

Notice of Meeting

Wellbeing and Health Scrutiny Board



Date & time
Thursday, 7 January
2016 at 10.30 am

There will be a
private meeting of
the Board at
09:30am

Place
Council Chamber,
County Hall,
Kingston-upon-
Thames, KT1 2DN

Contact
Ross Pike or Lucy Collier
Room 122, County Hall
Tel 020 8541 7368 or 020
8541 8051

Chief Executive
David McNulty

ross.pike@surreycc.gov.uk or
lucy.collier@surreycc.gov.uk



We're on Twitter:
@SCCdemocracy

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This meeting will be held in public. If you would like to attend and you have any special requirements, please contact Ross Pike or Lucy Collier on 020 8541 7368 or 020 8541 8051.

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:

District Councillor Lucy Botting (SCC), 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: 12 NOVEMBER 2016

(Pages 1
- 14)

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

3 DECLARATIONS OF INTEREST

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

Notes:

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

4 QUESTIONS AND PETITIONS

To receive any questions or petitions.

Notes:

1. The deadline for Member's questions is 12.00pm four working days before the meeting (**31 December 2015**).
2. The deadline for public questions is seven days before the meeting (**31 December 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 CHILDREN'S MENTAL HEALTH

(Pages
15 - 94)

Purpose of the report: Scrutiny of Services/Policy Development

The Council and CCG's reports provide an update on Targeted and Specialist Child & Adolescent Mental Health Services (CAMHS) and the future direction and developments of CAMHS in Surrey.

NHS England provides an overview of their roles and responsibilities in the provision of Specialised Tier 4 Children and Adolescent Mental Health

Services (CAMHS) as part of the overall pathway of care for young people.

7 BETTER CARE FUND ENABLER PROJECTS (Pages 95 - 106)

Purpose of the report: Scrutiny of Services and Performance Management

This paper sets out the current position for the Better Care Fund enabler projects and their progress to date.

8 SOUTH EAST COAST AMBULANCE TRUST UPDATE (Pages 107 - 124)

Purpose of the report: Scrutiny of Services

The Board will consider the response of the Trust to NHS England recommendations resulting from a project carried out to re-triage 111 calls in 2014 and the current response to winter pressures.

9 RECOMMENDATIONS TRACKER AND FORWARD WORK PROGRAMME (Pages 125 - 134)

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

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

10 DATE OF NEXT MEETING

The next meeting of the Board will be held at 10.30 am on 16 March 2016.

David McNulty
Chief Executive

Published: Wednesday, 30 December 2015

MOBILE TECHNOLOGY AND FILMING – ACCEPTABLE USE

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MINUTES of the meeting of the **WELLBEING AND HEALTH SCRUTINY BOARD** held at 10.30 am on 12 November 2015 at Ashcombe, County Hall, Kingston upon Thames, KT1 2DN.

These minutes are subject to confirmation by the Committee at its meeting on Thursday, 7 January 2016.

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
- * District Councillor Lucy Botting
- * Borough Councillor Karen Randolph
- * Borough Councillor Mrs Rachel Turner

Ex officio Members:

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

21 APOLOGIES FOR ABSENCE AND SUBSTITUTIONS [Item 1]

Apologies were received from Bill Barker and Graham Ellwood

22 MINUTES OF THE PREVIOUS MEETING: 16 SEPTEMBER 2015 [Item 2]

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

23 DECLARATIONS OF INTEREST [Item 3]

None received

24 QUESTIONS AND PETITIONS [Item 4]

Question received from Bess Harding MBE, on 28 October 2015

The Board agreed to take this question under item 7

NHS response at annexe 1

Question received from Mrs Helena Windsor on 6 November 2015

Awaiting response

Question attached at annexe 2

25 CHAIRMAN'S ORAL REPORT [Item 5]

Management Problems at South East Coast Ambulance Service (SECAMB)

The Chief Executive of South East Coast Ambulance Service NHS Foundation Trust has admitted that, during last winter's period of heavy load, the Trust introduced additional delays to the dispatch of help to some categories of call. It is understood that this fact came to light through the action of a whistle-blower.

The CEO has accepted the findings of an investigation by Monitor and has begun to implement changes that Monitor requires.

I will be inviting the CEO of SECAMB to 7 January 16 meeting of this Board to explain matters, and on 18 January I will be meeting Chairmen of other HOSCs in the South East to compare impressions.

Patient Transport Service

The re-commissioning of this non-urgent service is in its Prequalification Questionnaire stage with Invitations to Tender and responses to take place between January and March 2016.

October Newsletter

We published our first Wellbeing and Health Scrutiny Board Newsletter in October. Please provide any feedback or suggestions to Ross or me.

Since our last meeting I have attended the Annual General Meetings of Surrey Heath CCG, NE Hants & Farnham CCG and Surrey and Sussex Hospital. All three achieved excellent involvement for the many members of the public who attended.

Children and Adolescent Mental Health Service (CAMHS)

Margaret Hicks and I received a briefing on the joint work by the County Council and the CCGs to re-commission the CAMH Service. The documentation will be released in mid-November. The subject will be brought to this Board at our 7 January meeting.

Mental Health Crisis Concordat

I represented the Wellbeing and Health Scrutiny Board at the most recent meeting of the Social Care Services Board at which the Agenda include an update on 'Mental Health Concordat and Mental Health Code of Practice'. The main points that I took from Item were:

- The Safe Haven Café in Aldershot is credited with reducing by 30% the number of people in crises attending A&E. Each Surrey CCG is introducing its own safe Haven Café.
- Mental Health staff are providing a 7 night support service to Surrey Police. In a single year Surrey Police and Surrey and Border Partnership Trust (SABP) have reduced the number of people in crises that are held Police custody by a factor of 3 down to 6%
- A plan has been agreed to develop an integrated communication and pathway between 111 and SABP, known as the 'single point of contact'
- An out-of-hours assessment and respite service for young people in mental health crises is planned.

Musculoskeletal (MSK) Services in North West Surrey

North West Surrey CCG had intended to re-commission its MSK Services from a single supplier in order to facilitate improvement to the patients' pathway. A suitable supplier did not step forward and so that line has been abandoned for the time being at least.

Re-commissioning of Community Services

The 6 Surrey CCGs and Surrey County Council have begun re-commissioning of Community Services with some new contracts expected to come into operation in April 2017.

Review of Personal Medical Services (PMS) Contracts

Today, under Item 6 at Section 2.2.1 we will be hearing about work being undertaken by NHS England to review the PMS Contracts of GPs across Surrey. NHS England have written to me to state that they will write again in January to report on their analysis. At that point we can decide whether we need to schedule any item in the March or May Board Meetings.

Air Pollution

Members may recall that the 2013/14 Annual Report by the Surrey Director of Public Health, Helen Atkinson, made the point that, across England, air pollution is second only to smoking as a contributor to ill-health. Road traffic is a major contributor to air pollution in Surrey, especially in the more urban areas.

There is evidence that fuel consumption and the generation of air pollution is highest during vehicle acceleration and increases with vehicle speed. The instantaneous fuel consumption meters fitted in many vehicles readily show that. The Highways Agency has recognised this evidence when planning how to limit air pollution from the managed motorway (SMART) being developed on the M3.

I believe that there is more to be done to limit air pollution on our Surrey roads, in particular by setting appropriate speed limits and in the design of road alterations.

Licensing of the Sale of Alcohol

The Surrey Director of Public Health's Report pointed to excessive alcohol consumption as the third most significant determinant of ill-health. The Public Health Prevention Plans address this point and Members will have noted that the advice to limit alcohol consumption is being put across in GP's surgeries, Hospitals, Pharmacies and generally across the media.

Educated individual personal choice will get the best results. However, there may be a role for the Borough and Districts' Licensing function. Health professionals have held the view that some help could be forthcoming from Licensing Committees and Public Health is now one of the authorities that must be consulted on any application for the sale of alcohol.

Unfortunately, in my view, this is not a realistic expectation under the current Licensing Law in England (Licensing Act 2003). This Law is based on a presumption to grant a Licence unless certain Licensing Objectives are not satisfied, but these Objectives do not include anything to do with health. The Scottish Parliament has added a 5th Licensing Objective: 'Protecting and Improving Public Health'. It would seem to be worthwhile to examine what has been the experience in Scotland with their tighter alcohol Licensing Laws

26 ACCESS TO PRIMARY CARE [Item 6]

Declarations of interest:

None

Witnesses:

Dr David Eyre-Brooke, Clinical Chair, NHS Guildford & Waverley CCG

Dr Claire Fuller, Acting Clinical Chief Officer, NHS Surrey Downs CCG

Rose Hopkins, Head of Primary Care, NHS Surrey Heath CCG

Matthew Parris, Engagement and Insight Manager, Health watch Surrey

Key points raised during the discussion:

1. The Clinical Chair of Guildford & Waverley CCG stated the main issues related to access to primary care in Surrey. Principally, caring for the frail/ elderly was said to be one of the main financial costs as patients were getting older and had higher expectations. The Board queried the likelihood of NHS England recruiting 5,000 new GPs they were advised the probability of achieving this was quite low. Surrey's recruitment problem was deemed to be less severe than elsewhere in the country allowing the NHS to learn from others experiences. Instead, the challenge was to offer services in a new way for example, urgent care was being integrated across hospitals and general practices.
2. The Head of Primary Care informed the Board that general practices in Surrey Heath had extended opening hours to 8am-8pm to increase GP appointment availability. This would reduce the number of patients going straight to A&E. Patients would be able to call up on the day and make an appointment for the same day. Surgeries will stay closed on weekend and patients

will be urged to use the out of hour's system. It was expressed that by working together, practices could control wasted appointments.

3. It was highlighted by the Board that communication is a key aspect of making the system work to its best ability. There was agreement that the public could be better informed of the extended surgery opening hours and accessible walk-in centres. It was noted that the main funding was also spent on extendable hours being applied to Nurses and Health care assistants, as well as GPs. The Board were given the example in this area of the Community Assessment and Diagnostics Unit on the Epsom Hospital site which had received good feedback from patients had prompted a meeting with the local press to publicise the services more broadly across the Mole Valley district.
4. It was reported that Healthwatch Surrey's understanding of current patient experience of general practice is one of deterioration and as a result partners should work together to manage expectations and agree a clear understanding on access. It was stated that GP practices were responsible for managing appointments in a way which suits patient's needs. Healthwatch Surrey in the future will increase project work by prioritising work and expectations. It was agreed by the Board that communication is vital when looking at ways to strengthen GP services in Surrey.
5. The Board asked what could be done by CCGs, by working together with the NHS and general practices to create a new model sharing practices in federations and by developing the NHS workforce. The Board were advised that the traditional list system and consistent personal contact can be diluted by a more federated system but for G&W CCG this was a tolerable change. CCGs do have levers they can use to influence primary care in Surrey for example, they can encourage federation and the new capital funding available for practices required CCG sanction to approve plans.
6. Further to these points, the numbers of doctors in hospitals have been increasing while the numbers of GPs have been declining so there is a role for the Royal Colleges in addressing this. CCGs are working with Health Education England to develop a Community Geriatrician role – merging GP and Geriatrician roles. The Board asked about an increase role for Pharmacists in the future and were advised that there is a national surplus of Pharmacists with the Government supporting moves into General Practice beginning in areas of highest need first.

7. The Board asked about the lack of equality in funding in different practices in Surrey. The Acting Clinical Chief Officer stated that she was very well aware of the inadequate funding of different practices and were currently coming up with ways to solve this issue, including integration of two practices. The CCG leaders discussed the limitation of the Carr-Hill resource allocation formula which is based on deprivation. For example, Surrey Downs CCG is the second most affluent area in England so their funding is affected despite an elderly population and high prevalence of learning disabilities. However, caution was added when it was suggested this was raised with NHS England as it would be a tough sell for Surrey CCGs when their situation was compared with an area of high deprivation such as NHS Tower Hamlets.

Recommendations:

- The Board recognises the need for effective communications with patients and the public and recommends that the Surrey Health and Wellbeing Board works with the NHS England Communications Team to explore publicity relating to expectation of delivery of primary care services.
- The Scrutiny Board will schedule further scrutiny on new models of local delivery of primary care.

27 NORTH EAST HAMPSHIRE AND FARNHAM CCG COMMUNITY BED REVIEW [Item 7]

Declarations of interest:

None

Witnesses:

Charlotte Keeble, Associate Director of Integrated and Urgent Care, NHS North East Hampshire and Farnham CCG

Key Points raised during the discussions:

1. The Board were advised that this project forms part of the CCG's Vanguard programme which aims to reduce the number of people who are admitted to hospital. The main aim for the community bed review was said to be to ensure improvements of people's experiences and to make sure the use of beds and facilities was meeting local needs.
2. The Board inquired about the scale of the review and the development of future options. They were advised the project

was about admission avoidance – who could be cared for at a lower level. The CCG reviewed anonymised patient notes. There were flexible timescales attached to the project due to complexity and engagement has been extensive including working with the Wessex Clinical Senate.

3. A number of issues were identified by the review including the scale of the community portion of the health system and understanding the impact these services have on acute activity. The CCG had to deal with complex geography with different access criteria operating under different providers in different areas of the patch. For example, Farnham Hospital is a shared resource across neighbouring CCGs so there is a difficulty in controlling patient flows. Community bed stock needs to be seen alongside Integrated Care Teams – Frimley Outreach and Southern Health are merging services to transform Out of Hospital Care – to reduce admissions.
4. The Board inquired about the use of 'step down beds' - patients who are discharged from acute hospitals for specialist help or care - and whether this was hampered by delayed transfers of care. The Associate Director of Integrated and Urgent Care advised that this was not necessarily the case and that step down care did not always mean community beds and advised that Farnham hospital was underutilised as patients are inclined to travel longer distances to use their local services.
5. The Board were informed that Farnham Community Hospital had opened another ward for the overflow of winter with 22 new beds. A strict criterion had been introduced for patients admitted onto this ward (14-17 days use for those reablement) but these were closed at the end of March 2015 and were now under evaluation and engagement with the community and partners would continue over upcoming months to consider further options.
6. The Associate Director of Integrated and Urgent Care commented that local health and social care services would make the most impact, following this report and the development of new options, by giving people the right care at the right place.

Recommendations:

The Board welcomed the Vanguard work on community beds and the simplifying/standardising the pathways across geographies and providers.

The Board requested an update in the second quarter of 2016 in order to help publicise the results across Surrey and an update on the

broader Primary and Acute Care System (PACS) Vanguard programme.

28 SURREY STROKE SERVICES REVIEW UPDATE [Item 8]

Declarations of interest:

None

Witnesses:

Dr Claire Fuller, Acting Clinical Chief Officer, Surrey Downs CCG

Suzi Shettle, Head of Communications and Engagement, Surrey Downs CCG

Key points raised during the discussion:

1. A public question was received by Bess Harding (see item 4) about funding for consultants at Epsom General Hospital complementing the work done by the community to raise funds for equipment. The Acting Clinical Chief Officer answered the question by stating that the management for the stroke unit has improved and that they are recruiting a specialist stroke doctor to deal with the shortage issue. It was explained that this review aims to improve outcomes for Epsom and Surrey patients as a whole; it is not about individual services.
2. Witnesses felt that there was misinformation about treating stroke; in that it is not simply about the number of consultants there are, there is challenge because of a regional shortage of Speech and Language Therapists. Work to re-shape geriatrician roles may help but Health Education England have a role to play to improve quality, improve attractiveness and retain staff in this area.
3. The Clinical Chair also explained that strokes are more common among people with an irregular heart beat and that identifying this condition (known as Atrial Fibrillation) is important to help prevent strokes. It was stated that 70% of Atrial Fibrillation (AF) strokes are preventable, if all cases of AF were identified and all patients correctly treated with anticoagulation. National campaigns such as 'FAST' have helped to raise awareness about the signs of stroke and what to do if someone witnesses someone having a stroke. The Board queried whether there

should be a Surrey wide campaign for stroke recognition and the precursor to a stroke: Transient Ischaemic Attacks (TIA).

4. There was an overall agreement with the Board that stroke services were not acceptable, as it was stated that if you had a stroke in Surrey you are more likely to die than if you had a stroke and were living in London. It was decided by the Board that a more creative solution needs to be thought of to increase standards within Surrey hospitals by allowing everybody to access the right care.
5. The Board was advised that the Commissioners do not want to replicate London's models but they do want to achieve their outcomes. This would require hyper specialist acute units in Surrey with the whole pathway under consideration – community provision; discharge capacity needs to improve especially in the east of the county around SASH.
6. The Board was concerned by the lack of access to Stoke Units in Surrey and what the workforce challenges were. They inquired when they will start to see progress and were informed that there will be a sustainable solution for Surrey, including Epsom, with six potential new consultants and recruitment opportunities for speech and language therapists.
7. A question was asked regarding the data presented to the Board including differences between Epsom & St Helier hospitals and other Hospitals in Surrey, declining outcomes at Frimley Health as the Trust now includes the previously challenged hospitals of Heatherwood and Wexham Park. Additionally, Members felt that comparison of Epsom and SASH required further investigation. They also asked whether mortality rates cross-referenced with those held by the Coroner. The Acting Clinical Chief Officer agreed to provide further information on these points outside the meeting.
8. The Commissioners were working hard to pin down the outcomes they want to get from the system of providers. Three units across five acutes were proposed. This model was checked by the Clinical Senate and in the East Surrey and Epsom cases – data showed that a system response was required to improve outcomes. Furthermore, Capgemini modelled all the options and found that even two out of five would be enough for Surrey but three units offers capacity.

Recommendations:

The Board thanks the witnesses and requests a further update on the delivery of the proposed service specification at its May 2016 meeting.

**29 RECOMMENDATIONS TRACKER AND FORWARD WORK PROGRAMME
[Item 9]**

Key points raised during the discussion

None

30 DATE OF NEXT MEETING [Item 10]

The Board noted its next meeting will be held at 10.30 am on Thursday 7 January 2016.

Meeting ended at 12.55 pm.

Chairman

PUBLIC QUESTION RECEIVED BY THE WELLBEING AND HEALTH SCRUTINY BOARD

Question received from Bess Harding, on 28 October 2015

Will we have an acute stroke unit at Epsom, what is the plan if we don't? Epsom also has a good rehab unit it is quiet and nurses answer bells quickly.

The alternative is a journey of 45 minutes to East Surrey Hospital. Ambulances and crews cost money – return journey will probably be 3 hours. Ambulances will be returning stroke patients within 72 hours to their home hospital – may not be acute ambulance but it still costs money. Families who do not have transport will be faced with 2 hour bus journeys in each direction. Taxis are £30 each way minimum. How many people can afford that for 3 or more days?

Why can't this money be used to employ 1.5 or even 2 more extra consultants at Epsom and then it would comply with consultant ward rounds at weekends?

Answer received from North West Surrey CCG

On behalf of the Surrey Stroke Review:

The purpose of the Surrey Stroke Review is to see how we can make sure Surrey residents have access to the very best services for stroke, at all stages of their care, so anyone suffering a stroke has the best possible chances of recovery.

At the moment, no decisions about future services have been made and this includes any decisions about the level of stroke services that might be provided in the future at Epsom Hospital. We recognise the concerns expressed by local people about hospital services, particularly around accessibility, and these points are being fed back into the review.

Clinical evidence clearly demonstrates that having access to the most specialist hospital services immediately after a stroke gives people the best possible chances of recovery and helps to reduce the devastating consequences of stroke. We need to make sure people across Surrey, no matter where they live, have access to this specialist care when they need it. However, Surrey doesn't have a big enough population or enough specialist professionals and equipment to have this at every hospital. Even with unlimited funding there aren't enough specialist stroke clinicians available to do this.

Over the next few months we will be working with health service providers - including colleagues from Epsom - to plan the best ways to

improve outcomes, address the feedback we have heard during our engagement with national and local experts and the public, and to develop proposals. At the same time a compilation of all the feedback received as part of the review will be released to help guide planning. This ensures that clinicians and local people's views continue to drive service planning in Surrey. Transport, accessibility, local people's feedback, clinical evidence and workforce issues will all be key parts of the evidence that health systems, including Epsom, are asked to consider.

**Member Question to Wellbeing and Health Scrutiny Board – 12
November 2015**

Received from Mrs Helena Windsor

Child Safeguarding

In October 2015 Surrey parents, Karissa Cox and Richard Carter were cleared of child abuse as the observations that had led medical staff to suspect abuse were shown to be due to a genetic blood clotting disorder and infantile rickets. This process took three years, during which time the child was placed for adoption.

It is acknowledged that medical staff face difficult decisions when paediatric patients present with injuries or symptoms which could indicate abuse and must be supported in taking the appropriate precautions. However, it should be noted that, firstly - this should not distract staff from following through with medical investigations as, where there is a medical condition, delayed diagnosis means delayed treatment and, secondly, there should also be a duty of care to innocent parents, who will already be facing the distress of a sick, injured or dead child.

What protocols have Royal Surrey County Hospital and our other hospitals put in place to ensure that, when a child presents with symptoms that may be indicative of abuse, the relevant diagnostic tests for medical conditions which may present with similar symptoms are carried out promptly?

Response

Requested, to be tabled at a future meeting

Chairman – Wellbeing and Health Scrutiny Board

Wellbeing and Health Scrutiny Board
12 November 2015

Surrey Child & Adolescent Mental Health Services

Purpose of the report: The purpose of this report is to provide an update on Specialist Child & Adolescent Mental Health Services (CAMHS) and the future direction and developments of CAMHS in Surrey.

Introduction

1. The national strategy 'No Health without Mental Health' (2011) has taken the definition of mental health in its broadest sense, encompassing wellbeing. Emotional wellbeing and Mental Health is one of the five Surrey Health and Wellbeing Board priorities, with the outcome that all children and young people are emotionally and mentally healthy and resilient. It is estimated that 10,600 5-15 year olds (7% of Surrey population) have a mental health disorder.
2. NHS Guildford & Waverley Clinical Commissioning Group (CCG) on behalf of the NHS Surrey Collaborative commission Surrey and Borders Partnership (SaBP) NHS Foundation Trust to provide specialist CAMH services. These commissioned services are Community CAMHS; Eating Disorder service; Children and young people Learning Disability Service and the Mindful Service (annexe one details of universal, targeted and specialist CAMH Services).
3. Over the last 16 months NHS Guildford & Waverley CCG has led the Surrey CAMHS Procurement Programme on behalf of the Surrey CCGs and Surrey County Council. This commenced with both 'GP as commissioners' and wider stakeholder engagement events which identified key areas of improvement including improvements which would require further investment. This enabled us to co-design new service specifications and develop more robust performance monitoring frameworks (activity and outcome reporting). The tender of both targeted and specialist CAMHS were undertaken via a single joint procurement during July 2015 – September 2015.
4. In March 2015 NHS England published '*Our Future in Mind - promoting, protecting and improving our children and young people's*

mental health and wellbeing'. To support local implementation over the next five years (March 2020) Surrey CCGs have been allocated £2.3m each year. This additional investment will not only provide parity of esteem by enabling greater access and standards for CAMHS services to deliver against. There will be greater system co-ordination and significant improvements in meeting the mental health needs of children and young people from vulnerable backgrounds.

Commissioning Intentions and CAMHS Procurement Programme

5. The Children and Young People's Emotional Wellbeing and Mental Health Commissioning strategy (annexe two) has been developed by NHS Guildford and Waverley CCG (the host commissioner for emotional wellbeing and mental health for the Surrey CCG Collaborative) and Surrey County Council.
6. The strategy outlines the shared vision, commissioning objectives and intentions across the CCGs and Surrey County Council during 2013 - 2017. This strategy is designed to ensure that all partners remain focused on commissioning services that deliver the best possible emotional wellbeing and mental health outcomes for children and young people. The commissioning strategy supports the delivery of both the Children and Young People's strategy 2012 -2017 and the CCGs' commissioning intentions:
 - Recommissioning mental health community services, that build resilience and equip children and young people with the necessary skills to maintain positive mental health and emotional wellbeing;
 - Shaping our emotional wellbeing and mental health provider market;
 - Ensuring safeguarding requirements and clinical excellence are maintained and
 - Ensuring contract and procurement compliance in line with Council and NHS Clinical Commissioning Group requirements
7. The vision from our Joint Emotional Wellbeing and Mental Health Commissioning Strategy states: *"we will promote and support good mental health and emotional wellbeing by commissioning quality child centred services that are compassionate, responsive, timely, needs-led, respectful and effective, and provide good value for money in order to meet the needs of all children and young people."*
8. NHS Guildford and Waverley CCG led a public engagement between 30 July and 14 October 2014, in collaboration all Surrey CCGs and Surrey County Council. The purpose of engagement was to understand from stakeholders perceived unmet needs and priorities for the future. A combination of online surveys and local and county wide engagement events were held. In total 428 stakeholders responded to the surveys and 117 stakeholders also attended one of eight county wide engagement events.

9. Engagement identified a number of issues and priorities to be considered in the CAMHS Procurement Programme. These issues were:

- No telephone advice on line for parents;
- Poor out of hour's response service for crisis care/urgent queries/ emergency;
- Limited choice of appointments;
- Long waiting times and
- Inequitable of hospital liaison across Surrey for children and young people.

10. There were four themes also identified through engagement which were:

- Increasing capacity within the children and young people with learning disabilities to reduce reliance on tertiary referrals.
- Increase counselling support for children and young people with mild-moderate anxiety or depression.
- Better support for young people aged 18 to 25 who do not access IAPT or adult mental health services.
- Develop a new pathway to support children and young people with neurodevelopmental difficulties (such as Attention deficit Hyperactivity Disorder (ADHD), Autistic Spectrum Disorder (ASD) and Aspergers) with limited access to advice, guidance and treatment.

11. Further details from engagement are contained in the report circulated to Members. These issues and priorities have been incorporated within the news service specifications. The equality impact analysis completed in July 2015 detailed the overall impact would be positive and recommended the implementation of all the changes to services. See the additional report for the full findings of the equality impact assessment.

Current CAMHS Activity

12. For Specialist CAMHS SaBP has pulled together historical data that can be compared and then RAG rated this to show the trends over time. The data in annexe three is up to 15 months in arrears up to July 2015.

13. Commissioners from Surrey County Council and the CCGs with involvement from stakeholders have developed robust and consistent performance and quality indicators which will be effective from 1st April 2016 and reported monthly to commissioners.

Investment into CAMHS

14. Nationally, it is recognised that only 5% of the national Mental Health programme budget is spent on children and young people whilst children and young people account for 23% of the population.

15. Investment into specialist CAMHS has remained consistent over the last seven years. In 2015-16 the six Surrey CCGs invested £7,667,000 for the specialist CAMHS.
16. For the CAMHS Procurement following the CAMHS engagement all CCGs with the exception of NHS Surrey Downs CCG agreed to provide additional investment of £2.02m in the four themes (identified in paragraph 12). NHS Surrey Downs CCG can invest into these areas at a future date. In July 2015 Surrey County Council Cabinet agreed to investment of an additional £1.9m pa into targeted CAMHS.
17. Confirmation of the additional investment provided a combined maximum financial envelope of £12,914,000 pa and over the life of the contract (three years) £38,742,000. This is within a region of a 30% uplift collectively. The contract period will be for three years with an option to extend for up to two years commencing from the 1 April 2016.

CAMHS looking forward

18. In March 2015 NHS England published '*Our Future in Mind - promoting, protecting and improving our children and young people's mental health and wellbeing*'. The report sets out a broad set of recommendations taking a systems approach to mental health covering greater focus on prevention by building capability and capacity in universal services; specialist perinatal mental health; Early Intervention in Psychosis (EIP); Psychiatric liaison; children and young people from vulnerable groups and Children and Young People Improved Access to Psychological Therapies (CYP IAPT).
19. An additional £2.3m pa through CAMHS Transformation funding will be allocated to Surrey CCGs over the next five years to develop and deliver against the priorities set out in Our Future in Mind. These investments support us on our journey to achieve parity of esteem of mental health with physical health services and the improvement areas are widely welcomed by our service users and stakeholders. It continues to be a journey though and the economic argument of further investment is strong. Our procurement and partnership work has placed in an excellent place to accept any additional funding although procurement may delay some implementation. The key areas for this investment are eating disorders, perinatal mental health, psychiatric liaison and crisis care. Our Transformation Plans have been approved via the Health and Wellbeing Board (September 2015) and with each CCG. Final assurance is expected early November 2015 from NHS England. Details of the Surrey CAMHS transformation plan endorsed by the Health and wellbeing Board have been circulated to the Board.

Benefits to Children and Young People and Public Health Impacts

20. With the CAMHS Procurement Programme, there will be a number of benefits to children, young people and their families, these benefits include:
- a) A single point of access and 'no wrong door' approach all referrals made to be accepted and child/young people and family supported in the right service
 - b) Evening and weekend appointments
 - c) Reduced waiting times
 - d) Telephone advice line for parents
 - e) New treatment and support service for children with ADHD, ASD and Aspergers in Guildford and Waverley; Surrey Heath; North East Hampshire and Farnham and North West Surrey
 - f) Additional support for children with mild-moderate anxiety or depression through improved access to counselling in Surrey Heath; North East Hampshire and Farnham and North West Surrey
 - g) Additional support for young people aged 18 to 25 who do not access IAPT or adult mental health services in North West Surrey
 - h) Community in reach for children with learning disabilities in Guildford and Waverley; Surrey Heath; North East Hampshire and Farnham and North West Surrey
 - i) Pre and post adoption mental health support
 - j) Where possible a consistent worker during a child/young person's journey through CAMHS.
21. With the additional investment from NHS England to CCGs to deliver the CAMHS Transformation plan it will:
- a) Further challenge stigma associated with mental health to support children and young people to access services
 - b) Enable universal services to increase resilience amongst all children and young people
 - c) Improve the mental health of vulnerable children with additional complex needs and children looked after
 - d) Services responsive to the needs of children, young people and their families.
 - e) Further improve care for children and young people in crisis so they are treated in the right place at the right time and as close to home as possible.
 - f) Improve access for parents to evidence-based programmes of intervention and support to strengthen attachment between parent and child, avoid early trauma, build resilience and improve behaviour.
 - g) Access to a local eating disorders service that effectively supports children with moderate and milder difficulties, enhancing services already available for children and young people with severe eating disorders; addressing the whole spectrum of eating disorders from anorexia to obesity.

Recommendations:

22. To provide annual progress updates on CAMHS Transformation plan with the Wellbeing and Health Scrutiny Board.

Next steps:

- NHS England to assure the CAMHS Transformation plan by early November 2015
- Surrey CCGs and Surrey County Council jointly announce the recommended bidder for Targeted and Specialist CAMH services – early November 2015
- Surrey CCGs and Surrey County Council will work closely with the recommended bidder to ensure a smooth transfer from the current targeted and specialist CAMHS to the new service during the mobilisation period of four and a half months – mid November 2015 – March 2016

Report contact: Karina Ajayi, CAMHS Project Lead

Contact details: Karina.ajayi@nhs.net

Sources/background papers:

Annexe one - Summary of Universal, Targeted and Specialist CAMH Services

Annexe two - Children and Young People's Emotional Wellbeing and Mental Health Commissioning strategy

Annexe three - Specialist CAMHS activity report

CAMHS Engagement report

Equality Impact Assessment

Surrey CAMHS Transformation plan

Wellbeing and Health Scrutiny Board
7 January 2016

Child and Adolescent Mental Health services update

Purpose of the report: Scrutiny of Services and Budgets, Performance Management, Policy Development and Review

This report seeks to:

a) provide an overview of Surrey's targeted CAMH services and a brief overview of the performance of the Surrey and Borders Partnership NHS Foundation Trust (SABP).

b) provide an update on the result of the joint re-procurement exercise and proposed improvements to future CAMHS services.

This report should be read in conjunction with the CAMHS update report from Guildford and Waverley CCG.

Introduction

1. This report seeks to provide Members with a thorough understanding of the Child and Adolescent Mental Health Services (CAMHS) arrangements within Surrey.
2. Surrey County Council, Surrey's Clinical Commissioning Groups (CCGs) and NHS England all have a responsibility for commissioning services within the CAMHS pathway.
3. Targeted CAMHS are commissioned by Surrey County Council on behalf of the Council and Surrey's CCGs, while specialist CAMH services are commissioned by NHS Guildford and Waverley CCG. The current provider of both targeted and specialist services within Surrey is Surrey and Borders NHS Foundation Trust (SABP). Some small targeted CAMHS are also provided by the three Community Health Providers: Virgin Care, Central Surrey Health and First Community Health. Specialist adolescent psychiatric inpatient unit beds are currently commissioned by NHS England. There are no inpatient beds for children within Surrey and units are provided across the country by a range of providers.

4. Surrey has a strong history of joint working in relation to CAMHS. This began with the 2000 Joint CAMHS Strategy and has continued, with the notable pooling of targeted services budgets between health and social care in 2007. Partners have remained committed to pooling budgets and jointly commissioning preventative emotional wellbeing and mental health services and those targeted at vulnerable groups.

Current Targeted CAMH services

5. Targeted CAMHS provide early intervention work with vulnerable children and young people; sometimes these services are also referred to as 'Tier 2 CAMHS'.
6. Within Surrey a range of targeted services are currently provided by SABP, all of which are listed within Annexe 1. One of the largest services within the targeted services contract is Primary Mental Health. This service consists of a number of Primary Mental Health Workers (PMHW) who act as an interface between universal services for children, young people and their families and specialist CAMHS.
7. PMHWs' remit is to improve the capacity of universal services to promote emotional wellbeing and mental health to children, young people and their families. A significant aspect of this work with universal services is PMHWs delivery of Targeted Mental Health in Schools (TaMHS) Training. This training programme for school staff is designed to build upon their understanding of mental health and to enable the early identification and management of mental health difficulties in children and young people by school staff.
8. PMHWs also have the therapeutic skills necessary to deliver brief direct interventions to children and young people who are experiencing mild emotional wellbeing and mental health difficulties. PMHWs are commissioned to spend 60% of their time undertaking their consultation and training function and 40% of their time undertaking direct work with children and young people. Through the targeted services contract the PMHW role has been further sub-divided to provide more specialist input into particular service areas. For example, specifically supporting professionals and young people who work in or access the Youth Support Service or the Learning Disability service.
9. Other services within the targeted contract work with different vulnerable groups. For example, the Parent Infant Mental Health (PIMH) service works to ensure optimum relationships between parents and infants where these relationships are at risk. The PIMH service works collaboratively with expectant parents and parents to enhance relationships within the family and prevent a long term sequence of disorganised or insecure attachments between parent and child. Additionally, STARS is a small service which provides support to children, young people and their families who have been affected by sexual abuse.

Needs assessment

10. Key to the commissioning cycle is the gathering of a robust understanding of the needs of a given population for which services are to be commissioned. Therefore a refresh of the Emotional Wellbeing and Mental Health Needs Assessment was undertaken in 2014 with a view to providing an up to date picture of need within which to inform the future re-commissioning of CAMHS.
11. We understand the needs for CAMHS through analysing the needs of the children and young people who currently access CAMH services. Currently in Surrey commissioners receive information on the following areas of activity:
- Source of referral
 - Outcome of referral
 - Waiting time from referral to assessment
 - Waiting time from assessment to treatment
 - Number of young people supported through the year
 - Access received by service users
 - Appointments offered/attend
 - Discharge reason
 - Referrals by gender
 - Age of referral
 - Ethnicity
 - Vulnerable groups
 - Number of interventions delivered
 - Mental health ward admissions

See Annexe 4 for SABP performance data 2014/15 and Q1 2015/16.

12. Data in relation to SABP has historically been limited, due to commissioners receiving data at a contract-wide level, rather than a service level. Negotiations with SABP in late 2014 lead to the provider helpfully agreeing to provide data by individual targeted service level from April 2015. Data pertaining to outcomes of young people seen by SABP, and therefore the impact the provider is having, has been very limited. Conversations with SABP are ongoing regarding this matter in order to understand what the challenges are around providing this information and with the expectation these figures will increase in future.
13. The recently completed re-procurement exercise provides commissioners with the opportunity to mandate the data requirements and commissioners will ensure this opportunity is utilised to the full to ensure a greater understanding of the provider's performance is possible in future.

Governance arrangements

14. Within Surrey targeted CAMHS are jointly commissioned and funded by the Council and Surrey NHS CCG Collaborative; the six CCGs are NHS Guildford and Waverley CCG (G&W CCG), NHS North East Hampshire and Farnham CCG, NHS North West Surrey CCG, NHS Surrey Downs CCG, NHS Surrey Downs CCG and NHS East Surrey CCG. G&W CCG is the host commissioner for children's health services in Surrey, commissioning CAMHS on behalf of the Surrey NHS CCG Collaborative.
15. Targeted CAMHS are funded through a pooled budget arrangement between the Council and G&W CCG. The governance arrangements are through the CAMHS Joint Commissioning Group, which has senior representatives from Children's Services, Public Health and G&W CCG. The management of this budget is completed on behalf of both G&W CCG and the Council with the Pooled Budget Manager and finance services provided by the Council.
16. SABP invoices the Council based on actual expenditure and any budget under spend is withheld by the commissioners. This enables commissioners to reallocate funding to other CAMHS projects if it is not spent by the main targeted services provider, SABP. This arrangement enables commissioners to fund ad hoc projects where a need is identified. For example, in 2014-15 the under spend financed a number of projects including a PIMH conference for universal services staff such as health visitors, as well as a youth counselling project provided by the YMCA. Prior to funding such projects a business case must be signed off by the CAMHS Joint Commissioning Group and project outcomes and feedback are reported back to the group to ensure that the projects that are funded provide good value for money.
17. As well as the main targeted services provider contract, held by SABP, the pooled budget also funds a number of other CAMH services. This includes the CAMHS Community Nurse for Schools Service which provides specialist school nurse support to school staff and school age children, and the Parent Infant Mental Health Service which provides specialist health visitors trained to build capacity amongst health visitors for managing mothers with mild emotional and mental health difficulties, as well as direct intervention with prospective or new mothers at risk of poor attachment with their baby. Contracts for both of these services are held with the three community providers in Surrey: Virgin Care, Central Surrey Health and First Community Health.
18. The value of the pooled budget was £2,281,000 in 2015-16. Of this funding the Council contributed 53.49%, or £1,220,000 and the CCGs contributed 46.51%, or £1,061,000. The main targeted services with SABP contract value in 2015-16 is £1,733,371. Every effort is made to invest under spend into CAMH-related projects within the financial year, but if this is not possible funding is returned to the Council and Surrey NHS CCG Collaborative in the same proportion that it is

contributed. The table below sets out the 2015-16 funding arrangements.

Partner	Pooled budget contribution 2015-16 (£)
Surrey County Council	1,220,000
Guildford and Waverley CCG	1,061,000
Total	2,281,000

Future CAMHs provision

19. The Council and the CCGs have concluded a commissioning exercise where additional investment by SCC and CCGs and the commissioning principles will deliver:

- a) A **seamless pathway** and access to other providers with managed risk for targeted and specialist services through one point of access
- b) **Quality, timely and age appropriate** interventions
- c) **Added social value** by proactively engaging with families, voluntary, community and faith sectors
- d) Services that are **co-designed with children, young people and families**, to address need and that build on individual, family and community assets
- e) An integrated emotional wellbeing and mental health care system with **positive outcomes for children and young people** at the centre of delivery models
- f) **Promotion of social enterprise and the third sector** i.e. the voluntary, community and faith sectors through the potential to be sub-contractors as part of the tender

20. The successful provider was announced as SABP on the 18 November and the Council and the CCGs will now be working with SABP through a mobilisation team for commencement of new Services on 1 April 2016.

21. Key aspects of the new service include:

- a) A single point of access
- b) A greater focus on prevention and early intervention, well-being and resilience
- c) Extension of provision for Looked after Children and post order support
- d) Behavioural emotional neuro-developmental (BEN) pathway

22. The Council's Cabinet agreed in July 2015 an additional investment in CAMHS of £1.9m pa. The CCGs are also contributing additional investment of £1.044m to jointly fund the BEN pathway, plus further investment into their contract for specialist CAMHS of £377.5K. The Council's £1.9m pa additional investment will purchase:

- a) "Behaviour emotional and neuro-developmental pathway" (BEN) for identification, advice, training, resilience building and treatment of children with neurodevelopment disorders and enhancing the CAMH service for children with learning disabilities -Council Investment: £1.1m
- b) Sustainability of Extended HOPE - Council Investment: £200k
- c) Looked After Children - Council Investment: £200k
- d) Sexually exploited young people - Council Investment: £250k
- e) Prospective adopters and adoptive parents including Special Guardianships orders and residence orders - Council Investment:£150k

23. SABP will be required to provide data which enables commissioners to understand the activity and outcomes achieved by all targeted services.

Conclusions:

24. CAMHS in Surrey is a good example of where partners have been able to agree a shared vision and have come together to pool budgets and jointly commission services.

25. Commissioners are working with SABP to ensure robust recording and reporting of young people's outcomes is provided consistently for all targeted services.

26. The re-procurement exercise has sought to ensure a step change in the delivery of CAMHS with additional funding, clear principles and robust performance monitoring.

Recommendations:

27. That the Board note the report and receive an update in future to ascertain whether the expected improvements have been made following the re-procurement exercise.

Next steps:

SABP to meet with key stakeholder groups to mobilise and publicise the new service

Implementation of Governance arrangements from April 2016

Commencement of new Service 1st April 2016

Report contact: Ian Banner Head of Children's Social Care and Well-being Commissioning

Contact details: 07917 590657

Sources/background papers:

SABP Quarterly Performance Reports
Surrey Joint Emotional Wellbeing and Mental Health Needs Assessment Refresh 2014

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Report to:	Surrey Wellbeing and Health Scrutiny Board
Date:	07 January 2016
Title:	Tier 4 Children and Adolescent Mental health Services (CAMHS)
Report by:	Maria Crowley Head of Mental Health/Programme of Care Lead Specialised Commissioning. NHS England South East
For:	Information

Purpose of Report

This report has been prepared for the Surrey Wellbeing and Health Scrutiny Board and provides an overview of NHS England's roles and responsibilities in the provision of Specialised Tier 4 Children and Adolescent Mental Health Services (CAMHS) as part of the overall pathway of care for young people.

It should be read in conjunction with the reports prepared for this meeting by NHS Guildford and Waverley CCG and Surrey Local Authority.

Background

What are Tier 4 CAMHS Services?

Tier 4 CAMHS services are specialised services for the assessment and treatment of severe and complex mental health disorders in children and young people. These services are designed to meet the needs of children and young people where these cannot be met by the care delivered as part of community-based 'Tier 3' CAMHS which are commissioned by local Clinical Commissioning Groups (CCGs).

This includes both day and inpatient services and some highly specialised outpatient services, including but not limited to:

Services for children/young people with Gender Dysphoria

CAMHS for children and young people who are Deaf

Highly specialised Autistic Spectrum Disorder (ASD) services

Highly specialised Obsessive Compulsive Disorder services

It is generally the complexity and severity of a child's condition, rather than the nature of the disorder they are suffering from, that determines the need for them to be provided with specialised care.

Report Format

The report will provide information on the following five areas:

1. NHS England Specialised CAMHS Commissioning Arrangements
2. Strategic Developments - NHS England Commissioning Intentions in relation to CAMHS
3. NHS England Operating Model for TIER 4 CAMHS
4. NHS England South East – Quality Monitoring
5. CAMHS Bed Provision in the South East

1. NHS England Specialised CAMHS Commissioning Arrangements

NHS England became responsible for commissioning 'Tier 4' Child and Adolescent Mental Health Services (CAMHS) on 1 April 2013. This marked the first time that these specialised services have been commissioned by a single commissioning body, providing NHS England with the opportunity to ensure nationally consistent service standards.

When NHS England assumed responsibility for commissioning Tier 4 CAMHS services, which as confirmed above had previously been commissioned by a number of different organisations, it became aware of the following issues with regards to existing service provision across the country:

- 1.1 Quality concerns about a small number of services, which resulted in the temporary closure of some services to admissions in order to address these issues and ensure an appropriate standard of service for patients was being delivered.
- 1.2 The impact of long distance travel to access a specialised inpatient bed for some children and young people.
- 1.3 Anecdotal information suggesting that some decommissioning of Tier 3 services or other children's services might be impacting on levels of demand for Tier 4 specialised services.
- 1.4 Poor environmental standards in some services.
- 1.5 Disparity in input from education services to CAMHS Tier 4 services.
- 1.6 Inequity in the provision of services across the country.

The NHS England National Specialised Commissioning Oversight Group (SCOG) subsequently commissioned a report in response to the concerns raised; this report was published on 10 July 2014. The report was intended to address the immediate issues identified with Tier 4 inpatient services, while also recognising that further work will be required to address other issues relating to the provision of CAMHS services, including the interaction with Tier 3 CAMHS services commissioned by CCGs and Local Authority Children's Services, which also support children and young people with mental health needs.

The full report is available on NHS England's website at the following link: <http://www.england.nhs.uk/2014/07/10/camhs-report/>

NHS England responded urgently to this report and took the following immediate action:

- ✚ Increased general CAMHS specialised inpatient beds for young people. An additional 50 new beds were procured with existing providers of which eight were based in Cygnet Godden Green in Kent
- ✚ Recruited additional CAMHS Clinical Case Managers working across the country, who are responsible for ensuring that young people receive appropriate levels of care
- ✚ Improved the admission and discharge process for specialised care; using consistent criteria based on best practice
- ✚ Undertook a strategic review of CAMHS services, outlined in the 2016/17 Commissioning Intentions.

2. Strategic Developments (NHS England Commissioning Intentions 2016/2017 for Prescribed Specialised Services)

The commissioning intentions reflect the importance of working collaboratively with all commissioners of CAMHS to deliver whole systems, pathway approach. The co-commissioning guidance which will be released early 2016 will provide renewed opportunities to deliver these priorities.

In order to continue improving value for patients from specialised care NHS England will focus on the following areas to support the delivery of the Five Year Forward View in Specialised Services:

2.1 Strengthening the way we Commission

NHS England will continue to strengthen its collaborative commissioning approach with CCGs building on the 10 nationally established co-commissioning oversight groups.

We will develop further the commissioning framework that identifies the optimal population, service model and pathways required for key service groups which was introduced in 2015/16 to target local clinical service redesign and transformation, pathway integration and innovative prevention initiatives. NHS England local office teams will continue to work with CCGs to take forward this approach.

To support this we are currently tiering services in the specialised portfolio into three service planning groups, namely national, regional and sub-regional. This will enable further engagement of CCGs around key geographies and place based. In addition NHS England is reviewing governance arrangements to develop and strengthen local decision making and CCG engagement on specialised service changes.

The key areas identified for Strategic Service Reviews are to accelerate progress on the CAMHS and mental health secure services reviews.

2.2 Link to Commissioning Intentions 2016/2017 for Prescribed Specialised Services

<http://www.england.nhs.uk/commissioning/wp-content/uploads/sites/12/2015/09/comms-intents-16-17.pdf>

2.3 Children's Services

The Future in Mind report published in March 2015 built on the Tier 4 review undertaken in 2014. There a number of actions for NHS England and these will continue to be implemented during 2016/17. The South East Coast Strategic Clinical Network (SECSCN) established a forum to support CCGs develop Local Transformation Plans in line with the guidance issued.

All CCG plans, including Surrey CCGs have been assured by NHS England and ongoing monitoring will be undertaken by NHS England- Operations and Delivery Directorate with input from Specialised Mental Health. NHS England has contributed to these plans and the particular area for development includes developing alternatives to inpatient care for young people presenting with Learning Disability and Challenging Behaviour in line with the Transforming Care Agenda.

2.4 Transforming Care

NHS England is working with partner organisations to develop and implement the service model for people of all ages with learning disabilities, Autism Spectrum Disorder, with additional mental health needs, and/or behaviour that challenges. The implications for Tier 4 CAMHS and adult secure care will mean greatly reduced reliance on inpatient care.

2.5 Strategic Service Review

A wide ranging review of Adult Low/Medium secure and Tier 4 CAMHS services to prepare for re-procurement of services has concluded. The aim of the work was to:

- 2.5.1 Ensure that we commission the right services in the right place at the right time, based on the population needs
- 2.5.2 Ensure that services are sustainable and meet the service and quality levels set out in national specifications and policies
- 2.5.3 Improve efficiency and reduce costs whilst maintaining or improving quality and safety
- 2.5.4 Improve the commissioning and contracting of these services with nationally aligned contract terms and conditions.
- 2.5.5 Consider whether new market entrants and contract currency and price alignment would be delivered through a comprehensive procurement
- 2.5.6 Incorporate sub-speciality CAMHS provision for children and young people with learning disabilities informed by the Transforming care programme
- 2.5.7 Facilitate sustainable implementation of the Access and Waiting Time Standard for Children and Young people with an Eating Disorder as well as review the need for sub-speciality eating disorder provision.

The intention is to proceed to procurement for both CAMHS and Medium and Low Secure services at the earliest opportunity. It is anticipated this work will commence in February 2016.

3. NHS England Operating Model for Tier 4 CAMHS

In addition to increasing bed capacity NHS England in response to the Recommendations of the 2014 National TIER 4 CAMHS Review, took immediate action to develop national systems and processes to include:

- 3.1 CAMHS Case Manager Database and a National Bed State Database
- 3.2 National Assessment Framework
- 3.3 Weekly National CAMHS Teleconferences
- 3.4 Strengthened CAMHS case management.

3.1 CAMHS National Database/Bed Tracking

A National CAMHS database was developed to support effective oversight of the pathways of care. This database enables the mental health services to have oversight of all patients placed in any TIER 4 CAMHS beds nationally and reports are used to highlight any inefficiency in the pathway and to support robust monitoring of all TIER 4 placements. This database has enabled the case managers to have data on all South East and out of area placements.

Additionally NHS England developed systems to collate weekly bed numbers via all providers of TIER 4 Services, enabling case managers to provide timely information on bed availability to support improved access to all specialised CAMHS beds. The database provides national data to reflect:

-  Numbers of admissions/discharges

- ✚ Distance from home to the TIER 4 placement
- ✚ Delayed transfers for step down to alternative CAMHS services or home.
- ✚ Bed availability position for all providers of TIER 4 services, highlighting areas of bed pressures or other issues or where patients are inappropriately placed. e.g. where CAMHS beds are not immediately available and the young person is receiving care in an adult ward or paediatric ward.

3.2 National Assessment Framework

To improve access to CAMHS TIER 4 placements and to support more efficient use of specialised placements, NHS England developed a nationally approved assessment framework which is used by all referring clinical teams. The assessments are key to determining the level of need and risk assessment for all young people prior to admission. This system supports better access to the right type of CAMHS placements and ensures that all alternatives, nearer to home, are utilised in the community and alternative placements before considering admission to hospital.

3.3 Weekly National CAMHS Teleconference

Since December 2013, NHS England has held weekly conference calls with representation from all NHS England team to:

- ✚ Review and monitor the CAMHS access and bed usage across the country.
- ✚ Enable the area teams to take action to support teams with access to specialised TIER 4 CAMHS beds and support timely and appropriate discharge.
- ✚ Focus on delayed transfer of care, using a whole systems approach.
- ✚ Focus on more effective transition of young people from CAMHS to adult mental health services.

NHS England South host a number of CAMHS contracts in the South East and are responsible, together with partner organisations for the quality of service provision.

3.4 CAMHS Case Management

Since September 2013, in recognition of the growing problem with access to inpatient beds and the effective management of patients placed outside the Kent and Medway and Surrey and Sussex area, NHS England South East appointed 1.5 CAMHS Case Managers. This role covers the Sussex, Surrey, Kent and Medway area. The Case Managers work to ensure the most effective use of the Tier 4 CAMHS beds available and that patients needing this level of service can gain easy access.

The key role of Case Managers is to:

- ✚ Have oversight of the whole pathway of care for all patient placements, both within the local area and out of area, and works closely with the CAMHS case managers in other area teams at NHS England. This is having a positive impact on the overall quality of care for young people.

- ✚ Provide support to CAMHS Tier 3 clinicians with the admission process to all CAMHS specialised beds and supports the overall clinical placement, including addressing any delayed transfer of care. To work collaboratively with CCG commissioners to support effective and timely step down from TIER 4 CAMHS placements, supporting near to home treatment.
- ✚ Attend Care Programme Approach (CPA) reviews and other clinical reviews to offer support to teams and help unblock obstacles to admissions and to smooth discharges, supporting the principle of ensuring patients receive care as close to home as possible. NHS England South has developed a local escalation process to support providers with placing young people in the most appropriate clinical placements and address access issues in a timely manner.

4.0 NHS England South East Quality Monitoring

Whilst NHS England South directly commission one TIER 4 CAMHS Service from Sussex Partnership NHS Foundation Trust, the team retain host contract responsibility for all CAMHS TIER 4 Services in the South East Coast- see Table 1.

The team are responsible for monitoring quality and clinical governance of all of these services and undertake the following functions:

- 4.1 Work collaboratively with providers of Tier 4 CAMHS services to address any quality concerns and can confirm that all the CAMHS units in Kent, Surrey and Sussex are fully compliant with the necessary standards following Care Quality Commission (CQC) inspections.
- 4.2 Work with CAMHS providers to ensure a high level focus on quality indicators detailed in NHS Standard Contract Schedule 4. Providers have welcomed this collaborative, open and transparent approach.
- 4.3 Supports meetings with all local providers of CAMHS services on a quarterly basis to ensure compliance with contract quality requirements. Previously, independent sector providers tended to have a contract with the former specialised commissioning groups in whose locality they had units, meaning that providers of specialised care might have had contracts with multiple commissioners, with no single commissioner responsible for the overall quality and safety of services in a unit in the past. Providers of specialised CAMHS Tier 4 inpatient services now have one single contract with NHS England, irrespective of where their units are located and this contract is managed by a lead NHS Team.
- 4.4 The Host team provides regular feedback on the contract quality performance and soft intelligence to the contract leads, who may be in other parts of the country to ensure a joined up approach is taken with regards to the clinical management of contracts and so that any local needs and issues are taken in to account as part of these discussions.
- 4.5 The Specialised Mental Health Team work in close collaboration with CCGs, LA and other organisations, sharing intelligence via the Quality Surveillance Group. Where concerns emerge on services, NHS England arranges intelligence sharing meetings in a timely manner to ensure corrective action is taken at the earliest opportunity.
- 4.6 Two CAMHS Case managers are responsible for oversight of the placement of all young people placed within the South East and in any placement in England Nationally. The case managers support the whole system and are key to unblocking referral and access issues to TIER 4 placements and supporting timely well managed discharge planning. More recently they are supporting CCGs and Local Authority to ensure young people who present with a learning disability receive a Care and Treatment Review prior to considering admission to a hospital bed, in line the Transforming Care Agenda.

5.0 CAMHS Bed Provision in the South East

- 5.1 CAMHS bed provision in the South East including Surrey
- 5.2 Collaborative Working

5.1 CAMHS bed provision in the South East including Surrey

Whilst Surrey patients can access all of the NHS CAMHS beds we recognise the need to keep children and young people as close to home as possible. For the more specialised CAMHS provision, eg Secure CAMHS, Deaf CAMHS a limited number of providers are responsible for these services which will remain nationally commissioned services.

Prior to April 2013 Surrey PCT had delegated the specialised commissioning budget to Surrey Borders NHS Trust who had a contract for generic TIER 4 and CAMHS Eating Disorder beds with a London provider. In line with the new operating NHS England guidance this changed post April 2013. The CCGs, NHS England and the Surrey Borders Trust have worked hard to improve pathways of care post this change. Surrey has reported an increase in CAMHS bed usage since April 2013 which is a trend echoed across England.

Table 1. Tier 4 CAMHS Services in the South East

Inpatient CAMHS services in the South East Coast	Location	NHS England Contract Lead	Type of Service	Number of beds
Sussex Partnership NHS FT - Chalkhill	Sussex	NHS England South East	Tier 4- Generic CAMHS	16
South London and Maudsley NHS Foundation Trust (SLAM) – Woodlands	Kent	NHS England – London	Generic Tier 4	24
Alpha – Woking	Surrey	NHS England- Cheshire Warrington & Wirral	Psychiatric Intensive Care Units. (PICU) CAMHS	29
Cygnets - Godden Green (8 additional non contracted beds)	Kent	NHS England- South West	Tier 4	23
Priory – Ticehurst	Sussex	NHS England –South	High Dependency Unit	13
Priory – Ticehurst	Sussex		Tier 4	13
Total beds				118

5.2 Collaborative working

NHS England meets with CCG commissioners and providers of Tier 3 Services on a regular basis to include working with the SECSCN to deliver the Transformation plans, with Surrey CCGs on the CAMHS procurement and operationally with Surrey Borders. The agencies work collaboratively to bring about solutions where all agencies have a responsibility to deliver a sustainable package of care to young people and meet regularly to assess any gaps in provision and determine better ways of working. The learning has been shared with NHS England senior colleagues who are leading on the forthcoming CAMHS procurement.

Forums are now established to prepare for co-commissioning with the intention of devolving more autonomy to local CCGs to deliver the full CAMHS pathway of care. We await further guidance on the operational delivery of collaborative commissioning.

In recognition of the local and national challenges on effective bed management and patient flows, NHS England South is working with local CCGs and the Local Authority to develop escalation processes. Additionally a forum will be established in early 2016 to bring together providers of CAMHS services, both NHS England CAMHS commissioned Services and CCG commissioned services to address delays in accessing beds and supporting effective discharge planning. It is expected that this forum will support a whole system pathway management approach.

6. Conclusion

NHS England remains committed to working collaboratively with local partners in Surrey, including the commissioners of Tier 3 services, to ensure children and young people can access the full range of mental health care needed. The current TIER 4 commissioning model has led to an increased focus on quality and outcomes of care by providers of TIER 4 CAMHS services. We await further guidance on co-commissioning and welcome opportunities to further strengthen the pathways of care for children and young people, supporting young people to receive hospital, social care and education near to their families and home.

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NHS England Tier 4 Children and Adolescent Mental Health Services (CAMHS)

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Presentation for the Surrey Wellbeing and Health Scrutiny Board

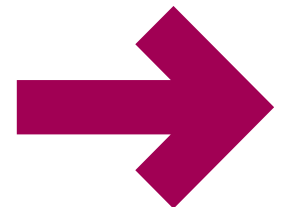
7th January 2016



Specialised Mental Health Commissioning- Context

- **NHS England** is responsible for the direct commissioning of 147 specialised health services for the whole population of England, spending nearly £13.8 billion
- **Specialised Mental Health** NHS England commissions specialised services with a budget of £1.3 billion, or 10% of the NHS's total spend

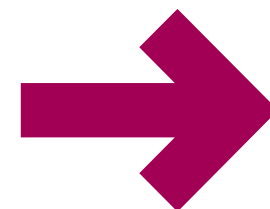
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Specialised Mental Health

- 1 Forensic Mental Health- High Secure, Medium Secure and Low Secure
- 2 Tier 4 CAMHS- Generic and Specialised
- 3 Tier 4 Eating Disorders
- 4 Perinatal
- 5 Gender Reassignment
- 6 T4 Personality Disorder
- 7 T4 Deaf Services
- 8 Specialised Services, eg Body Dysmorphic Image / Obsessive Compulsive Disorder

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What are Tier 4 CAMHS Services?

- Specialised services for the assessment and treatment of severe and complex mental health disorders in children and young people.

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Complexity and severity of presentations determines the need for the provision of specialised care.

- Designed to meet the needs of children and young people where these cannot be met by the care delivered as part of community-based care, includes both inpatient services and some highly specialised outpatient care, including but not limited to-
 - Services for children/young people with gender dysphoria;
 - CAMHS for children and young people who are deaf;
 - Highly specialised autistic spectrum disorder (ASD) services;
 - Highly specialised obsessive compulsive disorder services.

April 2013- Single Commissioner -NHS England- for all Tier 4 CAMHS

Issues Emerged

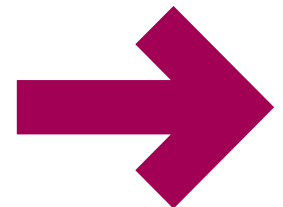
- Quality concerns
- Impact of long distance travel for some children and young people
- Variable levels of support at Tier 3 impacting on demand for Tier 4
- Poor environmental standards in some services
- Disparity in input from education services to CAMHS Tier 4 services
- Inequity in service provision across the country
- The NHS England National Specialised Commissioning Oversight Group (SCOG) commissioned a report published July 2014. <http://www.england.nhs.uk/2014/07/10/camhs-report/>



Implications of the Report

- The report addressed the immediate issues identified with Tier 4 inpatient services
- Recognised that further work was required to address other issues relating to the provision of CAMHS services, to include-
 - The interaction with Tier 3 CAMHS services commissioned by CCGs and Local Authority Children's Services, which also support children and young people with mental health needs.

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NHS England Actions- 2014

- Increased inpatient capacity
- CAMHS Clinical Case Managers appointed - working across the country
- National Assessment Framework- Improved the admission and discharge process for specialised care; using consistent criteria based on best practice
- CAMHS Case Manager Database and a National Bed State Database established
- Weekly National CAMHS Teleconferences
- Strategic review of CAMHS services, outlined in the 2016/17 Commissioning Intentions

NHS England Commissioning Intentions 2016/2017 for Prescribed Specialised Services

Future in Mind

- Improve access for children and young people to specialist evidence-based **community CAMHS eating disorder services**
- Develop an access and waiting time standard
- Improve access / Mother experiencing Perinatal Illness

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Transforming Care (Post Winterbourne View)

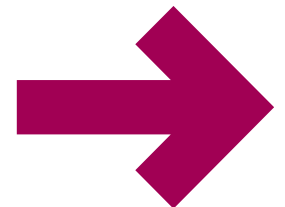
- Develop and implement models of care- all ages with learning disabilities, Autism Spectrum Disorder, with additional mental health needs, and/or behaviour that challenges
- Care and Treatment Reviews
- The implications for Tier 4 CAMHS and adult secure care will mean greatly reduced reliance on inpatient care

Strategic Service Review (Forensic and CAMHS)

- Project Team established to commence the procurement
- Commission-against nationally agreed Standards, Equity of Access, Value for money
- Provider Engagement Event

Collaborative Commissioning

- **NHS England are committed to ensuring the commissioning of specialised services sits at the most appropriate level to secure the best health outcomes -i.e. national, local or a combination of both**



Principles Driving Collaborative Commissioning

To improve pathway integrity for patients – Help ensure that specialised care is not commissioned independently from the rest

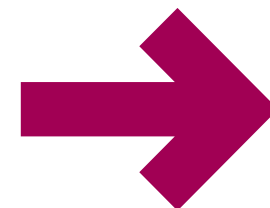
To enable better allocation or investment decisions – Giving CCGs and their partners ability to invest in upstream or more effective services

To move towards population accountability – To lay the groundwork for 'place based' or population budgets and clearer accountability

To improve financial incentives over the longer term – Avoiding specialised care where appropriate and reducing unwarranted variation

To ensure providers can effectively be held to account – Ensuring clearer links between service commissioners, referrers and providers

To focus NHS England on services that are truly specialised – Helping improve focus and the quality of specialised commissioning



Description of Universal, Targeted and Specialist CAMHS

Universal:

Mental Health Awareness Training – ‘Everybody’s Business’ – Mental health awareness training included in the common induction programme across children’s services within Surrey. A 2 day training course is funded via the pooled budget and is delivered 8 times per year and is available to staff working with children and young people in universal settings including the third sector, to increase their knowledge and skills in recognising and supporting children and young people with emerging mental health and psychological difficulties.

Feeling good week - promotes emotional wellbeing through schools, early years settings and youth groups across the county. Small grants support activities, games and initiatives that promote positive mental health in children and young people.

Communication - The CAMHS website continues to act as a first port of call for both young people, parents and professionals, to understand more about the services offered at CAMHS and help alleviate any concerns. The CAMHS website is a vital resource that is referenced in all CAMHS literature and receives approximately 1,500 visits each month, with the majority of these being unique users. www.surrey-camhs.org.uk

Targeted:

Borough based Primary Mental Health Workers (PMHW) – offer consultation, assessment and training to school staff and other professionals working with children and young people in universal settings. They also provide short-term direct work and facilitate access to multi-disciplinary specialist CAMHS.

Targeted PMHWs – deliver a dedicated service in a variety of settings including

- Short stay schools
- Schools for children with behavioral, emotional and social difficulties
- Special schools for children with severe learning difficulties and with autism

- Youth Support Service, including those young people in the criminal justice system
- **CAMHS Children in care (3Cs)** – a dedicated service working with children and young people and their carers
- Surrey Children’s Service Extended Hours service for children in need which aims to prevent family breakdown and children coming into local authority care.
- **Sexual Trauma and Recovery Support (STARs)** – a service provided by SABP for children and young people who have experienced sexual abuse

Mindful - Two mental health workers are out-posted at Surrey East and Guildford YMCAs. Their focus is to work with young people aged 16-25 years, with emerging-to-moderate mental health difficulties that stop them being able to cope and/or leave them unable to manage other areas of their lives such as relationships, college or employment and who find it difficult or who do not wish to engage with statutory services.

No Labels – This initiative is a partnership between CAMHS Social workers and the Youth Support Service that aims to engage and support young people aged 13–18 years, who are referred to CAMHS and who either do not attend or drop out from therapeutic interventions. The focus is for the youth worker, with the support of CAMHS clinicians, to engage the young person on a one-to-one basis, to build a positive relationship via activity based learning and to transfer the case back to specialist CAMHS once the young person feels able to use therapeutic interventions.

Parent Infant Mental Health Service – children’s centres, community health services and CAMHS work in partnership to deliver a service to vulnerable parents and their babies, where early attachment issues have been identified. Also included is a specific project focusing on young parents who are in care or care leavers. The PIMH service also supports the specialist placements for mothers and their babies where significant risk has been identified.

TaMHS – Targeted Mental Health support in Schools. The approach aims to increase the capacity of school staff to develop their skills and confidence to meet the mental health needs of children and young people, through early intervention and integrated working. The focus is on building capacity through staff training in mental health awareness and attachment theory together with the provision of CAMHS primary mental health workers to provide earlier intervention, consultation advice and support.

CAMHS community nurses for schools – are commissioned to work in the 0-19 years school nursing teams. These roles aim to increase the service's capacity to support schools in the early identification and support of children and young people with emerging mental health difficulties. Together with the borough based community PMHWs they provide the training and support to schools within the TaMHS approach.

Participation and Advocacy

CAMHS Youth Advisors (CYA), are a group of young people with different experiences of accessing CAMHS. CYA works to ensure that children and young people who use CAMHS have a voice, through being involved in recruitment, staff training, service development and peer education in schools. A CAMHS Participation and Rights Officer supports CYA who also provide an advocacy service to children and young people who use CAMHS. An assistant and four full time apprentices, with experience of using CAMHS, are employed to support CYA and lead on the participation activities and projects.

Specialist:

Community CAMHS - Assessment and treatment services are delivered through multi-disciplinary teams including psychiatrists, psychologists, nurses, social workers and therapists. There are a range of mental illnesses and disorders served through these clinics, for example: depressive and attachment disorders, anxiety, ADHD, eating disorders, assessment and treatment of self-harming behaviour.

CAMHS Social Work Team

The CAMHS social work service contributes to the delivery of a multi-agency CAMHS for children and young people with complex moderate to severe mental health issues and brings a social care perspective to the work of the CAMHS team. A pathway had been established for referrals from social care teams to CAMHS via fortnightly/monthly consultation offered by CAMHS social workers, all potential referrals to specialist CAMHS have to come through the consultation process for discussion before a decision is made to refer.

HOPE service is an integrated countywide service provided by SABP and SCC for young people aged 11-18 who have complex mental health, social, emotional and behavioural difficulties. It provides intensive community support and interventions and therapeutic day program to prevent or shorten young peoples' admission to Tier 4 inpatient units and to prevent young people looked after from needing to be placed in an out of county provision. It is also a short stay school, offering education to young people according to their ability and need. HOPE works alongside education colleagues to plan for discharge into appropriate community education wherever possible.

The Child and Adolescent Learning Disability Team (CLDT) in Surrey provide a service for families of children and young people with a learning disability and developmental delay. The main purpose of the service is to provide advice and support on a range of practical issues affecting the care and management of children with learning disabilities or developmental delay and their families who experience challenging behaviour.



The Emotional Wellbeing and Mental Health of Children and Young People in Surrey: Shaping Our Future

Surrey's Joint Emotional Wellbeing and Mental Health Commissioning Strategy for children and young people 2014 – 2017

Surrey's Joint Emotional Wellbeing & Mental Health Commissioning Strategy for children and young people

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Surrey's Joint Emotional Wellbeing & Mental Health Commissioning Strategy for children and young people

1. Introduction

Within Surrey mental health is understood in the broad context of wellbeing including services that promote emotional wellbeing. This strategy acknowledges the need to prevent mental ill health and promote emotional wellbeing.

Surrey has well established jointly commissioned services for children and young people with mental health needs at a targeted and specialist level. The responsibilities for Public Health and the NHS arising from the Health Act 2012 offers new opportunities to further join up commissioning processes across universal, targeted and specialist services.

We have recognised that by joint commissioning we can avoid duplication, save on cost of procurement and ensure our funding goes further whilst maintaining quality. Together Surrey Clinical Commissioning Groups (CCGs) and Surrey County Council have responsibility for specifying, securing and monitoring services that work together to make joint decisions about the needs of our population, and how these should be met. Child and Adolescent Mental Health services (CAMHS) will be commissioned on the basis that they can audit, evaluate and report routinely to the commissioners on their achievements of agreed outcomes.

This strategy is underpinned by partners' values and principles, giving priority to safety and quality of services, co design, coproduction and partnership working. The commissioning strategy ensures services are commissioned that give priority to:

1. Commissioning for best outcomes that are responsive to the needs of children and young people and their families, that are monitored and reviewed;
2. Value for Money for Surrey taxpayers by ensuring all available procurement options are used;
3. That are at the local market rate for cost of employment, goods and services;
4. That uses social capital assets in a best value approach.

It is our vision that:

"We will promote and support good mental health and emotional wellbeing by commissioning quality child centred services that are compassionate, responsive, timely, needs-led, respectful, and effective and provide good value for money in order to meet the needs of all children and young people. We will work together to create services and opportunities that support the empowering of individuals and groups of children and young people to improve their own emotional wellbeing and mental health and build their resilience."

This commissioning strategy outlines what we know about the needs of children and young people with mental health needs. It describes what we do and intend to do to support them. It has been designed as a link to the priorities contained within the Surrey Health and Wellbeing Strategy 2013/14.

2. Commissioning – our drivers and our approach

In 2011 the National Advisory Council (an independent review body for children's mental health and psychological well-being), final report to the Coalition Government Ministers in 2011 – *Making*

Surrey's Joint Emotional Wellbeing & Mental Health Commissioning Strategy for children and young people

*Children's Mental Health Everyone's Responsibility*¹, made some clear recommendations on key areas for action based on what young people feedback. These recommendations are reflected in mental health policy launched by the Coalition Government in 2011 *No Health without Mental Health*² a strategy for all ages. The strategy and its accompanying *Implementation Framework*³ called for public services to ensure that children and their families receive mental health promotion from birth. It also reiterated that mental health is 'everyone's business', with effective parenting being integral to children's emotional well-being, as well as agreed referral routes to more specialist services through local GPs, maternity services, health visitors, schools and other agencies.

In addition there is now an ever growing and stronger guidance from National Institute for Clinical Excellence (NICE) to commission evidence based mental health interventions. A programme of stakeholder engagement and co-production events with young people has informed our understanding. It is important for Commissioners to ensure the aspirations of children, young people and their families are at the centre when considering the reconfiguration or decommissioning of services.

In Surrey, the Council is moving towards becoming a commissioning led Council and a Commissioning Framework for the Council has been developed which supports our commissioning approach across all services within the Children, Schools and Families Directorate. Within Health, Surrey's six Clinical Commissioning Groups (CCGs) are committed to develop and plan a holistic emotional wellbeing and mental health service across the county that is informed by local need with links to local services, with measurable outcomes for children, young people and their families.

In developing this joint strategy CCGs in Surrey and Surrey County Council recognise the wider national imperatives driving the development of commissioning and services, as well as local strategic plans. Commissioning Mental Health Services is the responsibility of the six NHS Clinical Commissioning Groups and Surrey County Council. However only via a partnership approach between local statutory agencies, children and young people, families and carers, the third sector and communities will change be achieved to reduce the impact of poor mental health and unlock the benefits of improved wellbeing and mental health for children and young people in Surrey.

Our approach is based on:

- Outcome-focussed leadership which drives change
- Joint decision-making based on a good understanding of needs and resources and evidence based interventions

¹ NAC (2011). Making Children's Mental Health Everyone's Responsibility.

<http://webarchive.nationalarchives.gov.uk/20110805185114/http://nationaladvisorycouncilcmh.independent.gov.uk/downloads/NAC%20final%20report%20revised.pdf>

² HM Government (2011). No Health without Mental Health: a cross-government mental health outcomes strategy for people of all ages. http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_124058.pdf

³ HM Government (2012) No Health without Mental Health: implementation framework.

<http://www.dh.gov.uk/health/files/2012/07/No-Health-Without-Mental-Health-Implementation-Framework-Report-accessible-version.pdf>

Surrey's Joint Emotional Wellbeing & Mental Health Commissioning Strategy for children and young people

- A model of continuous improvement - reviewing and challenging whether what is being done is improving outcomes, including seeking feedback from service user about the impact of service received –
- Working with statutory, independent and third sector organisations involved in commissioning and delivery of services in order to improve service user experiences and choices; Clinical effectiveness, cost effectiveness and meaningful outcomes.
- A commitment to sustainability and to promoting equality and fairness for all in accordance to the Equality Act 2010.
- Clinical excellence and safeguarding principles embedded within our commissioning function

Our approach follows the Understand, Plan, Do, Review (UPDR) model of commissioning. Critical to the success in Surrey we will place our children and their families at the centre of our approach.

3. Commissioning Objectives

1. Analysis of need through service reviews, service mapping, resource and gap analysis
2. Coproduction with young people and their families including service redesign to promote outcome focused provision where needed
3. Recognise and improve the importance of the mental health within families alongside physical health and emotional wellbeing.
4. Influence and increase local market capacity to deliver responsive and timely evidence based and high quality services delivered by a skilled and committed workforce.
5. Providers will be managed robustly on achieving specified child centred outcomes. Competition will be used to set optimal emotional wellbeing and mental health outcomes for children, young people and their families
6. Services are delivered in a non-discriminatory way and that no individual or group is prevented from accessing services by way of age, gender, sexual orientation or race.
7. Work with Adult Mental Health Commissioners to develop family approach to mental health and emotional wellbeing , and smooth transitions

4. Overview of need

It is well documented that children and young people's emotional well-being and mental health impacts upon every area of their lives, from their educational achievements, their relationships with peers and with the adults with whom they come into contact and the choices they make.

There is growing recognition that children and young people with good emotional wellbeing and mental health are more likely to be able to contribute and achieve, and that good mental health is important for optimum physical health. Mental health problems in children and young people do not present themselves as clearly as they do in adults. They can emerge in ways that are less easily defined - for example, through behaviour problems and emotional difficulties, substance misuse and self-harm. For those children and young people who do experience difficulties, it is important that their needs are responded to with targeted services that are effective, to reduce the severity and duration of problems. For children and young people with persistent, severe or complex mental health needs it is important to be able to access high quality specialist provision.

Surrey's Joint Emotional Wellbeing & Mental Health Commissioning Strategy for children and young people

Over the past five years Surrey partners have worked to understand the mental health and emotional wellbeing needs of children and young people through the development of a Joint Strategic Needs Assessment (JSNA), provider evaluations and by more recent engagement events with stakeholders including children and young people who have experiences of our services.

Key findings are:

- Priority areas and groups where there is an identified need and high prevalence of mental disorders include Spelthorne, Woking, Reigate and Banstead, Runnymede and Guildford⁴
- Young people under 18 admitted to hospital as a result of self-harm has increased in the 2009-12 period since 2006 -2009 period. However overall rates of admission in the 2009-12 periods are lower than the England average⁵.
- A need for a family approach and a focus on vulnerable families, focussing on strengthening family wellbeing and creating greater family stability.⁶ Parenting support is required, including outreach and for teenagers/teenagers with autism. .
- Build resilience and self esteem in all children and young people and their parents/carers.⁷
- Collaborate and joint work across services – the 'No wrong door' approach.⁸
- Mental health is everybody's business, creating local networks to support children and young people with mental health needs will require commissioned, integrated approaches and targeted services that can respond to the assessed emotional wellbeing and mental health needs.⁹
- Intervening at an earlier/ younger age and ensure smooth transition within every stage of a child or young person's life¹⁰
- Reduce stigma associated with mental health¹¹
There is confusion amongst children, young people and their families as to the services available and how to access them. Families feel waiting times are too long, interim support is needed

5. Market Management

To succeed in achieving our commissioning objectives our ability to influence and manage the local market of CAMHS provider services will be vital. In Surrey it is estimated that the number of under 18 year olds in Surrey is due to rise over the next ten years. By market management we can

⁴ JSNA 2011 Mental Health chapter

⁵ Chimat – Children's Health profile 2013

⁶ Surrey Stakeholder Engagement Consultation Report (2012) The Emotional Well-being and Mental Health of Children and Young People in Surrey: Shaping Our Future

⁷ Surrey Stakeholder Engagement Consultation Report (2012) The Emotional Well-being and Mental Health of Children and Young People in Surrey: Shaping Our Future

⁸ Surrey Stakeholder Engagement Consultation Report (2012) The Emotional Well-being and Mental Health of Children and Young People in Surrey: Shaping Our Future

⁹ Surrey Stakeholder Engagement Consultation Report (2012) The Emotional Well-being and Mental Health of Children and Young People in Surrey: Shaping Our Future

¹⁰ Surrey Stakeholder Engagement Consultation Report (2012) The Emotional Well-being and Mental Health of Children and Young People in Surrey: Shaping Our Future

¹¹ Surrey Stakeholder Engagement Consultation Report (2012) The Emotional Well-being and Mental Health of Children and Young People in Surrey: Shaping Our Future

Surrey's Joint Emotional Wellbeing & Mental Health Commissioning Strategy for children and young people

ensure there is diverse, appropriate and cost effective range of services to meet needs and deliver effective outcomes both now and in the future.

There are three dimensions in market management¹²

1. Market intelligence – ensuring we are well informed about the emotional wellbeing and mental health market, understand the factors that influence demand and supply with a clear vision of good quality and outcomes that it will achieve.
2. Market structuring – we are explicit with the emotional wellbeing and mental health market about how we intend to design services. This may include identifying and removing barriers or piloting innovation.
3. Market intervention - we need to combine both the intelligence and market structuring and identify activities to stimulate parts of the market where there is the need to do so.

Procurement can consist of a range of arrangements, where Health or the Council can commission services alone within their organisational requirements, or the Council or CCG's can be the lead commissioner for joint services. We intend to use formal competitive tendering frameworks for services. We plan to work with service providers and voluntary and community sector over the lifetime of this strategy to improve the focus and usefulness of the information we receive on the performance of their services. We will not place undue burdens on smaller providers, but, in return for greater levels of financial certainty by longer term funding, we will expect proportionate improvements in both service outcomes and information quality. We will also use grant aid where appropriate.

6. Overview of Current Service Providers

Many children will first access help for mental health problems through primary care either via their family GP or school setting. Surrey has four providers delivering mental health services across the county. Targeted Child and Adolescent Mental Health Services are delivered by Surrey and Borders Partnership NHS Foundation Trust alongside Virgin Care; First Community Health and Central Surrey Health. Much of the work delivered by the targeted services is building capacity within universal services to help identify mental health needs and intervene early via training and consultation. Specialist Child and Adolescent Mental Health Services in Surrey are delivered by Surrey and Borders Partnership NHS Foundation Trust.

Jointly commissioned mental health services	Mental health services commissioned/provided by Surrey County Council	Mental health services commissioned by Surrey CCGs
<ul style="list-style-type: none"> • Primary Mental Health workers • CAMHS 3 Cs -Children in Care Service • Parent Infant Mental Health Service • You and Your Baby Connecting 	<ul style="list-style-type: none"> • Targeted Mental Health in Schools (TaMHS) • No Labels • CAMHS Social Worker team 	<ul style="list-style-type: none"> • Mindful • CAMHS Specialist Community services • Primary Mental Health workers including the CAMHS Advisory

¹² Institute of Public Care – Market Analysis Centre (2012)

Surrey's Joint Emotional Wellbeing & Mental Health Commissioning Strategy for children and young people

<ul style="list-style-type: none"> • CAMHS extended hours service • CAMHS weekend assessment service • Clinical targeted service • Sexual Trauma Assessment, Recovery and Support Team (STARS) • HOPE • Community Nurses 		<p>line</p> <ul style="list-style-type: none"> • Heads together Youth Counselling Service
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7. Service gaps

Although there are areas that have been identified with excellent and valued practice across the county there is a need to extend capacity and reach

- Interventions which promote good mental health, prevent poor mental health and intervene early¹³;
- Capacity within universal services to support children and young people with low level emotional wellbeing and mental health needs¹⁴;
- Evidence based approach to prevention and management of self-harm in schools, colleges and community settings;
- Support for families (including siblings) affected by their child or and young people's mental health problems including improved communication and better information about what is available locally. How families can promote and maintain good mental health and emotional wellbeing.
- Consistent access to parenting programmes, particularly for managing hyperkinetic behaviours, self harm, eating disorders and conduct disorders. Support to include outreach and practical support
- Need for perinatal service - Women at risk of perinatal mental illness or who are mentally ill during the perinatal period are managed within maternity, primary care, public health nursing teams¹⁵
- Equitable access across Surrey - Provision to reflect the expected different prevalence rates of mental health disorder in the different Districts & Boroughs
- Psychological support for long term conditions care pathways including for those with profound and complex needs and sensory impairments. Link with services currently supporting children and young people with SEND support to ensure provision is mutually supportive and effective
- Support for families affected by Foetal alcohol syndrome
- Greater flexibility and improved access with some evening and weekend therapy options and on-line/telephone support on 24/7 basis for young people and their parents.
- Psychiatric liaison and intensive home treatment

¹³ Surrey Emotional Well-being and Mental Health (2012) Stakeholder Engagement survey key findings

¹⁴ Surrey Emotional Well-being and Mental Health (2012) Stakeholder Engagement survey key findings

¹⁵ JSNA (2011) Mental Health Chapter

Surrey's Joint Emotional Wellbeing & Mental Health Commissioning Strategy for children and young people

- Transition of young people from CAMHS to Adult Mental Health or other support to be more robust and effective as this is a particularly vulnerable time and there is a need for a greater co-working approach.
- TAMHS is having an impact for engaged schools and this needs to be promoted and expanded to other schools to achieve greater awareness and understanding, prevention and intervention
- Counselling Services for those with mild to moderate under 12's
- Appropriate support for children and young people in A & E and training for staff concerning impact of stigma
- Stigma prevents some children and their friends and families from raising concerns and seeking help
- Adult Mental Health services awareness of the needs of children whose parents have chronic mental illness to ensure that the family receives treatment and support
- Emotional wellbeing and coping skills Improved links with and between services e.g. sexual health and drug and alcohol
- Further support for 14-25 year olds
- Support for attachment disorders affecting post adoption placements
- Emotional wellbeing and mental health support for children and young people affected by domestic abuse or witness to domestic abuse.

8. Performance and Outcomes

There is limited performance information on our commissioned services. As part of ensuring robust contract management arrangements are in place, commissioners will work with providers to develop a culture of performance monitoring and reporting. Performance management will provide a baseline on which to build continuous service improvements. Commissioners will work with young people, their families and providers to co produce a clear outcome framework which effectively captures both mental health and emotional wellbeing.

9. Overview of Finances

Commissioners will seek to ensure value is achieved within existing resources. Funding per annum across the county on CAMHS provision.

CAMHS	Surrey County Council (non pooled budget) £'000 per annum	Section 75 (Pooled budget) funding £'000 per annum	Surrey CCGs (non pooled budget) £'000 per annum
Universal Services	0	229	Primary care and Health visitors
Targeted Services	841	1,767	Counselling services within community contracts

Surrey's Joint Emotional Wellbeing & Mental Health Commissioning Strategy for children and young people

Specialist Services	733	242	7,200
Total	1,574	2,238	7,200

Annual contribution to the targeted CAMHS pooled budget¹⁶

Surrey CCGs	£1,036
Surrey County Council	£1,194
Total	£2.2m

10. Our Commissioning Intentions 2014/15

1. We will re-commission targeted and specialist community services, that build resilience of children and young people so they are equipped with the necessary skills to maintain positive mental health and emotional wellbeing.
2. We will scope and shape our emotional wellbeing and mental health provider market to ensure services are culturally appropriate, community based and deliver value for money reducing demand for more acute interventions.
3. We will ensure safety and clinical excellence are maintained, with all services commissioned understanding the requirements to safeguard children and know how to take appropriate action when safeguarding issues are identified.
4. We will ensure all procurement is compliant with Council and NHS Clinical Commissioning Group requirements

¹⁶ Excludes the pooled budget arrangement for HOPE (specialist Service) from CCGs £804 pa and SCC £733 pa managed via the HOPE management Board

10. Fulfilling our Commissioning Objectives

Commissioning stages	Actions	Lead
UNDERSTAND	Support update of the Joint Strategic Needs Assessment	Public health Commissioners
	Gather local market intelligence across universal and targeted services	Commissioners and Procurement
	Undertake service reviews of jointly commissioned services, ensuring compliance with legislation and guidance	Commissioners
PLAN	Reshape and co-design services	Children, young people and Commissioners
	Develop business cases for services to be decommissioned, commissioned and re-commissioned	Commissioners
	Agree services to be decommissioned, commissioned and re-commissioned	Commissioning group members
	Identify and agree appropriate procurement routes for the services to be commissioned (tender/grant aid, joint or single agency)	Procurement /Commissioning group members
	Undertake Equality Impact Assessment to ensure that children and young people are not affected negatively as an unintended consequence of the plan and that mitigating actions are put in place where necessary.	Commissioners
DO	Agree and promote market position statement	Commissioners & Commissioning group members
	Identify segments of the market to develop and or stimulate competition	Commissioners
	Implement approaches which build capacity within the local market	Commissioners & Procurement
	Tender/grant aid of agreed services	Commissioners & Procurement
	Introduce robust contract management arrangements	Commissioners
REVIEW	Refresh CAMHS Partnership Strategy	All stakeholders
	Review process for service users and carer feedback	Commissioners
	Review market performance and embedded outcome framework	Procurement & Commissioners

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Glossary

CAMHS (Child and Adolescent Mental Health Service) - Multidisciplinary teams comprising of psychiatrists, social workers, community psychiatric nurses and psychologists providing support to children and young people with severe mental health problems, both out of hospital and within hospital settings.

Carer - A person who provides care on a regular basis, who is not employed to do so.

Children Looked After - Child who is either provided with accommodation by a local authority social services department for a continuous period more than 24 hours, or someone who is subject to a relevant court order under part IV or V of the Children Act 1989. Could refer to children subject to accommodation under an agreed series of short term placements like short breaks, family link placements or respite care. Most looked after children cease to be looked after, after reaching their 18th Birthday. Some are looked after until their 21st Birthday under Section 20 (5) of the Children Act.

Clinical Commissioning Groups (CCGs) - are groups of GPs that are responsible for planning and designing local health services in England.

Clinical excellence - A framework for improving the standard of clinical practice in NHS organisations. Systems and clear lines of accountability should be in place to ensure quality improvement.

Commissioning - is the process for deciding how to use the total resource available in order to improve outcomes for children, young people and their families in the most efficient, effective, equitable and sustainable way. (Commissioning Support Programme, 2009)

Emotional wellbeing – A holistic, subjective state which is present when a range of feelings, among them energy, confidence, openness, enjoyment, happiness, calm, and caring, are combined and balanced. (Department of Education and Skills 2003)

Health and Wellbeing Boards - The Health and Wellbeing Board established in April 2013, and a shadow board is currently in operation. The Board focuses on promoting integration and partnership working, and improving democratic accountability of health and social care services.

Inpatient - Essential tertiary level services such as highly specialised out-patient teams and in-patient units

Joint Strategic Needs Assessment (JSNA) - An assessment that provides an objective analysis of the current and future health and wellbeing needs of local adults and children, bringing together a wide range of quantitative and qualitative data, including user view. CCGs and local authorities, including directors of public health,

Surrey's Joint Emotional Wellbeing & Mental Health Commissioning Strategy for children and young people

will in future have an obligation to prepare the assessment, and to do so through the arrangements made by Surrey's Health and Wellbeing Board.

Mental health problem - A phrase used as an umbrella term to denote the full range of diagnosable mental illnesses and disorders, including personality disorder. Mental health problems may be more or less common and acute or longer lasting, and may vary in severity. They manifest themselves in different ways at different ages and may present as behavioural problems (for example, in children and young people).

Mental illness - A term generally used to refer to more serious mental health problems that often require treatment by specialist services. Such illnesses include depression and anxiety (which may also be referred to as common mental health problems) as well as schizophrenia and bipolar disorder (also sometimes referred to as severe mental illness).

NICE - National Institute for Clinical Excellence. A body promoting clinical excellence and the effective use of resources within the health service.

Perinatal - 3 months before and one week after birth.

Positive mental health - The emotional and spiritual resilience which enables enjoyment of life, and the ability to survive pain, disappointment and sadness; and as a positive sense of wellbeing and an underlying belief in our own and other's dignity and worth. (Department of Health 2001)

Social Care - Services provided by statutory and independent organisations, helping people to live their daily lives.

Specialist Services - A specialised multi-disciplinary service for more severe, complex or persistent disorders.

Stakeholders - People with an interest in an organisation, its activities and its achievements e.g. customers, partner organisations, employees, and government regulators.

Targeted Services - Services provided by specialist individual professional relating to workers in community and primary care settings including paediatricians, community nurses and educational psychologists, as well as child and adolescent mental health professionals.

Universal Services - Professionals working in universal services, providing a primary level of care, including primary and community health care (e.g. health visitors, GPs, school nurses), education (teachers, school, colleges) social care (local authority children's services, children's centres) and voluntary organisations.

Vulnerable Children & young people - The Framework for the Assessment of Children in Need and their Families (Department of Health) defines vulnerable

Surrey's Joint Emotional Wellbeing & Mental Health Commissioning Strategy for children and young people

children as 'disadvantaged children who would benefit from extra help from public agencies in order to make the best of their life chances'.

Adapted from:

- Glossary, Richmond Council.
- QPMI Child Glossary V2.doc, Department of Health.
- Glossary, www.theparentcentre.gov.uk
- Glossary, www.teachingnet.gov.uk
- No Health without Mental Health, DH 2012 national strategy

Integrated Quality and Performance Data Pack

June 2015

Extract for CAMHS CQRM

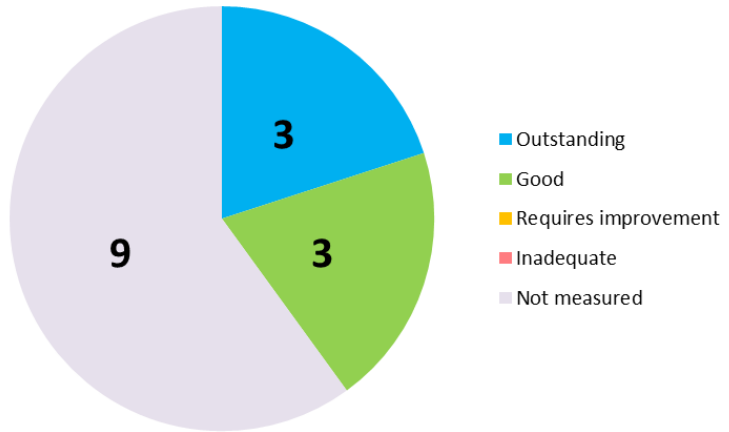
Surrey and Borders Partnership NHS Foundation Trust

TRUST WIDE SERVICES



Board KPI Summary

Key Performance Indicators (May 2015)



KPIs not achieved (May 2015)

- None

Commentary

The Trust has set 7 KPIs to be measured each month and 8 KPIs to be measured each quarter. Our performance in May 2015 was either good or outstanding for the 6 KPIs that we are able to report on this month. The physical health check KPI is under review and will be reported on in due course.

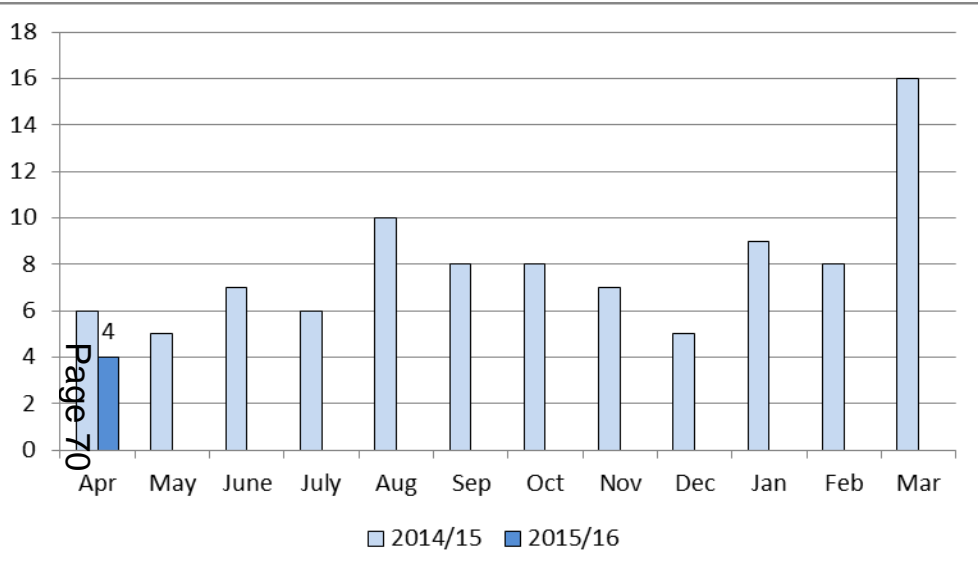
The Context and more information

The data sources for the Board KPI report include Your Views Matter, Datix, TIM and other sources.

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Complaints

Complaints (April 2014 to April 2015)



Complaints and compliments (April 2015)

Lead Directorate	Complaints received	Complaints closed	Complaints Upheld	Compliments
Working Age Adults	2	5	0	14
Older Adult MH/ Specialist Comm/ WAA NEH	2	0	0	9
CYPS/EIIP	0	2	2	9
PLD	0	0	0	2
Specialist Services and Psychological Therapies	0	2	0	5
Corporate	0	0	0	0
Totals	4	9	2	39

Commentary

4 complaints were received during April 2015 (2 medical and 2 operational) of which:

- 3 complaints were about clinical treatment.
- 1 complaint was about communication.

The Context and more information

The graph above shows the number of complaints received in 2015/16 compared to 2014/15.

The complaints are being/have been investigated under the NHS Complaints Regulations.

Unexpected deaths

Unexpected deaths April 2014 – March 2015

01.04.14 – 31.03.2015	Total SIs	Total Unexpected Death	Unexpected Death Community	Unexpected Death Inpatient	Homicide by Outpatient
WAA	43	23	18	5	0
OPS	7	4	3	1	0
SS	5	5	5	0	0
CYPS	8	3	3	0	0
LDS	3	2	2	0	0
COR	0	0	0	0	0
total	66	37	31	6	0

Unexpected deaths – Year to date at 31st May 2015

01.04.15 – 31.03.2016	Total SIs	Total Unexpected Death	Unexpected Death Community	Unexpected Death Inpatient	Homicide by Outpatient
WAA	6	4	4	0	0
OPS	0	0	0	0	0
SS	1	0	0	0	0
CYPS	2	0	0	0	0
LDS	1	1	1	0	0
COR	0	0	0	0	0
total	10	5	5	0	0

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Commentary

A significant overall decrease in the number of reported deaths was recorded for the year 2014/15. In 2013/2014 unexpected deaths accounted for 62% of all Serious Incidents reported. In 2014/2015 unexpected deaths accounted for 56% of all Serious Incidents reported.

It is also noted that a number of the deaths that have been investigated from this time period have identified fewer lessons learned indicating that improvements to the quality of the services provided have been made and embedded.

So far this year we have had 5 unexpected deaths and 2 of these occurred in May 2015.

The Context and more information

We report this data externally through the Strategic Executive Information System STEIS system managed by NHS England. Data is obtained internally through SaBP Datix incident reporting system and also stored externally on the STEIS system.

Monitor Quality Standards

Measure	Target	Apr-15	May-15
CPA - 7 day follow-up	95%	96.2%	95.8%
12 Month CPA Reviews	95%	96.2%	96.9%
Delayed Transfers	<=7.5%	1.6%	1.3%
Admissions Via HTT	95%	97.6%	100.0%
Meeting commitment to serve new psychosis cases by early intervention Teams	126 year end	17	30
Data completeness: identifiers	97%	99.9%	99.9%
Data completeness: outcomes for Adult patients on CPA	50%	86.6%	91.5%
Certification against compliance with requirements regarding access to healthcare for people with a learning disability	Monitor to Confirm	Green	Green

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Commentary

We achieved all of the 8 Monitor targets in May 2015.

The context and more information

Monitor figures cover all CCGs.

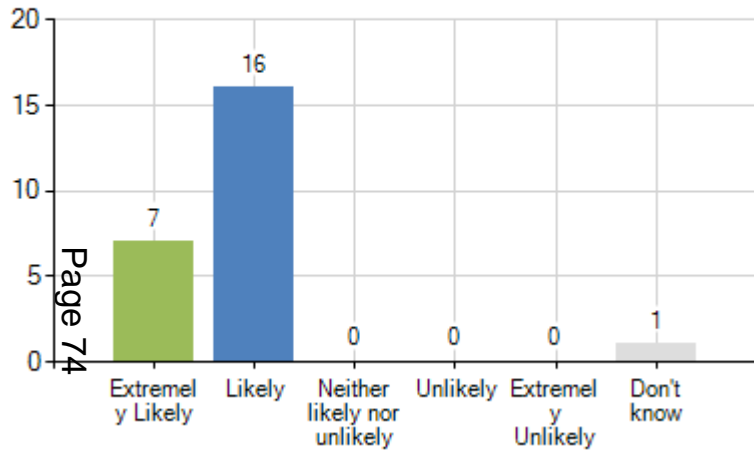
CHILDREN AND YOUNG PEOPLE SERVICES

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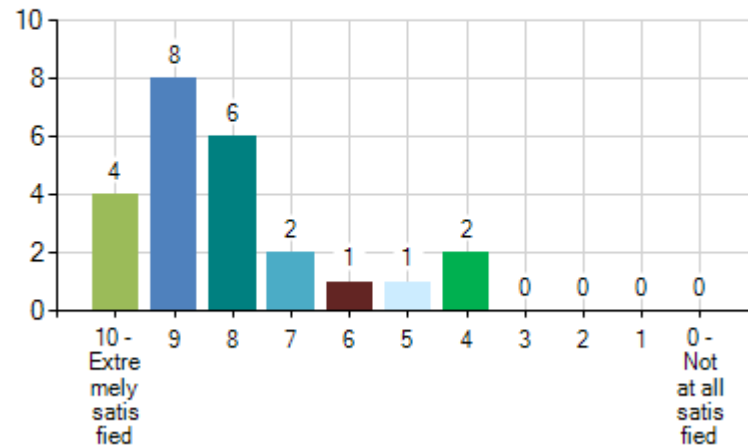
Children and Young
People's Services

Your Views Matter – CYPS

1. Based on your experience - how likely are you to recommend our service to friends and family if they needed similar care or treatment? (24)



22. On a scale of 0-10 (where 0= Not at all satisfied and 10= Extremely satisfied) How would you rate your experience of the service overall? (24)



Team	No. of questionnaires
CAMHS North	4
CAMHS East	9
CAMHS South	5
CYPS eating disorders	1
CAMHS unknown	1
NE Hamp & Surrey Heath EIIP	2
Access CAMHS	2

Commentary

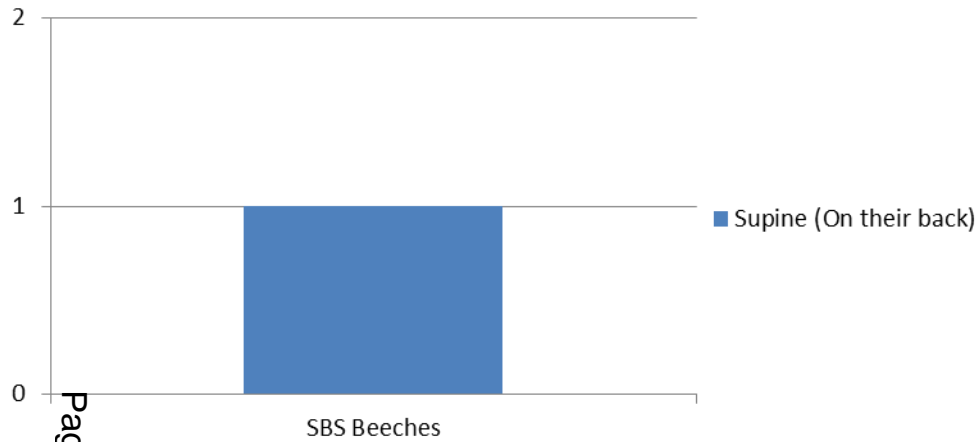
The return rate for the CYPS survey for May 2015 was 24. An increase of 8 from 7 services. As from 1st April 2015, the survey does not include adult eating disorder services.

The context and more information

The graphs above illustrate the count, not the percentage, of peoples' satisfaction with the care they received, based on 24 responses.

Restraint

Restraints : April 2014 – March 2015 by service type



Restraints : May 2015 by service type

Commentary

In the 12 months between April 2014 and March 2015, one incident was reported from Children and Young Peoples Services, this occurred in December 2014.

There have been no reported restraints for May 2015.

The context and more information

Source: Monthly restraint data reported on Datix. Reporting of restraints was introduced on Datix on 23/10/2013.

SURREY CAMHS

Children and Young
People's Services

CARE QUALITY COMMISSION INSPECTION ACTIONS

RAG Status	Milestone and Workstream RAG	Totals	%
Purple	New action	0	0%
Light Grey	Not yet started - Not due yet	0	0%
Green	In progress - On time	0	0%
Amber	In progress - Risk to not completing on time	0	0%
Red	In progress - Overdue	0	0%
Black	Not started - Overdue	0	0%
Blue	Action Complete	11	100%
Grey	Action Aborted	0	0%
Total Actions		11	100%

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Commentary

From the inspection there are two compliance requirements and 11 actions for CAMHS services. All actions are now complete.

The context and more information

The Care Quality Commission undertook an inspection of SABP services in July 2014. 51 services were inspected which included some of our CYPS services.

CAMHS Protected characteristics

Protected characteristics (year to date at 31st May 2015)

	CAMHS CT East	CAMHS CT North	CAMHS CT South	CLD East	CLD North West	CLD South West	Eating Disorders CYPS	Total
Gender	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Ethnicity	77.8%	73.0%	77.3%	98.6%	100.0%	100.0%	95.8%	80.3%
Age	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Religion & Belief	65.9%	59.0%	68.5%	76.1%	100.0%	84.5%	94.8%	68.8%
Marriage & Civil Partnership	90.2%	86.5%	95.4%	100.0%	100.0%	90.0%	100.0%	92.5%
Disability (in add to MH/LD)	44.8%	48.9%	64.5%	89.1%	100.0%	91.6%	95.8%	60.2%
Sexual Orientation	56.2%	46.0%	72.5%	41.7%	100.0%	70.0%	98.1%	62.7%
Pregnancy / Maternity	Data not available							
Overall % completeness	77.2%	75.1%	82.3%	92.0%	100.0%	94.4%	97.6%	81.5%

Key	
>= 80% Outstanding	Blue
>= 60% Good	Green
>= 40% Requires improvement	Amber
< 40% Inadequate	Red

Commentary

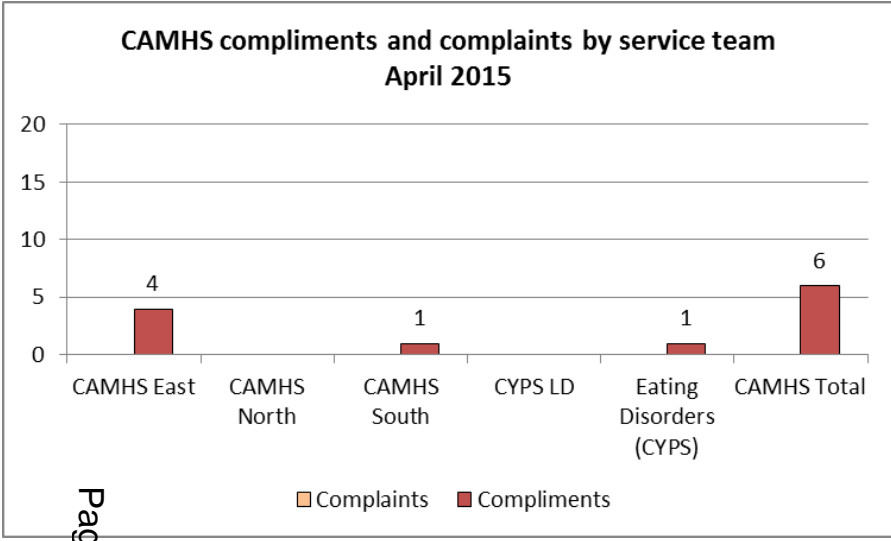
The Trust-wide Board KPI target is to achieve an overall figure of 80% for recording protected characteristics on RiO. Our CAMHS services achieved 81.5% overall during April-May 2015.

The Context and more information

The Trust Board KPI for 2015/16 is defined as a count of people who have been seen at least once in the year where their personal characteristic (age band, disability, gender, marriage & Civil Partnership, ethnicity type, religion & belief, and sexual orientation) has been collected on RiO over the total number of people who have been seen at least once in the year. The target is to achieve an overall figure of 80%, for the seven characteristics combined. Source: Trust Information Management system (TIM).

CAMHS Complaints

Compliments and complaints (April 2015)



Complaints by type (April 2015)

- No new complaints were received during April 2015

Commentary

Our CAMHS teams received 6 compliments during April and no complaints.

Two complaints have been completed since last month's report. One of these complaints was partially upheld. The other complaint was not upheld.

The Context and more information

The complaints are being/have been investigated under the NHS Complaints Regulations.

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Serious Incidents

Unexpected deaths April 2014 – March 2015

01.04.14 – 31.03.2015	Total SIs	Unexpected Death Community	Serious Incident in community	Homicide by Outpatient	Under 18yrs admission to adult ward.
Surrey CAMHS	3	1	1	0	1
total	3	1	1	0	1

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Unexpected deaths – April-May 2015

01.04.15 – 31.03.2016	Total SIs	Unexpected Death Community	Unexpected Death Inpatient	Homicide by Outpatient	Under 18yrs admission to adult ward.
Surrey CAMHS	2	0	0	0	2
total	2	0	0	0	2

Commentary

During the year 2014 /2015 there were three Serious Incidents (SI's) reported for Surrey CAMHS teams.

- The unexpected death reported was via method of hanging – this method of death is increasing throughout the UK.
- The Under 18 year admission was necessary due to lack of appropriate placement available at the point of admission.
- The severe overdose resulted in the hospitalisation of the young person.

In May 2015 there were no unexpected deaths reported. There were two serious incidents reported due to under 18yrs admissions to adult wards.

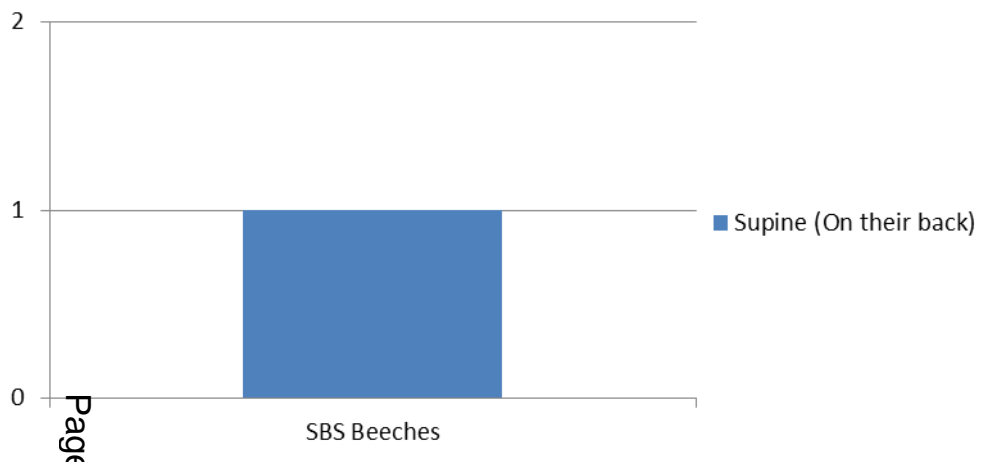
The Context and more information

We report this data externally through the Strategic Executive Information System STEIS system managed by NHS England. Data is obtained internally through SaBP Datix incident reporting system and also stored externally on the STEIS system.

Restraint

Restraints : April 2014 – March 2015 by service type

Restraints : May 2015 by service type



Commentary

In the 12 months between April 2014 and March 2015, there was one incident reported for SBS Beeches; this occurred in December 2014.

There were no reported restraints in May 2015 for Surrey CAMHS.

The context and more information

Source: Monthly restraint data reported on Datix. Reporting of restraints was introduced on Datix on 23/10/2013.

CAMHS Quality Standards

May 2015

Domain	CCG Ref	Measure	Service	Target	Threshold	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15	May-15
D3	1a	Care Plan within 1 Week	All	90.0%	90.0%	91.5%	91.7%	Data not available	87.5%	96.4%	92.9%	90.0%	No Service Users	81.0%	76.03%	88.9%	78.5%	80.4%	92.8%
D4	4	Copy of CarePlan	All	95.0%	90.0%	96.0%	96.0%		88.5%	90.9%	95.2%	95.0%	96.0%	96.0%	100.0%	100.0%	96.0%	92.0%	92.3%
D5	2	CPA Crisis and Contingency Plan	All	95.0%	90.0%	96.0%	96.0%		92.3%	95.5%	95.2%	95.0%	96.0%	100.0%	100.0%	100.0%	96.0%	100.0%	100.0%
D5	Page 82	CPA Reviewed Last 12 Months: CYPS	All	95.0%	90.0%	50.0%	70.0%		60.0%	50.0%	42.9%	33.3%	62.5%	66.7%	71.4%	75.0%	62.5%	50.0%	54.5%
TBC	82	Routine referrals assessed in 13 weeks	All	95.0%	90.0%	81.5%	75.8%		77.3%	86.5%	88.6%	98.3%	No Service Users	98.4%	93.1%	94.6%	97.3%	97.7%	90.5%

Commentary

In May 2015 we achieved the target for two of the five Quality Standards that apply to our Child and Adolescent Mental Health Service and we achieved the threshold for two other measures. We did not achieve the threshold or the target for the following measure:

- CPA Reviewed Last 12 Months

The Context and more information

Source: Trust Information Management system (TIM).

The report includes CAMHS CT, CYPS LD and Eating Disorders CYPS services only.

CAMHS Activity

Referrals and Assessments (May 2015)

	Referrals appropriate	Referrals inappropriate	Total referrals	NPA accepted	NPA discharged	Average wait time	Discharges appropriate	Discharges inappropriate	Average duration of treatment
CYPS CAMHS CT	408	36	444	128	35	54	265	81	335
CAMHS CT East	165	3	168	50	9	69	107	33	451
CAMHS CT North	110	30	140	34	17	47	73	40	217
CAMHS CT South	133	3	136	44	9	45	85	8	241
CYPS LD	22	1	23	16	3	67	17	3	516
CLD East	14	1	15	9	1	69	11	1	615
CLD North West	3	-	3	3	-	37	4	-	279
CLD South West	5	-	5	4	2	78	2	2	136
Eating Disorders CYPS	13	-	13	5	2	31			
Mindful	2	-	2	-	-	-	1	-	62
All	445	37	482	149	40	55	297	84	345

Caseload (at 31st May 2015)

	Caseload
CYPS CAMHS CT	2,174
CAMHS CT East	912
CAMHS CT North	523
CAMHS CT North West	1
CAMHS CT South	738
CAMHS CT South East	-
CYPS LD	380
CLD East	245
CLD North West	46
CLD South West	89
Eating Disorders CYPS	94
Mindful	22
Total	2,670

Commentary

Our Surrey CAMHS teams received 482 referrals in May 2015 and carried out 149 New Patient Assessments where the person was offered a service as a result of the assessment.

The caseload was 2,670 at 31st May 2015.

The Context and more information

Source: Trust Information Management system (TIM).

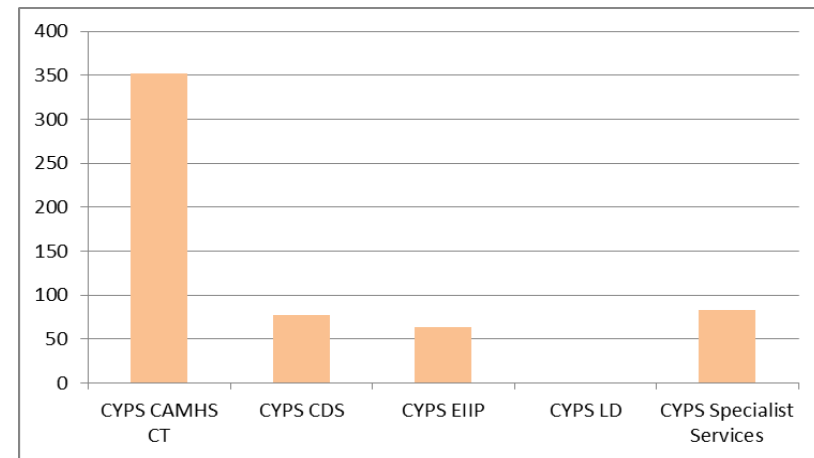
Caseload figures are a count of people who on the last day of the reporting period have an open referral to a CYPS service and have had at least one attended face to face appointment.

Community Activity

Community contacts (May 2015)

	NPA Appointments	Follow up Appointments	Telephone Contacts	Mismatched Appointments	DNA	Cancelled by Service User	Cancelled by Trust	Unoutcomed Appointments
CYPS CAMHS CT	189	1367	195	92	253	207	111	194
CAMHS CT East	66	523	82	40	111	85	44	63
CAMHS CT North	56	340	47	17	56	43	36	45
CAMHS CT South	67	504	66	35	86	79	31	86
CYPS LD	23	203	21	9	17	15	8	22
CLD East	15	125	16	7	13	13	5	22
CLD North West	3	18	1	0	0	1	0	0
CLD South West	5	60	4	2	4	1	3	0
Eating Disorders CYPS	7	223	33	24	20	11	0	7
Mindful	1	21	11	3	6	0	0	0
All	220	1814	260	128	296	233	119	223

Number of unoutcomed appointments (1st April 2015 to 31st May 2015)



Commentary

Our CYPS community teams made 2,422 face to face or telephone contacts with people in May 2015.

There are 611 unoutcomed appointments on RiO for the period 1st April to 31st May 2015 (0.1% of total appointments YTD). In the majority of cases, the appointments took place but they appear on the Trust Information Management system report as unoutcomed due to data quality issues including the fact that booking a room creates a duplicate appointment on RiO and so appears as unoutcomed. We are addressing this through the Data Quality forum and teams are being reminded of the correct procedure for out-coming appointments on RiO.

The Context and more information

Source: Trust Information Management system (TIM).

Mismatched appointments are those where the appointment type does not match the outcome, e.g. face to face appointment with telephone contact outcome.

CPA levels and Care Plan Distribution

CPA levels (at 31st May 2015)

	People on CPA	People on Statement of Care	People on CPA as a % of total
CAMHS CT East	7	226	3%
CAMHS CT North	3	13	19%
CAMHS CT South	5	211	2%
CYPS CAMHS CT	15	450	3%

% of people given copy of care plan (at 31st May 2015)

	People on CPA	People on Statement of Care	All people with care management recorded on RiO
CAMHS CT East	100%	35%	37%
CAMHS CT North	67%	15%	25%
CAMHS CT South	100%	39%	40%
CYPS CAMHS CT	93%	36%	38%

Commentary

At 31st May 2015 there were 465 people using CAMHS CT services for whom care management had been completed on RiO. 3% of these were on Care Programme Approach and 97% were on Statement of Care.

93% of those on CPA had been given a copy of their care plan, compared with 36% of people who were on Statement of Care. Overall, for these two groups combined, 38% of people using CAMHS CT services had been given a copy of their care plan.

The Context and more information

Source: Trust Information Management system (TIM).

Care plan distribution numerator: People who have CPA management completed where there is evidence on RiO that they have been given a copy of their care plan.

Care plan distribution denominator: All people for whom CPA management has been completed on RiO, excluding assessment and advisory services.

TaMHS Approach analysis - March 2015

Quadrant:	SW	SE	NW	NE
1 Total No of Schools on database	101	108	93	88
2 No registered as engaged	69 (up 10)	77 (up 6)	67 (up 16)	69 (up 5)
3 % engaged	68%	71%	68%	78%
5 Meeting booked or taken place	41% 28 schools (up 4)	35% 27 schools (up 1)	60% 40 schools (same)	77% 53 schools (same)
6 % with training booked (or taken place) Mental Health Awareness	61% 42 schools (up 3)	47% 36 schools (same)	55% 37 schools (up 1)	68% 47 schools (same)
7 % with training booked (or taken place) Attachment	20% 14 schools (up 2)	35% 27 schools (same)	22% 15 schools (same)	13% 9 schools (1via EP service - same)
7A % schools with regular meeting in place (New analysis from Nov 2013)	26% 18 schools (up 5)	18% 14 schools (up 6)	45% 23 schools (same)	36% 25 schools (up 8)
7b Additional/different training				
NTU	1	0	0	0
7c Anxiety	1	0	0	5 (inc 1parent talk and 1talk to pupils)
Eating Disorders	0	1	0	0
DSH	1	0	0	1
Training for ELSA	0	0	0	1
7d Total	3	1	0	7
8 No.& % attended network meeting Autumn Term 2013	7 attendees 17%	16 attendees 23%	7 attendees 17%	10 attendees 16%
9 No.&% attended network meeting Spring Term 2014	16 attendees 29%	17 attendees 24%	6 attendees 12%	5 attendees 8%
10 No.& % attended network meetng Summer Term 2014	8 attendees 13%	5 attendees 7%	12 attendees 24%	6 attendees 9%
11 No.& % attended network meeting Autumn term 2014	9 attendees 15%	17 attendees 24%	18 attendees 35%	9 attendees 14%
12 No.&% attended network meeting Spring Term 2015	12 attendees 17%	17 attendees 22%	17 attendees 25%	6 attendees 9%

The Context and more information

Source: The information shown in the table above is from a termly report produced by Babcock 4S. It includes the number of schools engaged, the number of schools trained, the number that have regular consultation meetings with PMHWs, schools receiving “bespoke” training and attendance at network meetings. The figures in brackets show changes since the previous term’s report.

Annexe 4 - Surrey and Borders Partnership NHS Foundation Trust Performance Review 2014/15

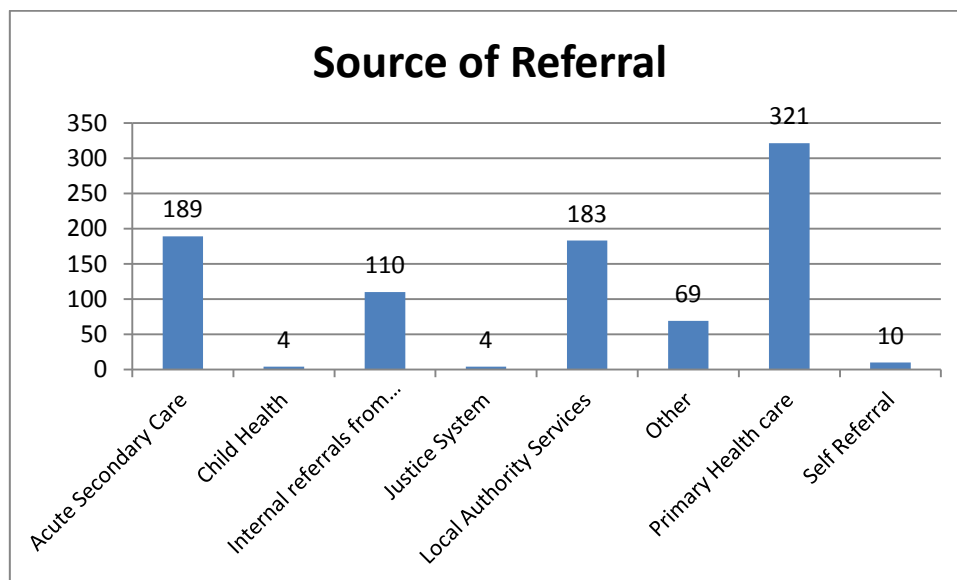
Since the introduction of more robust performance management arrangements in the last few years, commissioners have been working with SABP to ensure the service is able to demonstrate the activity undertaken by the commissioned services, as well as the outcomes for children and young people. This continues to be a work in progress, but the following activity data provides an overview of the current targeted CAMHS services.

There is recognition by commissioners that there are a number of challenges that mean the below data does not easily provide a comprehensive understanding of SABP's performance against the targeted CAMHS contract. This is due to several factors:

- Commissioners have only as recently as quarter one of financial year 2015-16 agreed with SABP to receive data broken down by service level. Previously data was aggregated to a contract-wide level meaning that it was difficult to understand the intricacies of the varied services that are delivered within the SABP contract. For example, variances between service waiting times.
- Data regarding children and young people's outcomes is not yet provided. Commissioners therefore have limited evidence of the impact of the targeted services on young people's outcomes other than anecdotal feedback.
- The data throughout the report does not provide consistency in relation to the number of young people seen by the service over the year.

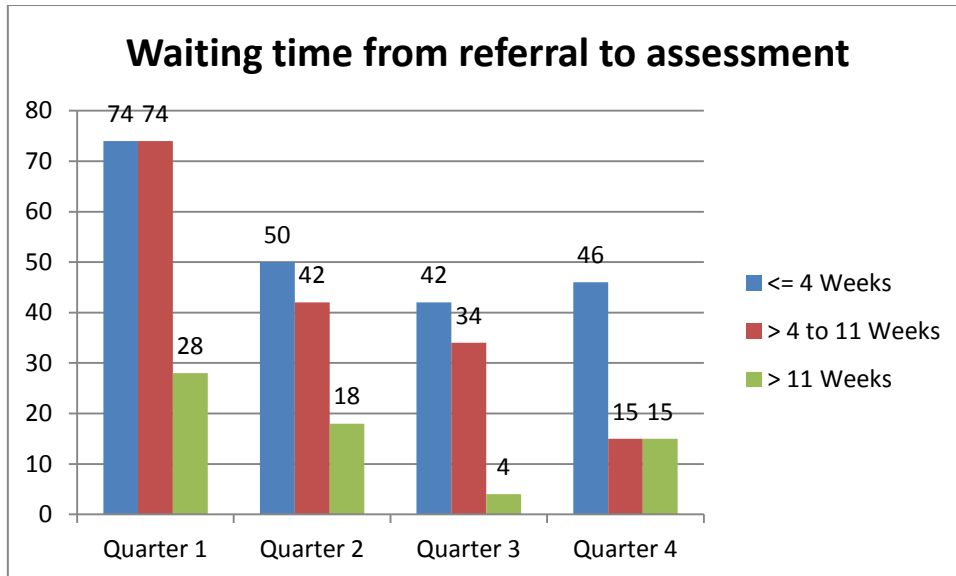
SABP performance data, year 2014/15

Fig 1



The graph above highlights a total of 272 referrals to SABP that had a source of referral recorded this financial year. 34% of referrals were from Primary Health Care.

Fig 2

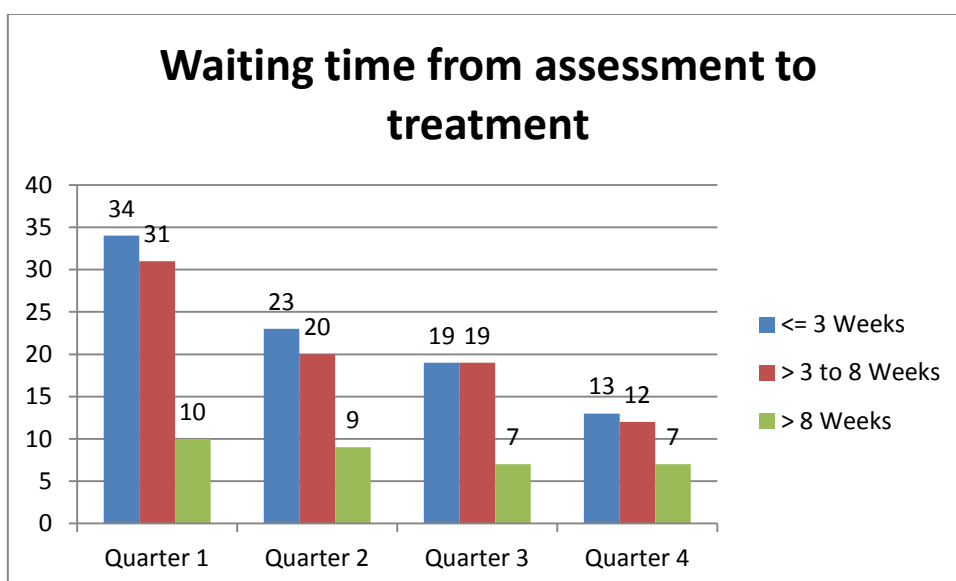


The graph above shows the waiting times from referral to assessment over the four quarters of the year. Aggregated data for the full financial year highlights that total waiting times for referral to assessment were:

- 212 young people waited less than or equal to four weeks
- 165 young people waited between four and eleven weeks
- 65 young people waited over eleven weeks

Once assessed, some young people will go on to require treatment. The graph below illustrates the waiting times from assessment to treatment across the four quarters.

Fig 3

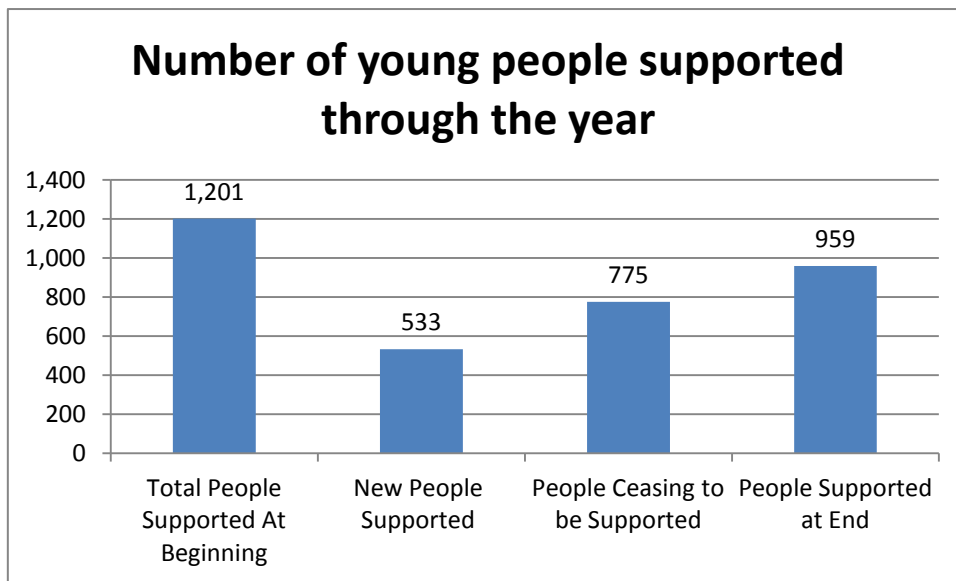


Aggregated data for the full financial year highlights that total waiting times from assessment to treatment are:

- 89 young people waited less than three weeks
- 82 young people waited between three and eight weeks
- 33 young people waited eight weeks or over

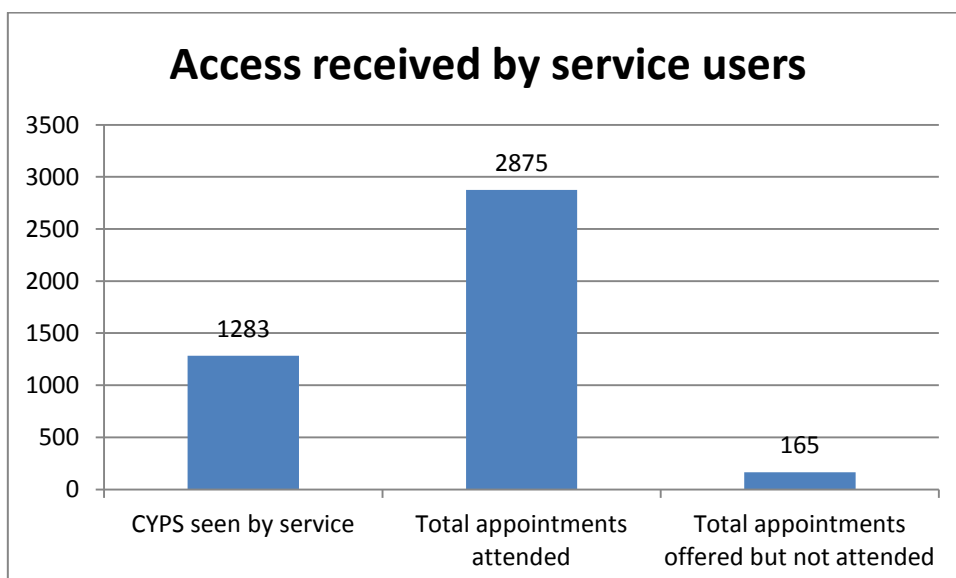
The majority of young people waited less than eight weeks between assessment and treatment. However, there are potentially 33 young people who could have waited at least 19 weeks between referral to SABP and starting treatment.

Fig 4



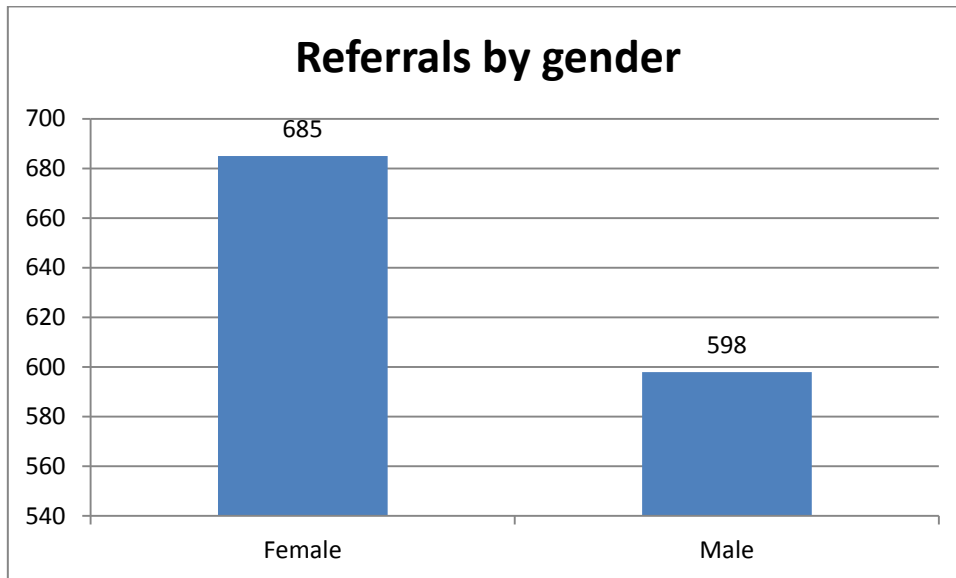
The graph above illustrates the number of young people supported by SABP across the year. There is a query around why the 'number of new people supported' (n533) is not equal to the total number of young people that had a source of referral recorded (n272 in Fig 1).

Fig 5



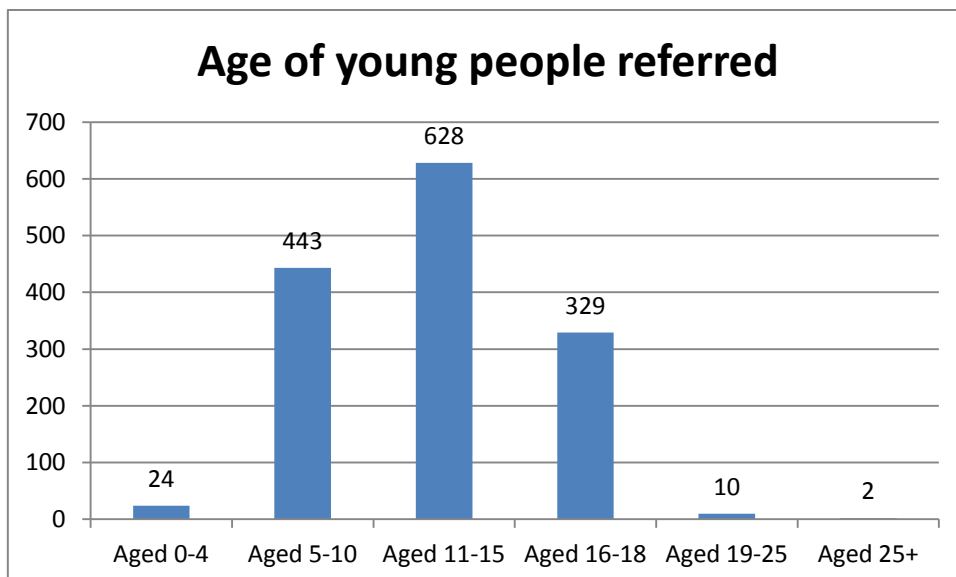
The graph above shows the breakdown of access received by services users across the year. There were a total of 1283 young people seen by the service across 2875 appointments. Six percent of appointments that were offered were not attended by young people.

Fig 6



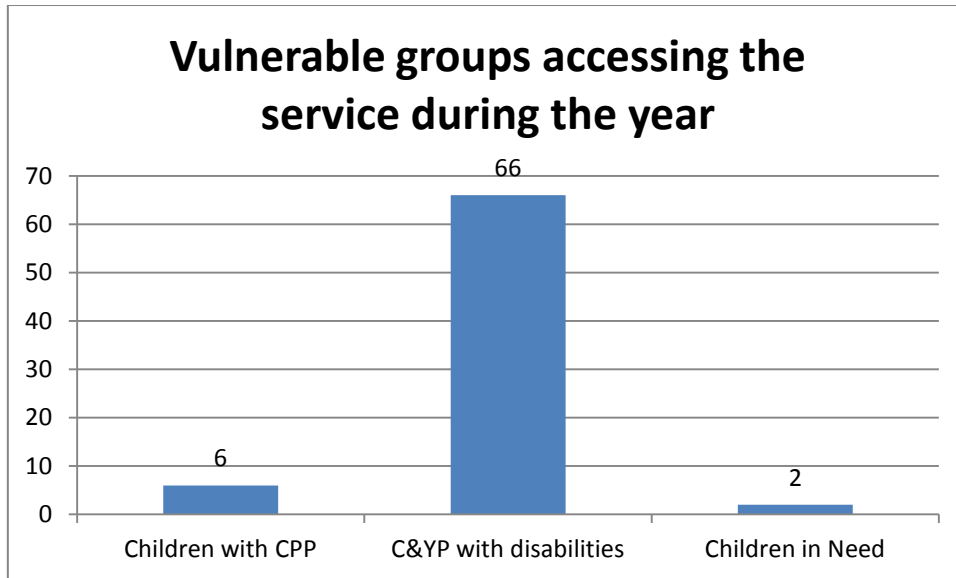
The graph above highlights the gender of referrals into SABP for the full financial year. There was just slightly more girls referred to SABP than boys, with 53% and 47% of total referrals respectively.

Fig 7



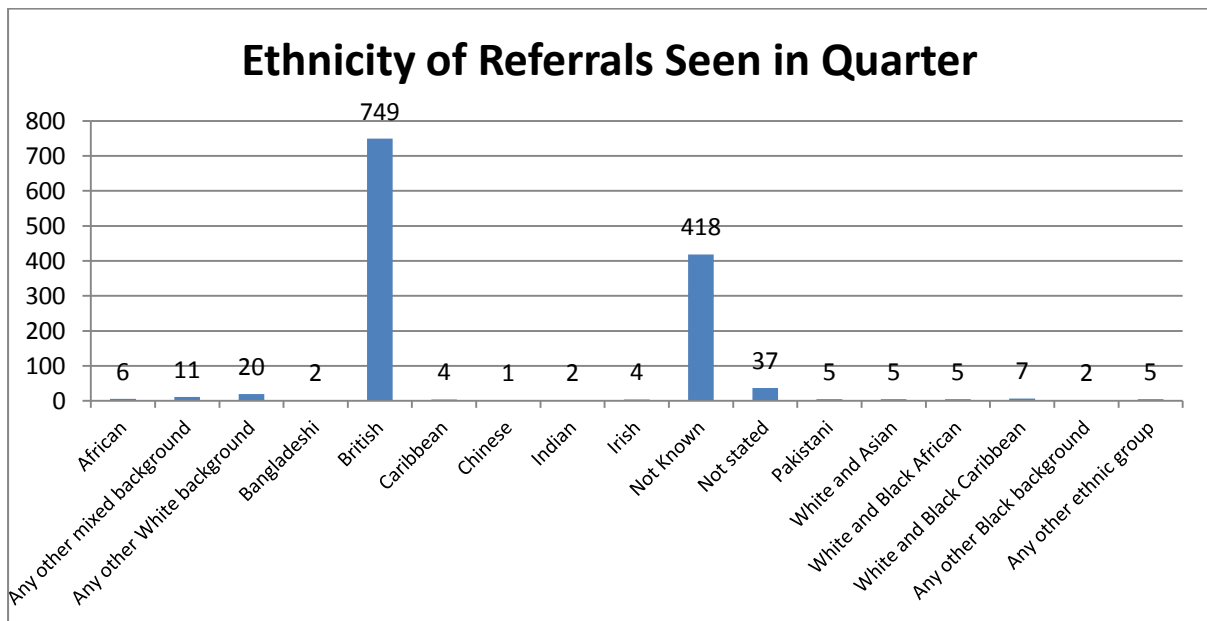
The graph above illustrates the ages of young people referred to SABP. 43% of referrals were young people aged between 11 and 15.

Fig 8



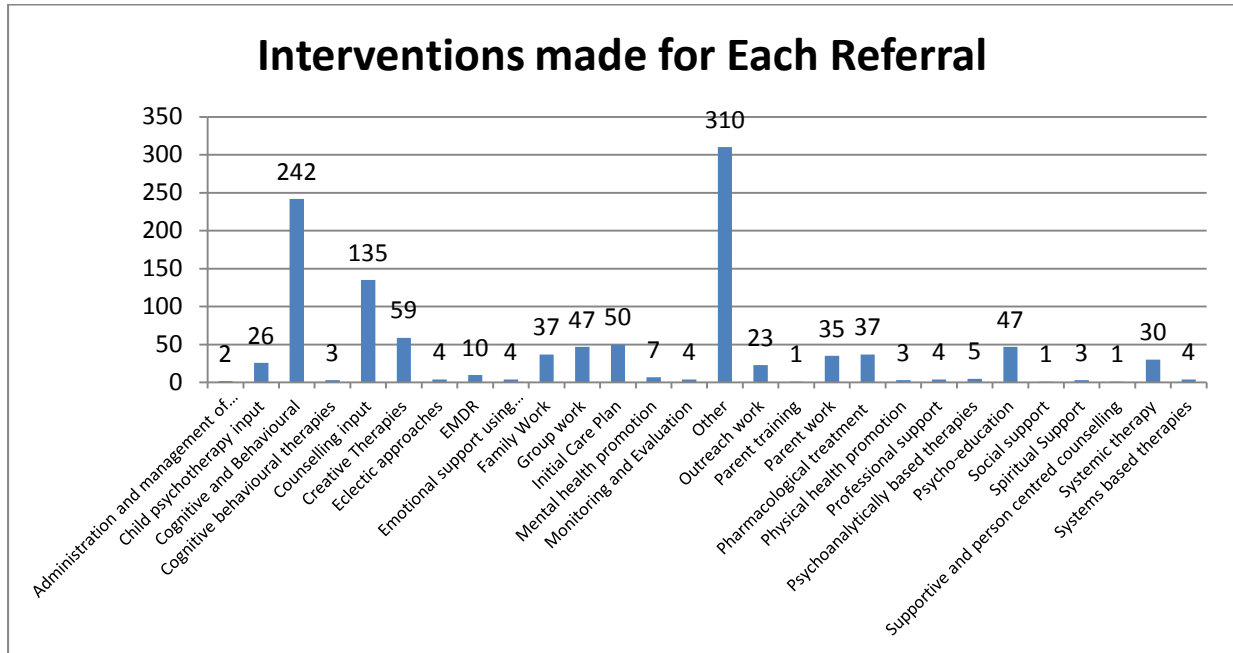
The graph above shows the number of the vulnerable groups accessing the services during the year. There is a dedicated Children in Care Service under the targeted contract so it is unclear as to why no Looked After Children have been recorded throughout the year.

Fig 9



The graph above shows the break of the referrals by ethnicity. The results show that the majority of the referrals were 'British' which equals to 58% of the referrals, while almost a third of young people's ethnicities were not known.

Fig 10

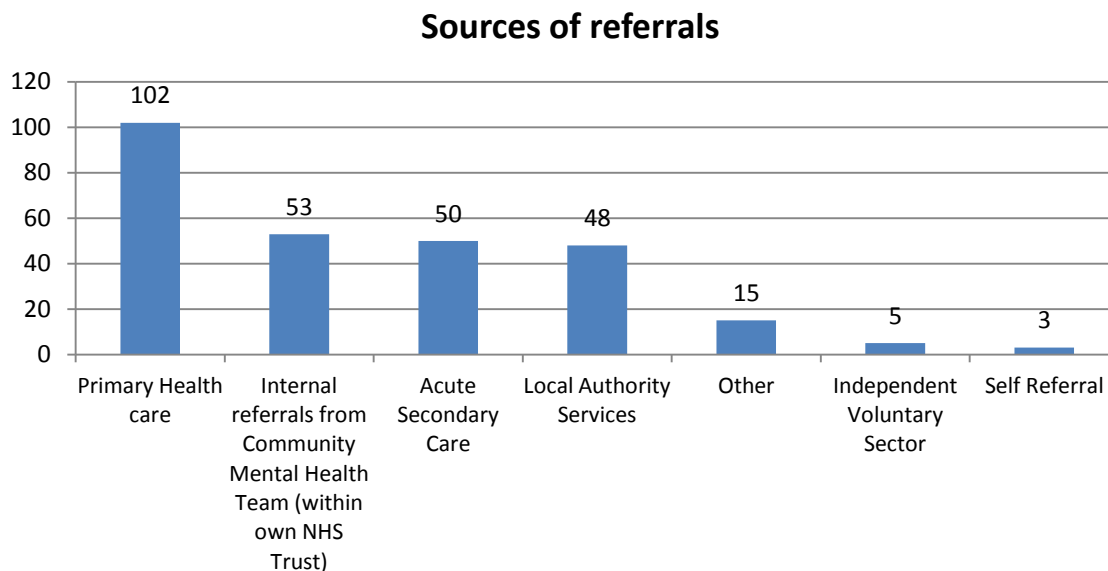


The results above indicate the interventions that were made for each referral. The outcome shows that the most common intervention was listed as 'other' at 310 young people, or 27%. The most common listed intervention was 'cognitive and behavioural therapies'.

2015-16 SABP Performance Data

From April 2015 commissioners have received service level data from SABP rather than purely aggregated data for all targeted services. This has enabled a greater degree of scrutiny of services and a greater ability to understand the nuances in the data provided. The following data is based solely on data from quarter one of financial year 2015-16.

Fig11



As with the financial year 14/15, once again Primary Health Care was the most common source of referral to targeted CAMHS. However, services such as Care Leavers CAMHS, Children in Care Service (3Cs), Extended Hours, PMHW Learning Disabilities and STARS, received the majority of referrals from the local authority.

Fig 12: Waiting Times – comparison between quarters

Waiting Times - Referral to Assessment	<= 4 Weeks	> 4 to 11 Weeks	> 11 Weeks
Q4 14-15	46	15	15
Q1 15-16	59	23	14

Waiting Times - Assessment to treatment	<= 3 Weeks	> 3 to 8 Weeks	> 8 Weeks
Q4 14-15	13	12	7
Q1 15-16	10	12	6

Compared to Q4 of financial year 14/15, there have been more cases that were assessed after referral. This meant that although the number of cases waiting longer than 11 weeks has remained relatively consistent, the rate has dropped from 20% in Q4 to 15% in Q1.

The services with longer than 11 weeks waiting times included 3Cs (100% of their referrals) and generic Primary Mental Health (27% of their referrals).

There were fewer cases waiting for treatment after assessment in quarter 4 14-15, and

the number of over 8 weeks waiting has remained consistent. The services with waiting times for treatment longer than 8 weeks include general Primary Mental Health (30% of their assessments).

Fig 13: Age:

Overall the age bands were as follows this quarter:

Aged 0-4	Aged 5-10	Aged 11-15	Aged 16-18	Aged 19-25	Aged 25+
13	94	157	65	5	1

The services with a majority of clients 16+ included: Care Leavers (100%), Extended Hours (67%), and Learning Disability (56%). The 25+ client was client of the Parent Infant Mental Health service and this is being queried with the provider.

Gender:

Overall there were 58% female clients and 42% male clients. The services with a majority of male clients included: PIMHS (70% - though it is being clarified with the provider if that is the gender of the infants or the fathers), PMHW Education (100%), PMHW LD (94%), general PMHW (51%).

Ethnicity:

Compared to the Surrey distribution of ethnicity (Census 2011), CAMHS over-delivered on White British and the Mixed ethnicity groups. Those that seem to need better targeting include other White, Indian and other Asian ethnic communities. In this area there continues to be under-recording of ethnicity, with 31% recorded as 'not known' or 'not stated'.



Wellbeing and Health Scrutiny Board
7 January 2016

Better Care Fund Enabler Projects - Position Statement

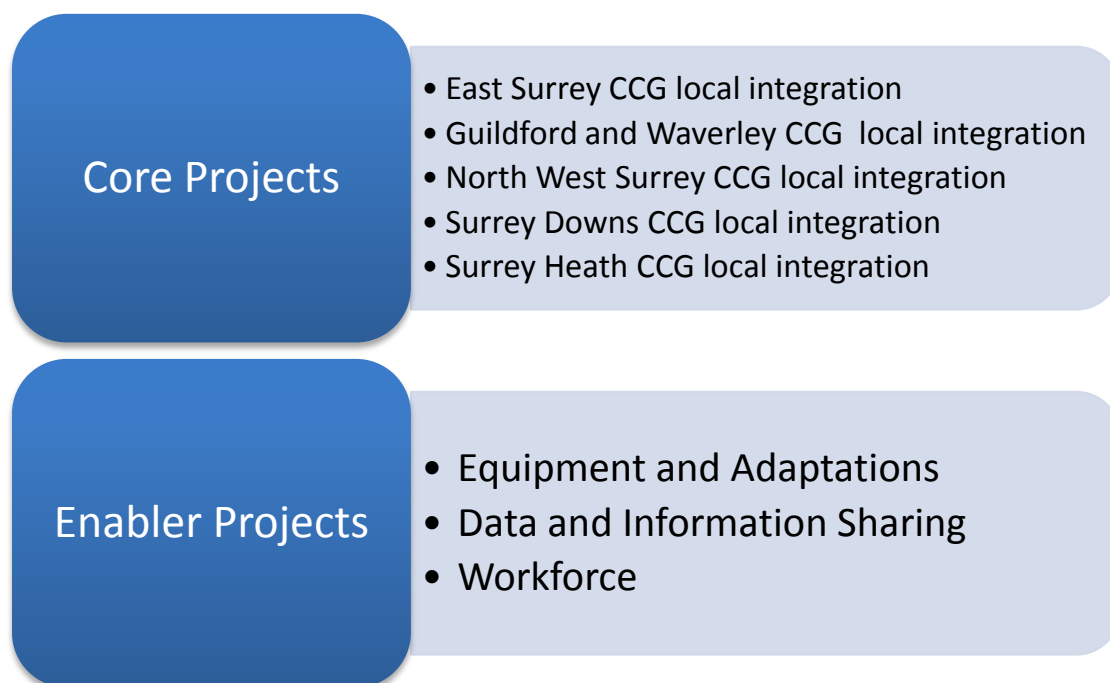
Purpose of the report: Scrutiny of Services and Performance Management

This paper sets out the current position for the Better Care Fund enabler projects and their progress to date.

Introduction

1. 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.
2. In Surrey, the BCF 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.
3. A 'local' approach has been taken to Surrey's BCF development - using six Local Joint Commissioning Groups (LJCGs) that have been established between Surrey County Council (SCC) and the Clinical Commissioning Groups (CCGs), plans are being developed that are appropriate for each local area based on local need. The models and degrees of integration are consequently varied and range between, for example, co-location, joint commissioning arrangements, one accountable organisation as a lead commissioner, pooled budgets and the creation of a separate integrated care organisation. Throughout these plans, there is commitment to achieving consistent, improved health and social care outcomes.

4. In addition to these local integration projects, there are three enabler projects that are designed to support and facilitate Surrey's local integration programme. The three enabler projects are; Equipment & Adaptations, Data & Information Sharing and Workforce.
5. Each enabler project focuses on a specific area of potential integration that can help achieve better outcomes for residents, whilst securing financial savings for health and social care public agencies through improved collaborative working. The diagram below shows the breakdown of core and enabler projects:



6. This paper outlines each enabler project's purpose, progress, plans for the future and its impact upon the wider determinants of health and tackling inequalities.

Equipment and Adaptations Enabler Project

Purpose

7. The Equipment and Adaptations Enabler was established to research and review how children, young people, adults with disabilities, older people and their carers in Surrey access and receive equipment and adaptations to help them live more independent lives at home. The equipment and adaptations services offered to residents include wheelchair services, the Community Equipment Service (CES) and handyperson services. The types of minor adaptations to homes include grab rails and ramps. The major adaptations include stair lifts, building adaptations and alterations funded through the Disabled Facilities Grants.

8. The project objectives are to achieve the following:
 - a. Co-design a clear equipment and adaptations customer pathway.
 - b. Develop a consistent set of equipment and adaptations service standards.
 - c. Agree a consistent approach to commissioning equipment and adaptations.

Progress

9. At the start of the project it was agreed that the Equipment and Adaptations enabler would benefit from joint sponsorship. Health, Surrey County Council and District and Borough (D&B) councils each volunteered a sponsor to provide leadership for the project.
10. The project team completed comprehensive stakeholder research on the customer experience and the various funding streams for providing adaptations and equipment services in Surrey.
11. The findings identified that there is currently some good work and investment for equipment and adaptations in Surrey. Such as:
 - a. Significant funding currently invested across the whole system, with over £15.5m per annum identified.
 - b. Overwhelming support from Surrey County Council and D&B councils for getting independent advice and solutions.
 - c. Evidence of collaborative working with a significant number of practitioners completing joint assessments with colleagues from other public sector organisations and private sector organisations.
12. The research also identified areas of inefficiency and confusion for residents. Key findings included:
 - a. It was not possible to get an accurate understanding of the number or profile of children or adults assisted (the project team therefore focused on conducting primary research and gathering information).
 - b. Customer satisfaction needs improving with over half of respondents to a Surrey residents survey saying they found it 'hard' or 'very hard' to access good quality information and advice about equipment and adaptations.
 - c. More work needs to be done to join up protocols and the wide range of different pathways are difficult and confusing for customers to navigate.
13. The findings from the public and stakeholders informed the projects 'I' statements which provide a clear co-produced vision for the future of equipment and adaptations in Surrey.

14. In line with the 'I' statements a new model for delivery has been designed in partnership with representatives from Surrey County Council, D&B councils, CCGs, Surrey Coalition of Disabled People, Family Voice and Surrey residents.
15. The proposed model recommends the following design principles:
 - a. Build on existing good practise
 - b. Develop an integrated model.
 - i. Integrate teams, agreed standards, processes and outcomes.
 - ii. Introduce a named coordinator/navigator to support the customer through the whole process, from referral to installation and review.
 - c. Acceptance of assessment to prevent delays.
 - d. Include occupational therapist resource in the integrated service.
 - e. Ensure housing options and occupational therapist advice is available at an early stage.
16. The findings and recommendations were reported to the Better Care Board in July 2015 and Surrey's Chief Executives in October 2015. Both endorsed the new proposed model and signed off their support for the project to commence the implementation phase.
17. At the Surrey Chief Executives meeting, each D&B council agreed to commit £1,000 to support the implementation of the project. Furthermore the Chief Executive of Reigate and Banstead Borough Council, John Jory, volunteered to join the project partnership board to contribute to the strategic oversight of the equipment and adaptations enabler.

Plans for the future

18. At a recent project group meeting it was agreed to take forward the implementation phase of the equipment and adaptations enabler project under the oversight of a programme board and to appoint a project manager.
19. At the start of 2016 we plan to host a Surrey launch event to consult on our implementation plans and establish a working group.
20. Develop the project implementation plans with the Local Joint Commissioning Groups.
21. The new CES contract has been procured (to ensure sustainable continuity of service after the end of the current contract on 31 March 2016). The Equipment and Adaptations Enabler input findings into the re-tender process. The new CES contract will need to interface with the Equipment and Adaptations Enabler. Work will be undertaken at the start of 2016 to ensure the contract aligns with the enabler's implementation plans, for its continued success.

Impacts on the wider determinants of health or tackling inequalities

22. The project enables people to remain independent and safe in their own home, with access to the support they need to make necessary adaptations to their home.
23. The project facilitates the shared ambition, for health and social care, of improving the outcomes for older people and younger people with disabilities, and ensuring they and their carers have excellent support.
24. Older people and people with disabilities and their carers are among the most disadvantaged in Surrey. Delivery of the equipment and adaptations enabler project will make it easier for residents to access reliable advice and information. As well as effective signposting into the services that can best support their needs.
25. The project supports our duty under the Care Act to facilitate access to impartial advice that is open to all, including those who may self-fund their equipment or adaptations, or the residents that are supported by discretionary funding from D&B councils.
26. The project increases the choices available to people and their carers and improves the likelihood that they can continue to live independently in their community. Without vital equipment and adaptations many individuals would no longer be able to remain in their homes and communities, preventing them from making decisions concerning their health and wellbeing.

Data and Information Sharing Enabler

Purpose

27. To build a platform that will allow data and communications regarding Surrey patients and residents to flow across professional, organisational and geographic boundaries of the Surrey health and care system, enabling Surrey to meet its integrated care and digital objectives over the next 5 years and beyond.

Progress

28. Commitment Statement: A health and social care commitment statement to share data and information has been ratified by Chief Executives on the Surrey Transformation Board and the Chief Executive's Forum (Districts and Boroughs).
29. Healthwatch Surrey Report: A report to capture Surrey public opinion on data sharing was commissioned and has been published. The report has been picked up by Dame Fiona Caldicott and the National Data Guardian's Panel. It will be referenced to support their work.

30. Surrey Information Sharing Protocol: The Surrey Information Governance Group (SIGG) has formed and is in the process of co-designing a Surrey Information Sharing Protocol with a view to going live in January.
31. Surrey Shared Electronic Care Record (SSECR) and Interoperability Portal: The CCGs and the Council have agreed to work collaboratively to drive this work forward.

Plans for the future

32. Surrey Shared Electronic Care Record (SSECR) and Interoperability Portal: Surrey officers have been instrumental in building the initial business case to gain traction for this project and our officers will form part of the Project Board going forward. Five CCGs are collaborating with health and social care providers across their footprint to deliver this solution. The lead CCG is North West Surrey. The ambition is as follows:
 - a. Shared Care Record: Extracts data from all participating (health and social) care providers.
 - b. Interoperability across systems: Care professionals access the record from within their primary/source systems (no extra log in).
 - c. Real time data: Supports crisis management and multiple same-day interactions.
 - d. Reporting and analytics: Will support iterative care planning, benefits tracking, identify service usage patterns, prioritisation of spend and commissioning plans.
 - e. Bi-directional integration: Ensure accurate, timely and appropriate data capture in each participating care provider's system.
 - f. Customer Relationship Management: Support contact management and scheduling.
33. The project is being implemented using a phased approach. The full vision is expected to be realised by 2018.
34. Common Consent to Share Model: This is a system-wide project the SIGG will be approached to develop. The desire is to agree a common approach and develop common communications. The expected completion is July 2016.
35. Surrey Digital Roadmap: Four CCGs have agreed to clust to develop a joint Digital Strategy across their combined footprint/geography. The work is being lead by the IT Director for the four CCGs. The Strategy or 'Roadmap' will outline plans to 2020 and beyond. Surrey officers are helping to build relationships with border partners to ensure interoperability doesn't end at our boundary. The first draft of strategy will be submitted to the National Information Board in April 2016.

36. Governance framework: Work is underway to establish an appropriate governance framework for the Digital Roadmap/Data and Information Sharing Programme. Surrey officers having volunteered themselves as a resource will attempt to move things forward at pace. The framework is expected to be functioning by April 2016.

Impacts on the wider determinants of health or tackling inequalities

37. Patient/Citizen and Carers: The individual will only have to tell their story once. They will not have unnecessary tests and investigations. They will experience a 'holistic' care plan with seamless transitions and handovers that enable them to receive the care and support they need, in the place they want to receive it (their home and community) for longer.
38. Care Professional: The enabler will provide professionals with simple and common technologies that breed familiarity and are easier to adopt. They will spend less time on administrative tasks (chasing and writing up notes) and spend more time delivering health, care and support. They are able to stabilise their patients and citizens within their home, for longer, delaying the patient's need for hospitals and care homes. They will feel more satisfied in their roles.
39. Organisations: Will be able to understand the wants and needs of the local population and design new models of care to meet these. It will improve the quality, delivery and cost of service delivery. The project will help to increase the capacity to meet rising demands in a climate of reducing budgets. Health and social care staff will be more satisfied and staff turnover limited.
40. System: This enabler provides an opportunity to develop a Surrey whole systems approach to implementing initiatives (for example the SSECR) universally accepted as critical to transformation. It provides opportunities to access better economies of scale. It facilitates knowledge share and transfer. It is a catalyst for behaviour and culture change across organisations. It will support health and social care agencies to become fit for the future.



Purpose

41. The workforce enabler group was established to provide the opportunity for health partners and SCC Area Directors to share integration intentions and progress, identify barriers to integration and shared opportunities. Where appropriate, the enabler group has also commissioned pieces of work to drive forward workforce development to support the integration agenda

Progress

42. The group have met to share plans and progress within each CCG locality and adopted a networked approach which includes an online network where partners have the opportunity to share resources and ideas.
43. Adult Social Care Area Directors have developed a set of overarching principles to providing a framework that underpins how the council will support and facilitate health and social care workforce integration in each area (see Appendix A). This will enable the Council to optimise limited resources to support workforce integration and provide confidence for the workforce in the way the integration agenda is progressed.
44. Due to differing contexts and local needs across the six CCG areas in Surrey, the speed and form of integration is not identical in each area. The following summary provides a high level update on progress in each area.
 - a. **North East Hants & Farnham** are embarking on a fast track programme of work to bring together organisations responsible for planning and providing health and social care and to create a single plan and budget. Providers of health and social care are already working to integrate service delivery. A multi disciplinary team of health and social care professionals are meeting regularly to review and support the care planning of complex cases.
 - b. **Surrey Heath** are aiming to create a single budget and management structure for the commissioning of care for older people and adults with long term conditions and/or complex needs with Surrey Heath CCG as the lead organisation. Three GP hubs have been created with integrated care teams encompassing Mental Health, Community Nursing and Social Care. The rapid response and reablement team are co-located.
 - c. **East Surrey** is creating one commissioning team which is being progressed initially through joint commissioner meetings. There is a proposal to develop an integrated reablement unit at Surrey and Sussex Hospital and to support the Acute Model changes. The East Surrey system will also integrate social care services

into primary/community care settings. This will enable residents to access these services outside of the hospital setting to avoid admission or speed up discharge.

- d. **Guildford & Waverley** are developing five locality hubs across 21 GP practices and a Proactive Care Teams pilot, initially in East Waverley to respond to the needs of the individual and their carer, supporting them to remain within the community. A multi-disciplinary discharge team has been created at The Royal Surrey County Hospital which includes social care professionals to create an Integrated Care Assessment Service.
- e. **North West Surrey** are developing three multidisciplinary teams of health and social care staff to support the creation of three community hubs in Woking (launching December 2015), Weybridge and Ashford. A pool of bank care staff to provide additional support has also been established to support winter pressures. Various structures have been developed to support transformation and integrated working – these include GP led Locality Network Boards, regular senior leaders meetings across partner organisations, Strategic Change Boards across all areas of transformation in the CCG area.
- f. **Surrey Downs** have developed a joint local integration strategy to provide the framework for local integration. A GP led unit at Epsom Hospital, Community Assessment Unit (CADU) has been launched supported by Epsom Hospital, social care and Central Surrey Health (CSH) staff, to provide same day diagnostic and integrated support to return home, where required. A community hub has been established with staff from CSH Surrey and Adult Social Care in East Elmbridge with planning underway for an Epsom service in the autumn and Dorking in the spring of 2016.

Impacts on the wider determinants of health or tackling inequalities

- 45. The driving ethos behind workforce integration is to improve resident experience and outcomes by supporting staff to share and develop new skills and ways of working. This will drive the creation of a multi skilled workforce that is able to meet a broader range of health and social care needs for individual residents. Multi skilled roles will be supported by the protection of specialist skills and knowledge that can be focussed to optimise their contribution to supporting residents with more complex needs.

Conclusions:

46. In the last year, the enabler projects have made good progress working across the complex Surrey health and social care system. The enabler projects will continue to have an important role to play in supporting and facilitating Surrey's local integration programme

Public Health Impacts

47. The impacts on the wider determinants of health or tackling inequalities have been summarised for each enabler project above.

Recommendations:

48. The Wellbeing and Health Scrutiny Board is invited to be aware of the progress of the three enabler projects - Data and Information Sharing, Workforce Development and Equipment and Adaptations

Next steps:

49. The three enabler projects will continue to progress their work across the Surrey health and social care system.

Report contacts:

Equipment and Adaptations

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Data and Information Sharing

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Sources/background papers:

- Wellbeing and Health Scrutiny Board, 16 September 2015, Update from Surrey's Health and Wellbeing Board

Adult Social Care - A strategy for workforce integration



Adult Social Care Directorate strategy vision for 17/18

Work collaboratively with our partners to ensure people have choice and control, so they can maximise their wellbeing and independence in their local community and remain safe.

Delivering the vision

To realise the directorate vision and meet the demographic, policy reform and financial challenges ahead, we need a strategic shift in the way Adult Social Care delivers services and a refocus of available resources.

What will this look like?

- ✓ Joined up health and social care services centred around the individual, not organisational boundary.
- ✓ A shift from countywide models of delivery to local services designed to meet the needs of local people.
- ✓ Shared resources and skills to better meet individual needs.
- ✓ New models of delivery in collaboration with health and other partners.
- ✓ High quality, cost effective and sustainable services designed around people and local communities.

As a leadership team, we will share progress, knowledge and ideas with one another to ensure our local plans are consistent with these principles.



Local services designed for local people

We are committed to supporting each area with the freedom and flexibility to shape their health and social services around the local population. To enable this, we have agreed 6 core principles to provide a framework for workforce integration.

Behaviours

We will have individuals working in a variety of different models who all provide services to residents in a way that embodies the behaviours and values of the council.

Growing expertise

We will identify opportunities to enhance the skills of our staff to support the movement of skills and resources across health and social care disciplines

Workforce equity

We will review new and changed roles against our job evaluation framework to ensure work is rewarded appropriately and consistently.

Co-design

We will involve staff in the development of new ways of working and delivering our services.

Systems

We will work with partners to develop systems that support and enable integrated ways of working.

Flexibility

We will encourage the development of tailored ways of working and models of delivery that optimise the strengths and resources of each area.

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Surrey Health Scrutiny Board

7 January 2016

Paul Sutton, Chief Executive

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Item 8





Agenda

- ✚ Re-triage process
- ✚ Performance up-date & challenges:
 - ✚ 999
 - ✚ PTS
 - ✚ NHS 111
- ✚ Preparing for winter
- ✚ Performance reporting – defibrillators
- ✚ Key developments



Re-triage process

- ✚ Introduced during Winter 2014/15
- ✚ Background of significant system pressures & real risks to patient care
- ✚ Process saw clinicians taking up to an extra ten minutes to 're-triage' calls that had come across from 111 to 999 as requiring an emergency response, during a period when we simply did not have sufficient resources available to respond to the demand.
- ✚ It allowed the clinicians to spot immediately life-threatened patients (Red 1s) amongst these, who needed a very quick response, as well as those calls that could wait a little longer for a response.

Call ID	Time	Diagnosis	00:14-46:72	00:09:48	00:00:37
2325555	18:06:38				
23313412	18/12/2014 19:16:59	Mental Health Issues	00:24:49:72	00:09:48	00:00:39
23267118	28/11/2014 13:54:42	Diabetic Probs	00:20:37:72	00:09:49	00:00:36
23249986	23/11/2014 02:53:52	Allergic Reaction	00:13:43:72	00:09:56	00:00:04
23249942	23/11/2014 02:53:47	Trauma	00:28:01:72	00:10:04	00:01:34
23309810	04/11/2014	NHS 111	00:55:31:72	00:10:08	00:00:40
23243753	28/11/2014 20:02:06	Stroke/Neurological	00:27:11:72	00:10:06	00:00:08
23259002	28/11/2014 15:46:37	Chest Pain/Cardiac Prob	00:20:17:72	00:10:08	00:02:16
23207086	06/11/2014 13:10:86	Diabetic Probs	00:14:37:72	00:10:17	00:00:08
23257824	28/11/2014 05:53:46	Stroke/Neur	00:29:09:72	00:53:28	
23213763	08/11/2014 00:37:92	Bleeding	23304459	12/12/2014 22:32:12	
23310892	14/12/2014 22:47:31	NHS 111	23298444	10/12/2014 19:02:10	
23288437	28/11/2014 09:57:21	Chest Pain/Prob	23313286	15/12/2014 18:36:38	
23241095	18/11/2014 18:29:14	Chest Pain/Prob	23274761	02/12/2014 09:20:87	
23234003	18/11/2014 20:35:30	Mental Health	23289670	07/12/2014 13:52:46	
23218376	10/11/2014 18:48:17	NHS 111	23253359	24/11/2014 11:05:25	
23228706	20/12/2014 19:21:17	Falls <12ft	23313950	15/12/2014 22:35:24	
23307682	13/12/2014 22:30:41	Falls <12ft	23196269	02/11/2014 01:32:22	
23290636	07/12/2014 20:46:56	Chest Pain/Prob	23268925	30/11/2014 02:43:18	
23286176	28/11/2014 12:58:28	Back Pain	23287862	07/12/2014 00:48:21	
3261	18/11/2014 02:44:00	Unconscious	23282062	06/12/2014 02:19:47	
23288100	07/12/2014 02:26:14	Mental Health	23305206	13/12/2014 04:58:41	
23193566	01/11/2014 03:59:26	Breathing/ENT Problems	23309841	14/12/2014 15:42:36	
23256942	28/11/2014 18:01:21	Generally Unwell	23219025	11/11/2014 00:34:22	
23291112	08/12/2014 00:40:19	Generally Unwell	23289619	07/12/2014 13:33:33	
23280055	27/11/2014 00:29:57	Alcohol Intoxication	23312760	18/12/2014 18:12:16	
23231055	18/11/2014 22:42:06	Bleeding	2332336	12/12/2014 04:19:43	
			23288501	06:54:28	
			23270722	30/11/2014 18:01:38	
				07/11/2014	

North East Coast Ambulance Service



NHS Foundation Trust

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Call ID	Time	Diagnosis	00:16:10:72	00:13:25	00:00:11
Assault	00:16:10:72		00:13:25	00:00:11	
Chest Pain/Cardiac Prob	00:16:50:72	00:13:26	00:01:13		
Breathing/ENT Problems	00:18:02:72	00:13:27	00:00:08		
Minor Ailment/Injury	00:20:58:72	00:13:45	00:01:40		
999 HCP	00:26:52:72	00:14:02	00:00:02		
Chest Pain/Cardiac Prob	00:19:19:72	00:14:13	00:00:26		
Falls <12ft	00:25:03:72	00:14:17	00:00:10		
Allergic Reaction	00:25:25:72	00:14:18	00:00:05		
NHS 111	00:26:22:72	00:14:21	00:00:04		
Chest Pain/Cardiac Prob	00:17:23:72	00:14:22	00:00:32		
Abdominal/Flank Pain	00:20:13:72	00:14:26	00:01:11		
Unconscious/Faint	00:25:38:72	00:14:34	00:00:00		
NHS 111	00:19:59:72	00:14:49	00:02:29		
Generally Unwell	00:31:34:72	00:14:52	00:00:13		
Stroke/Neurological	00:23:45:72	00:15:03	00:02:07		
Maternity Issues	00:43:42:72	00:16:07	00:00:46		
Bleeding	00:47:20:72	00:16:10	00:00:05		
Prob	00:21:38:72	00:16:21	00:00:15		
999 HCP	00:19:45:72	00:16:22	00:00:06		
Stroke/Neurological	00:19:33:72	00:16:38	00:00:43		
Chest Pain/Cardiac Prob	00:35:50:72	00:16:23	00:00:42		
Chest Pain/Cardiac Prob	00:38:12:72	00:16:33	00:05:20		
Headache	00:21:08:72	00:16:55	00:00:04		
Minor Ailment/Injury	00:29:53:72	00:17:02	00:01:41		
Back Pain	00:44:35:72	00:17:21	00:00:04		
Back Pain	00:56:55:72	00:17:45	00:00:01		
Alcohol Intoxication/Related Breathing/ENT Problems	00:31:01:72	00:17:56	00:00:05		
Fitting	00:44:51:71	00:18:17	00:00:54		
Generally Unwell	00:23:06:72	00:19:54	00:00:14		
999 HCP	00:33:36:72	00:19:58	00:05:31		
Chest Pain/Cardiac Prob	00:39:51:72	00:21:33	00:00:17		
Headache	00:41:22:72	00:22:28	00:00:41		
999 HCP	00:34:11:72	00:22:38	00:01:51		
Unconscious/Faint	00:32:25:72	00:22:41	00:01:07		
Bleeding	00:32:21:72	00:22:52	00:02:54		
Back Pain	00:25:06:72	00:23:33	00:00:01		
Breathing/ENT Problems	00:34:08:72	00:24:19	00:00:45		
Stroke/Neurological	00:56:34:72	00:31:14	00:00:05		
Falls <12ft	01:05:32:72	00:31:32	00:00:12		
Breathing/ENT Problems	01:02:38:72	00:39:52	00:00:01		



23288104	07/12/2014 02:29:41	Headache	00:21:08 72	00:16:55	00:00:06
23328680	20/12/2014 19:09:59	Minor Ailment/Injury	00:29:53 72	00:17:02	00:01:45
23244691	21/11/2014 08:17:51	Back Pain	00:44:35 72	00:17:21	00:00:04
23247713	22/11/2014 10:49:54	Back Pain	00:56:55 72	00:17:45	00:00:09
23273770	01/12/2014 21:21:08	Alcohol Intoxication/Related	00:31:01 72	00:17:56	00:00:09
23316446	16/12/2014 19:26:26	Breathing/ENT Problems	00:21:01 72	00:18:17	00:00:54
23198681	02/11/2014 23:42:02	Fitting	00:44:51 71	00:19:43	00:00:20
23313540	15/12/2014 19:57:54	Generally Unwell	00:23:06 72	00:19:54	00:00:14
2325615	24/11/2014 12:49:03	999 HCP	00:33:36 72	00:19:58	00:05:37
2324453	10/11/2014 19:14:44	Chest Pain/Cardiac Prob	00:39:51 72	00:21:33	00:00:17
23283072	07/12/2014 17:04:59	Headache	00:41:22 72	00:22:28	00:00:48
23323300	19/12/2014 03:08:17	999 HCP	00:34:11 72	00:22:38	00:01:59
23311187	15/12/2014 02:42:52	Unconscious/Faint	00:32:25 72	00:22:41	00:01:07
23254872	24/11/2014 21:58:57	Bleeding	00:32:21 72	00:22:52	00:02:56
23257322	25/11/2014 22:12:37	Back Pain	00:25:06 72	00:23:33	00:00:09
23313984	15/12/2014 22:50:28	Breathing/ENT Problems	00:34:08 72	00:24:19	00:00:46
23304539	12/12/2014 23:08:56	Stroke/Neurological	00:56:34 72	00:31:14	00:00:09
23213876	09/11/2014 01:40:12	Falls <12ft	01:05:32 72	00:31:32	00:00:12
23314355	16/12/2014 02:37:43	Breathing/ENT Problems	01:02:38 72	00:39:52	00:00:05

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Review process

- + Reviews undertaken to date have recognised that the pilot was undertaken to ensure that the right response was provided to patients
- + During the pilot period, 26,000 calls were transferred from the 111 service to 999
- + As part of the review:
 - + 899 incidents were reviewed
 - + 25 incidents were identified, that were linked to the Red 3 process in some way
 - + 7 Serious Incidents reported
- + No identifiable patient harm attributable to the pilot has been identified to date
- + But reviews have also revealed that the pilot was not well implemented and we did not use our own internal governance processes properly to manage it = serious findings.



Review process – contd./

- ✚ Action plan in place & reviewed with CCGs via contractual route
- ✚ Process with Monitor underway, includes:
 - ✚ **Forensic Review** - to be undertaken by Deloitte during November & December 2014, looking to establish the 'how, why, who & when' facts
 - ✚ **Patient Impact Review** - to be led by SECAMB Medical Director, Dr Rory McCrea and supported by Dr Andy Carson from WMAS. This has already commenced, with a likely timescale of four to six months, due to report in April 2016.
 - ✚ **Governance Review** – a wide-ranging review, covering all aspects of the Trust's governance arrangements. This will be shaped by the outcome of the Forensic Review and therefore will not start until the end of January/February 2016. It is likely to take circa three months to complete.



999 Performance

- ✚ Current performance – challenges around achieving Red 1, Red 2 and A19 targets
 - ✚ Red 1 75% in 8 mins – 73.5% at 30.11.15
 - ✚ Red 2 75% in 8 mins – 73.8% at 30.11.15
 - ✚ Red calls 95% in 19 mins – 94.9% at 30.11.15
- ✚ Performance remedial plan agreed with commissioners:
 - ✚ Focus on call answer time – aim to get to 95% within 5 seconds by year end
 - ✚ Focus on improving allocation of resources – forecasting, operational hubs, new management structure
 - ✚ Transition to Operating Units
- ✚ Key risks to patient care & service delivery:
 - ✚ Potential of fines – would require reduction in resource provision
 - ✚ Handover delays
 - ✚ Worse than last year, despite lower number of conveyances
 - ✚ Requires close scrutiny & audit



999 Performance by CCG level for Surrey- YTD

CCG	Red 1/Total no of calls	Red 2/Total no of calls	A 19
East Surrey	73.1% (234)	71.3% (4,734)	96.6%
Guildford & Waverley	66.1% (254)	70.4% (4,702)	95.6%
SE Hampshire & Farnham	70.1% (291)	71.9% (5,137)	98.0%
North West Surrey	74.3% (483)	74.5% (9,262)	98.6%
Surrey Downs	73.5% (370)	69.5% (6,926)	97.4%
Surrey Heath	76.1% (113)	74.7% (2,239)	98.3%



PTS Performance - Surrey

- ✚ Transfer of service in Surrey Downs to G4S on 1 October 2015
- ✚ Remainder of Surrey being delivered under contract extension using new model with SECAmb providing booking service = early indicators are good
- ✚ Procurement process for new contract has started, with deadline for submission of PQQ met in early December 2015
- ✚ Shortlist announced end of January 2016
- ✚ ITT stage will include more details around the new service specification and contracting format



NHS 111 Performance

- ✚ Current YTD performance – challenges around call answer times & abandonment rate, especially at weekends
- ✚ Performance reviewed through contractual process
- ✚ Key internal challenge – recruitment/retention of Health Advisors (call handlers)
- ✚ Failure of OOH services, especially at weekends = significant risk



Preparing for winter

- ✚ Detailed action plans developed for 999, PTS & 111
- ✚ Key focus period – 1 December to 12 January
- ✚ 999 :
 - ✚ Maximise availability of front-line resources – on the road & EOC:
 - ✚ Managers, Private Providers, CFRs & Co-responders (ESFRS)
 - ✚ Reduce leave & other abstractions
 - ✚ Offer enhanced overtime for 'hard to fill' shifts
 - ✚ Ensure availability of support services – fleet, logistics, operational hubs
 - ✚ Logistic preparations – winter tyres, 4x4s, back-up systems
 - ✚ Includes escalation options – regional & national



Preparing for winter – contd./

- + NHS 111:
 - + Maximise availability of Health Advisors (call-takers) & Clinical Advisors
 - + Identification of key ‘pinch points’
 - + Identification of ‘surge’ options e.g. front-end message
- + PTS plan:
 - + As above
 - + Complicated by contractual arrangements
- + Key risks (across all service areas):
 - + System issues:
 - + Availability/accessibility of other health & social care services
 - + System capacity – hospital handover/OOHs



Performance reporting - defibrillators

- ✚ We believe passionately in the widespread availability of Public Access Defibrillators (PADs) across our area
- ✚ 476 PADs currently in Surrey & 2,227 across our region as a whole
- ✚ Defibrillators & national performance reporting – the current position:
 - ✚ The Association of Ambulance Chief Executives (AACE), the representative body for all English ambulance services, provides guidance on interpretation of Ambulance Quality Indicators (AQIs) to ensure they are applied consistently and correctly by everyone in all ambulance trusts
 - ✚ We carefully consider how to define whether a defibrillator is available at an incident location and we have detailed rules governing this



Performance reporting - defibrillators

- ✚ For Red 1 patients, the 'clock stop' only counts if the defibrillator is actually by the patient's side.
- ✚ For Red 2 patients, the clock will only stop if there is someone able to collect the defibrillator and bring it to the patient and that the AED is accessible at the time of the call. Red 2 calls include incidents where there is a chance of cardiac arrest so there is a potential need for a defibrillator but it is not immediately required
- ✚ This process was used for approximately 5,000 calls in 2014/15 and should be seen in the context of the more than 850,000 total calls we received (which includes more than 200,000 Red 1 and Red 2 calls)
- ✚ We believe have been compliant with guidance - independent review currently underway to ensure
- ✚ Wider discussions underway, locally & nationally, on whether national reporting needs to change in this area



A key role in supporting & delivering system change

- Page 122
- ✚ Key enabler = professionalisation of clinical workforce
 - ✚ Development of integrated Community Paramedic role
 - ✚ Chertsey Beacon Operational Unit
 - ✚ 111 contract extension for 18 months



A key role in supporting & delivering system change

- ✚ Working with local acute Trusts:
 - ✚ Joint action plan with East Surrey Hospital to address handover delays
 - ✚ Member of the '4-hour recovery working group' at ASPH, led by NWS CCG
 - ✚ Presented to Frimley system SRG in November 2015 on SECAMB activity and handover position
 - ✚ Supporting G&W CCG and RSCH to explore ways to streamline internal processes within A&E
 - ✚ Supporting Epsom CADU new initiative and integration of health and care services

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Wellbeing and Health Scrutiny Board
7 January 2016

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

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ANNEX 1

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

The recommendations tracker allows Board Members to monitor responses, actions and outcomes against their recommendations or requests for further actions. The tracker is updated following each Scrutiny Board. 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
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.	<i>September 2015</i>
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
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	ESTH Chief Executive		

Number	Item	Recommendations/ Actions	Responsible Member (officer)	Comments	Due completion date
		<p>finances and;</p> <p>2. That the Board is involved as part of future public engagement on this issue.</p>			
SC072	Surrey Downs CCG Community Hospital Review [Item 8]	<p>Approves of the review process undertaken by Surrey Downs CCG.</p> <p>Requests that it continue to be involved with the review process by scrutinising the CCG's public consultation plans through a sub-group of Members - Tim Hall, Lucy Botting, Karen Randolph and Tina Mountain</p>	Head of Communications and Engagement		
SC073	Update from Surrey's Health and Wellbeing Board	<p>The Board recommends that: It receives a further update from the Health and Wellbeing Board on the progress against its strategic priorities and any possible changes to how it operates in 12 months time.</p> <p>The Co-Chairs discuss with the Director of Public Health how the Health and Wellbeing Board can strengthen the focus on the wider determinants of health in CCG prevention plans.</p>	<p>Scrutiny Officer</p> <p>Co-Chairs of HWB</p>		<i>September 2016</i>
SC074	Access to Primary Care [Item 6]	The Board recognises the need for effective communications with patients and the public and recommends that the Surrey Health and Wellbeing Board works with the NHS England communications	Cabinet Member for Health and Wellbeing		

Number	Item	Recommendations/ Actions	Responsible Member (officer)	Comments	Due completion date
		<p>team to explore publicity relating to expectation of delivery of primary care services.</p> <p>The Scrutiny Board will schedule further scrutiny on new models of local delivery of primary care</p>			
SC075	North East Hampshire and Farnham CCG Community Bed Review [Item 7]	Requests an update in the second quarter of 2016 in order to help publicise the results across Surrey and an update on the broader Primary and Acute Care System (PACS) Vanguard programme.	Associate Director of Integrated and Urgent Care		May 2016
SC076	Surrey Stroke Services Review Update [Item 8]	Requests a further update on the delivery of the proposed service specification at its May 2016 meeting.	Acting Clinical Chair, Surrey Downs CCG		May 2016

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Date	Item	Why is this a Scrutiny Item?	Contact Officer	Additional Comments
January 2016				
7 Jan	Working Together – Integration of Health and Social Care	Scrutiny of Services – the Board will consider the progress made by the Working Together Public Service Transformation Programme on health and social care integration enabler projects	Helen Atkinson, Director of Public Health	
7 Jan	Children’s Mental Health	Scrutiny of Services – the Board will consider the current performance of the Child and Adolescent Mental Health Service in Surrey, the plans for its future and the transformation of children’s mental health more broadly	Sheila Jones, Head of Countywide Services Ian Banner, Head of Children’s Social Care and Wellbeing Commissioning Diane McCormack, Guildford and Waverley CCG Maria Crowley, NHS England South	
7 Jan	SECamb Update (Re-triage and Winter	Scrutiny of Services – the Board will consider the response of the Trust to NHS England recommendations following a project carried out in winter	Paul Sutton, Chairman	

Date	Item	Why is this a Scrutiny Item?	Contact Officer	Additional Comments
	Pressures)	2014 to re-triage 111 calls.		
March 2016				
16 Mar	Workshop on Health Inequalities in Surrey	Business - The Board will be given an opportunity to learn more about the health inequalities present across Surrey's population and consider ways the Board can help tackle these.	Helen Atkinson, Director of Public Health Julie George, Public Health Consultant	
16 Mar	Public Health Budget 2016/17	Scrutiny of Budgets – the Board will scrutinise the service's plans for spending.	Helen Atkinson	

Task and Working Groups

Better Care Fund (Joint with Adult Social Care)	Bill Chapman, Tina Mountain, <i>Vacancy</i>	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	As appropriate

		and plans across the county, and provide patient and public voice where appropriate.	
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