

Notice of Meeting

Health Scrutiny Committee



Date & time
Wednesday, 18
March 2015
at 10.30 am
A private Members
pre-meeting will be
taking place at
9.30 am

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

Contact
Ross Pike or Andrew Baird
Room 122, County Hall
Tel 020 8541 7368 Or 020
8541 7609

Chief Executive
David McNulty

ross.pike@surreycc.gov.uk or
andrew.baird@surreycc.gov.uk

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

(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 (Thursday 12 March 2015).
2. The deadline for public questions is seven days before the meeting (Tuesday 10 March 2015).
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 JOINT REPORT A&E WINTER PRESSURES

(Pages
13 - 18)

Purpose of report: Scrutiny of Services

Following the high level of demand on NHS A&E units across the country and the effect on performance the Committee has requested that Ashford

& St. Peter's Hospitals Foundation Trust and its partners provide an analysis of the pressures in their area including detail on the immediate response to the increased demand and how the system is planning to cope going forward. The Trust has been approached as it has demonstrated resilience in this period and can provide evidence of the lessons learnt as it steps down from major incident status.

7 THE HEALTHY CHILD PROGRAMME IN SURREY, INCLUDING HEALTH VISITING AND SCHOOL NURSING SERVICES (Pages 19 - 24)

Purpose of report: Policy Development and Review

This paper is being presented to the committee in response to a recommendation made at the Health Scrutiny Committee in January 2014 regarding school nurse services and to provide an update on the transfer of commissioning arrangements for health visiting.

8 PREVENTION AND SEXUAL HEALTH IN SURREY (Pages 25 - 30)

Purpose of report: Scrutiny of Services

To provide an update on last year's report to the Health Scrutiny Committee about sexual health prevention work currently taking place in Surrey.

9 REVIEW OF QUALITY ACCOUNT PRIORITIES (Pages 31 - 32)

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

The Committee will review its Quality Account Member Reference Groups and the draft priorities of NHS providers.

10 RECOMMENDATION TRACKER AND FORWARD WORK PROGRAMME (Pages 33 - 44)

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

The Committee will review its Recommendation Tracker and draft Work Programme.

11 DATE OF NEXT MEETING

The next meeting of the Committee will be held at 10.00 am on 21 May 2015.

David McNulty
Chief Executive
Published: Tuesday, 10 March 2015

MOBILE TECHNOLOGY AND FILMING – ACCEPTABLE USE

Those attending for the purpose of reporting on the meeting may use social media or mobile devices in silent mode to send electronic messages about the progress of the public parts of the meeting. To support this, County Hall has wifi available for visitors – please ask at reception for details.

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It is requested that if you are not using your mobile device for any of the activities outlined above, it be switched off or placed in silent mode during the meeting to prevent interruptions and interference with PA and Induction Loop systems.

Thank you for your co-operation

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MINUTES of the meeting of the **HEALTH SCRUTINY COMMITTEE** held at 10.00 am on 8 January 2015 at Ashcombe Suite, County Hall, Kingston upon Thames, Surrey KT1 2DN.

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

Elected Members:

Mr Bill Chapman (Chairman)
Mr Ben Carasco (Vice-Chairman)
Mr W D Barker OBE
Mr Tim Evans
Mr Bob Gardner
Mr Tim Hall
Mr Peter Hickman
Rachael I. Lake
Mrs Pauline Searle
Mrs Helena Windsor

Independent Members

Borough Councillor Karen Randolph

Apologies:

Mrs Tina Mountain
Mr Chris Pitt
Borough Councillor Mrs Rachel Turner

1/15 APOLOGIES FOR ABSENCE AND SUBSTITUTIONS [Item 1]

Apologies were received from Chris Pitt, Tina Mountain and Rachel Turner.

There were no substitutes.

2/15 MINUTES OF THE PREVIOUS MEETING: 20 NOVEMBER 2014 [Item 2]

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

3/15 DECLARATIONS OF INTEREST [Item 3]

Borough Councillor Karen Randolph informed the Committee that she is Chairman of Save Our Surrey Community Hospitals group.

4/15 QUESTIONS AND PETITIONS [Item 4]

1. Two questions were submitted by Borough Councillor Karen Randolph. A response to each of these questions has been received from North West Surrey Clinical Commissioning Group (CCG) and both the question and the response to these questions are included below.

Q1. We are all aware of how pressure on acute hospitals and community health services has increased this winter; this was anticipated. As a result acute hospitals, such as St Peter's Hospital in Chertsey, are experiencing very serious bed blocking problems caused by being unable to discharge patients back into the community. This has an inevitable impact on other parts of the health service, including the ambulance services, meaning that ultimately some patients' lives are inevitably being put at risk. In these circumstances, why is refurbishment work on the two wards at Walton Community Hospital, resulting in the consecutive closure of each of the wards, taking place at a time of maximum pressure on inpatient services?

A1. Following a CQC inspection in 2014, issues were highlighted that required necessary refurbishment of a number of wards to ensure that the facilities met Infection Prevention and Control standards. NHS North West Surrey CCG worked with NHS Property Services (the property owners) and Virgin Care Ltd to ensure the works were carried out as quickly as possible. These works will ensure provision of a comfortable, therapeutic and safe environment for patients. To maintain as much capacity as possible during the busy winter period, works have been carried out consecutively rather than concurrently.

Q2. What contingency plans were put in place in advance of this work being undertaken (including resourcing inpatient beds at alternative locations)? Information about this situation was only released in the press after one of the wards had been closed; when were

stakeholders advised and what resources have they been able to call on to manage the loss of this resource at this critical time?"

- A2. We have extensive plans to manage anticipated winter pressures across the system and with our providers; unfortunately this year has seen unpredictably high levels of demand. We are proud of the way our providers have responded to the intense pressures all have experienced and wish to publicly thank the frontline staff who have worked relentlessly to provide as safe and effective a service as possible in these unprecedented circumstances.

In line with our contingency plan, providers have been working together to manage demand as effectively as possible. Additional capacity has been supported to enable more patients to be treated in their homes through the rapid response and community nursing teams, additional nursing home placements to provide alternative capacity to community hospital beds, and collaborative staffing arrangements with the community provider in Ashford Hospital to streamline the patient pathway through rehabilitation beds.

North West Surrey providers, including Adult Social Care, continue to work together and with the commissioners (NW Surrey CCG and Surrey County Council) to improve patient flow in, through and out of the acute hospital. One of our priority programmes - Locality Hubs - will ensure that services for the frail and elderly are fully integrated into a proactive care offering that will support people to maintain independence for longer, and to ensure that where they are admitted to hospital their onward care arrangements are managed effectively to get them back to their usual place of residence as quickly as possible.

The Chairman of Surrey Health Scrutiny and Overview Committee was supportive of our plans when we presented them in November 2014 and we are also providing updates to Local Area Committees. Other stakeholders were also aware of the works programme for the Walton Wards and participated in planning to minimise its impact. We continue work to raise public awareness of the wide range of NHS services available across the local area to help people choose the most appropriate service to meet their needs.

5/15 **CHAIRMAN'S ORAL REPORT [Item 5]**

The Chairman provided the following oral report:

The Surrey Better Care Fund

At our previous Meeting on 20 November 2014 the Committee received an update on the Better Care Fund. This afternoon, 8 January 2015, the Health and Wellbeing Board will meet to approve the updated Surrey Better Care Fund 2015/16 Plans, ahead of the national deadline for resubmission.

In my view the plans are excellent and detailed and I commend them to Members for their attention. Implementation of the plans will be through six Joint Local Commissioning Groups centred on the six Clinical Commissioning Groups (CCGs). Over-sight of implementation will be by the Health and Wellbeing Board through a well-defined process.

I know that a number of Members have already developed good relationships with their local CCG and I recommend that all Members do so. Personally I am covering Surrey Heath CCG and NE Hants and Farnham CCG. Please let the Scrutiny Officer and me know if you do develop such a relationship so that we can forward any relevant information.

Each CCG has a public involvement process which we should be aware of as part of our duty to assure that the public's voice is heard. The CCGs are introducing new services and modifying and reconfiguring others and it is important that Members are aware of these changes at the proposal stage and support them in their local communities as appropriate. Several individual CCGs commission services across Surrey on behalf of all the CCGs and this provides a further focus for Members' attention.

New Contract for Healthwatch Surrey

At its Meeting on 16 December 2014 the County Council Cabinet agreed a new three year contract from April 2015 for the supply of a combined Healthwatch and NHS Complaints Advocacy Service for Surrey by the existing Healthwatch Surrey organisation. They are partnered with the Coalition of Disabled People who will deliver the Complaints Advocacy Service element.

I welcome this strong pairing and look forward to a continuing fruitful relationship.

Primary Care Access

On 20 January 2015 I intend to take part in a Primary Care Access Forum with the NHS England Area Team along with other four other Members of our Committee Primary Care Task Group.

Community Hospital Review (Surrey Downs CCG)

This review by the CCG was prompted by the action taken by Central Surrey Health in closing the ward at Leatherhead Community Hospital due to staffing shortages. I have met with the Commissioner this week to discuss the outcomes of the review.

Knighthood for Andrew Morris

I'm sure that all Members will join me in congratulating Andrew on his knighthood. Andrew has worked in the Health Service for 40 years and led Frimley Park NHS Foundation Trust to its pre-eminent position as one of the very best Acute Trust in the Country.

6/15 FOLLOW UP FROM CQC INSPECTION QUALITY SUMMIT [Item 6]

Declarations of interest:

None

Witnesses:

Jo Young, Deputy Chief Executive/ Director of Quality (Nurse Director),
Surrey and Borders Partnership NHS Foundation Trust

Dr Rachel Hennessy, Medical Director, Surrey and Borders Partnership NHS
Foundation Trust

Don Illman, Governor, Surrey and Borders Partnership NHS Foundation Trust
and Surrey Coalition of Disabled People

Mike Rich, Chief Executive Officer, Healthwatch Surrey

Key points raised during the discussion:

1. The Committee asked why more than 50% of residential care homes operated by Surrey and Borders Partnership (SABP) are not compliant with Care Quality Commission (CQC) standards. The Deputy Chief Executive of Surrey and Borders Partnership (DCE) advised the Committee that many of the issues raised by the CQC in relation to the residential care homes related to 'should do' as opposed to 'must do' compliance actions and so the areas where residential care homes operated by SABP did not fully comply with CQC standards were found to have had a minor impact on the quality of care being provided to residents. It was, however, highlighted that SABP does aspire to be fully compliant with all CQC standards across the residential care homes it operates. The DCE indicated that through supported leadership programmes SABP was working to shore up safety standards and make standards consistent across the various health and social care services that it provides.
2. Members drew attention to training that SABP provides for staff and requested further information on how the training mentioned in Appendix A had progressed since the CQC inspection. The Medical Director (MD) indicated that steady progress was being made towards meeting targets for providing statutory and mandatory training for staff and the hope is to complete this by the end of the fiscal year (31 March 2015). It was highlighted that personalised training packages had been developed for staff which had led to some delays but that online training has been introduced to meet the challenges of providing training for an organisation which covers such a wide range of health and social care services across a number of locations. The DCE further advised the Committee that it was primarily refreshing of mandatory and statutory training for staff where improvements are required and that resources were being dedicated to ensure that these improvements are delivered.
3. The Committee expressed particular concern with staff training on restraint methods for patients with mental health issues and asked whether all relevant staff were now fully up to date with training in this area. The DCE confirmed that relevant permanent staff were now fully up to date on this training with the exception of one person where it has not been possible so far. In regard to temporary members of staff,

the expectation is that the agencies provide fully trained staff. To circumvent this problem, the policy of creating a rota at the beginning of each shift has been introduced to determine those on shift who have the training. The DCE advised the Committee, however, that staff pursue a policy of avoiding restraining patients where possible.

4. Members highlighted the significant number of frail and elderly patients with mental health issues cared for by SABP and asked what provision is in place to attend to physical deterioration among these patients. The MD indicated that a physical health nurse had been appointed to identify signs of physical deterioration in frail and elderly patients in their services. The physical health nurse has also been asked to train relevant staff on identifying the signs of physical deterioration in patients. The Committee were further advised that SABP are exploring the possibility of employing more staff with general nursing qualifications and have commissioned a GP to do some work on whether there is a need for these practitioners. The DCE also highlighted that the safety cross system had been instituted across SABP's services to help staff identify signs of physical health risks such as falls.
5. The Committee asked when SABP would be fully compliant with all 'must do' compliancy requirements highlighted by the CQC. The DCE advised the Committee that SABP hoped to be fully compliant with all CQC 'must do' requirements in late autumn of 2015 with the delay resulting from the development of a new Section 136 assessment suite at the new Guildford Road site which would meet all CQC requirements on staff safety. Section 136 is used when the police consider a person has a mental illness and is in need of care and so takes them to a place of safety.
6. Members were advised that making the necessary upgrades to existing suites would render them unusable until after the work was completed at Guildford and this was seen as counter-productive. It was indicated that additional work has been done on ensuring staff safety until after the new suite had been completed.
7. The DCE drew Members' attention to the success of SABP in reducing the number of individuals with mental health issues being detained in a police cell for their own safety when not appropriate. The Cabinet Member for Public Health and the Health and Wellbeing Board confirmed that there had been a steady decrease incidence of individuals with being detained by police in Surrey inappropriately in custody from 19% to 5% and that this downward trend is set to continue.
8. The Committee drew attention to the recommissioning of child & adolescent mental health services (CAMHS) contract and asked

whether this could be used to tackle some of the issues around the provision of child mental health services. The MD indicated that she was unable to comment on the recommissioning of the CAMHS contract specifically but advised the Committee that the service had been reconfigured to create a rigorous, multiagency service placing an emphasis on prevention and early intervention. Members further queried the extent of multi-agency communication for the new CAMHS strategy. The DCE advised that there was some concern among members of the public around data-sharing especially in relation to mental health but highlighted that SABP is working with partners to develop a system for sharing the right information at the appropriate time to create a joined mental health service for young people in Surrey.

9. Members asked whether there is someone at SABP with oversight of staff training particularly in the areas of IT training and the provision of English language training for those whom English isn't their first language. The MD indicated that she has responsibility for staff training at the strategic level and works with managers to ensure that staff are given the appropriate training for their position. The Committee were advised that the introduction of competency-based appraisals allowed managers to identify training needs and create personal development plans for members of staff and that computer literacy and English language training were provided if required.
10. The Committee enquired about NHS care services for children with mental health issues and asked whether SABP were able to find long term placements for children in their care. The MD highlighted that finding long term placements for children with mental health issues in Surrey was broadly similar to the national picture and that the difficulty in commissioning local services had caused problems in securing NHS beds for children close to home on a long term basis. Members were advised, however, that SABP was working with NHS England and local partners to improve access to in-patient services available locally which would lead to a reduction in the number of out of county placements. It was further indicated that increased emphasis had been put on providing appropriate intensive support services which had led to a reduction in the number of beds required.
11. Members requested more information on the aspirations for SABP arising from the CQC Inspection. The DCE stated that the inspection represented a learning curve by SABP, which is why they volunteered for the inspection, and that the results from the inspection have provided invaluable feedback for inclusion in SABP's Quality Improvement Plan. It was further indicated that, while future CQC inspections may yet yield some criticisms or compliance actions, the aspiration was for SABP to be rated 'outstanding' by the CQC.

12. The lay Governor of SABP was asked to provide his perspective on the progress made by the organisation from the perspective of service users. The Committee were advised that CQC patient surveys indicated that basic issues still existed around the extent to which SABP are involving patients in their care that they receive such as a lack of involvement in their own care plans or the type of medication they are prescribed. Attention was also drawn to the performance of Crisis Line and Members were advised that this also required improvement. It was concluded that SABP was generally improving the quality of care it delivered but that these improvements needed to be instituted more quickly. The MD responded by stating that SABP scrutinises the services it delivers through its own feedback forms which provide real time feedback on the Trust and that these surveys indicate that SABP is making more progress against their aspiration of an 'outstanding' CQC judgement in the future.

Recommendations:

None

Actions/ further information to be provided:

- SABP to provide an update on the findings of the external governance review to the Health Scrutiny Committee.
- SABP to provide the Health Scrutiny Committee with a briefing on the reconfigured CAMHS.

Committee next steps:

- Committee to consider results of external governance review at a future committee meeting.

7/15 BETTER CARE FUND LOCALITY HUBS [Item 7]

Declarations of interest:

None

Witnesses:

Jo-anne Alner, Director of Quality and Innovation, NHS North West Surrey Clinical Commissioning Group

Key points raised during the discussion:

Bob Gardner left the meeting at 11.20 am.

1. The Director of Quality and Innovation at North West Surrey Clinical Commissioning Group (DQI) provided the members with a brief introduction to the report. The Committee were advised that the three locality hubs are designed to integrate health and social care service in North West Surrey as part of the Better Care Fund plan with the aim of transforming the delivery of these services to approximately 15,000 frail/elderly residents so they receive a transformed, GP led multi-agency service that aims to help them be independent, functional and mobilised for as long as possible.
2. The Committee requested information on how locality hubs would sit within the provision of existing health and social care services in north west Surrey. The DQI advised Members that locality hubs are designed to take pressure off and complement existing health and social care services. It was highlighted that GPs would remain the primary point of contact for elderly and vulnerable patients but that locality hubs offered the chance to provide a more integrated and proactive platform for delivering health and social care services to elderly and vulnerable residents.
3. The DQI was further asked who the locality hubs were specifically designed to target. Members were advised that work was taking place by GPs to identify an initial cohort of one thousand individuals who would benefit from locality hubs and that these individuals would then be given the choice to sign up to receive care being delivered through these hubs. In terms of target groups, the DQI indicated that the frail/elderly were the target group that GPs had been asked to identify initially but that locality hubs would not be limited to those elderly patients over 75 years old, but it would be fair to assume the majority would be.
4. Members asked whether locality hubs would support the discharge of patients from hospital. The DI confirmed that they would indeed support the discharge of patients from hospital, that patients could be flagged on entry and the Locality Hub would proactively visit the patient to ensure discharge could happen in a timely manner. Locality hubs will also give doctors the confidence that care and treatment packages were in place to provide support to patients once they have left hospital with the idea that patients can be released from hospital earlier.
5. The Committee expressed concern about the length of time it was taking for the hubs to become operational and inquired as to why the three locality hubs would not be up and running until the end of 2015. Members were advised that locality hubs represented a whole new system for the delivery of health and social care services in Surrey and that it inevitably took time to develop this new system. The DQI advised that the first locality hub, in Woking, was anticipated to be

operational by the end of March 2015 and that, while it may take less time to open the remaining two hubs, NHS North West Surrey CCG felt that it was important to be realistic with timeframes.

6. Members requested more information on how the three locality hubs would be financed and whether they would simply be another layer of healthcare provision that would take money and resources away from frontline services. The DQI advised that the existing contracts with providers would be optimised and given unplanned healthcare costs arising from patient visits to acute hospital care works out to be significantly more expensive than the proactive care to be provided by locality hubs. In doing so the hubs are consistent with the BCF plan which aims to keep people out of hospital and in doing so make savings in acute care provision. Money was also available from a transformation fund that would be used to fund some of the initial costs of setting up the hubs. The Committee were further advised that conversations have taken place with partners to explore the staffing levels that will be required for the hubs and ensure that staff with the right training are available to provide the best possible care for patients. The Cabinet Member for Public Health and the Health and Wellbeing Board highlighted that it was right to try something different to care for Surrey's frail and elderly patients and that other local authorities were successfully operating similar models of care delivery.
7. Members asked when the system supporting locality hubs would come together and when patients would start feeling the effects of these changes. The DQI indicated that patients in Woking who signed up to the locality hub would start to see a change in the delivery of health care services from March 2015.
8. The Committee asked why NHS North West Surrey CCG doesn't already have an urgent care delivery model. The DQI advised that the significant increase in the numbers of frail and elderly patients in North West Surrey had required them to focus on a new delivery model for these patients first but the CCG is also currently in the process of examining its delivery of urgent care. A key component of this new model will be how walk-in centres are used with the idea of better publicising them as well as up-skilling staff and increasing the number of doctors at walk-in centres so that patients can go there to be treated for a wider range of medical issues.

Recommendations:

- That the Committee supports the approach being taken to providing better services for frail and elderly patients in north west Surrey.

- That the Committee reviews the financial and quality outcomes of the three locality hubs throughout 2015 and 2016.

Actions/ further information to be provided:

- Mr Tim Evans and Borough Councillor Karen Randolph to take part in stakeholder engagement with North West Surrey CCG and report back to the Committee as appropriate.

Committee next steps:

None

8/15 RECOMMENDATION TRACKER AND FORWARD WORK PROGRAMME [Item 8]

Declarations of interest:

None

Witnesses:

None

Key points raised during the discussion:

1. It was agreed that an item analysing the provision of acute care in Surrey during Winter would be included on the agenda for the meeting on 18 March 2015 in light of the major incidents declared at A & E departments across the UK. The Committee will focus on an analysis of Ashford & St. Peters Trust's recent A & E performance.
2. The Committee agreed that an item on the re-procurement of the Healthwatch Surrey contract would be added to the agenda for the meeting on 18 March 2015.

Recommendations:

None

Action/ further information to be provided:

None

Committee next steps:

None

9/15 DATE OF NEXT MEETING [Item 9]

The Committee noted its next meeting will be held at 10.30 am on Wednesday 18 March 2015.

Meeting ended at: 12.25 pm

Chairman

Health Scrutiny Committee
18 March 2015

Joint Report A & E and Winter Pressures

Purpose of the report:

The purpose of this report is to respond to the following Health Scrutiny request:

Following the high level of demand on NHS A&E units across the country and the effect on performance the Committee has requested that Ashford & St. Peter's Hospitals Foundation Trust and its partners provide an analysis of the pressures in their area including detail on the immediate response to the increased demand and how the system is planning to cope going forward. The Trust has been approached as it has demonstrated resilience in this period and can provide evidence of the lessons learnt as it steps down from major incident status.

1. Introduction

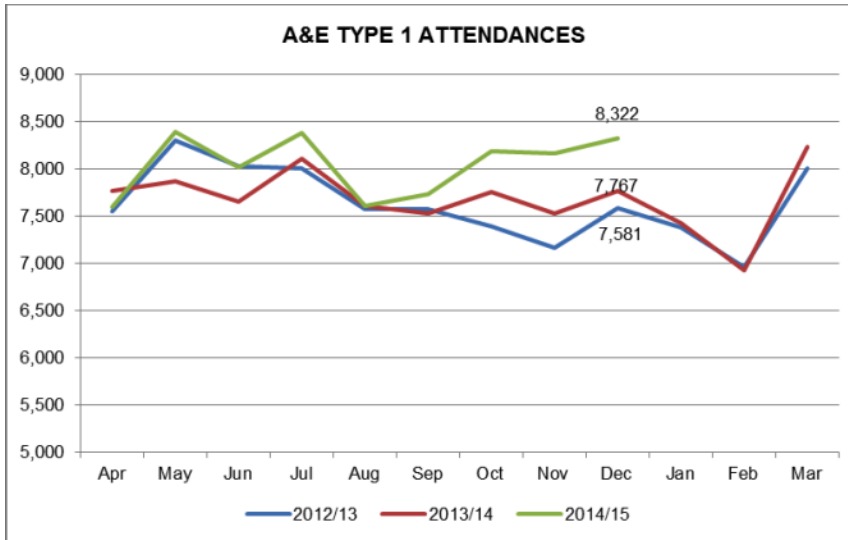
NHS North West Surrey CCG, Ashford & St Peter's Hospitals NHS Foundation Trust (ASPHFT), Virgin Care, South East Coast Ambulance Service (SECamb), Surrey County Council, Surrey Downs CCG, Surrey & Borders Partnership NHS Foundation Trust, NHS111 and Care UK, have been actively working together to manage winter pressures.

This year ASPHFT experienced an exceptionally high level of demand on its Accident & Emergency (A&E) services, recording higher than average attendances on a number of given days. The pressure escalated and, like a number of other hospitals across the country, the Trust – in agreement with NWS CCG colleagues – made the decision to declare a Major Incident on 3 January 2015.

However, demand pressures have not been confined to the acute hospital sector; the whole healthcare economy in North West Surrey has been experiencing extremely high demand. The ambulance Trust (SECamb) has also been reporting unprecedented demand with extremely high call levels during December and January.

2. Increased demand and the impact on compliance

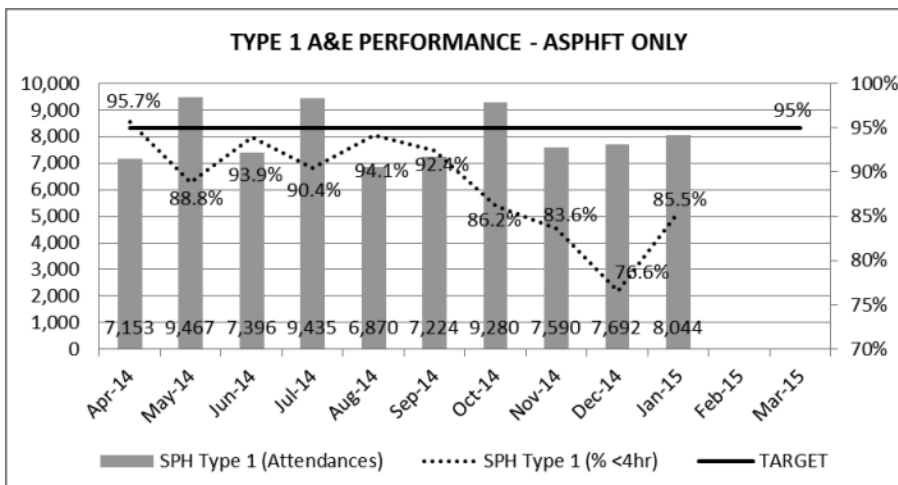
Ashford & St Peter's Hospitals Foundation Trust (ASPHFT) experienced a high level of demand on its A&E unit during 2014/15, and this was particularly evident over the Christmas period, as demonstrated by the following chart:



* Data source: SUS

The analysis shows that high monthly attendance volumes were particularly evident for Quarter 3 (Oct-Dec 2014), accompanied by higher rates of hospital admission, particularly from the +75 age group, and reached a peak in December which was comparable to peaks experienced in May and July. These months all showed increases compared to the previous year with variances ranging from +5.5% to +8.5%.

As a snapshot, during December the Trust experienced an increase of 7.1% in A&E attendances compared to the same time last year (an extra 554 patients), with a 15.7% increase in admissions compared to 2013 (an additional 286 patients). Most notably, there was a 26.8% increase in admissions for the +75 age group, many of whom are the frail, elderly often with multiple conditions – more complex in terms of treatment and care, and who often require very complex discharge packages. This had a significant impact on flow within the hospitals, leading to a drop in compliance as demonstrated by the following chart. This shows a dramatic drop in compliance for the A&E 4 hour standard, particularly during the months of October - December 2014.

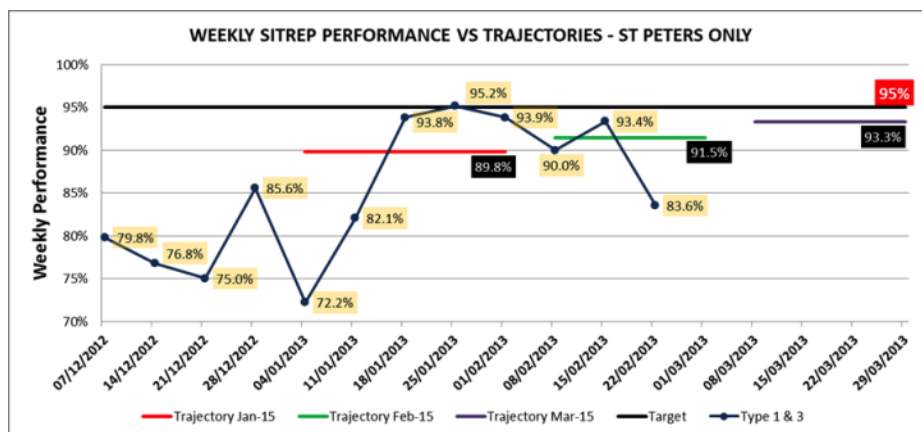


* Data source: Unify

3. Plans and progress to date

A detailed recovery plan is in place to address the identified immediate improvement priorities (front door configuration, patient flow, discharge planning, and system change). The recovery plan is intended to deliver immediate breach reductions through specific initiatives within each of these priorities (including re-location of Ambulatory Emergency Care Unit, clinical pathway re-design, improved protocols, and additional step down provision).

A trajectory for improvement has been agreed which will deliver compliance at St Peter's Hospital site from 1 April 2015.



* Unify

Although good progress has been made, a number of immediate recovery actions are in progress, and most of the breach reductions are anticipated to occur March-April 2015. Compliance reduced significantly in the third week of February (83.6%), and highlights the importance of delivering these reductions in March.

To support resilience, the North West Surrey urgent care system received a total of £3,577,000 funding. The North West Surrey System Resilience Group was responsible for agreeing the schemes that have been initiated to enhance system resilience. Learning from winter 2013/14 informed the schemes that were agreed.

Over 15 different schemes were initiated; many were designed to enhance seven day service provision across the health and social care system.

All system urgent care providers are collaboratively working together to implement and evaluate the initiatives.

The following examples show the breadth of schemes undertaken:

- Public awareness campaign to promote alternatives to A&E. This initiative was useful in minimising the impact of growth seen in the North West Surrey urgent care system.
- Managing the patient in a Walk in Centre setting by providing the nurse led walk in centres at Weybridge and Woking with a GP at weekends and Mondays when demand is high. This has resulted in a significant number of patients being referred to other services for treatment that cannot be provided when a doctor is not on duty.
- Extending psychiatric liaison hours at the hospital for all adult age groups covering seven days a week to ensure that those with mental health issues gain quicker access to mental health services. This has resulted in patients referred to the psychiatric services being seen, on average, within less than 60 minutes once Ashford & St Peter's Hospital staff have referred them to the psychiatric service.
- The hours of the rapid response service provided by Virgin Care has been extended to cover early evenings Monday to Friday and during the day on Saturdays and Sundays. The team supports patients out of hospital and also

prevents some patients requiring a hospital admission by providing immediate support on discharge from A&E.

- Additional care home capacity was purchased from two care homes in North West Surrey resulting in more patients being promptly discharged from hospital.
- Additional social care practitioners were brought into the hospital over the weekends throughout December 2014, January 2015 and February 2015.
- Funding of a 26 bed escalation ward at ASPH from September 2015 provided additional capacity in the hospital to support managing the increased demand.
- Provision of additional medical and nursing shifts in A&E to ensure safe care for patients during periods of overcrowding and for patients awaiting handover from ambulances.
- Weekend cover for the ambulatory emergency care unit (AECU) and the older persons assessment and liaison (OPAL) service.
- Additional Consultant shifts to expedite discharges over the weekends.
- Additional junior medical staff to support the higher number of patients being admitted to the hospital and the overall increase in the inpatient population.

4. Lessons learned and future planning

All partners continue to work together to regularly review the current position and have mechanisms in place to implement rapid change where necessary. We are using the insight gained over Christmas to inform our Easter planning and all the schemes initiated above will remain in place.

1. There was insufficient domiciliary care provider capacity covering the Christmas period with most providers reporting they did not have capacity to accept new clients until Monday 5 January 2015. This resulted in patients (particularly those requiring frequent visits or complex packages of care at home) remaining in hospital during the Christmas period.

In response to this, work is being undertaken with care home and domiciliary care providers to ensure that new contracts negotiated require providers to be flexible and responsive.

2. At the end of January 2015, North West Surrey CCG and Surrey County Council held an event for social care providers where the statutory bodies shared their plans relating to urgent care and the frail elderly.

This event helped the care home and domiciliary care provider sector better understand the pressures experienced in urgent care and the negative impact some of their practices can have on the urgent care system. For example, not undertaking prompt patient assessments before accepting the patient or not having immediate capacity available to support discharge from hospital.

Those attending the event provided positive feedback and welcomed the opportunity to network with other colleagues and see where and how their contributions can have an impact.

3. From our review it was also found that when purchasing care home provision, success is dependent upon there being a dedicated GP or a GP practice with medical responsibility for those care home residents.
4. The benefits of seven day working was demonstrated throughout the Christmas period and emphasises the need to continue to extend 7 day working to across as many services as possible.
5. Collaborative work between the hospital A&E staff and ambulance staff has resulted in quicker turnaround of ambulance vehicles resulting in increased availability of vehicles to respond to emergencies.

In addition to the above, our Locality Hubs Programme (one of North West Surrey's Better Care Fund programmes) focuses on developing an integrated care model that enhances 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.

This GP led model of care will integrate a wide range of services around some of our most complex frail elderly patients. They will bring together services and provide access to primary care, community services, social care, third sector and planned care services through a single access point. 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.

When fully operational, Locality Hubs will operate seven days per week and will have the capability to outreach to a person's place of residence and to acute hospitals to support discharge. Every patient on the 'hub caseload' will be provided 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.

5. Conclusion

The report would like to publicly note to the Committee the commitment and hard work from staff across all partner organisations; there is no doubt individuals have gone above and beyond on behalf of patients and it's important that their contribution is recognised at this point.

With this intense pressure came a high level of scrutiny and interest, particularly from the media, including a live broadcast of BBC Radio 4's The Today Programme from the Trust's A&E department on 10 January 2015.

Helping the public to understand the real pressures being faced by hospital A&E departments and also the NHS as a whole has been well received, within both the healthcare sector and at a wider level. There is no doubt the public responded to the media coverage with reduced A&E attendances and hospital admissions immediately following the intense media period.

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Health Scrutiny Committee
18 March 2015

**The Healthy Child Programme in Surrey,
including Health Visiting and School Nursing Services.**

Purpose of the report: *Policy Development and Review*

This paper is being presented to the committee in response to a recommendation made at the Health Scrutiny Committee in January 2014 regarding school nurse services and to provide an update on the transfer of commissioning arrangements for health visiting.

INTRODUCTION

1. The Healthy Child Programme (HCP) is a national programme that sets a framework for the delivery of universal and more targeted or progressive services through and in partnership with health visitors and school nurses.
2. In a 2010 white paper, the government set out its vision for a reformed public health system¹. As part of delivering this vision for public health and contributing to achieving the government's ambition to secure the best possible health outcomes for children and young people. The responsibility for commissioning school nursing services transferred to local government in April 2013 under the changes set out within the 2012 Health and Social Care Act.
3. On 1 October 2015 commissioning of health visiting services will also transfer from the NHS to local government. This will join up the commissioning for children under 5 years old with the commissioning for 5-19 year olds and wider public health functions already sitting with local authorities.
4. In Surrey, the commissioning of universal school nurse services currently sits with the Public Health team in Surrey County Council¹. Nationally, from 1 October 2015, the commissioning of health visiting services in Surrey will also transfer from NHS England to Public Health. Both health

¹ The universal School Nurse Service is commissioned by Public Health. The CAMHs Community Nurses that work alongside the wider school nurse workforce are commissioned by Children's Services. Those School Nurses working in Surrey's Special Schools are currently commissioned by both Surrey's CCGs and the Council.

visiting and school nursing services will continue to be provided by the three NHS community providers in Surrey (Central Surrey Health, First Community Health and Care and Virgin Care Services Limited) in line with the overall contracts held with the lead Clinical Commissioning Groups (CCGs).

5. This paper provides an up to date picture of current service workforce, programme delivery for both health visiting and school nursing and an overview of future commissioning arrangements for health visiting.

THE HEALTHY CHILD PROGRAMME AND WHAT SURREY'S CHILDREN, YOUNG PEOPLE AND FAMILIES EXPECT?

6. The HCP is the framework within which the services for children and young people delivered by health visiting (HV), for 0-5 year olds, and school nurses (SN), for 5-19 year olds, are delivered^{2 3 4}. The HCP requires support and delivery from a range of partners including HV and SN services and includes health assessments and developmental reviews, promotion of positive relationships and good mental health as well as sign posting to sexual health and substance misuse services and supporting children in mainstream schools with long term conditions. The HV and SN services also play a key role in Early Help and children's safeguarding.
7. All three of Surrey's community providers work to a nationally set and locally agreed service specification for HV and similar specifications for SN^{5 6} helping to ensure uniformity in service provision across the county.

Health Visiting (0-5s)

8. Every child is entitled to the best possible start in life. The first 1001 days from conception to age 2 is widely recognised as a crucial period in a child's development and can be a determining factor in their ability to learn and experience positive outcomes for the rest of their life⁷.
9. The Health Visiting Call to Action began in 2011 and aims to deliver 4,200 more HVs nationally and improved outcomes for children and young people through early intervention and more targeted and tailored support for those who need it. In Surrey, the Call to Action has led to 70 more HVs working across the county with the three community providers working hard to achieve their workforce targets.
10. Broadly speaking, each family in Surrey has access to a named HV until their child starts school at around 4 years of age when they are transferred to the SN service. Although not all families will require support until this time, others may need additional targeted intervention from HVs and wider services that can help the child and their family. HVs identify those families that may require additional support through the use of validated assessment tools and this ensures that families not only receive the support they need but also ensures that the service manages its case load effectively.

11. The increase in HV numbers has resulted in delivery of the universal elements of the HCP, in particular more new birth visits completed within 14 days, improvement in the percentage of completed 2-2.5 year reviews and the percentage of mothers receiving a maternal mood review by the time their infant is 6-8 weeks old. While the services continue to improve against set Key Performance Indicators (KPIs) that track the proportion of key universal HV reviews undertaken, a fully optimised service remains a year or so away as newly trained HVs gain the skill and experience that only time in post can bring. Upon transition of commissioning responsibility for HV from NHS England to Surrey County Council (SCC) there will be a continued expectation that these universal reviews will be provided to the same level of service as at point of transfer with a view to securing continuous improvement in their uptake⁸.
12. Planning for the transition of commissioning responsibility for HV started early in Surrey with the establishment of a Transition Board to oversee the process. The Board meets frequently and includes representatives from NHS England, the three community providers, CCGs, Public Health, Children's Services and Early Years. The Board has regular sight of HV performance, finance as well as workforce recruitment and retention in line with the national Call to Action programme.
13. In the remaining months leading up to 1 October 2015 when transition of commissioning responsibility takes place, Surrey's Transition Board, in line with national guidance and with approval by Public Health, will agree and sign off the 'Deed of Novation' that details the organisational change in commissioning responsibility as well as financial values and schedule for each service⁹. Currently, the transition process is on track to meet the timeframes to ensure this takes place on 1 October 2015.

School Nursing (5-19)

14. Surrey's SN services have been commissioned by Public Health since April 2013. Since taking over responsibility for the commissioning of this service a review was undertaken to ascertain level of workforce, service provision and subsequent gaps.
15. The review identified four broad areas for development across Surrey:
 - Workforce planning
 - Leadership
 - Role of school nurse
 - Outcome measure tool
16. The review also highlighted that all three community providers are working within challenging circumstances to provide the necessary workforce of qualified Specialist Community Public Health Nurse (SCPHNs) for the size of the population. It has been suggested that the level of provision required for a SN workforce is 'at least one full time, year round, qualified (SCPHN) school nurse for each secondary school and its cluster of primary schools'¹⁰. In Surrey there are currently 11.13 working time equivalent (WTE) SCPHNs, leaving a gap of 40 WTE

based on the suggested level of provision. This position is not unique to Surrey and the specialist school nurse workforce nationally is limited in number. There are a number of reasons for lack of growth in school nursing, some of which are of greater significance in Surrey and include; reduced or no increase in investment, pay scales and those of neighbouring areas, for example, London, the HV Call to Action and an ageing and retiring workforce.

17. The implications of a limited qualified SN workforce in Surrey are that, with priority given to Early Help and children's safeguarding, there is less capacity to deliver on the wider public health aspects of the SN service specification. That said, each of the three providers in Surrey are, where possible, providing universal public health interventions such as the school based immunisation programme and National Childhood Measurement Programme as well as more targeted work to promote healthy relationships including supporting Sexual Health and Relationship Education and running community drop in sessions for condom distribution and sexual health issues. However, in all areas the scope and scale of these interventions could be greater if there were a larger workforce.
18. Public Health are working with the three community providers to mitigate as far as possible against any further decline in the SN workforce and utilise those in post to greatest advantage through a programme of rolling recruitment adverts as well as up-skilling those already within the SN workforce who could undergo the necessary training to become a SCPHN. The providers are also sharing best practice through SN Champions identified from within the existing workforce.
19. SCC Public Health has committed to increasing the SN budget in 2015/16 with sufficient funding for four additional WTE across the county. This will enable the three providers to offer places to students currently training within their organisations.
20. In addition and to fill a gap that has been identified, Public Health will also provide funding for SN roles for children that are not in school, for example, those that are home schooled, Gypsy, Roma and Travellers and those Not in Education, Employment or Training (NEET). It is possible that such a role could also provide a function within the Supporting Families Programme and it would complement existing services such as those provided by First Community Health and Care by their Temporary Accommodation Team.
21. The providers and Public Health are also working with Health Education Kent, Surrey and Sussex, the body responsible for ensuring there are sufficient education places within universities to fill workforce needs locally, on the need for training in Surrey. This should be considered in conjunction with future finance and budget for the SN workforce to ensure that there are roles within the providers.

22. To help understand the workforce requirements that will enable delivery of both SN and HVs elements of the HCP now and in the future, Public Health have commissioned a bespoke workforce planning tool that will enable both a strategic view of future workforce need to be taken, as well as providing a current picture for providers to best structure their teams to meet the needs of the population.
23. An outcome from this work will include the provision of clear evidence of need to help providers target programmes of activity to those areas and the schools, children and young people within them that need the service most. In turn, helping to further define the role of the SN and provide a framework for an evaluation tool.

CONCLUSIONS

24. The period April 2013 – 1 October 2015 and beyond represents a large period of change in the commissioning of 0-5 HV and 5-19 SN services. It is necessary for SCC Public Health to maintain and build on the relationships developed with our commissioning colleagues in NHS England and, more importantly, with the three community providers.
25. Clear service direction set through agreed service specifications and monitored through Key Performance Indicators (KPIs) will help to provide assurance of delivery of the HCP. However, it will also be necessary for Public Health to be mindful and supportive towards the three providers in relation to the SN workforce. This will require close partnership working to clearly define what is deliverable given the limited numbers within the workforce and the necessity for priority to be given to Early Help and children's safeguarding.
26. Robust workforce planning will enable Public Health to plan accordingly as the wider community contracts within which SN and HV sit reach the end of their current term. It will be necessary to understand how the HCP can continue to be delivered within future workforce constraints and what opportunities there may be from other areas to help deliver the broad public health outcomes that will support better health and wellbeing for Surrey's children and young people.

RECOMMENDATIONS

27.
 - a) Members of the Health Scrutiny Committee are asked to note the information provided within this report and to consider any further updates and assurance they may wish to receive at a later date in line with those actions detailed under 'Next Steps'.

NEXT STEPS

28.
 - a) The Public Health team will continue to ensure a smooth transition of commissioning responsibility for the 0-5 HV service and could bring a summary/assurance of completion of this process to a future Health Scrutiny Committee after 1 October 2015.

b) The three community provider contracts will be ready for renewal in October 2016 (First Community Health and Care), March 2017 (Virgin Care Services Limited) and March 2018 (Central Surrey Health). SN and HV sit within these contracts and Public Health will plan appropriate steps, in conjunction with the CCGs and council colleagues, including Early Years; Education, Youth and Children's Services, to ensure that interdependencies with other existing services are considered during the recommissioning process and that there is limited disruption to services throughout any possible period of change.

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Health Scrutiny Committee
18 March 2015

Prevention and Sexual Health in Surrey

Purpose of the report: *Scrutiny of Services*

To provide an update on last year's report to the Health Scrutiny Committee about sexual health prevention work currently taking place in Surrey.

1. INTRODUCTION

- 1.1 Following publication of the Healthy Lives, Healthy People white paper and changes introduced in the Health and Social Care Act 2012, local authorities took on a new public health role from April 2013. The new arrangements for the commissioning of sexual health services are summarised below:
- 1.2 Local authorities will commission comprehensive sexual health services as per the commissioning guidance, A Framework for Sexual Health Improvement in England, from the Department of Health. These services include:
- contraception including long acting reversible contraception (implants and the coil)
 - sexually transmitted infection (STI) testing and treatment, chlamydia screening as part of the National Chlamydia Screening Programme (NCSP) and HIV testing;
 - sexual health aspects of psychosexual counselling;
 - sexual health specialist services, including young people's sexual health and teenage pregnancy services, outreach, HIV prevention and sexual health promotion services in schools, colleges and pharmacies.

- 1.3 In Surrey, the Council commissions sexual health services for young people and adults. Public Health commission sexual health services for contraception, reproductive health and STI testing and treatment. Services for Young People commission sexual health improvement for young people through centre based youth work and the Youth Support Service.
- 1.4 Education and prevention is a key part of promoting good sexual health and relies on developing good, productive working relationships between key stakeholder agencies including: Public Health, schools, colleges, services for young people and sexual health services who will work together under the strategic leadership of the Health & Wellbeing Board, Children & Young People's Partnership and Surrey Safeguarding Children's Board.

2. SERVICES FOR YOUNG PEOPLE

The last report to the Committee in January 2014 gave a detailed description of the sexual health prevention work currently taking place in schools, colleges and Services for Young People in Surrey.

- 2.1 There are a number of sexual health services in Surrey specifically for young people including clinics, access to emergency contraception through community pharmacies and the Surrey Chlamydia Screening Programme. In addition, all mainstream sexual health services in Surrey are 'You're Welcome' accredited. 'You're Welcome' is a voluntary scheme to ensure that mainstream health services are accessible and welcoming to young people.
- 2.2 Since the last report to the committee in January 2014 Public Health has taken on the commissioning of the condom distribution scheme and the locality based teenage pregnancy advisors from SCC services for young people (both services are described in the previous report). This has been a positive move and mirrors the sexual health commissioning guidance highlighted in section 1.
- 2.3 In addition to the dedicated sexual health services described, the universal School Nursing service, commissioned by Public Health, also have a role in promoting positive sexual health. The teams working within the three community providers in Surrey support schools in the delivery of Sex and Relationship Education as well as providing clinics within the community.

3. ADULT PROVISION

- 3.1 In Surrey there are three providers of sexual health services. The main community provider is Virgin Care Services Limited and they provide contraception and sexually transmitted infection (STI) screening services across the county.
- 3.2 Ashford and St Peter's and Frimley Park Hospitals are both commissioned to provide STI testing and treatment.

- 3.3 These services are open access which means that they can be used by non-Surrey residents. This is the case for all sexual health services in the country.
- 3.4 Under their general contract, GPs provide basic contraception and advice. They are additionally commissioned by Public Health to provide long acting, reversible contraception.

4. SEXUAL HEALTH NEEDS ASSESSMENT

- 4.1 A sexual health needs assessment was undertaken by Public Health running from January – September 2014. The needs assessment followed the National Framework for Sexual Health and looked at sexual health across the life-course. The age categories were, 11-16, 16-24, and 24 +.
- 4.2 The assessment involved all key partner agencies including representatives from our current community sexual health provider, Virgin Care, both of our acute hospital GUM clinics, Ashford and St Peter's and Frimley Park and Surrey County Council Services for Young People.
- 4.3 The assessment also included a strong focus on user engagement and engagement with young people through an online survey promoted by the Council and wider partners and bespoke focus groups organised by Services for Young People.
- 4.4 The needs assessment gathered information on the sexual health needs of the population of Surrey to inform commissioning intentions for 2015/16 and the Sexual Health Strategy for Surrey.
- 4.5 The analysis of the needs of people who engage in risky sexual behaviour identified the following key areas of need:
- Runnymede and Spelthorne have higher than the national average rates of teenage conceptions.
 - Of these conceptions over 60% result in termination.
 - Woking has a higher than the national rate of HIV.
 - Both adults and young people wanted better access to services including more flexible opening times such as evenings and weekends.
 - Both adults and young people felt that sexual health services could be promoted more effectively.
 - There are gaps in service provision particularly in the Runnymede area.
 - Young people expressed an interest in the use of social media to promote sexual health services and sexual health advice.

The full findings of the sexual health needs assessment are due to be published in spring 2015.

5. PERSONAL, SOCIAL AND HEALTH EDUCATION REVIEW

5.1 In early 2014, a review of Personal, Social and Health Education (PSHE) in schools and academies in Surrey was carried out. All 84 maintained schools and academies were invited to participate, 43 (51%) of schools responded. Findings relevant to sexual health were:

- 68% of respondents report that they have an up to date Sex and Relationships Education (SRE) Policy.
- 92% were aware of the Healthy Schools website and just over half knew of supporting toolkits for subjects linked to PSHE (which includes the SRE toolkit).
- 45% said they would like information and training in SRE.

5.2 Recommendations and next steps from the review include:

- Demonstrate and promote the impact PSHE can have on school progress measures.
- Development of SRE support for secondary schools to be mapped and prioritised according to both education and health need, and Healthy Schools (including PSHE) support to be provided in order for them to deliver effective practice in promoting mental and physical health and wellbeing.
- Identified teachers and staff (including school nurses and external contributors) to receive support towards taking part in the PSHE programme.

6. CONCLUSIONS

6.1 While there are a good range of sexual health prevention services already available in Surrey, work is underway to take a more strategic approach to future commissioning. The findings from the sexual health needs assessment and the review of PSHE have provided intelligence to shape this work.

7. FUTURE PLANS AND NEXT STEPS

7.1 Driven by both a need to improve outcomes from our current service providers, the timescales of existing contracts and changes in national guidance, SCC public health, working with our colleagues and partners will produce a sexual health commissioning strategy that outline the future commissioning of an integrated service based on the national service specification.

7.2 Timeframe:

- Sexual Health needs assessment published spring 2015
- Sexual Health Commissioning Strategy developed by end of 2015
- Integrated Sexual Health Service Specification for Surrey developed Spring 2016
- Commissioning and procurement processes start early 2016.

8. RECOMMENDATIONS:

8.1 Sexual health prevention work in Surrey should be reviewed again by the Committee in 12-18 months as preparation for re-commissioning commences.

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Health Scrutiny Committee
18 March 2015

Review of Quality Account Priorities

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

The Committee will review its Quality Account Member Reference Groups and the draft priorities of NHS providers.

Summary:

1. Members of the groups, where possible, will provide progress reports from the QA MRGs for each NHS Trust and review the MRG's comments on priorities for the next year's QA for those Trusts that have submitted draft priorities.
2. An additional proposal will be provided to the Committee which reviews the purpose of these groups and outlines amendments to their terms of reference.

Recommendations:

3. The Committee is asked to monitor progress on the 2015 quality accounts and consider the proposed changes to the groups.

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Sources/background papers: None

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Health Scrutiny Committee
18 March 2015

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.

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Sources/background papers: None

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ANNEX 1

**HEALTH SCRUTINY COMMITTEE
ACTIONS AND RECOMMENDATIONS TRACKER – UPDATED FEBRUARY 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 |
|---------------|--|---|--|--|----------------------------|
| 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 | | <i>March 2015</i> |
| 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 | | <i>March 2015</i> |
| 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 | | <i>March 2015</i> |
| 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. | <i>TBC</i> |

| 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 | | <i>TBC</i> |
| 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 | | <i>March 2015</i> |
| SCO65 | Better Care Fund Update | The Committee is provided with details of the agreed governance arrangements for the Better Care Fund in Surrey. | Health & Wellbeing and Innovation Lead | This has been shared with the Joint BCF MRG and published by the Health and Wellbeing Board | <i>Complete</i> |
| SCO66 | Patient Transport Service Update | 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. | NW Surrey CCG | | <i>September 2015</i> |
| SCO67 | Follow Up from CQC Inspection Quality Summit [6/15] | SABP to provide an update on the findings of the external governance review to the Health Scrutiny Committee. SABP to provide the Health Scrutiny Committee with a briefing on the | Medical Director, SABP | | <i>May 2015</i> |

| Number | Item | Recommendations/ Actions | Responsible Member (officer) | Comments | Due completion date |
|--------|--------------------------------|--|--|----------|---------------------|
| | | reconfigured CAMHS. | | | |
| SCO68 | Better Care Fund Locality Hubs | <p>That the Committee reviews the financial and quality outcomes of the three locality hubs throughout 2015 and 2016.</p> <p>Mr Tim Evans, Rachael I Lake and Borough Councillor Karen Randolph to take part in stakeholder engagement with North West Surrey CCG and report back to the Committee as appropriate.</p> | Head of Communications and Engagement, NW Surrey CCG | | 2016 |

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| Date | Item | Why is this a Scrutiny Item? | Contact Officer | Additional Comments |
|-------------------|--|---|---|---------------------|
| March 2015 | | | | |
| 18 Mar | Response to A&E winter Performance: Ashford & St. Peter's Hospitals Foundation Trust | Scrutiny of Services – following the high level of demand on NHS A&E units across the country and the effect on performance the Committee has requested that Ashford & St. Peter's Hospitals Foundation Trust and its partners provide an analysis of the pressures in their area including detail on the immediate response to the increased demand and how the system is planning to cope going forward. The Trust has been approached as it has demonstrated resilience in this period and can provide evidence of the lessons learnt as it steps down from major incident status. | Suzanne Rankin, Chief Executive – Ashford & St. Peter's Julia Ross, Chief Executive – NW Surrey CCG Shelley Head, Area Director – Adult Social Care | |
| 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 draft priorities. | MRG Chairmen/ Scrutiny Officer | |
| 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 | |

Health Scrutiny Committee Work Programme 2014-2015

ANNEX 2

| Date | Item | Why is this a Scrutiny Item? | Contact Officer | Additional Comments |
|-----------------|--|---|--|---------------------|
| | | | 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 Harriet Derrett-Smith Senior Public Health Lead | |
| May 2015 | | | | |
| 21 May | Integration: Update on the Better Care Fund plan implementation | Scrutiny of Services – the Better Care Fund plans for Surrey have been signed off and Local Joint Commissioning Groups created to implement these plans locally. The Committee will receive an update from one of the remaining five groups | TBC | |
| 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 representative s Area Team Patient | |

| Date | Item | Why is this a Scrutiny Item? | Contact Officer | Additional Comments |
|------------------|--|--|--|---------------------|
| | | | Representatives Healthwatch | |
| 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 | |
| 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 | Surrey Downs CCG: Community Hospital Review | Scrutiny of Services – the Committee will review the progress made in the review and consider any options that have been developed by the CCG for future provision | James Blythe, Director of Commissioning | |
| 2 July | Healthwatch Surrey Work Programme | Workshop – the Committee will consider the strategy for Healthwatch Surrey in the coming years and identify areas for collaboration and joint working. | Mike Rich, Chief Executive Scrutiny Officer | |

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ANNEX 2

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|------------------------|--|--|--|-----------------------------|
| 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 and Wellbeing Commissioning Strategy | 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. | NE Hants & Farnham Adult Social Care | To be joint with ASC Select |
| | Public Service Transformation | Scrutiny of Services/Policy Development – there are six strands of the Public Transformation programme of which the Health and Social Care | Kathryn Pyper | |

| Date | Item | Why is this a Scrutiny Item? | Contact Officer | Additional Comments |
|------|------------------------------|---|-----------------------|---------------------|
| | Network | 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

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| 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, raising awareness and contribute to Public Health's Alcohol Strategy | November 2014, March 2015 |
| 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 |
|-----------------------------|--|---|------------|