Notice of Meeting

Health Scrutiny Committee

SURREY COUNTY COUNCIL

Date & time	Place	Contact	Chief Executive
Thursday, 8 January 2015 at **10.00 am** **A private Members pre-meeting will be taking place at 9.30am**	Ashcombe Suite, County Hall, Kingston upon Thames, Surrey KT1 2DN	Ross Pike or Andrew Baird Room 122, County Hall Tel 020 8541 7368 0r 020 8541 7609 ross.pike@surreycc.gov.uk or andrew.baird@surreycc.gov.uk	David McNulty

If you would like a copy of this agenda or the attached papers in another format, eg large print or braille, or another language please either call 020 8541 9122, write to Democratic Services, Room 122, County Hall, Penrhyn Road, Kingston upon Thames, Surrey KT1 2DN, Minicom 020 8541 8914, fax 020 8541 9009, or email ross.pike@surreycc.gov.uk or andrew.baird@surreycc.gov.uk.

This meeting will be held in public. If you would like to attend and you have any special requirements, please contact Ross Pike or Andrew Baird on 020 8541 7368 0r 020 8541 7609.

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, Rachael I. Lake, Mrs Tina Mountain, Mr Chris Pitt, Mrs Pauline Searle and Mrs Helena Windsor

Co-opted Members

Rachel Turner, Karen Randolph, Lucy Botting

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.

PART 1

IN PUBLIC

1 APOLOGIES FOR ABSENCE AND SUBSTITUTIONS

2 MINUTES OF THE PREVIOUS MEETING: 20 NOVEMBER 2014 (Pages 1 - 12)

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

3 DECLARATIONS OF INTEREST

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

Notes:

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

4 QUESTIONS AND PETITIONS

To receive any questions or petitions.

Notes:

1. The deadline for Member's questions is 12.00pm four working days before the meeting (Friday 2 January 2015)
2. The deadline for public questions is seven days before the meeting (Thursday 1 January 2015).
3. The deadline for petitions is 14 days before the meeting (Thursday 25 December 2014).

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 FOLLOW UP FROM CQC INSPECTION QUALITY SUMMIT (Pages 13 - 28)

Purpose of report: Scrutiny of Services and Performance Management.

This report updates the Committee on the outcome of our CQC inspection and the work we have undertaken to respond to their feedback.

7 BETTER CARE FUND LOCALITY HUBS (Pages 29 - 34)

Purpose of report: Scrutiny of Services

This report is to give an update to the Select Committee on the North West Surrey Clinical Commissioning Group Locality Hubs Programme.

8 RECOMMENDATION TRACKER AND FORWARD WORK PROGRAMME (Pages 35 - 44)

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

9 DATE OF NEXT MEETING

The next meeting of the Committee will be held at 10.00 am on Wednesday 18 March 2015.

David McNulty
Chief Executive
Published: Tuesday, 30 December 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 20 November 2014 at Ashcombe Suite, County Hall, Kingston upon Thames, Surrey KT1 2DN.

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

Elected Members:

Mr W D Barker OBE
Mr Ben Carasco
Mr Tim Evans
Mr Bob Gardner
Mr Tim Hall
Mr Peter Hickman
Rachael I. Lake
Mrs Tina Mountain
Mr Chris Pitt
Mrs Pauline Searle
Mrs Helena Windsor

Independent Members:

Borough Councillor Karen Randolph
District Councillor Lucy Botting

Apologies:

Mr Bill Chapman (Chairman)
Borough Councillor Mrs Rachel Turner

APOLOGIES FOR ABSENCE AND SUBSTITUTIONS [Item 1]

Apologies were received from Mr Bill Chapman and Borough Councillor Rachel Turner.

Ben Carasco chaired the meeting.

MINUTES OF THE PREVIOUS MEETING: 17 SEPTEMBER 2014 [Item 2]

The minutes were agreed as a true record of the meeting.

DECLARATIONS OF INTEREST [Item 3]

None received

QUESTIONS AND PETITIONS [Item 4]

None received

CHAIRMAN'S ORAL REPORT [Item 5]

The Chairman sent his apologies for the meeting and so no oral report was given. A copy of the Chairman's report is included below.

Chairman's Report

Major Changes at Surrey's Acute Hospitals
The acquisition by Frimley Park Hospital of Heatherwood and Wexham Park Hospitals was completed on 1 October 2014. Examination of the plans to assure benefits for Surrey residents appears at Item 8 on the Agenda of the Health Scrutiny Committee of 20 November 2014.

At our meeting of 6 July 2014 the Committee heard from Andrew Liles of Ashford and St Peter's Hospitals and Giles Mahony of Royal Surrey County Hospital that the hospitals are working towards a merger in June 2015. Approval from the Competition and Markets Authority (CMA) and from the regulator, Monitor, is expected to be achieved by the end of 2014. Work has begun on joint planning by lead clinicians to assure that benefits can be realised from the off. Tim Evans and Bill Barker are involved through the Public Stakeholder Panel. We expect to receive an update on the Business Plan for the merger most likely at the HSC meeting of 18 March 2015.

Care Quality Commission Inspections
During the past year the Care Quality Commission (CQC) has published inspection reports on all five of our Surrey Acute Hospitals. All five hospitals have achieved a 'Good' rating or better, with Frimley Park being the first Acute Trust in England to achieve the 'Outstanding' rating.

The CQC has carried out an in-depth Inspection of 51 sites belonging to Surrey and Borders Partnership Trust (SABP). The Trust provides Surrey-wide high-end mental health, drug and alcohol abuse, and learning disabilities services. Tim Hall, Ross and I were invited by the CQC to a Quality Summit on 20 October to discuss the results of their inspection and how help could be provided to SABP to progress along its quality improvement pathway.

Other attendees at the SABP Quality Summit included representatives from Monitor (in the Chair); the NHS Surrey and Sussex Area Team; North East Hampshire and Farnham CCG (which commissions services from SABP on behalf of all of the Surrey CCGs); the council's Adults' and Children's Services; and Hampshire County Council Adults' Services.

I have offered SABP the opportunity to attend an HSC Meeting, possibly on 8 January 2015, so that the Committee can probe the observations that were raised by CQC and how SABP intends to respond to them.

Re-Commissioning of Musculoskeletal (MSK) Services for North West Surrey CCG
North West Surrey Clinical Commissioning Group is in the early stages of considering holding a competitive tendering exercise for the design and implementation of an integrated Musculoskeletal (MSK) Service. The concept is for a single provider to reorganize the fragmented components which currently make up the MSK Service and thus improve the service for patients and also save money. As plans become clearer we will bring this to the Committee.

BETTER CARE FUND UPDATE [Item 6]

Declarations of interest:

The Chair of Surrey Coalition of Disabled People informed the Committee that he is a Lay Member for Surrey Downs Clinical Commissioning Group (CCG) but that he was in attendance at the meeting representing the Surrey Coalition of Disabled People.

Witnesses:

Susie Kemp, Assistant Chief Executive, Surrey County Council
Dr Andy Brooks, Chief Officer, Surrey Heath CCG and Co-Chair of Surrey Health and Wellbeing Board

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Alison Alsbury, Director of Commissioning, North West Surrey CCG
Cliff Bush, Chair, Surrey Coalition of Disabled People

Key points raised during the discussion:

1. The Assistant Chief Executive of Surrey County Council highlighted that, through close collaboration between the Council and the CCGs, a comprehensive strategy had been developed for the delivery of the Better Care Fund (BCF) in Surrey. Of the £65 million of BCF funding for Surrey, it was highlighted that £25 million was being allocated to protect social care as part of the wider effort to manage the use of acute hospital care, specifically among frail and elderly residents where community-based care is often more appropriate. The Committee were advised that increasing the amount of care provided on a preventative or early stage basis can reduce the need for more complex and urgent care and would allow for better management of healthcare while also promoting better health and quality of life for people in Surrey.

2. The Committee learned that the success of the BCF would be measured by how outcomes had improved for residents through a set of nationally agreed metrics. Surrey-wide schemes such as Mission 90, an initiative designed to raise the average age of residents going into nursing homes from 87 to 90, would also be used to inform analysis on the implementation of the BCF. It was, however, stressed that each of the CCGs with their social care partners in the Local Joint Commissioning Groups (LJCGs) had developed their own local plans for implementing the BCF taking account of local demographics and requirements. The Surrey-wide BCF plan would be provide an overarching framework.

3. Members were advised that the BCF plan had been sent to the Department of Health for approval on 30 September 2014 and had been approved with some conditions. The governance framework for the delivery of the plan is currently in the process of being completed and the final plan will be submitted by 9 January 2015.

4. The Committee drew the witnesses' attention to page 17 of the agenda and asked for assurance that the Adult Social Care Directorate and the CCGs would be able to deliver a 'robust programme of management' in the delivery of the BCF. The Assistant Chief Executive highlighted the importance of the Better Care Fund Board, which comprises key individuals from the Council as well as representatives from the CCGs, in coordinating the delivery of the BCF. It was advised that the metrics outlined in the presentation are the key measurements of success for the fund. The Assistant Chief Executive stated that she would circulate a copy of the governance framework paper once it

had been finalised as this is key to understanding how the delivery of the BCF will be managed.

5. Members emphasised the importance of seven day working in the delivery of health care and asked if these standards would be incorporated into the BCF plan. Information was also requested on the use of metrics in the BCF and asked whether there would be quality assurances attached to these metrics. The Chief Officer (CO) of Surrey Heath CCG agreed with the Committee regarding the importance of addressing the disparity in care received by patients on different days of the week and highlighted that the CCGs were currently working on a plan to redress this balance. In regard to the inclusion of quality assurances in healthcare outcomes, the CO of Surrey Heath CCG further outlined that the CCGs are also working on a patient-centric model for the measurement of metrics to ensure that the quality of care remains central to the delivery of the BCF.

6. The Committee expressed concern that the emphasis on reducing the amount of avoidable admissions of elderly residents to acute hospitals would place added strain on GP surgeries which were already under pressure. It was suggested that more focus could be placed on helping GPs to cope with the increased demand. The CO of Surrey Heath CCG highlighted that the integration of health and social care services was key in ensuring that GPs are able to cope with increased demand especially in regard to the flow of patients. Improved patient flow will arise from integration as part of the BCF and will help GPs to treat or refer patients more efficiently.

7. Members felt that there were could be too many layers of bureaucracy in the delivery of health and social care services in Surrey, such as the many decision-making boards, and suggested the possibility of streamlining the existing framework to put more money into frontline services. The consultation on the future of six care homes in Surrey was cited by Members as a particular example of where structural changes could allow for money to be put back into frontline care delivery. The Assistant Chief Executive recognised that there are numerous structures in existence but that the time was not available to wait for these to change. It was highlighted that, as the delivery of integrated care services improved through the BCF, structures would be developed that would allow for the most efficient delivery of health and social care services.

8. The Committee agreed that more efficient data-sharing is a key component of ensuring that health and social care services operate and collaborate effectively but highlighted that improved data-sharing had been on the agenda for several years without any advances being made. Members asked, given the limited success of previous data-sharing initiatives, whether health and

social care services were properly equipped to collaborate. The Assistant Chief Executive advised that the Secretary of State for Health wants to institute the use of a single, electronic file for each patient. It was advised, however, that there were challenges around creating a system that worked across the spectrum of health and social care services as well as satisfying concerns around data protection.

9. The Chair of Surrey Coalition of Disabled People provided a brief statement and expressed some concerns which had arisen from the BCF plan that it was felt would impact negatively on patients. In particular, Members were advised that the money transferred to the BCF from the NHS was putting voluntary organisations and health care services under even greater strain. The protection of acute trusts was flagged as a specific concern while it was also highlighted that the money the CCGs have allocated towards the BCF could put some of them into financial deficit. The Chair of Surrey Coalition of Disabled People further advised that user-led organisations had not been consulted on the BCF plan to provide the patient perspective, especially that of patients with long-term medical conditions.

10. The Assistant Chief Executive responded by indicating that these concerns further underline the need for the integration of health and social care services to ensure that money is aligned correctly to enable the people of Surrey to live well for longer. It was highlighted that, despite the challenges presented, the BCF has given voice to the integration of health and social care services. It was recognised that more input could have been invited from user-led organisations but that the timescales for the development of the BCF plan had been so tight that it had proved problematic to bring user-led organisation in at this point. Assurances were provided that user-led organisations would be engaged in the New Year while it was highlighted that community engagement to assess the needs of residents had been happening through the development of CCGs' local plans. The Director of Commissioning at NW Surrey CCG and the CO of Surrey Heath CCG echoed the Assistant Chief Executive advising that significant community engagement had taken place to inform the development of the local plans.

11. Members asked about staffing for the delivery of BCF and requested information on how staff would be made available to ensure that patients are discharged appropriately from hospital. The Director of Commissioning at NW Surrey CCG indicated that investment was required to ensure that staff are available to meet the increased amount of community-based care. In addition discussions were ongoing with acute trusts to free up the funds required to make this initial investment and ensure that the numbers staff are available to deliver the requisite care.

12. The Committee expressed concern that the BCF might lead to patients being discharged from hospital before it is appropriate to do so. The CO of Surrey Heath CCG recognised that the process of discharging patients from hospital can be complicated but that with effective coordination this will improve so that patients' needs are properly assessed and that they aren't admitted to hospital when it might be better for them to be cared for elsewhere.

Recommendations:

- The Committee is provided with details of the agreed governance arrangements for the Better Care Fund in Surrey.

Actions/ further information to be provided:

- That the Committee is provided with a side-by-side breakdown of the six implementation plans in Surrey against the national metrics and with financial impacts.

Committee next steps:

- That the Chairman agrees a timetable with the Co-Chairs of the Better Care Fund Board for scrutiny with measurable quality indicators in regard to the implementation of local plans in 2015/16.

PATIENT TRANSPORT SERVICE UPDATE [Item 7]

Declarations of Interest: None

Witnesses:
Geraint Davies, Director of Commercial Services, SECAmb
Rob Mason, Head of Patient Transport Service, SECAmb
Libby Hough, Customer Accounts Manager, SECAmb
Alison Alsbury, Director of Commissioning, North West Surrey CCG

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Laurence Harvey, Head of Transport, North West Surrey CCG,
Cliff Bush, Chair, Surrey Coalition of Disabled People
Nick Markwick, Director, Surrey Coalition of Disabled People
Jane Shipp, Engagement Manager, Healthwatch Surrey

Key points raised during the discussion:

1. The Director of Surrey Coalition of Disabled People provided the Committee with an insight into the experiences of those using the Patient Transport Service (PTS) and highlighted that, despite the changes which had been implemented by SECAmb, the system was still chaotic. Members were advised that care homes were having particular issues with delays in patient transport arriving to pick up residents causing them to be late for or miss important appointments. This negative patient experience of the PTS was also highlighted to the Committee by the Engagement Manager at Healthwatch Surrey who commented that it was alarming that 15 people per day were still experiencing long delays of over 4 hours when waiting to be picked up by the PTS. Although it was conceded that some improvements had been made in improving patient experience there were still significant issues which needed to be addressed. The Chair of Surrey Coalition of Disabled People recommended that the provision in the contract allowing for the PTS to be 15 minutes late when picking patients up should be deleted when the contract is retendered.

2. Members asked whether SECAmb analyses reasons for PTS being late to pick patients up. The Head of PTS advised that SECAmb does record and analyse reasons for lateness and that travel disruption presents significant challenges, especially in northwest Surrey. It was highlighted that, where possible, SECAmb tries to act on the reasons for delays, indicating that measures to mitigate the delays caused by last minute staff sickness had led to reductions in the number of delays resulting from this.

3. The Committee requested information on the terms of the contract and asked why SECAmb tendered for the contract given the challenges it has presented. The Director of Commercial Services at SECAmb conceded that they had experienced challenges in delivering the PTS in Surrey but advised that SECAmb had increased its funding of the PTS by 25% in order to improve their delivery of this service which meant that this contract was now running at a loss. Members were told that SECAmb had advised NW Surrey CCG, as the commissioning body, that they would be unable to continue with the contract in its current form when it is re-commissioned. The Head of PTS stressed to the Committee that SECAmb were committed to continuing to deliver patient transport services in Surrey but that the terms of the contract would need to be re-designed during the re-procurement process to allow them to deliver this service effectively. The Head of Transport for NW Surrey CCG informed the Committee that NW Surrey CCG was aware that SECAmb was operating the contract at a loss and that the new contract when it was finalised would have new Key Performance Indicators (KPIs) to ensure that it is fit for purpose.

4. The Committee suggested that lessons could be learned from this tendering process and highlighted that quality as opposed to cost should be the most important factor when awarding a contract. The Director of Commissioning indicated that the retendering process would allow for the development of a better, more realistic contract and advised that the possibility of putting more money into the PTS contract to improve quality would be looked into.

5. Members questioned why the responsibility of organising patient pick up/drop off transport services was with just two people and suggested that dedicating more staff to this exercise or purchasing specific software would help coordinate the logistical operations of PTS more effectively. The Head of PTS advised the Committee that planning is rarely the problem and that it is primarily unforeseen circumstances which cause delays. It was further highlighted that there was no software available in the UK to manage the logistical and planning operations of PTS that could be purchased.

6. The Committee inquired about the delays at hospitals in regard to picking patients up, where long waits for patients to be discharged or to receive their prescriptions had been flagged as a cause of significant delays for the PTS. The Head of Transport at NW Surrey CCG recognised that problems had been caused for SECAmb as a result of these delays and highlighted that these issues would be addressed during the development of the new contract.

7. Members asked whether many of the problems for PTS could be solved by developing staff and giving them the skills to tackle issues when they arise. The Head of PTS advised that investment and training in staff was taking place to help improve service delivery.

8. Members also asked whether sub-contracts could be built in with other CCGs and voluntary organisations to create a more joined up patient transport service across the county. The Head of Transport at NW Surrey CCG confirmed that this is something that is currently under discussion to create a more integrated service and the hope is that this would include voluntary organisations and the special educational needs (SEN) transport service.

Recommendations:

- The Committee notes the improvements in PTS but remains dissatisfied with the continued issues particularly relating to complaint reporting and handling.
- The Committee requests that, along with Healthwatch and user-groups, it is included in the re-tendering of the patient transport service contract in 2015. This is to include the service specification and complaint-handling procedures.

Actions/ further information to be provided:

None

Committee next steps:

None

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FRIMLEY PARK HOSPITAL NHS FOUNDATION TRUST ACQUISITION OF HEATHERWOOD AND WEXHAM PARK HOSPITALS NHS TRUST UPDATE [Item 8]

Declarations of interest: None

Witnesses:

Jane Hogg, Integration Director, Frimley Health Foundation Trust (FT)
Alison Huggett, Director of Quality and Nursing, Surrey Heath CCG
Rosie Trainor, Interim Director of Quality and Nursing, North-east Hampshire and Farnham CCG

Key points raised during the discussion:

1. The Integration Director advised the Committee that, seven weeks on from the acquisition of Heatherwood and Wexham Park hospitals, the running of these new sites was progressing well. Members were informed that a new Operations Director had been appointed to work on improving the performance of the new hospital sites acquired while also ensuring that there was sufficient capacity across the executive team to safeguard maintaining the high standard of Frimley Park hospital. It was also highlighted that work was underway to introduce the devolved medical leadership model to Wexham Park hospital. The Committee was advised that best practice would be shared throughout the new Frimley Health NHS Foundation Trust to improve services across all of the hospital sites. It was highlighted, for example, that the strong plastic surgery and haematology departments at Wexham Park hospital would help to further improve those services at Frimley Park hospital.

2. The Committee requested information on how staff had responded to the acquisition. The Integration Director at Frimley Health FT advised the Committee that on the whole the staff had responded very well to the acquisition especially at Wexham Park hospital. Some reservations had been expressed among staff at Frimley Park who voiced concerns that the acquisition would lead to changes but stated that any changes that have or will take place are very limited.

3. Members asked about patient flow due to other mergers taking place in Surrey and requested details on how Frimley Health FT will work with the CCGs and other hospitals to ensure that patient flow is managed effectively. The Integration Director stressed that Frimley Health FT were happy to acquire the Heatherwood and Wexham Park hospital sites to provide the best opportunity to protect acute services in the Frimley area. The Committee was advised that the FT was in the process of starting a dialogue with other hospitals in Surrey to ensure that a balanced set of services are provided throughout the county.

4. The Committee asked how, with the same staff and infrastructure, Frimley Health FT aimed to raise standards at Heatherwood and Wexham Park hospitals especially for those patients who are transferred to either of these hospitals from Frimley Park. The Integration Director clarified that the aim was to deliver services locally and that patients would only be transferred from Frimley Park when the specialist nature or quality of treatment they can expect to receive for a specific medical issue is of a significantly higher quality at one of the acquired sites. Members were advised that plans were in place to improve the quality of services in key areas at the acquired hospitals such as reducing waiting and care referral times. Plans had also been formulated to bring staff on board and empower them to deliver better services to patients while investment in the infrastructure of Wexham Park hospital has also been discussed. It was highlighted that the hope was to bring the hospitals from a CQC rating of 'inadequate' to 'good' inside a year and that the expertise and support are in place to make the acquisition a success.

5. Members raised the problem of infection rates at Wexham Park hospital and asked how the Frimley management would go about improving this. The Integration Director confirmed that a strategy had been devised to tackle improvements including infection rates but informed the Committee that it would take roughly a year to embed the quality improvements planned.

Recommendations:

- The Committee accepts the merits of the merger and wishes to express its pride in the high performance of Frimley Park hospital.

Action/ further information to be provided:

None

Committee Next Steps:

- The Committee will follow up with both Surrey Heath and NE Hants and Farnham CCGs to look at the quality of service delivery and explore the success of the merger.
- The Committee will review the impact of the merger in 6 months time.

RECOMMENDATIONS TRACKER AND FORWARD WORK PROGRAMME [Item 9]

Declarations of Interest: None

Witnesses: Bob Gardner, Peter Hicks, Borough Councillor Karen Randolph

Michael Gosling, Cabinet Member for Public Health

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Key points raised during the discussion:

1. The Committee were provided with a brief update on the work of the Alcohol Member Reference Group. It was highlighted that members of this Reference Group had attended meetings with representatives from Public Health and Alcohol Concern to look at strategies for promoting a healthier relationship with alcohol amongst Surrey residents specifically through the Dry January initiative. It was advised that the support of the Communications department would be beneficial in order to successfully promote the Dry January initiative and the Cabinet Member for Public Health agreed to get in touch with the team and request their help in publicising Dry January. The Cabinet Member agreed that communications support was required to make the Dry January initiative a success and confirmed that he would speak to them about lending their support.

2. In response to a recommendation made at the meeting of the Health Scrutiny Committee on 17 September 2014, the Committee were informed that SECAmb's new Emergency Operation Centres (EOC) would be funded by capital investment and that the lease for the current EOCs are due to expire in 2015/16.

3. The Cabinet Member for Public Health advised the Committee to take a look through the BCF plan to understand the difficulty of implementing the plan and the challenges which lie ahead. Members were also encouraged to explore the integration of Children's health and social care which took place void of the impetus of BCF.

Recommendations:

- The Committee recommends that the Cabinet Member for Public Health asks the Communications department to publicise and promote the Dry January initiative.

Actions/ further information to be provided:

None

Committee Next Steps:

- The Committee to consider integrated Children's health and social care commissioning in Surrey to further understand the developments needed to deliver the BCF for frail and elderly adults.

DATE OF NEXT MEETING [Item 10]

The Committee noted its next meeting will be held at 10.00 am on Thursday 8 January 2015.

Meeting ended at: 11.55 am

Surrey and Borders Partnership NHS
NHS Foundation Trust

Health Scrutiny Committee
8 January 2015

Follow up from CQC Inspection Quality Summit

Purpose of the report:
This Report updates the Committee on the outcome of our CQC inspection and the work we have undertaken to respond to their feedback.

Introduction

We participated in the pilot of the new regime CQC Inspection for mental health and people with learning disabilities Trusts during the summer. Fifty inspectors reviewed our health services with 51 services visited during the week of 7 July 2014.

A Quality Summit with key stakeholders, including members of the Committee, was held on 20 October which CQC and Monitor led. Members of the Committee attended this event. Its purpose was to share with stakeholders the feedback we had received from CQC prior to publication and discuss our action plans to address their recommendations.

Eight service reports and one Trust wide report were published on 24 October. In addition 10 of our social care homes had unannounced inspections. The reports for each of these services have been published separately as they are finalised.

Summary of the Outcome of the Inspection

Overall the health care inspection has been positive for our services and our organisation. CQC noted many good practice areas, reported that we were a well led organisation with an open culture. They said apart from one service they found staff to be treating people with kindness and respect and that staff were engaged and enjoyed working for this Trust.

The reports confirm that all 22 outstanding compliance actions from last year's health care services inspection have been completed and the two enforcement actions satisfied and lifted.

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What we are really pleased about

- Open culture
- Safe staffing
- Leadership
- Staff engagement
- Caring and respectful staff
- Many good practice initiatives noted
- Recognised as doing good work
- Positive about our equality and human rights work

Services that did really well (no compliance actions)

- Long Stay Rehabilitation
- Services for people who have learning disabilities
- Adult community based services
- Eating disorders services

Areas for improvement

However there are 11 new compliance actions from the new inspection. These are summarised below and provided in full in **Appendix A** to this Report:

Area	Areas with compliance actions	Nature of concern
Involvement and Information	Fenby Ward PICU	• Engagement • Section 2 rights
Personalised care, treatment and support *	Victoria Ward	• Tissue Viability care planning
Safeguarding and safety	Delius Ward Fenby Ward	• Seclusion • Resuscitation Equipment
Suitability of Staff *	Fenby Ward S136 at Wingfield and Fenby Ward Crisis House / Line	• Agency staff training • Safety of staff in S136 spaces • Mandatory and statutory training
Quality and Management	Trust Wide Crisis House / Line Children and Young Peoples Services (CAMHS)	• Quality Assurance processes • Crisis Line plan • Incident reporting

Social Care Outcomes

With regards our social care homes, 10 homes have been inspected and we have received final reports for seven of these and draft reports for two others with one report outstanding. The outcomes of these inspections are shown in the table below.

Service	Type	Status of Report	Fully Compliant
Courthill house, Chipstead	Residential Care Home	Published	No
Redstone House, Redhill	Residential Care Home	Published	No
Hillcroft, Epsom	Residential Care Home	Published	Yes
Sheiling, Epsom	Residential Care Home	Draft	TBC
Larkfield, Charlwood	Residential Care Home with nursing	Published	Yes
Rosewood, Charlwood	Residential Care Home with nursing	Published	Yes
Derby House, Epsom	Residential Care Home with nursing	Published	No
Ashmount, Epsom	Residential Care Home with nursing	Published	No
Jasmine House, Epsom	Adult Shirt Break service	Published	Yes
Beeches, Reigate	Children's short break service	Published	No

The Actions we have taken

We provided CQC with our action plan to address their compliance actions on 28 November 2014. We are responding separately and on time to the social care inspection reports.

We have translated all the 11 "must do" (compliance requirements) and the "should do" recommendations fedback to us into our Quality Improvement Plan (QIP).

A summary of the actions we have taken and continue to work on in response to the CQC feedback is provided in the "you said we did" document we have attached as an **Appendix B** to this paper.

Conclusions:

Our review of the recommendations from the CQC inspection suggests that whilst there are some things we need to accelerate overall our Quality Improvement Plan, if we are successful in delivering the KPI's and other outcomes described, should lead to good and outstanding services for the future.

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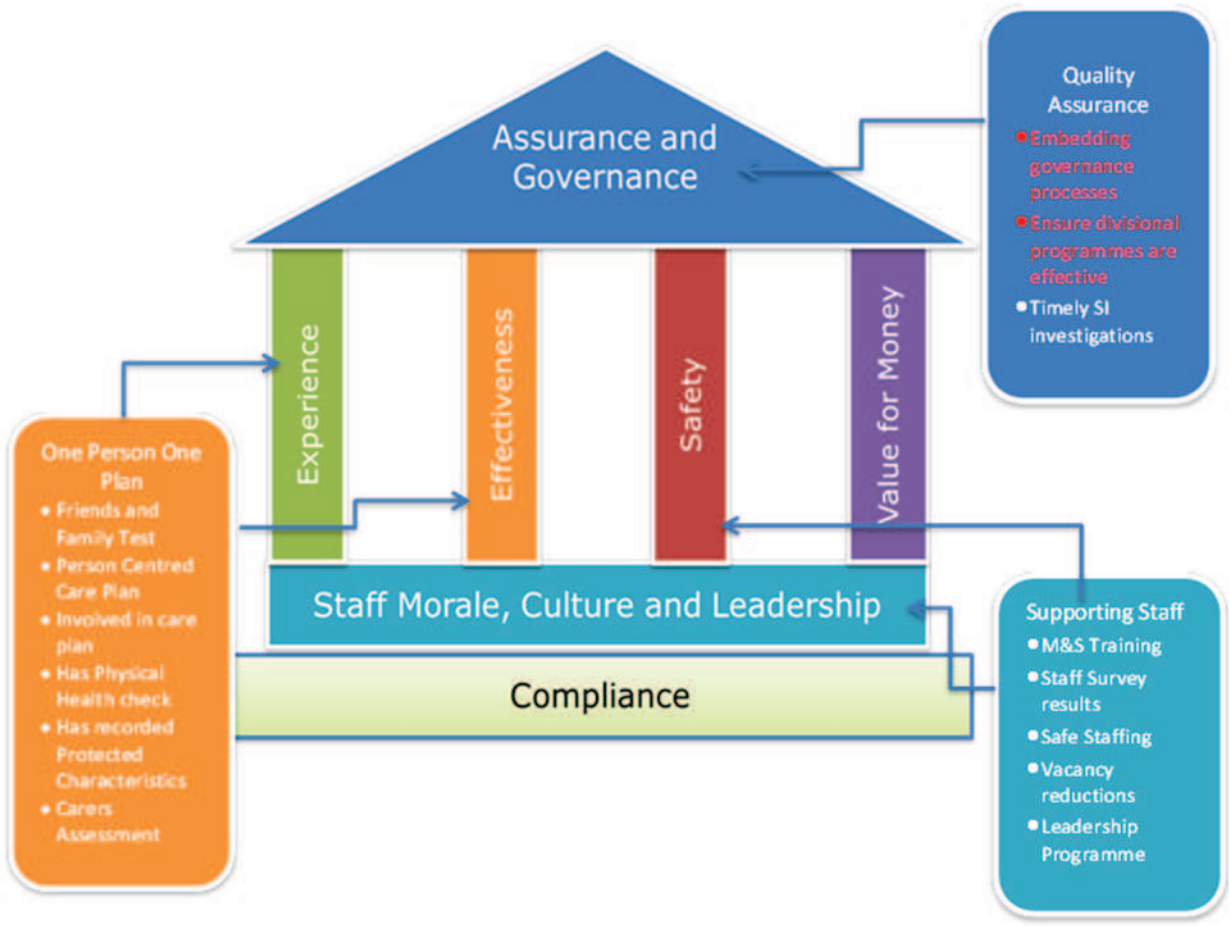

Public Health Impacts

Our role is to provide excellent treatment and care; but also, working as leaders in our communities, to promote good mental health as essential for good overall health and well-being and helping to raise awareness in order to tackle the stigma many people who use our service and their families experience.

We are increasingly shifting to focus on prevention, diagnosis and early intervention.

We aim to achieve for people **one plan** of care and support through our partnership working with others.

Everything we do aims to keep people connected, so they can live better lives.

Recommendations:

The Committee is asked to consider the outcome of our inspection and our work to improve our services; and to advise when it may wish to receive its next update on the work of our services in the future.

Next steps:

Our Quality Improvement Plan is at the heart of our work programmes to implement our Strategy and is central to our Plan for the coming year.

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Report contact: Jo Young, Deputy Chief Executive / Director of Quality (Nurse Director)

Contact details: 01372 216292 jo.young@sabp.nhs.uk

Sources/background papers: The published CQC reports can be found on the CQC website http://www.cqc.org.uk/provider/RXX

Appendix A

Care Quality Commission Compliance Notices

Area	Service with compliance actions	Nature of concern	Compliance Notice
Involvement and Information	Fenby Ward PICU, Epsom	• Engagement • Section 2 rights	• The registered person must so far as reasonably practicable make suitable arrangements to treat service users with consideration and respect. The psychiatric intensive care unit must treat people with respect and engage proactively. Patients told us their needs were not attended to in a timely fashion and were consistently told to wait, with their request not always being attended to. Our observations found poor engagement levels between staff and patients. • The trust is not making arrangements to enable patients to be involved in decisions about their care and treatment by ensuring that patients detained on section 2 of the Mental Health Act are regularly informed of their rights in relation to the treatment they are receiving.
Personalised care, treatment and support *	Victoria Ward, Guildford	• Tissue Viability care planning	• The registered person had not ensured that each service user was protected against the risks of receiving care or treatment that was inappropriate or unsafe, by means of carrying out of an assessment of the needs of the service user and the planning and delivery of care and, where appropriate, the treatment in such a way as to have met the service users' individual needs. They had not ensured the welfare and safety of the service user because there were not records demonstrating that skin integrity and falls risks were monitored and assessed on admission and were not identified in the management of care of people on Victoria ward. Service users on Victoria Ward had not had regular physical health monitoring checks such as weight and blood pressure checks.
Safeguarding and safety	Delius Ward Fenby Ward, Epsom	• Seclusion • Resuscitation Equipment	• On the acute wards and psychiatric intensive care unit seclusion is being used without suitable arrangements in place to protect service users against the risk of physical interventions being excessive, as the use of seclusion is not being recognised as such so its use can be correctly recorded and monitored to ensure the appropriate safeguards are in place. • The registered person must make suitable arrangements to protect service users and others who may be at risk from the

			use of unsafe equipment by ensuring that equipment provided for the purposes of the carrying on of a regulated activity is properly maintained and suitable for its purpose. The resuscitation equipment at the Mid Surrey assessment and treatment service and the psychiatric intensive care unit was not regularly monitored in line with trust policy and documentation demonstrated staff appeared unable to identify the equipment accurately.
Suitability of Staff *	Fenby Ward S136 at Wingfield, Frimley and Fenby Ward, Epsom Crisis House / Line, Reigate	• Agency staff training • Safety of staff in S136 spaces • Mandatory and statutory training	• In order to safeguard the health, safety and welfare of service users, the registered person must take appropriate steps to ensure that, at all times, there are sufficient numbers of suitably qualified, skilled and experienced persons employed for the purposes of carrying on the regulated activity. Agency staff working on the psychiatric intensive care unit informed us they were regularly involved in restraining patients and had little or no training. • The registered person must ensure that service users and others having access to premises where a regulated activity is carried on are protected against the risks associated with unsafe or unsuitable premises, by means of— (a) suitable design and layout;. - The Wingfield place of safety was housed within a converted day room. There were no ensuite facilities in the suite. The entrance is via the main reception and ward area. People are able to view inside the area from the garden. There was an unlocked door through to a small corridor with 2 locked rooms from it posing a risk to staff undertaking 1-1 observations. - At the Fenby place of safety the window in the bedroom door was high up and in a position which was not easy for staff to observe through for long periods. There was no communication system in place to allow people to communicate with staff whilst in the bedroom area. To facilitate people using the toilet, staff had to enter the toilet via a door from the main area and unlock the interconnecting door. This placed the staff at risk. The doors to the bedroom, interconnecting door and toilet to main area were old and showed damage and repair. We noted the hand push plate had a sharp corner which a person could potentially injure themselves on. • The provider had not ensured that staff had received appropriate training to enable them to deliver care and treatment to service users safely and to an appropriate standard. Some staff in the crisis house and crisis line had not completed or refreshed their training on supporting people with challenging behaviours or basic life support.
Quality and Management	Trust Wide Crisis House/Line Children and	• Quality Assurance processes • Crisis Line plan	• The registered person must protect service users against the risk of inappropriate or unsafe care by means of an effective operation of systems designed to enable the registered person to regularly assess and monitor the quality of services provided. The current governance processes are not clearly highlighting services in the division for older people which are not performing well such as Victoria Ward, so that improvements can take place and be closely

	Young Peoples Services (CAMHS)	• Incident reporting	monitored. The trusts internal quality assurance system (periodic service review) had not been completed in a way that identified the areas for improvement in the psychiatric intensive care unit to ensure timely improvements were put into place. • The trust had not protected service users against the risk of inappropriate or unsafe care by means of the effective operation of systems designed to identify, assess and manage risks relating to the health, welfare and safety of service users. The crisis line was still being reviewed and did not have clear recommendations in place to ensure it operated to meet the needs of people who use the service. • The registered provider had not protected people at risk of inappropriate or unsafe care. There was not an effective system to ensure that changes were made to treatment or care provided, by the analysis of incidents. Not all staff knew how to report incidents and were not made aware of the findings (CAMHS).

"Must Do's":

Assessing and Monitoring the Quality of the service
CQC said:

- The existing quality assurance processes used by the Trust must be completed accurately so they reflect the service being reviewed. The Trust must ensure it has the most appropriate quality assurance systems available so it can identify where services are not performing well so that measures can be put in place to improve these services to ensure consistently high standards of care

We did:

- Board reflection / discussion
- Reviewed Early Warning System criteria
- Developed further our risk register process
- Weekly risk meeting chaired by CEO
- Reporting to Board services in change and those receiving circle of support
- Moved resources to create post to deliver observational improvement support
- Review of divisional quality assurance processes
- Commissioning of an external governance review
- Visit to other organisations
- External Governance Review of recommendations
- Board monitoring

Safeguarding people who use services from abuse
CQC said:

- On acute wards and psychiatric intensive care units seclusion is being used without suitable arrangements in place to protect people who use services against the risk of physical interventions being excessive, as the use of seclusion is not being recognised as such so its use can be correctly recorded and monitored to ensure the appropriate safeguards are in place

We did:

- Issued immediately a Clinical Risk Alert
- Discussions with all acute inpatient teams
- Included seclusion and restraint within our mental health act training programme
- Include restraint and seclusion incidents in standard reporting
- Drafted a Positive and Safe action plan
- Implementing a Restriction Reduction Plan

- Clinical Audit to include Positive Behaviour Support plans

Safety, availability and suitability of equipment
CQC said:

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- The resuscitation equipment at the mid surrey assessment and treatment unit was not regularly monitored in line with trust policy and documentation demonstrated staff appeared unable to identify the equipment accurately.

We did:

- All missing equipment was replaced
- Immediate training and support given to teams
- New equipment checklists were provided
- Staff training programmed for basic life support
- Monthly audit of weekly checks of equipment

Respecting and Involving People who use services
CQC said:

- The PICU must treat people with respect and engage proactively. Patients told us their needs were not attended to in a timely fashion and were constantly told to wait, with their request not always being attended to. Our observations found poor engagement levels between staff and patients.

We did

- Closed to admissions
- Implemented a Circle of Support
- Stabilised the leadership team and recruited substantive Ward Manager and Matron
- Introduced weekly reflective practice, training and meaningful engagement programme for all staff
- Implemented a gradual re-opening of bed capacity using a risk based approach
- Regular observation of staff against standards
- Planning staff training
- Performance Management
- “Your views matter” being reviewed to gather and respond to peoples reported experience

Respecting and Involving People who use services
CQC said:

- The Trust is not making arrangements to enable patients to be involved in decisions about their care and treatment by ensuring that patients detained on section 2 of the mental health act are regularly informed of their rights in relation to the treatment they are receiving.

We did

- Mental Health news flash was issued
- "Rights Friday" Initiative was started
- Mental Health Act Managers have been asked to check S2 rights on service visits
- Medical Advisory Committee are to discuss this issue
- We will write to Advocates to enlist their support
- The Mental Health Act departmental will include S2 rights in their reviews
- The Mental Health Act Managers will be organised to complete a Themed review
- The acute wards will add to community meeting agenda discussion on rights once a month

Staffing
CQC said:

- Agency staff working in the PICU informed us that they were regularly involved in restraining patients and had little or no training.

We did

- Instruction to staff that they could not be used in restraint / MAYBO
- Discussion with NHSP / Assurance that temporary staff are appropriately trained
- MAYBO training to be available to temporary staff
- Assurance reports from NHSP regarding statutory and mandatory training of their workforce and their supply of agency staff

Staffing
CQC said:

- The Wingfield place of safety was housed within a converted day room. There were no ensuite facilities in the suite. The entrance is via the main reception and ward area. People are able to view inside the area from the garden. There was an unlocked door through to a small corridor with 2 locked rooms from it posing a risk to staff undertaking 1 to 1 observations
- At the Fenby place of safety the window in the bedroom door was high up and in a position which was not easy for staff to observe through for long periods of time. There was no communication system in place to allow people to communicate with staff whilst in the bedroom area. To facilitate people using the toilet, the staff had to enter the toilet via a door and unlock the interconnecting door. This placed the staff at risk. The doors to the bedroom, interconnecting door and toilet to main area were old and showed damage and repair. We noted the hand push plate had a sharp corner which a person could potentially injure themselves on.

We did

- New furniture and beds have been provided
- These environments are being reviewed and recommendations for improvements produced
- Additional dedicated staff to be allocated to places of safety rather than supplied from wards
- Timely delivery of new environments monitored through Executive Team

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Supporting Workers
CQC said:

- Some staff in the crisis house and crisis line and crisis line had not completed or refreshed their training on supporting people with challenging behaviours or basic life support.

We did

- All staff have been booked onto MAYBO training and basic life support training
- All other Statutory and Mandatory Training is to be provided
- Helpline training being provided
- Self-serve ESR
- Monthly monitoring by Electronic Staff Record
- Board and Council KPI report

Assessing and Monitoring the Quality of the service
CQC said:

- The crisis line was still being reviewed and did not have a clear recommendations in place to ensure it operated to meet the needs of people who use the service

We did

- Increased support for the staff provided
- Circle of support set up
- Reflective Practice group implemented
- Helpline Training being provided
- Recording of calls and feedback session with live supervision for staff is taking place regularly now
- Crisis Line review is being progresses as part of Crisis Concordant
- Assurance Reporting to Quality Committee
- Call monitoring and call activity reports

Care and Welfare
CQC said:

- They had not ensured the welfare and safety of the people who use services because there were no records demonstrating that skin integrity and falls risk were monitored and assessed on admission and were not identified in management of care of people on Victoria Ward.

- People who use services on Victoria ward had not had regular physical health monitoring checks such as blood pressure checks.

We did

- New Ward Manager appointment
- Performance Management of staff members
- Circle of support initiated
- Admission checklist provided
- Weekly audits of care records being implemented
- Older peoples mental health falls plan being progressed
- Appointment of Physical Health Care Nurse
- Safety Hub Falls programme – improvement cycle
- Physical Health Care Nurse audits to provide assurance

Assessing and Monitoring the Quality of the service
CQC said:

- Not all staff [in CAMHs] knew how to report incidents and were not made aware of the findings

We did

- Held discussion at Quality Action Group
- Will be Issuing staff with incident reporting policy and seek their confirmation through supervision of their understanding of this
- Provide Datix Workshops for teams
- Designing a communications plan to ensure identify channels of communications for the purposes of lessons learnt from incidents are clear
- Service Deep Dive action plan to be completed
- Incident reporting monitoring

"Should do's"

Supporting Workers
CQC said:

- The Trust should ensure the new ESR provides an accurate record of the training the staff have completed so it is possible to know what training staff need to receive or have refreshed to work in different services in the Trust so this can be provided in a timely manner

We did

- Introduced self-serve ESR so all staff individually and managers can review locally their staff training record
- Provided service to update and correct ESR records from local information
- Introduced monthly reporting on current position
- Completed stock take of progress in October to mobilise supply to attain targets by March 15

- Plan to improve attendance by supplying training locally where possible
- Instruct subject matter experts with the task to ensure they reach their training numbers to deliver KPI
- Quarterly monitoring of Divisional Directors performance
- Board monitoring and intervention through KPI report

6

Assessing and Monitoring the Quality of the service
CQC said:

- The Trust should continue its work to ensure that the serious incidents are investigated in a timely manner in line with the agreed timeframes to ensure learning is shared promptly

We did

- Delivering 100% completion on time since May 14
- Plan to complete all previous investigations by end of Oct 14
- Continue to monitor 100% completion of action plans on time through the scrutiny panel
- Introduced reflective practice support to the CRS team to enable them to stay productive in their work whilst coping with the distress of the work
- Developing connection with recommendations and actions with safety hub programmes
- Reduction of severe harm incident KPI monitored monthly by Trust Board
- Exception reports to Board if delays in investigations occur
- Annual reporting to Quality Committee from Scrutiny Panel

Care and Welfare
CQC said:

- The Trust should continue its work to ensure all the people using services have their physical health assessed and have a health action plan

We did

- Focused attention by older peoples mental health and working age adult mental health divisions to achieve KPI
- People who have learning disabilities health check performance is being monitored through the quality standards
- Completed stock take of progress against KPI in October to mobilise supply to attain targets by March 15
- Physical Health Care Nurse appointed
- Physical Health Care group being led by Medical Director
- Extending KPI to include all divisions and all appropriate people who use our services from April 15
- Monthly review and problem solving at QMB and Executive Board
- Quarterly monitoring of Divisional Directors performance
- Board monitoring and intervention through KPI report

Assessing and Monitoring the Quality of the service
CQC said:

- The Trust should ensure that all people who make a complaint receive a thorough response in a timely manner

We did

- A peer review of our complaints process has been completed and action to be considered at November Quality Committee
- The Complaints Manager is to report directly to Director of Quality
- Trajectories for improvement to be set for reducing the time it takes to respond to complaints
- NED Director of Quality Committee to continue to review sample of complaints two monthly
- Quarterly reporting to stakeholders through Expert Report
- Quarterly reporting, monitoring and intervention by Trust Board

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Jo Young
Director of Quality and Deputy Chief Executive (Nurse Director)
19.10.14

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NHS
North West Surrey
Clinical Commissioning Group

Health Scrutiny Committee
8 January 2015

Better Care Fund
Locality Hubs

Purpose of the report: Service Development and Improvement

This report is to give an update to the Select Committee on the North West Surrey Clinical Commissioning Group Locality Hubs Programme.

Introduction

In North West Surrey the population is ageing; currently there are around 29,360 people over 75, which is predicted to rise to 32,736 by 2018. Of these, a significant proportion will be 'frail', that is at risk of deterioration in their health status, leading to the need for urgent and often avoidable health and care service interventions.

NHS England defines frailty as:

> '*a consequence of age-related decline in multiple body systems, which results in vulnerability to sudden health status changes, triggered by minor stress or events such as an infection or a fall at home*'.

With a significantly ageing population, frailty is a fast-growing challenge to the delivery and affordability of health and care services in the future.

In response to this challenge North West Surrey CCG, in partnership with social care, local GP practices and colleagues in acute, community and mental health providers, aims to integrate services around the needs of the patient and make them accessible through one point - the Locality Hub.

1. Locality Hubs

1.1. One of North West Surrey's Better Care Fund (BCF) programmes focuses on developing an integrated care model focusing on enhancing support to the frail and elderly. The programme will provide our residents with the best possible, fully integrated, appropriate and most cost-effective care; delivering better outcomes for one of our most vulnerable groups of patients.

1.2. The proposed change is very much viewed as a large, transformational service improvement, which will deliver tangible benefits to patients in terms of outcomes and experience. The nature of this service improvement will require the reconfiguration of existing services as there is a shift from delivering care in a number of fragmented silos to delivering care and support genuinely integrated around an individual.

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1.3. This integrated model of care will be delivered in three Locality Hubs, one in each one of our GP Locality areas (Woking, Thames Medical and SASSE). A *Locality Hub* is a GP-led integrated care centre, bringing together and providing access to primary care, community services, social care, third sector and planned care services.

1.4. Each Locality Hub will be led and managed by a Locality Network Board (LNB), which is chaired by a local GP. Each LNB is made up of GPs from practices in that locality.

1.5. Locality Hubs will integrate a wide range of services around some of the most complex frail elderly patients. They will provide health, social and voluntary care services, through a single access point, to some of our most complex frail elderly patients. They will plan and provide proactive services aimed at keeping people healthier for longer and slowing rates of functional deterioration while also possessing the capability to deliver prompt reactive care in situations of crisis or exacerbation.

2. Model of Care

2.1. The model of care is being developed in partnership with patients, clinicians and multi-disciplinary professionals from across the health and social care system and will encompass all elements of the model pathway defined by NHS England[1].The array of services is still to be finalised but is expected to include some of the services outlined in Appendix 1, aligned to care and support plans.

2.2. When fully operational, Locality Hubs will operate seven days per week and will provide every patient on the 'hub caseload' with a dedicated Care Coordinator and/or Case Manager who will develop a holistic personalised care and support plan. Care Co-ordinators/Case Managers will also ensure access to a diverse portfolio of services both at the hub site and within the wider community.

2.3. Hub services will have the capability to outreach to a person's place of residence and to acute hospitals to support discharge as well as seeing patients and their carers within the hub itself. Each person supported within a Locality Hub will have access to dedicated transport to and from appointments where required to enable physical attendance wherever

[1] Safe, compassionate care for frail older people using an integrated care pathway, NHS England, February 2014 http://www.england.nhs.uk/wp-content/uploads/2014/02/safe-comp-care.pdf

possible. This is important in light of the particular challenge of social isolation that can arise within this cohort.

3. Plans and progress to date

3.1. The CCG has set a challenging goal of having a Locality Hub in each GP locality by the end of 2015/16, beginning with the incremental implementation of the Woking Hub by the end of this financial year.

3.2. The CCG is holding a series of design and process mapping workshops with GP representatives, health and social care staff and the voluntary sector to agree the first cohort of patients and the initial portfolio of services to be provided from the Hub. This design work will be completed in January 2015.

3.3. Locality Hub services are to be community based and may involve the movement of some services from the hospital setting, these could include specialist outpatient consultations and certain diagnostic and elective procedures e.g. catheter replacement, diagnostic scoping and infusion therapies.

3.4. Other work is also progressing to secure and refurbish clinical premises, develop a shared IT and records infrastructure and organise support services such as patient transport. The first Locality Hub in Woking will operate out of Woking Community Hospital.

4. Stakeholder Engagement

4.1. A Strategic Change Board and a core group have been set up to oversee the design and implementation of the Locality Hubs. Membership of both groups includes senior representation from Ashford & St Peter's Hospital, Surrey County Council, Virgin Care, Surrey & Borders Partnership and Local GP leaders. More focussed design and operational groups have also been set up to ensure a multi disciplinary team approach to the design and mobilisation of new services.

4.2. We are fully committed to involving stakeholders in the design and development of our Locality Hubs programme and have an on-going schedule of patient and public engagement. We have already held a number of interactive stakeholder engagement sessions with local people. A recent example is the whole system event we held on 7 November 2014 attended by approximately 90 patients and professionals. Feedback from all our stakeholder engagement has been incorporated into our plans.

4.3. We will continue to develop our communications and engagement channels which will include regular stakeholder newsletters, web enabled engagement and more targeted stakeholder events.

5. Public Health Impacts

This service development aligns with a number of JSNA priorities and the Joint Health & Wellbeing Strategy including:

5.1. **Improving Older Adults' Health and Wellbeing-** the central premise of the Locality Hub model is delivering a better level of care and support to older people in our community.

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5.2. **Developing a Preventative Approach-** the Locality Hub model ultimately aims to improve levels of health and wellbeing before the need for a clinical intervention. A fundamental part of this ethos is building a range of preventative services around the needs of the individual, this must involve significant input from the voluntary and local government sectors and could include things such as befriending, exercise classes and social activities etc.

5.3. **Promoting Emotional Wellbeing and Mental Health-** one of the elements within the Locality Hubs care plan explicitly relates to a patient's emotional resilience. Common psychological conditions such as depression, anxiety and dementia have a particularly high prevalence within the Locality Hub cohort. Outline any impacts the proposal/policy may have on the wider determinants of health or tackling inequalities.

Report contact: Jack Wagstaff, Head of Frailty and Integrated Care, North West Surrey Clinical Commissioning Group

Contact details: tel: 01932 796481 email: jack.wagstaff@nwsurreyccg.nhs.uk

APPENDIX 1

Potential services aligned to care and support plans

Section of Care Plan	Objective of this Care Plan Section	Example Activities
Adherence & Persistence	*"I do the things that keep me well and I will do them for the long term"*	**Coaching, training & education-** nutrition, hydration, catheter care **Well-being classes/activities-** exercise classes, meals, socialisation
Adaptive Environment & Assistive Technology	*"I get the tools I need to keep me mobile, enable me to function day to day and manage my own health"*	**Electronic Devices-** remote monitoring, sensory aids, telecare, CPAP **Mobility Aids-** walking aids, splints, supports **Home Adaptations-** home assessments, lifts, hoists, meal preparation
Medical Monitoring & Testing	*"I have the regular check-ups I need to stay well and get treatment quickly when I need it"*	**Regular Check-ups-** GP / nurse /pharmacist-led **Specialist Consultation-** geriatric medicine, respiratory medicine, neurological disorders **Diagnostics & Screening-** blood pressure, spirometry, memory, continence **Minor Elective Procedures-** catheter replacement, pressure sore care, infusion treatment
Medication Management	*"I'm on the medications that best suit me, I know how to use them properly and I'm reviewed regularly"*	**Medications Review-** review of drug portfolio, drug-disease interaction **Medications Support-** training in administering medications and managing them within lifestyle
Carers, Family, Friends & Community	*"I make best use of the resources around me and my carers are supported to help me"* *"I feel supported in my caring role and get support to have a life outside caring"*	**Information & Signposting-** local community centres, neighbourhood schemes **Assessment for carer support-** carer assessment and advice **Carer support and training-** local carer groups, respite services, care advice

		and training
Emotional Resilience	*"I feel happy and able to cope with my circumstances and I know where to get help when I need it"*	**Individual Support-** befriending, counselling, telephone outreach **Group Support-** support meetings at the hub, community schemes
Transitions	*"I know what to do when things change and the people that know me and my circumstances are there to support me"*	**Crisis Management-** single point of contact, management of exacerbations **Rapid Response-** 2hr response service, same day care, wound management, **Discharge to Assess-** Proactive in-reach to A&E and hospital, rehab and package of care assessments

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ANNEX 1

HEALTH SCRUTINY COMMITTEE
ACTIONS AND RECOMMENDATIONS TRACKER – UPDATED DECEMBER 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
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 Surrey have been briefed on these recommendations.	*Complete*
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	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	*Complete*

Number	Item	Recommendations/ Actions	Responsible Member (officer)	Comments	Due completion date
		achievable KPIs.		for changes in service. NW Surrey have been briefed on these recommendations .	
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		*Complete*
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		*March 2015*
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		*January 2015*
SC059	Care Quality Commission [28/14]	The Committee requests that the Chairman and Scrutiny Officer agree with CQC how it will work in partnership	CQC/Scrutiny Officer	Dates are being considered for first meeting in October.	*TBC*

Number	Item	Recommendations/ Actions	Responsible Member (officer)	Comments	Due completion date
SC061	Care Quality Commission [28/14]	Invite CQC to return in the autumn to review progress on the work they have carried out in Surrey following this Committee meeting	CQC/Scrutiny Officer		*TBC*
SC062	Frimley Park Hospital NHS FT merger with Heatherwood & Wexham NHS FT [29/14]	Committee requests to be kept informed on the progress of the transaction.	Frimley Park		*Completed*
SC063	Frimley Park Hospital NHS FT merger with Heatherwood & Wexham NHS FT [29/14]	Scrutiny Officer to liaise with Frimley Park management to agree next appearance.	Frimley Park / Scrutiny Officer		*Complete*
SC064	Integration: Community Provision in the Health System and the use of technology [50/14]	The Committee asks the providers to give an update on the progress of integration in six months time.	Community Health Providers		*March 2015*
SC065	Member Reference Group report on SECAmb plans to reorganise its Emergency Operation Centres [51/14]	Clarify finance for reorganisation for SECAmb EOCs having reached capacity.	Scrutiny Officer Director of Commercial Services, SECAmb		*Complete*

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Health Scrutiny Committee Work Programme 2014-2015

Date	Item	Why is this a Scrutiny Item?	Contact Officer	Additional Comments
January 2015				
8 Jan	Surrey and Borders Partnership response to CQC Inspection	Scrutiny of Services/Performance Management – the mental health trust underwent a number of inspections from the CQC and the Committee will receive an update on the actions taken in response to their CQC.	Jo Young, Director of Nursing and Quality Rachel Hennessy, Medical Director	
8 Jan	NW Surrey CCG, Better Care: Locality Hubs	Scrutiny of Services – the locality hub model is one part of the CCG's implementation of the principles of the Better Care Fund and integration of services around the frail and elderly.	Julia Ross, Chief Executive Yvette London, Engagement Manager	
March 2015				
18 Mar	Public Navigation of the health service and NHS Communications	Scrutiny of Services – how people use the NHS is under greater scrutiny as attendances and admissions at Acute settings increase and appointments at GP surgeries are difficult to secure. The Committee will consider patient experience of using the health system, the information and guidance that is already available and how it can contribute to appropriate use of the health service.	CCGs PPEs Healthwatch	
18 Mar	Review of Quality Account Priorities	Policy Development – The Committee will receive progress reports from the QA MRGs for each NHS Trust and review the MRG's comments on priorities for the next year's QA for those Trusts that have submitted	MRG Chairmen/ Scrutiny Officer	

Health Scrutiny Committee Work Programme 2014-2015

Date	Item	Why is this a Scrutiny Item?	Contact Officer	Additional Comments
		draft priorities.		
18 Mar	Public Health 0-19 Commissioning	Scrutiny of Services – The Committee will the Public Health team's commissioning plans for the 0-19 years old pathway including school nursing.	Helen Atkinson, Director of Public Health Harriet Derrett-Smith Senior Public Health Lead	
18 Mar	Sexual Health Services for Children and Young People	Scrutiny of Services – The Committee will scrutinise prevention work with children and young people in schools, colleges and the youth service following consultation on the strategy	Helen Atkinson, Director of Public Health Kelly Morris, Public Health Principal for Children and Young People	
May 2015				
21 May	Reconciliation of residents requirements with CCG and NHS England priorities	Scrutiny of Services – patients and residents should be at the heart of NHS decision making. The Committee will review the ability of NHS Commissioners to engage with their service users and to incorporate their needs into commissioning plans. As part of this the Committee will continue to consider how the NHS communicates with its stakeholders.	CCG representatives Area Team Patient Representatives	

Health Scrutiny Committee Work Programme 2014-2015

Date	Item	Why is this a Scrutiny Item?	Contact Officer	Additional Comments
			Healthwatch	
21 May	Review of Quality Account Priorities	Policy Development – The Committee will review the MRG's comments on priorities for the next year's QA for those Trusts submitting priorities since the last meeting.	MRG Chairmen/Leah O'Donovan, Scrutiny Officer	
July 2015				
2 July	TBC			
To be scheduled				
	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)	
	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	
	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	
	Adult Mental Health	Scrutiny of Services/Policy Development – The Mental Health Services	NE Hants &	To be joint

Health Scrutiny Committee Work Programme 2014-2015

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	and Wellbeing Commissioning Strategy	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.	Farnham Adult Social Care	with ASC Select
	Public Service Transformation Network	Scrutiny of Services/Policy Development – there are six strands of the Public Transformation programme of which the Health and Social Care Integration projects including the Better Care Fund will be scrutinised by the Committee		
	Transformation Boards Update	Scrutiny of Services/Policy Development - Transformation Boards are made up of NHS commissioners and providers and SCC. The Boards centre on the Acute Trusts and have the entire health economy of that area as their scope. They solve problems and strategise on thematic terms. The Committee would benefit from understanding the outputs of an exemplar board and their role in the health system	Board representatives	

Task and Working Groups

Group	Membership	Purpose	Reporting dates
Alcohol Member Reference Group	Karen Randolph, Peter Hickman, Richard Walsh	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,	November 2014, March 2015

		raising awareness and contribute to Public Health's Alcohol Strategy	
Better Care Fund (Joint with Adult Social Care)	Bill Chapman, Tina Mountain, Tim Evans	To monitor and scrutinise the plans and investment in services in terms of impact and risk for existing services in Surrey and patients.	Quarterly
GP Access Task Group	Ben Carasco, Karen Randolph, Tim Evans, Tim Hall	Working together with partners in the NHS Surrey and Sussex Area Team and Healthwatch Surrey, this group aims to gather evidence on the availability of appointments, the barriers to improved access and to offer solutions and support in improving availability for residents.	March 2015

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