Notice of Meeting

Wellbeing and Health Scrutiny Board

Date & time
Wednesday, 16 September 2015 at 10.30 am
There will be a private meeting of the Board at 09:30 am

Place
Ashcombe, County Hall. Kingston upon Thames, KT1 2DN

Contact
Ross Pike
Room 122, County Hall
Tel 0208 541 7368

Chief Executive
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

This meeting will be held in public. If you would like to attend and you have any special requirements, please contact Ross Pike on 0208 541 7368 .

Elected Members
Mr W D Barker OBE, Mr Ben Carasco (Vice-Chairman), Mr Bill Chapman (Chairman), Mr Graham Ellwood, 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

Independent Representatives:
Lucy Botting (Mole Valley), Borough Councillor Karen Randolph (Thames Ditton) and Borough Councillor Mrs Rachel Turner (Tadworth and Walton)

TERMS OF REFERENCE

The Wellbeing and Health Scrutiny Board 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 Wellbeing and Health and Scrutiny Board 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.

AGENDA

1 APOLOGIES FOR ABSENCE AND SUBSTITUTIONS

2 MINUTES OF THE PREVIOUS MEETING: 2 JULY 2015 (Pages 1 - 26)

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 (**9 September 2015***)*.
2. The deadline for public questions is seven days before the meeting (**8 September 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 Board with an update on recent meetings he has attended and other matters affecting the Board.

6 NORTH WEST SURREY URGENT CARE SYSTEM WINTER RESILIENCE (Pages 27 - 38)

Purpose of the report: Scrutiny of Services

The Wellbeing and Health Scrutiny Board requested a further update from North West Surrey system health partners, on the steps taken in the wake of the 2014/15 challenges to minimise the future need to declare an internal Major Incident at Ashford & St. Peter's. The Board also requested an outline of the actions taken to reinforce resilience of the urgent care

system in North West Surrey.

7 RESPONSES TO A&E EVIDENCE REQUEST (Pages 39 - 72)

The responses to this Board's request for evidence on the resilience of the other urgent care systems in Surrey have been included here as part of its consideration of item 6.

8 SURREY DOWNS CCG COMMUNITY HOSPITAL SERVICES REVIEW (Pages 73 - 104)

Purpose of the report: Scrutiny of Services

The process of the Community Hospital Services Review has included membership from the Wellbeing and Health Scrutiny Board, as part of its Programme Board. That Board has approved the draft outcomes report. This report is to gain Wellbeing and Health Scrutiny Board approval on the process conducted within the review, with which the final outcomes have been reached, and to receive additional comments from members in regards to the report.

9 UPDATE FROM SURREY'S HEALTH AND WELLBEING BOARD (Pages 105 - 118)

Purpose of the report: Scrutiny of Services and Budgets

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

10 JOINT COMMISSIONING OF SPEECH AND LANGUAGE THERAPY SERVICES FOR CHILDREN AND YOUNG PEOPLE (Pages 119 - 124)

Purpose of the report: Scrutiny of Services

The purpose of the report is to provide an update on the Speech and Language Therapy Commissioning Strategy and the new service delivery model.

11 RECOMMENDATIONS TRACKER AND FORWARD WORK PROGRAMME (Pages 125 - 132)

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

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

12 DATE OF NEXT MEETING

The next meeting of the Board will be held at 10.30 am on 12 November 2015.

David McNulty
Chief Executive

Published: Monday, 7 September 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.

Anyone is permitted to film, record or take photographs at council meetings. Please liaise with the council officer listed in the agenda prior to the start of the meeting so that those attending the meeting can be made aware of any filming taking place.

Use of mobile devices, including for the purpose of recording or filming a meeting, is subject to no interruptions, distractions or interference being caused to the PA or Induction Loop systems, or any general disturbance to proceedings. The Chairman may ask for mobile devices to be switched off in these circumstances.

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

This page is intentionally left blank

MINUTES of the meeting of the **WELLBEING AND HEALTH SCRUTINY BOARD** held at 10.00 am on 2 July 2015 at Ashcombe, County Hall. Kingston upon Thames, KT1 2DN.

These minutes are subject to confirmation by the Committee at its meeting on Wednesday, 16 September 2015.

Elected Members:

* Mr W D Barker OBE
* Mr Ben Carasco (Vice-Chairman)
* Mr Bill Chapman (Chairman)
* Mr Graham Ellwood
* Mr Bob Gardner
* Mr Tim Hall
* Mr Peter Hickman
* Rachael I. Lake
* Mrs Tina Mountain
* Mr Chris Pitt
* Mrs Pauline Searle
* Mrs Helena Windsor
* Lucy Botting
* Borough Councillor Karen Randolph

Ex officio Members:

Mrs Sally Ann B Marks, Chairman of the County Council
Mr Nick Skellett CBE, Vice-Chairman of the County Council

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

None received.

2/15 MINUTES OF THE PREVIOUS MEETING: 18 MARCH 2015 [Item 2]

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

3/15 DECLARATIONS OF INTEREST [Item 3]

None received.

4/15 QUESTIONS AND PETITIONS [Item 4]

None received.

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

I'd like to start by expressing thanks to Tim Evans for his work whilst he was a Member of the Committee, as it then was. I also welcome a new Member, Graham Ellwood, and hope that he will find plenty of interest for him in his new role with us.

I have two procedural matters to announce:

The first is that this Public Meeting will be followed by Private Meeting of this Board at which we will move forward the internal business of the Board and how it will operate.

The second point is that I intend to allow questions from the public after each relevant Item on the agenda. This is intended to provide the opportunity for increased public participation. On this occasion there is just a single such item.

General Election and the Queen's Speech

Her Majesty's Speech included a paragraph stating that Her Government will secure the future of the National Health Service by:

- Implementing the National Health Service's own five year plan
- Increasing the health budget
- Integrating healthcare and social care
- Ensuring the National Health Service works on a seven day basis.

Measures will be introduced to improve access to General Practitioners and to mental healthcare.
In today's private meeting our Public Health colleagues will advising us on how any changes in Government might impact on the work of this Board.

Our New Title and Implications for our Work

This committee now has the title **Wellbeing and Health Scrutiny Board (WHSB)**. Having spoken to the Leader of the Council and the Scrutiny Officers I understand that the new title reflects a wish for us to do everything

that we can to advance the wellbeing, as well as the health of the people of Surrey.

The Chief Executive of Surrey County Council in his Progress Report for January to July 2015 gives the following definition for wellbeing: **'Everyone in Surrey has a great start to life and can live and age well.**' I propose that we adopt this definition ourselves, for the time being at least.

We will continue to work as a Health Scrutiny Committee in accordance with Government Legislation and Guidelines which in any case include within our scope the Surrey Health and Wellbeing Board (H&WB). Therefore, we will not be changing our Terms of Reference.

I intend that we will work more closely with the Surrey Health and Wellbeing Board. This will bring us closer to the council's Adults' and Children's Services and our Public Health colleagues. Opportunities for cross-cutting work with, for example, the Social Care Services Board will no doubt appear. I hope that individual Members will become more involved in local Borough and District Health & Wellbeing Boards where these are established.

We are well placed to direct more resource to the Health & Wellbeing Board. The inspection environment provided by the Care Quality Commission (CQC) has improved enormously in the last two years and is now one of the best in the world. This will help us to apply our focus more closely on what really matters to our mission.
NHS evaluation of the Clinical Commissioning Groups (CCGs) is becoming established and is promised to move forward further. Our own CCG Member Reference Groups are becoming more engaged.

Clearly, we will need to continue to focus our limited resources for best effect. We will return to the developing role of our MRGs at our Private Meeting.

Health and Wellbeing Board

The Health and Wellbeing Board is beginning a refresh of the Joint Strategic Needs Analysis (JSNA) after which its Strategy will be refreshed. Our colleagues in Public Health will be telling us more about this in the private meeting.

Royal Surrey County Hospital and Ashford &St Peter's Hospitals Merger

As a Governor of Royal Surrey, Bill Barker has taken part in a full day of discussions involving the Boards and Councils of Governors of the two Trusts. Progress towards the proposed merger is somewhat delayed until the Competition and Mergers Authority (CMA) reports its findings.

Take-over by Frimley Park Trust of Heatherwood and Wexham Park Trust

The merger has progressed well with all hospitals performing well against the national quality targets. Financial performance remains a concern with a need to save 4% of turnover this year. The financial burden of excessive use of agency staff is a particular target for management attention.

Stroke Service Review

Work started in late 2014 to investigate how stroke services in Surrey can best be re-organised in order to improve the care provided to patients. A full range of options is being considered with work led primarily by the CCGs and the Acute Trusts.
We have put together a team of Members consisting of Bob Gardner, Rachael Lake, Peter Hickman and myself so that between us we cover the Acute Hospitals. Our next review meeting will be on July 8.

Review of Musculoskeletal (MSK) Services

North West Surrey CCG is undertaking a review of its MSK services. Rachael I Lake and Karen Randolph are leading the engagement on this work.

Alcohol

We have wound-up this MRG. Addressing the harm caused by alcohol is a Government priority both nationally and locally. It is a high priority for Surrey Public Health and the Surrey CCGs.
Members should continue to make residents aware of the dangers of excessive alcohol consumption. They might also lobby their MPs on alcohol pricing and for a fuller involvement of the Public Health function in the Alcohol Licensing process.

Better Care Fund

Plans for the BCF are agreed and are being implemented. The MRG is scheduled to meet again in September.

Surrey Downs CCG Community Hospital Review

Lucy Botting and Tim Hall are representing us as the review proceeds.

Mental Health Crisis Care Concordat Action Plan

Congratulations are due to North East Hampshire and Farnham CCG for being one of the first in England to complete a comprehensive Mental Health Crisis Care Concordat Action Plan. Results are particularly good around preventing crises and the 'Time Out Café' in Aldershot. The 'Time Out Café' model is being rolled out across the County by the other CCGs.

This performance contrasts with the damning condemnation by the CQC of the general provision across England for mental health and particularly for crises care.

Health Inequalities – Life Expectancy

You may have noticed that there are two quite different numbers quoted for the spread in average life expectancy between the least favoured and most favoured parts of Surrey. This spread in life expectancy is one of the key measures of health inequality.

The Annual Report of the Director of Public Health in Surrey uses the figure of 15 years difference between the best and worst wards for this measurement. This number is used by the Health and Wellbeing Board and each CCG uses its local version for its planning and monitoring purposes.

Public Health England's method of arriving at the spread is to take the average value for the 10% (decile) of most favoured wards and subtract the average for the 10% least favoured wards. This has the effect of smoothing out the variation across the county and arrives at a value of about 6% for both women and men.

6/15 EPSOM AND ST HELIER UNIVERSITY HOSPITALS NHS TRUST [Item 6]

Declarations of interest:

None

Witnesses:

Daniel Elkeles, Chief Executive, Epsom and St Helier University Hospitals Trust
Lisa Thomson, Director of Communications, Epsom and St Helier University Hospitals Trust

Claire Fuller, Clinical Chair, Surrey Downs Clinical Commissioning Group

Key points raised during the discussions:

The Chief Executive of Epsom and St. Helier University Hospitals Trust provided the Board with an overview of the Trust's Hospital Estates Strategy 2015-2020 which makes the case for a £500 million investment in the Trust in order to upgrade its estate. He advised that the Trust performs well against a number of key quality indicators including patient experience but stressed that its outdated estate, which is the oldest in Surrey and one of the oldest in London, is prohibitive in delivering the highest quality of care to patients. It was further highlighted that the age of the estate has a detrimental impact on the Trust's finances due to reduced energy efficiency, spending on reactive maintenance and the additional resources required to make sure hygiene standards are met.

The Chief Executive informed the Board that any funding for a new estate will require significant investment from Central Government which means that they need an excellent business case. Before the business case is presented, various options will be considered as to how the Trust can attract this level of investment while discussions will also take place with staff and patients in order to develop an understanding of how the new estate should be designed.

- More information was requested on how the Trust will work within the scope of the Better Care Fund (BCF) and help to ensure that more care is provided within a community setting. The Clinical Chair of Surrey Downs Clinical Commissioning Group reiterated the need to deliver more services health care services in the community as a way of improving patient services and reducing demand on acute hospitals. The Board were informed that Epsom and St Helier University Hospital Trust (ESTH) works with Surrey Downs Clinical Commissioning Group (CCG) and other health and social care partners to ensure that it helps to manage rising demand with more health care services provided within community settings.

- The Board queried the need to develop a new estate given reductions in funding to the Trust as a result of the BCF. The Chief Executive stressed the need to ensure that patients are provided with the right care wherever they go for treatment but that the aspiration is do this in community settings where appropriate in line with the Five Year Forward View. Members were informed that the right model of delivering care in the community needs to be developed before the allocation of funding can be properly established.

- Additional information was requested on how nurses will develop and acquire the skills required to provide community-based care effectively. The Clinical Chair indicated that efforts need to be made to reach out to educators – Health Education England included - to ensure that they are giving nurses the right skills and training to deliver this new model of care. The Board was further informed that there is a need to empower social care practitioners to get back to the practice of delivering preventative healthcare services. The Chief Executive advised the Board that ESTH is approaching a full complement of nursing staff across the Trust through the Patient First initiative and that the hope is to eliminate the need to rely on agency workers soon. The vision in the long term is to have clinicians, medical staff and care workers operating under the umbrella of a general health organisation which provides joined up, integrated care.

- The Chief Executive was asked for details on where ESTH is recruiting nurses from. Members were informed that the Trust has been recruiting extensively in Europe, particularly in countries which have a similar healthcare model to the NHS. These nurses enjoy working at ESTH and are encouraging their friends to apply for jobs too. An area of concern that was flagged up by the Chief Executive was the challenge that nurses face attempting to find affordable accommodation in Surrey and South London. The Trust does have some accommodation that it can provide to nurses but this is close to being exhausted which threatens the ability of ESTH to recruit. The

Chief Executive requested the Board's help in attempting to address the problem of accommodation for nurses coming to work for ESTH.

- The Vice-Chairman suggested that a more compelling argument for the £500 million to build a new ESTH estate could be made to the Government by developing a business case that focuses on how much more ESTH can contribute to the healthcare economy in Surrey and South London rather than by simply drawing attention to how well the Trust has been performing. The Board further stressed the need to outline the extent of the savings that could potentially be achieved by the Trust through having an improved healthcare estate. The Chief Executive agreed with the comments made by the Board but indicated the need to show the Government that ESTH is a high-performing Trust but one that could do even better with the right facilities. The Treasury has indicated that the £219 million previously made available for a partial rebuild of the St. Helier Hospital could still be made available to the Trust. The Board further suggested that the existing sites could be sold in order to secure some of the capital for the development of the new estate.

- Clarification was sought on the storage of patient medical records at the Trust and whether these are easily accessible for staff. The Chief Executive informed the Board that medical records are given a barcode and a microchip to ensure they can be easily identified and found by staff when required. This demonstrates that a paper-based system can still be very successful if the proper processes are implemented, especially when IT servers fail.

- Concern was expressed by the Board with the number of C.difficile and MRSA cases which occurred at ESTH during 2014/15 which are both over the specified target for the Trust. Members inquired about the extent to which improving hygiene processes and management would reduce the number of cases of C.difficile and MRSA. The Chief Executive assured the Board that steps are being taken to reduce infection rates at hospital sites throughout the Trust but informed the Board that the age of the estate meant that it was virtually impossible to completely eliminate instances of these infections, something which has been recognised by NHS England.

- Further information was requested on where a new St. Helier Hospital could potentially be located if the decision is taken to rebuild the hospital. The Chief Executive advised that they are currently going through the various possible options for modernising ESTH's estate and that there will be a proper consultation with the public to explore all of these options. Members were informed by the Chief Executive that he had recently been contacted by his counterpart at the Royal Marsden Hospital, whose estate is also aging, about a potential

collaboration on modernising acute provision in the area which presents further options to be considered.

- Attention was drawn to ESTH's performance against its cancer referral target and the Chief Executive was asked to clarify what measures are being taken to improve this performance. The Board were informed that a dedicated team has been created which manages each cancer patient as they go through the system in order to drive improvement in the Trust's performance against this target. Steps are also being taken to improve the process more generally but it was advised that this would take a few months to get right as there are several parts of the system which require improvement.

- Members inquired about the plans for increasing the provision of elective care available at Epsom Hospital and asked whether this would have an adverse impact on the unplanned care services. The Clinical Chair indicated that in an ideal world all treatment provided to patients would be planned but stressed that the CCG recognises that unplanned care will always be necessary and would ensure that the processes are in place to cope with this.

- The Board asked for the opportunity to explore how ESTH are engaging and communicating with the local community. The Trust's Director of Communication invited Members of the Board to visit the hospital and to attend patient and public engagement meetings. Members were also advised that ESTH has identified a large number of local groups that it plans to engage with during the estates process.

Recommendations:

1. The Board supports the Trust's investigation into future estate strategy and recommends that it emphasises the improvements it can make to its services and its wider contribution to the management of the total health system finances and;

2. That the Board is involved as part of future public engagement on this issue.

Actions/ further information to be provided:

None

Board next steps:

None

7/15 RECOMMENDATIONS TRACKER AND FORWARD WORK PROGRAMME [Item 7]

Declarations of interest:

None

Witnesses:

None

Key points raised during the discussions:

None

Recommendations:

None

Actions/ further information to be provided:

None

Board next steps:

None

8/15 DATE OF NEXT MEETING [Item 8]

The Board noted its next meeting will be held at 10.30 am on Wednesday 16 September 2015.

Meeting ended at: 11.15 am

_____

Chairman

This page is intentionally left blank

Epsom and St Helier University Hospitals NHS Trust

INVESTING IN A HIGH QUALITY HEALTHCARE ENVIRONMENT

Daniel Elkeles, Chief Executive
Peter Davies, Director of Strategy and Business Development

June 2015

OUR STRATEGY FOR 2015 – 2020

We are a safe and effective trust, and are committed to maintaining an excellent patient experience

The trust's mission is to **put the patient first by delivering great care to every patient, every day**, focusing on providing high quality, compassionate care that:

- Is safe and effective
- Creates a positive experience that meets the expectations of patients, their families and carers
- Is responsive and delivers the right treatment, in the right place, at the right time

Safe and effective	Positive experience	Responsive
✓ High scores on CQC Intelligent Monitoring	✓ 97% of patients recommending the trust to friends and family	✓ The Patient First Programme empowers our staff to put the patient first
✓ Hospital standardised mortality ratio consistently below 100	✓ Excellent A&E waiting time target of 95% seen within 4 hours (95.6% in 2014/15)	✓ Our philosophy is to empower all our staff to take action locally, through a shared understanding of what matters to our patients
✓ Achieving more of the London Quality Standards than neighbouring trusts		
✓ Endorsed for the quality of hip, trauma and urology services		

The trust has a clear strategy for the next five years to continue to provide services from both Epsom Hospital and St Helier Hospital, and this remains our plan

We have a clear strategy to maintain our current sites over the next five years…

Between now and 2020 we have committed that:

- Both **Epsom Hospital and St Helier Hospital will continue to provide consultant led, 24/7 A&E, maternity and inpatient paediatric services**
- **St Helier Hospital will provide specialist and emergency care** such as acute surgery for our most sick patients
- **Epsom Hospital will expand its range of planned care**
- Work will continue with patients, GPs, commissioners and partners to **provide significantly more care in community settings**, closer to home for patients, so that they only have to come to hospital when they really have to

…and have identified five objectives that will ensure we deliver high quality, compassionate care to all patients

- Delivering **safe** and effective care with respect and dignity
- Creating a **positive experience** that meets the expectations of our patients, their families and carers
- Providing **responsive** care that delivers the right treatment, in the right place at the right time
- Being **financially sustainable**
- Working in **partnership** in the interests of patients and a sustainable local health and social care economy

DEVELOPING OUR ESTATE IN 2020 – 2030

We believe that our buildings are restricting the quality we can deliver

Quality of care

Limitations in our ability to locate clinical departments next to each other means we need to work harder to deliver high quality care

Infection control

The layout of our buildings means we need to make more effort to keep them clean, and we cannot maintain the distances between beds that we want

Patient experience

Our patients tell us that they find our buildings difficult to navigate, and the layout of the estate means that patients need to be moved significant distances, including outside in bad weather

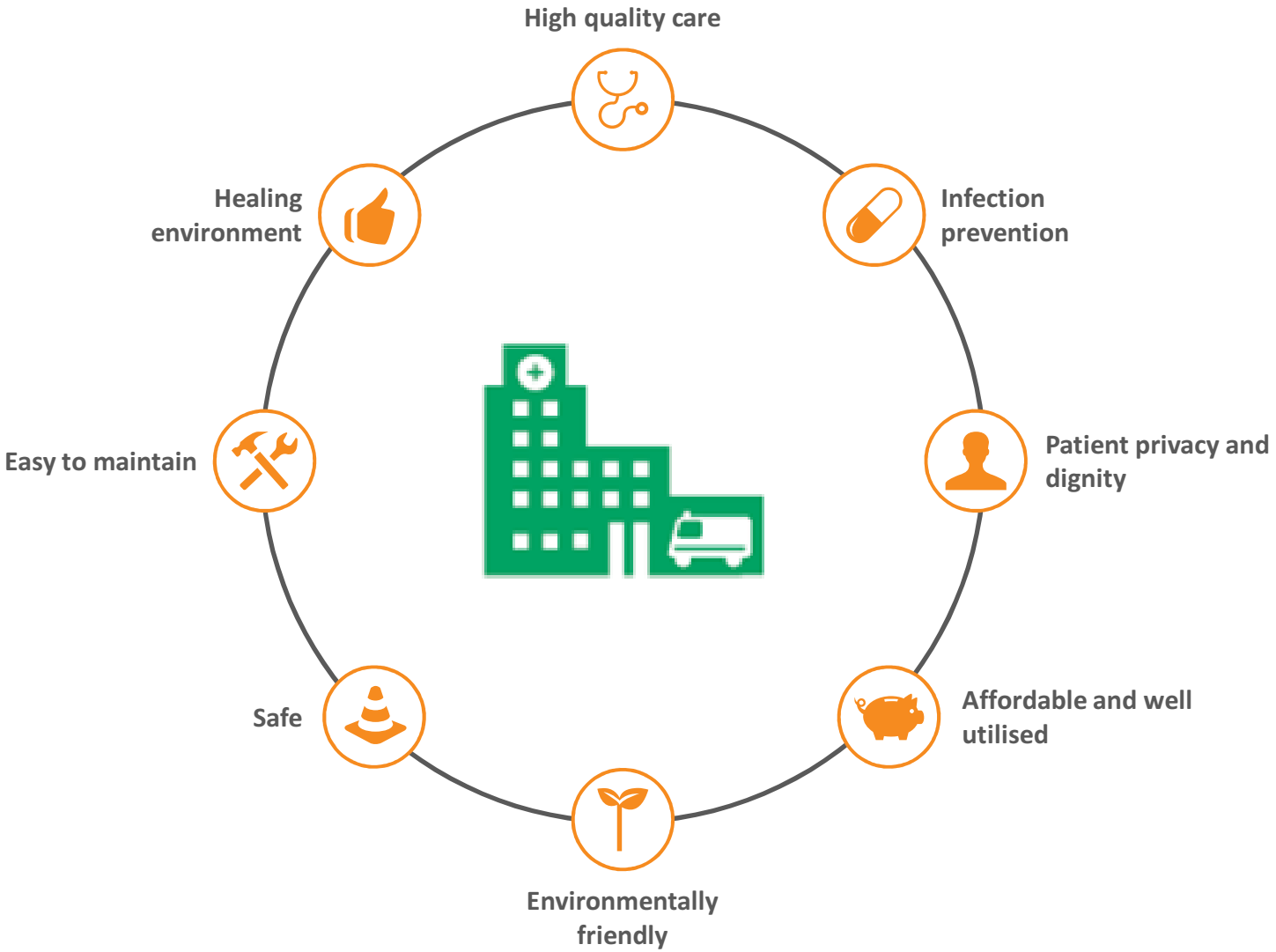
Maintenance

We spend approximately £1m a year more than we need to keeping our ageing estate running, including needing dedicated teams to keep our key infrastructure running

Our patients, staff and communities deserve to receive and provide care in buildings that are fit for the provision of modern healthcare

Therefore, we have considered what modern buildings should look like, and how we compare **with the best most modern NHS estate**

We have identified the key features of buildings that support twenty-first century healthcare



There are examples from across the NHS of buildings that exhibit the features of twenty-first century estate

Northumbria Emergency Care Hospital

The first purpose-built emergency care hospital in England

Key features:

- Exemplar patient pathways and adjacencies, with unique circular wards
- High proportion of single rooms, with pleasant views, and significant public realm space
- State of the art mechanical and electrical systems

Peterborough City Hospital

Modern acute hospital that has been MRSA-free since it opened

Key features:

- Excellent clinical adjacencies from a central concourse, with other health facilities co-located
- Aesthetically pleasing environment, with enclosed gardens and courtyards, and way-finding artwork
- First hospital in the UK to adopt 'cruciform' wards

New South Glasgow Hospital

One of the most technologically advanced health campuses in Europe

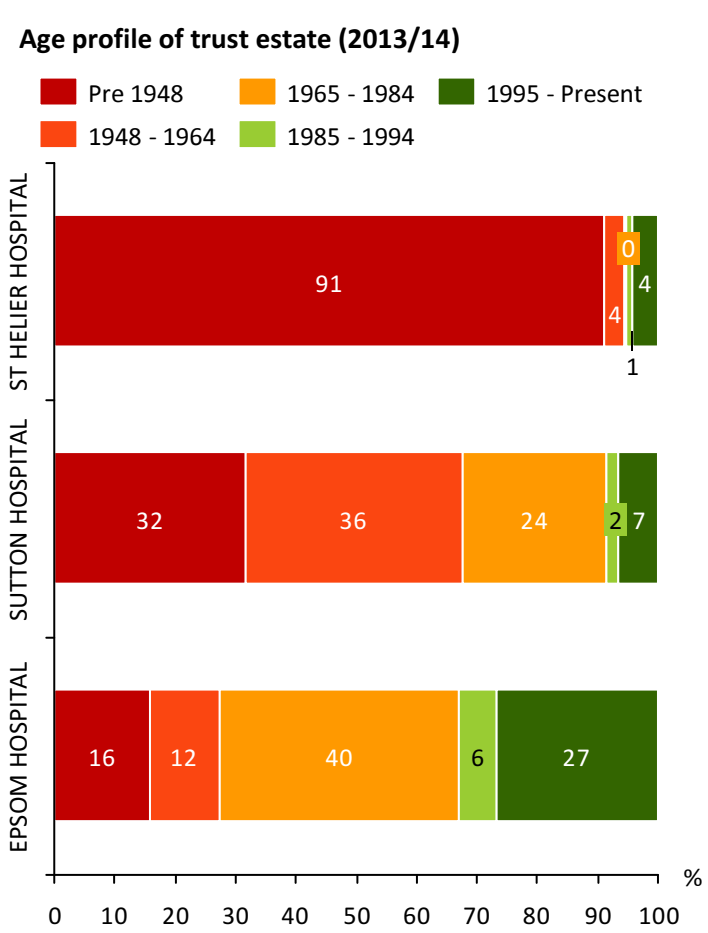
Key features:

- State of the art technology, including robotic distribution of supplies
- Excellent clinical adjacencies and patient flow
- All singles rooms for adults, with views of the city and natural daylight

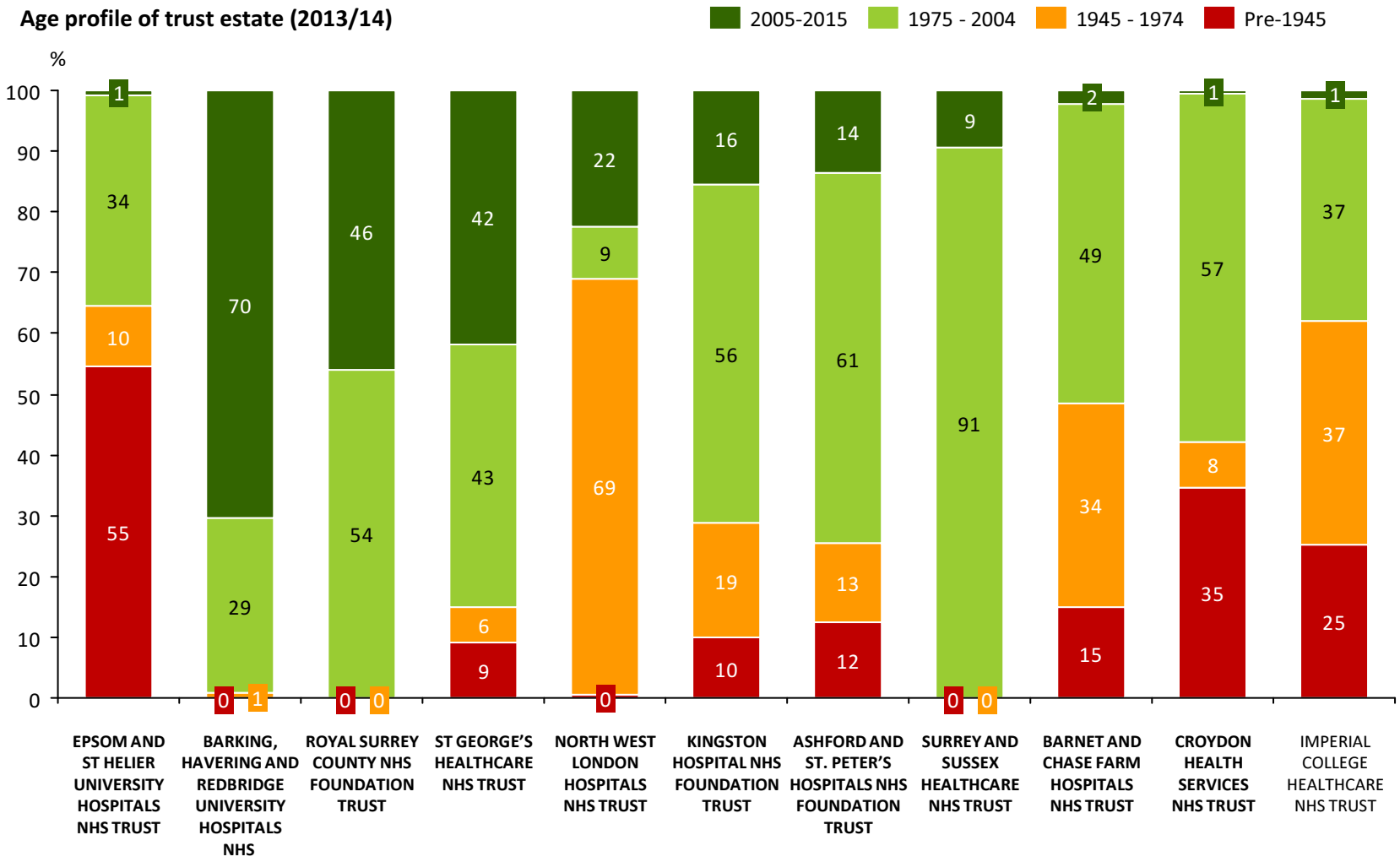
We have an ageing estate that requires constant maintenance

At St Helier Hospital, a child was admitted through our Emergency Department. After initial assessment, ***the child had to be wheeled through long underground tunnels*** *to reach the children's inpatient wards. This journey had to be repeated when an emergency CT was needed*

At Epsom Hospital, a patient who was admitted with a stroke received immediate treatment and then had to be ***wheeled outside on a trolley*** *to get to Langley Wing, past visitors and moving vehicles*

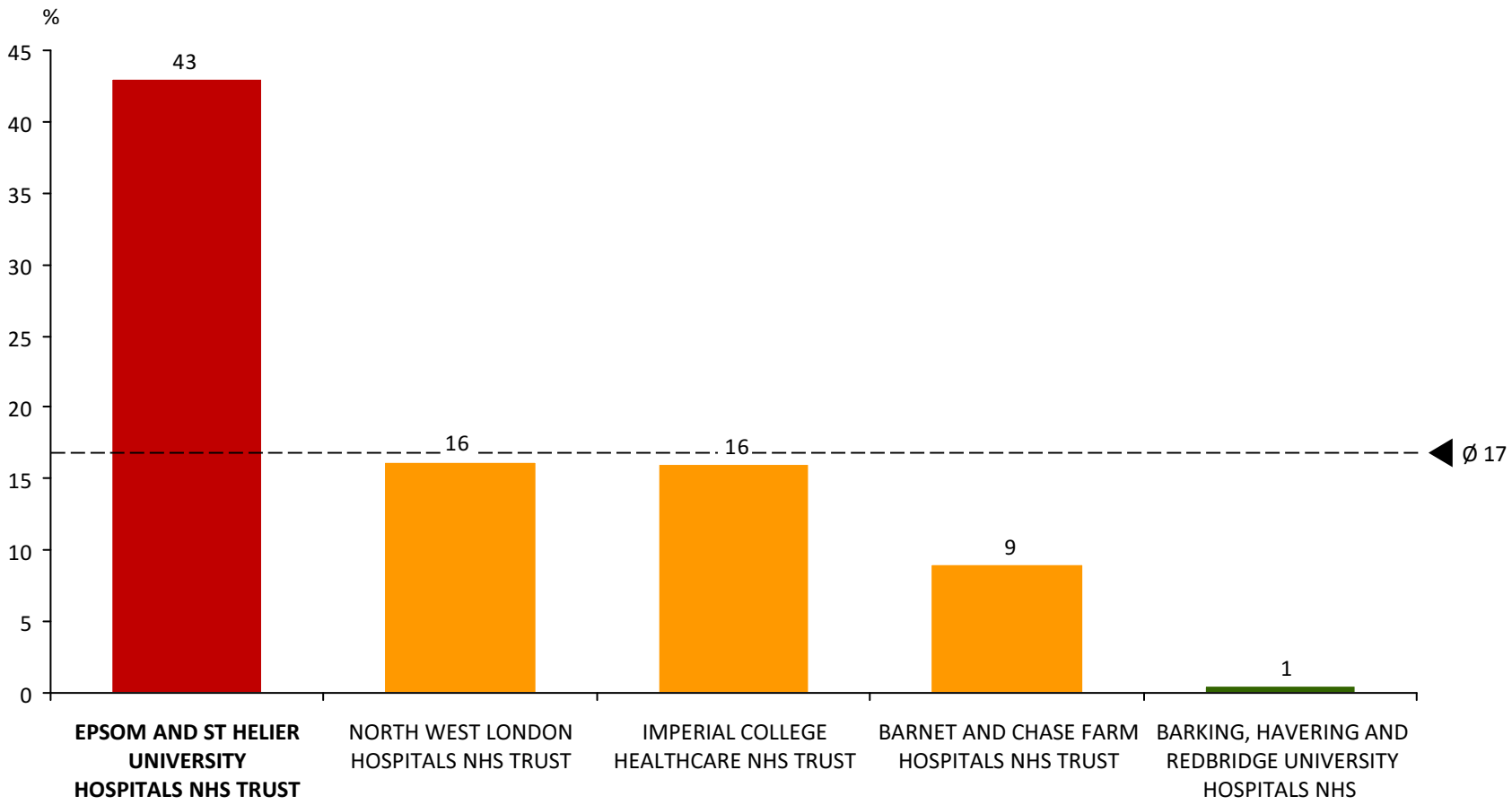


Compared to similar trusts, our estate is significantly older, with more than half our estate built before WW2



Our estate is also less suitable for healthcare delivery than our peers, with 43% of the estate not fit for purpose

Occupied floor area that is considered functionally unsuitable (2013/14)



When we consider all the features we expect twenty-first century healthcare to exhibit, our estate falls short

High quality care	• Currently the layout of our sites means key departments are not co-located, which can affect clinical service delivery
Infection free	• The poor quality of our estate has been identified as a likely cause of infections at the trust • The trust does not consistently meet NHS infection control bed spacing standards at present, which it is likely also contribute to infection rates
Healing environment	• In many areas our estate fall below the standards you would expect of a modern healthcare environment because it was designed decades ago • Our estate scored below the national average on condition and appearance in patient-led assessments in 2014
Patient privacy & comfort	• The majority of beds are still provided via 4 or 6 bedded bays • Only circa 21% are single rooms, of these which than half have their own en-suite
Easy to maintain	• Over £50m needs to be spent on the current estate to bring it into an acceptable (not good) condition • We have a maintenance team of over 50 people currently who are required to constantly repair and maintain the ageing plant that we have
Safe	• As the estate continues to age over the coming years, it will be increasingly hard, disruptive and costly to ensure full statutory compliance
Environmentally friendly	• Energy performance for all sites is below the NHS acceptable level
Affordable & well utilised	• As the buildings and infrastructure get older, it will cost significantly more to keep them in an acceptable, working condition

It would require major investment to transform our estate – therefore, we need to consider the options for how we can invest

Due to the potential scale of change, we need to consider all the options for our buildings

Cost

We may need to spend more than £500m if we want to properly improve our estate.

To do so we will have to make the case for this level of investment and look at all the options for achieving that over the next ten years.

Complexity

Re-developing a hospital is complex, and there are multiple ways we can re-develop on our existing sites.

We need to be confident we are exploring a deliverable option.

Affordability

Before investing in our estate, we will need to be confident that any investment is affordable and sufficient funding is available.

Disruption

Re-building our existing facilities may mean moving patients and staff to temporary buildings while redevelopment work was completed.

We would need to explore if there are ways to reduce this.

We want to work with you to understand the options

We will **discuss with our key stakeholders and the public the next steps** – this will include local authorities, local Healthwatch organisations, and patients and the public

We would then like to discuss whether our local communities support us in our desire to see our services be delivered from modern buildings and to begin a dialogue **on what people believe we should consider when we look at the options**

Following this, **we will develop options and appraise them** against the things the public have told us are important

THANK YOU

Join our pursuit to put the Patient First!

Be an #esthchampion and join our dedicated patient programme. You'll get all the latest news and exclusive invitations to special events, so sign up at **epsom-sthelier.nhs.uk/patientfirst** or call 020 8296 4996

Website: www.epsom-sthelier.nhs.uk
Twitter: @epsom_sthelier
Facebook: www.facebook.com/epsomsthelier

This page is intentionally left blank

Wellbeing and Health Scrutiny Board
16 September 2015

North West Surrey Urgent Care System Winter Resilience

Purpose of the report:

The urgent care system in North West Surrey faced increased challenge during the last winter. As a result of severe pressure both in A&E and for inpatient beds, Ashford and St Peter's Hospitals declared a Major Incident on 3rd January 2015. These issues were discussed by the Wellbeing and Health Scrutiny Board in the January and March meetings.

Following these discussions, the Wellbeing and Health Scrutiny Board requested a further update in September from system health partners, on the steps taken in the wake of the 2014/15 challenges to minimise the future need to declare an internal Major Incident. The Board also requested an outline of the actions taken to reinforce resilience of the urgent care system in North West Surrey.

1. Introduction

1.1 On Saturday 3 January 2015 Ashford and St. Peter's Hospitals NHS Foundation Trust (ASPH) declared a Major Incident as a result of severe pressure in terms of the volume A&E attendances and emergency admissions. This was subsequent to a period of sustained operational pressure on the whole urgent care system.

1.2 A thorough and meticulous process has been undertaken by the North West Surrey health and care system to ensure that the key causes of pressure over the 2014/15 winter period have been identified, with particular focus on the causes of the Major Incident on 3 January. A Root Cause Analysis (RCA) was undertaken at ASPH which fed into a system-wide RCA undertaken by North West Surrey Clinical Commissioning Group (NSW CCG). This was followed by a system-wide post RCA workshop again involving all system partners to identify solutions. These were then worked on in more detail through the System Resilience Group (SRG).

1.3 This paper now outlines:

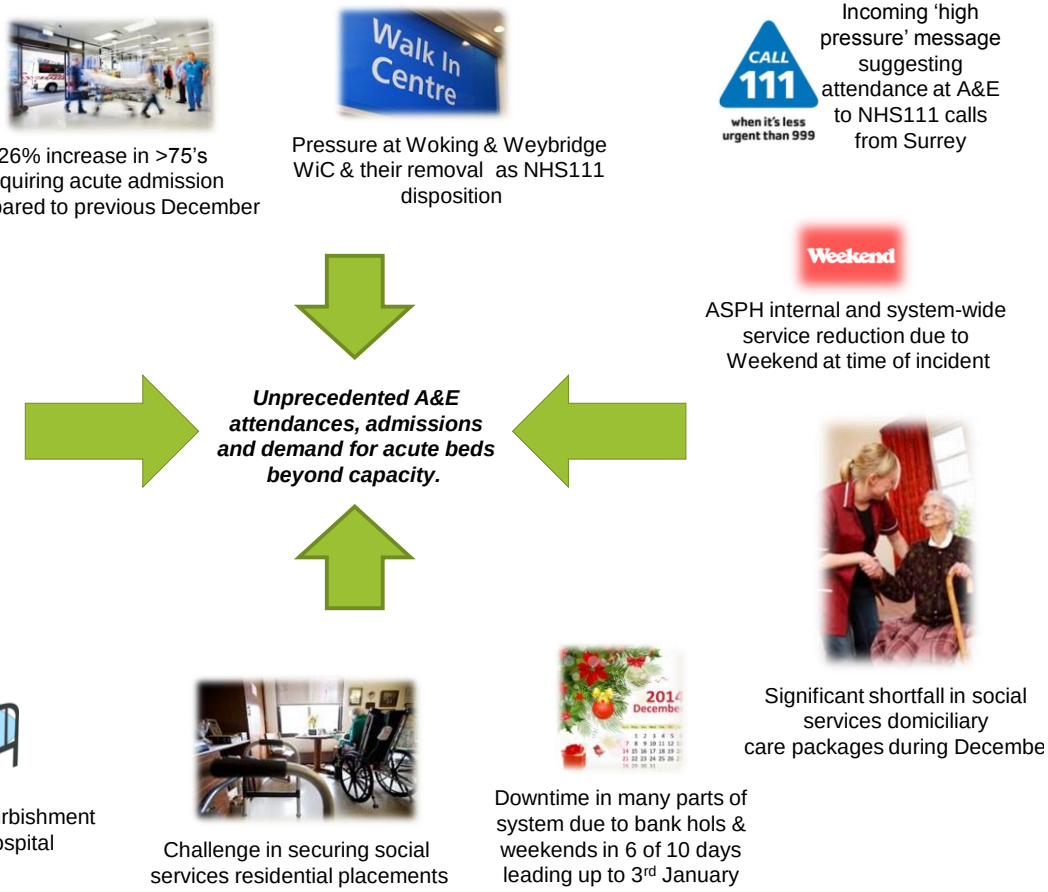
- The causal factors driving the pressure faced by the system and ASPH on 3 January 2015.

- Actions taken to reduce the risk of re-occurrence and strengthen overall urgent care system resilience.

2. The causal factors driving the pressure faced by the system and ASPH on 3 January 2015.

2.1 Causal factors driving the extreme pressure faced by ASPH on 3 January are summarised in the diagram below.

Root causes to system pressure causing Major Incident at ASPH



2.2 A number of contributory factors were identified that added to the totality of the challenge experienced at the time of the Major Incident, these are summarised in the diagram below.

Contributory Causes & Further Lessons

Reduction in primary care due to 6 bank holidays & w/ends in 10 days leading to incident with reduce/no primary care

Challenges of system coordination - some provider escalation actions not shared with wider system (NHS111 & Walk-in Centre escalation actions).

Effectiveness of Community step down capacity limited due to ability to secure appropriate GP cover for all beds

Reduction in CHC due to 6 bank holiday & w/ends which did adversely affect patient flow through the system

Accuracy of individual provider activity predictions & lack of system-wide commitment to agreed common Christmas break activity projections

Reduced effectiveness of National flu vaccine nationally believed to be a driver to increased admissions

Some solutions such as expansion of Rapid Response capacity not identified until after the incident rather than planned in advance

Limited effectiveness of some 2014/15 winter resilience schemes with some minor schemes not in place

3. Key system changes to strengthen system resilience

3.1 The key changes being implemented across the NW Surrey health system as a result of these findings are outlined below.

3.2 Robust system understanding and surge prediction.

Through its partnership with Alamac, all urgent care system providers within the North West Surrey system have been collecting, sharing and discussing key individual and system performance metrics on a daily basis. Using these metrics a daily call enables 'front-line' partners to objectively assess where they are today and think differently about where they could be tomorrow. This daily collection of system performance information is allowing a thorough understanding of critical factors ('cause measures') within the system that drive efficient performance ('effect measures'), and has established greater ability to predict when the system is becoming challenged and take early proactive action, and recover more rapidly.

As the collection of metrics and sharing of local knowledge continues, resilience will increase through providers taking preventative action to mitigate both predicted pressures within their own organisation, and by supporting partner providers.

Additionally as a greater period of historic data is collected, Alamac will work with the system to forecast performance based on key operational metrics such as likely number of A&E attendances, acute admissions and system wide discharges two weeks in advance. This ensures greater system resilience as providers have time to take mitigating action. A number of the resilience initiatives identified for this coming winter therefore are planned in a way that enables providers to respond flexibly to predicted pressure.

Extended holiday periods such as the Christmas to New Year break and Bank Holiday weekends, have historically tested system resilience. Deploying resilience initiatives at this period is also an integral part of this year's resilience planning.

3.3 Application of Operational Capacity and Resilience funding.

This year Operational Capacity and Resilience (OCR) funding of approximately £1m has been allocated by NWS CCG through the System Resilience Group (SRG) based specifically on projects that provide 'resilience' to the system at periods of peak pressure. All projects funded for this coming winter have a proven evidence base through the RCA, and most are linked to the Department of Health's Eight High Impact Resilience Interventions.

3.4 Additional community rehabilitation beds.

NWS CCG has funded an additional six community hospital rehabilitation beds for a period of up to two months this coming winter. A proportion of

this time will be focused over the Christmas break period; the remainder will be used as system projections indicate.

3.5 Additional Rapid Response capacity.

The RCA identified that the additional capacity within the Rapid Response service that came online after the incident, played an important role in facilitating discharges out of ASPH. In recognition of the impact that increasing the capacity of the Rapid Response service had on overall system flow, NWS CCG are working with Virgin Care to agree a change to the previous core contract. This will allow Virgin Care to flex capacity up above previously funded levels at times of pressure. This contractual ability to flex up quickly is essential to year-round resilience.

In addition to the above, through OCR funding, Rapid Response capacity will be increased by a further 15 patients for up to two months. Part of this capacity increase will be targeted at the Christmas break and subsequent period. The remainder will be drawn upon as flexibly as possible in response to predicted pressure surges. The increase in service will also support admission avoidance, keeping some patients out of hospital completely.

3.6 Step down / recovery beds to support Social Care placement challenges.

During the last winter in order to support the challenge of obtaining Social Services residential care placements, Adult Social Care and NWS CCG jointly funded an additional five beds in care homes for patients awaiting Social Care support that would have otherwise been in hospital. NWS CCG has invested a further £175,000 in 2015/16, and rolled this scheme out to cover up to 20 beds in total across North West Surrey. This capacity is flexible with care home providers across North West Surrey able to offer bed capacity to the scheme as and when it becomes available.

In addition to the above, the NWS CCG has allocated an additional £60,000 to fund up to a further 20 beds in care homes during the winter, to ensure acute beds are released from those patients awaiting Social Service placements. Historic analysis indicates a proportion of this additional capacity will be required through December, the remainder will be deployed flexibly across the winter period to support system surge and pressure. Actions are underway to sign up a significant number of homes to the scheme prior to the winter.

Adult Social Care procurement and commissioning staff are meeting with providers of Nursing and Care homes to discuss the on-going challenges the Local Authority has to commissioning at a competitive but fair market rate including partnership arrangements to support prevention of attendance and admission and discharge pathways to and from hospitals.

Adult Social Care has also recruited two additional full time Social Care Development Coordinators based at ASPH to improve relationships locally with care homes. This will also serve to improve responsiveness

and opportunity for seven day discharges into these services including packages of care, more effectively.

Adult Social Care has also held a county wide provider “Think Tank” event at Whitley to discuss with the market and understand how they can work in partnership to respond to the demands and challenges the whole system face including recruitment, skills gaps, strategic objectives, community engagement and budgets.

3.7 Domiciliary care.

NWS CCG is proposing to allocate a further £50,000 to support Social Services to incentivise domiciliary care providers to support during holidays and periods of surge. These incentives will focus on delivering a guaranteed level of capacity with providers to respond to requests for packages of care over the holiday periods where demand has previously been high. This will be flexible and can be used as demand predictions dictate, to mitigate against capacity shortfall and system pressure.

In addition to support the normal demand for domiciliary packages of care, the North West Area has increased its number of domiciliary care providers and continues to build on this. Commissioning managers and social care development coordinators are engaging with these providers to share the whole system challenges and inviting them to suggest how they well support to meet these.

Commissioning managers are working with existing voluntary sector partners to ensure their current service provisions are utilised in full and flex these across seven days. Opportunities will be shared with all stakeholders to ensure they are maximised. Further work on this is planned with the district and borough councils.

A county wide Domiciliary Care “Think tank” has been held, and a local plan of market engagement has been developed.

3.8 Social Services care worker.

System analysis (through partnership with Alamac) of patient flow during the winter identified issues regarding the referral and pick up for locality teams to assess and arrange services to support discharge from Rapid Response and Recovery/step down beds. This impacted the system wide flow. As a result NWS CCG has supported Surrey County Council Adult Social Care by investing a further £20,000 in an additional Case Worker for six months this coming winter. This will enable earlier identification of patients in the step-down/ recovery beds and the Rapid Response service therefore ensuring patient flow is maintained.

3.9 Supporting 7-day working at St Peter’s Hospital.

A finding of the RCA was the restriction in inpatient flow through ASPH at bank holidays and weekends of the Christmas break period. ASPH have identified core elements of service that will ensure patients are well managed and timely discharge decisions can be made each day

throughout the period. These are being additionally funded by NWS CCG during this coming winter.

Additional elements of service to be put in place this winter at ASPH include additional imaging and reporting capacity, extended pharmacy cover, additional A&E nursing shifts and increased medical support across wards, A&E and the Older Persons Assessment and Liaison (OPAL) service. The time frames targeted range from four weeks to particular bank holidays and weekends based on historic analysis of pressure at ASPH.

3.10 Development of Locality Hubs.

The model for the Locality Hubs continues to be developed with the support of providers and GPs through the Professional Reference Group and the Mobilisation Group. An 'interim' model is being developed which will start ahead of the Woking Hub opening in November and will use Woking Community Hospital as a base. The impact of this proactive and reactive management of this patient cohort in Woking will further support system resilience.

3.11 Additional paramedic practitioners.

The RCA identified significantly reduced rates of ambulance conveyance to hospital during December and January, which was positively driven by escalation measures within SECAmb.

In order to proactively replicate this for the forthcoming winter, NWS CCG has funded an additional paramedic practitioner seven-days a week between November and March. This will enable NWS CCG to assess the full impact of this invention, with a view to commissioning substantively in the long term. This additional practitioner will be directed specifically to calls where their advanced skills mean they are likely to be able to treat the patient at home. This practitioner will also serve as a source of advanced clinical advice to local crews and will reduce conveyance rates for patients they are called to by an estimated ten percent.

3.12 Actions to support greater treatment of patients at home by ambulance crews.

A finding from the RCA was that pressures arose from unprecedented demand both at A&E and for acute hospital beds. A key challenge for the health system this coming winter is how this demand can be managed, with patients being supported effectively at home. Supporting ambulance crews to more ably treat patients at home without the need for conveyance to hospital, is also part of the Department of Health's Eight High Impact Resilience Interventions.

To this end, NWS CCG has embraced the use of South East Coast Ambulance's (SECAmb) Intelligence Based Information System (IBIS). IBIS is an information portal which allows health professionals to upload information about their patients, which is then available to ambulance

crews on scene should they be called to that patient. The use of this system is being driven by NWS CCG in three main ways:

3.12.1 Primary care upload of IBIS records.

The CCG has invested in incentivising GPs across NWS to upload care plans to IBIS for those patients they identify as at high risk of having an ambulance called to them. Since April 2015, NWS CCG has funded the upload of over 5,000 records to the IBIS system.

In the month of June the conveyance rate of patients in NWS with a care plan on IBIS was 21% lower than for those without a record (46% compared to 67%). Before the coming winter NWS CCG plans to support the upload of a further 2,000 patients to the IBIS system. North West Surrey CCG now has the highest number of patient records uploaded to IBIS system in the South East of England.

3.12.2 ASPH upload of information to IBIS.

As part of the Commissioning for Quality and Innovation (CQUIN) contracting arrangements for 2015/16, NWS CCG and ASPH have agreed to further support the upload of information to the IBIS system. Through this arrangement, from October 2015 ASPH will upload the discharge summary of high risk patients. This will support crews and complement other information uploaded.

Through this CQUIN, ASPH are also uploading care plans specifically for patients known to be high attenders to A&E.

3.12.3 Support from SECAmb for optimum use of IBIS.

In 2015/16 NWS CCG through CQUIN contracting arrangements, has agreed with SECAmb that they will further support the use of IBIS in North West Surrey. Through use of the information reporting capacity of the IBIS system, SECAmb can identify where crews haven't accessed an available IBIS record when they have been on scene with a patient. The CQUIN contract in place provides a financial incentive to ensure that all crews use the IBIS system where records are available.

Secondly this CQUIN contract arrangement also requires SECAmb to identify new patients at risk of further conveyance to hospital, and pass this information to the CCG/appropriate GP for creation of an IBIS record to support the management of that patient on scene in future.

3.13 Increased primary care provision.

There will be increased primary care provision over the winter period. NWS CCG is investing in three additional GPs each day from 20th December through to the 4th January (excluding 25th December). It is likely these will be based in Weybridge and Woking community hospitals and Ashford Hospital. This is a known period annually where access to primary care is significantly reduced.

This initiative will be supported by a communications programme to make patients aware of this additional service over the Christmas break period, messaging and links from GP practice telephone systems, as well as signposting from NHS111 and the GP Out of Hours service.

3.14 Support to residential homes.

A significant proportion of the increase in admissions (especially in the over 75 year old cohort) during the last winter were from care homes. To support the care home sector in coping with increased complexity, and reducing more avoidable complications NWS CCG has invested £320,000 in 2015/16 in the development of a year round multi-disciplinary care home support team.

This team will comprise a community matron covering care homes in each GP locality with access to community pharmacy, physiotherapy, mental health nursing, dietetics and speech and language therapy. The team will work with the leadership of the GP practice associated with the relevant care home to provide:

- Holistic assessment and care planning
- Medications reviews and management
- Rapid access to clinical advice
- Visits in urgent situations
- Training and support to care home staff to improve general standards of care
- Dissemination of consistent good practice, common documentation and approaches to clinical care
- MDT meetings with General Practice, possibly at a locality level or with a cluster of practices
- Advance Care Planning
- Influenza and Pneumococcal Vaccinations

The care home support team will come into operation by October 2015, and will initially target those homes perceived to be the most challenged and/or with the highest levels of acute sector activity.

3.15 Escalation, surge planning daily system leadership.

In advance of this coming winter each provider will have revised escalation plans which will have been peer reviewed by the SRG, and synergised with other system providers. The North West Surrey whole system escalation plan will be reviewed and will include a predetermined, and pre-agreed, set of escalation actions which can be immediately deployed in periods of high pressure.

There will be improved system management capability, which will be achieved through the daily system calls led by Alamac and supported by system-wide data collection.

In October NWS CCG will lead a system-wide table top winter planning exercise involving all providers, to test revised escalation plans and resilience initiatives.

3.16 System Resilience Group.

This System Resilience Group (SRG) meets fortnightly and has representation from all providers involved in the provision of urgent care across North West Surrey. This group reports to the NWS Cabinet (chief executives of NWS CCG, ASPH, Virgin Care and Surrey Country Council Social Care).

A number of changes will be made to this group which will provide increased support to the coordination and assurance of system resilience. These include:

- Widening membership to recognise the value of particular CCG functions and organisations in the delivery of increased system resilience and system coordination. To include CCG contracting & performance, CCG primary care representative, CCG communications representative, voluntary care sector and co-opted public health representation.
- Creation of an SRG Resilience Risk Register to ensure highest risks are escalated appropriately (within and across organisations) and are formally reviewed regularly by the system.
- Renewed focus on resilience through consideration of 'emerging pressures' by all organisations at every meeting.
- To include an overview of, and support to, North West Surrey's flu vaccination programme.

3.17 System recovery plans & Alamac.

ASPH, supported by providers across the system, are working to deliver robust recovery plans to sustainably deliver the 95% four hour A&E operational standard by the end of 2015. This improved performance will support the resilience of the urgent care system overall.

NWS CCG engaged with Alamac in June 2015 on behalf of the whole North West Surrey urgent care system. Alamac are a commercial organisation expert in supporting challenged urgent care. Alamac support the system to collect performance information across the whole urgent care system, and use this information to coordinate providers through daily phone calls. They then support focused work and redesign where significant system or process issues are identified.

Having this robust supporting infrastructure in place, as well as Alamac as an established leader in the field of system-wide urgent care performance improvement, will ensure further support to system resilience and performance.

4. Conclusions

4.1 The North West Surrey urgent care system has invested considerable effort in understanding the causes of the severe capacity challenges during the last winter which culminated in ASPH declaring a Major Incident on 3rd Janaury 2015.

4.2 During the winter of 2014/15 the majority of providers in the urgent care system were under increased pressure. The escalation actions and service challenges of a number of providers served to exacerbate the demand (patient attendances) and inpatient bed capacity shortfall challenges faced by ASPH.

4.3 A number of changes to system and process have been identified and are being implemented with individual providers and across the health system to ensure greater coordination during pressure, and synergy in planning in advance of known 'break' periods.

4.4 The North West Surrey health system has taken an evidence based view to commissioning decisions to ensure resilience over the coming winter. A robust Operational Capacity and Resilience Plan has been constructed which is in the process of formal sign-off within NWS CCG.

5. Public Health Impacts

5.1 Effective timely urgent care is essential to the health of North West Surrey residents. The actions outlined in this paper outline how the NWS urgent care system both plan to manage demand and expand capacity to ensure a resilient system that meets the needs of the local population.

6. Recommendations

6.1 The Board are asked to receive this paper noting the actions taken to ensure increased resilience of the urgent care system through the forthcoming winter.

7. Next steps

7.1 The actions outlined in this paper are being implemented across NWS CCG and provider partners. Progress is monitored through the SRG which reports directly to the NWS Cabinet.

Report contact: James Thomas, Head of Urgent & Emergency Care, North West Surrey Clinical Commissioning Group.

Contact details: James.thomas@nwsurreyccg.nhs.uk **/** 07785 458583

Sources/background papers:

- Printed minutes- Thursday 08-Jan-2015 10.00 Health Scrutiny Committee
- Root Cause Analysis Investigation Report, North West Surrey Clinical Commissioning Group, July 2015.

SURREY
COUNTY COUNCIL

Bill Chapman
Chairman
Wellbeing and Health
Scrutiny
Surrey County Council

Sent via email

21 July 2015

Dear Health and Care Commissioners and Providers,

Accident & Emergency Performance during Winter Pressures

At the March 18 meeting of the Surrey Health Scrutiny Committee considered evidence from Ashford & St. Peter's Hospitals NHS FT, North West Surrey CCG, Surrey County Council Adult Social Care and Virgin Care on the system response to demand experienced in A&E over the winter holiday period. It is due to hear from these partners again in September. The March papers are available here.

At this meeting Members agreed to gather experiences from across the Surrey health system to allow it to draw conclusions regarding performance in 2014/15 and review preparedness for future demand pressures.

I am, therefore, writing to you to request your views on the following questions:

1. How did you work with partners in health and social care to manage the increased demand in A&E in December 2014 and January 2015?
2. What plans are in place in your area to manage such a spike in demand should it re-occur in 2015/16?
3. What, in your view, needs to be done to ensure that A&E is used appropriately in the future?
4. What are the risks to A&E performance in your area?
5. Do you have any suggestions as to what other partner agencies can/should be doing to alleviate the situation?

As per the regulations covering local authority health scrutiny I am asking you to respond within 28 days of the date of this letter.

Please can you send your response(s) to the Scrutiny Officer, Ross Pike by email at ross.pike@surreycc.gov.uk

Yours sincerely,

Councillor Bill Chapman
Chairman, Surrey Wellbeing and Health Scrutiny Board

Frimley System Resilience Group

Winter 2014/15 reflections and plans for 2015/2016

August 2015

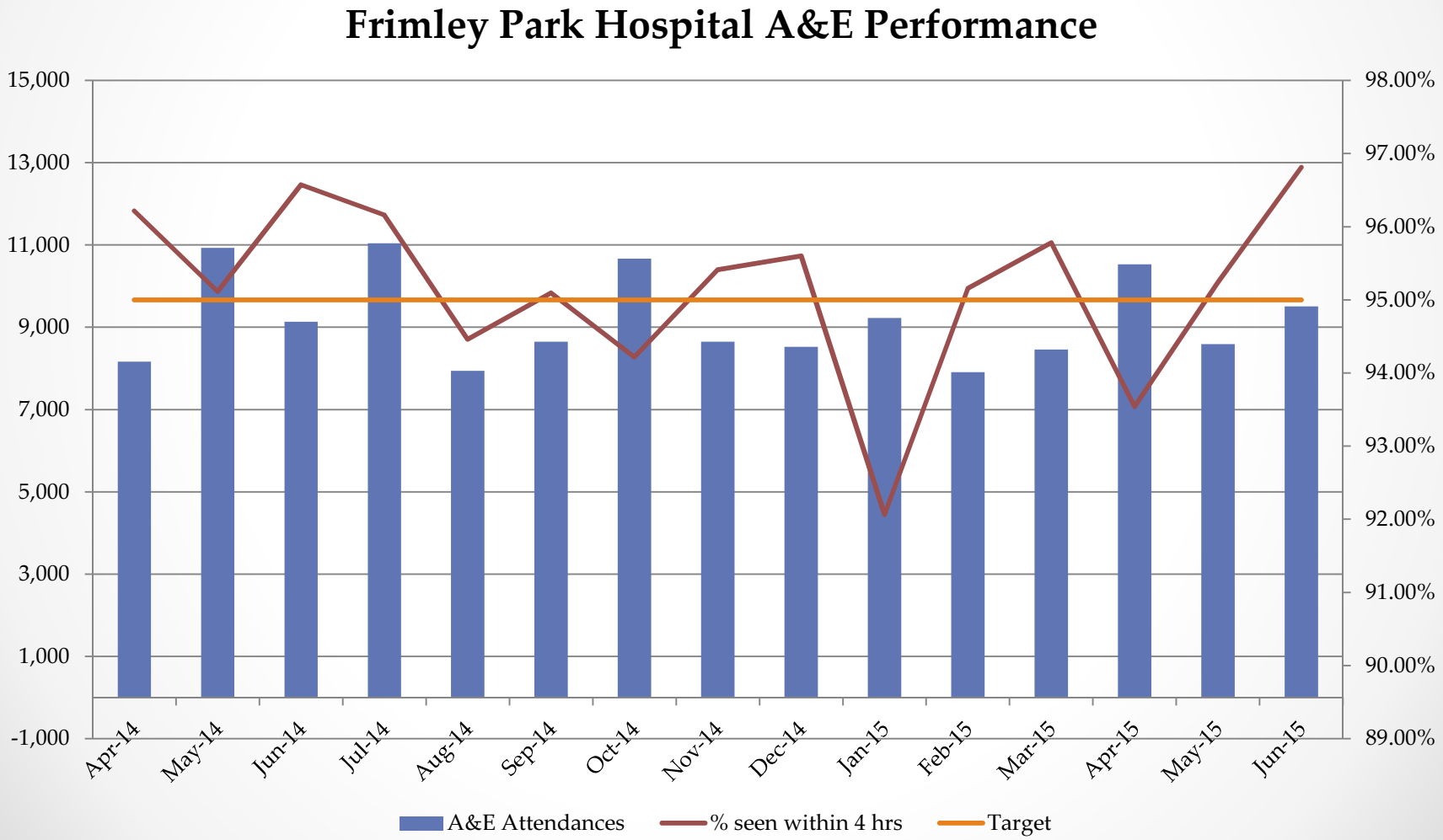
Membership

- Berkshire Healthcare NHS Foundation Trust
- Bracknell & Ascot CCG
- Bracknell Forest Council
- Frimley Health NHS Foundation Trust (Frimley Park Hospital site)
- Hampshire County Council
- NHS England – Wessex
- North East Hampshire and Farnham CCG
- North Hampshire Urgent Care - OOH Provider
- Patient Representative
- Primary Care as Provider representative from each CCG
- Public Health
- South East Coast Ambulance Services NHS Foundation Trust
- South Central Ambulance Services NHS Foundation Trust
- Southern Health NHS Foundation Trust
- Surrey and Borders Mental Health NHS Foundation Trust
- Surrey County Council
- Surrey Heath CCG
- Voluntary Sector Representative
- Virgin Care

Partnership working with Social Care

- Surrey County Council and Hampshire County Council are key members of SRG
- Work before winter 14/15 to prepare for increased demand included:
  - Discharge to assess capacity
  - Care home 'step-down'
  - Assessment team capacity

Summary of A&E Performance



What does the data tell us?

- Attendances did not increase significantly, however an increase in the level of acuity was experienced as did the number of patients being admitted

Reflections on 14/15 winter

What went well:

- ✓ Coordination and communication within the system resilience group
- ✓ Strong relationships
- ✓ Sharing best practice and resource between providers
- ✓ Testing new approaches between primary and secondary care
- ✓ 24 hour mental health cover in A&E
- ✓ Crisis Cafe
- ✓ 7 day working for therapy staff and medical consultants
- ✓ Dedicated social care practitioner focusing on delayed patients
- ✓ Additional and extended primary care appointments
- ✓ Voluntary sector
- ✓ Rapid response in the community

Learning points:

- × Continuing Health Care escalation and capacity
- × Urgent care pressure on primary care
- × Timeliness and capacity of interim care home placements
- × Information sharing was not electronic
- × People being admitted were not known to services

Ideas for 2015/16 winter

- Build on voluntary sector capacity
- Real time data and information sharing
- Increased community, interim, discharge to assess beds
- Continue daily reporting, conference call and Frimley on-site summit meetings
- Working with the public on alternatives to A&E
- Medical cover for discharge to assess beds
- Better use of pharmacists

Planning for 2015/16

Our Preparations for this coming winter include:

- More joined up acute and community working
- 7 day working in the acute, community and social care
- Integrated Care Teams
- Falls prevention
- Discharge to assess capacity with medical support
- Operational resilience plans in place
- Increased voluntary sector investment
- Trusted assessor
- Trusted discharge project with Care Homes
- Flu vaccination uptake improvements
- New mental health crisis support
- Improved alcohol service

Risks to A&E Performance

- Unprecedented/unplanned demand e.g. effectiveness of the flu vaccine last year
- Workforce capacity
- Care at home and care home capacity and ability to respond quickly
- Helping the public understand the range of options available as alternative to A&E
- Delayed transfers of care
- Re-admissions

What could help?

- Safe alternatives to A&E and hospital admission – working with the public
- Communities looking after each other
- Preventative, proactive care
- Statutory services working together to make every contact count
- Social Care demand and capacity
- Care Home vacancy register across Frimley System
- Effective, consistent and timely processes across Frimley System

This page is intentionally left blank

Health Scrutiny Committee Report

Purpose of this report

The purpose of this report is to provide responses to five questions posed by the Surrey Wellbeing and Health Scrutiny Board (the "Board") in a letter dated 21 July 2015 as well as to provide an update on planning and risks around winter 2015/16.

The five questions are:

1. How did you work with partners in health and social care to manage the increased demand in A&E in December 2014 and January 2015?
2. What plans are in place in your area to manage such a spike in demand should it re-occur in 2015/16?
3. What, in your view, needs to be done to ensure that A&E is used appropriately in the future?
4. What are the risks to A&E performance in your area?
5. Do you have any suggestions as to what other partner agencies can/should be doing to alleviate the situation?

This is a joint response from all addressees of the request:

- Michael Wilson, Surrey and Sussex Healthcare
- Elaine Jackson, East Surrey CCG
- Philip Greenhill, First Community Health and Care
- Jo Poynter, Surrey County Council

The sections of this report set out background to the Emergency Department provision at East Surrey Hospital, look back at the health system working in 2014/15 before looking forward to 2015/16. The final sections allow each organisation that forms part of this response to put forward individual views in relation to questions three and five.

Q1 - How did you work with partners in health and social care to manage the increased demand in A&E in December 2014 and January 2015?

Surrey and Sussex Healthcare NHS Trust receive 50% of referrals and attendances from Surrey and 50% from Sussex and sit on 3 System Resilience Groups (SRGs)

- East Surrey SRG
- Surrey Downs SRG
- Crawley & Horsham SRG

- The total allocation of funding to support the delivery of ED and ambulance response time standards for East Surrey SRG was just over **£1m** in 2014/15 and this was allocated to the following organisations to fund 16 separate schemes that would enable delivery of the key national performance standards, some of these schemes include:

- £245,000 First Community Health
    - Discharge to Assess service to help reduce the number of patients who become Medically Ready for Discharge but are delayed leaving hospital

- £43,695 Surrey Social Services
    - Additional social care resource to support discharge process

- £29,000 South East Coast Ambulance NHS FT
    - Additional operational support to manage times of peak activity at East Surrey Hospital

- £20,346 British Red Cross
    - Additional resource to support more patients at home following discharge

- £50,045 Surrey and Borders Partnership
    - 7 day overnight psychiatry liaison service for ED

- £582,601 Surrey and Sussex Healthcare NHS Trust
    - 21 extra medical beds for Nov – March
    - Extra ED medical staff
    - 7 day cover for OT & phsyio staff
    - Extended weekend cover for pharmacy
    - Extended weekend medical cover for inpatient wards

Surrey and Sussex Healthcare NHS Trust are consistently in the Top 20% nationally for performance in delivering the 4 hour ED access standard and achieved 95.1% overall performance for 2014/15.

Performance against the 4 hour standard in November was 95.7% and there was every expectation that the standard would be delivered for Q3 & Q4 given the investments made and partnership working through the SRGs. However, there were a significant number of extreme or unpredictable events relating to the type of admissions into hospital though ED that began on Sunday 7 December 2014 and lasted for 5 weeks that put the hospital under extreme pressure.

The timeline and tables below evidence admissions throughout December and into January.

An amber event is 1 standard deviation from the mean and a red event is 2 standard deviations from the mean so the reds in particular detail significant and unprecedented variation from our expected activity.

Week 1 – w/c 1/12/14

	ED - Amb - Adult: 17-74	ED - Amb - Geriatric: 75+	ED - Walk - Adult: 17-74	ED - Walk - Geriatric: 75+	ED Performance	Admissions - Non Elective (1+LOS) - Adult: 17-74	Admissions - Non Elective (1+LOS) - Geriatric: 75+
Mon	45	32	109	12	96.2%	40	32
Tue	40	21	102	7	98.3%	48	22
Wed	48	34	87	6	99.2%	37	29
Thu	44	40	99	11	98.8%	45	36
Fri	41	38	73	14	97.8%	34	40
Sat	50	36	88	8	95.9%	33	32
Sun	48	34	95	7	93.3%	28	36

Week 2 w/c 8/12/14

	ED - Amb - Adult: 17-74	ED - Amb - Geriatric: 75+	ED - Walk - Adult: 17-74	ED - Walk - Geriatric: 75+	ED Performance	Admissions - Non Elective (1+LOS) - Adult: 17-74	Admissions - Non Elective (1+LOS) - Geriatric: 75+
Mon	48	28	108	7	83.8%	51	32
Tue	47	40	88	5	80.4%	43	37
Wed	46	41	91	12	90.2%	50	26
Thu	57	36	73	5	86.7%	41	38
Fri	47	47	95	8	86.1%	41	35
Sat	60	42	73	7	92.7%	41	38
Sun	40	32	95	9	94.3%	34	33

Week 3 – w/c 15/12/14

	ED - Amb - Adult: 17-74	ED - Amb - Geriatric: 75+	ED - Walk - Adult: 17-74	ED - Walk - Geriatric: 75+	ED Performance	Admissions - Non Elective (1+LOS) - Adult: 17-74	Admissions - Non Elective (1+LOS) - Geriatric: 75+
Mon	50	48	100	12	82.2%	34	41
Tue	47	31	86	13	86.0%	41	34
Wed	45	38	82	8	85.0%	38	34
Thu	34	41	84	11	87.4%	38	33
Fri	53	35	67	6	91.4%	34	41
Sat	51	30	103	5	98.0%	36	22
Sun	52	38	100	9	93.8%	21	32

Week 4 – w/c 22/12/14

	ED - Amb - Adult: 17-74	ED - Amb - Geriatric: 75+	ED - Walk - Adult: 17-74	ED - Walk - Geriatric: 75+	ED Performance	Admissions - Non Elective (1+LOS) - Adult: 17-74	Admissions - Non Elective (1+LOS) - Geriatric: 75+
Mon	47	40	88	7	76.7%	41	36
Tue	44	31	87	5	96.2%	36	29
Wed	27	38	72	10	92.3%	29	32
Thu	27	25	65	3	93.8%	19	21
Fri	38	39	113	14	94.1%	33	37
Sat	51	44	127	22	87.4%	46	40
Sun	55	39	91	10	79.2%	34	32

Week 5 – w/c 29/12

	ED - Amb - Adult: 17-74	ED - Amb - Geriatric: 75+	ED - Walk - Adult: 17-74	ED - Walk - Geriatric: 75+	ED Performance	Admissions - Non Elective (1+LOS) - Adult: 17-74	Admissions - Non Elective (1+LOS) - Geriatric: 75+
Mon	45	53	84	11	73.5%	43	40
Tue	43	38	70	8	77.6%	40	37
Wed	37	33	73	12	94.0%	39	32
Thu	53	42	99	7	81.6%	33	38
Fri	51	46	96	12	84.0%	47	46
Sat	41	37	115	7	81.0%	40	35
Sun	50	42	105	10	69.8%	28	34

Week 6 w/c 5/1/15

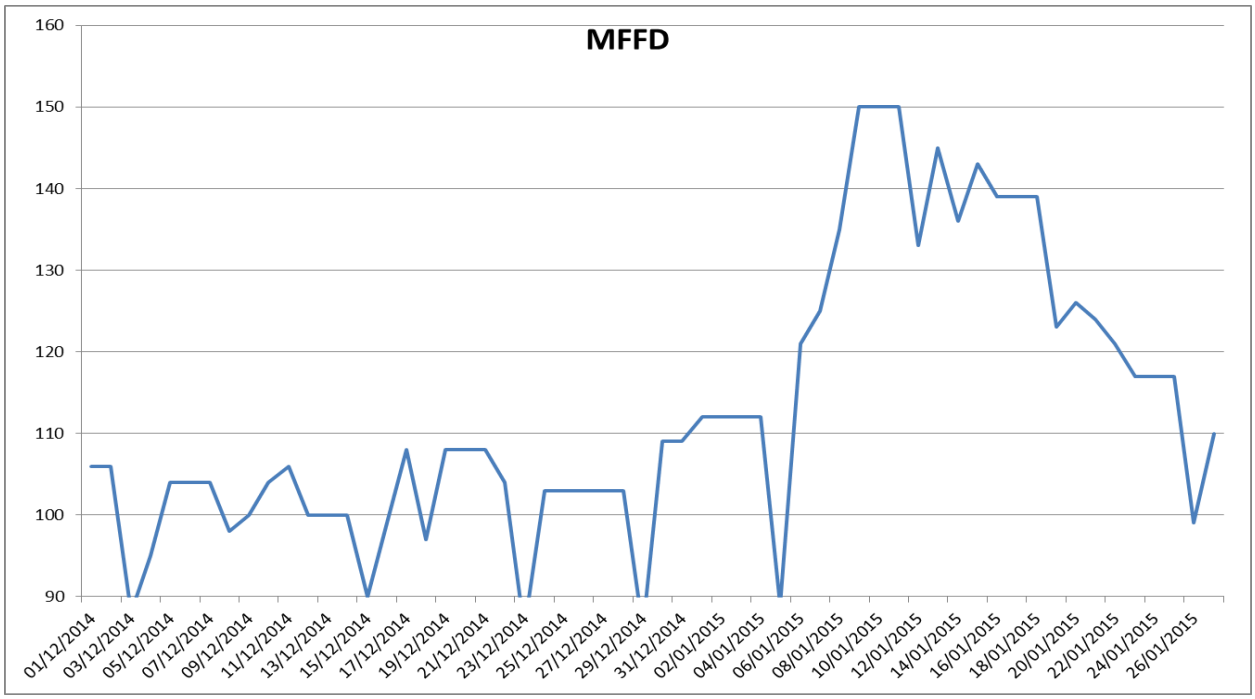
	ED - Amb - Adult: 17-74	ED - Amb - Geriatric: 75+	ED - Walk - Adult: 17-74	ED - Walk - Geriatric: 75+	ED Performance	Admissions - Non Elective (1+LOS) - Adult: 17-74	Admissions - Non Elective (1+LOS) - Geriatric: 75+
Mon	53	42	104	16	75.0%	39	33
Tue	31	34	95	11	88.6%	32	44
Wed	38	25	74	6	96.5%	35	24
Thu	51	37	72	7	97.1%	34	32
Fri	45	24	75	4	99.4%	34	21
Sat	43	35	83	6	95.7%	42	28
Sun	30	36	69	3	94.8%	30	26

As the above charts show, for 5 consecutive weeks there were much higher levels of admissions of elderly patients (75+) into acute hospital beds. Frail elderly patients with complex needs, specifically complex social care needs have a much longer length of hospital stay then the average person and so this continued pattern of higher than expected admissions of this specific cohort of patients meant that the hospital quickly filled up.

Moreover, although the pattern of admissions became more normalised in January the consequences of the previous 5 weeks meant that the number of patients medically ready for discharge but unable to leave the hospital spiked severely hampering patient flow through the hospital.

Throughout this period we were in regular contact with our partners via a number of forums from daily operational meetings such as daily Integrated Discharge Team Meetings, Consultant led Multi-Disciplinary Team meetings in all Elderly Care Wards, Daily Conference Calls confirming available capacity in the community, weekly Top 20 delays meetings to higher level meetings such as the System Resilience Group and the Chief Officers Group.

First Community Health and Care (FCHC) co-located the health and social care teams at East Surrey hospital in order to deliver joint assessments for patients presenting to A&E. When patients could be discharged they would be assessed in a community setting (their own home, nursing home, residential home, or an interim bed) to address on-going health and social care needs. On a daily basis, Surrey adult social services and FCHC reviewed and discussed those patients that could leave the hospital, this included A&E and together ensured that patients were discharged in a safe and timely manner and has set the tone for an integrated health and social care approach to caring for patients.

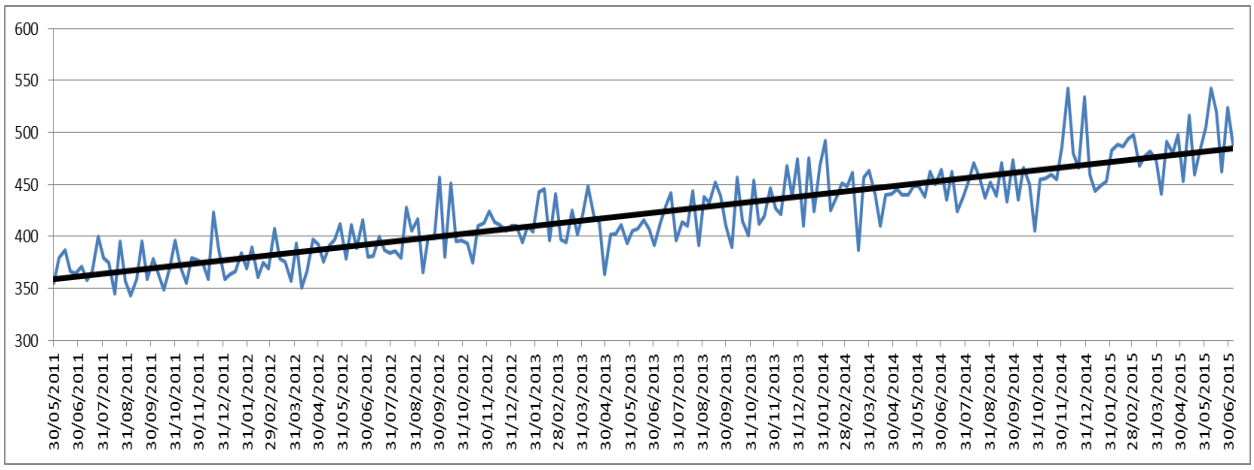


Q2 - What plans are in place in your area to manage such a spike in demand should it re-occur in 2015/16?

One of the key lessons that were learnt from the December 14/January 15 experience was the need to be able to respond more quickly as a system when spikes in demand occur. It took longer for the hospital to recover because once the spike of patients who had been admitted were treated and fit for discharge; there was insufficient capacity available to move them into, partly because the spikes had not been recognized until after they had occurred. The lack of flow was not simply between the acute and the community provider but between the community provider and nursing homes, continuing healthcare, residential homes and social care.

There is much more focus now on the MRD list and a dashboard is sent out every day to all internal and external stakeholders.

However, it is clear that more health and social care capacity will be required to manage winter for 15/16 as emergency admissions to SaSH patients staying 1day+) continue to grow at an annual rate of c8%



Similar levels of funding are available for 15/16 and many of the schemes put in place last year will continue on a recurrent basis. The East Surrey SRG has agreed to invest more money in to community schemes this year and less into the acute hospital with the expectation that this will allow some patients to be discharged much more quickly through the expansion of the Discharge to Assess (D2A) scheme in recognition of the fact that this is a much better solution for patients and helps with capacity

There are also current discussions about creating some additional and different capacity on the East Surrey Hospital site that would be funded by Social Care in the East Surrey and staffed by Health and Social Care This would be for patients who are medically fit for discharge and who do not need an acute hospital bed, however remain in progress through the social care process. This could potentially create 21 more sub-acute beds.

We have also recognised that we can improve the ways we work together so we are more responsive to such spikes and as providers and commissioners we recognise that working together in partnership helps to create momentum around change. We have collectively agreed and developed an Improving Discharge Action Plan which we are currently actioning.

In addition we are jointly running a Breaking the Cycle Week from 1st to 4th September when we will pilot a number of initiatives and actions with the specific aim of improving flow and reducing the number of medically fit patients in the acute hospital beds.

Currently, primary care, secondary care and community providers are writing a joint proposal for consideration by the CCG to secure funding for a multi-disciplinary, multi-agency team working at the front door of A&E to see, treat, prioritise diagnostics and send patients home should they not need acute admission. Research has shown that admitting someone over the age of 65, they can become deconditioned and develop a secondary infection in acute care, so we intend to target this group of patients, working in partnership with the GP Federation to ensure there will be primary care presence at the point of triage and we are looking to implement this by the 1st October.

In the interim until we have secured funding, FCHC are providing two community nurses in A&E to work with an East Surrey hospital physiotherapist and occupational therapist to work together, the aim being admission avoidance by signposting to multi-disciplinary and multiagency services including primary care, red cross etc. This will also help to build relationships with IC24, the out-of-hours provider.

FCHC are currently changing their IT system from Rio to EMIS. This is the same system that the GPs use in East Surrey. Once this is compatible, we are looking at the interoperability between CERNER and EMIS to inform primary care of the presentation, diagnosis and treatment of their patient attending East Surrey A&E department. This will enable the GP to track their patient whilst in the A&E department and monitor their outcome.

Q3 - What, in your view, needs to be done to ensure that A&E is used appropriately in the future?

- Ensure that patients are involved in everything we develop and that we clearly communicate potential changes to them
- Ensuring an integrated community and social care infrastructure for our practice population.
- All agencies collaborate and work together for the good of the patient.
- Using one single point of entry into the health and social care system.
- Interoperability between IT systems so the patient only tells their story once.
- To stop hand-offs and duplication within the system.
- Ensure that we are training the nurses and social workers we need for the future.
- Follow the five year forward view as it appears to guide us through transformation and develop integrated care models.
- Increased access to GPs/primary care out of hours & weekend ends
- Increased access to urgent care for appropriate patients
- More admission avoidance (long term conditions)
- EOL care in nursing homes
- 24/7 mental health access and CAHMs
- Help patients to better self-manage

Q4 - What are the risks to A&E performance in your area?

The biggest risk to delivery of A&E performance remains the ability to discharge patients when they are deemed ready for discharge by the clinical teams. Rarely is the failure to achieve the 95% standard due to ED, instead it is the ability for patients to move through the hospital into the right bed at the right time and to be discharged as soon as well enough to leave the hospital. Length of stay is often increased when patients are not placed onto the right specialty ward or are moved to other wards medicine to surgery, to create a bed for a more acute patient or patients are placed into escalation areas to create additional bed capacity. On average 100 patients are deemed medically ready for discharge at any one time. This can be split as:

- 51% Social services (either awaiting assessment or awaiting placement)
- 15% awaiting nursing home placement
- 13% awaiting CHC outcomes
- 10% awaiting a community bed
- 11% other (self-funders, hospital delays)

If this number were to be reduced by 30 – 40% this would make a considerable difference to hospital flow and the ability to keeps A&E functioning.

Another significant risk is the continued increased in emergency admissions that present through A&E and the infrastructure and capacity that is required to meet this demand.

- Shortage of qualified nurses and doctors to staff additional capacity
- National caps on the use of agency staff
- Funding

Q5 - Do you have any suggestions as to what other partner agencies can/should be doing to alleviate the situation?

- Increased social care funding
- Increased capacity in CHC, Social Care rehab and community
- Improve and streamline processes
- MDT Assessment for discharge as close to the point of admission as possible
- Undertake assessment in interim placement beds
- Pull from hospital into community (more in reach services)
- Support to nursing homes
- Integrated Rapid Response/Reablement approach between community health and social care
- All parts of the system must act with pace around change

Conclusion

Despite the enormous pressure the surge of emergency admissions created in December 14/Jan 15 the East Surrey Health economy worked really hard and really well together to ensure recovery and delivery of the 4 hour ED access standard by March 2015. The schemes that have been funded recurrently together with the additional schemes identified for this year should result in an even more resilient heath economy to meet the challenges of Winter 15/16.

Report contact: Paul Bostock Chief Operating Officer Surrey & Sussex Healthcare NHS Trust

Contact Details: paul.bostock@sash.nhs.uk

This page is intentionally left blank

NHS
Guildford and Waverley
Clinical Commissioning Group

3rd Floor
Dominion House
Woodbridge Road
Guildford
GU1 4PU
01483 405450

17th August 2015

Councillor Bill Chapman
Chairman, Surrey Wellbeing and Health Scrutiny Board

Dear Councillor Chapman

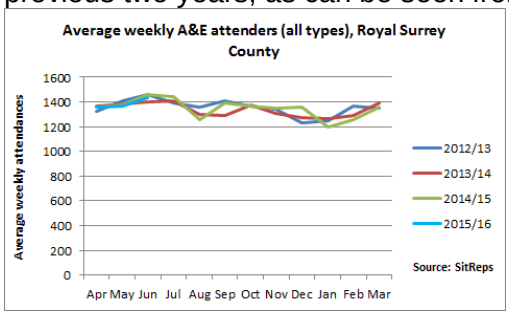
I am writing in response to your enquiry dated 21st July. I have consulted colleagues in partner organisations, and am responding for the health system. You asked some specific questions, and I have attempted to answer these in turn.

1. How did you work with partners in health and social care to manage the increased demand in A&E in December 2014 and January 2015?

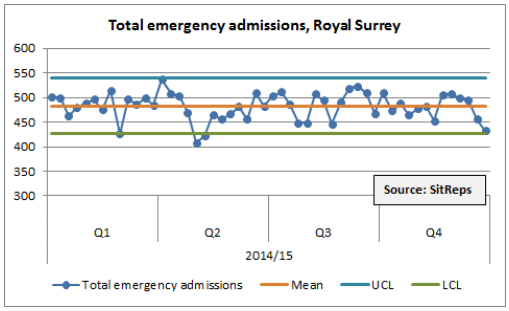
Guildford and Waverley health and social care economy meet monthly at the System Resilience Group that work collectively to ensure that the health and social care system has the resilience to manage the peaks of activity experience during the winter months.

Supported by NHS England, daily conference calls were held to identify blocks and opportunities in the system.

Total A&E attendances experienced during December and January largely mirrored the previous two years, as can be seen from the chart below:



Total emergency admissions were also stable during the period, as can be seen from the chart below:



However:

- The proportion of patients admitted via A&E increased during this period, creating pressure for the A&E department
- Respiratory conditions increased during this period, with a particular virus that appeared to not be controlled by the vaccination programme
- Admissions for patients aged 65+ increased during this period, with a much greater impact on hospital beds and supporting services than younger patients.

The Royal Surrey had advice from the Emergency Care Intensive Support Team during 2014, with interim support across the Clinical Commissioning Group and Acute Trust helping to implement their recommendations. Whole system "reset weeks" were also implemented July, November & March), where a large number of key clinicians and managers across the whole system focus intensively on blockages and issues for all emergency patients in the Acute Trust for a whole week. Alongside this there was also "community reset weeks" in November and March, applying the same principle to community hospitals.

Although the period was very difficult, the Royal Surrey was able to achieve the 95% A&E target for the year 2014/15 as a whole, meeting the target for 3 out of 4 quarters.

2. What plans are in place in your area to manage such a spike in demand should it re-occur in 2015/16?

The Acute Trust is leading a redesign project to improve the Emergency Floor (ie Accident & Emergency and the Emergency Assessment Unit), to improve in-hospital processes. The Clinical Commissioning Group is actively supporting this project. The early focus is around 3 key actions, ie:

- Ambulatory Care (ie care that is not provided within the traditional hospital bed base or within the traditional outpatient services). Other Trusts have been able to convert 20-30% of traditional admissions to ambulatory care, there is an opportunity to improve the already good performance at the Royal Surrey.
- Rapid Assessment and Treatment within Accident & Emergency (ie where a Senior Doctor and Nurse provide an early senior review, ideally within 15 minutes of arrival at A&E)
- Extended psychiatric liaison cover for Accident & Emergency

The Trust is also leading work to improve in-hospital patient flows, through a length of stay programme, involving partner organisations in work that includes an integrated discharge team.

The Clinical Commissioning Group is leading an Integrated Care Programme, integrating partners from different agencies around the needs of the patient. There are a number of strands to this work, including:

- In-hospital discharge processes, supporting the Royal Surrey work, particularly the Integrated Discharge Team.

- Discharge to assess process – ie supported discharge to enable an assessment of ongoing needs within a patient's own home
- Locality based teams, focusing on an identified cohort of the most vulnerable patients with multidisciplinary team review and support
- Care home reviews and support to help avoid referral to A&E

3. What, in your view, needs to be done to ensure that A&E is used appropriately in the future?

The Clinical Commissioning Group is leading work to reduce reliance on A&E, including:

- The Integrated Care Programme, as described above
- Community-based DVT services in place of the current A&E reliance
- Co-located out-of-hours GP services
- Community respiratory support and advice (for COPD)
- Review of the falls pathway

4. What are the risks to A&E performance in your area?

The biggest challenge is maintaining A&E performance while at the same time removing costs as part of the national efficiency requirements. Evidence shows this is achievable, but requires considerable redesign of services, which can take time. "Quick wins" have been identified in projects to ensure early delivery of sufficient change.

5. Do you have any suggestions as to what other partner agencies can/should be doing to alleviate the situation?

The Clinical Commissioning Group leads a System Resilience Group which meets monthly to review issues and pressures and provide opportunity for both challenge and support across agencies.

I hope these responses give you the detail you need, but please do not hesitate to contact me again if you need any further clarification.

Yours sincerely

Leah Moss

Leah Moss, Deputy Director Clinical Commissioning
NHS Guildford and Waverley Clinical Commissioning Group

Email: leahmoss@nhs.net
Telephone: 01483 405433
Mobile: 07824 599043

This page is intentionally left blank

Surrey Health Scrutiny Committee
18 August 2015

Joint Report
A & E Winter Pressures

Purpose of the Report:

Following the high level of demand on NHS A&E units across the country and the effect on performance, the Health Scrutiny Committee has requested that Epsom & St Helier University Hospitals NHS Trust and its partners provide an analysis of its performance in 2014/15 and review preparedness for future demand pressures. The purpose of the report is to provide a response to 5 key areas of enquiry raised by the Committee:

1. Work with partners in health and social care to manage the increased demand in A&E in December 2014 and January 2015.
2. Identify local plans in place to manage a spike in demand should it re-occur in 2015/16.
3. What needs to be done to ensure A&E is used appropriately in the future.
4. Identify risks to A&E performance.
5. Provide suggestions as to what other partner agencies can/should be doing to alleviate the situation.

1. Introduction

Epsom & St Helier University Hospitals NHS Trust (ESHUHT), Surrey Downs CCG (SDCC), Central Surrey Health (CSH), South East Coast Ambulance Service (SECAMB), Surrey County Council Adult Social Care (SCC), Surrey & Borders Partnership NHS Foundation Trust, and NHS111 worked actively together to prepare for and manage winter pressures through 2014/15.

Last winter, ESHUHT experienced an exceptionally high level of demand on its A&E services, recording higher than average attendance in December 2014. Demand pressures were also escalated in the same time period in the whole health and social care economy.

2. Partnership work in health and social care to manage the increased demand in A&E in December 2014 and January 2015

Epsom & St Helier University Hospitals NHS Trust (ESHUHT) experienced a high level of demand on its A&E unit during 2014/15 and this was particularly evident over December 2014. The table below shows monthly performance against the 95% A&E 4 hour standard at ESHUHT:

FY	Month	Attendances	Breaches	Performance
14/15	Apr	12,036	393	96.7%
	May	12,943	390	97.0%
	Jun	13,006	551	95.8%
	Jul	13,005	324	97.5%
	Aug	11,585	436	96.2%
	Sep	12,293	552	95.5%
	Oct	12,372	508	95.9%
	Nov	12,480	535	95.7%
	Dec	13,046	1,042	92.0%
	Jan	11,418	697	93.9%
	Feb	10,722	510	95.2%
	Mar	12,762	579	95.5%
15/16	Apr	12,162	559	95.4%
	May	12,453	473	96.2%
	Jun	12,659	348	97.3%
	Jul	12,680	367	97.1%

*Data Source: ESHUHT

The table shows ESHUHT achieved the 95% A&E 4 hour standard for all months with the exception of December 2014 and January 2015. A&E attendances were high in December 2014, and further impacted by increased patient acuity and a high number of patients requiring treatment in the majors and resuscitation area of A&E throughout these months. ESHUHT also saw an increase in the number of acutely unwell children presenting to the department. Additional winter schemes were specifically focused on increased A&E staffing and increased staffing within the paediatric service to assist with managing the increase in demand and acuity. This included opening additional paediatric and adult beds to support an increase in admissions

The mid-Surrey system holds regular monthly Strategic Resilience Group meetings with all local health, social care and voluntary partnership agencies present. These discussions, chaired by SDCCG, are also informed by the monthly elective and non-elective dashboards. At these meetings pressures and challenges in the system are discussed and if required, options are offered from the whole health economy for resolution. During the Christmas and New Year period of 14/15 the system experienced a high level of pressure. Additional partnership working during this time included:

- Weekly teleconference meetings with the Acute Team to escalate concerns; capacity, demand, and service delivery issues; bed capacity in community and community team capacity. Teleconferences increased to daily during peak demand periods.

- Work led by SDCCG team with both acute and community hospital sites to tackle causes of delays on a case by case basis, cases escalated to and discussed at daily whiteboard hospital meeting.

- Wards held twice daily multidisciplinary team whiteboard meetings to prioritise actions, ensure discharges were on track and reduce length of stay. Social care, community services, and therapies attended.

- 7 day Length of Stay meeting at the acute site with community and social care colleagues. The aim of the meeting was to discuss and 'unblock' patients who have been in an acute bed for more than 7 days, and identify key actions required to support discharge on time.

- Adult Social Care Epsom hospital team increased its operational hours in October 2012 (in line with the five Surrey Acute Hospitals) from 8am to 8pm Monday to Friday and 9am to 5pm weekends and bank holidays. The team provide advice and information, assessments and arrange services to support discharge from hospital. The Adult Social Care Epsom hospital team works alongside health colleagues and proactively engages with health colleagues on a daily basis to identify further actions to facilitate timely discharges and help alleviate pressures in the hospitals.

- Daily 'situation report' data circulated from the acute providers to all other partners.

- The acute provider submitted a daily snapshot of medically ready for discharge patients which provides a comprehensive breakdown of pressures attributed to delayed discharges.

- Health and Social Care jointly commissioned the Red Cross service to provide assistance for discharges for people who would benefit from support

to settle in to their home following a stay in hospital. This includes meeting them when they return home, ensuring they have food, heating and that they are settling back in their home on the day of discharge as well as follow up visits for up to six weeks to ensure that they are managing at home following discharge.

- Additional winter schemes in place within the acute trust to assist in managing an increase in non-elective demand. This included a focus on enhanced A&E staffing, Paediatric staffing, and weekend working to support 7 day a week discharge, and additional therapists in the acute.

- Additional therapy workforce in community to support discharges home, twice weekly attendance of Locality Manager to EGH Bed-state meeting.

- Additional community hospital bed capacity and assessment bed capacity in nursing homes, funded by the CCG and administered by Adult Social Care staff, to 'bridge' between patients being medically fit for discharge and provision of longer term community care support.

- Daily visibility of community hospital capacity and close working with community service providers to ensure timely transfer of appropriate patients to community hospital beds including some flexibility with admission criteria at times of extreme pressure.

- SDCCG support to the A&E department when the ambulance trust Hospital Advice and Liaison Officer was deployed and the whole system experienced significant pressures. SDCCG also linked regularly with both commissioned and voluntary based community and social care services to ensure all resources available were used to maximum potential.

3. Plans in place to manage a spike in demand should it re-occur in 2015/16?

SRG plans are currently being developed with partners and patient representatives, using lessons learnt from the previous year. This includes formalising a plan and operational framework for Nursing Home Assessment beds building on last year's successes; and refining the additional support provided to internal teams at Epsom General Hospital. However the principal innovation underway is the joint health and social care integration strategy, the first phase of which is the mobilisation of Community Medical Teams (CMTs) to provide an enhanced level of support for older people in the community and a higher level of senior medical input to local Community Hospitals. Equally SDCCG is engaged with out of hours providers and NHS111 to ensure sufficient provision is provided to support patients and carers, and

the Directory of Services (DOS) is updated to guide staff and patients to additional services.

The use of Tele-care and Tele-Health is being explored via integrated working with the District and Borough Councils, Voluntary and Third Sector.

4. What needs to be done to ensure A&E is used appropriately in the future

Public campaigns are key but have a number of limitations as by their nature they target 'walk-in' patients with minor ailments, usually streamed to the minors areas in A&Es. Whilst these patients can contribute to the overall pressure on a department, they are not in our experience the principal cause of system stress in winter. Rather, winter pressures are driven by ambulance-conveyed patients who are typically older adults and have a far higher prospect of being streamed to A&E 'majors', to be assessed as acutely unwell and thus require hospital admission. Ultimately it is not practicable or necessarily advisable to tell these patients to avoid A&E unless other targeted and highly responsive services are available to assess and treat them.

We have not invested in initiatives to increase capacity away from full A&E/acute medicine hospitals, such as Urgent Care Centres. There is a question regarding the ability and willingness of patients and clinicians to access these services instead of A&E. Instead, local strategy has focussed on:

- Via the integration strategy, an increase in proactive input for older patients at very high risk of admission. Following the successful mobilisation of CMTs, this support will be progressively extended to include additional community matrons, therapists, care navigators and social care liaison

- extended hours access to mainstream general practice

- The streaming of patients who present at the A & E department to other services such as a GP Out of Hours base co-located within the acute site.

- Extended Psychiatric Liaison Services were road tested last winter and due to the success have been extended for a full year effect for 2015/16.

- An increasing role for community pharmacy advice and support and medication review, the CCG is supporting a business case for community pharmacy to work jointly with the community medical teams to prevent hospital admissions for those patients at home or in a care home setting.

5. Risks to A&E performance in the Epsom area

The area has an ageing population which increases the pressure each year on urgent care pathways. Additionally, Epsom General Hospital is relatively small and therefore variations in demand and capacity can place significant strain on services within a short space of time.

Adverse weather seen in previous years such as snow or flood may also pose a risk to the Emergency Department. SDCCG also sees an impact from crises in London and other parts of Surrey, which have previously led to diverts to Epsom General during times of peak demand. The yearly issue of flu or other pandemic illness also poses a significant risk to the performance of A & E.

6. Suggestions as to what other partner agencies can/should be doing to alleviate the situation

Not beyond those listed above

Report contact: George Kouridis, Senior Manager, Surrey County Council; Jackie Sullivan, Chief Operating Officer, Epsom & St Helier University Hospitals NHS Trust; James Blythe, Director of Commissioning & Strategy, Surrey Downs CCG; Victoria Griffiths, Director of Clinical Services, CSH Surrey.

Contact details: george.kouridis@surreycc.gov.uk

Royal Surrey County Hospital NHS
NHS Foundation Trust

Egerton Road
Guildford
Surrey
GU2 7XX

Tel: 01483 571122
Direct Line : 01483 406777
Fax: 01483 537747

17 August 2015

Councillor Bill Chapman,
Chairman,
Wellbeing and Health Scrutiny Board,
Surrey County Council,
County Hall,
Kingston, Surrey.

Dear Councillor Chapman,

In response to your letter dated 21st July, 2015, please find below the information that you require:

1. The Royal Surrey County Hospital work closely with Health and Social partners in developing joint working practices. Along with CCG Colleagues we developed an action plan to cater for winter demand and ensure patient safety.

2. The Trust has an agreed demand and capacity plan which is designed to minimise spikes in bed pressures and front door pressures. This plan is agreed in partnership with other health care providers and the CCG.

3. The Trust works closely with the CCG on promoting alternate choices to A & E attendance. Ultimately it is the patients' choice to attend A&E but we do promote and refer to alternatives.

4. There is always risk; however the Trust's 4 hour performance against the emergency care performance target demonstrates our ability to care for patients safely within the guidance of national standards. The escalation plan in place assists with managing busy periods.

5. The Trust has a culture of working closely with community, GP and other health and social care providers. Close working practice is essential to managing a good patient experience. This partnership is 52 weeks per year not just for winter.

Kind regards,

Nick Moberly,
Chief Executive

NHS
Surrey Downs
Clinical Commissioning Group

Wellbeing and Health Scrutiny Board
16 September 2015

Community Hospital Services Review: Process and presentation of draft outcome report

Purpose of the report: Scrutiny of Review Process

The process of the Community Hospital Services Review has included membership from the Wellbeing and Health Scrutiny Board, as part of its Programme Board. That Board has approved the draft outcomes report. This document is to gain Wellbeing and Health Scrutiny Board approval on the process conducted within the review, with which the final outcomes have been reached, and to receive additional comments from members in regards to the report. The final outcome report will be presented to the NHS Surrey Downs CCG Governing Body on 25 September 2015.

Introduction

In March 2015, NHS Surrey Downs Clinical Commissioning Group (CCG) launched a full review of all the services located within its four community hospital sites; Leatherhead Community Hospital; Molesey Community Hospital; New Epsom and Ewell Community Hospital (NEECH) and Dorking Community Hospital. This review was launched following a number of system pressures, which were showing that the current modelling of the four sites was not sustainable for our future population needs and current availability of staffing. This included a request from CSH Surrey (providers of community and inpatient services at the four sites) to temporarily close Leach ward at Leatherhead Community Hospital, following staff shortages during December 2014.

On launching the review, the CCG was aware of a number of previous reviews and uncertainties by our predecessors, which where a cause of anxiety for local residents and associated organisations, such as league of friends. The CCG felt that a full review would allow for some certainty to be placed upon services and the four sites for the next 5-10 years.

During the early stages of the review it became apparent that Cobham Hospital should also be included. The hospital was built in 2006 with the intention of hosting inpatient services, but the ward was closed soon after the

building was opened. Since then Cobham is used for outpatient and day surgery.

The review concluded on 31 July 2015.

The draft report contains a full breakdown of the review process and the outcomes. These include a number of recommendations for improving patient clinical outcomes and four options of where best to host future services.

Review Scope

To establish:

- The services provided currently at the community hospitals
- Future need based on population growth, clinical need and expected volumes of care
- Best practice models locally and nationally
- Where other programmes of work would affect service provision
- Future models of care, incorporating the wider health and social care co-functions
- A number of options for the future configuration of community hospital services

Considerations:

- Best practice in community care, including national research and areas of best practice, and comparisons between services within other community hospitals
- Estates, including the capacity and condition of the hospital sites, and whether they are fit for purpose, including any refurbishment required
- Performance data, including how services are performing against key standards (length of stay and occupancy for bedded care)
- Patient data and feedback, such as demographics (including health needs and population changes), complaints, compliments and feedback (including Patient Opinion)
- Findings from previous reviews and nationally acclaimed models of care

Issues that arose as part of the review that have been considered and will be taken into account in future planning include:

- Transport links, including access to sites for patients, staff and visitors
- Non emergency patient transport – between sites and for appointments
- Setting up new community hubs and understanding how these would link with community hospitals
- Specialist services such as neurological rehabilitation
- Surrey-wide stroke review
- Epsom and St Helier estates review
- Other local projects, for example Transform Leatherhead
- Priorities of neighbouring CCGs and providers, which may impact on our services

Review Process

The review was clinically-led and followed a defined three stage process consisting of:

- Activity review conducted during May and early June 2015
- Outcome review conducted during June and July 2015
- Report compilation completed during July 2015

This included the following activities:

- Setting up of a review Programme Board (detailed below), meeting bi-weekly
- A number of on-going stakeholder engagement activities, including ensuring that all questions and comments were feed back into the review process through programme board updates
- 40 days clinical time with a lead nurse working on site at hospitals to gain detailed insight, including:
    - observing staff and speaking to staff and patients
    - establishing working relationships between community hospital services and other providers
    - understanding other influences that also affect service pathways, such as patient transport issues
    - establishing similar sites across UK and visiting to discuss models of care
    - face-to-face contact and feedback from clinicians, staff, patients, carers and wider stakeholders
- Data gathering to establish best clinical practice and models of care and review whether the current estates were fit for purpose or required refurbishment to meet future demands. This included performance data (such as length of stay, occupancy levels, key quality indicators, referral data and discharge co-ordination), patient information (such as complaint/compliment data, patient profiles for services and expectations and demands) and previous review documentation and nationally acclaimed models of care

Engagement

A full engagement log of all activities is included with this report. They consist of:

- Programme Board, with a GP clinical chair, representation from lay member for patient and public involvement, appropriate CCG leads including estates, planned care, integration and quality, acute and community providers and two members from the Wellbeing and Health Scrutiny Board (Cllr Tim Hall and Cllr Lucy Botting)
- Public workshops, presentations, meetings and events
- Staff workshops, drop-in sessions and 1-1's
- Service design group, made up of patient representatives, CCG staff and invited providers as appropriate
- Transparency of engagement process, with all documents available on CCG website
- Information cascaded and updates provided via the CCG newsletter and stakeholder mailing list (currently with over 600 individuals and organisations)
- GP/clinical update sessions and information updates via weekly GP newsletter

To widen engagement, the CCG posted the draft outcomes report on our website on 20 August 2015. Since then we have meet with League of Friends, staff groups and hosted 4 public workshops to ensure that public reactions to the report and feedback is included in the final document. To date comments have been positive on the review process and how the report is presented. Despite personal feelings for sites and wards, it is felt that the CCG has conducted a well balanced and thorough review to reach the recommendations and options contained therein.

Conclusions:

This outcome report started with a full list of all options gathered by the above processes. All options were explored, with realistic change options developed further where possible.

The programme board met to rule out any options, which were not realistic, given:

- Lack of clinical benefits
- Will not provide future stability
- Not achievable given CCG constraints

The final recommendations and options are contained within the draft report.

Public Health Impacts

This review is based upon achieving the best clinical outcomes for the population of Surrey Downs.

Recommendations:

Recommendations and options are contained within the circulated draft outcomes report.

It is requested that

- The Wellbeing and Health Scrutiny Board assess and approve the process of this review and provide any comments before the final document is submitted to the CCG's Governing Body on 25 September 2015.
- The Wellbeing and Health Scrutiny Board note that if the report is adopted by the Governing Body, the CCG's intention is to proceed to public consultation; therefore that the Scrutiny Board delegate authority to a sub-group of the committee to scrutinise the detailed arrangements for the consultation on its behalf.

Next steps:

As aforementioned, the final outcome report will be presented to the CCG Governing Body for approval on 25 September 2015 in a public meeting.

If consultation proceeds on the options contained in the report or a variant of these, this will be from late October. Consultation will conclude early in 2016. Any resultant changes to bed-based services would be timed around likely operational pressures and would therefore typically not take place until spring 2016, unless unforeseen operational pressures arise in the meantime.

Report contact: James Blythe, Director of Commissioning and Strategy, NHS Surrey Downs CCG

Contact details: C/o Jade Winnett, Communications Manager, jade.winnett@surreydownsccg.nhs.uk, 01372 201656

Sources/background papers: Community Hospital Services Review: Draft Outcome Report, August 2015 and Engagement log

This page is intentionally left blank

NHS
Surrey Downs
Clinical Commissioning Group

Community hospital services review

Outcome and next steps

August 2015

Improving care together across Surrey Downs

Aims and objectives

NHS
Surrey Downs
Clinical Commissioning Group

Our objectives were to:

- Undertake a comprehensive **review of current inpatient and outpatient services** at the community hospitals in the CCG area (Molesey, New Epsom and Ewell Community Hospital, Dorking, Leatherhead and Cobham)
- Determine the **long term** inpatient and outpatient **care needs of the patient population** including the number of community beds required
- **Propose the services that should be provided in the future**, drawing on the CCG's commissioning strategy and established best practice
- **Review the community hospital estate (buildings)** to determine the best fit of the future service model, taking into account their condition and fitness for purpose. This will inform options as to where services could be provided

Improving care together across Surrey Downs

Review process

NHS
Surrey Downs
Clinical Commissioning Group

The review began in March 2015 and took place over four months

The scope of the review was to establish:

- The services provided currently at the community hospitals
- Future need based on population growth, clinical need and expected volumes of care
- Best practice models locally and nationally
- Where other programmes of work would affect service provision
- Future models of care, incorporating the wider health and social care co-functions
- A number of options for the future configuration of community hospital services

Improving care together across Surrey Downs

The review considered

NHS
Surrey Downs
Clinical Commissioning Group

- Best practice in community care
  - National research and areas of best practice
  - Comparing services with other community hospitals
- Estates
  - Capacity and condition of the hospital sites, and whether they are fit for purpose, including any refurbishment required
- Performance data
  - How services are performing against key standards (length of stay and occupancy for bedded care)
- Patient data and feedback
  - Demographics (including health needs and population changes)
  - Complaints, compliments and feedback (including Patient Opinion)
- Findings from previous reviews and nationally acclaimed models of care

Improving care together across Surrey Downs

Site visits

NHS
Surrey Downs
Clinical Commissioning Group

- Not just a ‘desktop exercise’ - 40 days clinical time with a lead nurse working on site at hospitals to gain detailed insight
- Observing staff and speaking to staff and patients
  - Establishing working relationships between community hospital services and other providers
  - Understanding other influences that also affect service pathways, such as patient transport issues
- Establishing similar sites across UK and visiting to discuss models of care
- Face-to-face contact and feedback from clinicians, staff, patients, carers and wider stakeholders

Improving care together across Surrey Downs

Considering other factors

NHS
Surrey Downs
Clinical Commissioning Group

Issues that arose as part of the review that need to be taken into account in future planning:

- Transport links - access to sites
- Non emergency patient transport – between sites and for appointments
- Setting up new community hubs and understanding how these would link with community hospitals
- Specialist services such as neurological rehabilitation
- Surrey-wide stroke review
- Other local projects, for example *Transform Leatherhead*
- Priorities of neighbouring CCGs and providers, which may impact on our services

Improving care together across Surrey Downs

Engaging with stakeholders and local people

NHS
Surrey Downs
Clinical Commissioning Group

- Four high profile events to launch the review
- Series of public, patient and stakeholder workshops
- Staff workshops and drop-in sessions
- Meetings with Well-being and Health Scrutiny Board
- GP clinical feedback sessions
- Talking to key local groups and attending events including Resident Associations, Patient Participation Groups and Surrey Independent Living Fair
- Website information and CCG newsletter
- Media releases and coverage in the local press
- Engaging with CCG virtual patient network (over 400 members)

Improving care together across Surrey Downs

The report

NHS
Surrey Downs
Clinical Commissioning Group

- Explores the current provision of community beds across the Surrey Downs Clinical Commissioning Group (CCG) area

- Summarises the analysis undertaken during the four month community hospital services review process

- Uses both qualitative and quantitative data to analyse activity, provision of services, profiles of patients requiring access to community hospital services, and existing estate.

- Recommends changes to working practices to increase efficiency and includes options for change in the configuration of community hospital services

Improving care together across Surrey Downs

Recommendations to improve care and efficiency

NHS
Surrey Downs
Clinical Commissioning Group

The report identified a number of ways to improve care and efficiency by making some changes to how nursing teams operate.

These included:

- A standard admission criteria – work with providers to ensure this is applied across all community rehabilitation beds. This will ensure patients are referred more appropriately to the service (ie. because they require rehabilitation)

- Managing the community bed capacity Surrey Downs wide. Currently many patients stay in an acute hospital because they want to wait for a bed at their local community hospital. This delays the start of their rehabilitation and is very expensive for the NHS as these patients don't need this level of care. By looking at the entire bed capacity and transferring patients to available beds, the local health system will be more efficient. It will also mean there are beds available in the acutes for the most sick patients.

Improving care together across Surrey Downs

Recommendations to improve care and efficiency (continued)

NHS
Surrey Downs
Clinical Commissioning Group

- Specialist neuro-rehabilitation beds – There are currently four neuro-rehabilitation beds at the New Epsom and Ewell Community Hospital. These beds are located next to the general ward and managed by nurses, supported by local GPs. This GP led model is unusual for specialist neuro care. Due to limited capacity, waiting lists for beds is also common, which can delay rehabilitation. The report recommends that we review demand for neuro-rehabilitation care, and best practice models, taking into account the current Surrey-wide review of stroke services.

- In-patient care (non rehabilitation) – The review has identified that not all patients who are admitted to a community hospital require rehabilitation. For example, some patients are waiting for a social care or continuing healthcare assessment. They do not need to stay in an acute hospital and if rehabilitation is not an option, it is not appropriate to transfer them to a community hospital. The review recommends we look at the needs of this patient group and where care is best provided (eg. buying short-term capacity in a nursing home).

Improving care together across Surrey Downs

Recommendations to improve care and efficiency (continued)

NHS
Surrey Downs
Clinical Commissioning Group

- A day rehabilitation centre – If patients require a lower level of rehabilitation it may be possible to provide this as a ‘day service’. That way patients could return home, instead of staying in hospital overnight. This idea has arisen as part of the review. It is recommended that further work is done to explore this idea.

- Optimum ward size and in-patient physiotherapy – The review has looked at how the different wards operate. It has found that larger wards offer advantages in terms of staffing (continuity and greater resilience if staff are unwell), greater flexibility in terms of ward space, increased social services input and reduced length of stay. It is recommended that any future model takes ward size into account. It is also recommended that inpatient community hospital physiotherapy services are reviewed to ensure service provision is sufficient.

Improving care together across Surrey Downs

Emerging options

NHS
Surrey Downs
Clinical Commissioning Group

The report also contains a number of emerging options on how community hospital services could be configured in future.

These are not final options for consultation, but are a summary of possible options that have arisen through the review process and include ideas put forward by members of the public.

We are committed to being open and transparent and we are publishing this draft report so we can hear what local people and stakeholder think about the emerging options. The feedback we receive will inform final recommendations that will be presented to our Governing Body in September.

Improving care together across Surrey Downs

Developing options

NHS
Surrey Downs
Clinical Commissioning Group

This process started with a long list of options which arose from data analysis, feedback from staff, patients, GPs and organisations that provide healthcare from the sites.

The Programme Board met to rule out any options, which were not considered to be realistic and/or viable due to:

- A lack of clinical benefits
- Their inability to provide stability for the future
- That they were not achievable, given CCG constraints

The options are separated into options relating to the configuration of beds and options relating to potential developments.

Improving care together across Surrey Downs

Emerging options - beds

NHS
Surrey Downs
Clinical Commissioning Group

Emerging options for in-patient services (beds)	Option included for further consideration	Rejected
Option 1 - Maintain the current three-ward model with inpatient wards at Dorking, Molesey and New Epsom and Ewell Community Hospital (NEECH). Develop Leatherhead planned care services (Leatherhead in-patient services remain closed).	X	
Option 2 - Transfer NEECH inpatient services to the Epsom Hospital site and transfer outpatient services elsewhere in the locality. Develop Leatherhead planned care services (Leatherhead in-patient services remain closed).	X	
Option 3 - Close Molesey Hospital and relocate all inpatient and outpatient services to Cobham Hospital. Develop Leatherhead planned care services (Leatherhead in-patient services remain closed).	X	
Option 4 - Transfer NEECH inpatient services to the Epsom Hospital site and transfer outpatient services elsewhere in the locality. Close Molesey Hospital and relocate all inpatient and outpatient services to Cobham Hospital. Develop Leatherhead planned care services (Leatherhead in-patient services remain closed) (options 2 and 3 above).	X	

Emerging options - beds (continued)

NHS
Surrey Downs
Clinical Commissioning Group

Emerging options	Option included for further consideration	Rejected
Return to the previous inpatient model with an open inpatient ward at all four of the community hospital sites.		X
Close Leatherhead Hospital and relocate all outpatients' services to other sites.		X
Relocate the inpatient and outpatient neurological rehabilitation services from NEECH to Leatherhead Hospital		X
Close Dorking Hospital - relocate all inpatient services to Epsom Hospital and relocate outpatients services to other sites in the Dorking locality.		X

Improving care together across Surrey Downs

Bed configuration options

NHS
Surrey Downs
Clinical Commissioning Group

Options	Bed numbers						
	Cobham	Molesey	Dorking	New Epsom and Ewell Community Hospital (NEECH)	Epsom Hospital	Total beds (excluding NEECH neuro beds)	Total beds (including NEECH neuro beds)
Option 1	0	12	22 + 6*	16	0	56	60
Option 2		12	22 + 6*		16	56	60
Option 3	18	0	22	16		56	60
Option 4	18	0	22	0	16	56	60

* The CCG currently commissions 60 community beds across all the community hospitals. This includes 4 neuro-rehabilitation beds at NEECH and six additional rehabilitation beds at Dorking that are currently funded until September 2015 through winter pressures funding. Under all four options, bed numbers remain the same, although the additional six beds will be continually reviewed and only commissioned if additional capacity is needed.

Improving care together across Surrey Downs

Emerging options for development

NHS
Surrey Downs
Clinical Commissioning Group

Emerging options for developments	Option included for further consideration	Rejected
Increase number of neurological rehabilitation beds at NEECH by opening new unit	X	
Develop an Ambulatory Rehabilitation Centre model (day rehabilitation centre)	X	
Build a new community hospital on the Molesey Hospital site		X
Open Leatherhead Hospital as a continuing healthcare transition bed unit		X
Develop Molesey outpatients department by providing X-ray		X

Improving care together across Surrey Downs

Next steps

NHS
Surrey Downs
Clinical Commissioning Group

- Draft Outcome Report published 20 August 2015
- Further public and stakeholder engagement throughout August and September
- Final report with recommendations and final options presented to CCG Governing Body on 25 September 2015. The Governing Body will consider next steps, which could include moving to public consultation.

Any major changes would be subject to public consultation before any decisions are made.

Improving care together across Surrey Downs

Tell us what you think

NHS
Surrey Downs
Clinical Commissioning Group

- We want to know what you think about the recommendations and options that have emerged so far

- You can email us at contactus.surreydownsccg@nhs.net or write to:

Surrey Downs Clinical Commissioning Group
Cedar Court
Guildford Road
Leatherhead
Surrey KT22 9AE

You can also attend a series of public workshops to find out more and have your say. See our website for details. Please note that due to limited venue capacity, if you wish to attend, you need to book your place.

Improving care together across Surrey Downs

This page is intentionally left blank

Community hospital services review
Engagement Log

Event/Engagement activity	CCG Representative	Type *(e.g. meeting, stall, survey, consultation)*	Subject	Date	Location	Stakeholders *(e.g. patient reps, GPs etc.)*	Numbers of people engaged (non CCG)
Leatherhead Resident Association public meeting on community hospital services review	Director of Commissioning and Strategy, Project lead, Communications lead, Engagement manager	Presentation followed by Q & A	Leatherhead hospital/community hospital services review	02/02/2015	Leatherhead Institute	Members of the public and other interested stakeholders	103
Health and Scrutiny Committee	Director of Commissioning and Strategy, Project lead, Communications lead	Meeting – Bill Chapman, Chair, Tim Hall, Louise Botting, Ross Pike plus one	Review process. HOS involvement and individuals to attend programme board	26/2/2015	Cedar court	Health and scrutiny committee, SCC	5
Ewell Community hospital services launch	Director of Commissioning and Strategy, Project lead, Communications lead, Engagement manager	Public meeting	Community hospital services review	02/03/2015	Bourne Hall, Ewell	Members of the public and other interested stakeholders, including local MPS, current and former patients and community groups	40
Esher Community hospital services launch	Director of Commissioning and Strategy, Project lead, Director of Operations, Engagement manager	Public meeting	Community hospital services review	04/03/2015	Elmbridge Civic Centre, Esher	Members of the public and other interested stakeholders, including local MPS, current and former patients and community groups	26
Dorking Community hospital services launch	Director of Commissioning and Strategy, Project lead, Communications lead, Director of Operations	Public meeting	Community hospital services review	05/03/2015	Burford Bridge Hotel, Dorking	Members of the public and other interested stakeholders, including local MPS, current and former patients and community groups	25
Disability Alliance Network (DAN)	Communications lead, Engagement manager	group meeting	Community hospital services review – item on agenda	09/03/2015	Park House	Disability services users	10
Derby Medical Practice PPG meeting	Engagement manager	PPG meeting	Patient engagement in the CCG, including the community hospital services review	17/03/2015	Derby Medical Practice - Ebbisham Centre	PPG members - patients	14
League/Guild of Friends (for community hospitals) introductions	Director of Commissioning and Strategy, Project lead, Communications lead, Engagement manager	Meeting	Engagement in community hospital services review	18/03/2015	Cedar Court	League of Friends reps	6
Mole Valley Access Group	Engagement manager	Group meeting	Community hospital services review	08/04/2015	Park House	MVAG members	15
Cobham and District Residents Association	Director of Commissioning and Strategy, Project lead,	Public meeting	Community hospital services review	09/04/2015	Cobham	Resident Association members	80

Event/Engagement activity	CCG Representative	Type	Subject	Date	Location	Stakeholders	
	Communications lead						
Workshop 1 - Molesey	Project lead, Communications lead, Engagement manager	Workshop	What is your ideal community hospital?	13/04/2015	King George's Hall	Patients Members of the public	7
Staff drop-in session 1 – Molesey	Project lead, Engagement manager	Drop-in session	An overview of the review, how this will affect staff, staff input opportunities and any questions	13/04/2015	Molesey Community Hospital	Provider staff on site (mainly CSH Surrey)	Not counted
Workshop 1 - Epsom/Ewell	Project lead, Communications lead, Engagement manager	Workshop	What is your ideal community hospital?	14/04/2015	St Barnabas Church	Patients Members of the public	9
Staff drop-in session 1 – NEECH	Project lead, Communications lead	Drop-in session	An overview of the review, how this will affect staff, staff input opportunities and any questions	14/04/2015	NEECH	Provider staff on site (mainly CSH Surrey)	Not counted
Project group meeting	Director of Commissioning and Strategy, Project lead	High level meeting	Review progress	Every two weeks from 14/04/2015	Cedar Court	CCG, provider organisations, Elected Members	n/a
Workshop 1 - Leatherhead	Project lead, Communications lead, Engagement manager	Workshop	What is your ideal community hospital?	15/04/2015	CAU Room Leatherhead Hospital	Patients Members of the public	20
Staff drop-in session 1 – Leatherhead	Project lead, Communications lead	Drop-in session	An overview of the review, how this will affect staff, staff input opportunities and any questions	15/04/2015	Leatherhead Community Hospital	Provider staff on site (including CSH Surrey, ESHT and Virgin Care)	Not counted
Workshop 1 - Dorking	Project lead, Communications lead, Engagement manager	Workshop	What is your ideal community hospital?	16/04/2015	Dorking United Reformed Church	Patients Members of the public	11
Staff drop-in session 1 - Dorking	Project lead, Engagement manager	Drop-in session	An overview of the review, how this will affect staff, staff input opportunities and any questions	16/04/2015	Dorking Community Hospital	Provider staff on site (including CSH Surrey and Dorking Healthcare)	Not counted
Service Redesign group	Project lead, Communications lead, Engagement manager	Meeting	Developing/redesigning service pathways	Monthly from 23/04/2015	Cedar Court	CCG service redesign teams, provider organisations, 3 patient representatives	3 Patient representatives
Friends of Dorking Hospital AGM	Project lead, Communications lead	Public meeting	Community hospital services review as an agenda item	29/04/2015	St Paul's, Dorking	Patients, members of the public, Friends group	25
Staff drop-in session 2 – Leatherhead	Project lead	Drop-in session	Update on review process and Q&As with staff	5/05/2015	Leatherhead Community Hospital	Provider staff on site (including CSH Surrey, ESHT and Virgin Care)	Not counted
Staff drop-in session 2 – NEECH	Project lead	Drop-in session	Update on review process and Q&As with staff	6/05/2015	NEECH	Provider staff on site (mainly CSH Surrey)	Not counted
Staff drop-in session 2 – Dorking	Project lead	Drop-in session	Update on review process and Q&As with staff	7/05/2015	Dorking Community Hospital	Provider staff on site (including CSH Surrey and Dorking Healthcare)	Not counted

Event/Engagement activity	CCG Representative	Type	Subject	Date	Location	Stakeholders	
Staff drop-in session 2 – Molesey	Project lead	Drop-in session	Update on review process and Q&As with staff	8/05/2015	Molesey Community Hospital	Provider staff on site (mainly CSH Surrey)	Not counted
Workshop 2 – Cobham	Project lead, Communications manager	Workshop	Community hospital services review	11/05/2015	St Andrew's Church, Cobham	Patients Members of the public	7
Workshop 2 - Dorking	Project lead, Communications lead	Workshop	Community hospital services review	12/05/2015	United Reform Church, Dorking	Patients Members of the public	8
Workshop 2 – Leatherhead	Project lead, Communications manager	Workshop	Community hospital services review	13/05/2015	Leatherhead Hospital	Patients Members of the public	15
Transform Leatherhead Team Meeting	Project lead	Meeting with local councillors (Paul Brook, Jack Straw, Nick Gray)	Community hospital services review and the Transform teams future plans for /Leatherhead	13/05/2015	Cedar Court, CCG	Leatherhead local councillors	3
Workshop 2 – Epsom	Project lead, Communications manager	Workshop	Community hospital services review	14/05/2015	St Martin of Tours Church, Epsom	Patients Members of the public	9
Friends of Thames Ditton Hospital	Project lead	Public meeting	Community hospital services review	19/05/2015	Embercourt, Thames Ditton	Patients Members of the public	15
BBC Surrey media coverage	Project lead	Media	Community hospital services review	21/05/2015	N/A	Patients Members of the public	N/a – Surrey-wide public coverage
Staff drop-in session 3 – Molesey	Project lead	Drop-in session	Update on review process and Q&As with staff	1/06/2015	Molesey Community Hospital	Provider staff on site (mainly CSH Surrey)	Not counted
Staff drop-in session 3 – Leatherhead	Project lead	Drop-in session	Update on review process and Q&As with staff	2/06/2015	Leatherhead Community Hospital	Provider staff on site (including CSH Surrey, ESHT and Virgin Care)	Not counted
Staff drop-in session 3 – Dorking	Project lead	Drop-in session	Update on review process and Q&As with staff	3/06/2015	Dorking Community Hospital	Provider staff on site (including CSH Surrey and Dorking Healthcare)	Not counted
Team Brief update	Director of Commissioning and Strategy, Project lead, Communications lead	Staff briefing	Update on review and signposting for staff to patients/public	3/06/2015	Cedar Court and Email follow-up	Staff based at Cedar Court – CCG and SE CSU	Emailed to all CCG and CSU staff (approx. 191)
Staff drop-in session 3 – NEECH	Project lead	Drop-in session	Update on review process and Q&As with staff	4/06/2015	NEECH	Provider staff on site (mainly CSH Surrey)	Not counted
Workshop 3 - East Elmbridge	Project lead, Communications manager	Workshop	How services are provided and best practice in community care	8/06/2015	King George's Hall, Esher	Patients Members of the public	11
Workshop 3 – Dorking	Project lead, Communications manager	Workshop	How services are provided and best practice in community care	9/06/2015	Dorking United Reformed Church	Patients Members of the public	3

Event/Engagement activity	CCG Representative	Type	Subject	Date	Location	Stakeholders	
Workshop 3 – Leatherhead	Project lead, Communications lead	Workshop	How services are provided and best practice in community care	10/06/2015	Leatherhead Hospital	Patients Members of the public	29
Workshop 3 - Epsom	Project lead, Communications manager	Workshop	How services are provided and best practice in community care	11/06/2015	St Joseph's Church, Epsom	Patients Members of the public	6
Additional staff team meetings: Sexual Health Service (Virgin Care) and Colposcopy Service (ESHT) at Leatherhead	Project lead	Meetings with service providers	Discussions over the review specific to these staff groups, to ensure full engagement	17/06/2015	Leatherhead Community Hospital	Virgin Care and ESHT staff	6
Emberbrook site visit	Project lead	Site visit and meeting	To look at Emberbrook site and discuss past and present services and local population needs	19/06/2015	Emberbrook Community Centre for Health	Local councillors/Save Our Surrey Community Hospitals and providers	2 plus providers on site
East Elmbridge facing local meeting	Project lead	Meeting	To discuss East Elmbridge needs and Molesey and Emberbrook sites. To give assurance over CHSR process for this population.	22/06/2015	Off site	Local and county councillors, including HOSC member	2
Your Local Guardian – media coverage	Project lead, Programme Board Clinical Chair	Media coverage	Findings to date and signposting to engagement	5/06/2015	Online and East Elmbridge print	Patients and members of the public	Local coverage
Surrey Independent Living Council (SILC) Fair	Day shared amongst communications and engagement team	Fair – SILC support individuals with disabilities.	Stand for CCG – speaking to individuals about local concerns and gaining feedback on the review process as well as individual issues.	25/06/2015	Epsom Racecourse	Interested public attendees	Over 1,000 at event. Direct engagement on review = 3 Direct engagement total = 27
Staff Drop-in session 4 – Molesey	Project lead	Drop in session	Update on review process and Q&As with staff	6/07/2015	Molesey hospital	All staff based at Molesey (mainly CSH Surrey)	Not counted
Staff Drop-in session 4 – Leatherhead	Project lead	Drop in session	Update on review process and Q&As with staff	7/07/2015	Leatherhead Hospital	All staff based at Leatherhead, including CSH Surrey, Virgin Care and ESHT	Not counted
Staff Drop-in session 4 – Dorking	Project lead	Drop in session	Update on review process and Q&As with staff	8/07/2015	Dorking hospital	All staff based at Dorking Hospital (mainly CSH Surrey)	Not counted
Staff Drop-in session 4 - NEECH	Project lead	Drop in session	Update on review process and Q&As with staff	9/07/2015	NEECH	All staff based at NEECH (mainly CSH Surrey)	Not counted
Workshop 4 – Esher	Project lead	Workshop	Community hospital services review	13/07/2015	Imber Court, Esher	Patients Members of the public	10
Workshop 4 - Dorking	Project lead	Workshop	Community hospital services review	14/07/2015	United Reform Church, Dorking	Patients Members of the public	6
Workshop 4 - Leatherhead	Project lead	Workshop	Community hospital services review	15/07/2015	Leatherhead Hospital	Patients Members of the public	20

Event/Engagement activity	CCG Representative	Type	Subject	Date	Location	Stakeholders	
Workshop 4 - Epsom	Project lead	Workshop	Community hospital services review	16/07/2015	St Martin of Tours Church, Epsom	Patients Members of the public	5
Healthwatch update	Director of Commissioning and Strategy, Communications lead, Head of Quality	Meeting	Two-way overview and update of on-going projects and engagement work, including review	22/07/2015	Cedar Court, Leatherhead	Healthwatch Surrey (x2)	2
PPG Chairs and Representatives meeting	Communications lead and communications manager	Meeting	Two-way overview and update of on-going projects and engagement work, including review	27/07/2015	Cedar Court, Leatherhead	PPG Chairs and representatives, Practice managers	15
Extraordinary PAG meeting	Project lead	Meeting	Discussion over the draft report and feedback on emerging options, evidence, readability, presentation, etc.	10/08/2015	Cedar Court, Leatherhead	Patient representatives who sit on service redesign group	2
Informal Well-being and Health Scrutiny Board update	Director of Commissioning and Strategy, Project lead, Communications manager	Meeting	Informal discussion to update on the development of the review and final emerging options, including role of the programme board and engagement activities. Discussion of information required for formal meeting on 16 September 2015.	11/08/2015	Cedar Court, Leatherhead	Well-being and Health Scrutiny Board members; Chair, Secretary and 2 x councillors	4
Extraordinary PAG meeting	Project lead, Communications manager	Meeting	Discussion over the draft report and feedback on emerging options, evidence, readability, presentation, etc.	17/08/2015	Cedar Court, Leatherhead	Patient representative who sits on service design group	1
Provider Staff Meetings (x4)	Project lead	4x staff sessions held within each community hospital site	Organised with CSH Surrey leading, however all other provider staff invited. Recommendations and emerging options from the draft paper (going live the next day) presented and a chance for questions and answers to employers and CCG.	19/8/2015	Community hospital sites: Molesey, Leatherhead, Dorking and NEECH	Staff on all sites, inc. CSH Surrey, ESHT, and Virgin Healthcare	Not counted
Leatherhead League of Friends	Director of Commissioning and Strategy, Project lead, Communications manager	Meeting	Discussion over the publication of the draft outcome report, inc. inpatient and outpatient services and the future acquisition of a new x-ray at Leatherhead, which the LoF have funds to procure.	21/08/2015	Leatherhead hospital	Chair and Secretary of Leatherhead Lofs, CSH Surrey staff members	4
Friends of Dorking Hospital	Project lead, Communications lead	Meeting	Discussion over the publication of the draft outcome report, inc. inpatient and outpatient services	24/08/2015	Dorking hospital	Members of the Friends of Dorking Hospital, CSH Surrey ward manager	4
Molesey League of Friends	Director of Commissioning and Strategy, Project lead, Communications manager	Meeting	Discussion over the publication of the draft outcome report, inc. inpatient and outpatient services.	26/08/2015	Molesey hospital	Members of Molesey Hospital League of Friends, CSH Surrey ward manager	6
Workshop 5 - Cobham	Project lead, Communications manager	Workshop	Draft outcome report feedback and next steps	01/08/2015	St Andrew's Church, Cobham	Patents, Members of the public and interested stakeholders	7

Event/Engagement activity	CCG Representative	Type	Subject	Date	Location	Stakeholders	
Workshop 5 - Leatherhead	Project lead, Communications lead, Communications manager	Workshop	Draft outcome report feedback and next steps	02/08/2015	Leatherhead Institute, Leatherhead	Patents, Members of the public and interested stakeholders	21
Workshop 5 – Dorking	Project lead, Communications lead	Workshop	Draft outcome report feedback and next steps	02/08/2015	United Reformed Church, Dorking	Patents, Members of the public and interested stakeholders	TBC
Workshop 5 – Epsom	Director of Commissioning and Strategy, Project lead, Communications manager, Engagement manager	Workshop	Draft outcome report feedback and next steps	03/08/2015	St Joseph's Church, Cobham	Patents, Members of the public and interested stakeholders	8
Staff Session – Dorking	TBC	Two-way session	FAQs with staff	07/09/2015	Staff room, Dorking hospital	Provider staff at all sites, organised by CSH Surrey	TBC
Staff Session – Molesey	TBC	Two-way session	FAQs with staff	08/09/2015	Meeting room, Molesey hospital	Provider staff at all sites, organised by CSH Surrey	TBC
Staff Session – Leatherhead	TBC	Two-way session	FAQs with staff	10/09/2015	Day room, Leatherhead hospital	Provider staff at all sites, organised by CSH Surrey	TBC
Staff Session – NEECH	TBC	Two-way session	FAQs with staff	11/09/2015	Seminar room, NEECH	Provider staff at all sites, organised by CSH Surrey	TBC
Staff walk around	TBC	Site visit	Organised visit for staff who wish to visit Cobham hospital	TBC	Cobham Hospital	CSH Surrey staff	TBC
Formal Well-being and Health Scrutiny Board	CCG Clinical Chair, Director of Commissioning and Strategy, and Communications lead	Public Board meeting	Presentation of review process and draft outcome report. Discussion and scrutiny over process, inc. engagement	16/09/2015	Surrey County Council offices, Kingston	Well-being and Health Scrutiny Board and public attendees	TBC
CCG Governing Body	CCG Governing Body and appropriate representatives of the review, including communications team	Public Governing Body meeting	Presentation of final outcome report, inc. scrutiny and engagement. Next steps	25/09/2015	TBC	CCG Governing Body and public/stakeholder attendees	TBC

In addition, the following regular items:

- *Bi-weekly Programme Board – GP Chair, CCG Programme Leads, Communications, Estates, Providers and Health and Scrutiny Committee Representation*
- *Monthly Service Design Groups – Programme Lead, Communications, Providers and 3 x Expert Patient Representatives*
- *Regular provider meetings – Programme Lead and relevant representatives, with others invited as required*
- *Team brief – bi-weekly meeting and email, providing updates as required – CCG/CSU staff based at Cedar Court*
- *Start the week – Weekly GP update as required*

Wellbeing and Health Scrutiny Board
16 September 2015

Update from Surrey's Health and Wellbeing Board

Purpose of the report: Scrutiny of Services and Budgets

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

1. Introduction

1.1 The Health and Social Care Act 2012 introduced a new role for local authorities in the co-ordination, commissioning and oversight of health and social care, public health and health improvement. The Act was effective from 1 April 2013.

1.2 This report focuses on the progress of the Surrey Health and Wellbeing Board which the Health and Social Care Act 2012 introduced as a committee of all upper tier local authorities from April 2013 with the intention for the Board to be a forum for collaborative local leadership in the area with three main functions:

a) To assess the needs of the local population and prepare a joint strategic needs assessment;
b) To prepare a joint health and wellbeing strategy as the overarching framework within which commissioning plans are developed for health services, social care, public health, and other relevant services; and
c) To promote greater integration and partnership, including joint commissioning, integrated provision, and pooled budgets where appropriate.

1.3 This report provides highlights of the progress and work done over the last 12 months, focused on the Board's three main statutory duties (assessing local needs; developing a joint strategy; and encouraging and promoting integration). An overview of the Health and Wellbeing functions and governance arrangements can be seen in Annexe A.

2. Context

2.1 The Surrey Health and Wellbeing Board has been in place formally since April 2013 having been established in shadow form in April 2012.

2.2 The Board is a place for the NHS, Public Health, children's and adult social care, local councillors, Police and service user representatives to work together to improve the health and wellbeing of the people of Surrey. It is jointly chaired between the Cabinet Member for Wellbeing and Health at Surrey County Council and a Clinical Commissioning Group (CCG) Clinical Chair representative (the CCG chair rotates annually).

2.3 As the Board's role is to provide collaborative strategic systems leadership, it does not hold a budget and does not directly commission services.

2.4 The Surrey Joint Health and Wellbeing Strategy is closely aligned to the council corporate strategy, in particular the Wellbeing priority.

3. Board duty: to assess the needs of the local population

3.1 The Board has a duty to assess the needs of the local population and to prepare a **Joint Strategic Needs Assessment**[1] (JSNA).

3.2 The JSNA is a knowledge resource focused on the current and future health and well-being needs of the local population, used to underpin the effective commissioning of health services.

3.3 Surrey has had a JSNA for seven years and in 2011 moved from a 'paper-based' JSNA to hosting the JSNA on Surrey-i, Surrey's local information system. Hosting it on Surrey-i provides a live, interactive, web based platform allowing flexibility and easy access to up to date data.

3.4 Over the course of the last 12 months the JSNA has been used across the partnership to inform and underpin commissioning plans and by the Health and Wellbeing Board to inform it's discussions around, for example, the Better Care Fund planning and action plans being implemented related to the Board's priorities.

3.5 In 2014, a review of the Surrey JSNA was undertaken to understand how effective the JSNA is and identify improvements to ensure it continues to meet the needs of partners. Action has been taken following the review including:

- revising the chapter 'template' providing clearer, shorter and more user friendly chapters, ensuring plain English is used throughout;

[1] http://www.surreyi.gov.uk/grouppage.aspx?groupid=36

- improved consistency with guidance for authors on producing standardised charts and tables;
- increased use of infographics to ensure evidence is presented in an accessible format (supported by in-house training on how to produce these); and
- ensuring evidence supporting chapters remains current by updating the data held on Surreyi as soon as it is available and highlighting new evidence in an updates section.

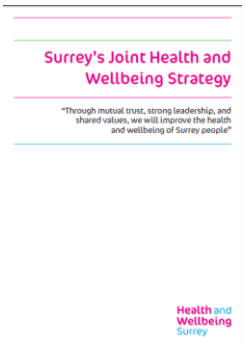
3.6 Work will continue over the coming months to promote the use of the JSNA by:

- continuing to improve the quality, accessibility and relevance of the evidence presented;
- refreshing the current list of chapters to ensure they are the most relevant to the residents of Surrey and the organisations commissioning and providing services; and
- producing an overarching executive summary of all chapters.

3.7 The Board also has a statutory responsibility for developing and updating the **Pharmaceutical Needs Assessment** (PNA) for Surrey – this provides a statement of need for pharmaceutical services for the population of Surrey.

3.8 Surrey has had a PNA in place since 2011 (initially produced by NHS Surrey) – following a 'light-touch' review in 2013/14, the Health and Wellbeing Board approved and published a fully refreshed Pharmaceutical Needs Assessment for Surrey[2] in March 2015. This PNA is used by NHS England to inform their decision making for pharmacy applications.

4. Board duty: To prepare a Joint Health and Wellbeing Strategy for Surrey[3]



4.1 Surrey's Joint Health and Wellbeing Strategy was published in 2013 and outlines five priorities for improving health and wellbeing in Surrey. Each priority has a joint strategy and action plan with progress on these presented to the board bi-annually.

4.2 Each year the Board holds a workshop to review overall progress against its priorities and to agree areas for it to focus on over the coming 12-18 months.

4.3 Annex B sets out a short summary relating to each of the Board's priorities with links (where appropriate) to the latest, more detailed updates that have been presented to the Board.

[2] https://www.surreyi.gov.uk/ViewPage1.aspx?C=Resource&ResourceID=1552
[3] http://www.healthysurrey.org.uk/assets/documents/health-wb-board-joint-strate

5. Board duty: To encourage integrated working

5.1 A key integration and partnership achievement of the Board has been the sign off of the **Better Care Fund Plan**[4]. The Better Care Fund (BCF) is a national programme which creates a local single pooled budget to support and enable closer working between the NHS and local government. It is designed to:

a. Improve outcomes for people.

b. Drive closer integration between health and social care.

c. Increase investment in preventative services in primary care, community health and social care.

d. Support the strategic shift from acute to community and to protect social care services.

5.2 In Surrey, the Better Care Fund involves pooling £71.4m of existing budgets in 2015/16, which will enable people to stay well, be supported at home where appropriate and enable people to return home sooner from hospital.

5.3 SCC and Surrey's six main CCGs have agreed a governance framework to support the implementation of the BCF – this describes the arrangements that have been established to ensure proper and effective management of the plans and funds.

5.4 Whilst the Surrey Health and Wellbeing Board is responsible for signing off the plan, the Council and each of the CCGs' Governing Bodies retain their statutory responsibilities for the use of resources and delivery of services.

5.5 The Surrey Better Care Board was established in 2014 to oversee and drive forward the work of the BCF on behalf of the Health and Wellbeing Board. Progress of BCF is reported bi-annually to the Health and Wellbeing Board. The latest update on the BCF given to the Health and Wellbeing Board provides a more detailed position statement along with the most recent quarterly returns to NHS England.

5.6 The BCF is also scrutinised by the Social Care Services Board and the Wellbeing Health Scrutiny Board independently of the Health and Wellbeing Board. A Surrey County Council internal audit of the BCF is currently in progress.

5.7 Key achievements of the BCF to date include:

- £14.4 million has been contributed to the pooled fund to date (Sept 2015) (including all of the first quarter's contribution).
- Surrey is above target for dementia diagnosis, delayed transfers of care, patient experience.

[4] http://www.healthysurrey.org.uk/assets/other/better-care-fund-plan

- A model for an integrated equipment and adaptations service was endorsed by the Better Care Board.
- Joint generic job descriptions developed for usage throughout Surrey.
- Commitment to share information ratified by health and social care Chief Executives.

5.8 **Strategic conversations**:

- The Board has provided a valuable forum for strategic conversations to take place which have enabled integrated working. Joint strategies and plans have been produced for all priorities and are being used to inform commissioning of services.
- Annually partner organisations present their commissioning intentions[5] and outline how they align to the Joint Health and Wellbeing Strategy.

6. Other Board activity:

6.1 Monthly public updates[6] summarising the board meetings are produced and published online.

6.2 The Healthy Surrey website[7] is a dedicated site to provide residents and stakeholders with health information in Surrey. From June 2014 to May 2015 received 227,255 views, with the Health Checks and the Stop Smoking pages being the most popular.

6.3 An internal audit was undertaken of the Health and Wellbeing Board 2014/15 and the overall audit opinion was *'effective'*. Within this audit, the Auditor undertook the following assurance work:

- A review of the Terms of Reference and the work plan of the Health and Wellbeing Board to ensure compliance with the relevant section of the Health and Social Care Act 2012 (Chapter 7, Part 5, Chapter 2 - Local Government); and
- Consideration of the effectiveness of the Board's role in encouraging joint commissioning and integrating services across healthcare, social care and public health to deliver the priorities as set out in the Health and Wellbeing Strategy.

7. Surrey's Health and Wellbeing Board – next steps

7.1 The October 2015 informal Health and Wellbeing Board meeting will focus on forward planning using the needs identified in the JSNA to inform future strategic commissioning plans.

7.2 Progress updates on each of the priorities will be presented to the Board twice a year, with the Adults and Children's Safeguarding Boards Annual Reports to be presented at the December 2015 meeting.

[5] http://mycouncil.surreycc.gov.uk/ieListDocuments.aspx?CId=328&MId=3603&Ver=4
[6] http://www.healthysurrey.org.uk/about-us/surrey-health-and-wellbeing-bo-3/
[7] http://www.healthysurrey.org.uk/

7.3 An outcomes framework will be developed to enable to the Board to monitor progress more effectively.

8. Conclusions:

8.1 In the last year, the Board has made significant progress. There is a real understanding of the health and wellbeing needs and the actions required to make positive changes to address these needs. Plans for each of the priorities outlined in Surrey's Joint Health and Wellbeing Strategy have been implemented with some excellent outcomes for Surrey residents.

8.2 A genuine partnership approach to implementing Surrey's Joint Health and Wellbeing Strategy has resulted in strong and maturing relationships between Board members and a culture of trust and respect which has enabled the Board to have healthy, challenging discussions and debates around key issues.

8.3 The Better Care Fund has seen considerable developments in integrating health and social care with the pooling of £71.2m of resources.

8.4 Strong foundations have been laid which make the Board well placed to tackle the big challenges which will need to be overcome over the coming months and years to continue to improve health and wellbeing across Surrey.

9. Recommendations:

9.1 The Health Overview and Scrutiny Committee is asked to:

- note the progress made in developing Surrey's Health and Wellbeing Board and the implementation of Surrey's Joint Health and Wellbeing Strategy; and
- use the monthly updates from the Health and Wellbeing Board to help keep up-to-date with progress.

Next steps:

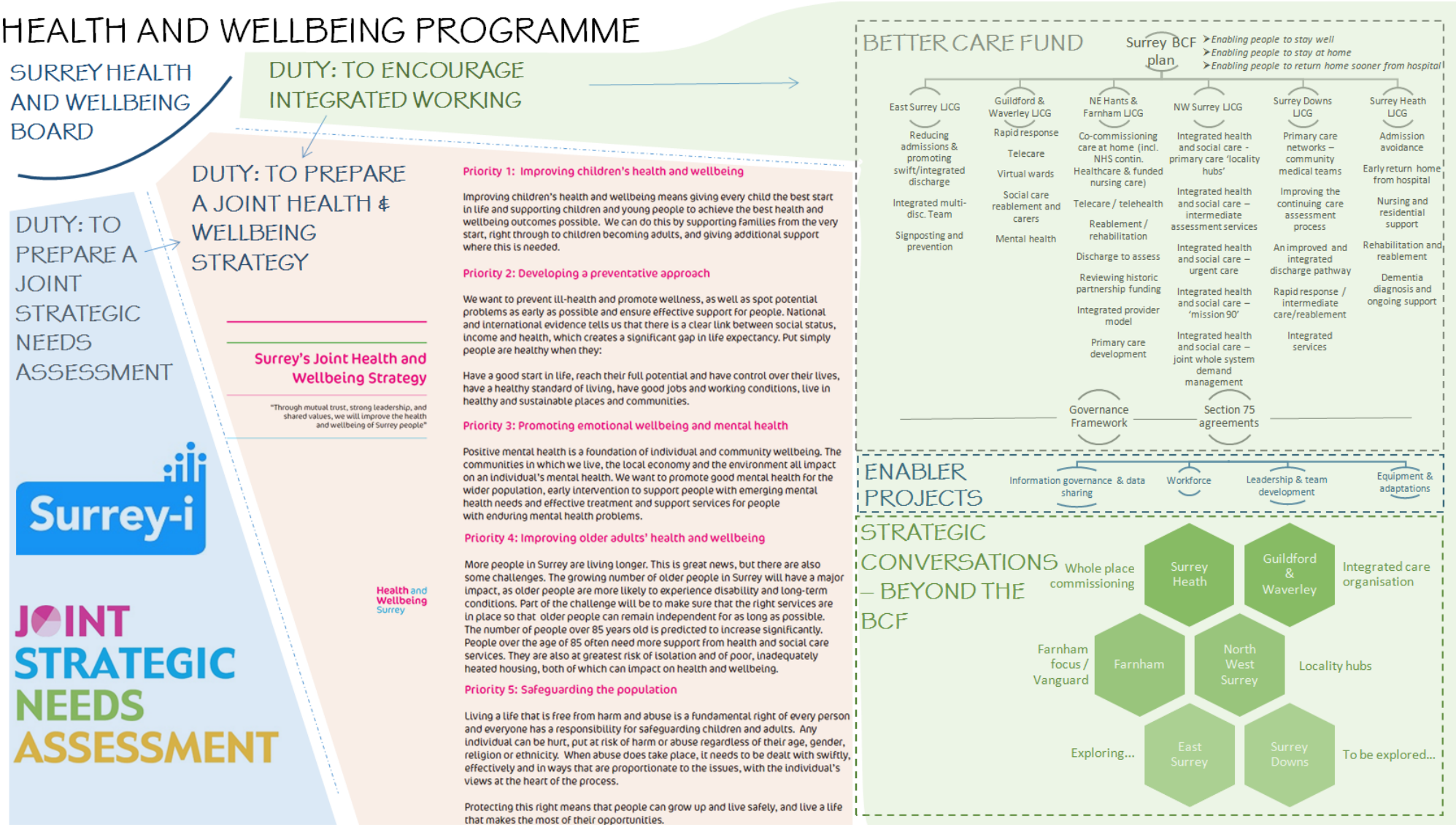
- As described in section 7 above.

Report contact: Victoria Heald, Health & Wellbeing Programme Manager, Policy and Performance, Chief Executive's Office

Contact details: 020 8541 7492 / victoria.heald@surreycc.gov.uk

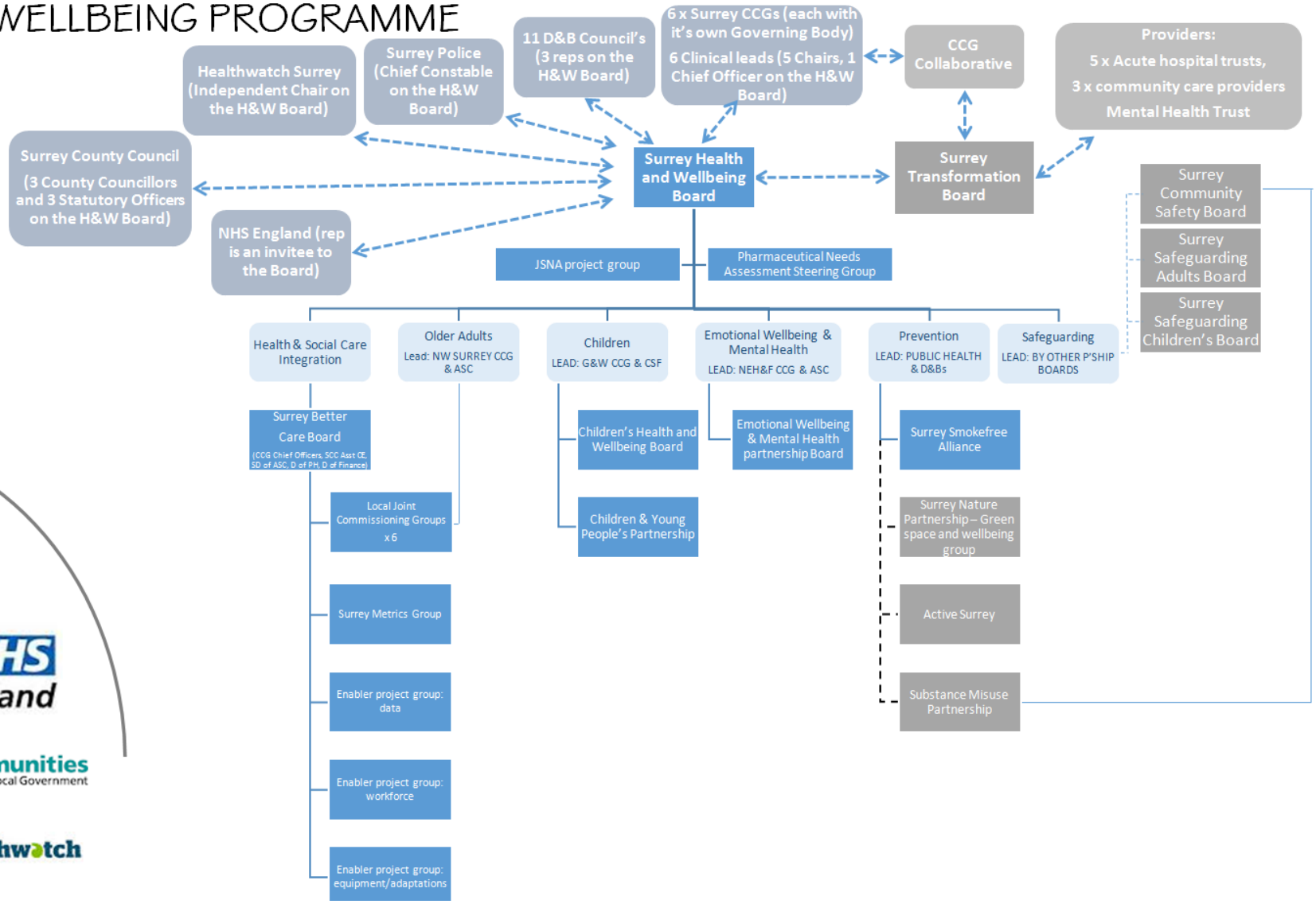
Sources/background papers:
Annexe A – Health and Wellbeing Board functions and governance
Annexe B – Surrey Joint Health and Wellbeing Strategy priority summaries

Annexe A - Health and Wellbeing Board functions and governance



HEALTH AND WELLBEING PROGRAMME

LOCAL GOVERNANCE ARRANGEMENTS



KEY NATIONAL PLAYERS

Department of Health

Public Health England

NHS England

Communities and Local Government

Local Government Association

healthwatch

Annexe B - Surrey Joint Health and Wellbeing Strategy priority summaries

Improving children's health and wellbeing

Summary (from the Health & Wellbeing Strategy)

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

What has been done?

The Board agreed an action plan under six themes:

- Early help and Targeted Prevention
- Healthy behaviours and Universal Prevention
- SEND
- Emotional wellbeing and mental health
- Safeguarding
- Shared Insight

The implementation of this action plan is led by the Surrey Children and Young People's (CYP) Partnership and the Surrey Children's Health and Wellbeing Group.

The development of the CYP Improvement Plan is closely aligned to this priority. See the latest update[8] for more details.

If we get this right we hope to see the following outcomes:

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

Highlights of the progress that has been made?

- A total of 1315 children and young people have been supported by an Early Help Assessment in 2014/15 which is an increase on the previous year.
- 100 people attended a consultation to inform the development of a breastfeeding strategy.
- Awarded £729,000 from the Social Innovation Fund
- 200 schools have trained staff to spot signs of mental ill-health and to provide earlier access to advice and support.
- The "Talk to Us" campaign ran from Nov 2014 – Feb 2015 supporting 16 – 22 year olds to recognise and report domestic abuse.

Link to the more detailed, latest update[8].

Case study – what has the Board done better together?

In early 2015 partners from across the Health and Wellbeing Board came together at an event that focussed on tackling child obesity in Surrey.

This event looked to address the priority's ambitions around early help, including healthy behaviours, and identify how partners could work together to reduce child obesity.

In attendance were representatives from children's centres, the district and borough councils, the NHS and the County Council's Public Health team.

The event included a workshop that looked at how services were delivered at a district and borough level, in order to identify strengths, gaps and challenges.

This meant that different local services were able to share how they worked and how they could work better together in the future.

The individual groups identified some immediate actions as well as longer term ones. Some examples of these were:

- Improved awareness of local sources for information and events
- Better promotion of different partners' activities
- Potential to develop peer mentoring, so that older children are encouraging younger children to eat healthily
- Identification of communities and groups that need more support to reduce child obesity.

[8] http://mycouncil.surreycc.gov.uk/ieListDocuments.aspx?CId=328&MId=3603&Ver=4

Developing a preventative approach

Summary (from the Health & Wellbeing Strategy)

We want to prevent ill-health and promote wellness, as well as spot potential problems as early as possible and ensure effective support for people. National and international evidence tells us that there is a clear link between social status, income and health, which creates a significant gap in life expectancy. Put simply people are healthy when they:
Have a good start in life, reach their full potential and have control over their lives, have a healthy standard of living, have good jobs and working conditions, live in healthy and sustainable places and communities.

If we get this right we hope to see the following outcomes:

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

What has been done?

The Board agreed an action plan under six themes:

- Alcohol prevention
- Tobacco control
- Health checks
- Physical activity and diet
- Sexual health
- Mental health

The implementation of this action plan is being led by the Director of Public Health.

Highlights of the progress that has been made?

- All six Surrey Clinical Commissioning Groups (CCGs) have produced local prevention plans.
- Borough and district councils in Surrey have produced health and wellbeing plans that in many areas are aligned to the local CCG prevention plans.
- Surrey Physical Activity Strategy was approved by the Board and launched in June 2015.
- Over 100 partners from across the Health and Wellbeing Board came together at an event that focussed on tackling childhood obesity.
- A total of 16, 799 health checks delivered to Surrey residents aged between 40 – 74 years of age in 2014/15.

Link to the more detailed, latest update[9].

Case study – what has the Board done better together?

Through the Health and Wellbeing Board, Surrey County Council's Public Health team and the CCGs have worked to develop prevention plans for each of the CCG areas.

Each plan focuses on the demography, need and local priorities of both the CCG and the district and borough councils.

They were then incorporated into local strategic and operational plans, with a set of defined preventative actions and agreed indicators.

These actions range from:

- asking GPs to consider how they refer patients and treat the key factors that can influence better health outcomes, for instance offering brief advice and/or referring people to exercise on referral, healthy eating or specialist alcohol misuse services or other health improvement services where required;
- staff training on particular topics, like domestic abuse; and
- greater public awareness through campaigns, for example 'Stoptober', the NHS campaign to encourage people to stop smoking and Dry January where our residents are encouraged to drink within safe limits for their health.

The Health and Wellbeing Board will measure the impact of these actions against the five outcomes, to ensure that people are leading healthier lives and that health inequalities are being reduced through partnership working across Surrey.

[9] http://mycouncil.surreycc.gov.uk/ieListDocuments.aspx?CId=328&MId=3601&Ver=4

Promoting emotional wellbeing and mental health

Summary (from the Health & Wellbeing Strategy)

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

What has been done?

The Board approved the emotional wellbeing and adult mental health strategy in October 2014 with five priority areas:

- Promotion, prevention and early intervention
- Working better together
- Partnerships with service users, carers and families
- Effective crisis care
- Making recovery real

The action plan to deliver this strategy was approved by the Board and its implementation is being led by the NHS Associate Director Commissioning Adult Mental Health & Learning Disability.

If we get this right we hope to see the following outcomes:

- ✓ More people will have good mental health.
- ✓ More people with mental health problems will recover.
- ✓ More people with mental health problems will have good physical health.
- ✓ More people will have a positive experience of care and support.
- ✓ Fewer people will experience stigma and discrimination.

Highlights of the progress that has been made?

- 1600 residents have been reached by the "Time to Change" anti-stigma project through Mental Health Ambassadors from July 2014 to March 2015.
- A Surrey suicide prevention plan has been developed.
- Surrey Mental Health Crisis Concordat declaration and action plan signed by all agencies and commended by Rt Hon Norman Lamb.
- A reduction in the level of people held in custody rather than a health based place of safety under a section 136 from 14-19% in 2013/14 to 5 – 6% in 14/15.

Link to the more detailed, latest update[10].

Case study – what has the Board done better together?

By prioritising emotional well-being and mental health, the Board has been a key driver and facilitator of raising the profile of mental health in Surrey.

One way we have worked better together has been to improve outcomes for those who need support at times of crisis as result of mental health problems.

Under section 136 of the Mental Health act, the police have the power to take someone to a place of safety if they have reason to believe a person is in need of care because of mental illness. This place of safety can be either a hospital or police custody cell.

The Health and Wellbeing Board, through collaborations between the North East Hampshire and Farnham Clinical Commissioning Group and Surrey Police, have been able to reduce the number of people who were taken to a police custody cell in such cases.

This is now just 5% of instances when a section 136 assessment is required, where in previous years it had been between 14% and 19%. This was achieved by:

- Situating Surrey and Borders Partnership NHS Foundation Trust staff within the police control room environment to allow better information sharing and decision making.
- An increase in the number of beds available for section 136 assessments at Ashford and St Peters Hospital NHS Foundation Trust.

Improved and updated protocols between South East Coast Ambulance Service, Surrey Police & Surrey and Borders Partnership NHS Foundation Trust

[10] http://mycouncil.surreycc.gov.uk/ieListDocuments.aspx?CId=328&MId=3602&Ver=4

Improving older adults' health and wellbeing

Summary (from the Health & Wellbeing Strategy)

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

If we get this right we hope to see the following outcomes:

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

What has been done?

The Board agreed an action plan linked to the identified outcomes.

The implementation of this action plan is being led by the NW Surrey CCG and Surrey County Council.

In June 2015 the Board meeting it was agreed that this action plan is due a refresh and progress will be presented to the Board in September 2015.

Highlights of the progress that has been made?

- ➢ £71.4m of existing health and social care budgets have been pooled to make it easier to get the right care and support, known as the Better Care Fund.
- ➢ NE Hampshire and Farnham CCG was chosen as one of 29 NHS vanguard sites for the New Models of Care Programme, supporting the improvement and integration of health services.
- ➢ The Dementia Friendly Surrey campaign launched (see case study)

Link to the more detailed, latest update[11].

Case study – what has the Board done better together?

The Dementia Friendly Surrey campaign began as a partnership between the County Council and Clinical Commissioning Groups (CCGs), and supports communities to work towards a more dementia-friendly future.

It does this in a number of different ways, including:

- ➢ 125 Dementia Friendly Champions including Councillors, Surrey Fire and Rescue Service, Surrey Library service, Trading Standards, care homes, district and borough councils, dental practices, small businesses.
- ➢ A recognition symbol has been developed for those businesses and organisations wishing to identify themselves as dementia-friendly.
- ➢ 14 projects across Surrey were awarded up to £5000 each to deliver dementia-friendly projects as part of the Innovation Fund.
- ➢ The campaign was launched in September 2013 using a variety of mediums to reach people, including: magazine advertorials; social media; local radio; bus and train panel advertising; local events; and distribution of over 70,000 myth busting flyers to key public places such as libraries and GP practices.

Dementia Friendly Surrey

Page 116

[11] http://mycouncil.surreycc.gov.uk/ieListDocuments.aspx?CId=328&MId=3602&Ver=4

<table>
<tr><th colspan="3">Safeguarding the population</th></tr>
<tr>
<td>Summary (from the Health & Wellbeing Strategy)

Living a life that is free from harm and abuse is a fundamental right of every person and everyone has a responsibility for safeguarding children and adults. Any individual can be hurt, put at risk of harm or abuse regardless of their age, gender, religion or ethnicity. When abuse does take place, it needs to be dealt with swiftly, effectively and in ways that are proportionate to the issues, with the individual's views at the heart of the process.
Protecting this right means that people can grow up and live safely, and live a life that makes the most of their opportunities.</td>
<td>What has been done?

This priority is implemented differently to the other four priorities of the Health and Wellbeing Strategy. There are three distinct areas of focus:
➢ Children
➢ Adults
➢ Domestic Abuse

These are the responsibility of separate boards:
➢ The Surrey Safeguarding Adults Board
➢ The Surrey Safeguarding Children Board
➢ The Community and Public Safety Board

The Surrey Health and Wellbeing Board supports the delivery of the work programmes of each board and they present their annual reports to the Board annually.</td>
<td rowspan="2">Case study – what has the Board done better together?

A workshop was held in May 2014 to highlight some of the key areas where the Health and Wellbeing Board could support the SSAB and SSCB.

Areas identified were domestic abuse and GP attendance at Child Protection conferences. A number of actions were agreed that will see improvements being made in information sharing, and the early identification of children and adults at risk of experiencing domestic abuse.

In order to support better GP attendance, the CCGs have worked with Children's Services and the number of reports provided for Child Protection conferences rose to 48% from 20% in 2012/13.

The impact of the work with the CCGs and Public Health has also seen a significant increase in the attendance and engagement by the School Nursing Service at Child Protection conferences.</td>
</tr>
<tr>
<td>If we get this right we hope to see the following outcomes:
✓ People (people means all people - children and adults) whose circumstances make them vulnerable will be safeguarded and protected from avoidable harm
✓ People will receive care in hospital that always promotes their health and wellbeing
✓ People who use services will feel safe
✓ Fewer people will experience domestic abuse and repeat incidents of domestic abuse.</td>
<td>Highlights of the progress that has been made?

➢ The Health and Wellbeing Board has an agreed working protocol with both the Surrey Safeguarding Children Board and the Surrey Safeguarding Adults Board.

Link to the more detailed, latest update[12].</td>
</tr>
</table>

[12] http://mycouncil.surreycc.gov.uk/ieListDocuments.aspx?CId=328&MId=3600&Ver=4

This page is intentionally left blank

NHS
Guildford and Waverley
Clinical Commissioning Group

SURREY
COUNTY COUNCIL

Wellbeing and Health Scrutiny Board
16 September 2015

Joint Commissioning of Speech and Language Therapy Services for Children and Young People in Surrey

Purpose of the report: The purpose of the report is to provide an update on the Speech and Language Therapy Commissioning Strategy and the new service delivery model.

Introduction:

1. Research into the prevalence of children and young people who have speech, language and communication needs (SLCN) suggests:

a) 10% of children and young people have speech, language and communication needs (SLCN)
b) 5-7% of children and young people have specific speech and language difficulties
c) More than 50% of children have poor language skills on school entry in some areas of the UK – including areas of Surrey.
d) Poor speech, language and communication skills have a detrimental impact on literacy development, overall academic achievement, social relationships and personal skills, self esteem and confidence, emotional regulation and behavior, employability and life chances. Research indicates that up to a third of children with untreated SLCN will develop subsequent mental health issues.

In 2103/14 Surrey's Health and Wellbeing Board identified a priority to improve access to paediatric therapies, including the Speech and Language Therapy Service. Feedback from stakeholders and service users identified key issues in the system that needed to be addressed:

- lack of resource and shortage of trained therapists;
- long waiting times and delays in planned treatment when therapist goes on leave or maternity leave;
- need for more speech and language therapists to deliver therapy to all children who need it;
- poor 'transition arrangements from early years to school; and
- poor communication between key partners.

Commissioning Intentions and Responsibilities:

2. Commissioning Intentions:

The following commissioning intentions describe how we aim to develop a more joined up child centred approach to commissioning. Our intentions for collaborative commissioning are:

a) Putting children and families at the centre of the service to ensure best outcomes for children and young people are achieved
b) A shared understanding of what a Speech and Language Therapy Service spanning 0-25 years should look like in Surrey in line with the Children and Families Act 2014
c) A shared understanding of the need to support early intervention, diagnosis and prevention escalation of negative behaviours or avoidable impact on learning
d) Agreement and transparency of commissioning responsibilities, providing clarity for providers and service users over who commissions different areas of the Speech and Language Therapy Service
e) To ensure that families and other key partners have a clear understanding of commissioning arrangements
f) To empower families to have greater control than they had previously with traditional models of commissioning this service
g) Make effective use of resources across the system
h) Shared responsibility in up skilling the wider workforce, including families, early years settings, schools, colleges and other professionals
i) A single, outcome focused and evidence based service delivery model that achieves equity across Surrey
j) Shared monitoring and quality assurance arrangements

3. Commissioning Responsibilities:

Based on the principles of both early intervention and the Children and Families Act 2014 with the associated revised SEN Code of Practice, the strategy proposes that:

a. Surrey County Council becomes responsible for commissioning speech and language therapy for school age children and young people aged 16-25 (with an Education, Health and Care plan) which will enable them to progress in their learning and as they get older to be well prepared for adulthood. Provision will be delivered in an education setting and focused on enabling children and young people to access the curriculum.

b. Surrey Clinical Commissioning Groups (CCGs) are responsible for commissioning services to meet health needs (2006 NHS Act: 2014 Mandate and 2014 NHS Outcomes). The focus of Surrey CCG commissioned services will be on early assessment, diagnosis, intervention and prevention of speech, language and communication needs in Early Years. There will be an emphasis on the early year's population working alongside the council's Early Years team and those with specific clinical, health related issues such as dysphagia. These services could be successfully delivered in a non-educational environment.

c. Early years settings, schools, academies and colleges will be supported to meet the universal and sometimes targeted speech, language and communication needs of children and young people who require support in order to progress with their learning and access the curriculum.

Stakeholder Engagement:

4. A chronology and full details of the range of consultation, collaboration and co-production events can be found in Annexe 1.

Proposed Service Changes:

5. The most significant changes to the service from the perspective of the CCGs is that they will no longer be commissioning speech and language therapy in mainstream, special schools or specialist centres unless medically related. Resources will be redirected Early Years to:

a) Reduce waiting times for assessments and interventions
b) Provide a total of 200 specialist places providing intensive therapy groups. It is anticipated that where possible these groups will be held in children's centres or nursery settings in close collaboration with Surrey County Council Early Years Service.

There will be a single 0-25 year service specification which will ensure and an equitable and consist service across Surrey.

6. The school aged service, which Surrey County Council will be responsible for commissioning will be brought in-house to Surrey County Council's four area education teams to deliver to mainstream schools and funding will be devolved to special schools/specialist centres to commission or provide speech and language therapy directly. Therefore the current contracts which Surrey County Council hold with Virgin Care Services Ltd and Central Surrey Health Ltd to delivery Speech and Language Therapy Services will be terminated.

7. At the same time, Surrey County Council will also be de-commissioning the part of the specialist school nursing service which is delivered to the eight special schools for pupils with severe learning difficulties and savings from this will be re-directed to the new Speech and Language Therapy Service. Therefore the current contracts which Surrey County Council also holds with Virgin Care Services Ltd and Central Surrey Health Ltd to deliver this service will also be terminated. Currently Surrey CCGs also commissions part of the service and will become fully responsible for commissioning a specialist school nursing service from September 2016.

Benefits to Children and Young People and Public Health Impacts:

8.

a) A study by the Audit Commission estimated the cost for a 16 year old of not intervening to support speech, language and other educational and social needs at an early age as £153,687. The cost of providing speech and language support and an educational psychologist from the age of 5 to 15 was £42,243. Thus a saving of £111,444 could be made through early diagnosis and intervention.

b) A survey of employers in Scotland showed that communication was rated high as an essential skill when recruiting staff. With an increased dependence on communication-based jobs, 'diseases of communication' such as hearing, voice, speech and language disorders are considered by some to be the new public health issue. SLCN is viewed as a major health concern for the 21st century because untreated; it adversely affects the economic well-being of a communication age.

9. Implementation of the new Surrey Speech and Language Therapy Service will ensure:

a) All children and young people in Surrey access the right support at the right time to meet their needs
b) Everyone knows what therapy support is available and how to access it
c) Families and professionals work together to help and support a child to achieve their agreed outcomes and are equipped with the right skills and resources to help children achieve their agreed outcomes
d) Therapy provision is focused on helping children and young people achieve realistic and achievable outcomes that will help them to achieve their life-time aspirations

Recommendations:

10. a) The Wellbeing and Health Scrutiny Board agree that there has been full engagement and consultation with stakeholders regarding the joint commissioning strategy.

b) The Wellbeing and Health Scrutiny Board endorses the new service model.

Next steps:

11. a) Service specification is finalised

b) Early years and schools costing model and staff resourcing structure agreed

c) Service implemented September 2016

Report contact:

Anne Breaks, Head of Children's Commissioning (community), NHS Guildford and Waverley Clinical Commissioning Group

Zarah Lowe, Provision and Partnership Development Manager, Surrey County Council. tel 01483 519393

Sources/background papers:

Cost to the Nation of Children's Poor Communication - ICAN
Joint Commissioning Strategy for Speech and Language Therapy for Children and Young People - Cabinet Paper (26/5/15)
26 January 2015 – Children and Education Select Committee
26 May 2015 - Cabinet
Annex 1

Annexe 1

Stakeholder Involvement

- Rapid Improvement Event held in July 2013. This was jointly sponsored by Surrey County Council and health commissioners. Participants comprised families, schools areas teams, health providers and commissioners.
- Speech, language and communication needs analysis completed in January 2013, which included questionnaires sent to families and professionals
- A therapy forum set up in February 2014 with representation from families, schools, early years
- August- October 2014: 23 parents attending parent empowerment workshops for children who had been referred to speech and language therapy were consulted informally by the commissioner about their experiences of the service. In line with proposed new commissioning responsibilities the focus of the provision commissioned by Clinical Commissioning Groups (CCGs) will be on pre-school children.

- October2014-January 2015: The proposed joint commissioning strategy was presented to the Surrey CCGs Children's Collaborative and agreed by all six Surrey CCGs
- An engagement event and consultation held in January 2015 to gain feedback on the draft joint commissioning strategy
- Four co-design events were held to seek views from families, schools, therapists and other professionals on what a new speech and language therapy service should look like in Surrey. The events were jointly organised by Surrey CCGs and Surrey County Council. More than 150 participants attended the four events to share their ideas and each event was fully booked out
- More in-depth phone interviews with 3 families to gain a clearer understanding of what 'family friendly' services meant to them.
- A business model group was set up in January 2015, focusing on the council commissioned part of the service. The working group has representation from schools, families, finance, area teams and procurement and has the remit of agreeing a financial business model for Surrey County Council that supports the proposed joint commissioning strategy for the Speech and Language Therapy Service in Surrey
- A family focus group is in the process of being established to help ensure the new service specification meets the needs of families.
- The full set of proposals was agreed at the full Cabinet meeting on 26th May 2015.

This page is intentionally left blank

Wellbeing and Health Scrutiny Board
16 September 2015

Recommendations Tracker and Forward Work Programme

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

The Board 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 Board is asked to review progress on the items listed.

2. The Work Programme for 2015/16 is attached at **Annex 2.** The Board is asked to note its contents and make any relevant comments.

Recommendations:

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

Report contact: Ross Pike, Scrutiny Officer, Democratic Services

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

Sources/background papers: None

This page is intentionally left blank

ANNEX 1

WELLBEING AND HEALTH SCRUTINY BOARD
ACTIONS AND RECOMMENDATIONS TRACKER – UPDATED JUNE 2015

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.

Scrutiny Board Actions & Recommendations

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*
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 MRG	Karen Randolph is part of the Patient Advisory Group working on this project.	*September 2015*
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 reconfigured CAMHS.	Medical Director, SABP	This has been provided to the Board.	*July 2015*

Number	Item	Recommendations/ Actions	Responsible Member (officer)	Comments	Due completion date
SCO68	Better Care Fund Locality Hubs	That the Committee reviews the financial and quality outcomes of the three locality hubs throughout 2015 and 2016. 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.	Head of Communications and Engagement, NW Surrey CCG		*2016*
SCO69	A&E Winter Pressures [15/15]	The Committee recommends that it receives a further update in September from the partners in this system on the steps taken in the wake of 2014/15 to minimise the need to declare 'Major Incident' status and reinforce resilience in the north west of Surrey. The Committee recommends that it contact the health and social care leaders in the rest of the county to highlight any potential risks for the 2015/16.	ASPH and NW Surrey Chief Executives Scrutiny Officer	Scheduled	*September 2015*
SCO70	The Healthy Child Programme in Surrey including Health Visiting and School Nurses [16/15]	The Committee requests that Public Health share information collected by the present commissioner – NHS England – on the current performance of Health Visiting in Surrey; and The Committee recommends that it receive a further report from Public Health on performance, benchmark data and Surrey specific targets in 2014/15 in this	Public Health Principal	Circulated Scheduled	*Complete* *November 2015*

Number	Item	Recommendations/ Actions	Responsible Member (officer)	Comments	Due completion date
		area and the commissioning plans for the complete 0-19 service at its November meeting.			
SCO71	Epsom and St. Helier University Hospitals NHS Trust [6/15]	1. The Board supports the Trust's investigation into future estate strategy and recommends that it emphasises the improvements it can make to its services and its wider contribution to the management of the total health system finances and; 2. That the Board is involved as part of future public engagement on this issue.	ESTH Chief Executive		

This page is intentionally left blank

Wellbeing and Health Scrutiny Board Work Programme 2014-2015 **ANNEX 2**

Date	Item	Why is this a Scrutiny Item?	Contact Officer	Additional Comments
September 2015				
16 Sep	Surrey Downs CCG: Community Hospital Review	Scrutiny of Services – the Board 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	
16 Sep	Joint Commissioning Strategy: Speech and Language Therapy	Policy Development – the council and Guildford and Waverley CCG have developed a new strategy for providing speech and language therapy in Surrey. The Board will review the proposed service specification.	Zarah Lowe, Provision and Partnership Development Manager (SEN)	
16 Sep	Surrey Health and Wellbeing Board Update Report	Scrutiny of Services – an update has been requested on the progress on existing priorities and its future work from the new Cabinet Member for Health and Wellbeing.	Helyn Clack, Cabinet Member for Health and Wellbeing Liz Lawn, Clinical Chair – NW Surrey CCG	
16 Sep	Ashford and St Peter's Hospitals Foundation Trust update on A&E resilience	Scrutiny of Services – following a report in March from the health system in north west Surrey the Board will receive a progress from the leaders.	Julia Ross - Chief Executive, NW Surrey CCG and Suzanne Rankin - Chief Executive ASPH	
November 2015				
12 Nov	Children's Mental	Scrutiny of Services – the Board will consider the current performance of	Ian Banner,	

Wellbeing and Health Scrutiny Board Work Programme 2014-2015 **ANNEX 2**

Date	Item	Why is this a Scrutiny Item?	Contact Officer	Additional Comments
	Health	the Child and Adolescent Mental Health Service in Surrey, the plans for its future and the transformation of children's mental health more broadly	Children's Commissioning Sarah Parker, Guildford and Waverley CCG	
12 Nov	Access to Primary Care	Scrutiny of Services – Following the investigation of the Board's GP Access Task Group Commissioners will be asked to discuss with the Board how the situation can be improved in the future.	NHS England, CCG and GP representatives	

Task and Working Groups

Better Care Fund (Joint with Adult Social Care)	Bill Chapman, Tina Mountain, *Vacancy*	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
CCG Reference Groups	All Members	To liaise with CCGs and monitor activity and plans across the county, and provide patient and public voice where appropriate.	As appropriate