

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- Contacted all of the QA Leads to ask for details of their next meeting and indications of their emerging priorities for the coming year.

- Received two responses thus far – from SECAmb and Ashford and St. Peters and hope to have had responses from all the Trusts in the coming weeks.

Recommendations: None.

Actions/further information to be provided:

The Committee to be provided with a summary of the discussions regarding Epsom Hospital's withdrawal from BSBV.

Committee next steps: None.

6/14 INTEGRATION TRANSFORMATION FUND [Item 6]

Declarations of interest: None.

Witnesses:

Susie Kemp, Assistant Chief Executive

Key points raised during the discussion:

1. The Committee were provided with a briefing from the Assistant Chief Executive on the Integration Transformation Fund which had been renamed the Better Care Fund.

2. The Fund of £3.8 billion had been announced in the summer 2013 with guidance published on 20 December 2013. This has meant that the submission for Surrey is still in discussion with Clinical Commissioning Group (CCGs), though the Assistant Chief Executive suggested returning to the Committee once the draft plan had been submitted on 14 February 2014 and would circulate the guidance document to Members.

3. The Fund was to be used to integrate health and social care services to ensure that the care system worked effectively and to facilitate the aim of a strategic shift from acute to community care. It was important to note, however, that the money was not 'new' as it was committed money coming from the CCG budgets. This has caused problems for the CCGs due to the top slicing of their budgets for 2015/16, though it was felt that the county council and CCGs were working well to formulate a plan for the joint budget. It was important that the plan was jointly agreed as 30% of the estimated £65million Surrey share would be performance related.

4. The Committee queried the role of Community Care providers and paramedics, and were informed that they would be involved in the plan though it was still to be formulated.

5. Members queried whether the Fund would be a one-off revenue initiative. The Assistant Chief Executive stated that currently there was no guarantee that the Fund would continue, though she felt it suggested the start of integrating services within the care system. The Assistant Chief Executive stated that the Fund was not the start of full integration of Health and Social Care, rather it was to facilitate greater collaboration.

6. Members felt that it was important that the governance of the Fund was agreed as it would be inappropriate to duplicate the work of the Health & Wellbeing Board and Adult Social Care Select Committee. The Committee were informed by the Chairman that he was in discussion with the Chairman of the Adult Social Care Select Committee to agree a way forward. Furthermore, the Health & Wellbeing Board would have to sign-off the plans in February.

7. It was noted that it was important that the plan was effective and did not put further strain on acute hospitals, as in the past previous initiatives had required more money being put into these hospitals to ensure services were able to meet demand.

Recommendations:

a) The Committee requests a verbal update on the Better Care Fund at its meeting on 19 March 2014.

b) The Committee requests a further update post sign-off at its meeting on 22 May 2014.

Actions/further information to be provided:

The Committee scopes a role in the development or implementation of the plans via a joint working group with the Adult Social Care Select Committee.

The Assistant Chief Executive to provide a written note for Members of the Committee on the update she provided within the meeting.

Committee next steps:

The Committee receive further updates on the Better Care Fund submission at future meetings.

7/14 PATIENT TRANSPORT SERVICE [Item 7]

Declarations of interest: None.

Witnesses:

Cliff Bush, Surrey Coalition of Disabled People
Samantha Stanbridge, Director of Commissioning and Engagement, East Surrey CCG
Rob Mason, Head of Patient Transport Service, SECAmb

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Key points raised during the discussion:

1. The Chairman began by stating that this was the second time, within this Council, that the Patient Transport Service (PTS) had been reviewed by the Committee. At the last meeting the Committee had made a number of recommendations to the Commissioner and provider and he felt that there had been positive progress, with an improvement plan and updated governance, though there was still progress to be made for the service to reach the right standard.

2. The Commissioner stated that the issue was not just about SECAmb behaviours, but that a whole system change of behaviour was required for the service to work effectively. Surrey had the highest level of on the day bookings in the region, which put strain on the delivery of the service. It was felt that behavioural changes were required rather than additional funding. However, the Commissioner stated that more money had been put into the contract to fund more vehicles.

3. SECAmb stated that the experience within Sussex for PTS was not dissimilar to that of Surrey, with a Rapid Improvement Event around patient discharge also taking place in Sussex.

4. It was important for more planning to take place to ensure that all patients were not being discharged between 6 – 8 pm. The Commissioner informed the Committee that doctors should be planning the discharge of the patient as soon as the patient is admitted, and that this was an area which hospitals needed to work on. Hospitals had daily meetings to discuss the management of the hospital to enable them to move away from crisis management to planned management.

5. The Commissioner felt that hospitals were moving away from 6 – 8pm discharges with around 60% of discharges now taking place before 12pm. This was enabling them to build a seven day Patient Transport Service.

6. The Committee queried how the Commissioner encouraged hospitals to change their behaviours outside of the East Surrey CCG area. The Commissioner stated that there was a Surrey Collaborative Group which met several times a month.

7. Members queried how the next contract would be tendered to ensure its adequacy. The Commissioner informed the Committee that when the current contract was awarded CCGs were not in place and the PTS contract was an inherited issue, but that work since April 2013 had improved the service. SECAmb stated that they felt they were performing better than other providers of PTS in the country, with private providers achieving 60% on time and other NHS providers struggling to reach 80%.

8. SECAmb informed the Committee that they were making a financial loss each day with the contract, though had a plan in place which aimed to turn this around by employing and training more staff within SECAmb. This plan had been agreed by the SECAmb Board and it was hoped the effects would be seen by July 2014.

9. Surrey Coalition of Disabled People were disappointed with the contract and raised the issue of an average 2250 patients missing or arriving late to appointments each month being a financial burden for the NHS. The organisation now advised its members to phone ahead to the hospital if there were going to be late.

10. Members raised the issue that the Key Performance Indicators did not indicate the number of patients who arrived on time to their appointments. Commissioner agreed this was an issue but one which was inherited with the contract.

11. Members raised concerns regarding the number of vehicles available and felt that SECAmb bid for the contract with promises they were unable to fulfil.

12. SECAmb stated that they conveyed between 800 and 1,000 patients each day across Surrey to 150 healthcare locations, with 85% of journeys arriving within 15 minutes of the appointment start time. When journeys would arrive late the driver would endeavour to phone ahead to inform the provider, though this would sometimes require the journey to stop. It was felt that staff were working hard to deliver the service with 98% of patients happy with the service they received, however customer service was an area which required improvement. SECAmb informed the Committee that they were fully committed to making the service work as they felt it was strategically important to their organisation and that they were best placed to provide it.

13. Members queried whether the complaints process was working effectively and were informed by the Commissioner that a robust complaints system was now in place, and that they hoped to see the number of complaints go down as they were working hard with SECAmb to make PTS work. However, Surrey Coalition felt that SECAmb's complaints process was complex and stated that often they were required to assist patients in lodging a complaint. The Commissioner stated that a new, much simpler, process was now in place.

14. Members queried the sickness rate of staff as it was around 10% which was higher than average. SECAmb informed the Committee that this was due to the various capabilities of the staff they had inherited, including some staff who were unable to lift and others which were unable to drive. This was an area they were working on as part of the plan to decrease the losses incurred by the contract.

15. It was requested that the data provided by SECAmb be updated to reflect that Criminal Records Bureau checks were no longer available and that Disclosure and Baring Service checks were now in place. Members further queried the high level of aborts and cancellations from Royal Surrey Hospital and were informed that this would be looked into further.

16. The Committee questioned whether the next contract, which would begin in September 2016, would ensure the service worked effectively. They were informed by the Commissioner that relevant KPIs would be

in effect within contracts with providers from 2014/15, however the funding and number of vehicles were all part of the bidding process and were not prescribed. It was important to performance manage the contract to ensure the contract specification as being delivered, and that this would continue.

17. Members were disappointed that the Chief Executive of SECAmb was not present to answer the Committees questions.

Recommendations:

a) The Committee recognises the response of the Commissioner to realise improvements

b) The Commissioner must ensure that hospital discharge planning improves across the whole of Surrey, with the least successful Acute Trusts performance improving to the level of the best Trusts, and that all Trusts move towards the levels expected in the contract for on the day bookings. Member Reference Groups will follow this up with Acute Trusts.

c) The Commissioner will report on how they will ensure the viability of the patient transport service up to the end of this contract and getting it to a 95% success rate for patients

d) The Commissioner should assure the Committee that the new Contract will be designed with realistic and achievable KPIs and robust contracting arrangements

e) That there is an effective complaint handling system that allows this committee to scrutinise individual outcomes.

Actions/further information to be provided: None.

Committee next steps:

That the Committee scrutinise the performance of the Patient Transport Service at a future meeting.

ADJOURNMENT

The meeting adjourned for lunch at 11.55am and resumed at 1.05pm with all those present who had been in attendance in the morning.

8/14 SEXUAL HEALTH SERVICES FOR CHILDREN AND YOUNG PEOPLE [Item 8]

Due to the commitments of the Chairman and Chief Executive of East Surrey Hospital it was agreed to change the order of the items for the afternoon session. Item 10 was taken first, followed by item 9 and finally item 8.

Declarations of interest: None.

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Witnesses:

Kelly Morris, Public Health Principal for Maternity Service and Children and Families
Jenny Smith, Development Manager, Services for Young People

Key points raised during the discussion:

1. Members were informed that the Committee had last received a report in November 2012 on sexually transmitted diseases (STIs) and Public Health had been requested to return in 2014 to provide an update.

2. The Committee were informed that Public Health use two indicators to monitor sexual health among young people – conception rate for under 18s and chlamydia rates, and that all services provided to young people were accredited. Public Health were in the process of reviewing all the services and the Sexual Health Needs Assessment which would inform future commissioning of services.

3. Youth Services confirmed they were working closely with Public Health as sexual health was an important aspect of the health and wellbeing of young people and often was an indicator of the risk of becoming NEET (Not in Education, Employment or Training).

4. The Committee were informed that it was often a struggle to ensure schools prioritised sexual health within Personal, Social and Health Education (PSHE) classes, though all schools were offered services. It was felt that it was important to begin to increase influence at schools which did not take up services.

5. Members queried how work could be prioritised to help within the 20 wards which had the highest number of teenage pregnancies. Officers confirmed they were using the Local Prevention Framework (LPF) to assist in ensuring services were at the right levels within these wards.

6. The Committee were informed that Surrey had the fourth lowest under age conception rate in the country and uptake of 2% for Chlamydia screening, 10% of which had a positive result. Public Health received monthly breakdowns on access to Chlamydia screening, though this was not currently broken down by age group but would work with Services for Young People to get the views of young people on the sexual health services.

7. The Public Health Principal informed the Committee that there were around 450 teenage conceptions every year across Surrey with around 200 terminations, however the rate of conception was going down across the county from 24 to 22.5 per 1000 females. Public Health were prioritising work within Spelthorne and Runnymede regarding contraception, and Reigate & Banstead and Guildford regarding teenage motherhood.

8. Members queried the availability of contraception and whether it was easy for young people to acquire. They were informed that the C-Card (a key fob which could be exchanged for condoms and lubricant) was being promoted widely across Surrey with 65,000 young people in

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Surrey viewing information about the C-Card on Facebook. Furthermore, under 16s could access contraception from a youth centre following guidance from a youth worker. Contraception was also available from school nurses which had drop-in sessions and GPs. It was felt that the Sexual Health Needs Assessment would assist future commissioning to ensure services were fit for purpose and accessible.

9. Members questioned how they ensured that young people were aware of the effects of STIs. The Public Health Principal confirmed that there were monthly meetings with the Chlamydia screening office, however it was important that schools understood the importance of sexual health education so as to ensure young people were informed. Furthermore, most pharmacies advertised Chlamydia screening services.

10. The Committee were informed that Public Health were looking at uptake of the Emergency Contraceptive Pill.

Recommendations:

a) The team returns with further information on completion of its Sexual Health Needs Assessment and Strategy in early 2015.

b) The Committee is included in the consultation on the Sexual Health Strategy.

c) The commissioning plans that emerge from the review of School Nurses is brought to a future Committee meeting.

d) That proposals for the targeting of areas with particular challenges be included in future reports.

Actions/further information to be provided:

To provide the Committee with details of the uptake of the C-Card.

Committee next steps:

The Committee to consider the Sexual Health Needs Assessment and Strategy in early 2015.

The Committee to consider the School Nurses review at a future meeting.

9/14 SURREY AND SUSSEX LOCAL AREA TEAM COMMISSIONING INTENTIONS FOR PRIMARY CARE [Item 9]

Declarations of interest: None.

Witnesses:

Richard Woolterton, Head of Primary Care, Surrey and Sussex Local Area Team

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Shelley Eugene, Surrey and Sussex Local Area Team
Jane Shipp, Healthwatch Surrey

Key points raised during the discussion:

1. The Committee were provided with an overview of primary care commissioning in Surrey and Sussex and the *Primary Care – call to action*.

2. The Local Area Team (LAT) held an event in December 2013 on primary care which had been well attended by CCGs, patients, providers and local authorities, with further events planned.

3. The LAT is currently looking at the contract for the Ashford Walk-In Centre as the current contract is coming to an end. The Team are considering a one to two year extension though is waiting for a report from Monitor on Walk-In Centres. The Committee were informed that there had been a drop in the number of users for the Walk-In Centre which was being looked in to.

4. Members queried the prevalence of NHS dentists in Surrey as it was often difficult to find one with room on their books. The Committee was informed that there was a helpline available for patients which provided assistance to find one. Furthermore, there was a list of NHS dentists in the county which would be circulated to Members.

5. The Committee raised their concerns that GP access appeared to be an issue across Surrey and there were concerns regarding consistency and accountability, and the ability to complain about the service as a patient. The Committee were informed that the *call to action* enabled the public to feed in their views of primary care, but that the contracts were agreed nationally and required practices to meet the reasonable needs of patients.

6. The LAT were in the process of gathering statistics regarding GP Practices so they are able to see where the variations are, and would also review the comments left by patients on the NHS Choices website. Furthermore, the LAT were working with Healthwatch to develop Quality Surveillance Groups, in addition to Healthwatch gathering surveys from GP patients. Members were informed that the Care Quality Commission were able to inspect Practices and so they were now coming under greater scrutiny.

7. The Committee welcomed this piece of work, looking at GP Practices, and requested the LAT present their findings once completed.

8. The LAT were looking at Personal Medical Services (PMS) contracts over the next two years, particularly at the premium aspect of these contracts.

9. Members were informed that they should raise concerns regarding GP practice access with MPs as the contracts were mainly nationally negotiated.

10. Members queried whether popular Practices would come under pressure with the ability of patients to choice their practice from October 2014. They were informed that when a practice was under pressure they were required to talk to the LAT to discuss the issues and possible innovative approached to alleviate the problems, such as opening on Saturdays and providing extended hours. The Committee requested details of practices boundaries as this was often difficult to find.

11. The Committee were informed that every GP practice should have information available to patients on how to complain about the service, in addition NHS England have a complaints process.

12. The Committee queried which stakeholders would be part of the consultation regarding the Ashford Walk-In Centre. The LAT stated there was a list of stakeholders which would be consulted which included Members and residents. The consultation document was in the process of being drafted and the LAT were aware that it may need to go to the Committee if deemed a substantial variation. Members raised concerns as the Walk-In service was popular within the community.

13. Members felt that a lot of the NHS estate needed to be updated and queried who made the decision as to which practices got updated. The LAT informed the Committee that NHS property had transferred to NHS Property Services Ltd. however a number of practices owned their own premises and it was their responsibility to maintain the quality of the buildings. CQC would also participate in reviewing and ensuring that premises were of the right standard.

Recommendations:

a) That the Area Team works with Healthwatch to analyse the Annual Declaration from GPs and returns to this Committee on its completion for further scrutiny.

b) The Area Team keeps the Committee informed of the plans for consultation on the future of the Ashford Walk-in Centre and involves it when appropriate.

c) Publicity is devised to promote the helpline that advises the public about the availability of NHS dentists.

Actions/further information to be provided:

The Committee to be provided with the list of NHS dentists within Surrey.

The Committee to be provided with details of the boundaries of GP practices within Surrey.

Committee next steps:

Borough Councillor Rachel Turner left the meeting.

10/14 SURREY AND SUSSEX FOUNDATION TRUST CONSULTATION [Item 10]

Declarations of interest: None.

Witnesses:

Michael Wilson, Chief Executive of Surrey & Sussex NHS Trust
Alan McCarthy, Chairman of Surrey & Sussex NHS Trust

Key points raised during the discussion:

1. The Committee were provided with a presentation from Surrey & Sussex NHS Trust on their plans to become a Foundation Trust. A copy of this presentation can be found within the agenda papers.

2. The Committee were informed that it was NHS policy for all hospitals to become a Foundation Trust or seek a merger and that Surrey & Sussex were pleased to be in a position to be able to start the process to become one.

3. The Trust had invested just under £60 million in the last three years and had future investment plans including; a cancer information centre with MacMillan, a radiotherapy centre with Royal Surrey County Hospital and a long-term respiratory centre with Guys & St. Thomas' Hospital.

4. The Trust felt that it was important for the hospital to begin to engage with the local community to make it a community hospital which members of the public choose to attend.

5. The Committee felt that the presentation material did not reflect the management change which had taken place at the hospital, whereas the presentation showed this. Members felt that a huge positive change had taken place and this needed to mentioned within the presentation documentation.

6. Members queried how the Trust intended to sign-up members from the age of 14. They were informed that the Trust was looking at how to engage this age group though were looking into using social media. They felt that currently it was hard to engage people in the process of becoming a Foundation Trust due to recent bad press of Mid Staffordshire, Morecombe and Colchester hospitals, though they were going through the process of thinking of different ways to engage the public. Members felt it was important to state that becoming a member of the Trust was a free process.

7. Members queried the hospitals thoughts on Urgent Care Centres and were informed that Caterham Dene currently had an Out of Hours centre though the CCGs were the organisation which prescribed which services would be provided. Members felt it was important that there was more communication regarding the services provided.

8. The Committee queried the process of how to become a Foundation Trust and were informed that the consultation process would run until the end of February 2014, at which time they would consider the

responses. There would then be a Rediness Review in March 2014 and a CQC review around May 2014. Monitor would also consider the application and then the Trust would be authorised as a Foundation Trust seven months later.

9. The Trust were requested to keep the Quality Account Member Reference Group informed of progress towards becoming a Foundation Trust.

10. The Committee thanked the Chief Executive for his excellent work on improving the hospital significantly.

Recommendations:

a) The Trust should emphasise the quality of its leadership when publicising their FT application.

b) Encourage the participation of the younger cohort (14yrs +) for the mutual benefit of public services.

Actions/further information to be provided: None.

Committee next steps:

The Chairman will write to the Trust to outline any suggested changes to the consultation and offer the Committee's support for the application.

11/14 RECOMMENDATION TRACKER AND FORWARD WORK PROGRAMME [Item 11]

Declarations of interest: None.

Witnesses: None.

Key points raised during the discussion:

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

Recommendations: None.

Actions/further information to be provided: None.

Committee next steps: None.

12/14 DATE OF NEXT MEETING [Item 12]

The Committee noted that a joint workshop with the Communities Select Committee would be taking place on 22 January 2014 in Reigate to consider the Emergency Services Collaboration strand of the Public Services Transformation Programme.

The Committee were invited to attend a joint budget workshop with the Adult Social Care Committee on 13 February 2014 at 11am.

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The next Health Scrutiny Committee meeting would be the Public Health Budget Workshop on 19 February 2014 at 10am which would include a workshop on the Alcohol Strategy with a view to future Committee involvement.

The Committee noted the next full meeting would be held on 19 March 2014 at 10am.

Meeting ended at: 3.15 pm

Chairman

Briefing for Health Scrutiny Select Committee – 19 March 2014
Surrey Better Care Fund Plan

What the Better Care Fund is designed to achieve

The Better Care Fund is designed to improve outcomes for vulnerable people through better integrated care and support, and a significant expansion of care in community settings. It will achieve this by shifting resources from acute services into preventative services in primary care, community health and social care.

How the Fund will work

The fund is made up of a number of existing elements of funding, most of which will come from health budgets. The announcement covered two financial years:

- For 2014/15, the expected Whole Systems Funding for Surrey = £18.3m. This will be transferred to Surrey County Council with joint investment decisions being made.
- For 2015/16, the Better Care Funding total position for Surrey is expected to be a revenue allocation of £65.5m + capital of £6.0m = £71.5m in total.

Figure 1 – Element of 2015/16 Better Care Fund

	Nationally £m	Surrey £m
New Care Bill duties	135	2.56
Carers breaks	130	2.46
Reablement	300	5.68
Whole systems	1,100	18.30
Balance for allocation	1,795	36.50
	3,460	**65.50**
Capital general	134	2.30
Disabled Facilities Grant	220	3.70
	354	**6.00**

In 2015/16 the Better Care Fund will be put into a pooled budget under Section 75[1] joint governance arrangements between Clinical Commissioning Groups (CCGs) and the County Council. Joint work is currently underway to agree the financial governance arrangements which will be put in place to manage the Better Care Fund pooled health and social care budget.

[1] Section 75 of the NHS Act, provides for CCGs and local authorities to pool budgets

6

One of the main conditions of the Better Care Fund is to 'protect' social care services. 'Protect' is the government's word - we would prefer 'sustain'. In Surrey it has been agreed that plans will be drawn up on the basis that "the system across Surrey has committed to jointly investing the Better Care Fund to improve services and outcomes for patients and to creating financial benefit as a result. We have agreed to share this benefit for further investment in services and to ensure the sustainable delivery of better care for the future. In 2015/16 we expect the benefit to social care to be £25m".

Engagement

Throughout 2013/14, health and social care providers have been engaged in developing an integrated vision for out of hospital care in each local area through the five Local Transformation Boards. Patients, people who use services and the public have been involved through a number of partnership boards and via local engagement events held during 2013.

Work on the Surrey Better Care Fund Plan began in Autumn 2013. Joint workshops, with Adult Social Care and Clinical Commissioning Group representatives, were held in November, January and February.

Each of the Local Joint Commissioning Groups is developing a local Better Care Fund Plan setting out their joint health and social care work programme. The decision to develop local joint work programmes is designed to enable each area to address the range of different communities in Surrey - from urban to rural, the needs of these specific communities, the different histories, patterns of service provision, service providers, strengths, needs as identified in the Joint Strategic Needs Assessment and challenges - as well as the need for local ownership and leadership.

Joint work, which is being co-ordinated by Public Health, is also underway to define targets for the six Better Care Fund metrics and financial benefit targets.

Governance

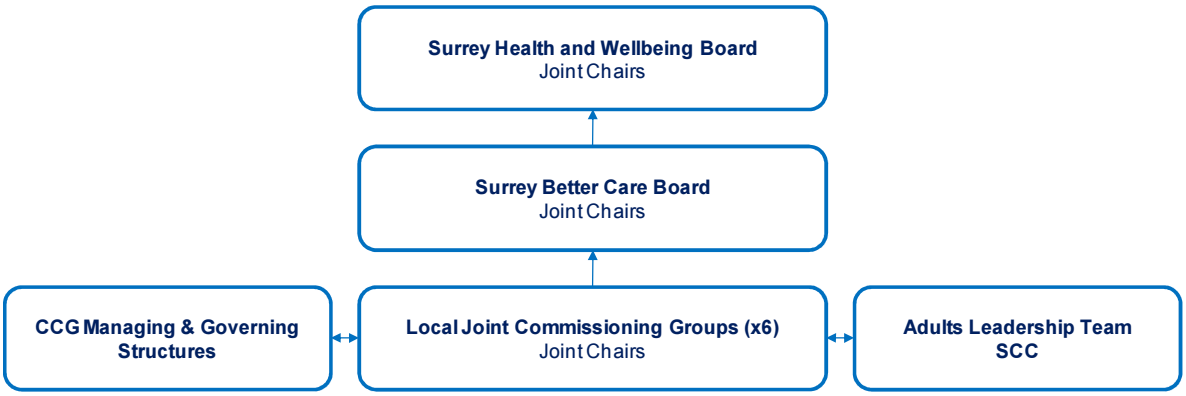
The governance arrangements in place for oversight and governance of progress and outcomes are as follows:

- There will be six Local Joint Commissioning Groups in Surrey – one for each of the six local CCG areas - with membership drawn from Adult Social Care, the CCG and other local stakeholders, including district and borough councils, patient/service user and carer representatives.
- The Local Joint Commissioning Groups will be responsible for all Better Care Fund investment decisions. These investment decisions will be made jointly by health and social care partners at a local level.
- The Local Joint Commissioning Groups will be responsible for overseeing the operational delivery of the schemes set out in their local joint work programme and for delivering the radical transformation needed in their local area to provide better care in the future.

- The Surrey Better Care Board will provide strategic leadership across the Surrey health and social care system and hold the Local Joint Commissioning Groups to account for how they invest the Better Care Fund and the progress and outcomes they deliver. Membership will be drawn from Adult Social Care and the Clinical Commissioning Groups with a joint chair arrangement.
- Surrey's Health and Wellbeing Board will continue to set the overarching strategy across the Surrey health and social care system.

There will be clear financial governance arrangements agreed and put in place for the management of the Better Care Fund pooled health and social care budget.

Figure 2 – Governance arrangements for the Better Care Fund



The Surrey Better Care Fund Plan

The Surrey-wide Better Care Fund Plan is a composite Surrey-wide plan. It provides an overview of key themes from each of the six local joint work programmes and gives examples of how the enhanced and integrated model of community based health and social care in Surrey will deliver better outcomes and experiences for the population. The three key themes in the plan are:

1. Enabling people to stay well: Maximising independence and wellbeing through transformed prevention and early intervention for people at risk of being unable to manage their physical health, mental health and social care needs.

2. Enabling people to stay at home: Integrated care delivered seven days a week through enhanced primary and community services which are safe and effective and increase public confidence to remain out of hospital or residential/nursing care.

3. Enabling people to return home sooner from hospital: Excellent hospital care and post-hospital support for people with acute, specialist or complex needs supported by a proactive discharge system which enables a prompt return home.

Timeline

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The LGA and NHS England's guidance on the Better Care Fund sets out the expectation that the plan will be agreed between the County Council and Surrey's Clinical Commissioning Groups and be signed off by the Health and Wellbeing Board.

The Surrey Health and Wellbeing Board signed-off the 'draft' Surrey-wide Better Care Fund plan and submitted it to NHS England by the 14 February 2014 deadline. The 'final' Surrey-wide Better Care Fund plan is due to be submitted as part of the overall NHS planning round by 4 April 2014.

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END

Health Scrutiny Committee
19 March 2014

End of Life Care

Purpose of the report: Scrutiny of Services

To scrutinise current service provision in responding to a person's choices in end of life care.

Summary:

1. A report from the Surrey Clinical Commissioning Groups (CCGs) can be found as **Annex 1.**

2. A report from the Acute Trusts, can be found as **Annex 2**.

Recommendations:

3. The Committee is asked to scrutinise current service provision in response to a person's choices in end of life care.

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Sources/background papers: None

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End of Life Care

Health Scrutiny Committee

19/03/14

End of Life Care

Contents

Purpose of the report:
Overview of Services that support individuals' choices in end of life care.

End of Life Care Definition

a) The term 'end of life care' can often be interpreted in a variety of ways. Throughout this document the term 'end of life care' (EOL) will adhere to the following definition:

'Care that helps all those with advanced, progressive, incurable illness (malignant and non-malignant alike) to live as well as possible until they die. It enables the supportive and palliative care needs of both patient and family to be identified and met throughout the last phase of life and into bereavement. It includes management of pain and other symptoms and provision of psychological, social, spiritual and practical support.'

Introduction

1. Due to the ageing population, the number of deaths per year in England and Wales is expected to rise by 17% between 2012-2030 (Gomes & Higginson 2008), increasing pressure on the quality of End of life care (EoLC) services.
2. In an ageing population, the number of deaths in England is set to rise from 500,000 to 590,000 over the next 20 years increasing pressure on the quality of EoLC services.
3. Nationally 70% of people would prefer to die at home, yet 51% die in hospital.
4. End of life care is one of the 12 national QIPP (Quality, Innovation, Productivity and Prevention) work streams and is a national priority. Combined with the End of life care strategy (2008) the focus is on early identification of patients, integration of services and patient centred care.
5. With increasing age, patients accrue multiple co-morbidities and more complex need. Historically, End of life care has always centred on cancer. Future provision must cater for all other long term conditions (respiratory, cardiac, and neurological including dementia) and we also need to recognise general frailty.

6. When end of life care is unplanned it makes it more likely that people are admitted to hospital in a crisis and as a consequence die in an unfamiliar and possibly distressing environment
7. In areas using an Electronic Palliative Care Co-ordination System (EPaCCS), 76% of people die in their preferred place & 8% die in hospital, a significant improvement in quality of care. Research shows that (after friends & family) people turn to GPs for information about EOLC- education, training and professional support are key to the EPaCCS.

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End of Life Care Pathway

8. Improving end of life care in Surrey is a key priority for the Clinical Commissioning Groups, linked to our growing aging population and ensuring people and their families are able to access the care they need, as well as die with dignity in their preferred setting of care. There is also a growing prevalence of dementia with people in Surrey living longer, which requires commissioning screening, diagnosis and support services to help people maintain independent lifestyles, as well as their carers.

9. Our aim is to commission end of life care pathways that consist of high quality service, embed best practice and support both patients and carers, taking account of their physical, psychological, spiritual, cultural and social needs during the end of life and into bereavement.

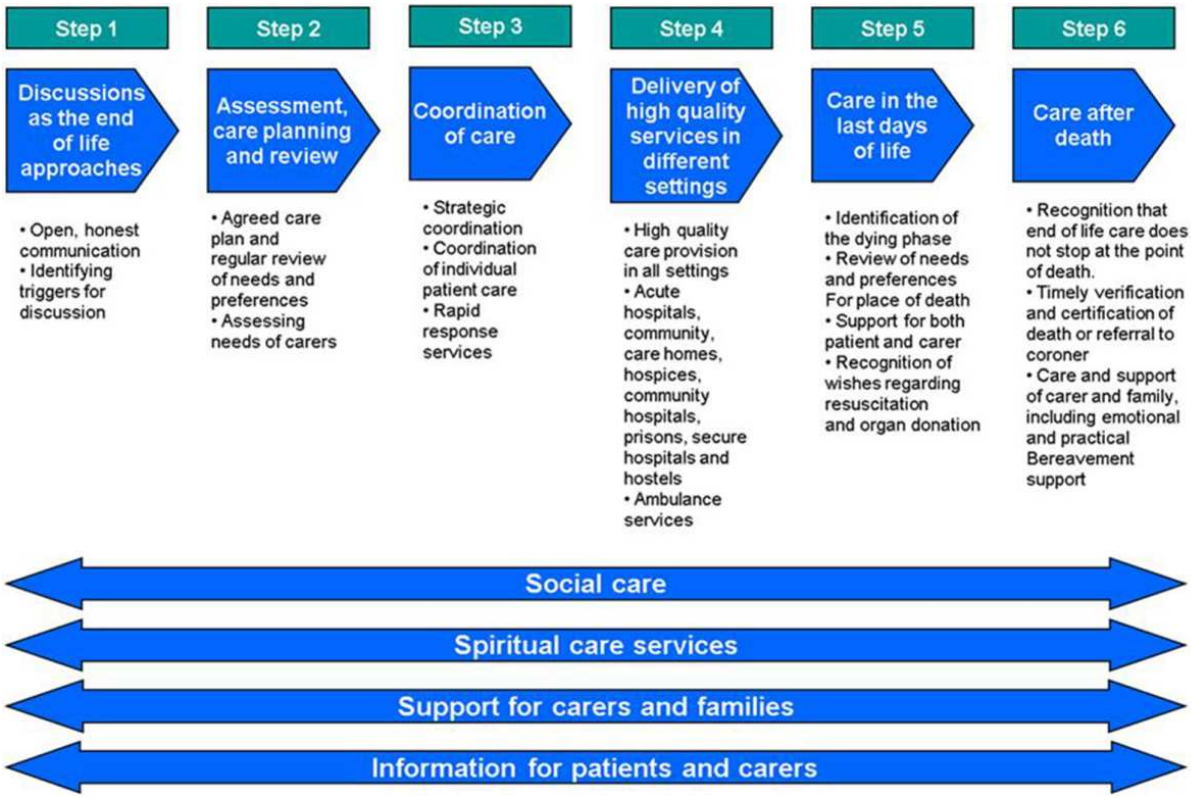

Figure 1: End of Life Care Pathway

10. All the Clinical Commissioning Groups in Surrey have identified end of life care as a local priority for improvement, and are implementing plans that are tailored to local needs as outlined in the sections below.

End of Life Care

East Surrey CCG End of Life Care Strategy

1) Summary

a) Improving the coordination of end of life care for our population is one of the 3 local ESCCG priorities and straddles many of the work streams related to Long Term Conditions and admissions avoidance. With 70% of people preferring to die at home and yet 51% still dying in hospital a significant transformation in coordination and provision of care is required. Where patients are identified as end-of-life in East Surrey, 92.5% achieve their Preferred Place of Death (First Community Health & Care.)

2) Improvements in End of Life Care Services:

a) Implementation of an Electronic Palliative Care Co-ordination System is planned from April 2014 (ShareMyCare) to improve identification and communication of patient's wishes, while working with St Catherine's Hospice to provide communications, clinical and education support.

b) A provider led EoL Programme Board has been established across the local health economy. The aim of the Board is to work towards the development of a cohesive approach to End of Life Care involving key partners across services within the local heath economy to benefit the patient and carer experience.

c) Advanced Care Planning documentation and an EoLC Pathway have been redesigned and are in their final drafts supported by Marie Curie Cancer Care.

d) EoLC is commissioned from the local community provider First Community Health & Care through the District Nursing service specification.

e) Commissioning of a Risk Stratification Tool and a Proactive Care Team to improve early identification and support for patients at greatest risk of hospital admission and in need of intensive community support.

f) Integrated EoLC Services commissioned using the Better Care Fund to ensure whole system working.

g) The East Surrey Dementia Commissioning Plan has been agreed and Implementation Task & Finish Groups are being established with implementation over the next 12-18 months.

h) A Clinical Lead for EoLC and a Macmillan GP are in post.

i) The Surrey-wide CHC review identified the need for a geographical focus and ESCCG plans to support a robust fast track process for those wishing to die at home.

j) A Nursing Home Demand Management Scheme has been implemented to provide targeted support by GP's to community care homes offering MDT support.

k) The Long Term Conditions Telehealth project for COPD (Chronic Obstructive Pulmonary Disease) & Heart Failure was implemented in December 2013 to promote better self-management at home.

l) A community service for pleural effusions & ascites, using vacuum-assisted drainage to support palliative care has been commissioned.

m) Marie Curie Cancer Care approached Surrey and Sussex Healthcare Trust (SASH) in mid-2013 to discuss the possibility of more collaborative working to improve End of Life care for Surrey and Sussex patients, within the SASH catchment area. They introduced the concept of the supported discharge model, this is a model that Marie Curie has successfully implemented in Acute Trusts in other areas and is having positive results. A decision had been made to analyse and highlight problems with the discharge service for one year, with one or two nurses (Marie Curie funded) working within SASH, to enable solutions to expedite discharge.

n) A pathway & gap analysis was developed through workshops with a sub-group of the East Surrey, Crawley, Horsham and Mid-Sussex CCGs End of Life Care Programme Board. Each phase identified what people at the End of Life, relatives and carers

need; what support is available in East Surrey, Crawley, Horsham and Mid Sussex to support these needs and what needs to happen to ensure those needs are met.

North East Hampshire and Farnham CCG End of Life Care Strategy

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1) Summary

a) Our key objective is to increase the percentage of patients dying in their preferred place of care, year-on-year for the next five years. We have identified the following critical success factors to achieving this:

i) The timely identification of patients at end of life using appropriate prognostic indicators – such as, but not limited to, those outlined by the Gold Standards Framework (2011).
ii) Ensuring discussions take place with patients, and carers where appropriate, about their wishes and future care needs as early as the patient feels comfortable to do so. Recording of this information will need to be populated electronically on the 'Gold Register'.
iii) Ensuring providers of EoL Care have real-time, immediate access to patients' wishes to enable the effective co-ordination of their care.
iv) An agreed clinical model and pathway is developed with providers for the provision of cohesive and co-ordinated EoL Care.
v) Ensuring Providers embed the End of Life Care Quality Standards (2011) in all care settings.

2) **Our plans to improve end of life care**

a) Improve public perception of death and dying so that our community is not threatened by this topic and feel comfortable enough to discuss these matters free and openly.
b) Adopt a consistent approach to the early identification of all patients nearing end of life using appropriate prognostic indicators such as, but not limited to, those outlined by the Gold Standards Framework (2011).
c) Increase the number of discussions taking place between patients and healthcare professionals, and carers where appropriate, about their wishes and future care needs as early as the patient feels comfortable to do so.
d) Increase the number of patients uploaded onto the Gold Register (EPACCS) in order to ensure providers of EoL Care have real-time, immediate access to patients' wishes to enable the effective co-ordination of their care.
e) Ensure there is EoL healthcare support readily available to patients 24 hours a day, 7 days a week to enable quality palliative and supportive care to be delivered within our locality in an efficient manner.
f) Improve the collaborative working arrangements and communication links between EoL Care providers in order to ensure patients experience a seamless, streamlined and holistic service to cater for the wide range of individual needs and preferences of patients.
g) Improve the access to EoL training to ensure that all healthcare professionals involved in delivering EoL care have the confidence, support, and appropriate skills and competences in order to deliver high-quality, effective care.
h) Ensure all providers have the End of Life Care Quality Standards (2011) embedded in all care settings.
i) Ensure that following the death of a patient any carer/friend/family member wishing to receive bereavement support is offered this in a timely fashion and receives appropriate counselling and/or support.
j) Ensure all EoL care and support is equitable for all our patients across the CCG.

Guildford and Waverley CCG End of Life Care Strategy

1) Summary

a) The CCG has identified a number of organisational requirements and enablers to support the delivery of end of life care. The CCG has appointed a GP for Cancer Care in partnership with MacMillan and we have a governing body GP lead who provides clinical leadership for end of life care.

b) The CCG is currently in discussion with its current providers and partners, (Royal Surrey County Hospital, Surrey County Council, Phyllis Tuckwell Hospice, Virgin care, Marie Curie and Macmillan) to agree the most effective model of care for people in need of end of life care. The need for home-based care is likely to increase. This will require decision-making about the skill mix required and competencies, roles and responsibilities.

c) Funding for end of life care is provided through a number of single and multi- agency agreements that include:
   i) NHS
   ii) Council
   iii) Charitable Donation

2) **Our plans to improve end of life care**

a) Integrating services to work more effectively and provide a single point of co-ordination for people needing end of life care

b) Increasing early identification including risk stratification to ensure patients get the support they need

c) As part of our overall End of Life Care Strategy we will be working towards the implementation of the Gold Standard Framework (including Advanced Care Planning), encouraging appropriate use of DNAR paperwork and ensuring that whenever it is possible all patients including Cancer Patients can die in the location of their choice. This will be supported by a Macmillan GP Facilitator.

d) Implementing Palliative care beds within hospital to improve the co-ordination of care for those people requiring end of life care.

3) Next Steps

a) Implement agreed integrated service in Guildford and Waverley – July 2014

b) Implement Gold Standards Framework plan for Care Homes in Guildford and Waverley – June 2014

c) Evaluate Palliative Care Bed pilot at Royal Surrey County Hospital – April 2014

d) Implement Dementia Liaison Service for Dementia Care Homes – April 2014

North West Surrey CCG End of Life Care Strategy

1) Summary

a) North West Surrey Clinical Commissioning Group (NWS CCG) has identified end of life care as a local priority for improvement. We want people at the end of life and their relatives/carers to:
   i) Be supported to remain as independent as possible in the best place for me
   ii) Receive appropriate and effective care, when required and in line with my wishes
   iii) Have a good experience at end of life and be treated with dignity and respect

2) Our objectives:

a) To increase identification of people at the end of life stage

b) To ensure all patients at end of life stage have a care plan in place

c) To strengthen the commissioning of end of life care services

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3) Our plans include:

a) Supporting General Practice and care homes (nursing and residential homes) to identify patients at end of life to enable planning of care
   i) Earlier identification of patients at the end of their life to allow sufficient time for planning and implementation of an advance care plan: "A year of care".

b) Improve commissioning of end of life care
   i) Work collaboratively with all community services to ensure earlier assessment and appropriate care planning for people who may be in the last year of life and their carers
      (1) Increased number of patients with an up to date advance care plan which is accessible and visible to all healthcare providers
      (2) Regular review and adjustment of the advance care plan in accordance with the patient's needs and wishes
   ii) Work with all providers to encourage good communication to deliver integrated multi agency services
      (1) Identification of a senior clinician or healthcare provider to oversee an individual's care throughout the end of life journey.
      (2) Increased number of patients with an up to date advance care plan which is accessible and visible to all healthcare providers
      (3) Regular review and adjustment of the advance care plan in accordance with the patient's needs and wishes
   iii) Use of voluntary sector to deliver support services at an early stage
      (1) Sign posting to multi agency community services such as the voluntary sector to support people who may be in the last year of life
   iv) Ensure delivery of 24/7 integrated palliative care services
      (1) Core provision of specialist palliative care consultants within Ashford and St Peters Hospitals which integrates with other work streams (elderly frail, dementia, unplanned care).
   v) Increase delivery of 24/7 community services
      (1) Robust round the clock community nursing services throughout the whole of NWS.
      (2) Improved community based services to allow patients to die at home. These services need to be cost effective
   vi) Specify a service to meet the needs of respiratory patients at End of Life
      (1) There has been little change since 2006/7 in the location of deaths from respiratory disease with about 66% taking place in hospital
   vii) Ensuring good quality end of life care should be the responsibility of all health and social care professionals. NWS CCG has invited local stakeholders to join an End of Life Steering Group, with the purpose of developing a high-level strategic vision for End of Life Care.
   viii) The steering group is responsible for the commissioning, development, and implementation of high quality, coordinated, integrated, personalised and cost effective End of Life Care across the NWS CCG.

Surrey Downs CCG End of Life Care Strategy

1) Summary

a) The organisational requirements and enablers for supporting the delivery of our end of life care strategy have been identified as a focus on clinical leadership, contracting arrangements, information communication and technology, workforce and funding arrangements.

b) The CCG is in the process of appointing a clinical lead for EOLC as part of the Clinical Leadership Framework, with an existing lead for dementia in post for the past year.

c) The implementation of a new Electronic Palliative Care Register - Coordinate My Care, will be integrated with the local rollout of the Single Digit Number (111) rollout. IT systems will have to support a single register and will need to ensure that patients' preferences and treatment plans are available to all relevant parties in the health and social care system. Use of CMC will be underpinned by QoF, QP and CQUINs with all providers.

d) The need for home-based care is likely to increase. This will require decision-making about the skill mix required and competencies, roles and responsibilities. GPs are being supported by new Link Workers specifically recruited for dementia promoting a new type of workforce model.

2) **Our plans to improve end of life care**

a) Implementing an Electronic Palliative Care Co-ordination System

b) Increasing early identification including risk stratification to ensure patients get the support they need

c) Integrating care services and enable whole system working

d) Gold Service Framework Accreditation for end of life care provided in care homes for people with dementia.

e) Implementation of an Electronic Register (Palliative Care Co-ordination System) will enable us to:

i) Identify people who are considered to be in their last year of life and, with appropriate consent, add them to an electronic register

ii) Co-ordinate the care of patients on the register to ensure that patients are supported within their last year of life with reduced levels of non-elective admissions

iii) Support people to die in the place of their choosing and with their preferred care package

iv) Enable all providers, including out of hours and ambulance services to access the inter-operable EPaCCs to prevent avoidable acute admissions

v) Educate clinicians in Primary, Community Care and other providers to manage EPaCCs and provide gold standard care.

Surrey Heath CCG End of Life Care Strategy

1) Summary

a) End of Life Care is a commissioning priority for Surrey Heath CCG and is a key area of work to realise and much can still be done to improve the quality of life for people in the last years of their life. The CCG is working together with North East Hants and Farnham (NEHF) CCG and aims to finalise our end of life strategy for the next 5 years during the summer of 2014, supported by our newly appointed MacMillan GP. This is a joint appointment with NEHF and will support the alignment of our two strategies at a system level. This strategy will give an overview of the strategic direction in which the commissioners aim to take adult EoL Care in the foreseeable

future and to inspire action from key stakeholders which will lead to improved EoL Care for our patients.

2) Our vision for End of Life Care within Surrey Heath CCG would see

a) A community that is comfortable discuss the issues and arrangements at this stage their lives freely and openly.

b) A consistent approach to the early identification of all patients nearing end of life, coupled with a clear intent to initiate conversations with these patients about their EoL care; this would then lead to the electronic recording of patients' wishes and preferences for their care.

c) EoL healthcare support will be resourced to be readily available to patients 24 hours a day, 7 days a week to enable quality palliative and supportive care to be delivered within our locality in an efficient manner.

d) EoL care providers would work collaboratively and effectively within our CCG's locality with good, strong communication links and the ability to offer a seamless, streamlined and holistic service to cater for the wide range of individual needs and preferences of patients.

e) Our vision would ensure that all healthcare professionals involved in delivering EoL care have the confidence, support, and appropriate skills and competences in order to deliver high-quality, effective care. This would result in patients being treated with dignity and respect at the end of their lives resulting in a positive experience of the care they receive.

f) EoL patients would be in receipt of high-quality, effective care which would result in patients dying in their preferred place of care in accordance with their wishes and preferences.

g) Following the death of a patient any carer/friend/family member wishing to receive bereavement support would be offered this in a timely fashion and receive appropriate counselling and/or support. All care and support will be equitable for all our patients across the CCG.

Whole System Partnership Fund, End of Life Care Project Evaluation 2014

1) Introduction and Background

a) The Clinical Commissioning Groups (CCGs) and Surrey County Council (SCC) have been leading the planned approach for spend against the DH investment for the Whole Systems Partnership Grant. A number of projects were set out in the original plan e.g. pump priming the set-up of virtual wards in each Clinical Consortia Group area. The list of initiatives was expanded in June 2012 to include twelve months partnership funding to localise and expand the existing Community End of Life Care (EOLC) project with the aim of testing the model and enabling CCGs to make informed decisions around future commissioning going forward. A further extension of funds until Dec 2013 was subsequently agreed.

b) A Business Case requesting further funding to support the continuation of the existing EOLC Partnership Project until end March 2014 – submitted by NWS CCG, G&W CCG, Surrey Heath CCG and Farnham and NW Hampshire CCGs has recently been approved by the Whole Systems Steering Board.

c) This funding extension is to allow time for CCGs to develop local plans and models of care to support patients approaching the EOL 27/7 within the community.

d) An evaluation of the quality and effectiveness of the services has been carried out and this paper summarises the key findings.

2) Service Objectives

a) Each of the Surrey CCGs received an allocation of funding based on total population for EOLC services via the partnership fund. Further allocations were agreed for the period June –December 2013 and this was then further extended until 31st March 2014.

b) While the actual delivery models have varied slightly across CCGs they were all required to demonstrate the key objectives below:

i) Enhancing patient and carer experience, quality of care, and choice for preferred place of care.
ii) To support adult patients (all diagnosis) in the last weeks/days of life and to support their carers
iii) To provide high quality, safe, responsive and clinically effective care
iv) To develop partnership and coordinated models of care in conjunction with local providers that supports preferred place of care and reduced unplanned admission to hospital in the last days/weeks of life
v) To support independence, choice of care and quality of life
vi) To maximise efficiency and ensure timeliness of intervention
vii) To support rapid discharge from hospital at the end of life in line with preferred place of care

3) The Virgin EOLC Service

a) History

i) The initial Beacon Care at Home Model (2003-2009) was set up to co-ordinate and respond to EOLC requests from Community Nurses across Guildford & Waverley (G&W), Surrey Heath (SH), Farnham and NW Hampshire. It provided an integrated rota of day/night care provision in conjunction with Marie Curie and was deemed successful in supporting preferred place of care/death.
ii) A proposal was then submitted to test the replication of the service and outcomes across the whole of Surrey and further funding was awarded via the SHA Innovation fund for 2 years from 2010 until June 2012. This funding supported the development the Coordination hub at the Beacon with bank palliative care staff providing care during the day and overnight (10pm-7am).
iii) The Whole Systems Partnership agreed in June 13 to provide a further years funding (and subsequently an additional 6 months funding) with the agreement to localise the model within the NWS, G&W, SH and Farnham CCG areas.

b) Overview of Local Virgin Model (June 12 – Dec 13)

i) Many patients approaching the EOL require complex and multiple care packages.
ii) The funding has enabled Virgin Care Services to work in an integrated way with Marie Curie and usual District Nursing services to provide increased capacity and a 24 hour a day and 7 day a week community EOLC service – delivering both nursing and personal care. The care has been delivered by staff with experience in palliative care (on bank contracts due to the temporary nature of the funding).
iii) A Surrey coordination hub enables 24 hour coordination of requests, prioritisation of resource against clinical need, deployment of staff and robust communication. Care after 6pm is led by the Community Twilight and Night Response Service.

4) Evaluation

a) Evaluation of the effectiveness of the community EOLC service has proved complex for a number of reasons:

i) There are different resources across the CCGs – as through the coordination fund they have been allocating partnership funding, Marie Curie funding and some other local charitable funds which are only applicable to some CCGs

ii) Although a year's data has been provided by Virgin (Oct 12- Sept 13) the way it was collected changed - whereas the data from Oct 12- June 13 included all spend the data from July 13- Sept 13 only indicated partnership spend

iii) The ongoing temporary nature of the service has meant reliance on a bank staff model of provision – not only has this cost more but it has proved more difficult to ensure sufficient resource is always available to meet demand.

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iv) It is difficult to determine service costs and return of investment as charges vary according to local circumstances e.g. NWS CCG only pay 30% of tariff for acute care as they are over performing on their acute contract

v) The current data is only looking at place of death – a further review of unplanned admissions in the last year of life to understand the effect additional EOLC support had on reducing these was to be undertaken – however data and issues with information governance have meant this has not yet been completed

5) Summary Data

a) The table below compares the % probability of hospital deaths in those with District Nursing only verses District Nursing and additional EOLC services.

Data Oct 12- Sept 13

CCG	Non EOLC - District Nurse (DN) only -% probability hosp death	Total no. Deaths on DN caseload	DN+EOLC support - %probability hosp death	No. Pts receiving additional EOLC support	Partnership allocation per quarter
NWS	23%	292	4%	165	£71,200
G&W	14%	304	6%	162	£41,098
SH	11%	70	0%	23	£18,612
Farnham	8%	61	6%	26	£9,438

- NB: Non EOLC = District Nurse only
- DN + EOLC = additional partnership (additional Marie Curie, coordination, Beacon at Home, additional community out of hours, other resources)
- For a more detailed breakdown of the data for each of the CCGs (Oct 12 –June 13) - see appendix 1

6) Discussion and Findings

a) The evaluation demonstrates that while it improves quality of care and supports more people to be cared for and die in their preferred place - the cost of the service is high when compared to savings achievable from reduced hospital admissions.

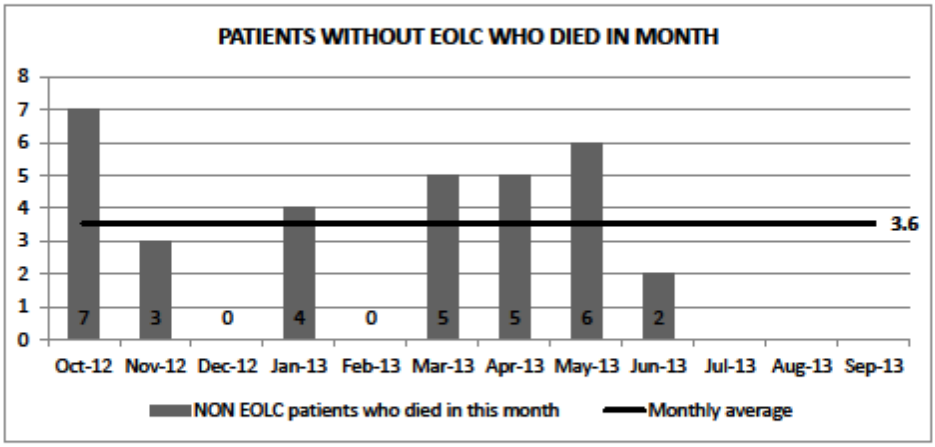
b) Although the data appears to show an increased probability of hospital death with DN care alone – this needs further investigation and may be due to a combination of reasons including vacant posts, differing levels of support from specialist palliative care services etc.

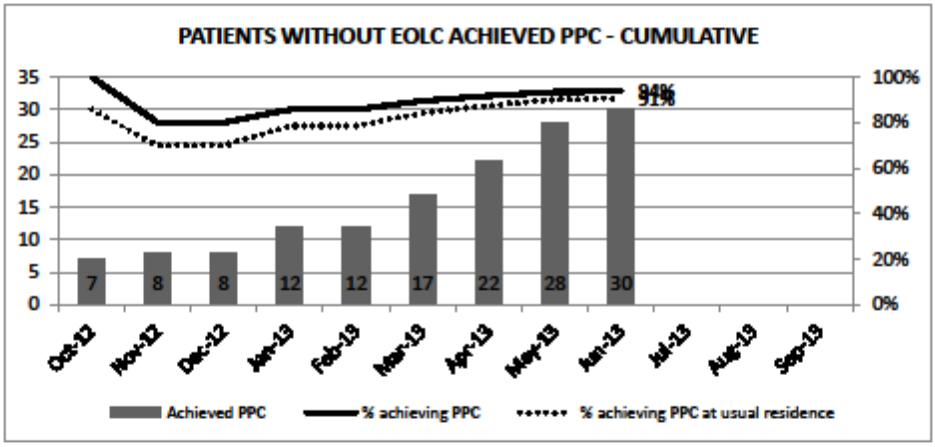
End of Life Care

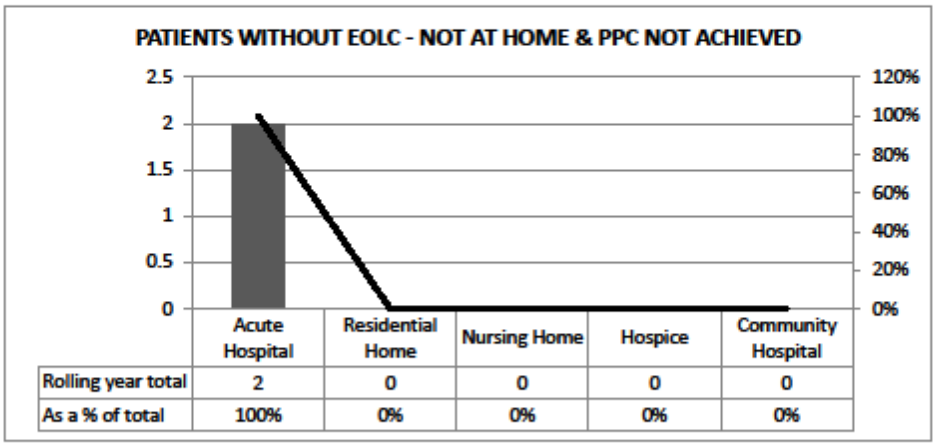
Appendix 1

EOLC (Jun 2013) Farnham.xlsx FARNHAM

PATIENTS WITHOUT EOLC







EOLC (Jun 2013) NWS.xlsx NORTH WEST SURREY

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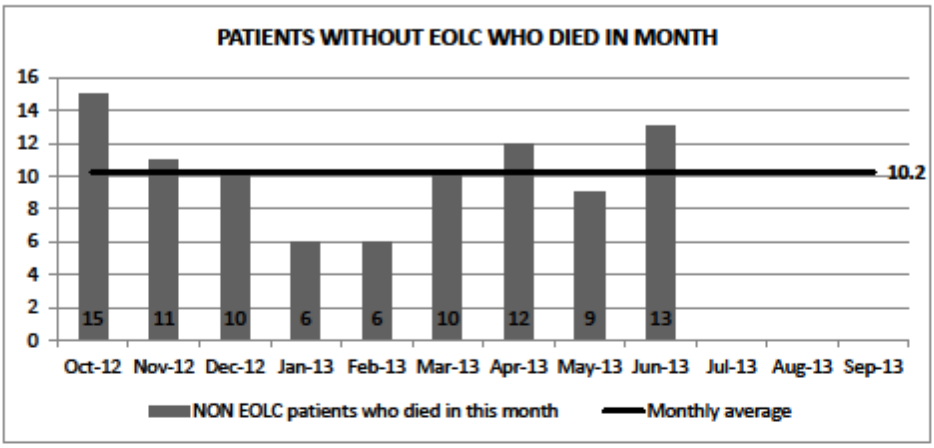
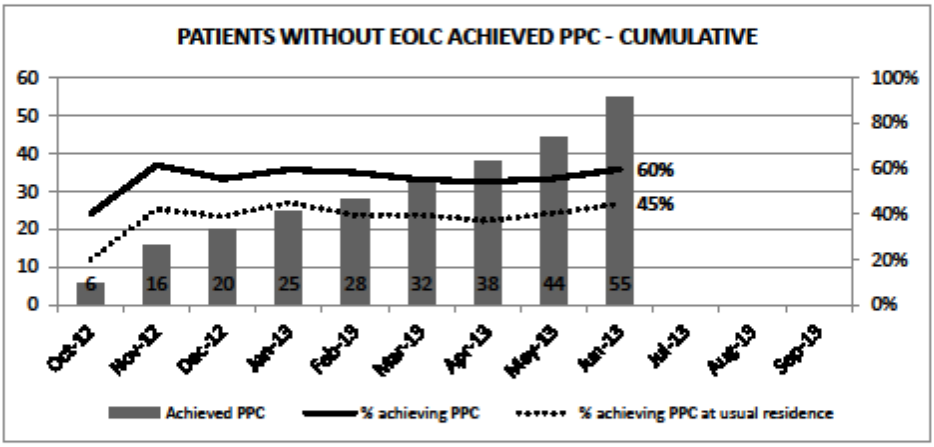
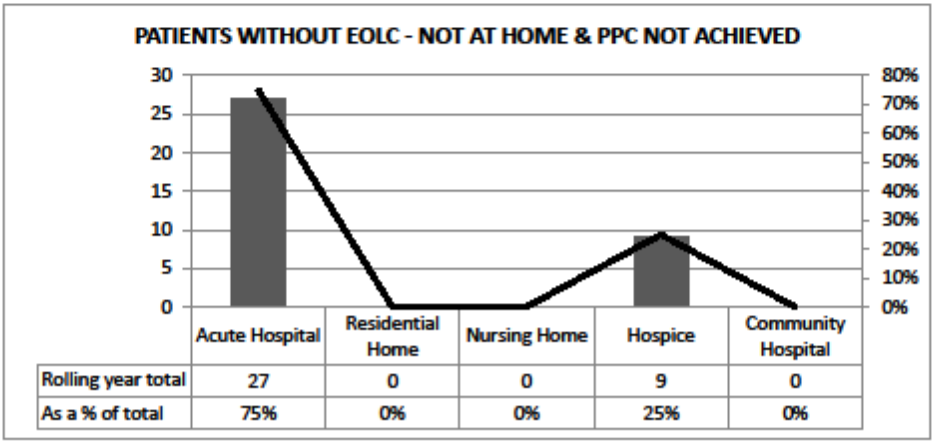
PATIENTS WITHOUT EOLC



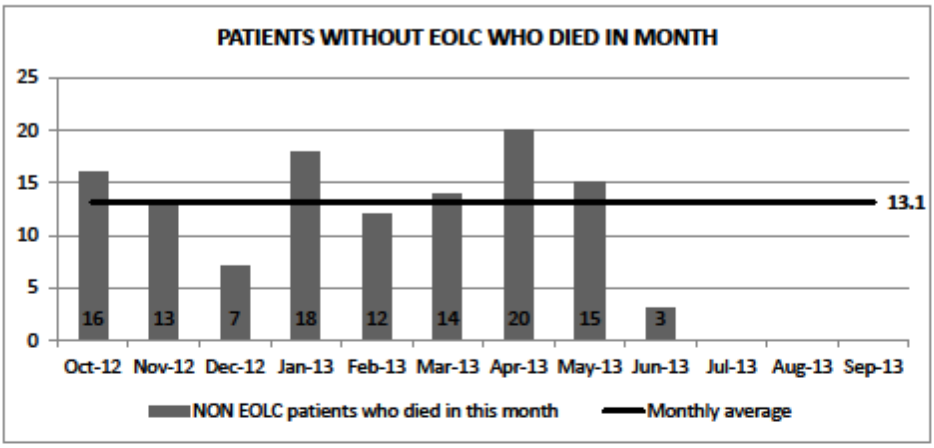


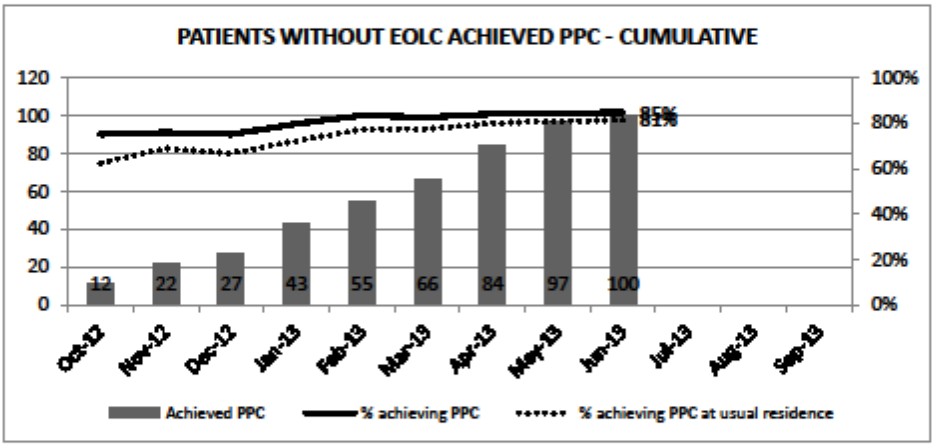


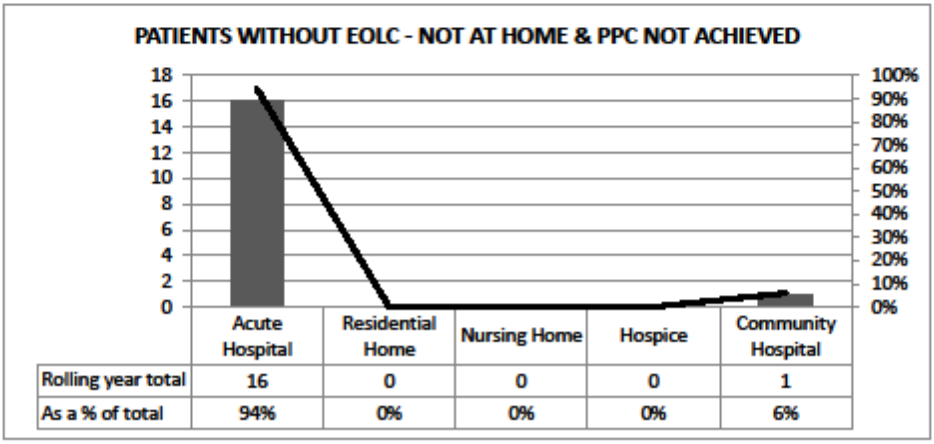
	Acute Hospital	Residential Home	Nursing Home	Hospice	Community Hospital
Rolling year total	27	0	0	9	0
As a % of total	75%	0%	0%	25%	0%

EOLC (Jun 2013) G&W.xlsx GUILDFORD AND WAVERLEY

PATIENTS WITHOUT EOLC



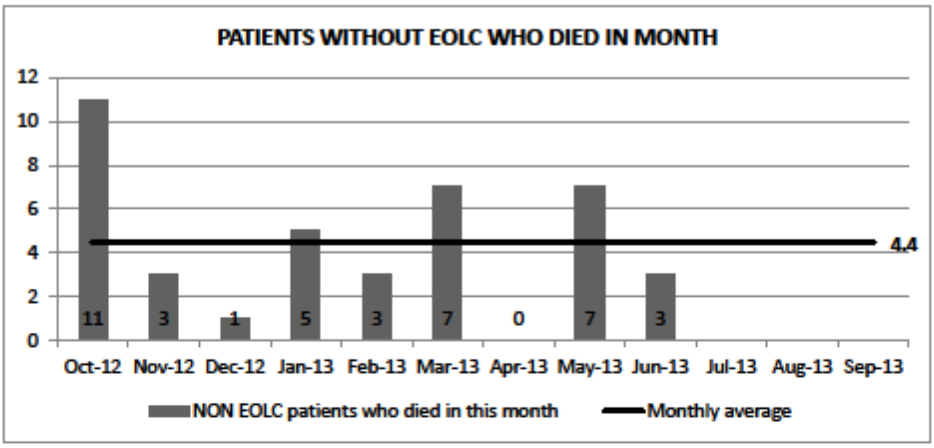


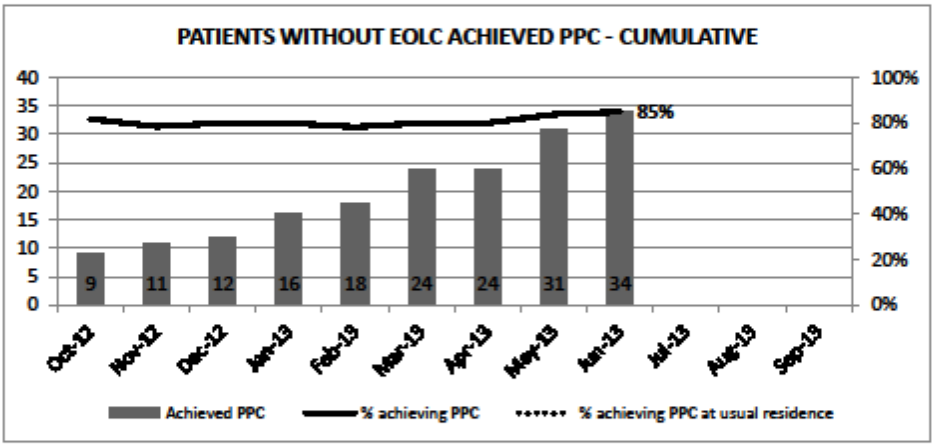


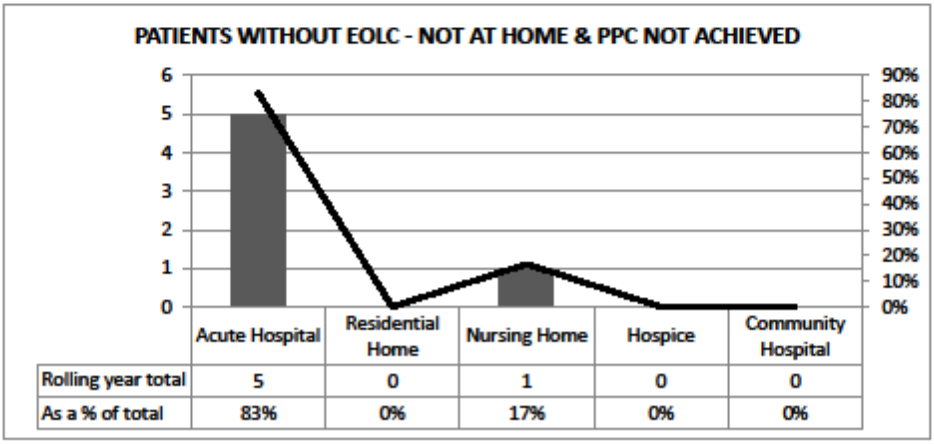
End of Life Care

EOLC (Jun 2013) Surrey Heath.xlsx SURREY HEATH

PATIENTS WITHOUT EOLC







	Acute Hospital	Residential Home	Nursing Home	Hospice	Community Hospital
Rolling year total	5	0	1	0	0
As a % of total	83%	0%	17%	0%	0%

End of Life Care

Conclusions

1. Improving end of life care in Surrey is a key priority for the Clinical Commissioning Groups and includes the following:
    a. Integrating services to work more effectively and provide a single point of co-ordination for people needing end of life care.
    b. Introducing an electronic register: Electronic Palliative Care Co-ordination System (EPaCCS) to improve the co-ordination of care through better communication of people's wishes and preferences for care at the end of life.
    c. Increasing early identification of patients at end of life including risk stratification to ensure patients get the support they need.
    d. Increasing the use of Advanced Care Planning to encourage good communication.

Public Health Impacts

1. The End of Life Care Co-ordination (EoLCC) National Information Standard (ISB 1580) aims to improve the co-ordination of care through better communication of people's wishes and preferences for care at the end of life. This is to be implemented across the UK by June 2014 and includes use of the Electronic Palliative Care Co-ordination Systems (EPaCCS).
2. End of Life Care Co-ordination Systems (EPaCCS) enable health and social care professionals to record and share information about people's preferences and there is already evidence that they are having a positive impact.
3. There is evidence that implementation of Electronic Palliative Care Co-ordination Systems (EPaCCS) could save at least £35,910 for a 200,000 population each year based on a conservative estimate of £399 saved for each death supported in the usual place of residence rather than a hospital setting.
4. Having accurate, timely and relevant records about people's preferences for care at the end of life, including information about where they would prefer to die, are key to ensuring more people achieve a 'good' death.

Recommendations

- The Committee are asked to support the approach of East Surrey CCG, North East Hampshire and Farnham CCG, Guildford and Waverley CCG, North West Surrey CCG, Surrey Downs CCG, and Surrey Heath CCG, to End of Life Care across Surrey.

Next steps

- East Surrey CCG, North East Hampshire and Farnham CCG, Guildford and Waverley CCG, North West Surrey CCG, Surrey Downs CCG, and Surrey Heath CCG will provide further updates on progress on their End of Life Care Strategies.

End of Life Care

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- Joe McEvoy, Director of Clinical Commissioning, Guildford & Waverley CCG joseph.mcevoy@nhs.net
- Samantha Stanbridge, Director of Commissioning and Engagement, East Surrey CCG Samantha.Stanbridge@eastsurreyccg.nhs.uk
- Nicola Airey, Director of Operations, Surrey Heath CCG Nicola.airey@nhs.net
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- Pauline Jervis, Assistant Senior Manager – Commissioning, Adult Social Care, Surrey County Council pauline.jervis@surreycc.gov.uk

Sources/background papers:

- End of Life Care Strategy, East Surrey CCG
- End of Life Care Strategy, North East Hampshire and Farnham CCG
- End of Life Care Strategy, Guildford and Waverley CCG
- End of Life Care Strategy, North West Surrey CCG
- End of Life Care Strategy, Surrey Downs CCG
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- National End of Life Care Programme, 2012. *What do we know now that we didn't know a year ago?* [pdf] London: Department of Health. Available at: <http://www.google.co.uk/url?q=http://www.endoflifecare-intelligence.org.uk/view%3Frid%3D464&sa=U&ei=OeKYUYLAGsqb0QX9mYHADA&ved=0CCsQFjAA&usg=AFQjCNFAOApL27cBor1X7vJ2bSL_tggtFg>
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- The Gold Standards Framework, 2011. *The GSF Prognostic Indicator Guidance*, [pdf] London: The Gold Standards Framework. Available at: <http://www.google.co.uk/url?q=http://www.skillsforcare.org.uk/nmsruntime/saveasdialog.aspx%3FlID%3D12087%26sID%3D3224&sa=U&ei=zOWYUfyCJaWX1AWm0IGYBg&ved=0CB0QFjAA&usg=AFQjCNF6H_R8fcFMVn-N-kT5DPhMctvrQA>
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- Gomes & Higginson Where people die (1974–2030): past trends, future projections and implications for care Palliative Medicine 2008; **22**: 33–41

SURREY COUNTY COUNCIL

Royal Surrey County Hospital NHS
NHS Foundation Trust

Health Scrutiny Committee
19th March 2014

End of life care provision in acute trusts within Surrey

Purpose of the report: Scrutiny of Services (End of Life Care)

The Committee have requested this report in order to "scrutinise current service provision in responding to a person's choices in end of life care".

Introduction

In 2008, the Department of Health (DH) produced the generic End of Life Care Strategy, whilst in 2010 the National End of Life Care Programme (NHS) produced the Route to Success for "achieving quality (*in end of life care*) in acute hospitals". In addition, in 2011, the National Institute for Health and Care Excellence (NICE) produced quality standards for end of life care. The aim of the End of Life Care Strategy is to improve the quality of dying for all patients, with all diseases, and in all settings. All five acute trusts in Surrey adhere to the principles of the End of Life Care Strategy.

The aim of the Route to Success is to improve the quality of dying in acute hospitals: the initiative involves five "key enablers":
1) advance care planning;
2) electronic patient care co-ordination systems (EPaCCS);
3) AMBER care bundle;
4) rapid discharge home to die pathway;
5) Liverpool care pathway (LCP).
[Currently, the LCP is being phased out / replaced in the United Kingdom].

The cornerstone of end of life care is advance care planning, which involves the person making informed decisions about their medical care in the last year of life, and communicating these decisions to relevant healthcare professionals, i.e. general practitioner, hospital doctors. One way this can be achieved is by the use of an EPaCCS. Advance care plans should include

decisions about preferred place of care, “ceiling of care” (i.e. limits to medical intervention), resuscitation status, and preferred place of death. Advance care plans may include advance decisions to refuse treatment, which are legally binding (if appropriately constituted).

Implementation of “key enablers” of Route to Success

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- **Royal Surrey County Hospital**

  Advance care planning – implemented
  Electronic patient care co-ordination system – none (awaiting decision from commissioners)
  AMBER care bundle – fully implemented
  Rapid discharge home to die pathway – fully implemented
  Liverpool Care Pathway – replacement for LCP under development

- **Ashford & St. Peter’s Hospital**

  Advance care planning – action plan produced
  Electronic patient care co-ordination system – none (awaiting decision from commissioners)
  AMBER care bundle – no plan to introduce due to concerns about Liverpool Care Pathway
  Rapid discharge home to die pathway – implemented; not active due to lack of in-reach provision
  Liverpool Care Pathway – replacement for LCP under development

- **East Surrey Hospital (Surrey & Sussex NHS Trust)**

  Advance care planning – implemented
  Electronic patient care co-ordination system – none (awaiting decision from commissioners)
  AMBER care bundle – on hold (awaiting results of an evaluation of impact of tool by developers)
  Rapid discharge home to die pathway – implemented; active despite lack of in-reach provision (business case written)
  Liverpool Care Pathway – replaced by individual end of life care plans

- **Epsom Hospital (Epsom & St. Helier University Hospitals NHS Trust)**

  Advance care planning – implemented
  Electronic patient care co-ordination system – implemented (“Coordinate My Care”)
  Amber care bundle – no
  Rapid discharge home to die pathway – implemented
  Liverpool Care Pathway – guidance produced / replacement for LCP under development

- **Frimley Park Hospital**

  Advance care planning – implemented

Electronic patient care co-ordination system – none (awaiting decision from commissioners)
Amber care bundle – on hold (awaiting results of an evaluation of impact of tool by developers)
Rapid discharge home to die pathway – implemented
Liverpool Care Pathway – replaced by individual end of life care plans

Quality indicators re. end of life care

- **Royal Surrey County Hospital**

Trust EOLC strategy – in place (EOLC steering group set up)

EOLC education & training programme – in place

CQC inspection (October 2013) – "Over all we found end of life care to be safe, caring, effective, responsive and well-led. Patients and relatives were positive about the quality of end of life care. None of the people we spoke to had any concerns about the way staff maintained patients' privacy and dignity. We found that staff were caring and services responded to patient's needs. Services were well-led". No issues of concern were identified.

CQUIN (2012-13) – The Trust achieved its CQUIN target of reducing hospital mortality. [CQUIN = commissioning for quality and innovation].

National FAMCARE 2 service evaluation of bereaved carer's satisfaction with end of life care (2013) – 4% responders (1 carer) reported being very dissatisfied with the end of life care provided to their relative, whilst 4% responders reported (1 carer) reported being dissatisfied with some aspects of the end of life care provided to their relative.

National Care of the Dying Audit of Hospitals (4th Round – 2013) – results pending

- **Ashford & St. Peter's Hospital**

Trust EOLC strategy – in place (EOLC steering group set up)

EOLC education & training programme – in place

CQC inspection – no recent inspection

CQUIN (2012-13) – The Trust achieved its CQUIN target of reducing hospital mortality. The Trust has commissioned inpatient beds at Sam Beare Hospice to support the reduction in hospital mortality.

National FAMCARE 2 service evaluation of bereaved carer's satisfaction with end of life care (2013) – The service received very good feedback from carers, with the majority of responses being either "satisfied" or "very satisfied".

National Care of the Dying Audit of Hospitals (4th Round – 2013) – results pending

- **East Surrey Hospital (Surrey & Sussex NHS Trust)**

Trust EOLC strategy – in place (EOLC steering group set up)

EOLC education & training programme – in place

CQC inspection – no recent inspection (inspection expected in Summer 2014)

CQUIN (2013-14) – The trust is on target for meeting its CQUIN of recording preferred place of care for patients known to the Palliative Care Team

National FAMCARE 2 service evaluation of bereaved carer's satisfaction with end of life care (2013) – 91% of responses, across all domains, indicated that relatives / carers were very satisfied or satisfied by the service from the hospital palliative care team. Only two responses of dissatisfaction (and none very dissatisfied) were received.

National Care of the Dying Audit of Hospitals (4th Round – 2013) – results pending

- **Epsom Hospital**

Trust EOLC strategy – in place (EOLC steering group set up)

EOLC education & training programme – in place

CQC inspection – no recent inspection

CQUIN – the Trust has achieved 100% delivery on annual end of life CQUINs.

National Care of the Dying Audit of Hospitals (4th Round – 2013) – results pending

- **Frimley Park Hospital**

Trust EOLC strategy – in place (EOLC steering group set up)

EOLC education & training programme – in place

CQC inspection (November 2013) – "The trust provides a service that meets the needs of patients at the end of life, and their families. The palliative care team has a presence across the hospital and also provides outreach services and links with services in the community". No issues of concern were identified.

CQUIN (2012-13) – The Trust achieved its CQUIN target of recording preferred place of care for patients on the Liverpool Care Pathway.

National FAMCARE 2 service evaluation – the majority of responders were very satisfied or satisfied with quality of end of life care received. Three responders only were either very dissatisfied or dissatisfied with some aspects of end of life care delivered.

National Care of the Dying Audit of Hospitals (4th Round – 2013) – results pending

Conclusions:

All five acute trusts in Surrey adhere to the principles of the DH's End of Life Care Strategy, although implementation of certain aspects of the Strategy varies somewhat amongst the trusts.

All five trusts in Surrey provide good quality end of life care, as evidenced by the results of national audits / service evaluations, local feedback, and the attainment of local CQUINs (set by local commissioners).

It should be noted that this report is not comprehensive, and that all of the acute trusts are involved in a series of other initiatives to improve end of life care.

Public Health Impacts

In England, approximately half a million people die each year, and the majority of these deaths occur in hospital (and will continue to do so for the foreseeable future).

Implementation of the DH's End of Life Care Strategy (and related initiatives) should improve the quality of death of patients in hospital, and facilitate more patients receiving treatment in their preferred place of care, and dying in their preferred place of death.

Recommendations:

Commissioners should be encouraged to ensure resources are available to implement all aspects of the Strategy in all parts of the county, i.e. that there is equity of end of life care provision in Surrey. In particular, there needs to be access to specialist palliative care services 7 days a week (52 weeks of the year) in the acute trusts; the latter will require additional investment in human resources. Equally, there needs to be further expansion of end of life care education and training for non-specialist healthcare professionals in the acute trusts; the latter will also require additional investment.

Future CQUINS should be based on measures of quality of care, rather than measures of process.

Next steps:

The palliative care leads in the trusts will continue to engage with trust managers and commissioners to improve end of life care provision.

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Contacts for individual trusts (contributors to report):

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East Surrey Hospital (Surrey & Sussex NHS Trust) - Dr Naomi Collins, Clinical Lead Palliative Care (Tel: 01737768511 ext. 2660)

Epsom Hospital (Epsom & St. Helier University Hospitals NHS Trust) - Dr Martine Meyer FRCP, Lead Clinician for Palliative Care (Tel: 020 8296 2962)

Frimley Park Hospital - Dr Beata leBon FRCP, Clinical Lead for Palliative Care (Tel: 01276 526968)

Sources/background papers:

1. National End of Life Care Strategy: promoting high quality care for all adults at the end of life;
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/136431/End_of_life_strategy.pdf

2. The route to success - transforming end of life care in acute hospitals:
http://www.nhsiq.nhs.uk/8203.aspx

3. NICE Quality Standards for End of Life Care:
http://www.nice.org.uk/guidance/qualitystandards/endoflifecare/home.jsp

Surrey and Borders Partnership NHS
NHS Foundation Trust

Health Scrutiny Committee
19th March 2014

Surrey and Borders Partnership NHS Foundation Trust – Update

Purpose of the report: This Report provides an update for the Scrutiny Committee on our Mental Health services for adults of working age, following our previous attendances at Committee in May 2012.

1. Introduction

1.1. This report aims to outline the scope and dimensions of the Mental Health Services for adults of working age provided by Surrey and Borders Partnership NHS Foundation Trust (SABP) which includes social care services provided in accordance with a an overarching performance agreement (pursuant to section 75 NHS Act 2006).

1.2. The report will discuss specific areas of focus to as requested by the Scrutiny Committee to provide an update, these will be as follows:
- 1.2.1. The crisis line
- 1.2.2. Support for family carers
- 1.2.3. The Acute Care Pathway Review
- 1.2.4. Surveys from people who use services.

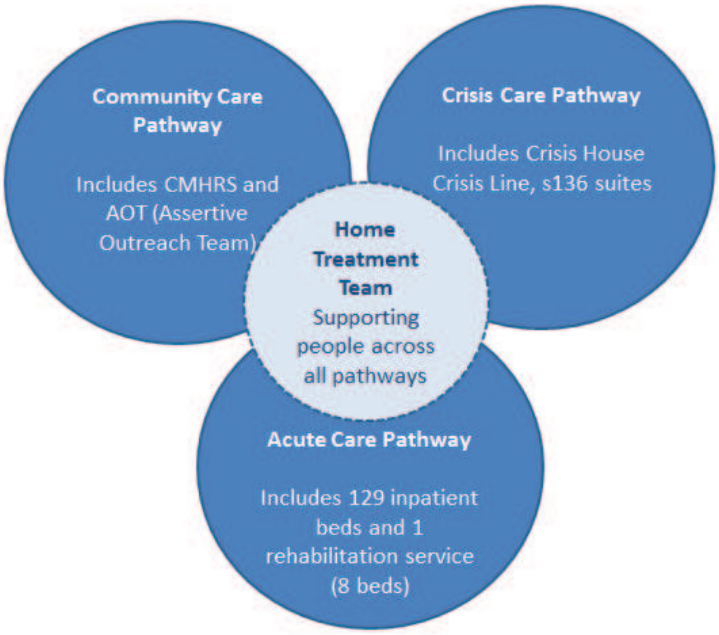
1.3. The report will also provide an indication of current service challenges and future work plans that are envisaged to develop services within the current legislative context and resource envelope.

2. Service scope and dimensions

2.1. Our core purpose is "***To work with people and lead communities in improving their mental and physical health and well-being for a better life; through delivering excellent and responsive prevention, diagnosis, early intervention, treatment and care"***

2.2. Our Mental Health and Social Care Services for people (typically) aged between 18-65 provide a diverse range of support for people to help improve emotional wellbeing and mental health. The services are typically thought of as 'secondary' mental health services, this means that people are referred into them by their GP. It should be

remembered that up to 80% of support for people with mental health issues occurs in primary care settings (i.e. GP surgeries).[1] The services provided can be illustrated by the diagram below.



Services dimensions can be illustrated as follows[2]:

2.2.1. Approximately 110,000 appointments in community teams in Surrey this year to date (April 2013- Jan 2014) seeing approximately 11,500 different people. Caseloads in the 11 CMHRS's (Community Mental Health Recovery Service teams) average approximately 5,500 people at any time.

2.2.2. Approximately 1 in 10 appointments in a CMHRS is a new patient assessment.

2.2.3. Approximately 650 occasions where s136 suites are used in SABP services each year,[3] and approximately 1,100 calls per month to our Mental Health crisis line.

2.2.4. Approximately 1,100 inpatient admissions (year to date), with an average length of stay of 37 days.

2.2.5. A total (health and social care) workforce of approximately 850 wte.

2.3. The services are commissioned predominantly by the 6 CCG's within Surrey (including North East Hampshire and Farnham CCG) and the commissioned income for the Surrey services is approximately £45 million. In accordance with the s75 agreement social care services are commissioned by Surrey County Council at a cost of approximately £11.5 million (approximately 60% staff costs and 40% care package costs).

[1] Closing the Gap (DH, Jan 2014, p.20).
[2] Please note IAPT (Increasing Access to Psychological Therapies) services provided by SABP have not been included in the scope of this report – but details can be supplied upon request.
[3] A place of safety where someone detained by a police officer under s136 of the Mental Health Act can be taken to be assessed under the Mental Health Act.

3. Specific Areas of Focus

3.1. Crisis Line

3.1.1. The surrey-wide crisis line was established in 2009. It provides a telephone operated service for people to contact 'out-of-hours' and can contact the Home Treatment Team (HTT) if there may be a need for urgent assessment under the Mental Health Act and/or a potential need for admission into an inpatient bed.

3.1.2. The crisis line receives approximately 1,100 calls each month, 60% of call volumes occur between 17:00-23:59, approximately 2/3 of callers are known to our services. The average call length is approximately 6-7 minutes.

3.1.3. Following a Surrey LINks (Local Involvement Network) report and survey, a Crisis Line Action Plan was implemented and, this reported back to this Select Committee in 2012. Although the action plan was completed, the crisis line has remained under review as some people who use services (and Trust Governors) have continued to ask questions about how this important service can be improved. A recent assurance report submitted to our Quality Committee in February 2014 highlighted the fact that following staff turnover, training and call monitoring needed to resume to review service provision and the quality of call response. Actions are being put in place with immediate effect to respond to this report.

3.1.4. One of the most important service developments since 2012 that has great impact on the crisis line effectiveness is located within our community service pathway. The crisis line operators are now able to access RiO (our electronic care notes records). Over the past 12 months we have had a focused project that has been working to improve the quality of crisis and contingency plans for people who use our services. This means that if people ring the crisis line, the operator can now access the plan and provide more appropriate advice, reminding someone of the things that they have said would support them if they are in crisis.

3.1.5. One of the challenges facing the Crisis Line is that, whilst it is able to provide advice to younger people and older adults the range of responses currently commissioned for people in these groups is not as great e.g. the Home Treatment Team service is not commissioned for older adults or children.

3.1.6. Over the next 12 months future options for the crisis line will be explored, there is an ambition to integrate this service function within a more sustainable setting and this service review work will be undertaken in accordance with the Mental Health Crisis Care Concordat (DH, Feb 2014)

3.2. Support for family carers

3.2.1. Further to our s75 Agreement arrangements we are just finalising the implementation of the 'Working Together Differently' consultation document. One of the many positive aspects of this document has been a change from 11 Carers Support Workers to 13 Carers Liaison Workers (to mirror the arrangements currently in place within the Personal Care and Support teams in Adult Social Care).

3.2.2. Accordingly, considerable focus has been placed upon moving from a position where we were running the risk of marginalising family carers by assigning them to a specific role to enabling Carer's Liaison Worker's to make sure that everyone is 'carer aware.'

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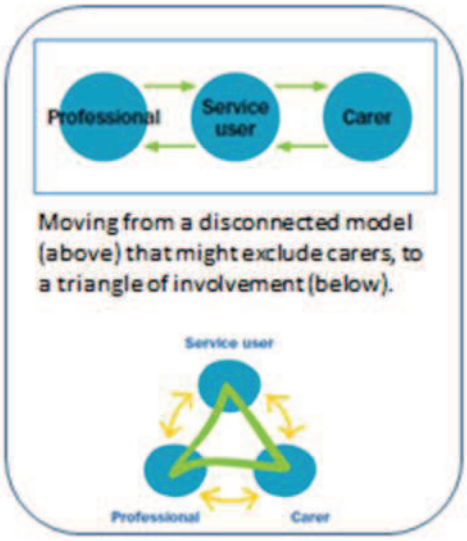
3.2.3. A work plan for the Carers Liaison Workers is being formulated (following the implementation of the changes on 1st March 2014) and our Carers Action Group will help to guide our thinking in this area. This will reflect our commitment in 2013 to implement the Triangle of Care within our services.



3.2.4. The s75 agreement has also given us an opportunity to ensure that our performance management system changes and has a similar focus on supporting family carers and personalisation as the Personal Care and Support teams in Surrey County Council. These teams have identified over 7,000 family carers that they work with – approximately 35% of their total caseload. At the moment, we can only evidence that we work with 180 family carers each quarter – this means that we work with family carers in only 6.5% of cases in our caseload. This is not the real situation – and if we analyse RiO that would suggest that for at least 16% of cases we have identified a family carer, but data recording needs to improve. We are also developing measures that are cognisant of the changes to assessment processes that are inevitable due to the implementation of the Care Bill and will better demonstrate the involvement of family carers in our services.

3.3. **Acute Care Pathway Review**

3.3.1. We are currently building our new £30 million state of the art hospital in Guildford and as part of this work we are looking at the overall model of hospital and community care, our "acute care pathway" that will be needed to make the best use of this facility.

3.3.2. This work is currently in progress and we have assessed 5 different models of acute care services and have sought to involve key stakeholders as part of this process. We are currently scoping the feasibility of a pilot arrangement that may be implemented on

one of our existing wards (commencing within the next 4-6 months).

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3.3.3. Since 2012 our Criminal Justice Diversion and Liaison service was established in 2012/13. This is a joint initiative with Surrey Police to make sure that people with mental health problems, who come into contact with them, receive appropriate healthcare irrespective of where they are. Our practitioners are present in custody to provide support to individuals and Police Officers. Following the success of this initiative increased investment has been increased from April 2014 to increase the service to provide a response from 7am – 7pm 365 days a year.

3.3.4. Our Liaison Psychiatry services in the Accident and Emergency departments of acute hospitals across Surrey have also increased their coverage across the week and hours of the day. Most recently investment has been secured to enable 24/7 Liaison at Frimley Park Hospital.

3.4. Care Quality Commission Inspections and other feedback on the experience of our services

3.4.1. During July to September 2013 the Care Quality Commission (CQC) conducted a number of inspections to our mental health services. These inspections identified a number of mild and moderate impact improvement requirements but no issues considered to be major impact were identified. Since receiving the final reports from these inspections we have instigated action plans to ensure the necessary improvements are made and sustained. Summarised below is the status of progress with these plans (with the details taken from our internal Action Plan Tracker Tool). The table below provides an overview of the status of progress by our Working Age Adult and Older Peoples' Mental Health Inpatient Services towards completion of the action plans submitted to the CQC in October. A programme of quality checking this progress is underway – to provide assurance and support teams where progress has been delayed or taken longer than anticipated. This is being further supported by the Board Walk-A-Round programme also reviewing progress against action plans

Mental health in-patient services tracker

RAG Status	Milestone and Workstream RAG	Totals	%
Purple	New action	0	0%
Light Grey	Not yet started - Not due yet	0	0%
Green	In progress - On time	5	3%
Amber	In progress - Risk to not completing on time	4	3%
Red	In progress - Overdue	24	16%
Black	Not started - Overdue	0	0%
Blue	Action Completed	117	78%
Grey	Action Aborted	0	0%
Total Actions		**150**	**100%**

8

3.4.2. Our Expert Report provides a collation of all the different sources of feedback from people who use our services and carers, and other stakeholders including staff. This is published quarterly and is discussed at our Council of Governors. A copy of this has been provided to the Committee. We would highlight one new development we have introduced in 2013 which is our Your Views Matter initiative. This now provides a systematic way for us to collect, collate and report the views of people who use our services and carers on their experience of our services. The latest results from the survey are included as an appendix to this Report for the Committee. These show that in Quarter 3 people reported an overall satisfaction level of 67.57% in our inpatient services and 81.39% in our community services.

3.4.3. The results of the 2013 NHS Staff Survey have recently been published. These show that we have continued our steady year on year improvement in our staff experience. A summary of our highest and lowest scoring areas is provided in an appendix to this report.

4. Current Areas of Focus and Future Service Developments

4.1. **Mental Health Crisis Care Concordat:** This important document was launched in February 2014 and reinforces work that is currently underway with us and the Emergency Services to ensure that people receive effective emergency support for their mental health when needed. In particular there are 2 initiatives underway:

4.1.1. The review of the crisis line – scoping the potential for it to be integrated as part of emergency control centres.

4.1.2. Project work with Surrey Police to maintain and improve the low rates of people with mental health issues taken to police custody as a place of safety, and to consider the potential for other projects that will provide a better first 'emergency' response to people with mental health issues.

4.2. **Supporting Young Adults:** There has been an increase in the number of 16 & 17 year olds being detained under s136, and there have also been a number of occasions this year where people aged under 18 have had to temporarily use one of our inpatient beds as there are no specialist younger people's beds available. This reflects the national position, and the provision of paediatric beds is being reviewed by NHS England. We keep young people safe in our services by providing additional staff support and ensuring that we provide care in a separate area, however this is not a service that we would wish to provide. Therefore we are also using our Home Treatment Team (HTT) working in partnership with CAMHS (Children and Adolescent Mental Health Services) teams to keep young people in their family homes with our support wherever possible. This is one example of the way we try to work flexibly and in partnership with others to support people in the best way possible – especially at times of crisis.

4.3. **Extended Hours of Access:** We have just started increased opening hours in two CMHRS teams (in Epsom & Ewell and Mole Valley) to look at the benefits of providing services 8am-8pm, and we have also enabled direct GP access to our HTT. It is anticipated that future service reviews will look at increased accessibility into our community services – and if successful it is envisaged that these pilot schemes will be implemented elsewhere.

4.4. **Additional places of safety:** We have also just started a 'Time out café' project in Surrey Heath that is designed to reduce people with mental health needs attending A&E at Frimley Park Hospital. This project is in partnership with a local voluntary sector organisation, and we will be providing staff from 6-11pm, and throughout the weekend. Once again, if this is successful we would be keen to look at other similar projects elsewhere in Surrey.

5. Conclusions:

5.1. SABP provide a wide range of safe and effective services for people with mental health needs. In line with our clinical strategy and the national government's direction of travel we are supporting the health and social care system in Surrey through partnership working within many of the services that we operate.

6. Public Health Impacts

6.1. The services (and envisaged changes) as discussed in the sections above are cognisant of the links between physical health and mental health, and this is defined in our Clinical Strategy and also supported by 'Closing the Gap' (DH Jan 2014). This document makes a number of statements that show the link between physical health and mental health:

6.1.1. Men with a severe mental illness die 20 years earlier than other people; women 15 years earlier (p 27).

6.1.2. People with mental health problems have higher levels of alcohol misuse and obesity than the population as a whole, and do less physical activity. Some 42% of all tobacco smoked is by people with mental health problems. These difficulties are frequently exacerbated for people with mental health problems who often live in poverty, have poorer social networks, and more difficulties accessing housing, employment, education and other opportunities (p.27).

6.1.3. Psychological Therapies should be integrated into the care for people who are managing long-term physical health conditions (p.14).

8

6.2. Closing the Gap (p. 21) suggests that the Better Care Fund allocated to Health and Wellbeing Boards should be used to focus on addressing some of these issues.

Recommendations:

7. The Select Committee are invited to note the report

Next steps:

Identify future actions and dates.

Report contact: [Name, post title and service of the person able to respond to detailed enquiries]

Contact details: [Telephone/Email]

Sources/background papers:

- Closing the Gap (Department of Health, January 2014), available from https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/281250/Closing_the_gap_V2_-_17_Feb_2014.pdf
- Mental Health Crisis Care Concordat (Department of Health, February 2014), available from https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/281242/36353_Mental_Health_Crisis_accessible.pdf

"Your Views Matter"

People Experience Trackers

Quarter 3 (Oct to Dec 2013) "Your Views Matter" is our real time People Experience Trackers – and they are a way for us to gain important feedback from people who use our services and their carers about their experience of our services. Our Team/Ward Managers have access to the feedback for their service so they can act upon it accordingly to ensure any improvements can made quickly.

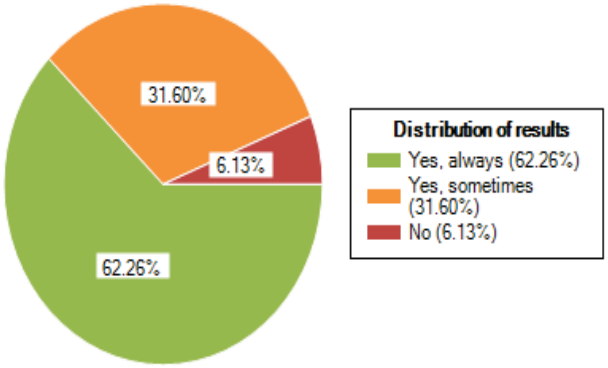
8

Feedback from our In-patient services

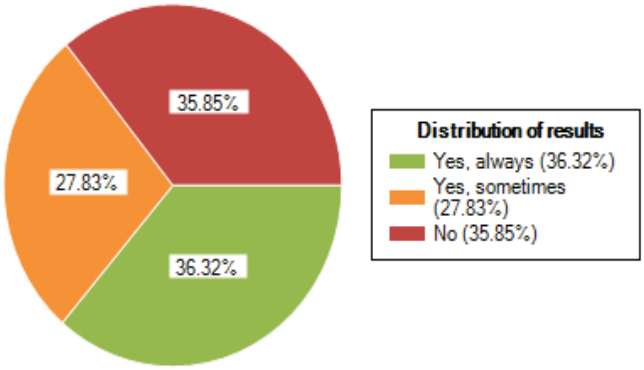
Combined result from all questionnaires submitted between 01/10/2013 and 31/12/2013	Number of questionnaires submitted between 01/10/2013 and 31/12/2013
67.57%	212

Inpatient Question Analysis Results

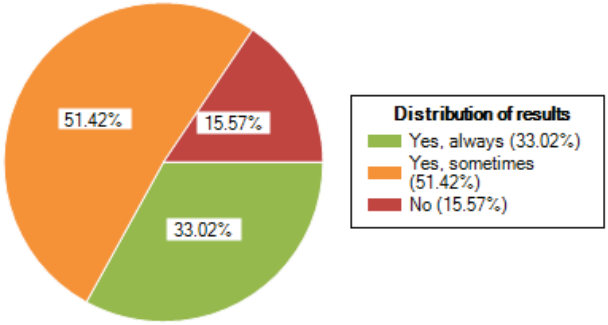
2. Did the staff speak to you with respect and dignity? (Overall score: 78.07%)



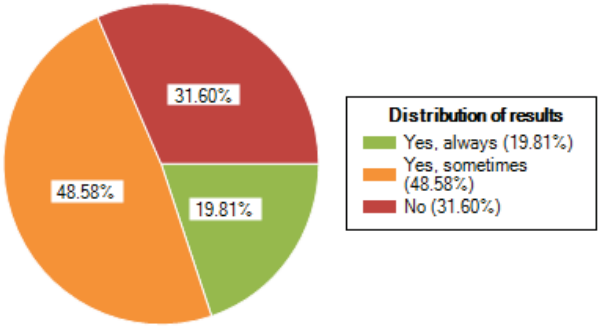
3. Did a member of the nursing team spend dedicated time with you each day? (Overall score: 50.24%)



6. During the daytime - are there sufficient activities to take part in? (Overall score: 58.73%)



7. During the evening - are there sufficient activities to take part in? (Overall score: 44.10%)



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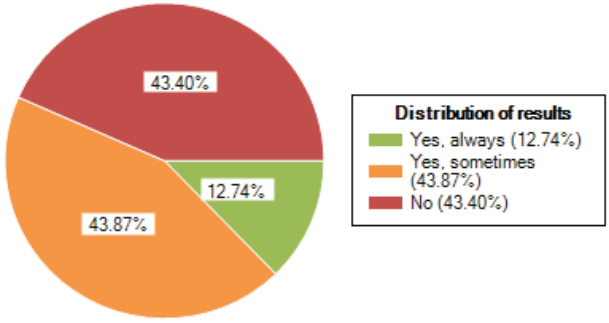
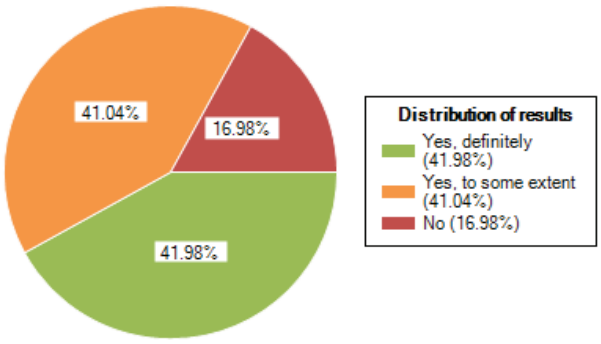
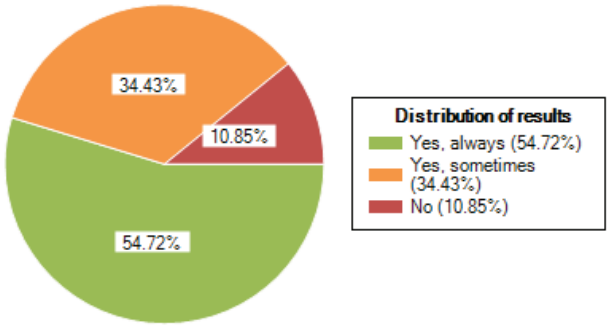
8. At weekends - are there sufficient activities to take part in? (Overall score: 34.67%)



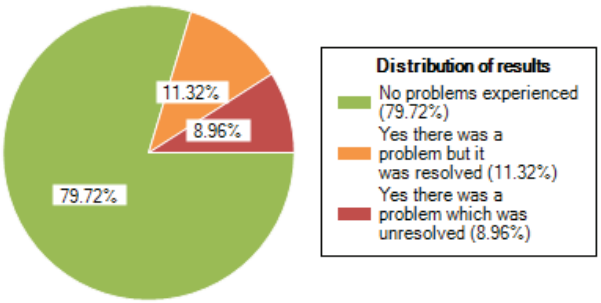
10. Did you feel involved as much as you would like to be, in decisions about your care and treatment? (Overall score: 62.50%)



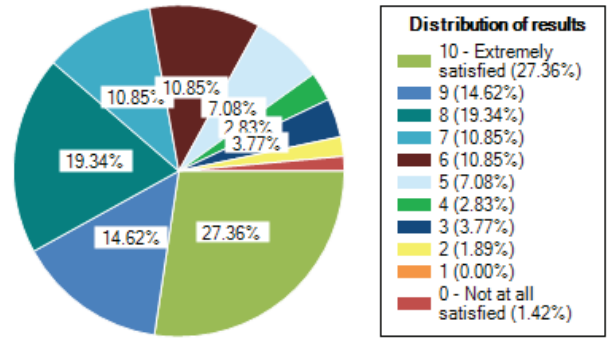
11. Did you feel safe during your stay on the ward? (Overall score: 71.93%)



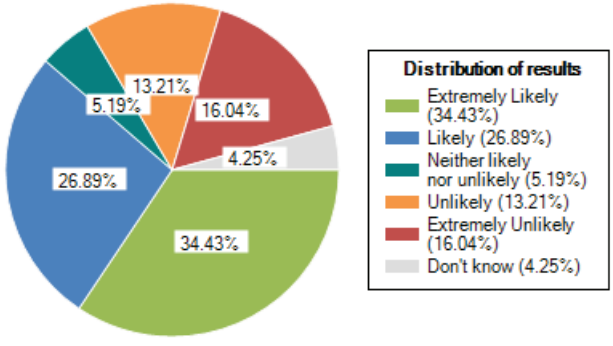
12. Did you experience any problems with the quality of care you received that were not resolved? (Overall score: 85.38%)



13. On a scale of 0-10 (where 0= Not at all satisfied and 10= Extremely satisfied)How would you rate your experience of the service overall? (Overall score: 76.27%)



14. Based on your experience - how likely are you to recommend our ward/unit to your friends and family if they needed similar care or treatment? (Overall score: 63.18%)



Your Views Matter – our feedback from our community services

Combined result from all questionnaires submitted between 01/10/2013 and 31/12/2013	Number of questionnaires submitted between 01/10/2013 and 31/12/2013
81.39%	393

Community Question Analysis Results

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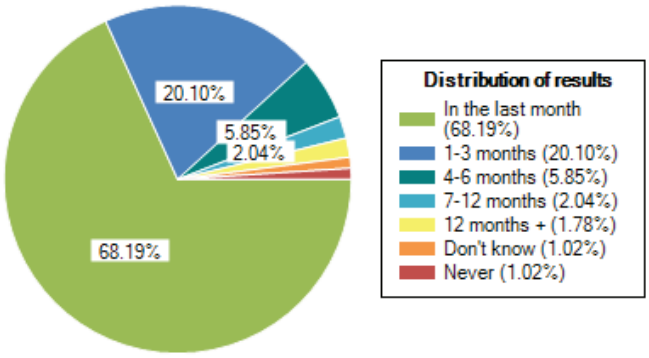
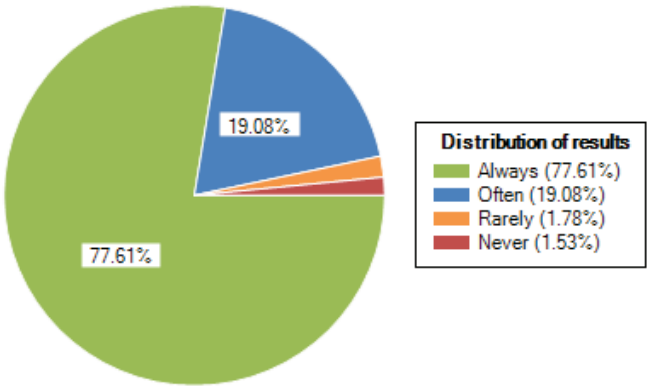
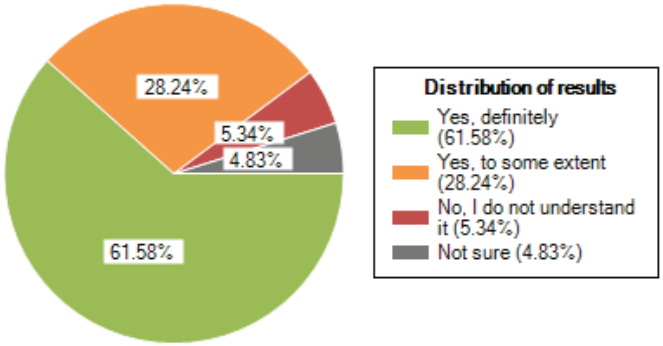
2. When was the last time you saw someone from our services? (Non Scoring)



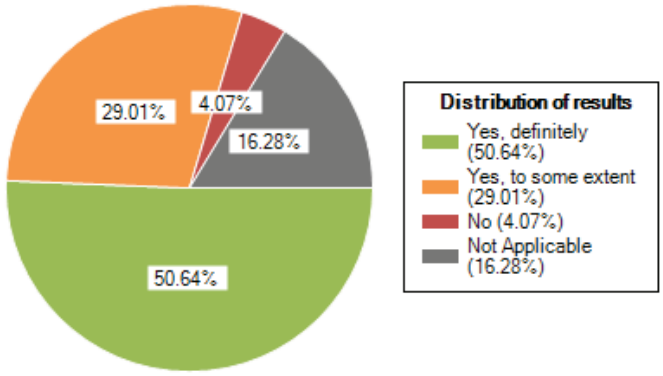
3. Do you feel you were treated with dignity and respect? (Overall score: 90.79%)



4. Do you think your views were taken into account when deciding what was in your care plan? (Overall score: 79.55%)



5. Do you think your views were taken into account in deciding which medication to take? (Overall score: 77.81%)



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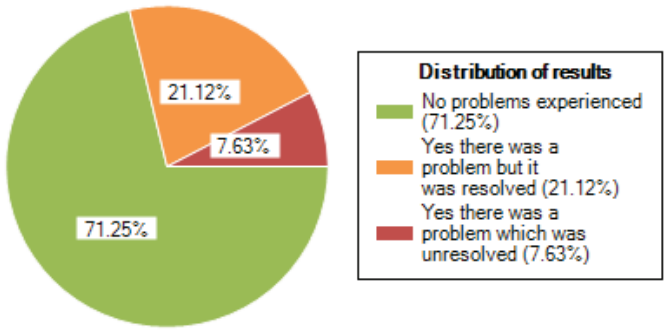
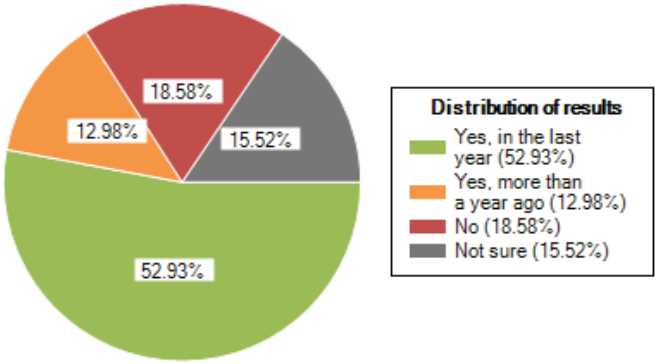
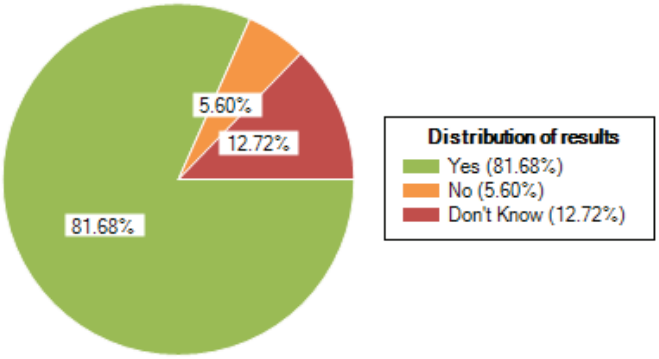
9. Did you experience any problems with the quality of care you received that were not resolved? (Overall score: 81.81%)



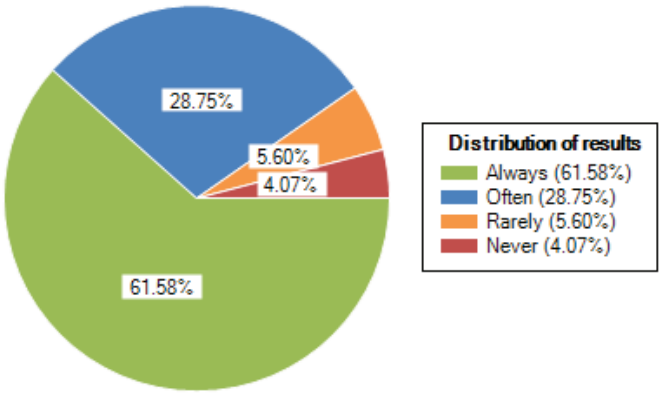
6. Were you given (or offered) a copy of your care plan? (Overall score: 70.33%)



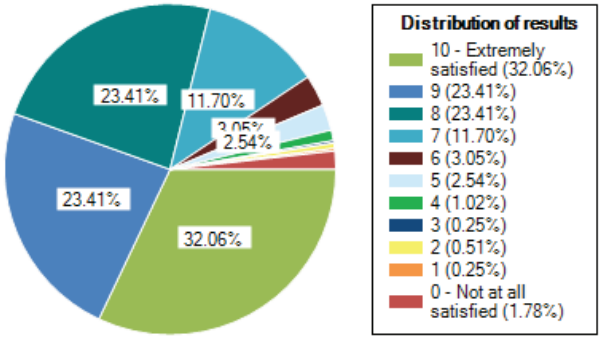
7. Can you contact your Care Co-ordinator (or lead professional) if you have a problem? (Overall score: 84.48%)



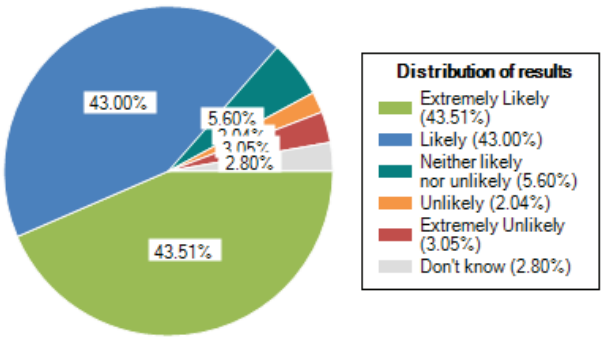
8. How well does your Care Co-ordinator (or lead professional) organise the care and services you need? (Overall score: 82.40%)



10. On a scale of 0-10 (where 0= Not at all satisfied and 10= Extremely satisfied)How would you rate your experience of the service overall? (Overall score: 83.77%)



11. Based on your experience - how likely are you to recommend our service to friends and family if they needed similar care or treatment? (Overall score: 81.35%)



You can tell us your views by logging onto:

http://www.sabp.nhs.uk/yourviewsmatter

2013 Staff Survey Headlines

The results of the 2013 NHS Staff Survey have recently been published. Unlike many organisations Surrey and Borders Partnership has surveyed its entire staff every year for the last five years using the national survey, instead of a sample of only 850. Early indications suggest we have no statistically significant deterioration in our results compared with both 2011 and 2012 results. We have 12 results in the top 20% of Trusts and no results in the lowest 20% of Trusts. This would appear to place us in top ten and maybe the top five of mental health Trusts in the country. However we aspire to be better than the best so we have still much work to do to achieve this.

8

Our Top Five Ranking Scores

Key Findings	National Average	Our Result 2013
KF9 Support from Immediate Line Managers	3.82	3.94
KF19 % staff experiencing harassment, bullying or abuse from staff in the last 12 months	20%	16%
KF13 % staff witnessing potentially harmful errors, near misses or incidents in the last month	26%	21%
KF12 % of staff saying hand washing materials are always available	54%	62%
KF2 % staff agreeing their role makes a difference to patients	90%	92%

Our Bottom Five Ranking Scores

Key Findings	National Average	Our Result 2013
KF3 Work pressure felt by staff	3.07	3.10
KF5 % of staff working extra hours	71%	73%
KF27 % staff believing there are equal opportunities for career progression or promotion	89%	88%
KF6 % staff receiving job relevant training in the last 12 months	82%	81%
KF17 % staff experiencing physical violence from staff in the last 12 months	4%	4%

The improvement in our results this year is reflected by the closeness of our bottom five results to the national average.

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Surrey and Borders Partnership NHS
NHS Foundation Trust

8

Expert Report

Harnessing insights and feedback to drive improvements in our services

Quarter 3 (2013 - 14)
February 2014

For a better life

Executive Summary

Welcome to the latest Expert Report for October, November and December 2013. I have introduced a new section this quarter to share with you our innovations work. Whilst this does not yet offer experience reporting, it tells the story of our ambition to reach even more people in many different ways to improve access to services and ease communication and the sharing information with people who use services, families and carers. The number of people we have been in contact with has continued to grow, this quarter to almost 18,600, this is up by 6% from the same time in 2011/12. We have seen a 6% increase in complaints in this quarter, inline perhaps with the increased numbers of people we are seeing. During this year we have upheld 25% of the complaints made and 17% were partially upheld. Overall our complaints and PALS activity is less than previous years created mostly by reduced PALS activity. We are looking to increase capacity by engaging and training PALS volunteers to try and address this fall in activity and increase contact and access for people who have concerns they want to raise.

Our "Your Views Matter" programme is really increasing the level of feedback we are now receiving from people who use services. Receiving this in 'real time' means we can also increase our ability to respond and improve our services and peoples experience more rapidly. From the results we can see there is much more to do, particularly in care planning and peoples involvement in these. This time we see 41% of people using in-patient services and 61% of people using community services felt some involved in their care plan and 52% of people using community services had a copy of their plan. What is positive is that 96% of people surveyed felt treated with dignity and respect by our community staff members; this was 93% for people using our in-patient services.

It is positive to report that our RESPECT programme, tackling discrimination in the workplace has led to an increase in the reporting by staff of this experience by 478%. Whilst we recognise we started from a very low reporting rate, this is an indication that our programme "don't support it [discrimination] report it" is having an impact. We are supporting all staff when they report this experience.

Finally, our services have been well visited. Since April we have had 24 CQC inspections and 2 themed reviews and we have conducted in this last quarter 15 Board Walk-A-Rounds and Periodic Service Reviews in 17 services. The improvement themes coming from these visits are environment, care planning and staffing including accelerating progress in mandatory and statutory training. We continue to work hard to address these, with the determination that all people who use services, families, carers and staff are delighted with their experience of Surrey and Borders Partnership NHS Foundation Trust.

Jo Young, Director of Quality (Nurse Director)

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Views and findings from external assessors and NHS commissioners

Social Care Outcomes

Objective observations from our internal assessments

Innovation

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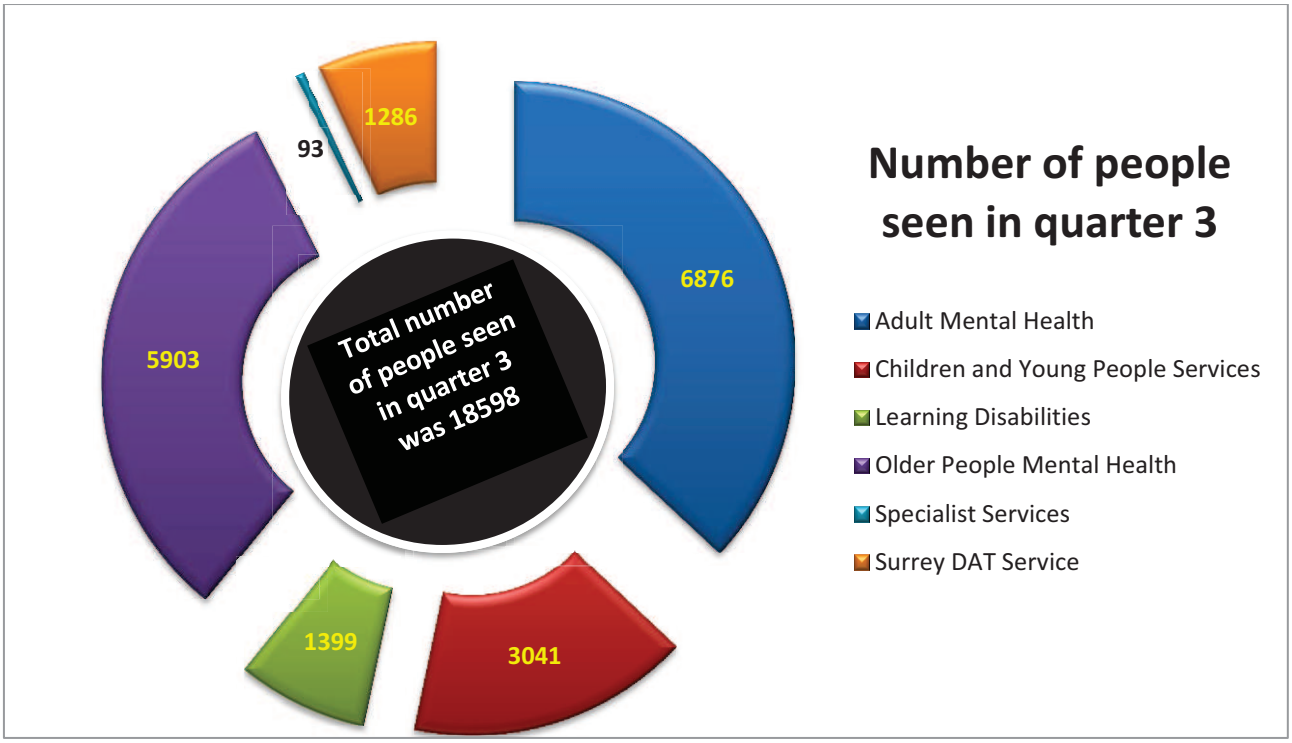
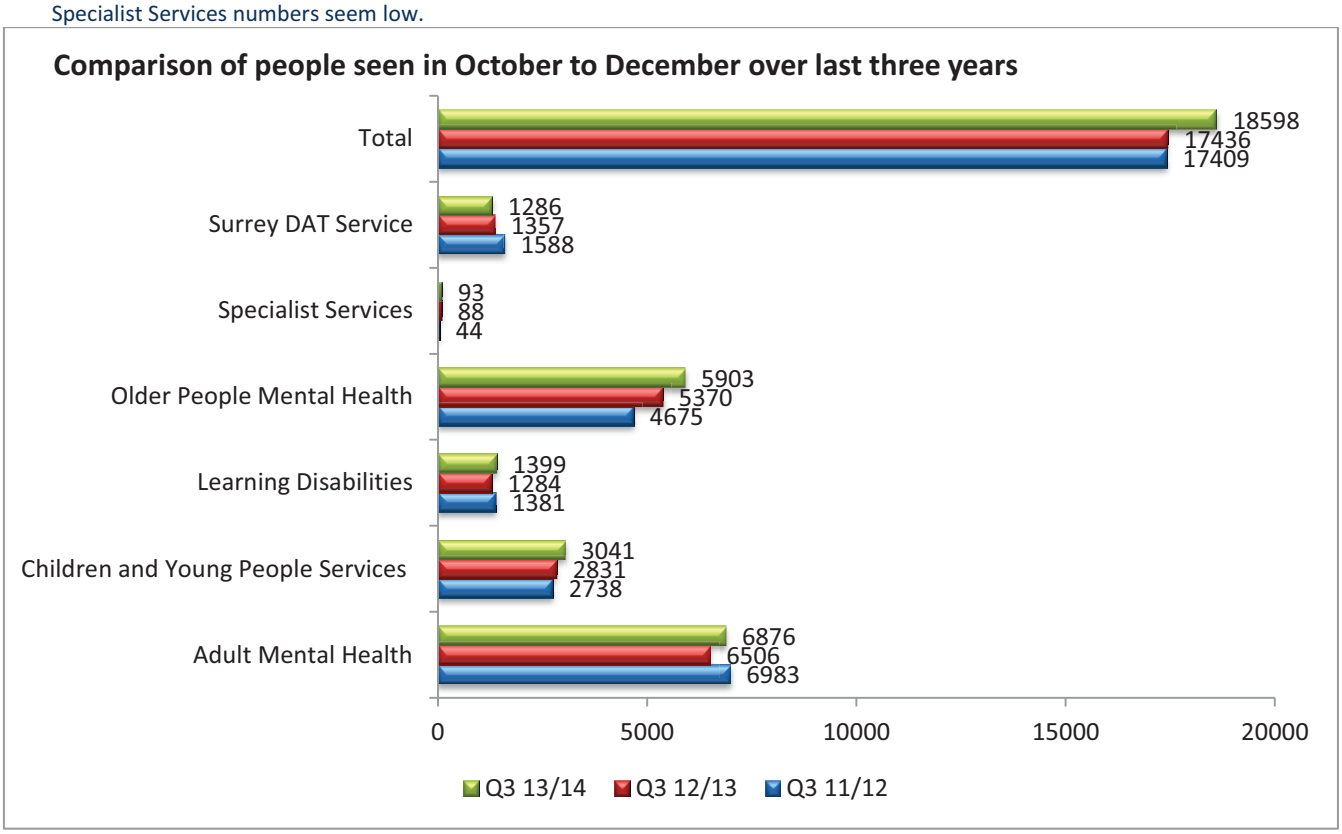
People who use our services

Health and Social Care Service



Note:

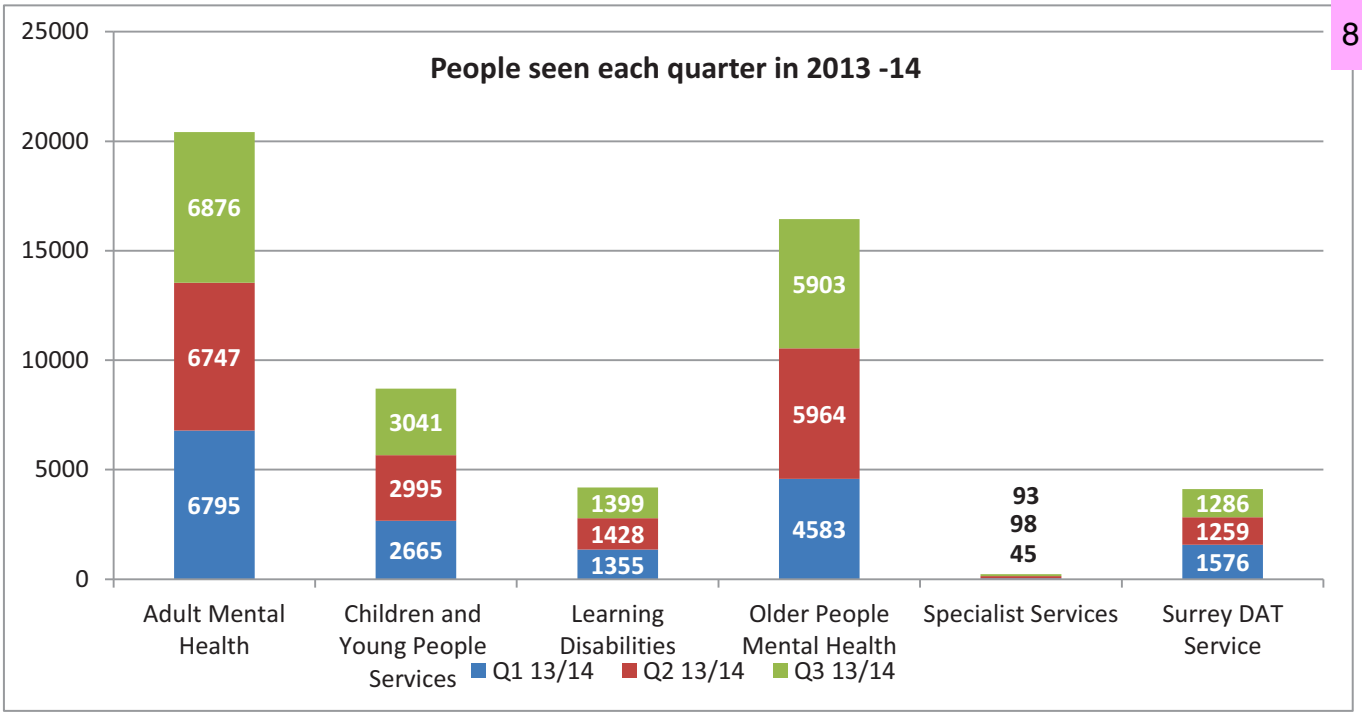
- The Chart does not include people using our supported living services or residential care services for people with learning disabilities (estimated as 100 people).
- People being seen by more than one service profile will be associated with the last seen service. This is the reason why Specialist Services numbers seem low.



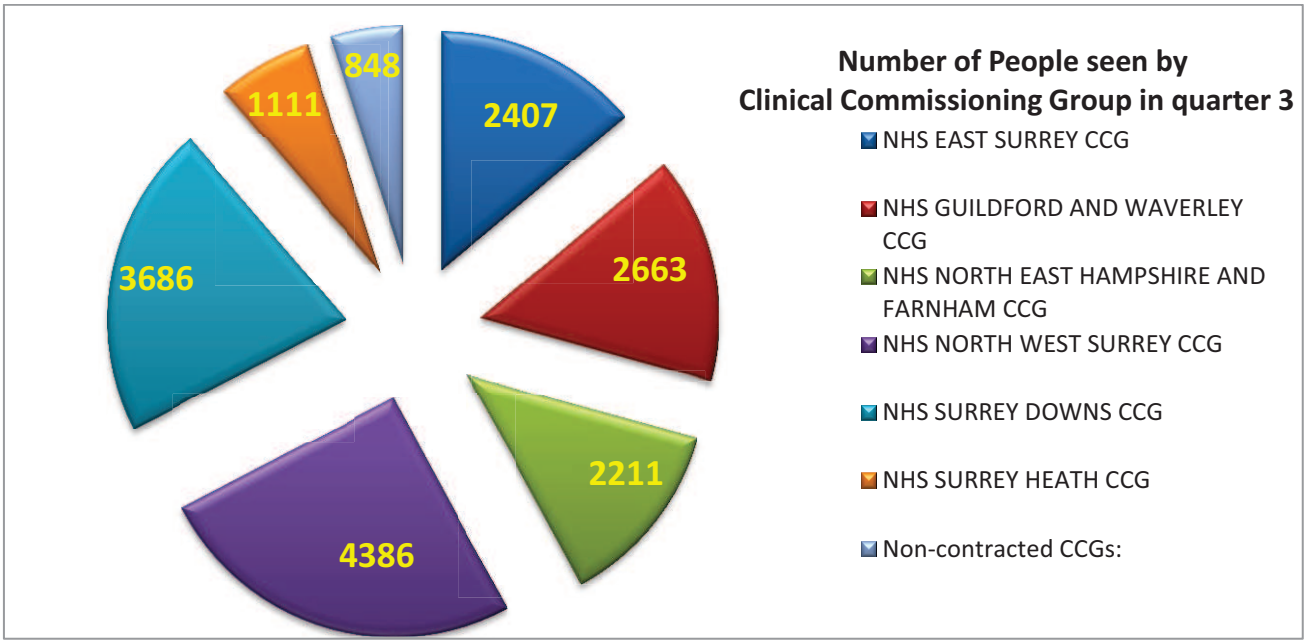
People who use our service continued….

The quarter on quarter comparison shows a fall in the numbers of people seen by the Drug Alcohol Service and small increases in the numbers of people using our Older Peoples' Mental Health Service and Children and Young Peoples' Services. Year to date we can see below that most services saw more people in quarter three then quarter one.

Our services provided expert support and treatment to 18,598 people in October,



November and December utilising the resources of over 1800 health staff and over 200 social work / care staff (assigned from Surrey County Council and Hampshire County Council) to provide services to over 30,857 different people so far this year. We serve six Clinical Commissioning Groups and have served 16,464 people in quarter 3 as shown below:



People (Patient) Advice and Liaison Services (PALS)

Complaints and Compliments

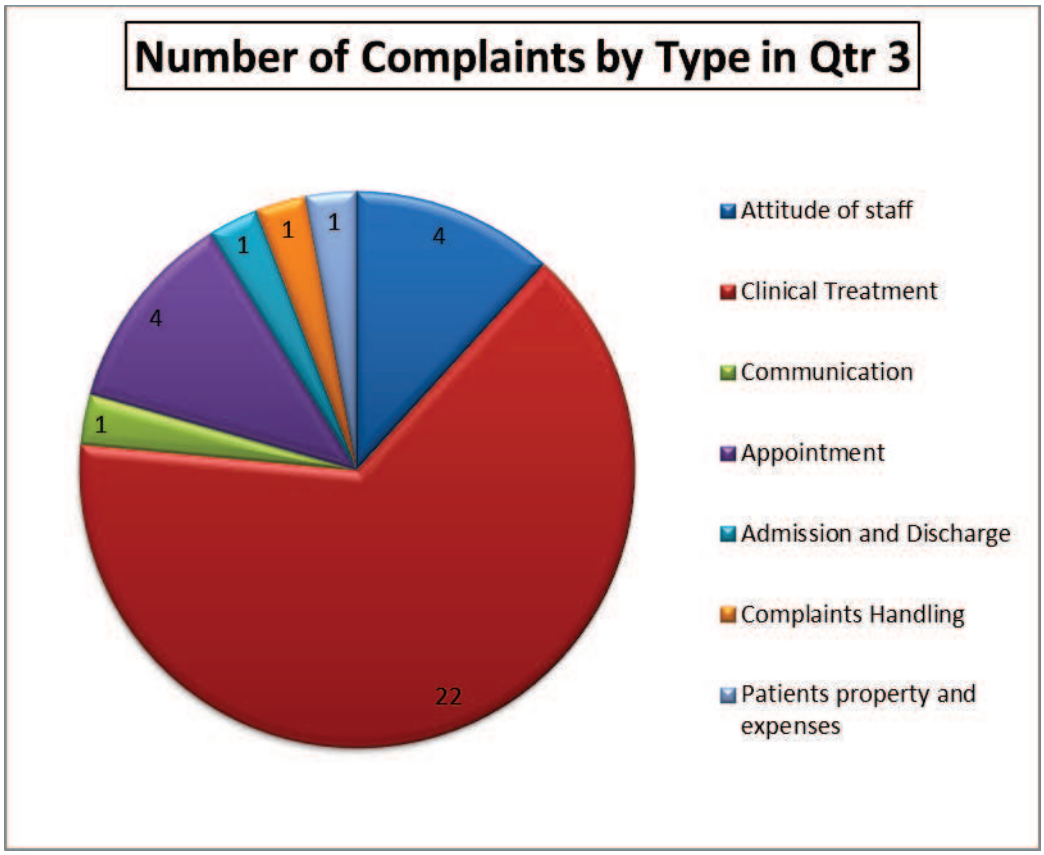
The team attended the following surgeries in this last quarter:

- Weekly and fortnightly visits to the following units: Wingfield Ward, Fenby Ward, Delius Ward, Elgar Ward and to the Abraham Cowley Unit to meet with people who use our services. To ensure the team gets to meet as many individuals as possible, the visits are scheduled to coincide with the community meetings held on each unit
- Meetings with individuals who use our services at different sites across the Trust to resolve concerns
- FoCUS meetings

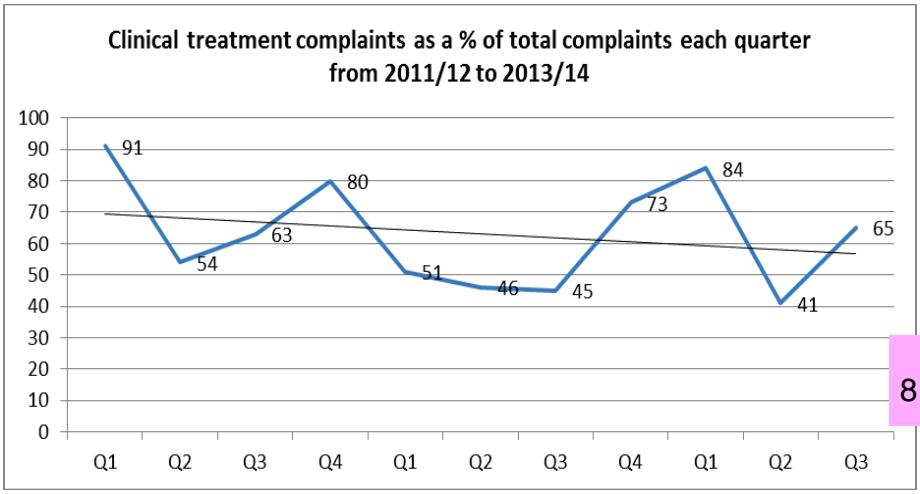
The complaints and PALS Team has also recruited volunteers to help with providing PALS Service on the inpatient units. The volunteers are currently going through training and induction and in due course they will be able to attend the inpatient units on the days that the team is not able to, thus increasing the opportunities for individuals to provide feedback regarding the level of service they are receiving.

Complaints received in October, November and December 2013

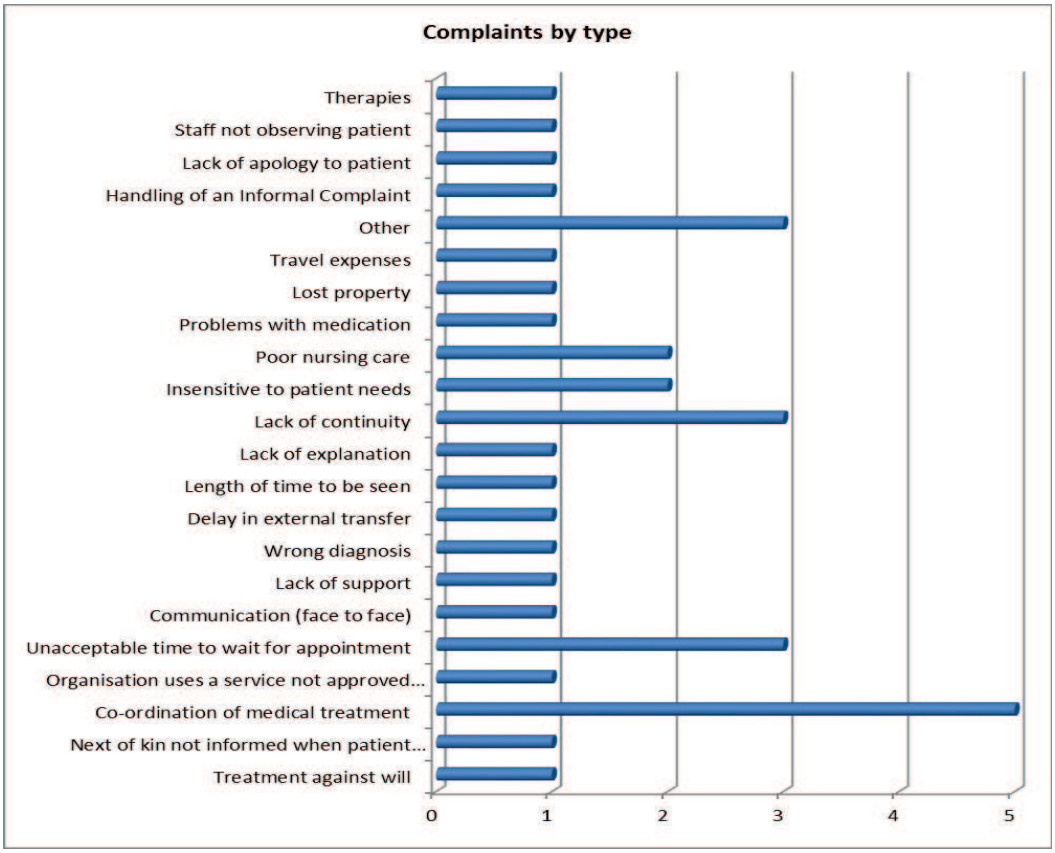
During the quarter, 34 complaints were received and investigated under the Trust's NHS Complaints' procedure. This was a 6 per cent increase from the previous quarter when 32 complaints were received.



Complaints by type



Of all the complaints we receive clinical treatment is the primary reason raised by complainants. Over the three years, from 2011/12 to 2013/14, there is a slow declining trend but there have been peeks in quarter 1 and 3 of this year. Clinical Treatment accounted for 45% of the complaints received during the third quarter in 2012/13 compared to 65% in the same quarter of 2013/14. However, when you review the detail of complaints there are many different perspectives of concern with co-ordination of medical treatment, unacceptable waits and lack of continuity being the most reported. Not all of these complaints however will be upheld.



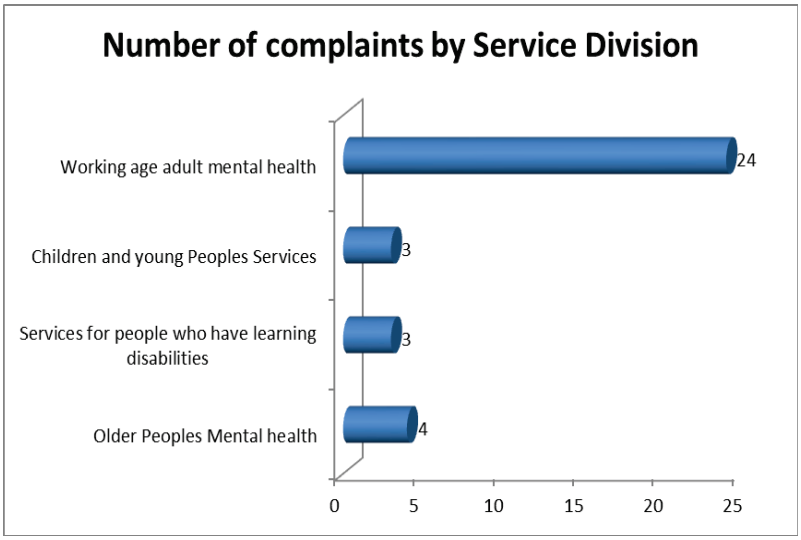
Upheld Complaints:

Complaints Received: Apr '13 - Dec '13	104
Closed	75
Under investigation	29

Upheld	19	25%
Partially Upheld	13	17%
Not Upheld	41	55%
Withdrawn	2	3%

75 complaints closed of which 25% were upheld and 17% partially upheld.

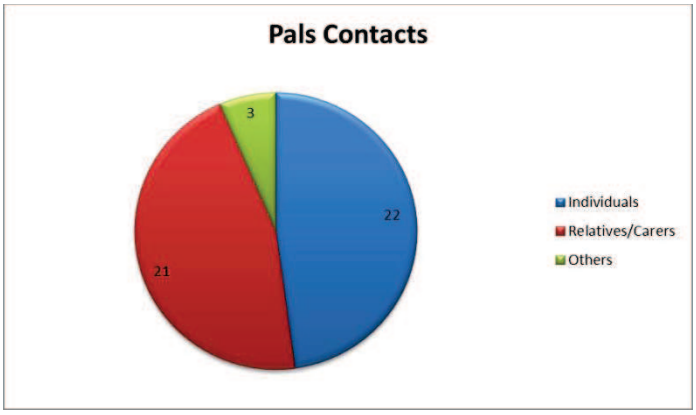
Complaints by Divisions



The bar chart shows the number of complaints by service type. Working age adult mental health services received 70.6% of all complaints. This Division does however also see the most people who use our services. A break-down of the type of care and clinical treatment complaints received this quarter can be seen below:

PALS Activity

PALS had 46 contacts this quarter. 22 were made by individuals who were using our services, 21 were made by relatives and carers and 3 were from an organisation and individuals.

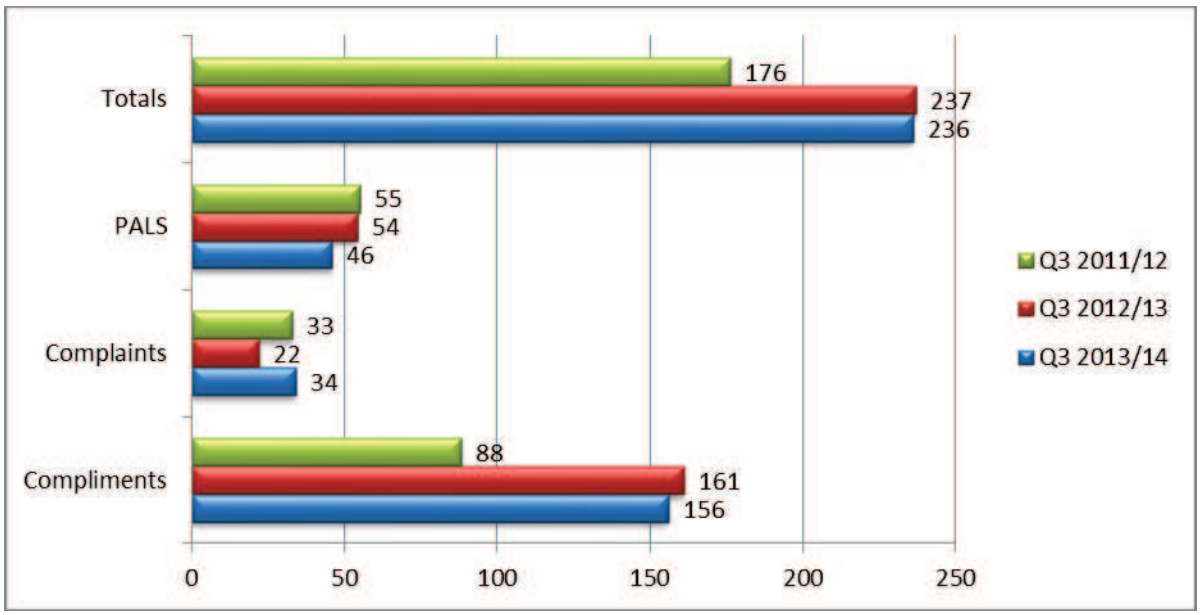


Compliments by service

We encourage teams to let us know if they receive compliments so we can share positive feedback. Fiona, our Chief Executive and other senior staff are notified of some of these so staff teams can be recognised for their positive care, treatment and support. Whilst working age adult services receive the most complaints they also receive the most compliments.

Overall activity by the Complaints and PALS Team compared to same period in the last two years

There was an increase in activity created during quarters three of both 2012/13 and 2013/14 compared to the same quarter in 2011/12; this was due in part to an increase in the number of compliments recorded in both years.



Learning and changes as a result of complaints received and PALS involvement

Complaint investigations have identified learning in relation to processes within both inpatient and community services; recommendations made to improve services by investigators have been incorporated into local services. Examples include:

- Ward Manager to carry out a monthly record keeping audit to ensure that all individuals receive a Care Plan within 72 hours of admission.
- Service to implement a system for actively monitoring the waiting list and contacting individuals to keep them informed of where they are on the list.
- Further governance introduced into the pathway used for involving relatives during the closure of services, this will now include a requirement for each milestone in the process to be scrutinised and signed off by the Director of Services for People with Learning Disabilities.
- Review of communication between our clinicians and parents/carers of individuals who use our services, where another agency is leading on the provision of individual's care.
- Review of alarm system for one of our inpatient units to ensure that this covers all areas of the inpatient units.

"Your Views Matter"

People Experience Trackers

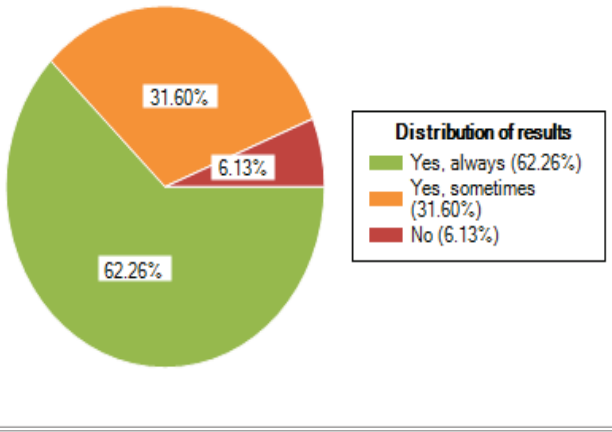
Quarter 3 (Oct to Dec 2013) "Your Views Matter" is our real time People Experience Trackers – and they are a way for us to gain important feedback from people who use our services and their carers about their experience of our services. Our Team/Ward Managers have access to the feedback for their service so they can act upon it accordingly to ensure any improvements can made quickly.

Feedback from our In-patient services

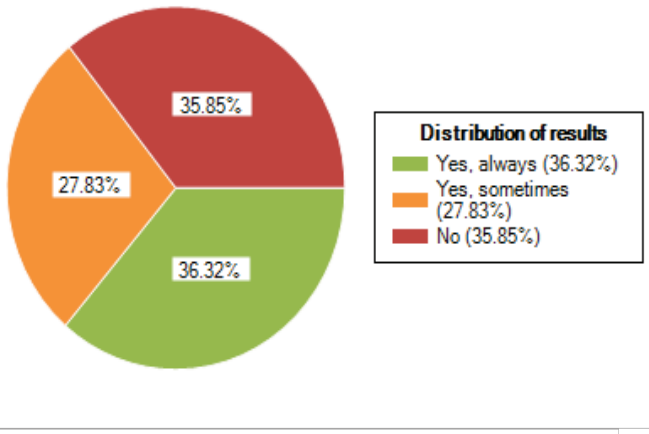
Combined result from all questionnaires submitted between 01/10/2013 and 31/12/2013	Number of questionnaires submitted between 01/10/2013 and 31/12/2013
67.57%	212

Inpatient Question Analysis Results

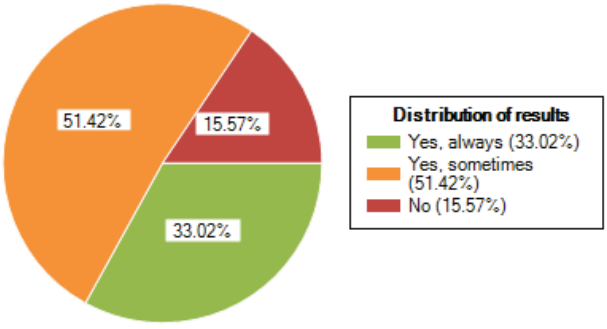
2. Did the staff speak to you with respect and dignity? (Overall score: 78.07%)



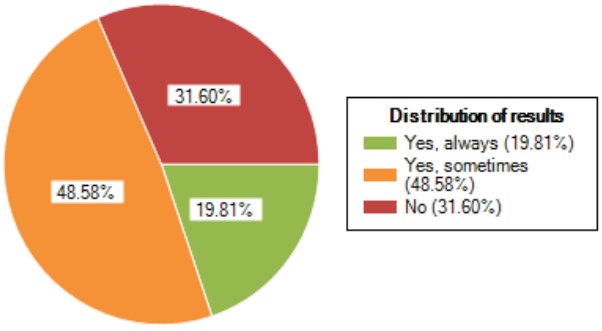
3. Did a member of the nursing team spend dedicated time with you each day? (Overall score: 50.24%)



6. During the daytime - are there sufficient activities to take part in? (Overall score: 58.73%)



7. During the evening - are there sufficient activities to take part in? (Overall score: 44.10%)



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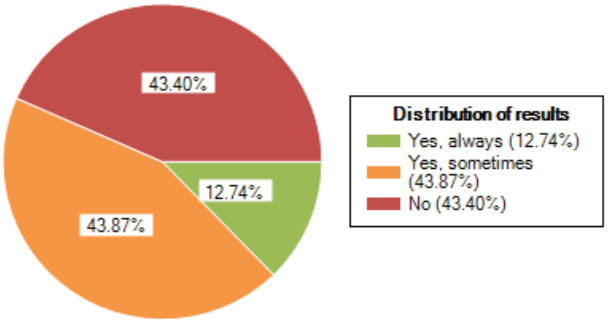
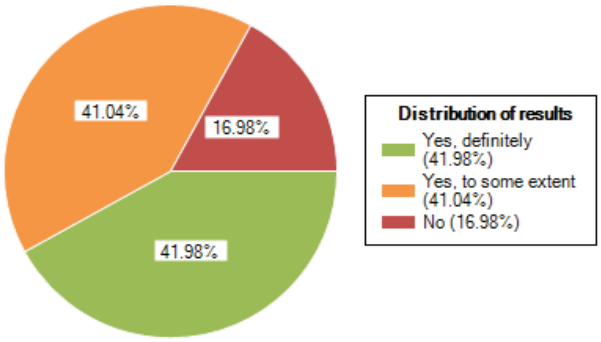
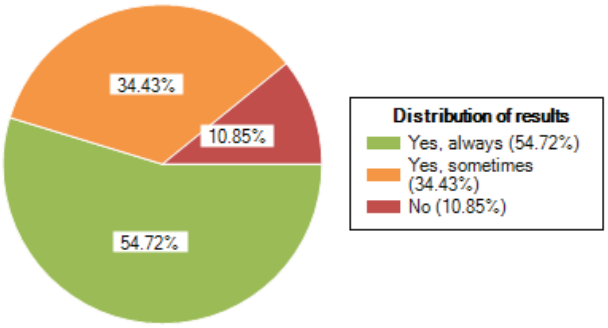
8. At weekends - are there sufficient activities to take part in? (Overall score: 34.67%)



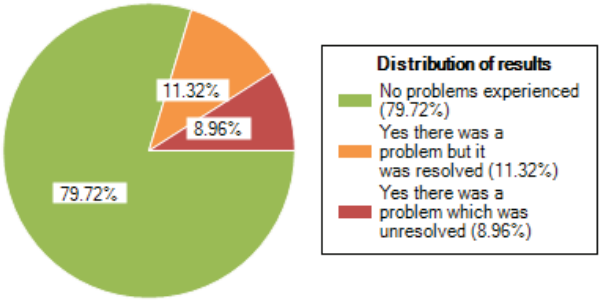
10. Did you feel involved as much as you would like to be, in decisions about your care and treatment? (Overall score: 62.50%)



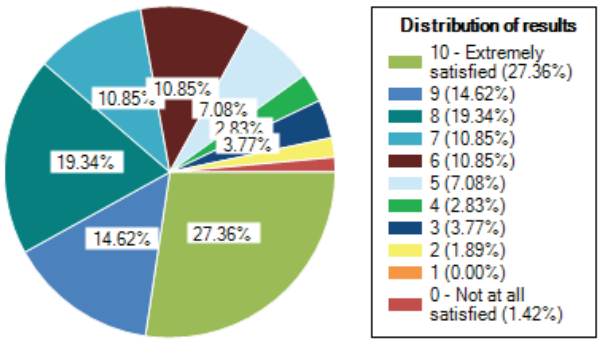
11. Did you feel safe during your stay on the ward? (Overall score: 71.93%)



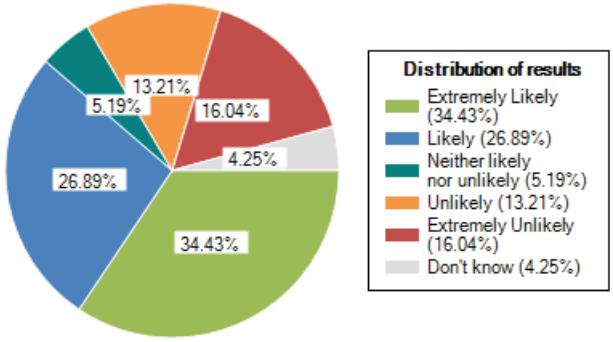
12. Did you experience any problems with the quality of care you received that were not resolved? (Overall score: 85.38%)



13. On a scale of 0-10 (where 0= Not at all satisfied and 10= Extremely satisfied)How would you rate your experience of the service overall? (Overall score: 76.27%)



14. Based on your experience - how likely are you to recommend our ward/unit to your friends and family if they needed similar care or treatment? (Overall score: 63.18%)



Your Views Matter – our feedback from our community services

Combined result from all questionnaires submitted between 01/10/2013 and 31/12/2013	Number of questionnaires submitted between 01/10/2013 and 31/12/2013
81.39%	393

Community Question Analysis Results

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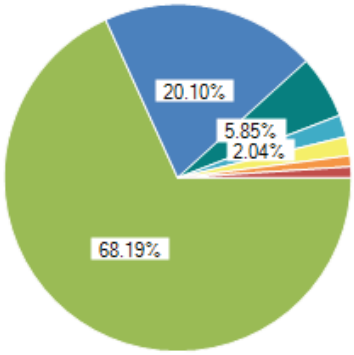
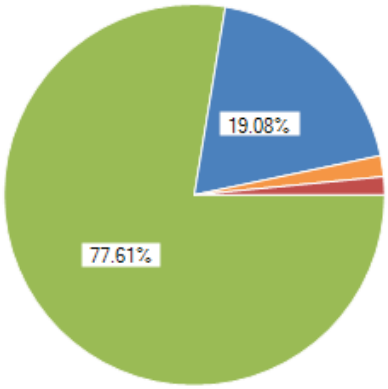
2. When was the last time you saw someone from our services? (Non Scoring)



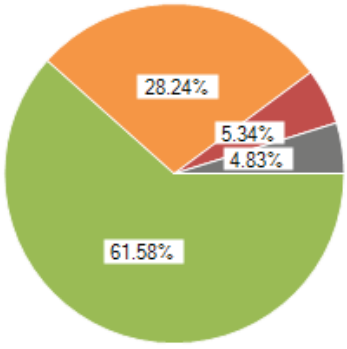
Distribution of results
- In the last month (68.19%)
- 1-3 months (20.10%)
- 4-6 months (5.85%)
- 7-12 months (2.04%)
- 12 months + (1.78%)
- Don't know (1.02%)
- Never (1.02%)

3. Do you feel you were treated with dignity and respect? (Overall score: 90.79%)



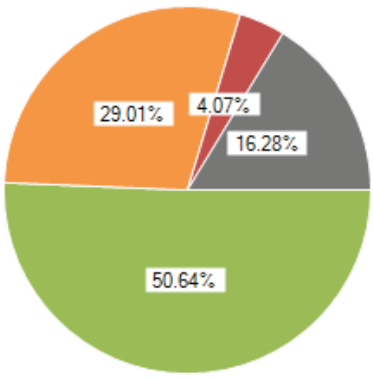
Distribution of results
- Always (77.61%)
- Often (19.08%)
- Rarely (1.78%)
- Never (1.53%)

4. Do you think your views were taken into account when deciding what was in your care plan? (Overall score: 79.55%)



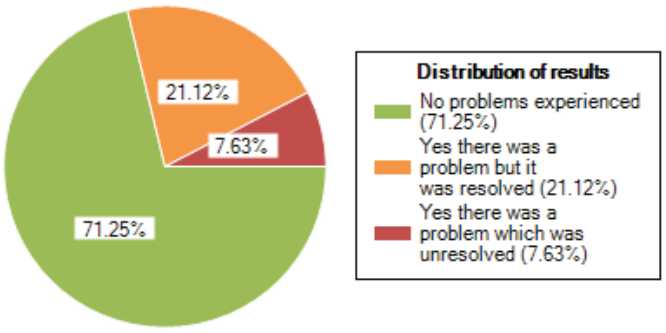
Distribution of results
- Yes, definitely (61.58%)
- Yes, to some extent (28.24%)
- No, I do not understand it (5.34%)
- Not sure (4.83%)

5. Do you think your views were taken into account in deciding which medication to take? (Overall score: 77.81%)

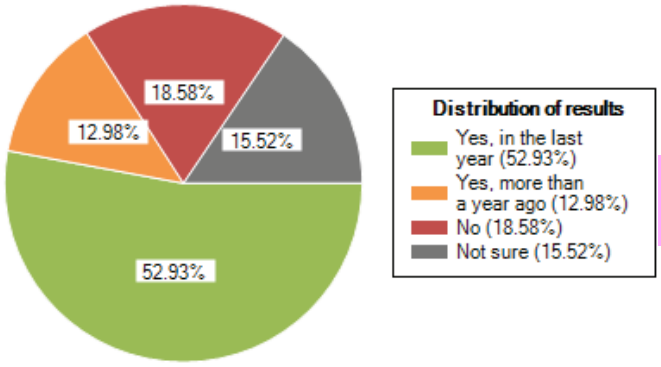


Distribution of results
- Yes, definitely (50.64%)
- Yes, to some extent (29.01%)
- No (4.07%)
- Not Applicable (16.28%)

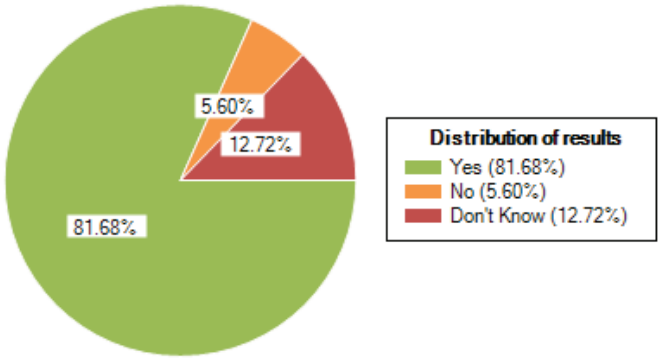
9. Did you experience any problems with the quality of care you received that were not resolved? (Overall score: 81.81%)



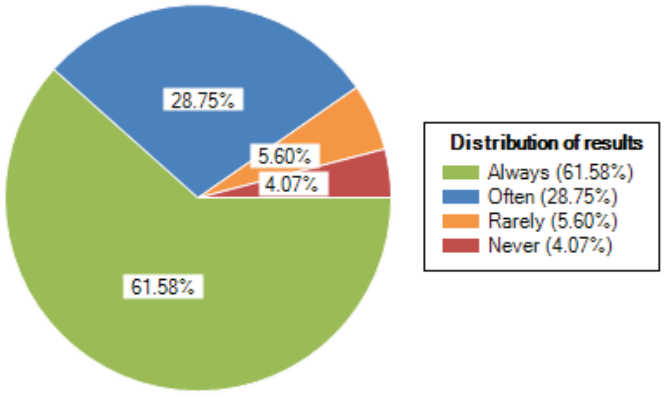
6. Were you given (or offered) a copy of your care plan? (Overall score: 70.33%)



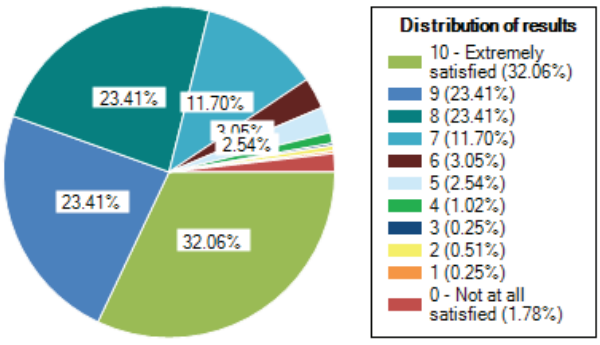
7. Can you contact your Care Co-ordinator (or lead professional) if you have a problem? (Overall score: 84.48%)



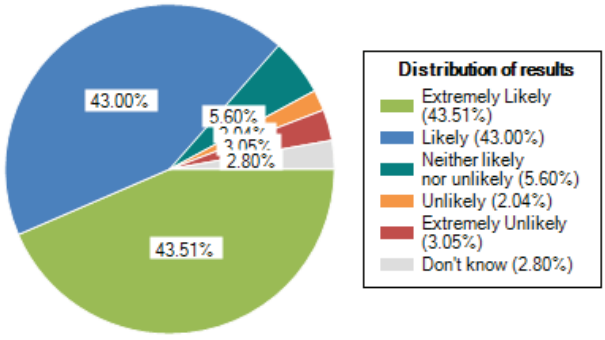
8. How well does your Care Co-ordinator (or lead professional) organise the care and services you need? (Overall score: 82.40%)



10. On a scale of 0-10 (where 0= Not at all satisfied and 10= Extremely satisfied)How would you rate your experience of the service overall? (Overall score: 83.77%)



11. Based on your experience - how likely are you to recommend our service to friends and family if they needed similar care or treatment? (Overall score: 81.35%)



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You can tell us your views by logging onto:

http://www.sabp.nhs.uk/yourviewsmatter

Community Engagement Programme

Sharing expertise, experience and knowledge

This programme of community events seeks to connect with local communities, share information and promote services. The programme hopes to attract and recruit new members to our organisation and offers current members of the Trust an opportunity to connect with the services and with Governors. Details of future events can be found on our website: www.sabp.nhs.uk/involvement

DECEMBER	FoCUS Area Group Meetings x 4	Trust Membership Event: Singing for Fun! Leatherhead 26 attendees
	Dementia Coffee Morning Tandridge Information and signposting on local services 43 attendees	NE Hants CCG Adult Mental Health Wellbeing & Exchange Café Dorking Display stand and participation in discussions 120 attendees (approx.)
NOVEMBER	Surrey Coalition AGM Leatherhead Display stand and participation in discussions	Membership Event Health and Wellbeing Guildford 19 attendees
	Cognitive Behaviour Therapy Workshop for staff 80 attendees (approx.)	Surrey Dementia Conference Dorking Display stand and clinical participation in discussions
	Carers' Action Group Focus on Triangle of Care, review Terms of Reference to extend membership of group wider than adult mental health	
OCTOBER	Membership Event for Young People Woking 15 attendees	Guildford University Freshers' Fair 166 new members recruited
	Epsom Mental Health Week Involvement throughout week and event at Mid Surrey Assessment & Treatment Unit	Merstham Mental Health Week Display stand
	Surrey County Council Whole System Showcase Display stand highlighting partnership working 150 attendees	Hampshire Happiness and Wellbeing Event Farnborough 40 attendees approx.

Carers

Listening to families and carers

Members of the Carers' Action Group include Carers, Director of Working Age Mental Health Services, representatives from the Community Recovery Team Managers, Inpatient Services, Older Age Adult Services, Child and Adolescent Mental Health Services, Learning Disability Services, Rethink, Surrey County Council and Action for Carers' Surrey. Current work around the carers' agenda includes:

Your Views Matter

- In September 2013 we launched our web based Real Time Experience feedback system called Your Views Matter including a specific carers' survey. This is available to complete via our public website or via one of the tablets in community and inpatient teams. As at 20 January 22 surveys had been completed indicating there is much work to do to improve the experience of carers

Staff Training

- A short training video is being produced for staff to highlight the issues around carers and confidentiality. This is being led by Dr. Glenn Cornish with input from carers
- We are purchasing an e-learning tool developed by Rethink to encourage staff to consider carers as a more integral part of their practice

Communications

- A Carers' Communications Group has been established with Carers' Support Workers, carers' and the communications department to develop information sources for carers. The first pieces of work are to produce a simple leaflet introducing the local support workers and detailing what support is available to carers and updating the information for carers on the public website

Triangle of Care

- Elements of the Triangle of Care requirements have been added to the Periodic Service Review Tool to improve engagement with carers across all services. This includes looking at whether carers are offered copies of care plans, provided details around medication, and are offered support and general information when an individual wishes no disclosure of their confidential information

Carers Action Group Action Plan

- The 6 elements of the Triangle of Care have been integrated into the work plan, measurable targets will set against each action at the February meeting
- Initial piece of work is focusing on identifying carers on RiO

Carer Liaison Workers

- Carer Liaison Workers are now in place with an extended remit to cover all mental health services. The role is about coaching and extending the knowledge base of operational staff in community and inpatient teams so that more members of staff are able to carry out assessments and provide information to carers

FoCUS

Our Forum of Carers and people who Use our Services

The FoCUS Committee held their quarterly meetings on 6th August and 5th November 2013, discussing the following agenda items and issues raised by locality groups.

Items discussed at the 6th August and 5th November 2013 meetings	Issues raised by local groups
Crisis Service update	Continuity of relocating services
Transition between Services, Comissioners service specification	Equitability of access to CMHRS services
Section 117 aftercare	IAPT service monitoring capturing impact and outcomes
Risk assessment and community support after patient discharge	Travel Expenses Policy
CMHRS and care programme approach operational policies	Crisis Care and Police Involvement
Equitability of voluntary care sector support and assistance at discharge	
FoCUS restructure and impact on service involvement	
Volunteering policy consultation	
Time to Change Surrey	

The responses to these issues are reflected in the notes and reports from the meeting, these are found on the Trust website at:

http://www.sabp.nhs.uk/involvement/focus

Staff Networks

Valuing people and celebrating difference

Lesbian, Gay, Bisexual and Transgender Network

The LGBT network has continued to meet throughout 2013 and the Christmas social was well attended. We are currently planning our network re-launch in June 2014 to welcome everyone who wants to champion LGBT equality to join us.

We have continued to deliver LGBT training throughout the Trust and CYPS is currently carrying out an audit to identify the number of LGBT service users currently on caseloads. This will help us to address any gap in service delivery for LGBT young people.

The Black and Minority Ethnic (BME) Community Network

In contrast to growing numbers of interested members across the Trust both clinical and non-clinical attendance to activities and responses to consultations did not offer us that significant cause to be excited. We are however, acutely aware that non response is not a sign of apathy in entirety but rather the direction of travel in the Trust currently; staff are very busy!

Our engagement with the Trust especially senior leads continues to grow in significant proportion to our influence on Trust policies and processes and initiatives. There are several ongoing areas of partnership work with potentially positive outcomes. We continue to engage actively with our external partners and affiliated body the National BME Network as well as the SABP LGBT and Spirituality Networks.

We recorded no cases of grievances or complaints during that quarter, thankfully although there were a couple of requests for psychological support and practical advice.

The year ended appreciably well with a good attendance at our annual Christmas party attended by at least one corporate director.

Our staff members Disability Network and our Spirituality Network continue to meet also

Our Equality Objectives 2012 - 2016

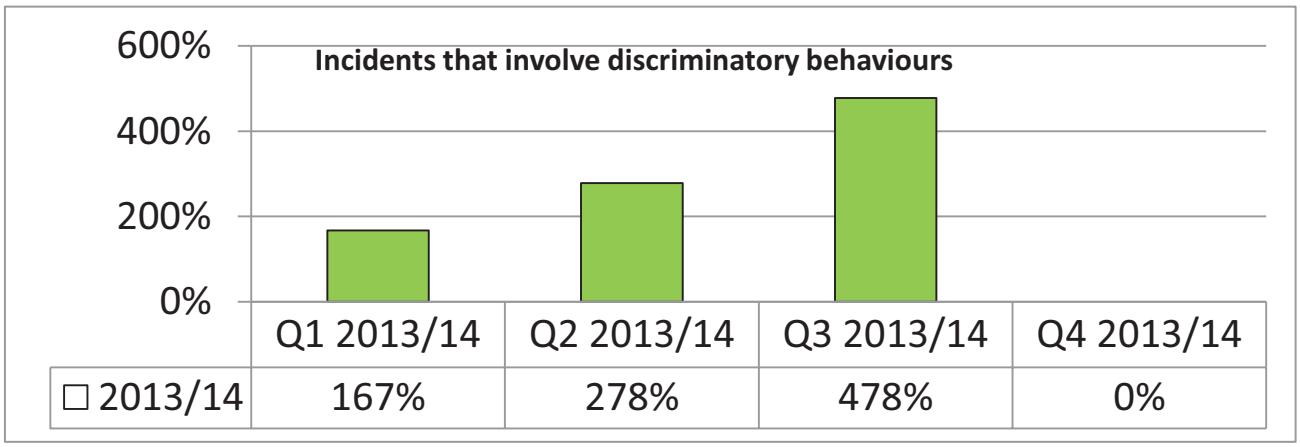
Because people are important to us

We are now in the second year of the implementation of our Equality Objectives. Overall these are:-

- To improve the access to services for people with protected characteristics for all our services where they are currently under-represented; reducing their health inequality
- Staff report that they are free from discrimination and abuse in the workplace
- To improve the representation of people with protected characteristics in senior leadership roles across the Trust (proportionate when compared with overall workforce profile)
- The Trust has strong partnerships with groups representing people with protected characteristics at a local and national level

8

Our **Respect Programme** continues to be piloted – aimed at improving the support provided to staff who experience discriminatory abuse at work and we are seeing an increase in the reporting of incidents (which is what we anticipated) as more staff feel confident to report incidents of discriminatory abuse – which enable us to respond more effectively.



Our teams are continuing to work at improving the recording of key diversity information about the protected characteristics of the people who use our services. We haven't yet made the improvements we are aiming to achieve, and therefore this will continue to be an area for targeted improvement.

Each Service Division has developed a plan to improve the access to services for people with protected characteristics who are under-represented – and to undertake a pilot project to test how successful these approaches are at improving access and representation – details are outlined below:-

Equality Objectives continued…….

Division & Outcome Desired	Progress
Children & Young People To improve the cultural competence of 3C's staff helping them in their formulations and how they role model this to the rest of the looked after system, thereby supporting access and understanding to this group.	A review of progress at Q3 has shown that there is a full set of diversity data in the main – reflecting the increase attention and skill in this area. Additional training is now to be delivered in Q4.
Services for Working Age Adults with Mental Health Needs and Services for People with Learning Disabilities To improve access to IAPT services for people with learning disabilities.	There has been work underway to research and learn from others areas to develop a reasonably adjusted model: • Joint first assessment – to determine need • Extra sessions – how much extra time will be needed? • Change in outcome measures – need simplified versions especially if doing each session • Easy Read material • Clarity re specification from Commissioners • Will need an IAPT LD flagging system
Services for Older Adults with Mental Health Needs To improve access to support for carers of people with dementia.	Three groups have been piloted so far across the North West, Mid and South West Surrey sectors of the directorate. A fourth group is planned to run in the east of the early in 2014.

8

CQC National Community Survey 2013

National evaluation and benchmarked results

The Care Quality Commission's National Community Mental Health Survey 2014 is soon due to be launched. The CQC have proposed the following changes to the way the survey is undertaken which it is hoped will lead to improved data. These changes are still subject to ethical and information governance approval but they plan to:-

1) **Change of sample months:** The sample for the 2014 survey will be drawn from people using services who were seen between 1st September 2013 and 30th November 2013. The inclusion/exclusion criteria otherwise remain the same. This will shorten the gap between people using the service and completing the survey.

2) **Mental Health Care Cluster:** Information on people using services in the sample will also include their care cluster.

3) **Changes to the questionnaire:** There are expected to be other changes to the questionnaire for 2014. As a result of this, our results will not be comparable with our results for 2013 or earlier years. These updates follow extensive consultation work with people using services, service providers, regulators, policy makers, academics and other stakeholders to ensure that the survey reflects current policy, best practice and patterns of service use.

8

Care Quality Commission Compliance Reviews

Testing our performance against national outcomes

From October to December 2013 we received a number of inspections to our services for people with learning disabilities (see table below). We are waiting for two draft reports to be finalised from these inspections and where appropriate we have also had responses back from our accuracy responses for the previous inspections.

The table below outlines the compliance actions for each of the final reports received for the compliance inspections from October to December 2013. All the reports reflected positively on the care provided by the staff and there were many positive comments from carers and people using the services. However, indicated in the table below we have received 8 compliance actions with minor impact, but there were no compliance actions rated as having a moderate or major impact. The previous year's reports were less critical with only one compliance action for seven inspections. This very much reflects the CQC's new approach to inspections, which is taking a more robust approach to determining the impact of the findings.

See below a summary of the current status of compliance with CQC outcomes for each of our locations inspected.

Inspection Compliance Summary:

Registered Location	Dates of most recent inspection	Status of Report	Involvement & Information Outcomes 1-3	Personalised care, treatment & support Outcomes 4-6	Safeguarding & Safety Outcomes 7-11	Suitability of staffing Outcomes 12-14	Quality & Management Outcomes 15-21
Ashmount	14/10/2013	Final Report	Compliance Action Consent	Compliant	Compliance Actions Safety & suitability of Premises	Not assessed	Compliant
Derby House	17/10/2013	Final Report	Compliance Action Consent	Compliance Action Care & Welfare	Compliant	Compliant	Not assessed
Ethel Bailey & Oakglade	13/11/2013	Final Report	Compliant	Compliant	Compliance Actions Safety & suitability of Premises	Not assessed	Compliant
Fairmead	05/11/2013	Final Report	Compliant	Compliant	Compliant	Compliant	Compliant
Loddon Alliance	27/11/2013	Draft Report	Compliant	Compliant	Not assessed - previously compliant	Compliance Action Requirements relating to workers	Compliance Action Monitoring quality
St Ebbas	12/12/2013	Draft Report	Not assessed	Compliant	Compliance Actions Safety & suitability of Premises	Compliant	Compliant

	Compliant
	Improvement Action
	Minor Impact
	Moderate Impact
	Major Impact

Action plans have been submitted for those services where improvements have been identified as being required.

Care Quality Commission Compliance Reviews continued……

During July to September we also had a number of inspections to our mental health services. There were improvements required for each of these locations. Since receiving the final reports from these inspections we have instigated action plans to ensure the necessary improvements are made and sustained. Summarised below is the status of progress with these plans (with the details taken from our internal Action Plan Tracker Tool).

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The table below provides an overview of the status of progress by our Working Age Adult and Older Peoples' Mental Health Inpatient Services towards completion of the action plans submitted to the CQC in October in response to their earlier inspection visits to our services.

RAG Status	Milestone and Workstream RAG	Totals	%
Purple	New action	0	0%
Light Grey	Not yet started - Not due yet	2	1%
Green	In progress - On time	23	15%
Amber	In progress - Risk to not completing on time	16	11%
Red	In progress - Overdue	20	13%
Black	Not started - Overdue	0	0%
Blue	Action Completed	89	59%
Grey	Action Aborted	0	0%
Total Actions		**150**	**100%**

A programme of quality checking this progress is underway – to provide assurance and support teams where progress has been delayed or taken longer than anticipated. This is being further supported by the Board Walk-A-Round programme also reviewing progress against action plans

Care Quality Commission Mental Health Act Reviews

Protecting people's rights

Review of the use of Seclusion & Restraint

The CQC Mental Health Act Commissioners undertook a review of the use of seclusion at the Ridgewood Centre and at St Peter's. Due to the fact that seclusion was not utilised the review focused on restraint instead. They reported that restraint was used infrequently – but when used, in some instances improvements were needed in recording all the details following an incident.

Bramdean, Staines

The CQC Mental Health Act Commissioner's report was very positive reflecting the good work being undertaken by the team. The report noted some improvements were required in staff confidence in using RIO and peoples' rights being available in accessible formats. Both of these issues have now been addressed.

Care Quality Commission Mental Health Act Reviews continued….

Monitoring of the Assessment & Admission of People under the Mental Health Act

An inspection reviewing the assessment and application for detention and admission under the Mental Health Act on the 4 & 5th December 2013 was completed. The review included not only our own services, but also meeting with the County Council Staff, the Police, Ambulance Service, People Using Services, Carers and Advocacy Services. They also visited services at the Abraham Cowley Unit, Farnham Road Hospital, Mid Surrey and Assessment Treatment Services and the Ridgewood Centre.

"the AMHP service was responsive and worked well"

8

"the police were lovely"

Positive feedback included the Approved Mental Health Practitioner (AMHP) records being of a high standard; the Police reported positive joint working with our Trust; people using services spoken with were generally positive about their admission to hospital and subsequent care; people using services told the CQC that the dedicated AMHP service was responsive and worked well; another person using services said the police were lovely and that ward staff were welcoming and friendly.

"ward staff welcoming and friendly"

Areas highlighted as needing to be addressed included; the need to better promote the role of the Independent Mental Health Advocacy (IMHA) Service; to address the difficulties the AMHPs have in finding Child and Adolescent Consultants Psychiatrists to assist with Mental Health Act Assessments for Children and Young People; difficulties promptly identifying section 12 Approved Doctors to complete Mental Health Act Assessments; routinely giving information about rights on admission to hospital or when people are detained under section 136; concerns regarding the section 136 facilities on Blake Ward and for partner agencies to ensure there is clarity about the responsibility for conveying people from a place of safety to a hospital inpatient bed.

We will continue to work with all our stakeholders to further improve peoples' experiences when receiving care under the Mental Health Act.

Social Care Outcomes

Promoting independence and personalisation

Surrey Approved Mental Health Professional (AMHP) Service

Safeguarding Vulnerable people

The approved mental health professional (AMHP) service is a statutory service commissioned by Surrey County Council. The staff operating the service work from two front line teams in East and West of the County and are backed up by AMHPs in Community Mental Health Teams and Specialist Services. There are currently 53 FTE AMHPs across the county.

AMHPs have to be trained, approved and authorised by the local authority for whom they will act under the terms of the Mental Health Act 1983 (revised 2007). Surrey has tended to support up to 6 trainees per year for 6 months in order for them to be able to take up their approved and authorised roles.

In general AMHPs carry out assessments under the Mental Health Act and give advice on statutory duties such as Mental Health Review Tribunals, individual rights and responsibilities, to both people who are assessed under the MHA and their nearest relative and they support teams to carry out their functions. AMHPs are supported by Senior AMHPs and Assistant Senior managers. The number of Senior AMHPs has increased as part of the Mental Health Consultation from 5 to 10, county wide.

During the last year the AMHP service has recorded the following statistics:

EAST AMHP SERVICE

Month (Year)	Number of Referrals	Leading to Number of assessments	Leading to Number of people subject to the MHA including CTO
April (2013)	58	54	38
May	50	46	32
June	45	43	27
July	68	63	33
August	50	47	29
September	54	50	35
October	65	58	39
November	45	39	25
December	40	36	19
	475/100%	436/92%	277/58%

WEST AMHP SERVICE

Month (Year)	Number of Referrals	Leading to Number of assessments	Leading to Number of people subject to the MHA including CTO
April (2013)	62	60	37
May	52	52	35
June	56	56	31
July	58	55	31
August	45	43	23
September	48	46	21
October	83	72	34
November	45	43	25
December	49	46	27
	498/100%	473/95%	264/53%

County Total	973/100%	909/93%	541/56%

A large number (93%) of all referrals result in assessment being carried out by the AMHP service of which 56% of the people are kept safe through detention. Others may agree to come into hospital for treatment informally and some will not need to access mental health services.

Enabling Independence Service

Promoting recovery

The Enabling Independence Services (EIS) is a county wide service with two hubs, Sandstone Lodge, Farnham Road Hospital, Guildford and Brickfield Centre, Epsom. Referrals are received from 11 Community Mental Health Recovery Services, Assertive Outreach Teams, Early Intervention in Psychosis Services, Home Treatment Teams and Eating Disorder Services. We have the equivalent of 28 Support Workers and 2 Support Brokers.

Reasons for Referral

1. Getting out/ accessing a range of community resources.
2. Finance/debts/benefits/claims and appeals.
3. Independent living skills, including self-care and household care
4. Housing issues/tenancy sustainment.

NB: In ascending order. The majority of people are referred for five or more reasons.

Self-Directed Support /Support Broker Referrals

October 2013 – December 2013	EIS West	EIS Mid/East	Combined
	13	4	17

Enabling Independence Service workers routinely assist people and Care Co-ordinators to help complete Supported Self -Assessments (SSAs) when required.

Referrals, Caseloads and Closures

Qtr 3 2013 Referrals	EIS West	EIS Mid/East	Combined
October	38	37	75
November	33	33	66
December	10	21	31
Total	**81**	**91**	**172**

Current number of people we are working with	EIS West	EIS Mid/East	Combined
	320	247	567

Qtr 3 2013 people who completed and left the programme	EIS West	EIS Mid/East	Combined
	68	100	168

Outcomes in Quarter 3:

- 105 people achieved all or some of their goals
- 57 people did not engage or were signposted to other agencies

Enabling Independence Group Activities:

EIS West Average Weekly Attendance: 33

Surrey Football League; Adult Education Cafes Supported Work Experience; AOT & EIIP Social & Sports Community Activities

EIS Mid/East Average Weekly Attendance: 79

Surrey Football League; Adult Education Cafes Supported Work Experience; AOT & EIIP Social & Sports Community Activities

NB: Brickfield Centre Drop-In Groups are now peer support or facilitated by external Community Connections providers.

Implementing the Mental Health Act

Keeping people safe

The accumulative numbers of people assessed and detained under the Mental Health Act can be seen in the table below:

	S2		S3		S5(2)		S5(4)		S136 / 135(1)		CTO	
Year	**12/13**	**13/14**	**12/13**	**13/14**	**12/13**	**13/14**	**12/13**	**13/14**	**12/13**	**13/14**	**12/13**	**13/14**
April	28	43	22	20	11	8	3	-	49	62	4	7
May	43	44	28	40	15	13	2	-	66	55	8	10
Jun	36	43	30	18	8	13	2	2	50	58	4	2
July	50	46	39	19	16	3	4	1	75	64	8	7
Aug	42	33	20	25	10	12	2	1	59	46	6	7
Sep	32	43	18	19	5	9	-	1	48	49	2	8
Oct	38	52	20	22	11	15	2	-	34	56	8	6
Nov	40	43	17	24	8	5	1	1	52	46	-	5
Dec	38	37	24	24	7	6	1	2	58	40	-	3
Totals	**347**	**384**	**218**	**211**	**91**	**84**	**17**	**8**	**491**	**476**	**40**	**55**

At this period in the year we still see slightly more people being detained for assessment (S2) and slightly fewer detained for treatment in hospital (S3) compared to this time last year. We are seeing marginally fewer numbers of people being taken to our places of safety (S135/S136), and apart from October, this downward trend is continuing from last year. Supporting people in the community through community treatment orders (CTO) has increased compared with the same period last year, although these are small numbers.

These patterns can be seen in the graphs over the page:

Implementing the Mental Health Act continued…….

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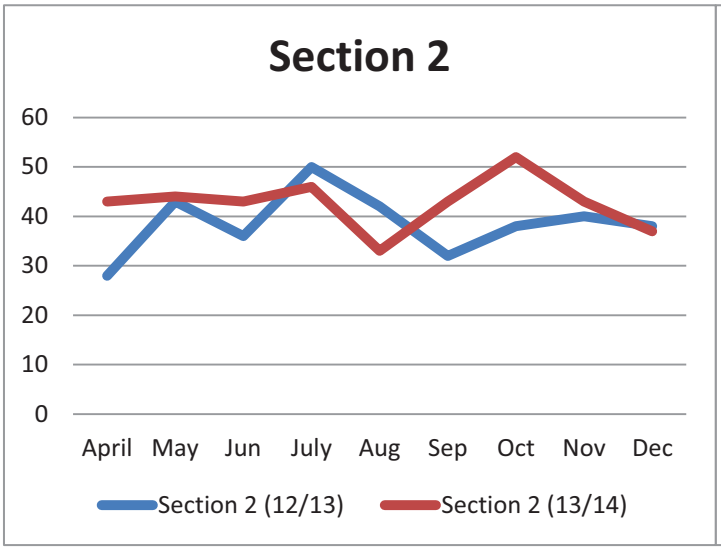
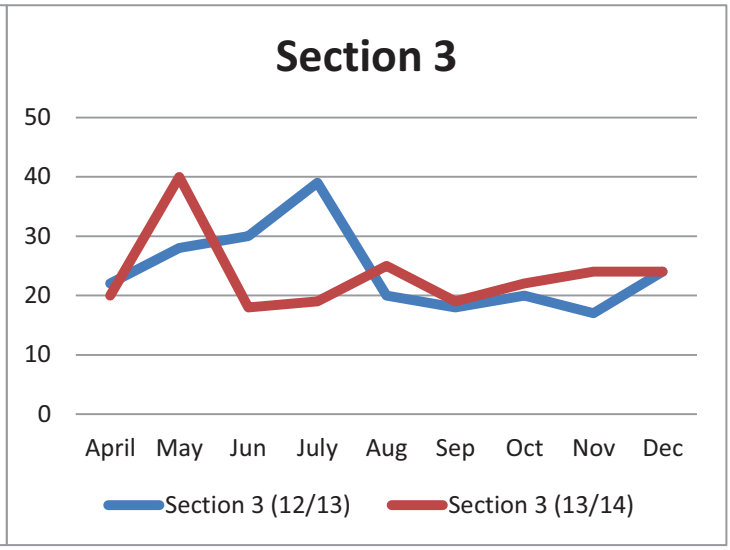
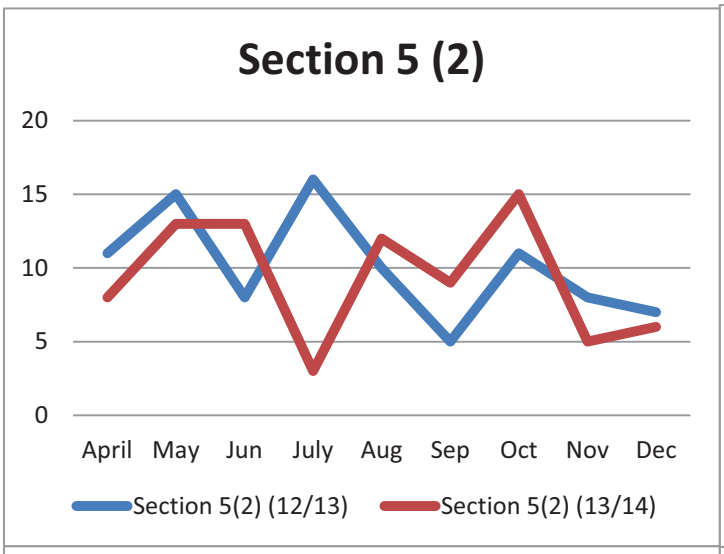
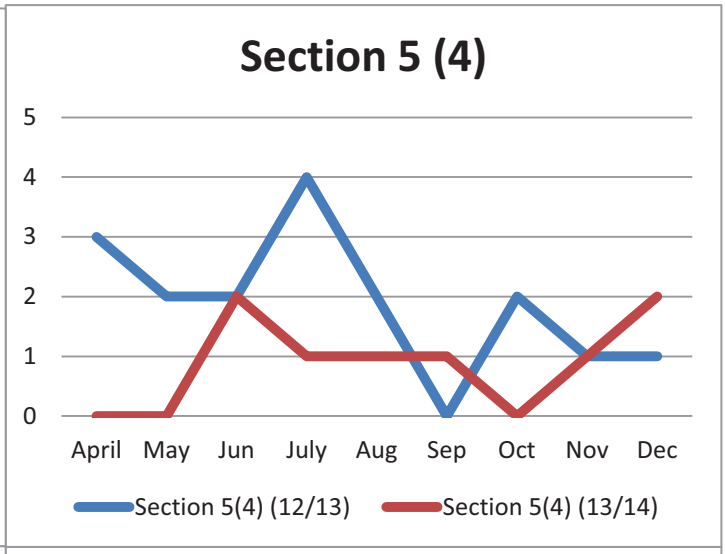
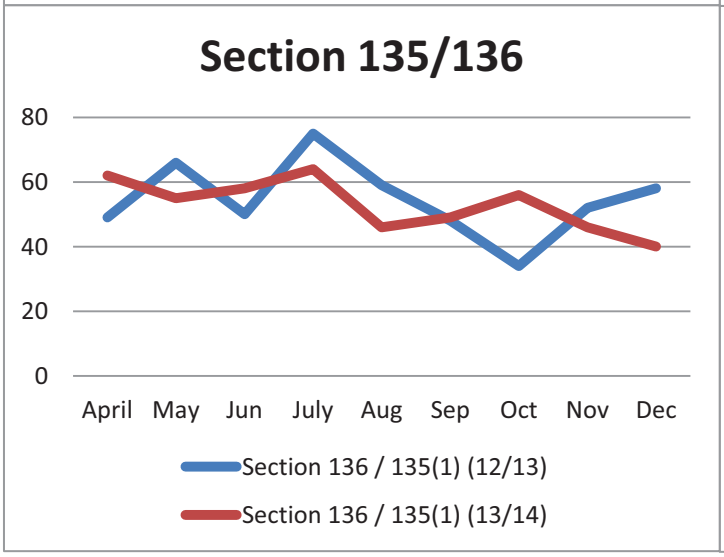
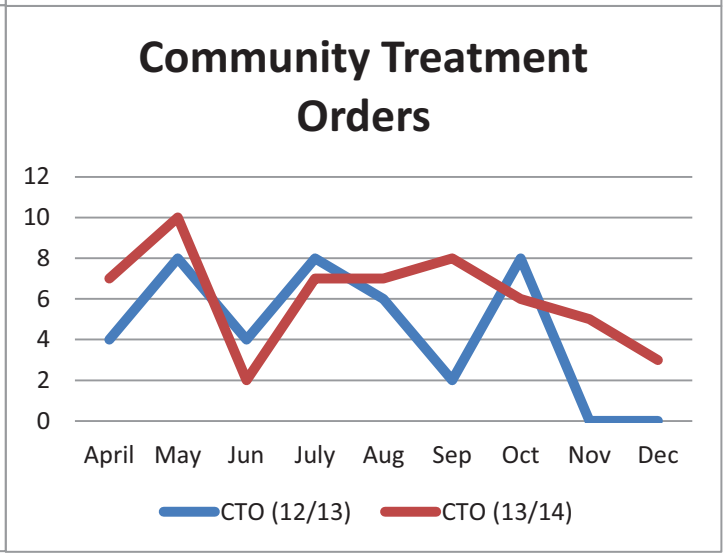






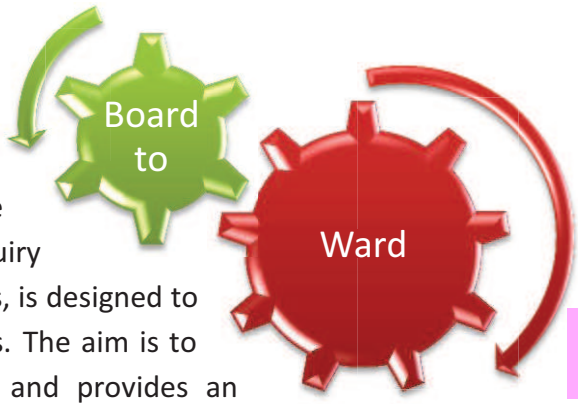






Board Walk-A-Rounds

Staying in touch with staff and services



The Walk-A-Rounds are undertaken in pairs by one Director of the Board and a Non–Executive Director. The Walk-A-Round programme utilises an Appreciative Inquiry approach, which by using unconditional positive questions, is designed to provide a guide rather than a prescribed set of questions. The aim is to identify and work with people's strengths and assets and provides an opportunity to understand the quality of the service provided and promote and build the reputation of our organisation.

After each visit a report, which includes recommended actions, is sent to the Quality and Service Improvement Department and then to the Director, Senior Manager and the respective service.

- Eating Disorder Service –Loughta House
- Home Treatment Team Mid Surrey
- Community Mental Health Recovery Service Epsom
- Crisis House
- Community Mental Health Recovery Service Waverley
- Community Mental Health Team (OP) Waverley
- Community Mental Health Team (OP) East
- Personal Care and Suport Service (Ellen Terry)
- Child and Adolesence Mental Health Services Redhill and Reigate
- Childrens Primary Mental Health Team Redhill and Reigate
- Child and Adolesence Mental Health Services Oxted
- Childrens' Learning Disabilities Services (SWS)
- Beeches Redhill

From 1st October 2013 up until the 31st of December 2013, 13 services were visited by members of our Trust Board. The list of places visited can be seen to the left.

The services visited included four Children and Young People's Service visits, two Working Age Adults' Community Services and one inpatient service; two Older Peoples' Community Services and one day service for People who have Learning Disabilities.

Board Walk-A-Round continued….

The following is based on nine reports that have been received to date for this period. The feedback from Walk-A-Rounds in the last quarter was generally very positive, although some local areas were identified for improvement.

Positive Feedback for all services

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- In all services the Board members received a friendly and / or professional welcome from all staff.
- In the majority of services there were aspects of the environment that contributed to an initial good impression. These related to the environment being clean and light or bright.
- All services, apart from one were able to recommend their service to family and friends.
- In all services the overall impression reflected the commitment of staff to provide a high quality service.
- The quality of the teams was noted including being cohesive, dedicated and having high aspirations.

All services were able to identify something that was working well:-

In one service the supportive approach of the team manager and confidence in the team and ability to work flexibly was noted. Similarly in another service a good helpful team, working well together with a flexible supportive approach was highlighted.

In one service a strong cohesive team contributed to be a good multidisciplinary ethos, team members were proud of relationships they have built in the local area. Similarly in another service they were proud of how they were working across care pathways and how they supported each other. They had also established a joint paediatric clinic.

In one service excellent good administrative processes with 100% compliance with data requirements was noted.

On one occasion Board members met three people who were using the service who reported that they were able to choose from a range of activities and were always the focus of what was happening.

Areas identified for further development

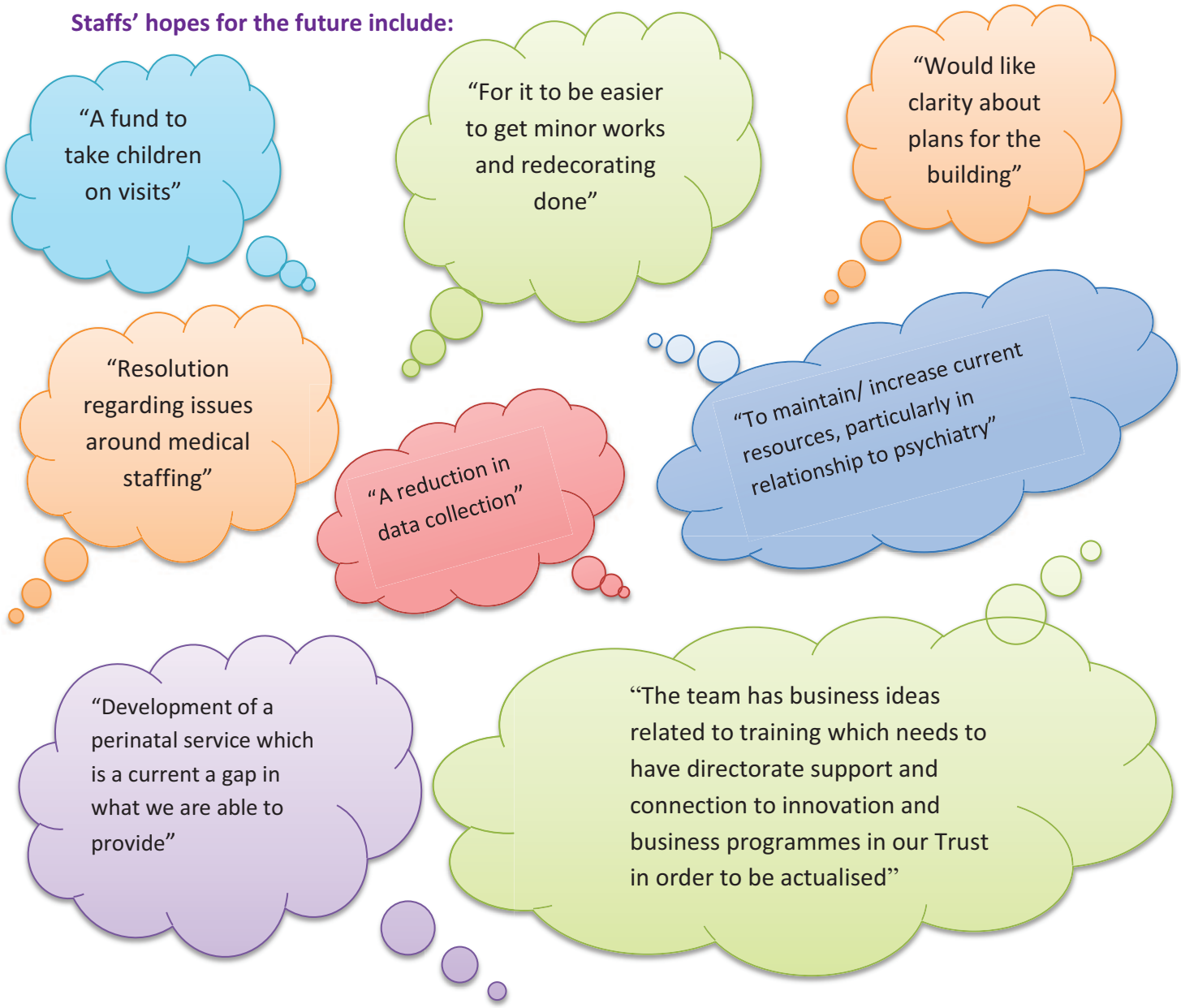
- In four services issues around the environment contributed negatively to the initial impression of the service. The issues related to inadequate signage, unwelcoming reception area and office space being cluttered with tired furniture.
- In one service there is an issue of sound proofing for a therapy room and the cold temperature of the clinical rooms.
- In two services issues regarding inadequate parking were noted.

Board Walk-A-round continued….

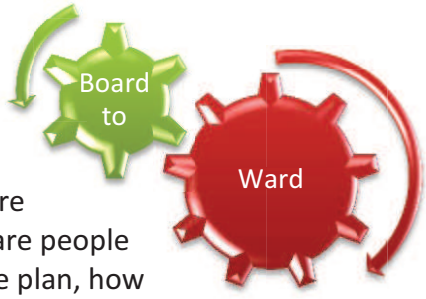
- There are issues in some services regarding the collecting and logging of protected characteristics. These included:
  - Team members finding it difficult to discuss these issues with people who use services
  - Lack of time and general difficulties with IT
  - The requirement to duplicate records

The above developmental areas have been fed back to the service manager to address the issues.

Staffs' hopes for the future include:



Walk-A- Round developments



Following learning from the CQC inspections, the Board Walk-A-Round tool will now include questions on:-

- What works well to involve people and their families in their care plans - how are teams involving people, when do they do this, are people given copies of their care plan, how do they know it is their care plan, how do teams record this, do they get people to sign their care plans?

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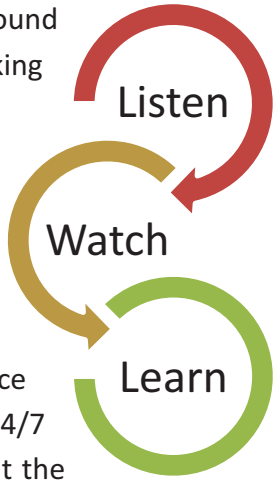
In addition, Governors are now also being involved in the walk-a-round programme and will join the Executive and Non-Executive Directors undertaking these visits.



Executive Board – Walk-A-Rounds

Extending the contact with staff and services

To complement the existing Board Walk Around Programme a formalised programme of early morning, evening, and weekend visits has been put in place and is conducted by senior staff members across the organisation to our 24/7 services. As part of this scheduled programme of visits carried out throughout the year there have been two out of hours visits by Executive Board members supported by senior managers, during October to December:

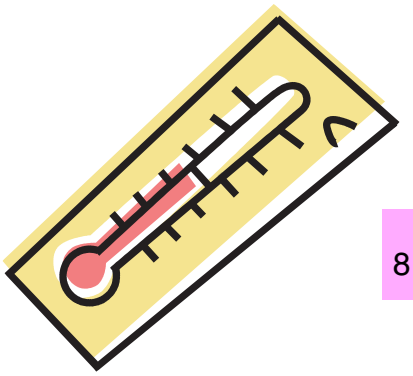
Working Age Adults Inpatient Services: Ridgewood Centre - Wingfield Ward

Older Peoples Mental Health Services: Woking Community Hospital - Willow Ward

Outcomes from these visits included:-

- Welcoming staff
- Open and honest communication
- Recognition of good team working across the different professions – team cohesion
- Staff were able to talk enthusiastically and with pride about the care they were able to provide
- Some environmental issues were identified at Willow Ward – so while bedrooms were well equipped some corridors and bathrooms were small making the use of specialist equipment more difficult
- The environments were found to be clean with no offensive odours
- Staff felt that they would recommend family and friends to these services, believing that individualised care was provided.

Future plans: The programme for the 2014 Walk-A-Round will involve Executive Board members revisiting services, and also including visits to our 24/7 services for people with learning disabilities.

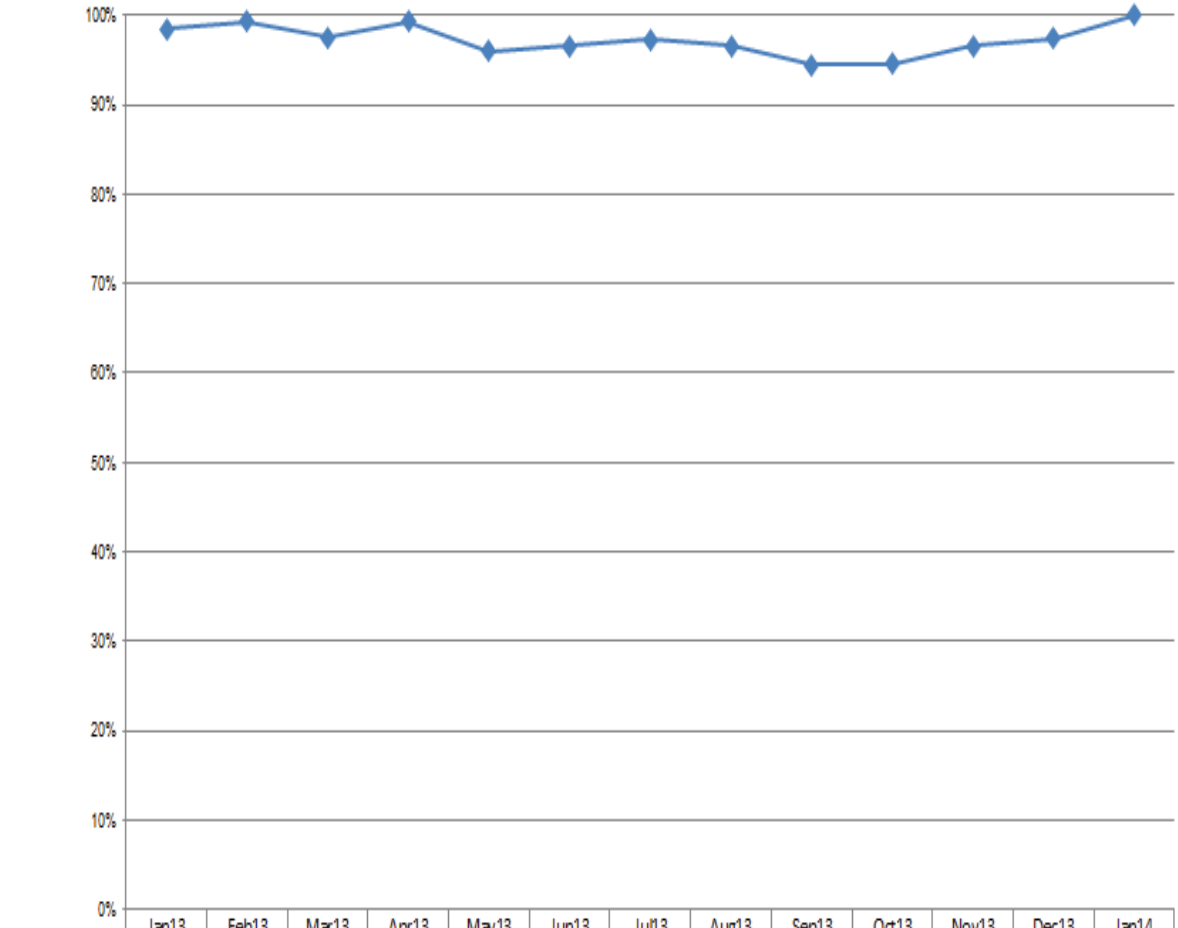


Safety Thermometer

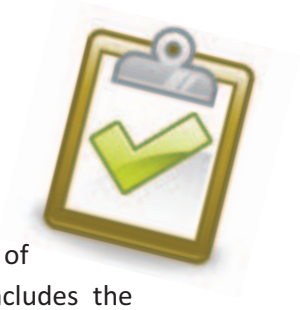
Measuring harm free care

The collection of data from the Safety Thermometer continues with all inpatient services for Older Adult Mental Health Services and Inpatient Services for People with Learning Disabilities submitting data on a specific survey day each month.

The graph below shows our current performance for "Harm Free" care (based on reviewing harms as a result of falls, UTI's, VTE's and pressure ulcers). The percentage rate for harms has remained fairly constant over the year at a high level of harm free care.



	Jan13	Feb13	Mar13	Apr13	May13	Jun13	Jul13	Aug13	Sep13	Oct13	Nov13	Dec13	Jan14
No Harms	98.49	99.3	97.57	99.32	96.05	96.62	97.3	96.64	94.41	94.53	96.58	97.41	100
Patients	398	429	411	147	152	148	148	149	143	128	117	116	93



Periodic Service Reviews (PSR)

Detailed peer inspection of services

The PSR has been reviewed again this year, with a reduction in the number of outcomes (while still incorporating all the CQC Essential Standards) but also includes the addition of a small number of important new outcomes:-

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- Ensuring there is a falls' risk assessment and associated care plan related to any identified risks – where applicable
- Ensuring all our premises operate an effective visitor recording system (linked to learning from enquiries following Savile)
- An increased focus on the quality of documentation / evidence (not just checking it is present)
- More weighting has been applied to outcomes relating to the suitability of staffing and maintaining safe staffing levels
- Increased reference to Carers as part of the "Triangle of Care"

Each service is still expected to score 85% or more overall and score 85% or more against each of the sub-sections of the PSR there and demonstrate at least some evidence of compliance against our mandatory outcomes, including diversity data, health and safety and workplace risk assessment, maintaining same sex accommodation and mandatory and statutory training.

A SUMMARY OF THE OUTCOMES - CLUSTERS 4

The PSR's have now been completed for most of the services in Cluster 1-4 of the programme and in this quarter Cluster 4 which includes services based in Runnymede, Elmbridge, Spelthorne and Woking, reported back to the Service Improvement Programme meeting.

17 services have been reviewed in Cluster 4 and the details are included below.

PSR Results – Cluster 4 - Runnymede, Elmbridge, Spelthorne & Woking

Service Name	Overall Score	Did all sub-sections of the PSR score 85% or above	V&V Score	CQC Score
Surrey Heath CMHT OP	100.0%	Yes	100.0%	100.0%
Bramdean	99.9%	Yes	99.8%	100.0%
Kingscroft	99.6%	Yes	99.3%	100.0%
Transitions & NW Psychotherapy	99.6%	Yes	100.0%	99.3%
Geesemere	99.0%	Yes	98.9%	99.0%
Elmbridge CMHRS	98.9%	Yes	98.8%	99.0%
Windmill Community Drug and Alcohol Team	98.4%	Yes	97.2%	99.7%
Runnymede CMHRS	98.4%	Yes	97.3%	99.5%
Spenser Ward	97.6%	Yes	96.6%	98.6%
Spelthorne OPCMHT	97.4%	Yes	96.1%	98.7%
Community Forensic Service	96.7%	Yes	93.9%	99.4%
Home Treatment Team - North West	94.3%	No	91.5%	97.2%
Windmill House	92.8%	Yes	91.5%	94.0%
Woking CMHRS	92.6%	No	88.7%	96.4%
Spelthorne CMHRS	92.4%	No	87.7%	97.1%
Clare Ward	89.9%	No	87.2%	92.6%
Blake Ward	87.5%	No	80.5%	94.4%
	96.2%	12	94.4%	97.9%

Mandatory Outcomes for Cluster 4

Service Name	Diversity Data	MSSA	H&S Risk	Training
Blake Ward	-	2	0	0
Bramdean	2	2	2	2
Clare ward	2	2	2	0
Community Forensic Service	2	-	1	1
Elmbridge CMHRS	2	-	2	1
Geesemere	2	-	2	2
Home Treatment Team - North West	2	-	2	1
Kingscroft	2	-	2	1
Runnymede CMHRS	2	-	2	0
Spelthorne CMHRS	1	-	0	1
Spelthorne OPCMHT	1	-	1	1
Spenser Ward	1	2	2	1
Surrey Heath CMHT OP	2	-	2	2
Transitions & NW Psychotherapy	2	-	2	2
Windmill Community Drug and Alcohol Team	2	-	1	1
Windmill House	2	2	0	2
Woking CMHRS	1	-	1	0
Averages	12	5	10	5
	4	0	4	8
	0	0	3	4

Periodic Service Review continued…..

Of the services reviewed in Cluster 4, all of the services achieved the standard of 85% or more overall but 5 services have not yet achieved 85% over all of the subsections of the PSR – action plans are in place and being implemented.

An immediate action notice was issued to ensure there was an accurate picture of the Health and Safety Training on a ward together with ensuring the necessary environmental risk assessments were in place to be able to demonstrate how the risks in the service are currently managed.

SUMMARY:

- Overall a good level of compliance across services
- All the services in Cluster 4 have achieved 85% overall in the PSR
- 1 Immediate Action Notice was issued to a service in Cluster 4 – to ensure that health and safety training was recorded and risk assessments were needed for the environment

CHALLENGES & ACTIONS

Teams continue to be challenged by the Mandatory Outcomes introduced last year – as a result of a number of different issues in demonstrating compliance with the outcomes – however, in this cluster there was an overall improvement against these outcomes compared with earlier clusters of services.

Innovation

Creating new ways to reach people

E-Health

Harnessing the Power of Digital for Better Health and Wellbeing

Our society and its use of technology are rapidly changing. Technology plays an increasing role in our everyday lives, with phenomenal growth levels in acceptability and usage – for example, the use of mobile phones by adults has gone from less than 50% of the population to over 90% in less than a decade. However, there are challenges to embedding such technological advancements within our health and care environments and realising their benefits.

We have therefore embarked on a journey to systematically identify and overcome these challenges in order to maximise the short term and long terms benefits of harnessing the power of digital technologies for better health and wellbeing. We have launched the E-Health Group which involves multi-professionals from across the organisation.

E-Health refers to health services and information delivered or enhanced through the internet and related technologies.

In a broader sense, E-Health is about more than technical development but also a state-of-mind, a way of thinking, an attitude and a commitment for networked, collaborative and global thinking to improve health care locally, regionally and worldwide using information and communication technologies.

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Examples of E-Health

E-Health encompasses a range of services or systems including:

- Electronic Patient Records (EPR): enabling the communication of data between different healthcare professionals (GPs, specialists etc.);
- ePrescribing: access to prescribing options, printing prescriptions and sometimes electronic transmission of prescriptions from doctors to pharmacists;
- Telehealth: physical and psychological treatments at a distance, including tele-monitoring and telecare for improved wellbeing and functioning;
- Consumer health informatics: use of electronic resources on clinical topics by healthy individuals or patients e.g. the use of websites such as NHS Choices;
- Virtual healthcare teams: consisting of healthcare professionals who collaborate and share information on patients through digital equipment for transmural care;
- mHealth : mobile health is the use of mobile devices in collecting aggregate and patient level health data, providing healthcare information to practitioners, researchers and people who use services with real-time symptom monitoring and direct provision of care;
- Grids: clinical research using powerful computing and data management capabilities to handle large amounts of heterogeneous data (Big Data).

Functions of the E-Health Group

The E-Health Group will:

- Identify clinical problems and unmet needs
- Identify or develop a (technological) solution
- Support innovative pilots and projects
- Evaluate clinical and cost effectiveness
- Adopt and disseminate the innovation

Source: NHS England Technology Strategy

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E-Health Pilots and Projects

We currently have several projects underway including:

Clinical Problem/Unmet Need	Proposed Solution	Progress
Depression	Sleep Monitoring App Telehealth Virtual Therapy	App Prototype Implementation Plan Implementation Plan
Autism	Functional Analysis App	App Prototype
Learning Disabilities	Health Passport People & Places	App Prototype Evaluation
Psychosis	My Journey App	Minimal Viable Product
Falls	Tunstall	Exploration

Please feel free to contact one of the people listed below to find out more about the E-Health Group and related activities.

- Dr Helen Rostill helen.rostill@sabp.nhs.uk Director of Therapies and innovations
- Sarah Amani sarah.amani@sabp.nhs.uk Chief Clinical Information Officer
- David Sandy david.sandy@sabp.nhs.uk IT Technical Innovations Lead
- Nicki Rayment nicki.rayment@sabp.nhs.uk Associate Director of Information Technology

Health Scrutiny Committee
19 March 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 7 MARCH 2014

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
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 Board	*May 2014*
SC043	Integration Transformation Fund [Item 6/14]	The Committee requests a further update post sign-off at its meeting on 22 May 2014.	Assistant Chief Executive Interim Strategic Director for Adult Social Care Scrutiny Officer	Member Reference Group formed to monitor, the now Better Care Fund, plans.	*May 2014*
SC044	Patient Transport Service [Item 7/14]	The Commissioner must ensure that hospital discharge planning improves across Surrey. Member Reference Groups will follow-up on this work with the acute hospitals.	North West Surrey CCG Member Reference Groups Acute hospitals	The Lead Commissioner for the PTS contract has changed to NW Surrey. More time will be needed to allow for changes in management. NW	*May 2014*

Number	Item	Recommendations/ Actions	Responsible Member (officer)	Comments	Due completion date
				Surrey have been briefed on these recommendations.	
SC045	Patient Transport Service [Item 7/14]	The Commissioner will report on how they will ensure the viability of the Patient Transport Service and the chosen provider for the future through its contracting arrangements. They should assure the Committee that any new service specification includes realistic and achievable KPIs.	North West Surrey CCG Scrutiny Officer	The Lead Commissioner for the PTS contract has changed to NW Surrey. More time will be needed to allow for changes in service. NW Surrey have been briefed on these recommendations.	*November 2014*
SC046	Patient Transport Service [Item 7/14]	That there is an effective complaint handling system that allows this Committee to scrutinise individual outcomes.	SECAmb North West Surrey CCG		*November 2014*
SC047	Sexual Health Services for Children and Young People [Item 8/14]	The team returns with further information on completion of its Sexual Health Needs Assessment and Strategy in early 2015.	Public Health Services for Young People Scrutiny Officer		*March 2015*
SC048	Sexual Health Services for Children and Young People [Item 8/14]	The Committee is included in the consultation on the Sexual Health Strategy,	Public Health Scrutiny Officer		*September 2014*

Number	Item	Recommendations/ Actions	Responsible Member (officer)	Comments	Due completion date
SC049	Sexual Health Services for Children and Young People [Item 8/14]	The commissioning plans that emerge from the review of School Nurses is brought to a future Committee meeting.	Public Health Scrutiny Officer		*September 2014*
SC050	Surrey and Sussex Local Area Team [Item 9/14]	That the Area Team works with Healthwatch to analyse the Annual Declaration from GPs and returns to this Committee on its completion for further scrutiny.	Local Area Team Healthwatch Scrutiny Officer		*September 2014*
SC051	Surrey and Sussex Local Area Team [Item 9/14]	The Area Team keeps the Committee informed of the plans for consultation on the future of the Ashford Walk-in Centre and involves when appropriate.	Local Area Team Scrutiny Officer		*September 2014*
SC052	Surrey and Sussex Local Area Team [Item 9/14]	Publicity is devised to promote the helpline that advises the public about the availability of NHS dentists.	Local Area Team		*September 2014*
SC053	Surrey and Sussex Foundation Trust Consultation [Item 10/14]	The Trust should emphasise the quality of its leadership when publicising their FT application.	Surrey and Sussex NHS Trust		*January 2014*
SC054	Surrey and Sussex Foundation Trust Consultation [Item 10/14]	Encourage the participation of the younger cohort (14 years+) for the mutual benefit of public services.	Surrey and Sussex NHS Trust.	The Committee wrote to SASH's CEO to this effect offering support for its FT application.	*February 2014*

Number	Item	Recommendations/ Actions	Responsible Member (officer)	Comments	Due completion date
				The consultation has now closed.	
COMPLETED ITEMS					
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	The Chairman has discussed the recommendation with SECAnb and the CCG.	
SC032	NHS 111 [Item 6]	That the NHS 111 service addresses concerns about access for minority groups.	SECAmb East Surrey CCG Scrutiny Officer	The Chairman has discussed the recommendation with SECAnb and the CCG.	
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	The Chairman has discussed the recommendation with SECAnb and the CCG.	
SC037	Post-Stroke Rehabilitation Update [Item 7]	The committee encourages CCGs to make six 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*
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*
SC042	Integration Transformation Fund [Item 6/14]	The Committee requests a verbal update on the Better Care Fund at its meeting on 19 March 2014.	Assistant Chief Executive Interim Strategic Director for Adult Social Care Scrutiny Officer		*March 2014*
SC054	Surrey and Sussex Foundation Trust Consultation [Item 10/14]	Encourage the participation of the younger cohort (14 years+) for the mutual benefit of public services.	Surrey and Sussex NHS Trust.	The Committee wrote to SASH's CEO to this effect offering support for its FT application. The consultation has now closed.	*January 2014*

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Health Scrutiny Committee Work Programme 2014-2015

Date	Item	Why is this a Scrutiny Item?	Contact Officer	Additional Comments
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 – Julia Ross, NW Surrey Acute hospital representative Social care representative – Jean Boddy, Senior Commissioner ASC	
19 Mar	Better Care Fund Update	Scrutiny of Services – To consider the progress of the Better Care Fund plans for Surrey	Kathryn Pyper, Lead Strategy and Policy Projects Manager	
19 Mar	Surrey & Borders Partnership Update	Scrutiny of Services – To be provided with an update from Surrey & Borders regarding services and CQC reviews.	Dr Rachel Hennessy – Medical Director and Andy Erskine – Director of Mental Health	

Health Scrutiny Committee Work Programme 2014-2015

Date	Item	Why is this a Scrutiny Item?	Contact Officer	Additional Comments
			and Social Care	
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	Surrey Downs CCG Out of Hospital Strategy	Scrutiny of Services – Pressure on A&E departments continues with non-emergency admissions. The committee will scrutinise the plans of Surrey Downs CCG to provide more community based care to meet local needs in their Out of Hospital Strategy.	Surrey Downs CCG representative	
22 May	Rapid Improvement Event – Acute Hospital Discharge	Policy Development – the committee will review the progress and impacts of the actions identified in the October Rapid Improvement Event alongside the continued monitoring of the SECAmb delivered PTS.	Sonya Sellar, ASC CCG representative 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	

Health Scrutiny Committee Work Programme 2014-2015

Date	Item	Why is this a Scrutiny Item?	Contact Officer	Additional Comments
			and Change	
22 May	Care Quality Commission	Scrutiny of Services – the CQC has recently changed how it inspects health and social care services. The committee will receive an update on the organisation's new inspection methods including 'deep dives' and how it will involve the Committee in this work.	CQC regional manager	
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 Collaboration	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. The Committee will consider plans of Ashford & St. Peters and Royal Surrey Trusts to work together.	Ashford & St Peters and Royal Surrey Acute Trusts reps Guidlford & Waverley and NW Surrey CCGs 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 terms. The Committee would benefit from understanding the outputs of an	Board representatives	

Health Scrutiny Committee Work Programme 2014-2015

Date	Item	Why is this a Scrutiny Item?	Contact Officer	Additional Comments
		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				
	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 Business	

Health Scrutiny Committee Work Programme 2014-2015

Date	Item	Why is this a Scrutiny Item?	Contact Officer	Additional Comments
			Manager	
	Renal Services	Scrutiny of Services/Policy Development – St Helier Hospital, which is based in the London Borough of Sutton, provides renal services to most Surrey residents. Following the outcome of the Better Services Better Value review that X should become a planned care centre, there is a need to review access to these services for residents of Surrey. The Committee will scrutinise current availability of renal services and the potential to move services back into Surrey.	Epsom & St Helier Hospitals CCG lead (TBC)	
	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	

Health Scrutiny Committee Work Programme 2014-2015

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

Task and Working Groups

Group	Membership	Purpose	Reporting dates
Alcohol	TBC	The health effects of alcohol are well known however its 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	
Better Care Fund	TBC		
Primary Care	TBC		

Health Scrutiny Committee Work Programme 2014-2015

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