

Notice of Meeting

Wellbeing and Health Scrutiny Board

**Date & time**

Wednesday, 14
September 2016 at
10.30 am

Place

Ashcombe Suite
County Hall Penrhyn
Road Kingston upon
Thames KT1 2DN

Contact

Andrew Spragg
Room 122, County Hall
Tel 020 8213 2673

Chief Executive

David McNulty

Please note - There will be a private pre-meeting for Board Members in the Council Chamber from 9.30am

andrew.spragg@surreycc.gov.uk

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

This meeting will be held in public. If you would like to attend and you have any special requirements, please contact Andrew Spragg on 020 8213 2673.

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

Co-opted Representatives:

Darryl Ratiram (Surrey Heath), Vacancy, Vacancy

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: 7 JULY 2016

(Pages 1
- 12)

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

3 DECLARATIONS OF INTEREST

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

Notes:

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

4 QUESTIONS AND PETITIONS

To receive any questions or petitions.

Notes:

1. The deadline for Member's questions is 12.00pm four working days before the meeting (Thursday 8 September 2016).
2. The deadline for public questions is seven days before the meeting (Wednesday 7 September 2016).
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 RECOMMENDATIONS TRACKER AND FORWARD WORK PROGRAMME

(Pages
13 - 22)

Purpose of the report:

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

7 NEXT STEPS FOR SURREY STROKE SERVICES - UPDATE

(Pages
23 - 30)

Purpose of the report: Scrutiny of Services

The Surrey Clinical Commissioning Group (CCG) Collaborative previously informed the Wellbeing and Health Scrutiny Board about work being undertaken to commission improved stroke services, following the Surrey Stroke Review. This update outlines progress working with health systems across Surrey and proposed engagement approaches. Advice is required about the timeline for formal public consultation.

8 GUILDFORD AND WAVERLEY CCG: ADULT COMMUNITY HEALTH SERVICES UPDATE (Pages 31 - 36)

Purpose of the report: Consultation on Substantial Development

NHS Guildford and Waverley Clinical Commissioning Group (GWCCG) have undertaken a procurement process for adult health community services; Virgin Care Services Ltd (VCSL) has been announced as the preferred bidder. This report details the procurement process to date and the next steps with regards to mobilisation.

9 NW SURREY CCG: ADULT COMMUNITY SERVICES PROCUREMENT (Pages 37 - 72)

Purpose of the report: Scrutiny of Services and Budgets – update about procurement plans

To update the Board on the conclusion of the recent procurement exercise to secure Adult Community Health Services for North West Surrey Clinical Commissioning Group (NWS CCG) and provide more detail about quality and performance management metrics and contract governance.

10 NW SURREY CCG: RE-COMMISSIONING OF PATIENT TRANSPORT SERVICE AND NHS 111 (Pages 73 - 86)

Purpose of the report:

The Board will be provided with an update on the re-commissioned Patient Transport Service and improvements expected under the new contract arrangements.

The Board will also be provided with an update on the re-commissioning and public engagement plans for the NHS111 service.

The Board is asked to note the content of the update/presentation and suggest any recommendations or further actions to be taken into consideration if required.

11 DATE OF NEXT MEETING

The next meeting of the Board will be held at 10.30am on 10 November 2016.

David McNulty
Chief Executive

Published: Tuesday, 6 September 2016

MOBILE TECHNOLOGY AND FILMING – ACCEPTABLE USE

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

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

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

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

Thank you for your co-operation

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MINUTES of the meeting of the **WELLBEING AND HEALTH SCRUTINY BOARD** held at 10.30 am on 7 July 2016 at Ashcombe Suite County Hall Penrhyn Road Kingston upon Thames KT1 2DN.

These minutes are subject to confirmation by the Committee at its meeting on Wednesday, 14 September 2016.

Elected Members:

* Mr W D Barker OBE
A Mr Ben Carasco (Vice-Chairman)
* Mr Bill Chapman (Chairman)
A 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

*= Present
A= Absent

Ex officio Members:

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

Substitute Members:

Barabra Thomson

31/16 APOLOGIES FOR ABSENCE AND SUBSTITUTIONS [Item 1]

Apologies were received from Ben Carsco and Graham Ellwood. Barabra Thomson acted as a substitute for Ben Carsco.

32/16 MINUTES OF THE PREVIOUS MEETING: 3 MAY 2016 [Item 2]

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

33/16 DECLARATIONS OF INTEREST [Item 3]

None received.

34/16 QUESTIONS AND PETITIONS [Item 4]

None received.

35/16 CHAIRMAN'S ORAL REPORT [Item 5]

The Chairman updated the Board on recent meetings he had attended and thanked the three representatives from the Boroughs and Districts that had been required to withdraw. A copy of this report is included as an annex to these minutes.

36/16 SOUTH EAST COAST AMBULANCE SERVICE UPDATE [Item 6]

Declarations of interest:

None.

Witnesses:

Jon Amos, Acting Director of Commissioning, South East Coast Ambulance Trust

Key points raised during the discussion:

1. The Acting Director of Commissioning began the item by giving the Board a brief introduction. It was noted that Geraint Davies had given his apologies for the meeting. The Board was informed that a further response would be published following the Care Quality Commission (CQC) report and that improvement actions in response to the report recommendations were ongoing.
2. The Acting Director of Commissioning spoke of challenges around commissioning and the strains of finances and resources. The Board was then informed of challenges that the South East Coast Ambulance Service (SECAmb) faced. It was highlighted that activity had risen by 6-7% while funding had only been increased by 2%.
3. The Acting Director of Commissioning reassured the Board that SECAmb were very aware and honest with the challenges they faced. It was highlighted that there had been significant changes in leadership, and that the Trust were working more closely with commissioners and NHS England through a Strategic Partnership Board in order to combat previous challenges. It was confirmed that the actions plans would be in the public domain.
4. The Acting Director of Commissioning stated that the Trust's improvement plan addressed many problems that would improve the service, it was highlighted that these were not quick fixes. It was confirmed that SECAmb would work closely with the Strategic Partnership Group and would share reports with the Wellbeing and Health Scrutiny Board.
5. The Board asked if SECAmb intended to improve how complaints were dealt with, and if they are aware of what the public were saying. It was explained that SECAmb was redeveloping the complaints process.

6. The Board discussed staff bullying as highlighted in the CQC inspection, and the increased expectation of staff in the service to report same. The Acting Director of Commissioning informed the Board that new training was being undertaken to encourage greater challenge of behaviours amongst staff. It was also highlighted that a HR advisor had been appointed to the Trust's board, in order to ensure that there was collective learning from bullying and harassment issues.
7. The Board discussed how data could be presented by the Trust to improve understanding and relay specific and relevant information. The Board asked why quarterly Quality Review meetings had been stopped as it allowed the Board to feedback on issues and concerns. It was explained that the Acting Director of Commissioning was not aware of this and would look into getting it reinstated.
8. The Board raised a question on the number of new ambulances and trained paramedics and other ground staff. The Board was informed that paramedics were challenging to recruit. It was outlined that SECamb was planning on recruiting 200 extra paramedics over 2016. The Board was also informed that a lease had been granted to recruit from abroad.
9. The Board queried what was being done to identify good practice in hospital handovers, and what role it could play in helping increase the profile of best practice. The Acting Director of Commissioning outlined that there was a range of different handover practices in place, and that a balance needed to be struck between rapid assessments and ensuring that patients were being supported. It was noted that the Key Performance Indicators were being reviewed and likely to change in the near future.

Recommendations:

- That progress updates from the Strategic Partnership Group are shared with the Board as appropriate
- That SECamb and representatives with the Board recommence quarterly quality review meetings
- That the Chairman meets with SECamb in three months for an update on progress.
- That SECamb provides a report in six months outlining the following:
 - Progress against action plan
 - Key priorities for the next six months
 - Evidence of improvements brought about as result of changes in the complaint procedure

Declarations of interest:

None.

Witnesses:

Justin Wilson, Medical Co-Director, Surrey and Partnership Foundation NHS Trust

Key points raised during the discussion:

1. The Medical Co-Director introduced the item and informed the Board. It was outlined that the number of hospital beds required to treat mental health patients had reduced since 2008, as many were been treated at home. This had led to a review of the decision made in 2008, with the consultation focussed on proposals to develop a second hospital. The Board was informed that there a set of options being considered, including a new site in Redhill; a new build at the Cowley unit in Chertsey; or a redevelopment at Epsom general.
2. It was outlined that the aim for the second hospital was to improve the consistency of care by consolidating resources and creating a centre of excellence in the east of Surrey. Workshops were being held to consult the public on the proposals over the summer. The Board was informed that further consultation could be a requirement once a final preferred option was identified. The Board queried how the proposals would be funded. It was confirmed that a disposal of assets by the Trust would contribute towards funding.
3. The Board asked if the police were currently involved in stakeholder meetings as some mental health patients were detained in police cells under Section 136 of the Mental Health Act. The Medical Co-Director highlighted to the Board that there had been a big change in the Section 136 assessment, and that partners had been working very closely with the police to reduce the number of mental health patients detained in cells during assessment. The role of the Crisis Concordant in supporting this work was noted.
4. The Board asked for information on the security of mental health wards and how confident witnesses were that patients and staff were kept safe. It was outlined that a number of improvements had been made to the two working age adults wards at Epsom hospital, and that changes had been made to procedures in order to managing the risk of absconding. It was highlighted that security was one of the reasons why they hope to build a new state of the art mental health hospital as this would be greatly improved.
5. The Board was informed that dementia did relate to mental health, but was treated differently as specialist dementia beds were needed. It was highlighted that most dementia patients would be based at home rather than at a specialist mental health provision. The Board was informed that the Trust worked with commissioners and providers to ensure that those with mental health needs were also supported in care home environments.

6. A discussion was had around the difficulty of retaining staff in Surrey and the factors that cause this. It was confirmed that workforce location was a factor in the proposals under consideration. A point was raised around geographical issues and how many people were choosing to commute into London.
7. The Board discussed how the Trust worked to support vulnerable people that desired acute support and treatment. It was highlighted that patients were treated on an individual basis and that discussions were had with them to create appropriate plans of treatment.

Recommendations:

The Board endorses the Trust's approach to consultation, noting comments regarding the need to extend the consultation into autumn.

It recommends:

- That a further update with the final proposals for hospital plans is brought to the Board following the consultation

38/16 INTERNAL AUDIT: HIV SERVICE 2015/16 [Item 8]

The meeting adjourned from 12:00pm – 12:10pm

Tim Hall left the meeting at 12:00pm

Declarations of interest:

None.

Witnesses:

David John, Audit Performance Manager
Helen Atkinson, Strategic Director for Adult Social Care and Public Health
Liz Uliasz, Deputy Director of Adult Social Care
Lisa Andrews, Senior Public Health Lead

Key points raised during the discussion:

1. Officers introduced the item and informed the Board that the audit was conducted at the beginning of the 2015/16 financial year. Publication of the audit report was deferred with the agreement of the Adult Social Care Services during a period of financial negotiations with the Clinical Commissioning Groups (CCGs). It was highlighted that progress had been made against the action plan since it was published in April 2016, and that joint commissioning arrangements were in place in an effort to align the HIV services delivered by the Council with other sexual health services.
2. The Board raised a question regarding the planned 25% reduction to the Public Health budget, and how the service intended to reduce costs to match this. Officers informed the Board that it is not yet decided how these reductions will be implemented, but that work was underway with providers to identify ways of being more efficient with funding. It was highlighted that a re-tendering exercise was to be undertaken in relation to advocacy services for those diagnosed with

HIV, and that this would also impact on how services were supported and delivered.

3. The Board raised a number of questions related to HIV clinical services and expressed an interest in scheduling a future item clarifying how these services were commissioned and budgeted.
4. The Board asked about preventative work and how services were commissioned for those in high risk categories, such as those with substance misuse issues. It was noted that there were a range of preventative services commissioned and that this was a primary focus of Public Health's work in this area.

Recommendations:

- That Internal Audit share the findings of its follow-up audit with the Board
- That officers meet with the Chairman to outline how changes in sexual health service provision and re-tendering of advocacy services will impact on residents and carers
- That the Board receives a future report on HIV clinical services

39/16 RECOMMENDATIONS TRACKER AND FORWARD WORK PROGRAMME [Item 9]

Declarations of interest:

None.

Witnesses:

None.

Key points raised during the discussion:

1. The Board were asked to note its recommendations tracker and to review its forward work programme. The Chairman highlighted that a number of outstanding recommendations would result in items being added to the forward work program and that he would discuss with officers as to manage this.

Recommendations:

None.

40/16 DATE OF NEXT MEETING [Item 10]

The next meeting of the Board will be held at 10:30am on 14 September 2016.

Meeting ended at: 1.15 pm

Chairman

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Chairman's Report to the Wellbeing and Health Scrutiny Board – 7 July 2016

Independent Representatives on the WHSB

I'm sorry to have to report that our 3 representatives from the Boroughs and Districts have been required to withdraw.

This was caused by a condition in legislation which prevents co-opted Members from acting if they hold an executive position within their own council.

I am sure that Members will agree that Councillors Lucy Botting, Karen Randolph and Mrs Rachel Turner contributed enormously to the work of this Board, and will wish to join me in expressing our thanks to them and in wishing them the best for the future.

I understand that the 11 Leaders of the Surrey Boroughs and Districts have agreed on replacement Members for us and we should be informed any day of their decision. Andrew and I will prepare some induction material for these new Members of the Board.

Social Care Services Scrutiny Board Meeting

I attended the SCSB Meeting of 23 June 16 on behalf of the Wellbeing and Health Scrutiny Board. My remit was to report back on progress on the Better Care Fund and how the SCSB and WHSB will cooperate on scrutinising the work on Better Care Fund and the Sustainability and Transformation Plans.

Helen Atkinson and Dominic Wright, CEO of Guildford and Waverley CCG, now co-chair the Better Care Board, which has been renamed as the Health and Social Care Integration Board.

Formal feedback is expected from NHS Improvement on the Surrey BCF Plan for 2016/17. Informally, the news is that the Surrey plan is well received and will likely be used as an exemplar.

The following manner of cooperation between the two scrutiny boards was agreed, subject to minor adjustments:

1. That the Social Care Scrutiny Board monitors the financial position of the Better Care Fund as part of regular service budget updates to the Performance and Finance sub-group.
2. That a further joint session of the 2 Boards on the Sustainability and Transformation Plans is scheduled for late 2016/17.
3. That the Wellbeing and Health Scrutiny Board chairman seeks to secure Member representation at a suitable level within the three STP governance

structures.

4. That the Wellbeing and Health Scrutiny Board cover the changes that NHS England will be making (for example in joint commissioning of Primary Care and in development of the clinical workforce).

5. That a joint Social Care Services Board and Wellbeing and Health Scrutiny Board four person monitoring group is established to oversee how the BCF and STP plans and delivery progress and report back to the joint session in late 2016/17.

Particular focus will be on:

- a. Information sharing across the organisation
- b. Social care and NHS staffing

Sustainability and Transformation Plans

Members will recall that we held a private workshop on the emerging Surrey STPs on 31 May and that the presentation materials have subsequently been forwarded to them.

At the workshop Surrey Heartlands STP was represented by David McNulty (Chairman) and Julia Ross (Lead Officer) Frimley Health STP was represented by Jane Hogg, the Integration and Transformation Director.

My impression from the workshop was that there is a great deal of similarity for these 2 STPs in the issues facing them and the approaches that they intend to take.

There will be a short workshop on Sussex and Surrey STP later today where the STP will be represented by Elaine Jackson, Chief Officer from East Surrey CCG .

The Interim ST Plans were submitted on 30 June with more detailed plans required for 30 September.

I attended an initial meeting of a Members Reference Group (MRG) for Frimley Health STP, along with Mel Few.

Epsom Hospital Quality Summit

The Quality Summit took place on 1 June 16 following a CQC Inspection which had taken place during November 2015. The findings of the Inspection were that the Trust 'Requires Improvement'. Several WHSB Members took part in the Quality Summit.

We have postponed the date for Daniel Elkeles, CEO of Epsom and St Helier Trust, to give evidence to the WHSB. This is currently planned for the 14 September. This will enable us to hear about the emerging options for development of the Trust's

Estate. This will also be an opportunity for an update on progress against the Improvement Plan to be derived following the Quality Summit.

Other Meetings Attended Since Last WHSB Meeting

On 4 May Andy and I received a briefing on Safeguarding Children Health Services from Guildford and Waverley CCG who lead on the subject.

I am attending the Social Care Services Board on 2 September, in order to hear an update from the independent Chair of the Surrey Safeguarding Children's Board.

This Board holds the statutory responsibility for ensuring safeguarding partners are co-operating effectively, and it is a good opportunity to raise some questions about our health partners.

On 19 May I took part in the 4th annual Surrey Heath 'Making it Real' event. The objective of these events is to bring together a wide cross-section of people from county and borough councils, Surrey Heath CCG and voluntary organisations with the intention to raise awareness and further co-operation in yielding benefits to the community. There were over 90 delegates.

On 26 May I attended an informal meeting of the Surrey Health and Wellbeing Board. The invitation had been extended following this Board's challenge to the H&WB to consider what might be done about air pollution, which is the second most serious determinant of ill-health and premature death in England. The H&WB received an excellent report on the subject and requested a follow-up paper.

On 22 June I attended the AGM of North West Surrey CCG. I had informal discussions with the NWS CCG Commissioning Team and with a representative of the NHS Area Commissioning Support Unit, both of which I will follow up on.

On 23 June I had informal discussions with Peter Dunt, Interim Chief Executive of Royal Surrey County Hospital (RSCH). We discussed what is being done to prevent a recurrence of the surprise deficit revealed in the 4th Quarter of 2015/16; and the consequences of the pause in the Merger process. Some service reconfigurations will continue despite the pause. Stroke Service reconfiguration will go out for Public Consultation shortly.

Tuesday 5 July to NWS CCG Commissioners to discuss procurement of the replacement Patient Transport Service; Co-commissioning of Primary Care; recommissioning of the 111 Service and procurement of Community Health Services

Upcoming Meetings

13 July to meet Guildford and Waverley CCG CEO and the Commissioning Director.

14 July to take part in discussions with the Health Overview Chairmen for SE England and NHS England.

19 July. Surrey and Borders Partnership NHS Foundation Trust – Quality Summit.

ANNEX 1

**WELLBEING AND HEALTH SCRUTINY BOARD
ACTIONS AND RECOMMENDATIONS TRACKER – UPDATED September 2016**

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	Progress Check
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>	The Chairman will be meeting with the Cabinet Member for Wellbeing and Health to discuss shared priorities and planned activity.	<i>November 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 team to explore publicity relating to expectation of delivery of primary care services.	Cabinet Member for Health and Wellbeing	The Health and Wellbeing Board held a workshop in October 2015 exploring "entry to the system" including primary care services. The Health and	<i>Complete</i>

Number	Item	Recommendations/ Actions	Responsible Member (officer)	Comments	Progress Check
		The Scrutiny Board will schedule further scrutiny on new models of local delivery of primary care		<p>Wellbeing Board Communications Group were then tasked with identifying appropriate communications in relation to this.</p> <p>The Communications Group ran a workshop in April 2016 to discuss this in detail with attendance from a wide range of health partners, including NHS England. The group continue to address this issue and are working with NHS England to determine appropriate campaign messaging.</p> <p>The Wellbeing and Health Board will</p>	

Number	Item	Recommendations/ Actions	Responsible Member (officer)	Comments	Progress Check
				continue to scrutinise the new models of local delivery of primary care, and how they support delivery of the STPs over the coming year. The PACS Vanguard item scheduled for this meeting is an example of how these new models are being developed.	
SC077	Children's Mental Health [Item 6]	<p>It also recommends that NHS England provide details on the outcome of specialised CAMHS commissioning and in particular how this will deal with adverse travelling times experienced by Surrey residents</p> <p>The Board recommends that commissioners and SABP return to the Board in 2017 with a report that outlines the new CAMHS performance against Key Performance Indicators. This should include the time taken for children to be referred, assessed and treated, the type of interventions they receive and what differences these have made</p>	Head of Mental Health Specialised Commissioning, NHS England South		<p><i>September 2016</i></p> <p><i>January 2017</i></p>

Number	Item	Recommendations/ Actions	Responsible Member (officer)	Comments	Progress Check
SC079	Public Health and Savings plan Report [Item 7]	<p>Requests that Public Health communicates the outcome of the provider negotiations regarding final budget figures and return to the Board to review the performance and progress against saving plans.</p> <p>The Board recognised the efforts made by Public Health to improve realistic efficiencies across Surrey by working together.</p> <p>It was agreed by the Board that the plans for the re-procurement of major services will be discussed at a later date.</p>	Deputy Director of Public Health	<i>The Board will be reviewing changes to the service in the Medium Term Financial Plan 2017-21 through a Performance and Finance sub-group. This sub-group is comprised of Ben Carasco, Peter Hickman, Pauline Searle and Bill Chapman. The sub-group will report to the Board on a regular basis through the Chairman's update.</i>	<i>Complete</i>
SC080	Health Inequalities in Surrey Workshop [Item 9]	The Chairman and Vice-Chairman will meet with the Public Health Consultant to develop the Board's scrutiny of the three areas identified by Members.	Deputy Director of Public Health	<i>Meeting to be scheduled</i>	<i>September 2016</i>
SC082 3 May 2016	Ashford and St. Peter's Hospitals and Royal Surrey County Hospital Merger Update	<p>That the findings and recommendations of the NHS Improvement report are brought to a future meeting of the Wellbeing and Health Scrutiny Board;</p> <p>That the business case and revised</p>	Scrutiny officer	<i>This will be added to the forward work programme following confirmation of timescales.</i>	<i>September 2016</i>

Number	Item	Recommendations/ Actions	Responsible Member (officer)	Comments	Progress Check
		<p>timeline for the merger is brought back to the Board, at an appropriate time following the publication of the both the Improvement report and STP plans.</p>			
SC083 3 May 2016	NORTH WEST SURREY CCG COMMUNITY HEALTH PROCUREMENT REPORT	<p>The Board requests a further update on the procurement of the community health services is on its agenda for September 2016. It recommends:</p> <p>That the update in September 2016 brings examples of the quality metrics used in monitoring contract delivery</p>	Scrutiny officer	<i>There are updates on both NW Surrey CCG and Guildford and Waverly CCG Adult Community Health Procurement at the meeting today.</i>	<i>Complete</i>
SC084 3 May 2016	Surrey and Sussex Healthcare and Virginia Mason Institute Collaboration Report	<p>The Board invites witnesses to come back to this Board and update on progress. The Board recommends:</p> <ul style="list-style-type: none"> o That the report covers the improvement projects with hard data on the target improvements e.g. on referral times 		<i>This will be added to the forward work programme following confirmation of timescales.</i>	<i>September 2016</i>
SC085 7 July 2016	SOUTH EAST COAST AMBULANCE SERVICE UPDATE	<p>That progress updates from the Strategic Partnership Board are shared with the Board as appropriate</p> <p>That SECamb and representatives with the Board recommence quarterly quality review meetings</p>	Acting Director of Commissioning, South East Coast Ambulance Trust	<i>The Chairman wrote to the partnership board requesting updates, a response is pending.</i>	<i>November 2016</i>

Number	Item	Recommendations/ Actions	Responsible Member (officer)	Comments	Progress Check
		<p>That the Chairman meets with SECAMB in three months for an update on progress.</p> <p>That SECAMB provides a report in six months outlining the following:</p> <ul style="list-style-type: none"> • Progress against action plan • Key priorities for the next six months • Evidence of improvements brought about as result of changes in the complaint procedure 		<p><i>The Chairman will be meeting with SECAMB along with other regional Health Scrutiny representatives following publication of the CQC report.</i></p> <p><i>The SECAMB Quality Account group is being re-established following this.</i></p>	
SC086 7 July 2016	24/7 ASSESSMENT AND TREATMENT REVIEW SECOND MENTAL HEALTH HOSPITAL	That a further update with the final proposals for hospital plans is brought to the Board following the consultation	Medical Co-Director, Surrey and Partnership Foundation NHS Trust	<i>Timescales to be confirmed</i>	<i>November 2016</i>
SC087 7 July 2016	INTERNAL AUDIT: HIV SERVICE 2015/16	<p>That Internal Audit share the findings of its follow-up audit with the Board</p> <p>That officers meet with the Chairman to outline how changes in sexual health service provision and re-tendering of advocacy services will impact on residents and carers</p>	Strategic Director for Adult Social Care and Public Health, Surrey County Council	<i>A meeting is scheduled for the Chairman to meet with officers in September.</i>	<i>November 2016</i>

Number	Item	Recommendations/ Actions	Responsible Member (officer)	Comments	Progress Check
		That the Board receives a future report on HIV clinical services		<i>A report will be brought to the November meeting of the Board.</i>	

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Date	Item	Why is this a Scrutiny Item?	Contact Officer	Additional Comments
September 2016				
November 2016				
10 Nov	Joint Procurement of Children's Community Health	Scrutiny of Services – Surrey CCGs are embarking on a procurement process for the provision of children's community health services. Guildford and Waverley CCG will update the Board on progress.	Guildford and Waverley CCG	
10 Nov	Surrey Transformation Board	Scrutiny of Services - The Board will consider the work and impact of the Surrey Transformation Board which brings together providers and commissioners countywide.	Dr Andy Brookes, Chief Clinical Officer, Surrey Heath CCG	
10 Nov	HIV Clinical Services	The Board requested an update following its meeting on 7 July 2016 about the commissioning of HIV Clinical Services	Fiona Mackison, NHS England Lisa Andrews, Senior Public Health Lead - Commissioner for Sexual Health and NHS Health Checks	
23 January 2017				
23 January 2017	SECamb Update	The Board requested an update following its meeting on 7 July 2016, covering the following:		

Date	Item	Why is this a Scrutiny Item?	Contact Officer	Additional Comments
		<ul style="list-style-type: none"> • Progress against action plan • Key priorities for the next six months • Evidence of improvements brought about as result of changes in the complaint procedure 		

To Be Scheduled
Ashford & St Peters and Royal Surrey Merger Update
Virginia Mason Institute and SASH Collaboration

Task and Working Groups

CCG Reference Groups	All Members	To liaise with CCGs and monitor activity and plans across the county, and provide patient and public voice where appropriate.	As appropriate
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Wellbeing and Health Scrutiny Board
 14 September 2016

Next steps with Surrey Stroke Services – Update

Purpose of the report: Scrutiny of Services

The Surrey Clinical Commissioning Group (CCG) Collaborative previously informed the Wellbeing and Health Scrutiny Board about work being undertaken to commission improved stroke services, following the Surrey Stroke Review. This update outlines progress working with health systems across Surrey and proposed engagement approaches. Advice is required about the timeline for formal public consultation.

1. Background

- 1.1 Every year up to 2,500 people in Surrey have a stroke. This number is likely to rise because the population is aging. Most of these people go to hospital then move on to use community rehabilitation services. Getting fast effective treatment can save lives and prevent long-term disability.
- 1.2 Following the publication of national guidelines, between late 2014 and late 2015 the Surrey Stroke Review examined whether local stroke services met the criteria for providing good stroke care. The Surrey Stroke Review collected feedback from local people, clinicians, voluntary and community groups, a panel of national experts and other stakeholders. Data was compiled about the number of people using stroke services and the quality of the services provided. The Review found that services could be enhanced to provide better care and to meet the South East Coast Stroke Services Specification. A review of key success factors was undertaken by the South East Coast Clinical Senate.
- 1.3 All CCGs in Surrey have assigned delegated committees of their Governing Bodies to oversee the next steps. These CCG Committees in Common gave the three health systems in Surrey (East, West and Surrey / Hampshire borders) an opportunity to propose how they will deliver the South East Coast Stroke Services Specification, which is based on the national stroke specification. In June 2016, each system submitted a proposal about how to improve stroke services locally and the CCGs have given systems feedback about areas that need further development. Each system will submit an update on 19th September and the Committees in Common will meet on 6th October 2016 to consider updated proposals and plan next steps.
- 1.4 This document provides an update about the work systems are doing to plan stroke services. It also outlines engagement and communication plans to help stakeholders stay involved and informed, building on the engagement work that took place in 2015.

2. Update about the process

- 2.1 The outcome of the Surrey Stroke Services Review was a recognised need to further enhance stroke services, building on the good work that is already happening. The CCG Collaborative is using a structured process to achieve the recommendations of the Review, which involves working with hospitals and community health and care organisations to plan the best way of implementing an evidence-based specification for stroke services. Once commissioners are satisfied that the proposals from systems are feasible, safe and affordable, are in line with local needs and views and provide high quality care, the outcomes may be commissioned through a variation to existing contracts.
- 2.2 Systems are putting forward proposals to deliver a holistic pathway of care from the time people have a stroke through to six months after discharge from hospital. This includes care in hospital as well as in the community.
- 2.3 When people have a stroke they are taken to a hospital providing the most specialised acute care. These services are called hyperacute units. Based on population numbers and hospital capacity, the Surrey Stroke Review examined evidence about having one, two or three hyperacute stroke units (HASUs) located in different parts of Surrey as part of a whole pathway of care. The CCG Committees in Common have asked local health and care systems to work together to propose where HASUs might be best located and how they would integrate with the wider pathway of care. An outline of the stroke pathway was provided at the November 2015 Wellbeing and Health Scrutiny Board meeting and is not repeated here.
- 2.4 At the moment, the CCGs are exploring whether it would be feasible to have three HASUs across Surrey, though no decision will be made about this until after the systems have demonstrated this is possible and people's views are considered via public consultation. Each of the acute trusts that may house a HASU has been asked to facilitate the development of plans to meet the South East Coast Stroke Services Specification, working closely with others in the local health system. The three systems are:
- East system: SASH and Epsom (supported by Surrey Downs and East Surrey CCGs)
 - West system: St Peter's (part of ASPH) and RSCH (supported by Guildford and Waverley and North West Surrey CCGs)
 - Surrey and Hampshire borders system: Frimley (supported by Surrey Heath and North East Hampshire and Farnham CCGs)
- 2.5 In June/July 2016, the systems submitted proposals for a full stroke pathway of care. An assurance panel made up of national and local experts, including clinicians, the Stroke Association, service user and carer representatives, Royal College members, NHS England, Health Education England, CCG stakeholders and others reviewed the proposals using pre-set assurance criteria.
- 2.6 The CCG Committees in Common examined the proposals and the expert feedback in July 2016. They decided that progress had been made in each system but there was more work to do to make sure that the proposals were feasible and offered the best quality and value services for local people. Each system is developing their proposals with engagement from partners and local service users and is due to present an update by 19th September 2016.
- 2.7 On 6th October 2016 the Committees in Common will meet to review the proposals submitted by each system and decide next steps. Until this time it is not possible to say whether significant variations to services will be proposed, but this may be likely and so plans have been developed for ongoing engagement and consultation.

3. Potential service changes

- 3.1 Based on preliminary proposals submitted by the systems, it appears that in the East and West Surrey areas there could be changes that would be interpreted as significant variations in the hospital component of the pathway. Currently, five hospital sites in Surrey provide services for people suspected of having a stroke:
- East Surrey Hospital
 - Epsom General Hospital
 - Frimley Park Hospital
 - Royal Surrey County Hospital
 - St. Peter's Hospital
- 3.2 However these five sites are not set up as full hyperacute stroke units, meeting all of the national and South East Coast Specification criteria. Only one site at present (Frimley) meets the broad criteria. To address this gap, the preliminary proposals received from systems involve enhancing services such that three sites would be become hyperacute stroke units, with step down care also located on site:
- East Surrey Hospital (possibly also having follow-on care at Epsom Hospital)
 - Frimley Park Hospital
 - St. Peter's Hospital
- 3.3 It is important to emphasise that **these initial proposals from systems are subject to change** and are reported here to show what systems are currently considering.
- 3.4 The populations that are likely to be most affected by these potential service changes span all of the CCGs in Surrey. The potential changes to specialist stroke care are being brought about to benefit the entire population of Surrey who may be affected by a stroke and so all CCGs will work together to support engagement and consultation activities and to plan next steps.

4. Communications and engagement

- 4.1 Depending on the updated proposals to be submitted by systems, in the East and West Surrey areas the potential changes outlined above could be interpreted as significant variations to service. This may also impact on activity flows to and from the Hampshire and Borders system (and Sussex).
- 4.2 In line with good practice and to meet the legislative requirements set out in the Health and Social Care Act of 2012 (sections 13Q, 14Z2 and 242) and the four tests outlined in the Mandate from the Government to NHS England, public and service user involvement needs to be an integral part of any service change process. The Surrey CCG Collaborative recognises that engagement should be early and continue through all stages using a broad range of engagement activities. If significant service change is being proposed, then there may also be a legal requirement for public consultation.
- 4.3 Early engagement has helped to develop the process to date. As part of the Surrey Stroke Review, the public, service users and carers and other stakeholders were asked to share their views regarding the relative importance of different aspects of stroke care, from prevention through acute care and into rehabilitation and life after stroke. Three public meetings were held in September 2015, an online and paper survey was completed by more than 300 people, a database of more than 200 people and organisations was developed to receive updates and service users, carers and service user organisations were involved in events to shape the Specification that systems are now responding to. The Stroke Association remains part of the assurance panel helping to review and shape proposals.

- 4.4 Building on this early engagement work, a plan has been developed for engagement and consultation activities (see Appendix A). This proposes a timeline as follows:
- 27th September 2016: NHS England stage one assurance process to make sure Surrey CCGs are fulfilling the terms of the Mandate from Government
 - 6th October 2016: CCG Committees in Common agree next steps in the process based on proposals submitted by systems and review draft public consultation documentation
 - 1 November 2016 – 7 February 2017: public consultation if significant service change is proposed (14 week period rather than 12 weeks to account for holiday season). **The consultation period start and end may alter depending on the findings of NHS England's assurance process**
 - March 2017: outcome of public consultation considered by Committees in Common alongside other evidence and decision made about next steps
 - September 2017: potential commencement date of service changes
- 4.5 The Surrey CCG Collaborative would like feedback from the Wellbeing and Health Scrutiny Board about the proposed communication plans, including the recommended time period for consultation.

5. Conclusions

- 5.1 The Surrey Stroke Review concluded in 2015 that stroke services need to be improved to meet national guidelines and the South East Coast Stroke Service Specification. CCGs have asked three health systems in Surrey, led by sites that may provide highly specialised acute stroke care, to develop proposals about how they will meet the Specification for the whole pathway of care, through to six months after discharge. The CCGs have set a financial envelope which includes additional investment for some services. Service users and carers, members of the public and stakeholder organisations have been involved throughout the process, including being part of the panel reviewing proposals and hearing presentations from providers.
- 5.2 Updated proposals are due from systems on 19th September. It is likely that two of the systems may propose relocating some services and if so, formal public consultation may be required to further refine proposals before decisions are made by the CCGs about next steps.

6. Public health impacts

- 6.1 The population of Surrey continues to grow and to age. Having rapid access to high quality specialist stroke care and a holistic pathway of care is key to improving survival and reducing disability. The structured process being used by the Surrey CCG Collaborative aims to ensure services in Surrey meet the South East Coast Stroke Services Specification, thus improving public health outcomes.

7. Recommendations

- 7.1 The Surrey CCG Collaborative asks that the Wellbeing and Health Scrutiny Board notes the process underway to develop stroke services.
- 7.2 The Surrey CCG Collaborative asks that the Wellbeing and Health Scrutiny Board provides recommendations to help further refine engagement and consultation plans and time periods.

8. Next steps

- 8.1. The CCG Collaborative will report back to the Wellbeing and Health Scrutiny Board following the October review of next steps.

Contact: Claire Fuller, Chair of Surrey Stroke Review

Contact details: Claire.Fuller@surreydownsccg.nhs.uk

Sources/background papers: Service specification, assurance criteria; initial proposals from systems; Committees in Common papers; Clinical Senate paper, Health and Social Care Act, NHS England guidelines, stroke services communications and engagement plan.

Appendix A: Draft Surrey stroke engagement and consultation plan – August 2016

1. Purpose

This document sets out a suggested framework for engagement and consultation about potential changes to stroke services across Surrey. It is a draft document, subject to change in line with recommendations from the Wellbeing and Health Scrutiny Board, CCG communications teams, NHS England and other stakeholders.

The document is based on the premise that there may be substantial variations to services proposed by health systems in Surrey, though revised proposals will not be received and reviewed by the CCGs until September/October 2016. At the time of writing it is therefore not possible to state what service variations may be proposed and considered worthy of further discussion and consultation.

2. Background

The Surrey Stroke Review was initiated in 2014 and sought to engage clinicians, people using services and wider stakeholders about how to improve stroke services across Surrey. The Review looked across the whole pathway, focusing on the time from having a stroke through to rehabilitation and ongoing care up to six months afterwards.

During the Review, CCGs engaged with service users, carers, community groups and wider stakeholders about a number of principles including what works well within existing stroke pathways, what works less well and how far service users would be willing to travel to receive the best care. The engagement included feedback from more than 500 people through events, surveys and emailed communications. However the engagement did not include a great deal of detail about future pathways as these remained uncertain.

After taking into account evidence, including stakeholder feedback, in 2015 the Stroke Review concluded that more could be done to improve stroke services in Surrey to reduce death rates and reduce disability following a stroke. Hospitals, community service providers and community groups were asked to work together in three systems (East, West and Surrey/Hampshire Borders) to develop proposals to improve stroke services. There was a requirement to engage with service users and other stakeholders in developing these proposals.

Preliminary proposals were submitted to commissioners in June 2016. The commissioners reviewed the proposals in July and agreed that the material contained potential to bring services into line with the South East Coast Stroke Specification and national guidelines, thus improving outcomes for local people. Whilst further work is required by systems to develop their proposals and demonstrate that they are feasible, safe and affordable, the CCGs agreed that plans to engage and subsequently consult stakeholders, service users and the public should be prepared so that people are kept up to date with the process and continue to have an opportunity to contribute. It was agreed that engagement and consultation plans should be set within a Surrey-wide framework, whilst acknowledging the importance of local adaptation and differing engagement and consultation needs.

3. Duty to engage

CCGs want to ensure that local people and clinicians remain actively engaged in stroke services development. Now that systems are refining their proposals it is time to undertake more detailed engagement activities.

Furthermore, formal public consultation is legally required where change is deemed to be significant. Good practice suggests this should be preceded by a period of wider engagement to ensure 'no surprises' when consultation is launched.

To meet the legislative requirements set out in the Health and Social Care Act of 2012 (sections 13Q, 14Z2 and 242) and the four tests outlined in the Mandate from the Government to NHS England, involvement needs to be an integral part of the service change process. Engagement should be early and continue through all stages using a broad range of engagement activities.

At a meeting on 6th October 2016, the CCGs will review proposals from systems and decide:

1. whether the proposals appear to be a feasible, safe and affordable way to deliver the improvements required to stroke services
2. if so and the proposals constitute a significant service change (such as a relocation of services), the timeframe, activities and materials for public consultation

However, prior to this decision, CCGs will be working with partners to raise awareness about the process and to let people know that a consultation may be launched.

4. Taking a Surrey-wide approach

The Surrey Stroke Review was undertaken county-wide and the governance structure for next steps is also Surrey-wide (CCG Committees in Common) to ensure improved and consistent quality of care for patients across Surrey. The CCGs have therefore decided that any engagement and consultation activities will take place within a Surrey-wide framework. It is acknowledged that specific activities may be adapted to best meet local needs, but the communications leads within each CCG will work together to ensure a consistent approach and messaging across the county.

Each CCG will allocate a communications and engagement lead to take responsibility for organising local engagement and consultation activities. This will be facilitated and overseen by a Surrey-wide lead to ensure that all areas have an appropriate level of engagement and that there is consistency in the messages and approaches.

Surrey-wide messages may include (subject to refinement and agreement):

- In 2014 the NHS across Surrey launched the Surrey Stroke Review looking at how Surrey residents could have access to good stroke services, at all stages of their care, so anyone suffering a stroke has the best possible chances of recovery.
- Looking across Surrey and comparing information to other parts of the country, the Review found that although people in Surrey generally like the stroke care they receive in hospital, not all people in Surrey have access the very best care and treatment and more could be done to improve services in hospital and the community.
- Clinical evidence shows 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 consequences of stroke. The NHS needs to make sure people across Surrey, no matter where they live, have access to this specialist care when they need it.
- Surrey doesn't have a big enough population or enough specialist professionals and equipment to have the most specialist care at every hospital. Even with unlimited resources there are not enough specialist stroke clinicians available to provide this care.
- The NHS has spoken with staff, service users, carers and other stakeholders – working closely with the Stroke Association – to understand what works well, what doesn't work so well and what local people think is important. People told us they think access to the best care is important and that most people would be willing to travel a little further to access the very best specialist care. People told us that good access to care after hospital discharge is also important, with high quality and joined up community care and support.
- Taking all feedback into account and considering available clinical evidence, the NHS decided that the safest and most effective approach would be to have hyper-acute (specialist) stroke units spread across the county, with earlier supported discharge from hospital and improved community support for patients, carers and their families. Local health and care organisations are working together to develop local suggestions for providing this improved service.

5. Wider engagement

A communications lead at each CCG has been tasked with organising wider engagement with key stakeholders and opinion formers between August and October 2016. Communications leads are meeting in early September to plan this activity and ensure a consistent approach, though each CCG will determine how best to engage its local stakeholders during this period.

No later than mid-October 2016, it is expected that each CCG (alone or in partnership with other CCGs) will have completed:

- meetings with local borough councils / elected members
- MP briefings
- meeting with Surrey Healthwatch
- discussion with local patient and public engagement forums/PPGs (e.g. as 'business as usual' communication and engagement)
- using member / patient newsletters, websites and public board reports to raise awareness that a consultation may be launched
- offering to talk at key local community / patient group meetings (e.g. stroke support groups, Older People's Networks and others)

CCGs will work alongside provider organisations to conduct these engagement activities as appropriate.

6. Public consultation

If the CCGs feel that the proposals put forward by systems are feasible, safe, affordable and worth considering further, then public consultation will be launched on a Surrey-wide basis if proposals constitute a significant service change.

The rationale for a Surrey-wide approach is that even in areas where there may be little change for some patients, there may be changes to patient flow that impact on that system. It is also important to be consistent with the messages released in each area.

Surrey-wide consultation materials will be drafted, a Surrey-wide consultation website will be used and a communications lead from each CCG will be responsible for ensuring that an agreed programme of consultation activities is conducted locally. The analysis of consultation responses will be undertaken by an independent team for Surrey as a whole as well as drawing out trends for each system.

The Cabinet Office and Consultation Institute state that for significant service change a consultation of no less than 12 weeks should be considered. In this case, the consultation may span the Christmas period and so a 14 week consultation period is proposed. The suggested dates are:

- 6th October 2016: CCG Committees in Common agree next steps in the process based on proposals submitted by systems and review draft consultation documentation
- 1 November 2016 – 7 February 2017: public consultation if significant service change is proposed (14 week period rather than 12 weeks to account for holiday season)
- March 2017: outcome of public consultation considered by Committees in Common alongside other evidence and decision made about next steps
- September 2017: potential commencement date of service changes (or April 2017 if significant mobilisation is not required)

This timeline is subject to change based on CCG Committee in Common decisions, advice from the Wellbeing and Health Scrutiny Board and NHS England's assurance process, which Surrey CCGs are undergoing in September/October 2016. Regardless of the timeline, Table 1 outlines the planned consultation activities, which communication leads in each CCG would take the lead for delivering.

Table 1: Surrey stroke services draft consultation activity plan (giving examples, not an exhaustive list)

Method	Detail	Audience	When/how
Surrey-wide consultation document endorsed by all Surrey CCGs and leading provider organisations	One overarching document which clearly sets out the Surrey case for change, drawing on clinical evidence (using patient stories/examples) and engagement already undertaken as part of the Surrey Stroke Review (including both early and more recent engagement). The document would be segmented per system, with information including: details on the preferred option/s option appraisals undertaken how engagement has been taken into account so far details on exactly what would change as a result How to get involved – listing public events, questions, web address etc.	All	Made available predominantly online, with some printed copies and accessible versions.
Letter (to key local opinion formers outlining details of consultation)	MPs, borough and district councils, Health & Wellbeing Board, Surrey Healthwatch, other local health and care providers - offering more information/individual meetings etc	Key local opinion formers	Before and at start of consultation
Letter (to patients/residents who signed up to receive updates as part of Surrey Stroke Review)	Letter giving details of consultation, where to find out more information etc.	Interested patients / carers / local residents	At start of consultation
Letter (to key community / voluntary / patient groups including stroke support groups)	Letter giving details of consultation, where to find out more information etc and offering face to face presentation	Key local groups	At start of consultation Presentations likely across duration of consultation
Public meetings/events	A range of meetings across the county at locations determined by highest level of likely change. To include some traditional presentations/Q and As, and deliberative style/co-design events. Where there are cross system issues, representatives from both systems would be expected. Attendance from the Stroke Association would be desirable. Also ensuring engagement/consultation events reach wider range of people including carers and other groups that are traditionally more difficult to reach.	Public	Across duration of consultation – mixture of daytime / evening to include: Ashford, Woking, Guildford, Haslemere, Epsom, Dorking, Leatherhead, Camberley, Farnham (NB: this is not an exhaustive list)
Website	Well populated website (using one CCG website with common linking text from others), including published FAQs, key document, list of events, online feedback questionnaire	Public	Throughout from beginning of consultation
Media liaison	Launch consultation with general media release and targeted interviews – inviting local media to speak directly to key personnel in systems	Public	Throughout
Social media	Twitter and Facebook page for the consultation – tweeting key messages, dates, answering tweets/other social media contacts.	All	Throughout
Video	Consider production of short video setting out the case for change with clinical talking heads and patients + Stroke Association – to use on websites, at public meetings, link via social media, YouTube.	All	Use throughout

Wellbeing and Health Scrutiny Board
14 September 2016

Adult Health Community Services Procurement Update

Purpose of the report: Consultation on Substantial Development

NHS Guildford and Waverley Clinical Commissioning Group (GWCCG) have undertaken a procurement process for adult health community services; Virgin Care Services Ltd (VCSL) has been announced as the preferred bidder. This report details the procurement process to date and the next steps with regards to mobilisation.

Introduction

1. GWCCG commissions a community health care contract with VCSL which expires on 31 March 2017. This contract involves a joint commissioning arrangement across the Surrey CCGs, and is led by North West Surrey CCG.
2. In December 2015, the GWCCG Governing Body agreed to carry out its own procurement of adult community health services. From January 2016, Guildford and Waverley CCG worked to procure a new adult community health service with the aim to secure a new contract from 1 April 2017.
3. Following a comprehensive and robust evaluation process, in July 2016, GWCCG's Governing Body selected VCSL as the preferred bidder, with other organisations cited as partners in delivery.
4. GWCCG will be working with VCSL and its alliance partners in the coming months to ensure that community health services are effectively mobilised in time for the new contract to commence on 1 April 2017.

Background of community health services in Guildford and Waverley

5. Historically, community services have been provided by a large number of fragmented and separate teams across the primary, acute, community and social sectors. It is GWCCG's ambition to move away from this paradigm by instead creating integrated community health and care services that are capable of delivering a flexible service response based on clinical need.
6. There are a wide range of community services involved in this procurement, including community nursing, adult rehabilitation, diabetes services and podiatry.

7. GWCCG has a clear vision for the development of a comprehensive and fully integrated model of health and social care provision to our local population. Central to this vision is the development of integrated community services, working under the leadership of primary care with the following principles:
 - a. 'No wrong door' - single point of access for health and social care services
 - b. Improve access to integrated proactive community health and social care services
 - c. Support to patients with complex needs to remain in their normal place of residence
8. The new model of care will now evolve and focus on the creation of an organised, coordinated and effective 'out of hospital' provider environment.

Scope of the Procurement

9. Seventeen current service specifications were reviewed as part of this procurement.
10. Three thematic integrated service specifications have also been developed to outline how the seventeen existing services will integrate and coordinate to meet the care needs of patients in the community. This includes:
 - a. Proactive Care (including Community, Specialist Nursing, Community Respiratory Service, Community Diabetes Service and Podiatry Service)
 - b. Intermediate Care (including Rapid Response Service, Community In-reach Teams, Community Rehabilitation Service, Geriatricians and Acute Care at Home (IV Therapy))
 - c. Place Based Care (including Community Hospitals, Haslemere Minor Injuries Unit, Diagnostic and Treatment Centre, Lymphoedema Service and X-Ray Services)
11. These service specifications were developed with a range of input from both internal and external professionals; including feedback from local GPs.
12. These service specifications include specific performance indicators as well as quality metrics that enable GWCCG to support the effective delivery of services to patients. In each service specification, there is a table of key performance indicators which focus on the following areas: patient experience, improving productivity, access, interventions, personalised care planning and outcomes. The performance indicators are displayed with accompanying denominators, threshold and method of measurement.

Procurement Process

13. The procurement process was supported by procurement experts from NHS Shared Business Services to ensure that GWCCG meets its obligations both under the NHS Regulations and the 2006 Procurement Regulations.
14. It was agreed that a one stage process would be the most beneficial to GWCCG as it provides bidders with more time to concentrate on developing their proposals including sub-contractor models and agreements with partners as well as allows the successful bidder more time in which to mobilise the contract.

15. The timetable below details presents the activity of the procurement that that took place:

Activity	Date
Invite issued on Contracts Finder for prospective bidders to attend pre-market engagement event	08 January 2016
Pre-market engagement event	22 January 2016
Issue advert & bid documentation	29 March 2016
Bidder Briefing event	13 April 2016
Deadline for the receipt of clarification questions from Bidders	24 May 2016
Submission deadline	03 June 2016
Bid evaluation by nominated evaluators	6 June – 1 July 2016
Moderation Meetings	27 June, 7 July & 8 July 2016
Bidder Interviews/Presentations	15 July 2016
Notification of Contract Award and beginning of standstill period	27 July 2016
Standstill period ends	10 August 2016
Final deadline for contract signature	24 December 2016
Mobilisation	1 September – April 2016
Service commencement	01 April 2017

Procurement Governance

16. A monthly Procurement Programme Board was established in January 2016, with a Governing Body lay member as chair. The role of this Board was to oversee the implementation of CCG commissioning decisions where this involves procurement and to ensure compliance with competition policy and guidance and the law and adherence to and review of the CCG Procurement Policy.

Bid Evaluation Process and Result

17. Bid submissions required bidders to complete an Invitation to Tender Questionnaire and conduct a presentation on their respective bids, according to the criteria outlined by GWCCG.

18. Fifteen individuals were identified to evaluate the submissions based on their specialist knowledge and experience. This included a patient representative, information governance expert and independent GP input (external to GWCCG).

19. GWCCG's Governing Body approved the recommendation from evaluators to select Virgin Care Ltd. and its alliance partners as the preferred bidder.

20. The response from the bidder demonstrated a thorough understanding of the GWCCG's requirements, in particular in delivering services as well as providing a detailed explanation of how they would transform the service during Years 1 and 2 of the contract. This gave the

GWCCG confidence in the bidder's ability to deliver the current services, as well as working towards more integrated models of delivery that will be formalised from Year 3.

Contract model

21. GWCCG are working towards a two stage contracting model over 10 years:
- a. Years 1 and 2 of the contract will be managed via an alliance contract with all parties working to shape the future delivery model of integrated out of hospital services.
 - b. From Year 3 onwards, there will be a transfer to a lead provider model contract, and will be offered to take the life of the contract for a period of up to 10 years.
22. This model requires the preferred bidder to work with GWCCG, primary care and partners to achieve clear and defined outcomes informed by patient and referrer experience within the first two years. If successful the contract can then be awarded for up to a further eight years.
23. The contract value is £176,000,000 over a period of 10 years. The overall payment mechanism for the contract will be based on the principles of a block agreement, however due to the transformational nature of the agreement elements may be subject to agreement of local tariffs.

Public Engagement

24. GWCCG jointly undertook a series of public engagement events to understand what local people wanted from their adult health community services. The two events undertaken were: an event at Masonic Hall in Godalming on 10th November 2016 and an event at G Live in Guildford on 25th November 2016. Feedback was taken on a range of issues and this was used to inform the procurement process, including the development of the service specifications.
25. GWCCG held a pre-market engagement event on 22nd January 2016 to gauge market interest. A total of 26 organisations attended and registered as interested providers.
26. A number of representatives from the voluntary sector attended the pre-market engagement, including representatives from Age UK Surrey, Alzheimer's Society, and the Red Cross.

Conclusions

27. GWCCG has successfully procured a new contract for adult community health services in Guildford and Waverley, with a start date of 1 April 2017. There was, and continues to be a clear governance structure in place to monitor the developments of the contract and to support mobilisation.
28. Next steps in the mobilisation of the contract include local people and clinicians becoming involved in the planning and priority setting for the next two years.

Public Health Impacts

29. GWCCG undertook an Equality Analysis to understand the impact on majority/minority groups of the proposed changes to adult health community services.

30. This Equality Analysis concluded that the proposed changes would no negative impact on any majority/minority group.

Recommendations:

31. The Wellbeing and Health Scrutiny Board is asked to note that GWCCG has selected Virgin Care Ltd. and its alliance partners as the preferred bidder, and will be proceeding to contract negotiations in September 2016.

Next steps:

32. The commissioners will continue to provide the Wellbeing and Health Scrutiny Board with an update about the mobilisation of community health services and transformational proposals in Guildford and Waverley in January 2017.

Report contact: Dominic Wright, Chief Executive, GWCCG

Contact details: c/o Sam Stevens, Executive Assistant, sam.stevens1@nhs.net, 01483 405445

Sources/background papers: G&W Equality Analysis, NHS (Procurement, Patient Choice and Competition (No.2) Regulations 2013 (the “2013 Regulations”), EU Treaty Principles (i.e. transparency, proportionality, non-discrimination and equal treatment.

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Wellbeing and Health Scrutiny Board
14 September 2016

Update on the North West Surrey CCG Adult Community Services Procurement and a Focus on Quality Performance and Monitoring

Purpose of the report: Scrutiny of Services and Budgets – update about procurement plans

To update the Board on the conclusion of the recent procurement exercise to secure Adult Community Health Services for North West Surrey Clinical Commissioning Group (NWS CCG) and provide more detail about quality and performance management metrics and contract governance.

Introduction

1. On the 3 May 2016, a representative of NWS CCG attended the meeting of the Wellbeing and Health Scrutiny Board to provide details about the preparation and delivery of a competitive procurement exercise to secure Adult Community Health Services for the population of NWS CCG.
2. The procurement exercise was being conducted due to the pending expiration of the current Surrey-wide contract held by Virgin Care Services Ltd.
3. Members of the Board wished to receive an update of the position and hear more about the contract governance process and understand the range of quality and performance metrics against which the services will be measured.

Context and background: An update on the Procurement Programme

4. NHS North West Surrey CCG's contract for community health services with Virgin Care Services Limited (VCSL) comes to an end on 31st March 2017. It is therefore necessary to procure provision of these services from 1st April 2017 onwards.
5. This procurement falls within the scope of "Part B Services" as defined in the Public Contracts Regulations 2006 (as amended) and Directive 2004/18/EC. The 2006 Regulations and the 2004 Directive are

applicable to the procurement to the extent required for Part B Services.

6. As advised to members of the Board at the meeting held in May, NWS CCG developed a process to ensure that it met its obligations both under the NHS Regulations and the 2006 Regulations. The process was akin to a Competitive Process with Negotiation whereby qualified Bidders took part in meetings with the CCG to discuss innovative responses to the proposed model of care and to demonstrate how they will work to move towards the development of an overarching Alliance contract over the term of the contract. (An Alliance contract/agreement is a series of multiple parallel contracts with aligned objectives and incentives amongst providers including the sharing of incentives and risks. (Can be achieved through a single contract agreement also)).
7. In recognition of the alliance model and in a bid to accelerate the development of our aspirations to transform Out of Hospital Care through a multi-provider led system, NWS CCG identified a number of 'Neutral Partners' who remained neutral and did not form part of any bidding entity or support one bidder over another. Neutral Partners had active roles in the structured and defined process which was designed to ensure that the CCG met its legal duties. These Neutral Partners had direct involvement in the selection of the preferred provider.
8. Neutral Partners are as follows:
 - a) Ashford and St Peter's Hospitals NHS Foundation Trust (Provider)
 - b) Surrey and Borders Partnership NHS Foundation Trust (Provider)
 - c) General practice representatives (commissioners)
 - d) Surrey County Council Social care representatives (commissioners)
9. NWS CCG held two negotiation meetings with each of the three pre-qualified bidders prior to the submission deadline for Initial Proposals and invited bidders to meet with a group of Neutral Partners as well as meetings with Service Users and opportunities to discuss estates and Information Management and Technology (IM&T). The meetings dealt with a number of pre-advised topics. Any clarifications arising from these meetings were published for all bidders using a procurement portal.
10. Three bids were received by the response deadline on 9th May 2016.
11. The Initial Proposals were evaluated and moderated and two bidders were shortlisted to move forward to the final proposals stage and notified on 27th May 2016, these were:
 - a) CSH Surrey
 - b) Virgin Care Services Ltd
12. All bidders were given written feedback about the strengths and weaknesses of their Initial Proposals.

13. NWS CCG held one further negotiation meeting with each of the two shortlisted bidders prior to the submission deadline for Final Proposals and invited bidders to again meet with a group of Neutral Partners and Service Users. Bidders were also invited to undertake site visits with NHS Property Services. A separate meeting about financial assumptions was also held. The meetings dealt with a number of pre-advised topics. Any clarifications arising from these meetings were published for all bidders using a procurement portal.
14. Both shortlisted bidders submitted Final Proposals by the deadline of noon on 30th June.
15. Both bidders passed the requirements for selection and achieved good final scores.
16. Central Surrey Health was the highest scoring bidder.
17. The Programme Board reviewed the evaluation and moderation process and asked final clarifications of bidders during a presentations session on 21st July 2016. The Board agreed unanimously that the process for evaluation and moderation had been conducted robustly in line with the Request for Proposals and procurement guidelines. As such, the Programme Board recommended that CSH as the high scoring bidder, be recognised as the Preferred Provider for contract award, this was ratified by the NWS CCG Governing Body.
18. A voluntary 10 day standstill period known as the Alcatel period was observed by the commissioner post notification of preferred provider status.
19. At the end of the Alcatel period the CCG entered contract finalisation discussions with CSH in order to formally award the contract by agreeing the conditions and particulars including the Quality and Performance Reporting schedules
20. A series of subject matter expert working groups have been established to undertake the necessary review and agreement of contract schedules, imminently these working groups will move to become mobilisation work-stream groups and concentrate on service transition in preparation for service commencement on the 1st April 2017.
21. A Programme Board will continue to meet monthly to oversee progress and provide strategic direction as the programme moves from delivery of the procurement exercise to the contract and service mobilisation

Contract Governance and Quality and Performance Management

22. In a report entitled “Managing Quality in Community Health Care services”, The Kingsfund, December 2014; the need for good information on the quality of community services was recognised and the report notes that the lack of comprehensive, consistent and robust national data on the quality of community services has been apparent

for many years. It is however acknowledged that implementing a robust information base for community services is a challenge because of:

- a. the diversity of services provided by the community care sector
- b. the plurality of service providers
- c. the multiplicity and complexity of data flows required to cover the numerous and diverse services, settings and client base covered by community care
- d. the comparatively weaker information infrastructure in community care compared with the primary and acute care sectors where IT and computerisation are better developed
- e. the intrinsic difficulties in monitoring quality when care is provided in users' own homes

23. NWS CCG has established a Contract Management Structure as outlined in Appendix One, to manage the Adult Community Health Services contract as recommended within General Conditions Schedule 9 of the NHS Standard Contract 2016/17.

24. The governance structure establishes a mechanism to review, the activity, performance and quality metrics through the dedicated Clinical Quality Review Meeting ensuring that subject matter experts are able to meet to discuss clinical and operational issues with a point of escalation to the Contract Management Board.

25. Through robust contract management we want to ensure the delivery of:

- On-going value for money
- Solutions to meet on-going demand
- Realisation of intended benefits, including social value
- Sustainable service delivery
- Performance compliance
- Continuous improvement
- Management of risk
- Statutory obligations

26. This is achieved by:

- Holding regular monitoring reviews and triggering prompt corrective action to deal with poor performance
- Focusing on continuous improvement via incentivisation, not just compliance
- Emphasising that strong relationship management (internal and external) is a critical success factor

27. The contract has a number of schedules within it that specifically require the provider to submit data about the volume and type of activity and the quality of this activity. These are, Schedule 4 the Quality Requirements and Schedule 6 the Information Requirements.

28. Each of these schedules combines both national and local requirements, in addition the provider is required to comply with

statutory obligations to report serious incidents and workforce information for example and upload to national datasets as applicable for the scope of the contract.

29. Focusing on the Quality Requirements Schedule (attached at Appendix Two) the metrics are categorised into type

- **Safety** – quality care is care which is delivered so as to avoid all avoidable harm and risks to the individual’s safety;
- **Patient experience** – quality care is care which looks to give the individual as positive an experience of receiving and recovering from the care as possible, including being treated according to what that individual wants or needs, and with compassion, dignity and respect”
- **Clinical effectiveness** – quality care is care which is delivered according to the best evidence as to what is clinically effective in improving an individual’s health outcomes

30. In total there are 62 different quality measures. Each measure has a defined reporting period and when viewed together alongside the Information Requirements the multiple information sources should offer an ability to triangulate the data and offer either an early warning of service issues or detail as to why issues may have arisen so that recovery can be addressed.

31. NWS CCG plans to shift the approach to the delivery of care under the contract from a series of treatment episodes to a model which is delivered via whole system pathways built around the patient. This shift will enable an outcomes-based transformation in service design and delivery focussed on the patient.

32. Ultimately the CCG believes that the new model of care for the delivery of community health services will be a critical enabler in the delivery of a wider system transformative journey to create an integrated health and social care system and progress the design and development of future alliance arrangements with the local population and local health economy Partners.

Patient Involvement in Service Delivery and Performance and Future Developments

33. Service Users were engaged in the design of the service specifications and formally involved in the procurement process through meetings with bidders that enabled them to learn about the potential provider’s plans for service delivery and provide feedback to influence and hopefully improve the eventual bid submissions

34. Following the end of the procurement our service user group were keen to stay involved and accordingly we have invited them to be active members of the service mobilisation programme. This has been warmly welcomed by CSH as the preferred provider and we will

continue to work with and expand the service user group in order to ensure that the new service provisions deliver on the ambitions we put to the market to “deliver a Model of Care which includes a number of fundamental design principles for the benefit of patients”:

- People-centred integration of health and care services.
- Whole system care navigation.
- Sustainability of the local acute Trust (Ashford & St Peter’s Hospitals).
- Mental health equality.
- Care provision at the most appropriate place.
- Age-appropriate care.
- Effective transition of children and young people into adult services.

Conclusions

35. NWS CCG has successfully concluded a competitive procurement to secure a provider of Adult Community Health Services for the population of NWS CCG.

36. A range of Information and Quality Requirements have been designed and incorporated into the contract to provide a framework against which the safety, patient experience and clinical effectiveness of services will be measured.

37. Patients and service users will be engaged in the mobilisation of new services from the outset and further in the development of ambitious Alliance Contract arrangements following service commencement.

38. NWS CCG will work with the service provider as a trusted partner and further refine the services, quality and performance metrics and contract to ensure a focus on continuous improvement.

Recommendations:

39. The Wellbeing and Health Scrutiny Board is asked to note:

- a) that North West Surrey CCG has concluded its procurement process to secure a provider of Adult Community Health Services and awarded preferred provider status to Central Surrey Health.
- b) the scope of quality and information requirements to enable robust contract management
- c) the continued involvement of patients in the service mobilisation and future service and system developments.

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APPENDIX ONE

Wellbeing and Health Scrutiny Board 14th September 2016 NWS CCG Report

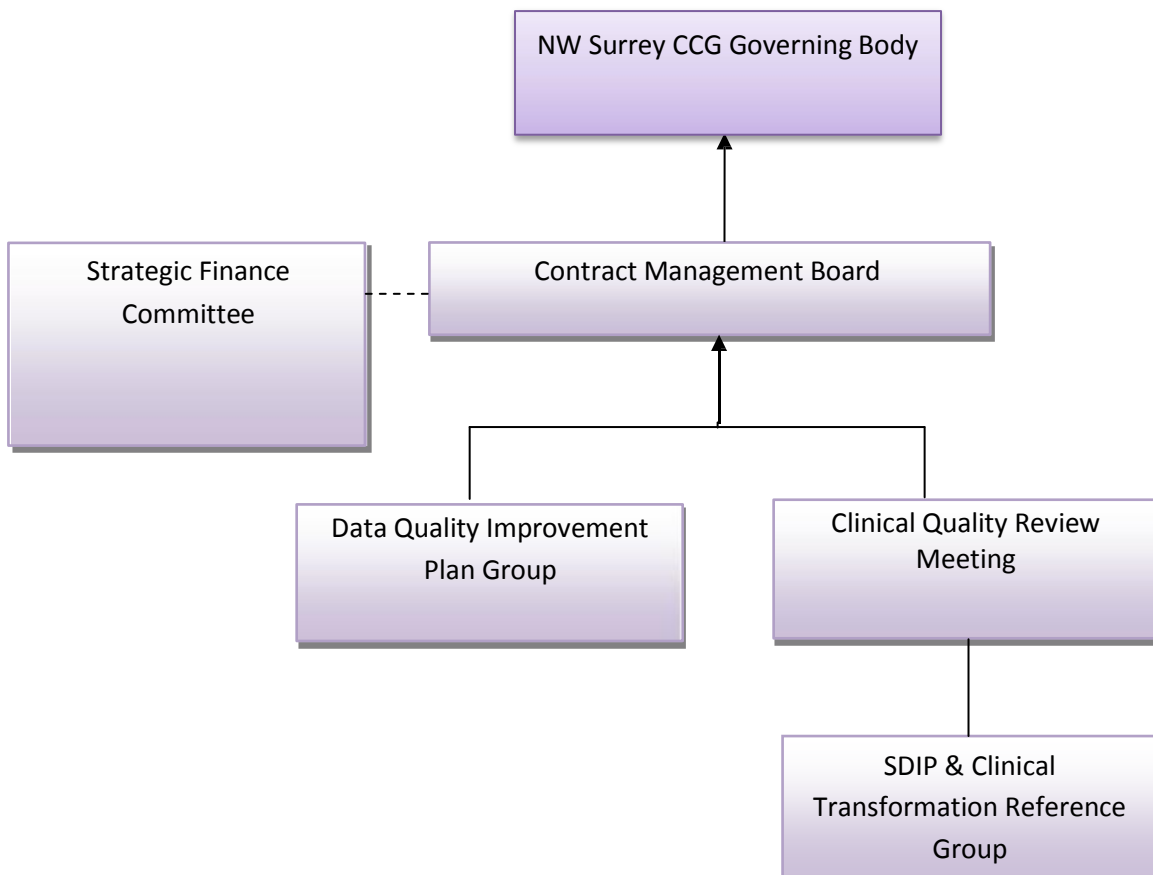
Contract Management Structure

Central Surrey Health Ltd 2017/18

1. Introduction

The Contract Management Structure outlined in this paper will be established to manage the Adult Community Health Services (ACS) contract for North West Surrey Clinical Commissioning Group (NWS CCG) as recommended within General Conditions Schedule 9 of the NHS Standard Contract 2016/17.

2. ACS Contract Management Governance Structure



3. Contract Management Review Process (NHS Standard Contract 2016/17, Updated) Technical Guidance, NHS England)

The contract review process is set out in the NHS Standard Contract, General Conditions, Schedule 8 (GC8 Review).

The frequency of reviews will be as per Terms of Reference of the Groups. Potential areas for review will include service quality and performance, finance and activity, information, and general contract management issues. The CCG and Provider will identify those areas which require review, taking into account the reporting requirements set out in the SDIP, Quality and Information schedules of the contract

APPENDIX ONE

Wellbeing and Health Scrutiny Board 14th September 2016 NWS CCG Report

Either party may call an emergency review meeting at any time. Representation at meetings is left to local discretion. However, the parties will ensure appropriate senior clinical

APPENDIX ONE

Wellbeing and Health Scrutiny Board 14th September 2016 NWS CCG Report

representation, where relevant to the services. The review process will be used to agree any amendments for each contract year.

Stages of Contract management process

There are a number of stages to the contract management process. These have been revised in the 2016/17 contract ([NHS Standard Contract 2016-17 Technical Guidance](#)) and can be summarised as follows:

1. issue of contract performance notice;
2. meet to discuss the contract performance notice within 10 operational days;
3. following the meeting the parties may decide:
 - to withdraw the contract performance notice or
 - agree an immediate action plan and/or a Joint Service Investigation (JSI)
 - the JSI may recommend a Remedial Action Plan (RAP)
 - failure to agree or deliver the RAP will result in withholding up to 2% of monthly actual contract value

Where the parties have agreed an immediate consequence in relation to meeting a quality requirement or there is a nationally mandated sanction, that consequence will be exercised without the need to go through the formal contract management processes described above although in most cases there will be a need to jointly agree a RAP where performance standards are breached consistently.

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SCHEDULE 4 – QUALITY REQUIREMENTS

A. Local Quality Requirements

A. Local Quality Requirements: Compliance annual (CA)

Ref	Quality Requirement	Measure and context
CA1	Quality Accounts	Assessment of received reporting requirements Inclusion of Stakeholder feedback in Annual publication
CA2	CQC and Compliance. Alert commissioners of any visits, reports and action plans in real time. Compliance with new CQC reporting framework	Assessment of received reporting requirements Communication with commissioners when visits occur – in real time and subsequent feedback, publication of reports and any action plans in place as a result of findings Actions to assess compliance with new inspection framework including 'Fit and Proper Person' assessment
CA3	Compliance within deadline for all NPSA Safety Alerts and CAS reporting	Assessment of received reporting requirements Quarterly update on closure and response rate within timescales. Information to support any unclosed alerts should be included.
CA4	NICE Implementation of Technical Appraisals, Interventional Procedures & Clinical Guidelines	Assessment of received reporting requirements Quarterly update via CQRM. Requirement to escalate via CQRM any risk of non-compliance
CA5	Compliance with Central Learning System Safety alerts	Ensure alerts are disseminated and acted on as instructed by the alerting system 6 monthly audit of the process and compliance against timescales. Report to CQRM
CA6	EMSA	Ensuring the CCG are made aware of any breaches and action plans put in place as a result – in real time and then via CQRM. To include impact on patients

Page 49

B. Audit and Compliance (AC) – rolling programme

Ref	Quality Requirement	Threshold	Method and frequency of Measurement	Numerator	Denominator	Consequence of breach
A&C1	Specific clinical audit and compliance programme to be provided to commissioners	All clinical audit programmes to be integral to quality contract meetings Feedback on external audits and action plans	Bi-annual rolling programme in place and 6 monthly updates on performance against plan including reported outcomes and actions taken to CQRM As required	N/A	N/A	As per General Conditions Schedule 9
A&C2	Effective and robust Provider wide governance arrangements in place		Initial review of governance arrangements and actions in place In line with internal reporting, Provider to provide rolling programme of presentations/ deep dives/ improvement programmes to CQRM Rolling programme of CCG quality visits and agreed ad hoc visits to areas of concern	N/A	N/A	As per General Conditions Schedule 9
A&C3	Complaints (Francis report recommendations): Providers to produce to commissioners on a quarterly basis access to a sample of complaints letters and responses.	Representative sample reviewed quarterly Sample to be agreed as a percentage of total number of complaints received,.	Representative sample to be made available to commissioners for review, to include evidence of internal self assessment, on a quarterly basis	N/A	N/A	As per General Conditions Schedule 9
A&C4	Complaints (Francis report recommendations): Providers will present in part one of their board meetings, and publish on their website, non-patient identifiable summaries of complaints reflective of themes for the organisation and improvement priorities.	Compliance	As part of the Bi-annual Quality Performance report the following should be reported	N/A	N/A	As per General Conditions Schedule 9
A&C5	Complaints (Francis report recommendations): Providers will immediately (within one working week)-notify commissioners of any independent external investigations commissioned.	100% Compliance	As part of the Monthly Quality Performance report the following should be reported	Number of notifications made to commissioner within one week	Total number of independent external investigations commissioned	As per General Conditions Schedule 9

Page 50

Ref	Quality Requirement	Threshold	Method and frequency of Measurement	Numerator	Denominator	Consequence of breach
A&C 6	<p>Workforce Planning: Provider will be compliant with national guidance and reporting requirements in line with HEE and the LETB. The plan should include but need not be limited to the following:</p> <ul style="list-style-type: none"> •the transition of staff to a new “whole system approach” • increases in workload/ changes in referral pathways •sickness, vacancies and annual leave •rate of agency staff •recruitment, staff training and development/ succession planning/ appraisal and revalidation • competent and capable workforce for delivering the service in line with the service specification <p>develop and deliver opportunities for innovative staffing models across the health and social care system</p>	100% Compliance	<p>Provider workforce plans to be shared with all commissioners</p> <p>Annual review of plans to be carried out and progress against plan to be shared with all commissioners</p> <p>Specific workforce metrics to be reported as part of the QRs (as indicated)</p> <p>Provider to participate in any workforce development work with HEE and the LETB</p> <p>Provider to work with the commissioner to support development and achievement of STP</p>	N/A	N/A	As per General Conditions Schedule 9
A&C 9	Workforce Assurance Reviews	Compliance with CCG assurance review framework and process	Participate in 6 monthly CCG workforce assurance reviews in line with agreed framework and GC5 provider requirements	N/A	N/A	As per General Conditions Schedule 9
A&C 10	Staffing	Compliance with submission and sharing of data as per DH and any new national guidance and General Conditions Section 5 of the Standard Contract	Monthly report on workforce as outlined in the provider workforce plan and QRs. Reporting requirements to be agreed in Q1 and monthly submission thereafter	N/A	N/A	As per General Conditions Schedule 9
A&C11	People with learning disabilities and/or autistic	Provider to have in place policies on enabling patients with a learning disability or	Learning disability peer reviews carried	N/A	N/A	As per General Conditions

Ref	Quality Requirement	Threshold	Method and frequency of Measurement	Numerator	Denominator	Consequence of breach
	<p>spectrum conditions (ASC) should be able to access mainstream services when necessary</p> <p>Reasonable adjustments are made to services to allow access to mainstream mental health and other services as necessary</p>	ASC to access services.	<p>out annually</p> <p>Easy Read feedback to service users and their families audited quarterly</p> <p>Annual review of notes of people with LD who have used our services to see if reasonable adjustments are made during their treatment and if they are referred to LD liaison nurse for support.</p> <p>Review of any actions required against the NHSE Response to the Bubb Report</p>			Schedule 9
A&C12	Local & National Dementia Strategy	Provider to feedback in addition to any National Dementia CQUIN on other reporting and delivery required on National Dementia Strategy.	Provider to report progress bi-annually against Dementia Strategy in line with National Strategy via CQRM.	N/A	N/A	As per General Conditions Schedule 9
Page 52 A&C13	<p>Completeness and updating of 111 Directory of Services (DOS): must notify of the following:</p> <ul style="list-style-type: none"> Planned service change within 72 hours of service change Service down within 30 minutes of the service failure 	<p>100% for service changes</p> <p>98% for service failures</p>	<p>Definition: As per Audit</p> <p>Data Source: Audit</p> <p>Frequency: Monthly</p>	<p>Number of planned service changes notified within 72 hours of change</p> <p>Number of service failures notified within 30 minutes of the failure occurring.</p>	<p>Total number of planned service changes</p> <p>Total number of service failures</p>	As per General Conditions Schedule 9
A&C14	Support the delivery of the CCG Quality Strategy	Contribution to achievement of CCG ambitions for Quality	Participation and achievement of goals in relevant improvement programmes across the whole system – Sign up to Safety Campaign/ KSS Patient Safety Collaborative/ Safety. Thermometer: Achievement of internal targets set to be shared via CQRM in Q1	N/A	N/A	As per General Conditions Schedule 9

C. Quality requirements (QR)

Work stream/ Service Area	Ref	Quality Requirement	Threshold	Method and frequency of Measurement	Numerator	Denominator	Consequence of breach	Comment
Safety – quality care is care which is delivered so as to avoid all avoidable harm and risks to the individual's safety;								
ALL	QR1	Safeguarding Vulnerable Adults Safeguarding Vulnerable Adults Standards for all providers of health services: 2016 -2017	100% implementation of Clinical Standards recommended by Surrey Safeguarding Adults Board and compliance with specific thresholds set	Reports to SSAB as requested Initial baseline assessment and plan against goals to be presented to CQRM in Q1 Quarterly update to CQRM against plan Exception report of risks and concerns to CCG monthly	N/A	N/A	As per General Conditions Schedule 9	
ALL	QR2	Safeguarding Vulnerable Children Safeguarding Children Standards for all providers of health services: 2016 -2017	100% implementation of Clinical Standards recommended by Surrey Safeguarding Children Board and compliance with specific thresholds set	Reports to SSCB as requested Receipt of 6 monthly dashboard as per appendix 2. of the standard document. The standard 6 monthly reporting time frames for 16/17 are: <ul style="list-style-type: none"> Dashboard will be sent out 1st April. Providers submit dashboard to CCG 16th April. Dashboard will be sent out 1st October. Providers submit dashboard to CCG 16th October. Initial baseline assessment and plan against goals to be presented to CQRM in Q1 Quarterly update to CQRM against plan Exception report of risks and concerns to CCG monthly An annual report is to report work undertaken for the period between 1st April and 31st March16/17	N/A	N/A	As per General Conditions Schedule 9	Completed dashboard to include narrative of findings, any actions to improve or address declining trends. The 6 monthly and annual reports will contribute to the provider's performance reporting to their Local Safeguarding Children Board.
ALL	QR3	Regulation 28/29 of Schedule 5 of the Coroners Rules outlines the Coroner's risk management role and provides the	Provider will: - Ensure full cooperation by the Provider with HM Coroners in respect	Letter from Coroner requesting Regulation 28/29 actions by the Trust: - Carry out an effective investigation using SIRI procedures. - Submit the action plan showing the steps	N/A	N/A	Enforceable by Law under Coroners Regulation 28/29, 2008; Ministry of	

Work stream/ Service Area	Ref	Quality Requirement	Threshold	Method and frequency of Measurement	Numerator	Denominator	Consequence of breach	Comment
Page 54		power to make reports to a person or organisation where the Coroner believes that action should be taken to prevent future deaths.	of the implementation of Regulation 28/29. NB: This is a legal requirement. The contractual requirement in addition to this is to consider what reporting and review mechanisms are required to monitor adherence.	taken with realistic deadlines. <ul style="list-style-type: none"> - Nominate a senior clinician or manager to be accountable for lessons learned. - Ensure that the report and lessons learned are shared with everyone involved. - Monitor change has taken place. http://www.justice.gov.uk/downloads/burials-and-coroners-reports-future-deaths.pdf			Justice, Guidance for Coroners on changes to Rule 43: Coroner reports to prevent future deaths, 2008. Contractually the failure to report these incidences or to follow process and outcomes will lead immediately to entering into the consequences as set out in the General Condition 9 of the contract (GC9) and in line with statutory requirements.	
	ALL	QR4	Serious Incidents	Serious incidents including Never Events reported in accordance with National Reporting and Learning from Serious Incident Guidance 2010 and additional new guidance published in 2015 commissioner procedure and as per schedule 6 Part D.	Provide evidence of: <ul style="list-style-type: none"> • Compliance with threshold requirements • General themes of SI's and lessons learnt to be included in the provider's monthly Quality Performance Report and shared via CQRM. • SI action plans to be monitored and closed by the CCG (SI Panel) when there is evidence of actions being completed. • Review of reports submitted to NRLS/Serious Incidents reports and monthly Service Quality Performance Report 	N/A	N/A	As per General Conditions Schedule 9 In accordance with Never Events Policy Framework, recovery by the Commissioner of the costs to that Commissioner of the

Work stream/ Service Area	Ref	Quality Requirement	Threshold	Method and frequency of Measurement	Numerator	Denominator	Consequence of breach	Comment
Page 55							procedure or episode (or, where these cannot be accurately established, £2,000) plus any additional charges incurred (whether under this Contract or otherwise) for any corrective procedure or necessary care in consequence of the Never Event	
	QR5	All Incidents	The provider must operate an internal system to record, collate and implement learning from all incidents	Monthly reports to include; Numbers by service/department and category General themes of all incidents, including lessons learnt and actions taken to be reported quarterly.	N/A	N/A	As per General Conditions Schedule 9	
Community Hospitals	QR6	In the absence of Standardised Hospital Mortality Indicators (SHMI/RAMI) used for acute trusts, to understand death rates compared to total discharges from inpatient care	Number of expected or unexpected deaths in inpatient community hospital beds during the month, compared to the total number of discharges (alive and deceased) in the month, reported as a percentage	Monthly Quality and Performance Report	Total number of community hospital in-patient deaths in reporting period	Total community hospital discharges in reporting period	As per General Conditions Schedule 9	
Community Hospitals	QR7	Zero Tolerance to avoidable healthcare Acquired	No avoidable Stage 4 healthcare acquired	Provider to report incidents as Serious Incidents (SI). Review through CQRM	Number of avoidable Stage 4 healthcare acquired pressure ulcers		Rebate at cost of average IP episode (at emergency –	

Work stream/ Service Area	Ref	Quality Requirement	Threshold	Method and frequency of Measurement	Numerator	Denominator	Consequence of breach	Comment
		Pressure Ulcers – stage 4 Expressed as per 1000 bed days	pressure ulcers	Where the root cause analysis finds the assessed risk was not met with appropriate intervention or assessed in the first place, penalty will apply			circa £2,500 or EL rates – circa £3,500) for incident of avoidable healthcare acquired stage 4 As per General Conditions Schedule 9	
Community Hospitals Page 56	QR8	Zero Tolerance to avoidable healthcare Acquired Pressure Ulcers – stage 3	No avoidable Stage 3 healthcare acquired pressure ulcers.	Provider to report incidents as Serious Incidents (SI). Review through CQRM Where the root cause analysis finds the assessed risk was not met with appropriate intervention or assessed in the first place, penalty will apply	Number of avoidable Stage 3 healthcare acquired pressure ulcers		Value of £1250 per case rebated where the root cause analysis finds that the assessed risk was not met with appropriate intervention. As per General Conditions Schedule 9	
Community Hospitals	QR9	Reducing new stage 2 through early identification of damage to contribute to a reduction in the total number of new pressure damage	20% Reduction in the number of new stage 2 and above pressure ulcers occurring in year when compared with the previous years outturn.	Baseline to be agreed during Q1 against previous annual activity. Provider to report as internal incidents. Review through CQRM	Total number of new stage 2 pressure ulcers occurring in 2017/18	Baseline – number of new stage 2 pressure ulcers occurring in 2016/17	As per General Conditions Schedule 9	
Community Hospitals	QR	Provider to demonstrate Reducing falls resulting in injury	Rate of injurious falls in the reporting period per	Baseline to be agreed during Q1 against previous annual activity Provider to demonstrate Reducing falls resulting in injury in Community inpatients	Number of falls in reporting period	Bed days occupied in reporting period	As per General Conditions	Express as per 1000 bed

Work stream/ Service Area	Ref	Quality Requirement	Threshold	Method and frequency of Measurement	Numerator	Denominator	Consequence of breach	Comment
	10	in Community inpatients settings	1,000 occupied bed days	settings			Schedule 9	days
ALL	QR 11	Infection Prevention and Control	Notification of infectious outbreaks (e.g norovirus) including reports on management & learning points	Reporting of any outbreaks in real time and summary of key findings and learning Annual infection prevention and control audit and report	N/A	N/A	As per General Conditions Schedule 9	
Preventative care	QR 12	Provider to demonstrate that patients on the ILT caseload receive a holistic assessment using the agreed assessment tool on or before their 2 nd visit	85 % of patients who had a holistic assessment undertaken within two clinically relevant contacts	Monthly report	Number of new patients receiving a holistic assessment in the audit period	Number of new patients receiving two or more clinically relevant contacts in the audit period	As per General Conditions Schedule 9	
Preventative care	QR 13	Provider to develop and maintain a plan of care for each patient on the caseload.	85% of patients with a plan of care (to include 7 central elements)	Monthly report	Number of patients with a plan of care.	Number of patients on caseload	As per General Conditions Schedule 9	Cross reference Local Local IRs no. 26
Community Diabetic Service	QR 14	All initiations of insulin therapy for people with Type 2 Diabetes will adhere to NICE guidance on the use of Neutral Protamine Hagedorn (NPH) versus insulin analogues. All recommendations to primary care on insulin initiation should also reflect this guidance.	Compliance	Spot check audit of case load	N/A	N/A	As per General Conditions Schedule 9	Monitoring of proportional prescribing of NPH insulin

Work stream/ Service Area	Ref	Quality Requirement	Threshold	Method and frequency of Measurement	Numerator	Denominator	Consequence of breach	Comment
Community Diabetic Service	QR 15	Compliance with NW Surrey CCG formulary on the issuing of blood glucose meters	Compliance	Quarterly Quality and Performance Report Reporting of any non-compliant meters supplied	N/A	N/A	As per General Conditions Schedule 9	
Workforce	QR16	Workforce update to include: <ul style="list-style-type: none"> Breakdown of staff by professional groups Equality Monitoring reports (Workforce race Equality Standards) annual Appraisals and PDPs by staff group medical and nursing compliance with appropriate revalidation processes Statutory and mandatory training compliance by staff group DBS Checks completed prior to staff delivering patient care services at service level Professional registrations checks by 	Compliance with national guidance and thresholds to be determined	Quarterly - Workforce Report Review as part of the six monthly workforce assurance review process	N/A	N/A	As per General Conditions Schedule 9	

Work stream/ Service Area	Ref	Quality Requirement	Threshold	Method and frequency of Measurement	Numerator	Denominator	Consequence of breach	Comment
		professional group and at service level						
Workforce	QR 17	<p>Workforce dashboard to include:</p> <ol style="list-style-type: none"> Sickness level at service level Staff Turnover rates at service level Agency expenditure as a proportion the pay bill and breakdown at service level Vacancy rates by professional group and service level to include a granular list of vacant posts and salary bands and details of the like for like cover in place 	<p>Threshold for total number 3.50%</p> <p>less than 12%</p> <p><8%</p> <p>Ongoing monitoring</p>	Monthly Quality and Performance Report	<ol style="list-style-type: none"> Total number of days affected by staff sickness absence at service level. Total number of WTE in post as at reporting period Monthly agency expenditure at service level N/A 	<ol style="list-style-type: none"> Total number of working days (at service level) multiplied by WTE establishment in reporting period Total number of WTE establishment at service level in reporting Period Total monthly pay bill at service level N/A 	As per General Conditions Schedule 9	Defined as rolling 12 month
Workforce	QR 18	Provider to demonstrate Ward Rota fill rates in accordance with safe staffing levels as per national guidance	90% compliance	<p>Monthly Quality and Performance report</p> <p>Providers are required to display nurse staffing numbers and skill mix on in-patient areas on a daily basis and these are publicly visible. Audit compliance as part of any commissioner visits to provider</p>	Level of staff on shift during reporting period (monthly)	Safe staffing levels	As per General Conditions Schedule 9	
Workforce	QR 19	Provider required to demonstrate progress on the development of a	Satisfactory/	6 monthly report on staff training delivered, advance care inputs delivered by workforce as a consequence of training received, additional	N/A	N/A	Improvement plan required subject to monthly	Training plans and training records shared with

Work stream/ Service Area	Ref	Quality Requirement	Threshold	Method and frequency of Measurement	Numerator	Denominator	Consequence of breach	Comment
Page 60		high standard of enhanced generalist expertise across the community nursing workforce, capable of managing a high level of frailty and multiple comorbidities including respiratory illness, heart failure, risk of falls, continence problems, wound care, dementia and cognitive disorder	Unsatisfactory	capacity and revisions to model of care delivery, revisions to case loads for example, impact upon patient feedback and satisfaction levels Review as part of the six monthly workforce assurance review process			review As per General Conditions Schedule 9	the CCG on a regular basis. To be reviewed and deemed satisfactory by an appropriate Clinical Committee.
	Patient experience – quality care is care which looks to give the individual as positive an experience of receiving and recovering from the care as possible, including being treated according to what that individual wants or needs, and with compassion, dignity and respect”.							
Patient Experience Feedback	QR 20	NHS National Survey Program Improvements in patient satisfaction and engagement through delivery of integrated working model of care.	Aim for overall improvement on previous survey on all national surveys. Provider to undertake a baseline assessment survey of patient satisfaction and engagement during mobilisation of the contract. Improvement trajectory to be agreed between provider and commissioner for Q2 –	As per National programme Initial staff survey to be performed by an independent party. Repeat of survey - including defined question to be agreed with commissioner at Q2 and Q4.	TBC	TBC	As per General Conditions Schedule 9	To agree a programme of receiving reports and audits for all

Work stream/ Service Area	Ref	Quality Requirement	Threshold	Method and frequency of Measurement	Numerator	Denominator	Consequence of breach	Comment
		Improve Friends and Family feedback across services (Patients and Staff)	Q4. To exceed the national average "recommended rate" across all services.	Monthly Quality and Performance report to include improvement action plans				
Staff Experience Feedback	QR 21	NHS National Survey Program Improvements in staff satisfaction and engagement through delivery of integrated working model of care. Improve Friends and Family feedback across services (Patients and Staff)	Aim for overall improvement on previous survey on all national surveys. Provider to undertake a baseline assessment survey of staff satisfaction and engagement during mobilisation of the contract. Improvement trajectory to be agreed between provider and commissioner for Q2 – Q4. To exceed the national average "recommended rate" across all services	As per National programme Initial staff survey to be performed by an independent party. Repeat of survey - including defined question to be agreed with commissioner at Q2 and Q4. Monthly Quality and Performance report to include improvement action plans	N/A	N/A	As per General Conditions Schedule 9	
Preventative Care	QR 22	Proportion of patients and carers who report that they felt those involved in their care worked as a team, including communicating well together, sharing	Improving trajectory following establishment of baseline at Q1	Provider level patient and carer experience questionnaires.	N/A	N/A	As per General Conditions Schedule 9	Patient and Carer PREM development plan

Work stream/ Service Area	Ref	Quality Requirement	Threshold	Method and frequency of Measurement	Numerator	Denominator	Consequence of breach	Comment
		information and coordinating care						
Preventative Care	QR 23	Provider to demonstrate that each patient on the Integrated Locality Team /Locality Hub case load have a named care coordinator or single point of contact	85% of patients are provided with their care coordinator's name and contact details.	Quarterly Quality and Performance Report	Total number of patients on caseload assigned a care coordinator	Total number of patients on caseload with an active plan of care	As per General Conditions Schedule 9	
ILT Preventative Care	QR 24	Provider required to demonstrate mechanisms in place for involving community mental health professionals in the holistic assessment of patients and care planning process; provider to demonstrate plans and practices to engage and involve a named link mental health professional(s) to support service delivery.		Quarterly – evidence of engagement, services delivered, interventions and outcomes Quality and Performance Report	N/A	N/A	As per General Conditions Schedule 9	
ILT Preventative Care	QR 25	Provider required to demonstrate mechanisms in place for involving social care professionals in the holistic assessment of patients and care planning process;	Commissioner assessment of Satisfactory/Unsatisfactory	Quarterly – evidence of engagement, services delivered, interventions and outcomes Quality and Performance Report	N/A	N/A	As per General Conditions Schedule 9	

Work stream/ Service Area	Ref	Quality Requirement	Threshold	Method and frequency of Measurement	Numerator	Denominator	Consequence of breach	Comment
		to be deemed satisfactory by the commissioner e.g. identification of named link social care professionals to each ILT or social care attendance at ILT care planning meetings etc.						
Preventative Care	QR 26	Patient reported experience measures (PREM) to determine if patients had a good experience of their services.	% of patients who complete a PREM questionnaire at point of discharge from care - target of 50%	Quarterly Quality and Performance Report	Total number of PREM questionnaires completed	Total number of patients discharged from care in reporting period	As per General Conditions Schedule 9	Patient and Carer PREM development plan shared with the CCG on a regular basis subject to review This will be through the use of PREMS for each main pathway e.g. People with long term conditions experience improved control and reduced complications, and should include what matters most to people locally
ILT Intermediate Care	QR 27	Proportion of rapid domiciliary interventions or definitive clinical assessments delivered within 2 hours of request being received by	98%	Monthly Quality and Performance Report	Number of rapid domiciliary interventions delivered within 2 hours of referral	Total number of referrals for rapid domiciliary intervention received by the Intermediate Care Team	As per General Conditions Schedule 9	To be broken down by locality and practice level

Work stream/ Service Area	Ref	Quality Requirement	Threshold	Method and frequency of Measurement	Numerator	Denominator	Consequence of breach	Comment
		Intermediate Care Team						
ILT EOLC	QR 28	People who are identified as being in the last year of life have a personalised advance care plan in a format agreed with the CCG	Target 90% - Number of people who have a personalised advance care plan	Quarterly Quality and Performance Report	Number of people identified as being in their last year of life with an advanced care plan in place within reporting period	Total number of people identified as being in their last year of life within reporting period	As per General Conditions Schedule 9	NICE Guidelines (NG31) 2015
ILT EOLC	QR 29	People identified as at the end of life who die in their preferred place of death	Target 75% in year 1	Quarterly Quality Performance Report	Number of people dying in their preferred place of death within the reporting period	Total number of people dying in reporting period	As per General Conditions Schedule 9	
Response Times- IAS001	QR 30	Provider to demonstrate that patients referred to all services are seen and assessed within the specified timeframe in accordance with the relevant specification	Emergency (where applicable) 90% Urgent 90% Routine / non-urgent 90%	Monthly - Quality and Performance report	Number of emergency referrals addressed within 2 hours Number of urgent referrals addressed within 48 hours Number of routine referrals addressed within 7 days Number of patients identified as requiring rehabilitative therapy receive a first full assessment within 10 days Number of requests for urgent bloods to be taken where bloods are taken within 24 hours Number of requests for non-urgent bloods to be taken where bloods are taken within 7 days	Total number of emergency referrals Total number of urgent referrals Total number of routine referrals Total number of people identified as requiring rehabilitative therapy Total number of urgent requests for bloods to be taken Total number of non-urgent requests for bloods to be taken	As per General Conditions Schedule 9	

Work stream/ Service Area	Ref	Quality Requirement	Threshold	Method and frequency of Measurement	Numerator	Denominator	Consequence of breach	Comment
Response Times IACS002	QR 31	Provider to demonstrate that all services specified within IACS002 are meeting the specified response times	Emergency (where applicable) 90% Urgent 90% Routine / non-urgent 95%	Monthly - Quality and Performance report	Number of requests for specialist service advice prioritised as emergency addressed within 2 hours (split by service) Number of requests for specialist advice prioritised as urgent addressed within 48 hours (split by service) Number of requests for specialist advice prioritised as non-urgent addressed within 7 days Number of requests for face to face assessment or visit prioritised as emergency addressed on the same operational day (or next operational day for services not operating at weekends) Number of requests for face to face assessment or visit prioritised as urgent addressed within 48 hours (excluding weekends for services not operating at weekends) Number of requests for face to face assessment or visit prioritised as non-urgent addressed within 2 working weeks	Total number of requests for specialist service advice prioritised as emergency Total number of requests for specialist service advice prioritised as urgent Total number of requests for specialist advice prioritised as non-urgent Total number of requests for face to face assessment or visit prioritised as emergency Total number of requests for face to face assessment or visit prioritised as urgent Total number of requests for face to face assessment or visit prioritised as non-urgent		
Complaints	QR 32	Complaints: Compliance with Complaints, response	Compliance with Complaints regulations	As part of the Monthly Quality Performance report the following should also be reported:	a) Total number of complaints acknowledged within 3	a) Total number of complaints received	As per General Conditions	

Work stream/ Service Area	Ref	Quality Requirement	Threshold	Method and frequency of Measurement	Numerator	Denominator	Consequence of breach	Comment
		timescales and evidence of learning.	Timescales: a) 100%: Acknowledged within 3 days b) 95%: Response within agreed timescale with complainant including extensions. c) Reporting required on the number of follow-ups post complaint.	Quarterly review regarding progress and actions taken on areas of below tolerance achievement and also demonstrating learning from complaints via a summary of themes and trends and actions taken/changes to practice as a result of complaints.	days b) Total number of responses made within agreed timescale (as per agreement with complainant) c) Total number of follow-ups received in reporting year (cumulative)	in reporting period b) Total number of responses in reporting period c) Total number of complaints received in reporting year (cumulative)	Schedule 9	
PALS Service	QR 33	Timely response to PALS – percentage of concerns of all categories responded to as set out in provider complaints policy.	90%	Month Quality and Performance Report	Total number of concerns responded to as per policy timescales within reporting period	Total number of concerns raised in reporting period	As per General Conditions Schedule 9	Threshold to be reviewed and confirmed
Clinical effectiveness – quality care is care which is delivered according to the best evidence as to what is clinically effective in improving an individual’s health outcomes								
All	QR 34	Dissemination of all relevant NICE guidance	100%	Monthly status reports	Number of NICE guidance publications disseminated as appropriate within reporting period	Number of NICE guidance publications within reporting period	As per General Conditions Schedule 9	NICE guidance database.
All	QR 35	Implementation of NICE Technology appraisals	100% within the mandatory 3 month deadline	Monthly exception reporting against compliance with rationale for non-compliance. And resulting action plans	Number of NICE technology appraisals completed within the mandatory deadline.	Number of NICE technology appraisals within reporting period	As per General Conditions Schedule 9	NICE guidance database.
All	QR 36	Implementation of relevant NICE clinical guidelines	Provider will be expected to implement all guidelines. Where the guidelines are deemed inappropriate or irrelevant,	Monthly status reports on progress against implementation of adopted guidelines. All reasons for non-compliance to be identified. Remedial actions plans to be created and shared for	N/A	N/A	As per General Conditions Schedule 9	NICE guidance database.

Work stream/ Service Area	Ref	Quality Requirement	Threshold	Method and frequency of Measurement	Numerator	Denominator	Consequence of breach	Comment
			provider to tender their rationale.	ongoing monitoring.				
All	QR 37	Implementation of relevant NICE Interventional Procedures	Provider will be expected to implement all relevant procedures. Where procedures are deemed inappropriate or irrelevant, provider to tender their rationale	Monthly status reports identifying introduction of new interventional procedures by the provider with clinical audit to evidence safe practice. and resulting action plans where appropriate.	N/A	N/A	As per General Conditions Schedule 9	NICE guidance database.
All	QR 38	Monitoring of clinical outcomes - NHS Outcomes Framework - Community based outcome measures	Provider to outline appropriate service pathways and list /outcome measures for each pathway. National validated tools must be used where available	Provider to report detailing appropriate outcome measurements methodologies to demonstrate clinical effectiveness of therapeutic approaches	TBC	TBC	As per General Conditions Schedule 9	For development within Contract Year 1 and for delivery as Business as Usual from contract year 2 onwards.
All	QR 39	Monitoring of Recognised Service / Specialty Specific Patient reported outcome measure (PROM) using validated quality of life indicators	The % of patients discharged from the service who report an improvement score in their condition between assessment and discharge	Provider to report detailing appropriate outcome measurements methodologies to demonstrate clinical effectiveness of therapeutic approaches and PROMS	TBC	TBC	As per General Conditions Schedule 9	For development within Contract Year 1 and for delivery as Business as Usual from contract year 2 onwards.
All	QR 40	Participation in external best practice reviews / statutory requirements: national audits, confidential enquiries	100% for confidential enquiries and statutory requirements	Quarterly reports on progress of participation. and resulting action plans	N/A	N/A	As per General Conditions Schedule 9	Monitoring by the Clinical Effectiveness and National Audit Review Group.
All	QR 41	Response to external best practice reviews /	100% for confidential enquiries and statutory	Quarterly identification of reports, provider review of recommendations and implementation. and	N/A	N/A	As per General Conditions	Monitoring by the Clinical Effectiveness

Work stream/ Service Area	Ref	Quality Requirement	Threshold	Method and frequency of Measurement	Numerator	Denominator	Consequence of breach	Comment
		statutory requirements e.g. confidential enquiries DH published reports, national audits	requirements	resulting action plans			Schedule 9	and National Audit Review Group.
All	QR42	Compliance with internal A&E /MIU Professional Standards	100% of standards to be included	Baseline audit against compliance and trajectory for improvement	TBC	TBC	As per General Conditions Schedule 9	
Community Hospitals	QR 43	Estimated Date of Discharge (EDD)	100% of patients to have an EDD within 24hours of admission.	Monthly Quality and Performance Report	Total number of patients given an EDD within 24hrs of admission	Total number of patients admitted in reportin period	As per General Conditions Schedule 9	
Community Hospitals	QR 44	Adherence to Estimated Date of Discharge (EDD)	Threshold to be developed in line with achievement of treatment goals and interventions.	Monthly Quality and Performance Report	TBC	TBC	As per General Conditions Schedule 9	For development within Contract Year 1 and for delivery as Business as Usual from contract year 2 onwards.
Community Hospitals	QR 45	Reducing delayed transfers of care	Less than 5% of total bed base due to provider attributed delays. Reporting all delayed transfers of care by category e.g. medical deterioration, awaiting health PoC, awaiting social care PoC etc. Report all unproductive bed days pertaining to delayed transfer of care	Monthly report of all delayed transfers by category and bed days lost to CQRM	Total number of delayed discharges in reporting period	Total number of disharges in reporting period	As per General Conditions Schedule 9	
Community Hospitals	QR 46	Reduce length of stay for people admitted to Community Hospital	80% of patients discharged from community hospitals	Monthly Quality and Performance Report	Number of people in a community hospital for sub-acute step-up care discharged within 7 days	Total number of people in community hospitals for sub-acute, step-up care	As per General Conditions Schedule 9	

Work stream/ Service Area	Ref	Quality Requirement	Threshold	Method and frequency of Measurement	Numerator	Denominator	Consequence of breach	Comment
		inpatients beds; both step down and directly admitted	within: 7 days for sub-acute step-up care 24 Hours for day treatments 7 days for care package breakdown or decline in functional status 21 days for acute step-down care		Number of people in community hospitals for day treatment discharged within 24 hours Number of people in community hospitals as a result of a care package breakdown or deterioration of social care status discharged within 7 days Number of patients in community hospitals for step-down care following an acute episode discharged within 21 days	Total number of people in community hospitals for day treatment Total number of people in community hospitals as a result of care package breakdown or deterioration of social care status Total number of patients in community hospitals for step-down care after an acute episode		
Community Hospitals	QR 47	Report on numbers of Bed days lost to closures; split by cause e.g. infection control, staffing , refurbishment	Compliance	Provider to ensure that the commissioner is made aware of any bed closures in near real time (within 24 hours) with daily updates during period of closure. Summary of bed closures to be reported in Monthly Quality and Performance Report	N/A	N/A	As per General Conditions Schedule 9	
Community Hospitals	QR 48	CHC – processes for identification of individuals potentially eligible for CHC or funded nursing care in line with Surrey CHC Framework	100% completion of assessment processes and referral within timescales as per framework. There are rare occasions when this is not possible. Exceptions to be discussed between provider and CCG	Exception reporting (where applicable) through the monthly Quality and Performance Report Commissioner will validate against Surrey Downs CHC activity report and Delayed Transfers reporting.	Number of CHC assessments completed within relevant timescale	Total number of CHC assessments completed	As per General Conditions Schedule 9	
ILT Wound	QR 49	Provider to demonstrate improvement in Venous leg ulcers	Baseline and improvement trajectory to	Quarterly Quality and Performance report	TBC		As per General Conditions	

Work stream/ Service Area	Ref	Quality Requirement	Threshold	Method and frequency of Measurement	Numerator	Denominator	Consequence of breach	Comment
Management		healing rates in accordance with Best Practice Guidance	be agreed in Q1.				Schedule 9	
Independence & Activities of Daily Living	QR 50	Provider to demonstrate that patients with Long Term Conditions have agreed goals and measures in place to monitor outcomes	100% of patients on the active caseload who have a plan of care in place. This must include an action plan for exacerbation/deterioration of condition	Monthly Quality and Performance reports	Number of patients on the active ILT or Locality Hub caseload with a care plan in place as detailed within the relevant specification /	Total number of patients on the active ILT or Locality Hub Caseload	As per General Conditions Schedule 9	
Independence & Activities of Daily Living	QR 51	% of people that are or have been managed on the active caseload that have a baseline score against a recognised ADL assessment tool	80%*	Monthly Quality and Performance reports	Number of people on that have been managed on the ILT or Locality Hub active caseload with a baseline score against a recognised ADL assessment tool /	Total number of people that have been managed on the ILT or Locality Hub active caseload	As per General Conditions Schedule 9	
Independence & Activities of Daily Living	QR 52	% of people that scored in each quartile (least independent to most independent) following an ADL assessment that have maintained or improved upon their score following a repeat assessment	ADL assessment tool and improvement trajectories to be agreed during mobilisation.	6 monthly reporting within Quality and Performance Report	Number of people in each quartile that demonstrate improvement following a repeat ADL assessment	Total number of people in each quartile following baseline ADL assessment	As per General Conditions Schedule 9	For development within Contract Year 1 and for delivery as Business as Usual from contract year 2 onwards.
Intermediate Care	QR 53	Proportion of patients for whom a package of care is agreed that will enable discharge to be facilitated before 12:00	60%	Monthly Quality and Performance Report	Number of patients discharged from acute hospital via the Intermediate Care Team before 12:00 noon	Total number of patients discharged from acute hospital via the Intermediate Care Team	As per General Conditions Schedule 9	Exception required for hospital delays, PTS delays, medical deterioration, <24hrs

Work stream/ Service Area	Ref	Quality Requirement	Threshold	Method and frequency of Measurement	Numerator	Denominator	Consequence of breach	Comment
		noon.						advance notification of referral.
ILT Care Home Support	QR 54	Provider to demonstrate; Number of North West Surrey Care Homes with a Care Home Support Plan in place	100% of care homes to have a plan in place by end of year 3 - 33% per year over 3 years.	Quarterly through Quality and Performance reports	Number of care homes with a care home support plan defined by the relevant ILT /	Total number of care homes in NW Surrey	As per General Conditions Schedule 9 As per General Conditions Schedule 9	Broken down by care home, exceptions required for non-engagement from care homes
ILT Care Home Support	QR 55	Provider to demonstrate Reduction in the number of admissions to hospital from NW Surrey Care Homes against 2016/17 baseline	10% reduction in year 1, 15% reduction in year 2, 20% reduction in year 3, 25% reduction in year 4. Ongoing maintenance	Reviewed quarterly, report produced via CCG based on SUS data	Number of admissions from North West Surrey Care homes within operational year /	Number of admissions from North West Surrey Care homes in 2016/17	As per General Conditions Schedule 9	
ILT Care Home Support	QR 56	Provider required to provide evidence of training and development of care home staff with regards to key clinical skills and competencies e.g. management of dementia and challenging behaviour, continence conditions and urinary infection, respiratory illness, falls and mobility, wound care, nutrition and swallowing etc.	Training programme to be agreed with CCG Provider to report delivery of agreed programme and nos of staff attending sessions	Improvement plan required. Subject to monthly review.	N/A	N/A	As per General Conditions Schedule 9	Record of training activities delivered to be reviewed and deemed satisfactory by an appropriate Clinical Committee.

Work stream/ Service Area	Ref	Quality Requirement	Threshold	Method and frequency of Measurement	Numerator	Denominator	Consequence of breach	Comment
Specialist Nursing	QR 57	% of patients beginning pulmonary rehabilitation within 6 weeks	80%	Quarterly Quality and Performance reports Exception criteria required, e.g. to reflect patient choice	Number of patients beginning pulmonary rehabilitation within 6 weeks	Number of people referred for pulmonary rehab	As per General Conditions Schedule 9	
Specialist Nursing	QR 58	% of patients completing a defined course of pulmonary rehabilitation	75%	Quarterly Quality and Performance reports	Number of patients completing a course of pulmonary rehab	Number of people beginning a course of pulmonary rehab	As per General Conditions Schedule 9	
Specialty Outpatients	QR 59	Do Not Attend Rates. Demonstrate lost clinical capacity within adult services	Provider to deliver action plans to address failed attendance rates, detailed by service area and cancellation reason.	Quarterly review of action plans through CQRM - Quality and Performance reports	N/A	N/A	As per General Conditions Schedule 9	
Transition	QR 60	2017/18 CQUIN indicators	Transition of CQUIN indicators into business as usual	Following review of Q4 and year end achievement of 2016/17 CQUIN, indicators to be agreed for 2017 onwards	TBC	TBC	As per General Conditions Schedule 9	
Transition	QR 61	In year Service Specifications reviewed and associated indicators	Agreement of indicators and route of monitoring and reviewing	To agree as any service specifications are developed or reviewed.	N/A	N/A	As per General Conditions Schedule 9	To ensure that when we review or develop any service specifications, we have a mechanism for monitoring and reviewing them
WIC	QR 62	Proider to demonstrate the ability for walk-in centres to meet demand within specified timescales	95%	Monthly Quality and Performance Reports	Number of patients seen within the required response time (priority 2, 3 and 4)	Total number of patients attending walk-in centres (priority 2, 3 and 4)	As per General Conditions Schedule	

Wellbeing and Health Scrutiny Board
 14 Sept 2016

Re-commissioning of Patient Transport Services and NHS 111

Purpose of the report:

The Board will be provided with an update on the re-commissioned Patient Transport Service and improvements expected under the new contract arrangements.

The Board will also be provided with an update on the re-commissioning and public engagement plans for the NHS111 service.

The Board is asked to **note** the content of the update/presentation and suggest any recommendations or further actions to be taken into consideration if required.

Introduction

1. NHS North West Surrey Clinical Commissioning Group (CCG) is leading on the re-commissioning of Patient Transport Services and NHS111 on behalf of a number of Surrey CCGs. This report and attached presentation will provide the Board with an update on progress of each of the procurements, the expected improvements and timescales for the new services.

Re-commissioned Patient Transport Service

2. North West Surrey CCG has led the procurement process for a new Patient Transport Service on behalf of:
 - East Surrey CCG
 - Guildford & Waverley CCG
 - Hounslow CCG
 - North East Hampshire & Farnham CCG
 - North West Surrey CCG
 - Surrey Heath CCG
3. The procurement process has now concluded with each CCG Governing Body Committee's approving the Recommended Preferred bidder (subject to contract signature) – South Central Ambulance Service (SCAS).

4. A presentation will be provided to the Board outlining the public and stakeholder engagement undertaken, key features of the new service model and expected improvements of the new service.

Re-commissioning of NHS111 Service

5. North West Surrey CCG is leading on the procurement process for a new NHS111 Service on behalf of:
 - Guildford & Waverley CCG
 - North West Surrey CCG
 - Surrey Downs CCG
 - Surrey Heath CCG
6. The procurement process is in its very early stages and public / stakeholder engagement will be undertaken in due course, replicating the successful approach used for the Patient Transport Services procurement process.
7. A presentation will be provided to the Board outlining the public and stakeholder engagement plans and expected developments of the new service.

Conclusions:

8. North West Surrey CCG is committed to engage with patients, the public and stakeholders and utilise best practice gained from previous procurement processes.

Public Health Impacts

9. As each new service becomes live, there will be an improvement in the patient experience.

Recommendations:

10. The Board is asked to **note** this report/update.

Next steps:

11. The Patient Transport Service will commence mobilisation from September 2016 and go live in April 2017. The Patient Transport Service Patient Advisory Group will be fully engaged in the communication and engagement plans to inform patients of the new service.
 12. The public will be invited to provide feedback and input into the new NHS111 service specification as the procurement progresses.
-

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Sources/background papers: see attached - Wellbeing and Health Scrutiny
Brd presentation 14.9.16.pptx

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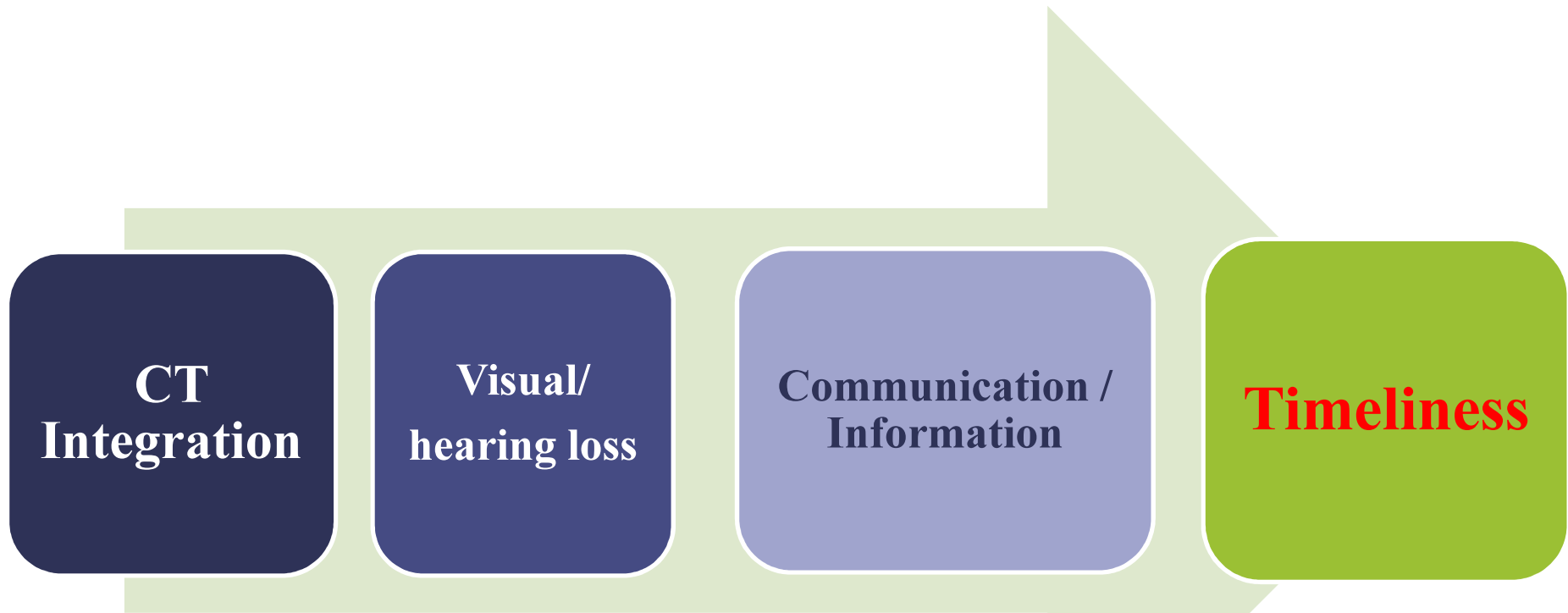
Lyn Reynolds
**Interim Programme
Manager**

The story so far



- Current contract with SECAmb expires 31st March 2017
- 6 x CCGs in procurement
- Local engagement:
 - 9 events – over 140 attendees
 - 80 responded to engagement surveys
 - Patient Advisory Group established and on-going
 - Regular newsletters/website updates

Feedback from the engagement



Page 79



Improvements

- South Central Ambulance Service appointed
- Integrate new service with local community transport – Mandated
- Improved performance targets – additional investment for years 1-3
- Stronger contractual levers
- Latest technology/tracked vehicles etc
- SMS booking



Next Steps

Winning bidder announced	August 2016
Mobilisation	Sept 2016 – March 2017
Service go live	April 2017

- On-going Local engagement/communications
- Overseen by PTS Patient Advisory Group





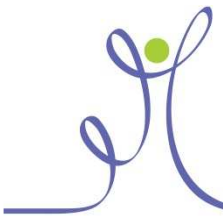
*North West Surrey
Clinical Commissioning Group*

Re-commissioning of NHS 111 Service

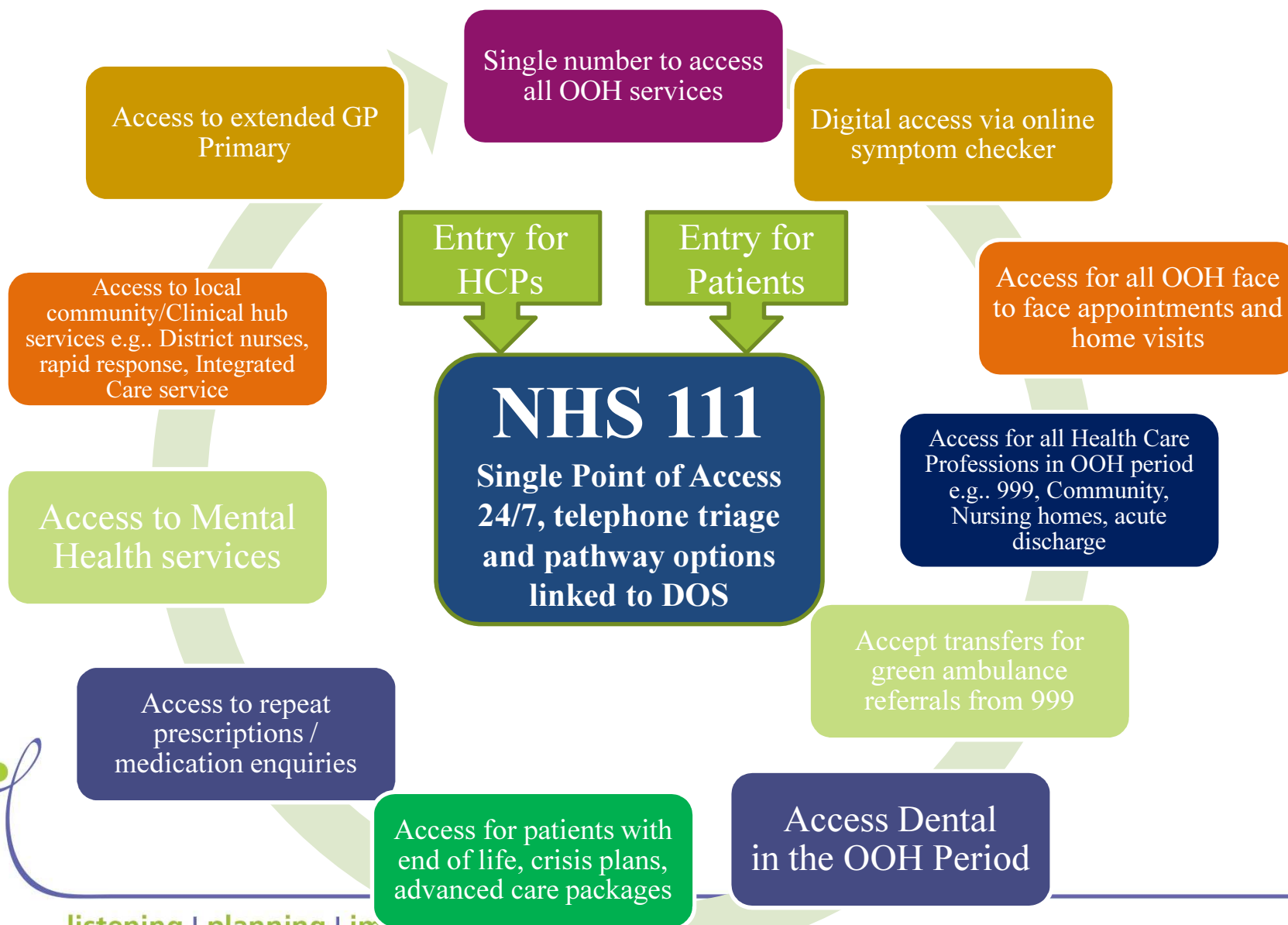


The story so far

- Current contract with SECamb/Care UK expires 31st March 2018
- Integrated Urgent Care Guidance NHSE/5YFV
- CCGs now developing 'footprints' for procurement/economies of scale/Models
- Programme Board and procurement governance structure established



Vision for NHS111 Procurement



Public Involvement

- Mirror PTS engagement approach:
 - Local engagement events
 - Share local visions
 - Listen to patients/users/stakeholders
 - Embed in new service specification
- Patient Advisory Group to be established
- On-going communications and engagement





Thank You

Any questions?