Notice of Meeting

Adults and Health Select Committee

Date & time
Monday, 4 September 2017 at 10.00 am

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

Contact
Andy Spragg, Scrutiny Officer
Room 122, County Hall
Tel 020 8213 2673
andrew.spragg@surreycc.gov.uk

Chief Executive
David McNulty

We're on Twitter:
@SCCdemocracy

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 Andy Spragg, Scrutiny Officer on 020 8213 2673.

Elected Members
Mr Ben Carasco, Mr Bill Chapman, Mr Nick Darby, Mr Graham Ellwood (Guildford Borough Council), Mrs Angela Goodwin, Mr Ken Gulati, Mr Saj Hussain, Mr David Mansfield, Mrs Sinead Mooney (Staines), Mr Mark Nuti, Mr John O'Reilly and Mrs Victoria Young

Co-Opted Members:
Borough Councillor Darryl Ratiram (Surrey Heath Borough Council), Borough Councillor Mrs Rachel Turner (Tadworth and Walton) and Borough Councillor David Wright (Tillingbourne)

TERMS OF REFERENCE

The Committee is responsible for the following areas:
Policy development, scrutiny and performance, finance & risk monitoring for adults' health and social care services:

- Services for people with:
    - Mental health needs, including those with problems with memory, language or other mental functions
    - Learning disabilities
    - Physical impairments
    - Long-term health conditions, such as HIV or AIDS
    - Sensory impairments
    - Multiple impairments and complex needs

- Elderly, frail and dementia care
- Services for Carers
- Social care services for prisoners
- Safeguarding
- Care Act 2014 implementation
- Review and scrutiny of all health services commissioned or delivered within Surrey
- Public Health
- Statutory Health Scrutiny
- Review delivery of the Health and Wellbeing Strategy
- Health and Wellbeing Board

AGENDA

1 APOLOGIES FOR ABSENCE AND SUBSTITUTIONS

2 MINUTES OF THE PREVIOUS MEETING: 14 JULY 2017 (Pages 1 - 6)

To agree the minutes of the previous meeting as a true and accurate record of proceedings.

3 DECLARATIONS OF INTEREST

All Members present are required to declare, at this point in the meeting or as soon as possible thereafter:

I. Any disclosable pecuniary interests and / or

II. Other interests arising under the Code of Conduct in respect of any item(s) of business being considered at this meeting

NOTES:

- Members are reminded that they must not participate in any item where they have a disclosable pecuniary interest
- As well as an interest of the Member, this includes any interest, of which the Member is aware, that relates to the Member's spouse or civil partner (or any person with whom the Member is living as a spouse or civil partner)
- Members with a significant personal interest may participate in the discussion and vote on that matter unless that interest could be reasonably regarded as prejudicial.

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 ***(Tuesday 29 August).***
2. The deadline for public questions is seven days before the meeting ***(Monday 28 August)***
3. The deadline for petitions was 14 days before the meeting, and no petitions have been received.

5 RESPONSES FROM THE CABINET TO ISSUES REFERRED BY THE SELECT COMMITTEE

There were no rsponses made from Cabinet.

6 REFERRAL BY HEALTHWATCH (Pages 7 - 14)

Purpose of report: To outline the background to the Healthwatch referral and action available to the Committee.

7 SURREY INTEGRATED SEXUAL HEALTH SERVICES (Pages 15 - 52)

Purpose of the report: To provide a summary of the process undertaken to commission an Integrated Sexual Health Service for Surrey

8 SURREY AND EAST SUSSEX SUSTAINABILITY AND TRANSFORMATION PARTNERSHIP CLINICALLY EFFECTIVE COMMISSIONING (Pages 53 - 66)

Purpose of the report: To review the Surrey and East Sussex Sustainability and Transformation Partnership's plans for commissioning of services and make recommendations as appropriate.

9 RECOMMENDATIONS TRACKER AND FORWARD WORK PROGRAMME (Pages 67 - 84)

The Committee is asked to review and approve the Forward Work Programme and Recommendations Tracker and provide comment as required.

The Committee is also asked to note the terms of reference for the Surrey Heartlands Sustainability and Transformation Partnership Task Group and South East Coast Ambulance Service Task Group.

10 DATE OF THE NEXT MEETING

The next public meeting of the committee will be held 9 November 2017 at County Hall.

David McNulty
Chief Executive
Published: Date Not Specified

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 with the Chairman's consent. Please liaise with the council officer listed in the agenda prior to the start of the meeting so that the Chairman can grant permission and those attending the meeting can be made aware of any filming taking place.

Use of mobile devices, including for the purpose of recording or filming a meeting, is subject to no interruptions, distractions or interference being caused to the PA or Induction Loop systems,

or any general disturbance to proceedings. The Chairman may ask for mobile devices to be switched off in these circumstances.

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

Thank you for your co-operation

This page is intentionally left blank

MINUTES of the meeting of the **ADULTS AND HEALTH SELECT COMMITTEE** held at 10.30 am on 14 July 2017 at Ashcombe Suite, County Hall, Kingston upon Thames, Surrey KT1 2DN.

These minutes are subject to confirmation by the Committee at its meeting on Monday, 4 September 2017.

(* present)

Elected Members:

* Mr Chris Botten
* Mr Ben Carasco
* Mr Bill Chapman
* Mr Nick Darby
Mr Graham Ellwood
Mrs Angela Goodwin, Substituted by Mr Chris Botten
* Mr Ken Gulati
* Mr Saj Hussain
* Mr David Mansfield
* Mrs Sinead Mooney
Mr Mark Nuti
* Mr John O'Reilly
Borough Councillor Darryl Ratiram
District Councillor Patricia Wiltshire
Mrs Victoria Young

Substitute Members:

* Mr Chris Botten

In attendance

* Mr Mel Few

1/17 APOLOGIES FOR ABSENCE AND SUBSTITUTIONS [Item 1]

Apologies received from Graham Ellwood, Angela Goodwin, Mark Nuti, Victoria Young, Patricia Wiltshire and Daryll Ratiram. Chris Botten substituted for Angela Goodwin.

2/17 MINUTES OF THE PREVIOUS MEETINGS: SOCIAL CARE SERVICE BOARD, 16 MARCH 2017 AND WELLBEING AND HEALTH SCRUTINY BOARD, 13 MARCH 2017 [Item 2]

The Minutes of the previous meetings were approved as true and accurate records.

3/17 DECLARATIONS OF INTEREST [Item 3]

There were no declarations of interest made.

4/17 QUESTIONS AND PETITIONS [Item 4]

The responses to the public and Member questions submitted were noted by the Select Committee. The questions are attached to the minutes as **Annex 1.**

The question author had a supplementary question to the response given to question one:

Will the Surrey Heartlands Sustainability and Transformation Partnership (STP) assure the public that it will be the subject to the same or similar memorandum of understanding as the other Accountable Care Systems; ensuring that the STP moderates demand growth, establishes a single system financial control total and receive a "devolved transformation funding package."

This question was deferred for a more detailed response by the Chairman.

The question author had a supplementary question to the response given to question five:

Resultant of the proposed changes to the Ambulances service, can the service assure Members that there will be timely ambulance response times to meet patient needs?

This was referred to the Clinical Commissioning Group for a response by the Chairman.

5/17 RESPONSES FROM THE CABINET TO ISSUES REFERRED BY THE SELECT COMMITTEE [Item 5]

There were no recommendations made to Cabinet and no responses received.

6/17 HOUSING RELATED SUPPORT [Item 6]

Witnesses:

Helen Atkinson, Strategic Director of Adult Social Care and Public Health
Kathryn Pyper, Senior Programme Manager Adult Social Care
Mel Few, Cabinet Member for Adults
Matthew Parris, Healthwatch Evidence and Insights Manager

Key points raised during the discussion:

1. Officers outlined the proposals in the report. The presentation given by officers to Members has been attached as Annex 1. It was highlighted by officers and the Cabinet Member for Adults that the service was facing significant financial pressures and that they were looking to reduce non-statutory spend in this area.

2. The Committee questioned the potential for service reduction of provision for Housing Related Support and what measures were being taken to safeguard those who would no longer receive support. Officers noted that the service hoped that providers would continue to maintain at least some provision but that the officers and providers

were directing those effected to other options, such as the voluntary sector.

3. It was noted by officers that the service was working with providers to outline the changes proposed clearly and also detail where other support can be found.

4. It was noted by officers that providers were being asked to refer those that require assessment to the service.

5. The timeline of the proposal was mapped out, explaining that there was an eight week period of consultation, after which Cabinet will make a decision. If Cabinet agrees the proposals officers would be looking to begin implementation in Oct 2017, with completion in April 2018. Officers suggested that there was an approximate £2.8 million saving from the implementation of the proposals.

6. Officers explained that the eight week provider-led consultation would be held between June 2017 and August 2017. Officers noted that the providers were leading on consultation efforts due to their first-hand experience with service users and their individual requirements. It was also noted that there was an online questionnaire and a service mailbox available to maximise the reach of the consultation. Members questioned whether the results of the consultation would be taken into consideration. The Cabinet Member for Adults stressed that, while the service would seriously consider any consultation results, there was a requirement to reduce non-statutory spend within the service.

7. It was highlighted by officers that a benchmarking exercise had been undertaken between the Surrey offer and other comparable local authorities. It was stressed that most had ceased provision for disabled and older people but had retained some floating support and provision for socially excluded groups.

8. Officers noted that there were accommodation based services available for socially excluded groups. It was also highlighted that there were networks available to identify members of socially excluded groups early. Officers noted that the proposals outlined in this report should not significantly change the situation of socially excluded groups. The representative of Healthwatch Surrey queried whether benchmarking exercises had been undertaken to assess the impact in other comparable local authorities. Officers explained that there was no quantifiable data available to be found from other local authorities and that any feedback from other authorities was anecdotal. The Chairman suggested that the service gather appropriate information for the Committee to ascertain if there were any measureable impacts on socially excluded groups.

9. Members highlighted that they had concerns regarding the risk assessment undertaken by the service and how the proposal outlined in the report would impact those in sheltered accommodation, particularly in response to the loss of the preventative aspect of the

service. The Cabinet Member for Adults recognised that the loss of preventative services would cause some issues but that the service was required to reduce spend in response to acute financial pressures.

10. Members questioned whether the withdrawal of funding would have a significant negative impact on working relations with District and Borough authorities as the providing authorities. Officers noted that the service generally had positive working relations with District and Borough colleagues and that there were alternate funding streams available to District and Boroughs to deliver their services.

11. The Committee questioned exempt accommodation and whether any of the valuable accommodation assets would be lost as a result of the proposals. It was stressed by officers that proposed changes were unlikely to affect exempt accommodation status, but there was a risk that providers may change social housing stock used for this provision into general housing stock.

12. Members questioned how many of current recipients receive duplicate packages of support and housing related support and how will these be effectively managed. Officers noted that this was dependant on the individual support plan and that there were no definitive numbers of these. It was stressed that the instances of these were uncommon. Officers did note that the service would not leave any service users vulnerable, but that there would be a gradual rationalisation of these packages to improve efficiency.

Recommendations

The Committee notes the proposals for housing related support. It expresses its concern in respect to the long term impact of the proposals, in respect to both the future demand for statutory services and the partnerships with district and boroughs.

It recommends:

1. That officers outline how it will measure the long-term impact of those proposals, especially on socially excluded groups;

2. That officers provide in the Cabinet report further evidence of:
    - the basis of the planning assumption of 70%;
    - the scoping of current and future service provision for socially excluded groups, and full options analysis;

3. That the committee reviews evidence of the impact of the Cabinet's decision on social housing across Surrey in late 2018.

7/17 DATE OF THE NEXT MEETING [Item 7]

It was noted that the next public meeting of the Committee would be held on 4 September 2017 at County Hall.

Meeting ended at: 11.41 am

_____

Chairman

This page is intentionally left blank

Adults and Health Select Committee
4 September 2017
Referral by Healthwatch

Purpose of report:

To outline the background to the Healthwatch referral and action available to the Committee.

Introduction:

1. The Committee received a referral by Healthwatch Surrey on 8 August 2017. This is attached as **annex 1**.

Background:

2. Healthwatch Surrey, part of the Healthwatch England national network, is an independent organisation with statutory powers that give people a voice to improve and shape health and social care services. These powers are defined in the Health and Social Care 2012 and accompanying regulations.

3. Under regulation 21 of the Local Authority (Public Health, Health and wellbeing boards and Health Scrutiny) Regulations 2013 (The Regulations), Healthwatch has the power to refer a matter to the Adults and Health Select Committee. The Committee must:
   - Acknowledge receipt of referrals within 20 working days.
   - Keep local Healthwatch organisations (or contractors as the case may be) informed of any action it takes in relation to the matter referred.

4. The matter in question, the commissioning and mobilisation of the sexual health services contract in Surrey, has been scheduled as an item on the agenda.

Chronology

5. The Committee, and its predecessors, have had some involvement in discussions related to the sexual health services reprocurement since March 2015:

   18 March 2015 – Health Scrutiny Committee receives a report on prevention and sexual health in Surrey
   https://mycouncil.surreycc.gov.uk/ieListDocuments.aspx?CId=149&MId=3676&Ver=4

   May 2015, the Health Scrutiny Committee disbands, the Wellbeing and Health Scrutiny Board is formed.

14 September 2016 – Wellbeing and Health Scrutiny Board - Chairman's report mentions a meeting with Public Health around the new sexual health services contract:

Recommissioning of Sexual Health Services

On 9 September, as recommended by the Board, I had discussions with Lisa Andrews of Public Health on the recommissioning of Sexual Health Services. A paper will be submitted to the Cabinet Meeting of 20 September recommending awarding a 3 year Contract, worth £4 million pa, to Central and North West London NHS Trust, commencing from 1 April 2017.

This will see the number of providers reduce from three to one. Performance for the contract will be monitored against the appropriate nationally defined KPIs. It is proposed that the new service makes more use of IT communications and a hub and spoke architecture for the delivery of the services. Some detail of where the services will be located has yet to be agreed.

It is proposed to invite Public Health to the Board in 12 months for an update on how the services will have been operating in since the start of the 2017/18 financial year.

https://members.surreycc.gov.uk/documents/s32861/160914%20Chairmans%20Report.pdf

Cabinet decision 20 September 2016
https://mycouncil.surreycc.gov.uk/ieListDocuments.aspx?CId=120&MId=4591&Ver=4

10 November 2016 - a report on HIV services is presented to the Committee.
https://mycouncil.surreycc.gov.uk/ieListDocuments.aspx?CId=433&MId=4836&Ver=4

13 March 2017 - an item is requested by Members following announcement with respect to the Blanche Heriot Unit. It is scheduled for 13 March, and then deferred with the agreement of the Chairman due to contract mobilisation arrangements being in discussion.
https://mycouncil.surreycc.gov.uk/ieListDocuments.aspx?CId=433&MId=5175&Ver=4

Urgent leader decision taken 20 March 2017 – the Leader agreed “to extending the existing arrangements for sexual health services with Ashford St Peters Hospital and Frimley Park Hospital for an interim period to allow for sufficient time to exit from these contracts safely. The recommended interim period is six months subject to final agreement with providers.”
https://mycouncil.surreycc.gov.uk/ieListDocuments.aspx?CId=182&MId=5515&Ver=4

- Local Elections 4 May 2017 -

Wellbeing and Health Scrutiny Board disbands, Adults and Health Select Committee formed.

6. It has been evident during the mobilisation period that concerns from patients and families have been raised with respect to the closure of the Blanche Heriot Unit. The commissioners, providers and patient advocacy groups have been invited to attend and discuss the engagement process to date.

Actions available to the Committee

7. Under the Regulations, the procedure of review and scrutiny is to be determined by the Committee.

8. The Committee has the power to make reports or recommendations to NHS providers and commissioners. There is a statutory requirement that these are responded to in writing within 28 days of referral.

9. The Committee is also able to refer a substantial development or variation to the secretary of state in certain cases. These are covered in the attached briefing (**annex 2**), and include circumstances where there has been inadequate consultation or insufficient time has been allowed for consultation. However, referral on these grounds relates to consultation with the relevant scrutiny body, rather than wider consultation with patients, the public and stakeholders. Therefore the referral from Healthwatch does not come within the description of cases that can be referred to the Secretary of State

10. The consultation that has taken place between the commissioners and this committee and its predecessors is set out above. Should the committee consider that this is inadequate, it could refer the matter as described above. However, it should be noted that as the procurement exercise has been completed, and the contract is in the process of mobilisation, this will limit the options available to the Secretary of State if services and patients are not to be disrupted. In addition, the Secretary of State will expect steps to be taken to achieve a local resolution. The report at agenda item 7 includes details of steps that have been taken locally to address concerns raised by patients.

Conclusions

11. The Committee will need to consider the concerns raised by people who use the services, and how the commissioner and provider has responded to these during the mobilisation period. It will also wish to consider the steps already taken to achieve a local resolution that will minimise disruption to services and patients, as set out in agenda item 7.

12. It is recommended:
    - that the Committee listen and reflect on the concerns raised, and the local resolution proposed.

- that the Committee establish a review of its processes and protocol with NHS and local authority commissioners in respect to substantial variation and development of services.

Report contact: Andrew Spragg, Scrutiny Officer, Democratic Services, Surrey County Council

Contact details: 0208 2132673 andrew.spragg@surreycc.gov.uk

Sources/background papers:

Local Authority (Public Health, Health and wellbeing boards and Health Scrutiny) Regulations 2013
Health Scrutiny Committee, agenda for 18 March 2015
Wellbeing and Health Scrutiny Board, agendas for 14 September 2016, 10 November 2016, 13 March 2017
Cabinet decision, 20 September 2016
Leader Decision, 20 March 2017

The Annexe,
Lockwood Day Centre,
Westfield Road, Guildford,
Surrey, GU1 1RR
Tel: 0303 303 0023
SMS: 07592 787533
www.healthwatchsurrey.co.uk

Mr Ken Gulati
Chair Adults and Health Select Committee
Surrey County Council

8th August 2017

Dear Mr Gulati,

Please take this letter as a formal reference according to our powers under the Health and Social Care Act 2012 from Healthwatch Surrey to the Adults and Health Scrutiny Committee. I write to refer the issue of changes to sexual health services in Surrey and in particular the lack of appropriate engagement and consultation with the public and users of these services.

Healthwatch Surrey believes, based on the facts available to us (which include evidence gathered in face to face engagement with service users and correspondence with Surrey County Council and NHS England commissioners in letters dated 25th May and 22nd June 2017), that engagement and consultation with service users around changes to sexual health services in Surrey, particularly around changes to the HIV services, has not been adequate. We have not seen evidence to date of any substantial engagement with users of HIV services, or evidence of how this feedback has been incorporated into service change. Given the importance of these services to local people and to those who are in vulnerable circumstances, some of whom have complex co-morbidities and needs, we are very concerned at this apparent lack of engagement.

It is our understanding of the legal requirement to consult that this should happen at a time when proposals are still at a formative stage; should give sufficient reasons for change to allow for an "intelligent consideration and response"; give adequate time for that response; and the product of that consultation must be "conscientiously taken into account" and evidenced as such (the Gunning Principles). We cannot see how these requirements have been met to date in the changes to HIV services.

It is our understanding that apart from a survey there was no discussion or engagement with users of HIV services prior to the development of the specification or the re-procurement exercise. Therefore there was no opportunity for user views to be taken into account when proposals were at a formative stage.

Surrey County Council Cabinet at their meeting of 20th March 2017 allowed a six month extension to the timeframe for transfer of services to allow "*appropriate levels of consultation*" which implies to us that there was an acknowledged need for more consultation. It appears to us that the changes involved in the delivery of HIV services are a significant change to services and therefore we do not understand why formal consultation was not required. Even setting aside formal consultation, we cannot see that to date there has been any engagement with service users that would meet the desire expressed by SCC Cabinet for "appropriate levels of consultation". There are now two meetings planned with service users but these seem to be mainly for the provision of information and they come too late in the day to be a significant opportunity for patient views to help shape the future delivery of the services. That could only have happened much earlier in the process.

We understand that services have to change for a range of reasons. We also understand that people will not always be happy with that change. The remit of local Healthwatch is to ensure that the voice of the user is heard and incorporated into this process. We believe that listening to people that use services can lead to better, more efficient outcomes for all. Therefore engagement and consultation is a good thing to do as well as often being a statutory requirement. On this occasion we do not feel that this engagement and consultation has been adequate.

We have written to commissioners to urge them to provide more time for further engagement to take place, in addition to referring this matter to you for consideration.

I look forward to hearing from you. We will be publishing a copy of this letter and any response on our website.

Yours sincerely,

Kate Scribbins
Chief Executive

CC: Andy Spragg; Richard Plummer

Adults and Health Select Committee
Substantial Variation Briefing – September 2017

Role of the Select Committee (as defined in Department of Health guidance) –

The Select Committee **may** review and scrutinise any matter relating to the planning, provision and operation of the health service in its area.

- Strengthen the voice of local people, ensuring their needs and views are considered
- Taking an overview as to how well integration is working
- Proactively seeking information, challenging and testing
- Focussing on improving outcomes, including general health improvement and how inequalities are being addressed
- Assuring itself of appropriate consultation on substantial developments or variation within the health system

As part of this role, the Select Committee **must** have in place a mechanism to deal with referrals made by local Healthwatch organisations, and must keep the referrer informed of any action taken in relation to the matter. Otherwise, the procedure of review and scrutiny is to be determined by the local authority.

What is a substantial development or variation?

Health service commissioners and providers have a wide statutory duty to consult and involve the public in planning and proposed changes.

In addition, the regulations require relevant NHS bodies and health service providers to consult the Committee on any proposal which they have "under consideration" for a substantial development of or variation in health services in the local authority's area.

"Substantial development" and "substantial variation" are not defined in the legislation.

This is a matter for local discussion and agreement between the commissioner and the health scrutiny committee. In Surrey, the attached checklist is designed to support this process.

The NHS Hull engagement guide[1] suggests the following should be taken into account:

- Changes in accessibility of services
- Impact of proposal on the wider community
- Numbers of patients affected
- Methods of service delivery

[1] http://engagementguide.nhshull.nhs.uk/page/what-is-substantial-development-or-variation

It also suggests “a change involving only a small number of patients could still be regarded as substantial, particularly if patients would need to continue to access the service for many years.”

What powers does the Committee have in respect to a substantial development or variation?

Legislation confers health scrutiny with the power to refer proposals to the secretary of state. In is able to do so in the following circumstances:

- It is not satisfied with the adequacy of content of the consultation.
- It is not satisfied that sufficient time has been allowed for consultation. (The referral power in the context of inadequate consultation only relates to the consultation with the local authority, and not consultation with other stakeholders.)
- It considers that the proposal would not be in the interests of the health service in its area.
- It has *not* been consulted, and it is not satisfied that the reasons given for not carrying out consultation are adequate.

In the case that the committee has reviewed the proposals and made a recommendation, the proposal may be referred if the commissioner has disagreed with the recommendation.

Before it can do so, all reasonably practical steps must be taken to reach an agreement at a local level within in reasonable timeframe.

If the committee has not commented on the proposals, or has done so without a recommendation, it must inform the relevant NHS body of its intention to either make the referral, or the date by which a decision to make the referral will be made.

Background

‘Local Authority Health Scrutiny: Guidance to help Local Authorities and their partners to deliver effective health scrutiny’ Department of Health, June 2014
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/324965/Local_authority_health_scrutiny.pdf

The Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013
http://www.legislation.gov.uk/uksi/2013/218/contents/made

Adults and Health Select Committee
4 September 2017
Surrey Integrated Sexual Health Services

Purpose of report: To provide a summary of the process undertaken to commission an Integrated Sexual Health Service for Surrey

Introduction

This paper will outline:

1. Sexual health commissioning responsibilities
2. Decision to go to tender
3. Services in scope of the tender
4. Sexual Health Needs Assessment
5. Rationale for service reconfiguration and service specification design
6. Tender process and evaluation of bids
7. Contract award
8. Service model
9. Patient and stakeholder engagement
10. Performance management
11. The procurement financial envelope
12. Conclusions and Recommendation

1. Sexual health commissioning responsibilities

The fields of sexual health, sexually transmitted infection (STI), contraception, reproductive health and HIV are frequently interwoven at individual, population and service delivery levels, yet each is separate and has its own defining features and interfaces. Different elements have different commissioning arrangements which adds to the complexity[1].

In 2013, as a result of the Health and Social Care Act 2012, the responsibility for commissioning of certain sexual health services transferred to Local Authorities. This included:

- Contraception (including the costs of Long Acting Reversible Contraceptive – LARC - devices and prescription or supply of other methods including condoms)
- Advice on preventing unintended pregnancy
- Testing and treatment for sexually transmitted infection (STI), chlamydia screening as part of the National Chlamydia Screening Programme (NCSP)

[1] Public Health England. Making it work. A guide to whole system commissioning for sexual health, reproductive health and HIV. 2014

- HIV testing including population screening in primary care and general medical settings, partner notification for STIs and HIV
- Sexual health aspects of psychosexual counselling
- Any sexual health specialist services, including young people's sexual health services and outreach and
- HIV prevention and sexual health promotion, service publicity, services in schools, colleges and pharmacies.

NHS England (NHS England) hold responsibility for commissioning:

- Contraceptive services provided as an 'additional service' under the main General Medical Services (GMS) contract with primary care
- HIV treatment and care services for adults and children and cost of all antiretroviral treatment
- Testing and treatment for STIs (including HIV testing) in general practice when recommended by a healthcare professional or requested by individual patients, where provided as part of 'essential services' under the GMS contract (i.e. not part of public health commissioned services, but relating to the individual's care)
- HIV testing when clinically indicated in other NHS England-commissioned services
- All sexual health elements of healthcare in secure and detained settings
- Sexual assault referral centres (SARCs)
- Cervical screening in a range of settings
- The HPV (human papilloma virus) immunisation programme
- Specialist fetal medicine services, including late surgical termination of pregnancy for fetal anomaly and
- Screening for infectious diseases in pregnancy.

Clinical Commissioning Groups (CCGs) are responsible for commissioning:

- Abortion services, including STI and HIV testing and contraception provided as part of the abortion pathway
- Female and male sterilisation
- Non-sexual health elements of psychosexual health services
- Contraception primarily for gynaecological (non-contraceptive) purposes
- HIV testing when recommended by a healthcare professional in CCG-commissioned services (including A and E and other hospital departments).

2. Decision to go to tender

With the ending of the Virgin Care Community contract in March 2017, Surrey County Council (SCC), having sought advice from the Competition and Markets Authority, was legally bound to carry out a full tender process, compliant with European Union Public Contract Regulations and the Council's Procurement Standing Orders. This included advertising the contract opportunity in the Official Journal of the European Union.

3. Services in scope of the tender

The services that were in the scope of the tender are shown in the table below. All services are commissioned by SCC unless indicated otherwise e.g. NHS England commissioned services indicated by 'NHS E'. SCC is also responsible for funding sexual health services delivered outside of Surrey when they are accessed by Surrey residents (around 15,000 attendances per year).

SCC also commission sexual health services directly from individual GPs and pharmacists. These services were out of the scope of the tender. These are annual contracts for the provision of:

- Long Acting Reversible Contraception (LARC)
- Emergency Hormonal Contraception and
- Chlamydia screening.

These services will remain and the new provider is expected to work in conjunction with GPs and pharmacists to ensure a complementary service.

Provider	Services commissioned	Approximate annual activity	Contract end date
Virgin Care Services Ltd	Contraception and Sexual health (CASH), genito urinary medicine services (GUM), outreach, prevention, chlamydia screening programme management. HIV treatment (NHS E)	17.5k GUM attendances 21.5 CASH attendances	March 2017
Frimley Health NHS Foundation Trust	GUM services HIV treatment (NHS E Specialised)	3.6k attendances	March 2017
Ashford and St. Peter's Hospitals NHS Foundation Trust	GUM services, Psychosexual health services HIV treatment (NHS E Specialised) HIV treatment and sexual health (NHS E Health and Justice)	8k attendances	March 2017
Terence Higgins Trust	MSM[2] outreach services	Not applicable	March 2017

[2] Men who have sex with men

The commissioning process

The points below outline the local processes that have been, or will be, undertaken for each stage of the commissioning cycle.

4. Sexual Health Needs Assessment

This procurement is underpinned by a detailed sexual health needs assessment carried out in 2015 which particularly identified that:

- In 2014 there were 287 under 18 conceptions (rate of 14.2 per 1,000) in Surrey with around a third of those resulting in a live birth. Although this rate is low compared to national rates, outcomes, in terms of health and wellbeing are reduced for very young mothers and their children.
- Runnymede and Spelthorne boroughs have historically shown higher than the national average rates of under 18 conceptions (19.7 per 1,000 and 20.3 per 1,000 respectively in 2014).
- Woking has a higher than national rate of HIV prevalence. This has financial implications for both health and social care. Costs of HIV care and support are even higher when people are diagnosed late.
- Chlamydia detection rates in 15-24 year olds are low (1296 per 100,000 in 2014) compared to national rates.
- STI rates in Surrey are lower than those for England as a whole.

5. Rationale for service reconfiguration and service specification design

In 2013, the Department of Health released a national service specification to help local authorities to commission effective, high-quality, integrated sexual health care. This specification provides the evidence-base for commissioning effective and easy to access services through open access 'one stop shops', where the majority of sexual health and contraceptive needs can be met at one site, usually by one health professional i.e. an integrated service.

NHS England Specialised Commissioning can only contract with providers using nationally agreed service specifications. It was agreed therefore to include the community elements of the national specification B06/s/a Specialised Human Immunodeficiency Virus Services (Adults) within the scope of the procurement.

In December 2015 Surrey County Council held a concept day to present the findings and recommendations of the sexual health needs assessment, introduce the national Integrated Sexual Health Service Specification and consult on the model of care. All key stakeholders including clinicians, CCGs and service users were invited to this meeting. The invitation was extended to service users through the GUM clinics, HIV support services and the outreach services that were then delivered by Virgin Care.

Based on:

- feedback from the Concept day
- the national service specification and
- the sexual health needs assessment,

SCC and NHS England chose to procure an integrated sexual health service with a lead provider using a 'hub, spoke and clinical outreach' model. The hubs are centrally located and offer a full range of services (complex level 3 service provision in addition to levels 1 and 2) whilst the spokes and clinical outreach would offer generic services such as basic STI testing and condom distribution (Levels 1 (basic) and 2 (intermediate) care). Please see appendix A for full details of the range of services that comprise these levels of care.

The 'hub and spoke' model is used and endorsed nationally and broadly the objectives of the model are to:

- ensure a service user is able to access a range of services at one location, in one appointment and usually with dual trained healthcare professionals ('one-stop-shop' integrated care)
- offer extended opening hours at accessible locations
- offer an effective outreach service to 'at risk' groups to ensure targeted and appropriate prevention strategies are in place
- ensure equitable service delivery across the county and
- ensure care pathways are clearly defined and that service users experience quality interventions and seamless care provision.

The service specification also contained the following requirements of the provider:

- to work in partnership with GPs and pharmacies who also provide sexual health services as part of the wider treatment pathway
- to develop links with secondary schools, colleges and other health and social care services in order to reach priority groups
- to target young people via schools and colleges working alongside the Healthy Schools programme
- to work proactively with other services who engage with people aged 13 to 15.
- To provide support to deliver relationships and sex education in collaboration with Public Health, school nursing services and the Council's services for young people and
- to support best practice within the school nursing service to enable the delivery of sexual health services and good relationships and sex education in line with government guidance.

The service specification was not prescriptive in terms of exact service model, only stipulating that the model proposed should deliver the specified outcomes and that the integrated (sexual health) tariff was to be used.

Several options were considered when completing the Strategic Procurement Plan (a SCC procurement governance mechanism) prior to commencing the procurement activity. After a

full and detailed options appraisal it was decided that commissioning a specialist integrated sexual health service was the preferred option as this demonstrated best value for money from the options appraisal completed.

A paper outlining this process was taken to the Surrey Health Scrutiny Committee in March 2015.

In summary, Surrey's vision for sexual health services includes:

- An integrated service aiming to offer a one-stop-shop for service users.
- A service which has links with other services addressing risky behaviours, particularly in younger people.
- A service which is focussed on improving sexual health, reducing STIs and unintended conceptions; building self-reliance and resilience.
- A cost effective and modern service meeting the needs and expectations of users, making full use of developing technologies.
- Targeted universalism that will ensure services for all with additional support for those at risk of poorer sexual health.

6. Tender process and evaluation of bids

Surrey County Council collaborated with NHS England (South East) to lead a joint procurement which incorporates HIV Treatment and Care and also sexual health services in prisons for which NHS England are the responsible commissioner. The Council, NHS England Specialised Commissioning and NHS England Health and Justice would each award a separate contract for their own elements of service and followed their own governance processes.

In April 2016, SCC Procurement Review Group, on reviewing the Strategic Procurement Plan, advised that an open tender procedure was the most appropriate route to market and bidders were given 45 days to complete and submit their tender.

A market engagement event for providers was held on 27 April 2016 prior to the issue of the tender and, following Invitation to Tender (ITT), a competitive tendering exercise was undertaken.

Invitation to Tender (ITT) documents included:

- The service specifications
- Current activity data, included within the needs assessment. This defined the providers and what they were commissioned to deliver and the annual throughput of activity.
- Transfer of Undertakings- Protection of Employment (TUPE) liability information
- Sexual health needs assessment
- NHS England key principles
- Draft contract for SCC commissioned service
- Draft contract for NHS England commissioned service

The evaluation panel included an external evaluator from the British Association for Sexual Health (BASH) and representatives from NHS England pharmacy, general practice (a local Surrey GP) and Surrey services for young people. Evaluation of the received tender involved an analysis of submission against quality, cost criteria, and weightings.

7. Contract award

Following a full procurement process, SCC Cabinet and NHS England gave approval to award contracts to Central and North West London NHS Foundation Trust (CNWL) (paper 174/16) for the provision of an Integrated Sexual Health Service to commence on 1 April 2017, for three years with the option to extend for a further two years. CNWL are a large, established provider of healthcare services (including sexual health).

CNWL were the only organisation to submit a bid. The Public Contract Regulations 2015 do not prohibit the Council from awarding a contract where there is only one bidder.

An Equalities Impact Assessment on the commissioning of a new integrated sexual health service (Public Health commissioned elements) was submitted as part of the public cabinet papers. This is a 'live' document, continually updated as the service is mobilised and we gain further clarity on operational configuration.

8. CNWL service model

The focus of the new service will be:

- Open Access
- Greater focus on self-care, prevention and targeting 'at risk' population groups
- Diagnosing, treating and preventing STIs
- Improving access to a wide choice of contraception
- Reducing unwanted pregnancies
- Increasing effective contraception, particularly LARC (Long acting reversible contraception)
- Reducing repeat abortions
- Increasing HIV testing and preventing late diagnosed HIV
- Treatment and care for HIV (outpatients)
- Partnerships to address wider social determinants of health.

During 2017 CNWL will be delivering:

- Services from three Clinical Hubs:
    - Buryfields (Guildford). Level 3 GUM, HIV and contraception
    - Earnsdale (Redhill). Level 2+ GUM, HIV and contraceptionWoking. Level 2+ GUM and contraception

Please see appendix A for definitions of 'levels'

- Spoke Clinical Outreach services:
    - Leatherhead Hospital. Mondays and Fridays: 10:00 am to 12:30 am
    - Epsom Clinic. Mondays (4pm to 7pm) and Wednesdays: (3 pm to 7pm) (improving access for young people)
    - Based on public health need Runnymede and Spelthorne spoke clinical outreach services are in development are due to start imminently.

- Outreach Programme (including Chlamydia and Gonorrhoea screening in Under-25s

'Outreach' is the term used to describe the delivery of sexual health services and health promotion which takes place in community settings and this includes Chlamydia and Gonorrhoea screening for young people under-25 and the C-Card (condom distribution) Scheme for young people. CNWL will maintain the outreach services delivered by the previous provider and therefore there will be no reduction in provision for residents.

Outreach services are designed and targeted at those most in need, either because they are at high-risk of sexual ill health or unintended pregnancy or are unable or do not want to use mainstream sexual health services. Reducing health inequalities and improving sexual health outcomes is a key aim of outreach services. Therefore CNWL has been commissioned to work with the following priority populations who are disproportionately affected by sexual ill health or unintended pregnancies:

- Young people under 25
- Black and Minority Ethnic communities
- Sex Workers
- Men who have sex with men (MSM)
- People with disabilities
- Those engaged in ChemSex (sexual activity engaged in while under the influence of stimulant drugs such as methamphetamine or mephedrone, typically involving several participants)
- Transgender communities.

The outreach service will be promoted by posters and leaflets in community settings, on the website and in the HUB clinics.

CNWL will be delivering a fully operational service model in 2018 with:

- Patients able to register online, book appointments and collect test results (including through a new mobile app)
- Extended clinical outreach working with at risk and vulnerable groups including young people, Black African populations, men who have sex with men and sex workers
- Full availability of home screening kits, online, in hubs and in General Practice (subject to a pilot)
- More dual trained staff (in GUM and Contraception services) so where possible care be provided in one appointment

- Saturday opening hours in all three hubs
- Improved support for General Practice and Pharmacies and
- In reach telephone advice to HIV inpatients within other acute providers in Surrey.

9. Patient and stakeholder engagement

9.1 Procurement phase

SCC began the engagement process in 2015 by completing the Surrey sexual health needs assessment The development of the needs assessment included a task and finish sub group of an existing sexual health expert reference group. This group had representation from professionals working with residents with varying sexual health needs. As part of the needs assessment work SCC carried out a Survey Monkey questionnaire on current and future sexual health services to which SCC received nearly 300 responses from professionals and service users. The survey was distributed to all key stakeholders via the sexual health expert reference group. Additionally SCC held focus groups with young people to gain their view on current and future sexual health service. These included young parents and lesbian, gay, transgender or questioning (LGBTQ) young people. The responses from the surveys and focus groups were incorporated into the needs assessment.

In December 2015 SCC held a 'Sexual Health Concept Day' to present the findings and recommendations of the needs assessment, introduce the Integrated Sexual Health Service Specification and consult on the model of care. All key stakeholders were invited to this meeting. The invitation was extended to service users through the GUM clinics, HIV support services, and the outreach services that were then delivered by Virgin Care.

Surrey County Council published the presentations from the event and welcomed feedback. Feedback from the above process contributed to development of a ***localised*** integrated sexual health service specification fit for purpose for the needs of the county.

In April 2016 SCC held a market engagement event that outlined the route to market for prospective bidders.

The Local Pharmaceutical Committee and the Local Medical Committee were engaged and have had the opportunity to comment on an ongoing basis. Representatives from each committee attended the concept day, market engagement event and/or received all relevant documentation.

In addition, a survey published on 'Surrey Says' allowed for further input on how to tailor the service to local needs. The link to this survey was publicised on the Healthy Surrey website, emailed to partners, including CCGs and promotional material distributed to clinics. It was open for two months following the concept day.

In relation to engagement on HIV treatment services, NHS England has developed a Communications and Engagement plan which is regularly reviewed. In addition, NHS England has completed an assessment and assurance for patient public participation template under section 13Q of the National Health Service Act 2006 (as amended by the

Health and Social Care Act 2012) as NHS England has a statutory duty to 'make arrangements' to involve the public in commissioning services for NHS patients.

9.2 Mobilisation phase

Mobilisation is the stage in the commissioning lifecycle which plans and oversee the transfer of responsibility for a new or revised service to 'go live' and become business as usual.

Mobilisation of the contract began in November 2016. Surrey County Council and NHS England continue to hold monthly mobilisation meetings with CNWL. NHS England provides regular updates to the Senior Management Team in the South to ensure they are fully sighted on progress and risk mitigations. In addition the national NHS England HIV lead is also informed.

The staff employed by the previous and current providers were offered (or will be in the case of ASPH staff) the opportunity to transfer to the new provider (CNWL). This will help to retain local knowledge and the local skill base whilst the service is redesigned to improve outcomes and value for money.

The Virgin Care service exit was managed by North West Surrey CCG (as this CCG was the lead commissioner for this exiting contract) with representatives from SCC in attendance. The Virgin Care service staff and patients transferred to CNWL on 1st April 2017 (phase 1).

Surrey County Council and NHS England have phased the transfer of services from Frimley Health NHS Foundation Trust and Ashford and St. Peter's Hospitals NHS Foundation Trust (ASPH) to allow for the safe continuation of care for patients accessing those services. Frimley patients and staff transferred to CNWL on 1st July 2017 (phase 2). ASPH patients and staff will transfer to CNWL on 1st October (phase 3).

NHS England and Surrey County Council are working with previous and existing providers and CNWL to ensure that all patients receiving ongoing treatment are safely transferred to the new service and all access issues are addressed.

Information about the changes to the sexual health services is available and continuously updated on CNWL's website and the Healthy Surrey Web site:

https://www.healthysurrey.org.uk/your-health/sexual-health

Phase 3 mobilisation – Blanche Heriot Unit (ASPH)

The mobilisation of services from ASPH (BHU- Blanche Heriot Unit) is due to be completed on 30th September 2017. This has involved:

- Senior clinicians at both ASPH and CNWL are meeting regularly to discuss transfer arrangements for Sexual Health and HIV. This will include patient level discussions where more complex care planning is required.
- Commissioners are regularly reviewing any clinical issues and risks as they arise and taking actions to mitigate with both the sending organisation (ASPH) and the receiving organisation (CNWL).

- Engagement with BHU Patient Users Group. Directors from ASPH, Surrey County Council and NHS England met with the BHU patient group on Monday 7th August to hear concerns and answer questions.
- Patient information and discussion events. Commissioners attended a patient user group on Saturday 13th May. Two further 'Patient Information and Discussion Events' are being planned (one has already taken place), hosted by ASPH, SCC and NHS England in conjunction with Healthwatch. The questions and answers from the meetings will be available on the Healthwatch website.
    - *Wednesday 9 August (evening event) Chertsey House, St Peter's Hospital.*
    - *Saturday 9 September from 10.30 am - 12.00 pm, Room 3, Chertsey House, St Peter's Hospital.*
- Webinar. There will be a webinar on 13 September from 12.00 pm - 1.30 pm for those unable to attend the Patient Information and Discussion Events Register for this webinar here.
- Online survey. There is an online survey for past/current service users of the Blanche Heriot Unit to share their views https://www.engage.england.nhs.uk/survey/009611c3/
- Patient working group. SCC and NHS England have committed to an ongoing dialogue with patients, particularly those accessing HIV services. As a result of the discussion on Wednesday 9th August commissioners committed to working with a patient working group during and beyond mobilisation.
- HIV. All HIV patients have been given information about the new services and will be offered face to face appointments on the ASPH site, if they choose, to discuss their future care and concerns. ASPH has agreed to provide clinical space at St Peter's Hospital for temporary HIV clinics to ensure that plans can be put in place for individual patients with complex needs over the next few months. It is currently envisaged that the temporary clinics will run for 6 – 9 months, but this will be kept under review.

During the mobilisation process it has become clear that there are a number of other services delivered by BHU, specifically pelvic pain and dermatology. The trust recognises its duty in continuing to provide the best care for patients needing these services. Surrey County Council and ASPH are working with North West Surrey CCG to ensure that pelvic pain and dermatology services are provided in line with national clinical guidance and that strong governance is in place.

A joint statement between ASPH, NHS England and Surrey County Council was issued on Tuesday 22 August in answer to some of the comments and questions raised by patients at the BHU. A copy of the statement can be found in appendix 3 of this report.

9.3 Ongoing Service User engagement

The provider will be expected to maintain a dialogue with service users as part of service delivery. The provider will need to report on the following:

Service User Experience across all services provided

Maintain/achieve *You're Welcome* accreditation	100%	National Expectation
Evidence of at least one user experience survey annually	100%	For local determination
Percentage of service user feedback on surveys that rates satisfaction as good or excellent	70%	For local determination
Quality Outcomes Indicators	**Threshold**	**Technical Guidance Reference (if applicable)**
Evidence of improvements made to service as a result of user feedback	Demonstrable evidence of improvements and changes made to service delivery in response to feedback	BASHH (British Association of Sexual health and HIV) Standard 9
Number of service users making formal complaints about the service (verbal or written)	Provider to notify Commissioner in accordance with *Incidents Requiring Reporting Procedure Section* - Appendix G	BASHH (British Association of Sexual health and HIV) Standard 9

10. Performance management

CNWL will perform against the service specifications and the recommendations detailed in the Sexual Health Needs Assessment. Joint quarterly contract meetings will be held between SCC, NHS England and CNWL. Performance of the contract will be monitored robustly through a series of key performance indicators (KPIs) as detailed in the specifications and reviewed at the quarterly meetings. This is in line with the contract management plan as laid out in the contract documentation and the Council's supplier relationship management principles.

A number of KPIs are set nationally by the Department of Health and these are in line with the public health outcome framework and others are set locally to reflect local priorities as determined by the needs assessment. Please see appendix B for the monitoring template that will be completed on a monthly basis by the provider. In addition, sexual health services are monitored by two national datasets:

- GUMCAD (Genitourinary medicine activity dataset) is the dataset for STI testing and treatment and
- SHRAD (Sexual health and reproductive activity dataset) is the dataset for contraception.

All services are required to report into these systems.

Commissioners are to be kept informed of any subcontracting arrangements and CNWL are liable for contractual obligations, including those delivered by subcontractors.

Although there are separate contracts with CNWL from NHS England and SCC respectively, performance monitoring will be carried out jointly by both commissioners.

10.1 Patient safety

CNWL's bid was formally evaluated and judged to have met the quality standards required within the service specification.

All statutory providers of healthcare (of which CNWL is one) must operate within the *National Framework for Reporting and Learning from Serious Incidents Requiring Investigation* (National Patient Safety Association 2010). This guidance can be found here: NHS Serious Incident Framework 2015

The provider will be contractually obliged to comply with the Council's Safeguarding Adults and Children's Multi-Agency procedures, any legislative requirements, guidelines and good practice.

The provider has designated, Surrey specific, leads for both child and adult safeguarding. The provider will become a member of the Surrey Safeguarding Children Board and the Surrey Safeguarding Adults Board. They will be expected to participate in the health subgroups of both these Boards. The provider will be mandated to participate in the child safeguarding section 11 audit and adult safeguarding self-assessment processes.

Serious Incident Management (including safeguarding) will be a standing item at each contract review meeting.

11. The procurement financial envelope

11.1 NHS England financial position

NHS England does not expect to see any reduction in costs (i.e. savings) of HIV inpatient or outpatient care. Nationally Pharmacy HIV leads are being asked to use the most cost effective treatments for HIV. Prescribing will be monitored locally and reported nationally by NHS England as part of the performance management process outlined above.

11.2 Surrey County Council overall financial position

Continued cuts to funding, rising costs and increasing demand for key services means that the need for Surrey County Council to find savings has reached unprecedented levels. This year alone the Council as a whole needs to make savings of around £150m – that's about 10% of the overall budget.

Surrey County Council are determined to meet our responsibilities and will continue to support our residents as effectively as we can, but despite having achieved £450m worth of savings since 2010, changes to services are still needed.

11.2 (i) The Public Health Grant

Public Health in local authorities is funded directly by a grant received from the Department of Health. The target grant allocation for Local Authorities is calculated nationally according to a formula that aims to represent variations in need between Local Authorities. However, due to historical patterns of funding allocation, Local Authorities do not currently receive their target grant allocation. Surrey's 2017/18 grant allocation was more than 30% below the level of funding we would have if we received our target allocation[3] and this has been frozen with no timeline for moving closer to target. The allocation in 2017/18 equated to £31/per head compared to £59/head for England as a whole. Surrey County Council continue to raise this with Government and participate fully in any consultation regarding the Public Health grant. We continue to add our support to our professional bodies (the Faculty of Public Health and the Association of Directors of Public Health) and their stance on Government decisions regarding the grant (see the list of sources at the end [i]of this paper for links to further information on these bodies).[ii]

By 2019/20, the budget available to spend on core public health programmes will be 30% less than it was at the start of 2015/16[4].

As a result of these pressures, it has been necessary to review and significantly rationalise the budgets for all Public Health commissioned programmes.[5] The public health budget has been presented to the Surrey Health Scrutiny Committee on a number of occasions which on all occasions has included an outline of the budget allocation and savings.

In September 2016 SCC Cabinet gave approval for contract award. (See agenda item 174/16 in the attached). The contract value for the SCC contract is £4.3m per year totalling £21.7m for the lifetime of the contract (five years including the two year extension provision).

The new service is commissioned using the integrated (sexual health) tariff as its costing model which allows providers to receive appropriate funding for the level of complexity of the service actually delivered. The tariff uses a menu of agreed prices ensuring that the unit price paid reflects the complexity of the intervention. The tariff prices include all costs (clinical staff costs, on costs, cost of significant equipment and overheads). Adopting tariff based pricing enables the commissioner to pay for service actually delivered rather than the traditional block contract method with its associated void cost. Analysis carried out on

[3] The original target allocations for 13/14 and 14/15 were based on based on ACRA's final recommendations for PH grants based on population need. The 'Exposition Book Public Health Allocations 2013-14: Technical Guide' provides more information on the calculations in the exposition book. Theses target allocations were not published beyond 14/15 and in 15/16 funding for Health Visiting services were transferred to Local Authorities from NHSE. The "target" allocation for Surrey for 2017/18 referred to above is therefore based on the 14/15 target, plus the Health Visiting transfer.

[4] prior to the in-year reduction and including 0-5 budget transfer at full year effect

[5] These include: health visiting services, school nursing services, substance misuse services, smoking, healthy weight health checks and public mental health.

existing sexual health service activity in London and Surrey indicates that applying the integrated tariff is likely to secure efficiencies for commissioners compared to previous contract prices and result in a contract that represents better value for money for Surrey residents.

In addition the contract will include a small block contracted element of service for targeted outreach.

The new contract has a greater focus on prevention and innovation which will mean a shift from the traditional model of face-to-face consultations to a model where online booking, online triage and self-sampling (where service users are sent testing kits in the post and return a sample to the provider for testing) become more prominent. This will allow consultant time to be carefully managed and targeted to focus more on acute care with dual trained nurses (trained to deliver both contraception services and genito-urinary medicine) providing a significant element of the general care. This move to a more modern and efficient model of service delivery is in line with changes being made nationally by other local authorities and will enable the Council to continue to deliver services within a reduced budget envelope.

Conclusion

The responsibility for commissioning sexual health services is held by several different organisations including Local Authorities, NHS England and CCGs.

Surrey County Council was legally bound to go out to competitive tender for sexual health services to be delivered from April 1st 2017. SCC led a joint procurement with NHS England for an integrated sexual health services (contraception and GUM), HIV community treatment services and prison sexual health services (but have contracted separately on these services). This tender process followed a comprehensive population healthcare needs assessment, public engagement and stakeholder/market engagement. The service specification is based on national guidance and feedback from these engagement activities.

Following a formal evaluation, the contracts went to Central and North West London NHS Trust (CNWL) for the provision of services to commence on 1 April 2017, for three years with the option to extend for a further two years.

Significant public and stakeholder engagement was held throughout the whole commissioning cycle so far, including a full healthcare needs assessment, concept day, a survey and market engagement. Commissioners and CNWL continue to meet and make future arrangements to meet existing staff and patients to discuss the changing services.

CNWL will be held to performance levels, service quality and service user engagement metrics as outlined in the service specification.

Surrey County Council is under increasing financial pressure and this includes the public health budget. This means that the financial envelope available for commissioning sexual

health services has necessarily been reduced. However, new tariff arrangements are likely to result in a more efficient service.

Recommendation

It is proposed that the provision of sexual health services in Surrey should be reviewed again by the Committee in 12 to 18 months' time when the new service will have become established and results from performance management processes will be available.

Next steps

Mobilisation of the new integrated service continues including:

- Transfer of services from ASPH to new locations (1st October 2017)
- Establishment of fully operational service model (2017-2018)

Communications and engagement with patients and staff to continue, including specific engagement events with ASPH patients in July, August and September 2017.

Report contact:

Commissioners:

Surrey County Council

Lisa Andrews. Senior Public Health Lead (Commissioner for Sexual Health) Email: lisa.andrews@surreycc.gov.uk Tel: 01483 519634, Mobile: 07881 328238

NHS England (South East)

Fiona Mackison. Service Specialist (Specialised Commissioning) Email: fionamackison@nhs.net Tel: 011382 48141, Mobile: 07568 431721

Providers:

Central North West London NHS London NHS Foundation Trust (CNWL)

Stephen Tucker. Deputy Service Director, Sexual Health and HIV Email: stephentucker@nhs.net Tel: 020 3317 5480, Mobile: 07725 918 046

Sources/background papers:

[i] Department for Communities and Local Government and Department of Health. Public health grants to local authorities: 2017 to 2018. December 2016. https://www.gov.uk/government/publications/public-health-grants-to-local-authorities-2017-to-2018

[ii] Statements on the public health funding cuts from public health professional bodies and respected research organisations can be read via the links below:

Association of Directors of Public Health
http://www.adph.org.uk/wp-content/uploads/2015/11/ADPH-Press-Release-Spending-Review-Announcement.pdf

The Faculty of Public Health
http://www.fph.org.uk/potential_nhs_disaster_if_public_health_funding_is_cut

http://www.fph.org.uk/comprehensive_spending_review:_'rock_solid'_evidence_for_saving_nhs_money_ignored

The Kings Fund
http://www.kingsfund.org.uk/blog/2015/08/cuts-public-health-spending-falsest-false-economies

This page is intentionally left blank

Appendix A: details of service levels within an Integrated Sexual Health Service

Self-Managed Care

Service users of all ages will be able to access the following without the need to see a healthcare practitioner, although support must be available if needed. Those under the age of 16 must be seen by a worker trained to assess competence to receive sexual health advice and interventions in the absence of a parent or guardian and to ensure that safeguarding issues are identified and appropriately referred on

Health information

- Generic information on pregnancy, STIs including and HIV prevention/safer sex advice
- Information on the full range of contraceptive methods and where these are available
    - Primary prevention initiatives to improve overall sexual health to the community
    - Male and female condoms and lubricant
    - Chlamydia home sampling kits for under 25 year olds12
    - Pregnancy testing kits
- Some NHS self-managed services may be accessed online.

Basic and Intermediate Care (Level 1 and 2)

- Information on services provided by local voluntary sector sexual health providers including referrals and/or signposting
- Full sexual history taking and risk assessment (all practitioners)13
- Pregnancy testing
- Supply of male and female condoms and lubricant
- All methods of oral emergency contraception and the intrauterine device for emergency contraception14
- First prescription and continuing supply of combined hormonal contraception (combined and progestogen only) including oral, transdermal, transvaginal methods of delivery and a choice of products within each category where these exist
- First prescription and continuing supply of injectable contraception
- IUD and IUD uncomplicated insertion, follow up and removal
- Diaphragm fitting and follow up
- Uncomplicated contraceptive implant insertion, follow up and removal
- Assessment and referral for difficult implant removal
- Natural family planning
- Cervical cytology
- Direct referral for antenatal care
- Direct referral for abortion care and to support self-referral
- Counselling and direct referral for male and female sterilisation
- Domestic abuse screening and referral (all practitioners)
- Assessment and referral for psychosexual issues
- Assessment and referral for Brief Alcohol Interventions (BAIs)
- Referral for Female Genital Mutilation (FGM) specialist advice and care

- STI testing and treatment of symptomatic but uncomplicated infections in men (except MSM)15 and women excluding:
    - Men with dysuria and/or genital discharge
    - Symptoms at extra-genital sites e.g. rectal or pharyngeal
    - Pregnant women (except women with uncomplicated infections requesting abortion)
    - Genital ulceration other than uncomplicated genital herpes
- Chlamydia screening for sexually active under 25 year olds
- Case Management of uncomplicated Chlamydia
- HIV and syphilis testing and pre and post-test discussions (with referral pathways in place)
- Initiation of Post Exposure Prophylaxis with referral to Level 3 for on-going management
- Promotion and delivery of Hepatitis A and B vaccination, with a particular focus on key target groups
- Hepatitis C testing and discussion (with referral pathways in place)
- Uncomplicated contact tracing/partner notification
- Management of first episode uncomplicated vaginal discharge (low risk)
- Management of contacts of gonorrhoea and TV (excluding symptomatic men)
- Assessment & treatment of genital ulceration with appropriate referral pathways for those at high risk of syphilis/LGV (Lymphogranuloma Venereum)
- Assessment and referral of sexual assault cases
- Holistic sexual health care for young people including child protection / safeguarding assessment
- Outreach services for STI prevention and contraception
- Problems with choice of contraceptive methods
- Management of problems with hormonal contraceptives
- Urgent and routine referral pathways to and from related specialties (general practice, urology, A&E, gynaecology) should be clearly defined. These may include general medicine /infectious diseases for inpatient HIV care
- Urgent and routine referral pathways to and from social care
- Regular audit against national guidelines

Complex (Level 3) Service Provision in addition to Levels 1 and 2

- Management of complex contraceptive problems including UK Medical Eligibility Criteria (UKMEC)17
- Management of complicated/recurrent STIs (including tropical STIs) with or without symptoms
- Management of STIs in pregnant women (except women with uncomplicated infections requesting abortion)
- Management of HIV partner notification18
- Management of sexual health aspects of psychosexual dysfunction19
- Management of organic sexual dysfunction20
- Coordination of outreach clinical services for high risk groups
- Interface with specialised HIV services as commissioned by NHS England

- Specialist contraception services e.g. IUD/IUS problem clinics, difficult implant removal etc. with appropriate diagnostic services (e.g. ultrasound) to support this
- Provision and follow up of post-exposure prophylaxis after sexual exposure to HIV
- Coordination of contraceptive and STI care across a network including:
    - Clinical leadership of contraceptive and STI management
    - Co-ordination of clinical governance
    - Co-ordination and oversight of training in SRH and GUM
    - Co-ordination of pathways across clinical services
    - Co-ordination of partner notification for STIs and HIV

This page is intentionally left blank

Surrey Integrated Sexual Health

Summary Report

April 2017

Central and North West London NHS
NHS Foundation Trust

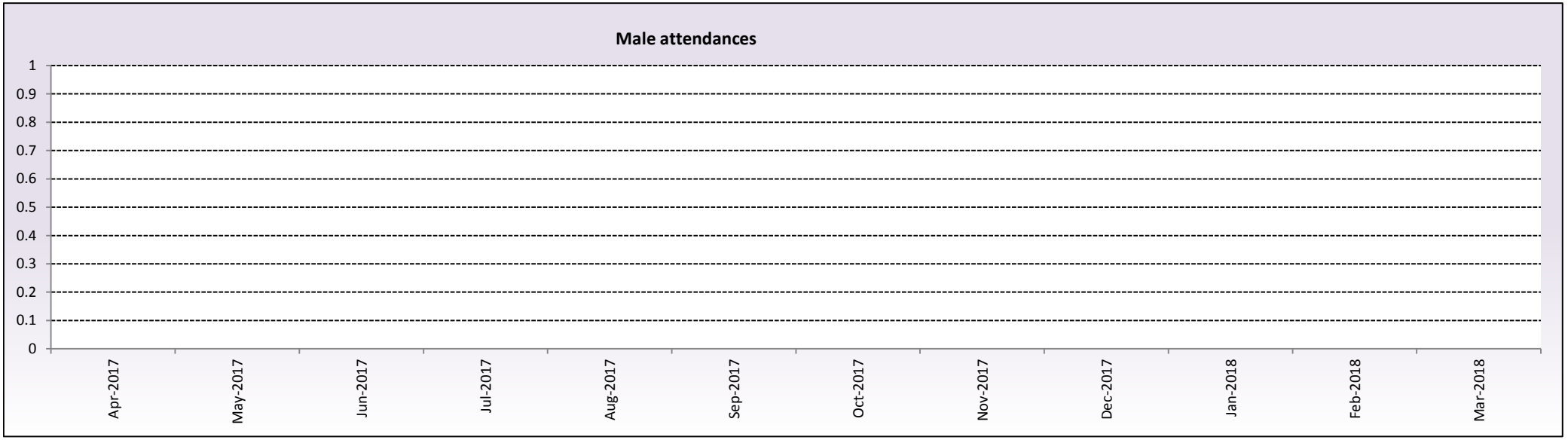
Attendances by Gender and Age

Male	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Total (n)	Total (%)
12														#VALUE!
13														#VALUE!
14														#VALUE!
15														#VALUE!
16														#VALUE!
17														#VALUE!
18														#VALUE!
19														#VALUE!
20														#VALUE!
21-25														#VALUE!
26-30														#VALUE!
31-35														#VALUE!
+35														#VALUE!
Total														**#VALUE!**

Female	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Total (n)	Total (%)
12														#VALUE!
13														#VALUE!
14														#VALUE!
15														#VALUE!
16														#VALUE!
17														#VALUE!
18														#VALUE!
19														#VALUE!
20														#VALUE!
21-25														#VALUE!
26-30														#VALUE!
31-35														#VALUE!
+35														#VALUE!
Total														**#VALUE!**

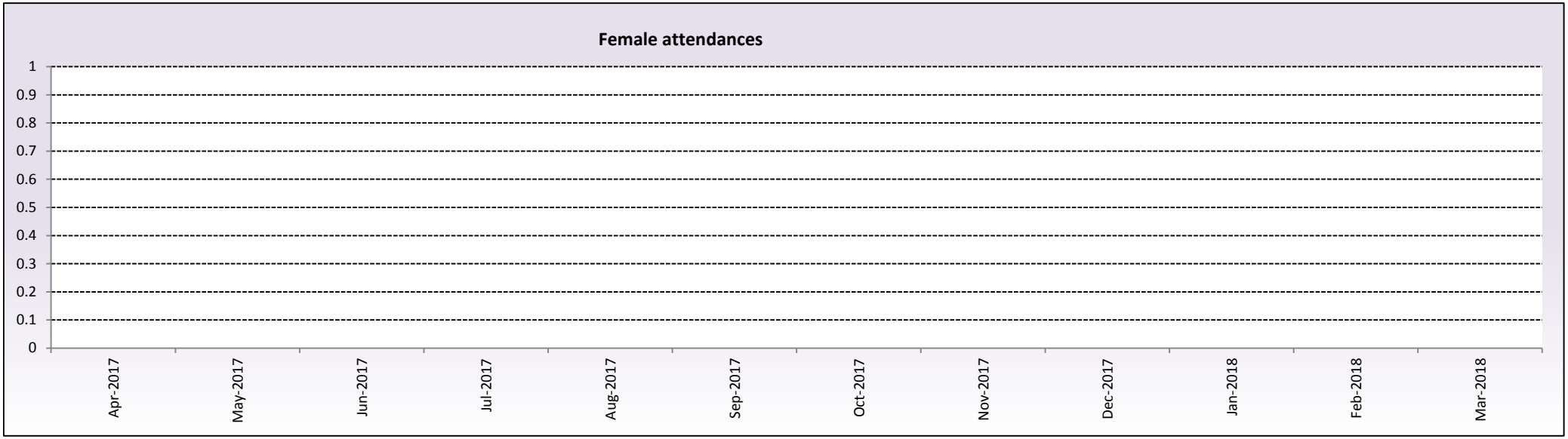
Attendances by Gender and Ethnicity - Male

Male	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Total (n)	Total (%)
White British														#VALUE!
White Irish														#VALUE!
Other White														#VALUE!
White/Black Carib.														#VALUE!
White/Black African														#VALUE!
White/Asian														#VALUE!
Other Mixed														#VALUE!
Indian														#VALUE!
Pakistani														#VALUE!
Bangladeshi														#VALUE!
Other Asian														#VALUE!
Black Caribbean														#VALUE!
Black African														#VALUE!
Other Black														#VALUE!
Chinese														#VALUE!
Other														#VALUE!
Not Stated														#VALUE!
Total														**#VALUE!**



Attendances by Gender and Ethnicity - Female

Female	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Total (n)	Total (%)
White British														#VALUE!
White Irish														#VALUE!
Other White														#VALUE!
White/Black Carib.														#VALUE!
White/Black African														#VALUE!
White/Asian														#VALUE!
Other Mixed														#VALUE!
Indian														#VALUE!
Pakistani														#VALUE!
Bangladeshi														#VALUE!
Other Asian														#VALUE!
Black Caribbean														#VALUE!
Black African														#VALUE!
Other Black														#VALUE!
Chinese														#VALUE!
Other														#VALUE!
Not Stated														#VALUE!
Total														**#VALUE!**



Attendances by Location

Location	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Total (n)	Total (%)
Buryfields														#VALUE!
Earnsdale														#VALUE!
Woking														#VALUE!
Outreach 1														#VALUE!
Outreach 2														#VALUE!
Outreach 3														#VALUE!
Outreach etc														#VALUE!
														#VALUE!
														#VALUE!
Total														**#VALUE!**

Attendances by Borough

Borough	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Total (n)	Total (%)
Elmbridge														#VALUE!
Epsom & Ewell														#VALUE!
Guildford														#VALUE!
Mole Valley														#VALUE!
R'Gate & Banstead														#VALUE!
Runnymede														#VALUE!
Spelthorne														#VALUE!
Surrey Heath														#VALUE!
Tandrifge														#VALUE!
Waverley														#VALUE!
Woking														#VALUE!
Kingston														#VALUE!
Croydon														#VALUE!
Other London														#VALUE!
Hampshire														#VALUE!
Other 1														#VALUE!
Other 2														#VALUE!
Other 3														#VALUE!
Other etc														#VALUE!
														#VALUE!
														#VALUE!
Total														**#VALUE!**

Reducing Inequalities

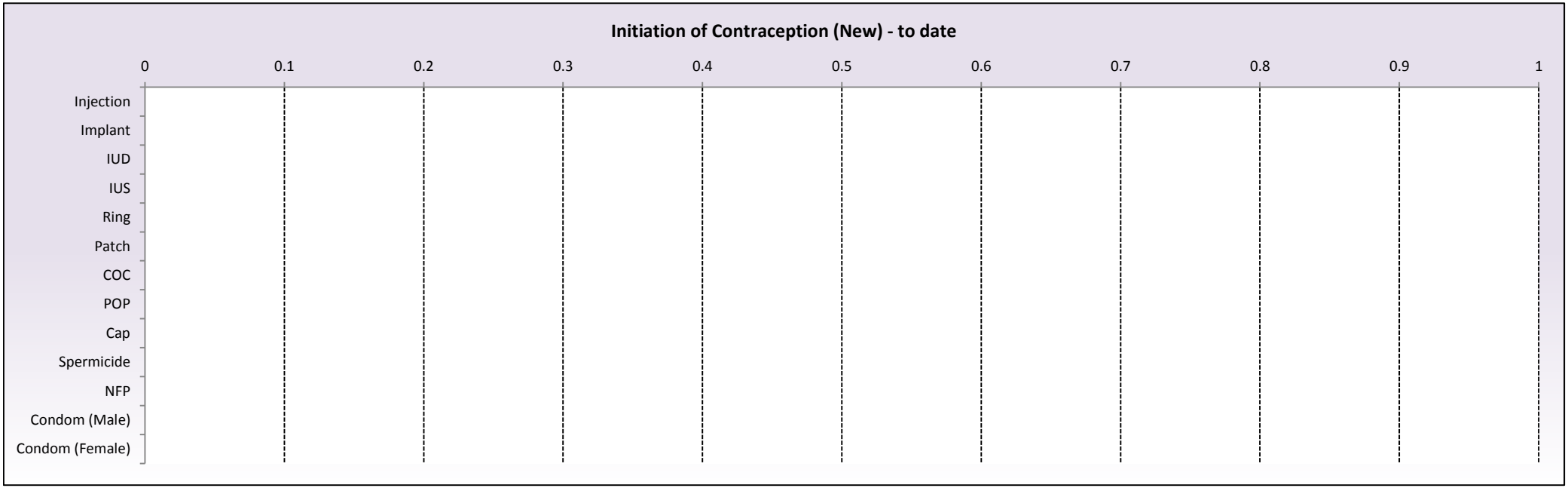
Attendances	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Total (n)
MSM													
Black African													
Sex Workers													
Young People													
Young Parents													
LAC													
Educational Needs													
Disabilty													
Further Education													
Higher Education													
Other													

Sessions	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Total (n)
MSM													
Black African													
Sex Workers													
Young People													
Young Parents													
LAC													
Educational Needs													
Disabilty													
Further Education													
Higher Education													
Other													

Commentary

Method & Status

Initiate Method (New)	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Total (n)	Total (%)
Injection														#VALUE!
Implant														#VALUE!
IUD														#VALUE!
IUS														#VALUE!
Ring														#VALUE!
Patch														#VALUE!
COC														#VALUE!
POP														#VALUE!
Cap														#VALUE!
Spermicide														#VALUE!
NFP														#VALUE!
Condom (Male)														#VALUE!
Condom (Female)														#VALUE!
Total														**#VALUE!**



Method & Status (continued)

Change Method	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Total (n)	Total (%)
Injection														#VALUE!
Implant														#VALUE!
IUD														#VALUE!
IUS														#VALUE!
Ring														#VALUE!
Patch														#VALUE!
COC														#VALUE!
POP														#VALUE!
Cap														#VALUE!
Spermicide														#VALUE!
NFP														#VALUE!
Condom (Male)														#VALUE!
Condom (Female)														#VALUE!
Total														**#VALUE!**

Maintain Method	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Total (n)	Total (%)
Injection														#VALUE!
Implant														#VALUE!
IUD														#VALUE!
IUS														#VALUE!
Ring														#VALUE!
Patch														#VALUE!
COC														#VALUE!
POP														#VALUE!
Cap														#VALUE!
Spermicide														#VALUE!
NFP														#VALUE!
Condom (Male)														#VALUE!
Condom (Female)														#VALUE!
Total														**#VALUE!**

Emergency Methods & Other Services

Emergency Method	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Total (n)	Total (%)
Emergency IUD														#VALUE!
Emergency Oral														#VALUE!
Total														**#VALUE!**

Other Services	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Total (n)
Pregnancy Test													
Refer for Abortion													
Cease IUD													
Replace IUD													
Cease IUS													
Replace IUS													

Commentary

STI Screening & Diagnosis

CT	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Total (n)
Offered <25													
Tested <25													
Diagnosed <25													
Offered - All													
Tested - All													
Diagnosed - All													

GC	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Total (n)
Offered <25													
Tested <25													
Diagnosed <25													
Offered - All													
Tested - All													
Diagnosed - All													

Syphilis	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Total (n)
Offered													
Tested													
Diagnosed													

HIV	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Total (n)
Offered													
Tested													
Diagnosed													

Hepatitis	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Total (n)
Offered													
Tested													
Diagnosed													

On-line Sampling	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Total (n)
Sent													
Received													
CT +ve													
GC +ve													

Quality Outcome Indicators

Measure	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Target
STI risk assessment													100%
1st offer HIV test													-
1st uptake HIV test													-
Results ≤ 7 days													100%
PN: CT													1:0.6
PN: GC													1:0.6
PN: HIV													90%
Ave wait for results													-
Access to methods													100%
LARC uptake <18													-
LARC uptake 18-24													-
LARC uptake 25+													-
EC within 48 hours													-
LARC ≤ 15 days													-
Patient Feedback													70%
48 hr offer													98%
48 hr seen													85%
<30 min waits													-
<60 min waits													-
<90 min waits													-
<120 min waits													-
SRH refs <18 weeks													-
P.sex < 18 weeks													-

Under 25s Service

CT Screens	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Total (n)
Tested													
Diagnosed													
Results <10 days													
Treated <6 weeks													

C Cards	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Total (n)
Registrations M													
Registrations F													
Vists M													
Visits F													

Pathway Analytics activity data

Count	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Total (n)
STI Intervention C													
IUS Insertion													
SRH Complex													
Implant Insertion													
Psychosex													
STI Intervention B													
IUD Insertion													
T4 Full Screen													
T5 HSV Test													
T20 Shigella Test													
TT 3 Site Test													
T3 CT/GC/Syphilis													
LARC Removal													
SRH Standard													
EHC													
T7 HIV Test													
T2 CT/GC Test													
USS													
DT 2 Site Test													
T6 Hepatitis Test													
STI Intervention A													
TS Microscopy													
Assisted Self Sample													

Pathway Analytics financial data

Value	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Total (£)
STI Intervention C													
IUS Insertion													
SRH Complex													
Implant Insertion													
Psychosex													
STI Intervention B													
IUD Insertion													
T4 Full Screen													
T5 HSV Test													
T20 Shigella Test													
TT 3 Site Test													
T3 CT/GC/Syphilis													
LARC Removal													
SRH Standard													
EHC													
T7 HIV Test													
T2 CT/GC Test													
USS													
DT 2 Site Test													
T6 Hepatitis Test													
STI Intervention A													
TS Microscopy													
Assisted Self Sample													
Total													

This page is intentionally left blank

Appendix C

Joint statement with ASPH, SCC and NHS England South (22 August 2017)

Surrey County Council and NHS England South have commissioned a new integrated Sexual Health/HIV community service for Surrey with Central and North West London NHS Foundation Trust (CNWL). This means most of the services currently provided at the Blanche Heriot Unit at St Peter's Hospital (sexual health and HIV services) will be moving from the hospital to alternative community settings. Commissioners are working closely with Ashford and St Peter's Hospitals to ensure there is a safe transfer of patients and staff to the new service.

The constrained economic climate and the changing nature in which many people are seeking to access services of this nature have encouraged us to explore new approaches and opportunities to deliver these services at scale right across Surrey in order to be sustainable into the future.

Ashford and St Peter's Hospitals are working closely with CNWL, the new provider, to ensure safe transition for patients, and to that end will provide some clinical space for temporary HIV clinics at St Peter's Hospital to make sure that more complex patients' needs can be planned for with individual patients over the next few months.

Sexual health, reproductive health and HIV services make an important contribution to the health of individuals and communities. Modern service delivery needs to be closer to the adults and young people it serves and nationally services are moving away from acute hospital sites to local community settings, as well as using online and telephone access to services. These kinds of access routes are known to be well utilised providing they are supported by a depth and range of clinical expertise and interventions such as those provided by CNWL in other locations.

The Blanche Heriot Unit (BHU) has provided an excellent traditional model of care for sexual health and HIV and we know that staff will continue to use their expertise in the innovative model of care provided by CNWL that enables people to manage their own health needs with support when required.

During the mobilisation process it has become clear that there are a number of other services delivered by BHU, specifically pelvic pain and genital dermatology which will continue to be provided by the hospital Trust. Ashford and St Peter's recognises its duty in continuing to provide the best care for patients needing these services and is working with both Surrey Council and its principle commissioners, North West Surrey CCG, to ensure these services continue to be provided in line with national clinical guidance and best practice.

The BHU has also been providing some more routine services such as cervical smear tests, which is inappropriate on an acute hospital site unless an onward referral to an appropriate specialist has been made by a primary care clinician. In future we will be supporting patients to have these tests at their own GP practice which is the appropriate setting and ensuring that clear referral protocols are in place.

Both commissioners and the hospital Trust are keen to continue to work with service users at BHU to make sure that future services are accessible, high quality and where appropriate enable patients to manage their health as independently as possible.

Adults and Health Select Committee

4 September 2017

Surrey and East Sussex Sustainability and Transformation Partnership Clinically Effective Commissioning

Purpose of report: To review the Surrey and East Sussex Sustainability and Transformation Partnership's (STP) plans for commissioning of services and make recommendations as appropriate.

Introduction:

1. The Clinically Effective Commissioning plan has been drafted by the Surrey and East Sussex Sustainability and Transformation Partnership and requested for review by the Chairman of the Adults and Health Select Committee. This is attached as **Annex 1**.

2. The plan intends to reduce waste while achieving best value, effectively release resources, promote best practice and ensure that there is greater equality of access to treatments across the whole STP footprint and that it will be cheaper for CCGs to maintain currency of common policies.

Recommendations:

3. To note the Clinically Effective Commissioning plan proposed by the Surrey and East Sussex STP and make recommendations as appropriate.

Report contact:

Samantha Stanbridge, Director of Commissioning

Contact details:
Tel: 01883 772800
Email: sam.stanbridge@nhs.net

Sources/background papers:

Annex 1 - Clinically Effective Commissioning, August 2017

This page is intentionally left blank

Clinically Effective Commissioning (CEC)

CEC Programme Team
August 2017

How do we address waste and achieve best value?

CEC focussed on planned care (rather than urgent care)

In order to help the whole system balance resources and demand there is a need to:

1. Decide what the system will and won't do (e.g. medicines, procedures or other treatments) based on a defensible and clinically led decision making process
2. Enact those choices in formal policies, embed them in systems and communicate our decisions widely
3. Keep those policies up to date and under continuous review to ensure they reflect clinical evidence as it emerges and the needs of our local populations
4. None of these discussions undermine the hard work of clinical redesign which is also required, but these hard decisions will create the space in which redesign can occur

Releasing resources

Key assumptions:

- As a system we have identified all areas of waste and have addressed them via savings schemes – if examples of pure waste are located these are being addressed as an absolute priority
- We recognise that there is no more money likely to be forthcoming – we need to manage within the resources we have been allocated
- Managers can do a lot to implement change and identify the issues and challenges, but ultimately as a clinically led organisations, it is the membership of the CCG which need to decide the priorities for the local population – led by our clinical leaders

Why this is good practice, even if there weren't financial challenges

Resources required for the innovation

Implementation of high value innovation e.g. troponin in heart disease funded by reduced spending on lower value intervention in the cardiovascular programme budget and control of innovation of uncertain value.

Innovation adopted

Resources freed by reducing lower value activity

Programme Governance

CCG commissioned, STP oversight

There are 8 CCGs in the STP – they commissioned the work as it is core business for CCGs, but ultimately as the implementation needs the whole system to play a role, so CEC is a key work programme for the STP

CEC Programme is governed as follows:

•Decisions to change must be made by the CCGs – clinical policies are 'owned' by each CCG – so each must come to their own decision, but work in common to arrive at the same result by:

•Overseeing the work via the CEC Programme Board (all 8 CCGs are represented)

•Reporting weekly and monthly progress and issues

STP oversees and reviews

•STP executive monthly – highlight report

•STP clinical board – advises on clinical issues which may have wider system impacts

East Surrey special considerations

Situation:

East Surrey CCG is a member of the STP and is playing an active role in the programme

East Surrey CCG is a significant commissioner of services at SaSH (as is Crawley and Horsham & Mid Sussex CCGs), so there is a clear benefit in all the CCGs working together to develop common policies and approaches to compliance around the trust

Complication:

East Surrey CCG is a member of the well established Surrey-wide policy development forum which has driven common threshold policies across Surrey – these are not consistent with existing Sussex policies and may differ from the new Sussex-wide policies in development

East Surrey CCG shares a number of compliance support services from other Surrey CCGs. Surrey systems and processes are well regarded nationally and again differ from those currently in place in Sussex

Resolution:

Sussex and Surrey policies will be harmonised as far as possible. To minimise the differences – recent Sussex common policy proposals will be shared with Surrey forum and Surrey forum representatives have been invited to September workshops. There is an opportunity for the future sustainable Sussex policy review mechanism to be linked (or common) with Surrey

Opportunities to learn from Surrey compliance approaches to be actively pursued – East Surrey to take a leadership role in helping Sussex CCGs adopt better practice

Three CEC Objectives

1. Common Policies - Objective

There are 8 CCGs in the STP – and there are at least 5 main versions of each clinical policy (this means that Patients referred to the same hospital for the same treatment are subject to different threshold policies).

The different policies mean that patients get different access and outcomes. If a common, revised policy can be established there will be:

- **Greater equality of access to treatments across the whole STP footprint**
- **It will be cheaper for CCGs to maintain currency of common policies**

All policies are being reviewed and detailed assessment of evidence supporting the policy and the degree of difference between each policy is being assessed.

Latest information on what the 8 CCGs spend with local acute hospitals indicates that there is substantial variation in numbers of treatments per 100k population – which indicates that there is non-clinical variation which could be addressed to release resources.

In other locations, improved policies and increased effort on end-to-end processes and compliance has stopped 5 - 15% of the activity, which could release £3-6m in a full year after implementation of the total programme

Three CEC Objectives

1. Common Policies – Progress

A first group of policies are being finalised – these are policies where most CCGs already had an existing policy and there is strong evidence body of clinical evidence exists to support a common policy which will set a threshold for treatment.

- **STP clinical board has agreed that most of the policies are uncontroversial**
- **all CCGs have had multiple rounds of drafts to review.**
- **Final drafts to be provided to CCGs in August for decision making within CCG processes**

A second group of policies is being reviewed and developed. These are more complex, as CCGs have different existing policies, or there is more clinical debate required to find the appropriate standard.

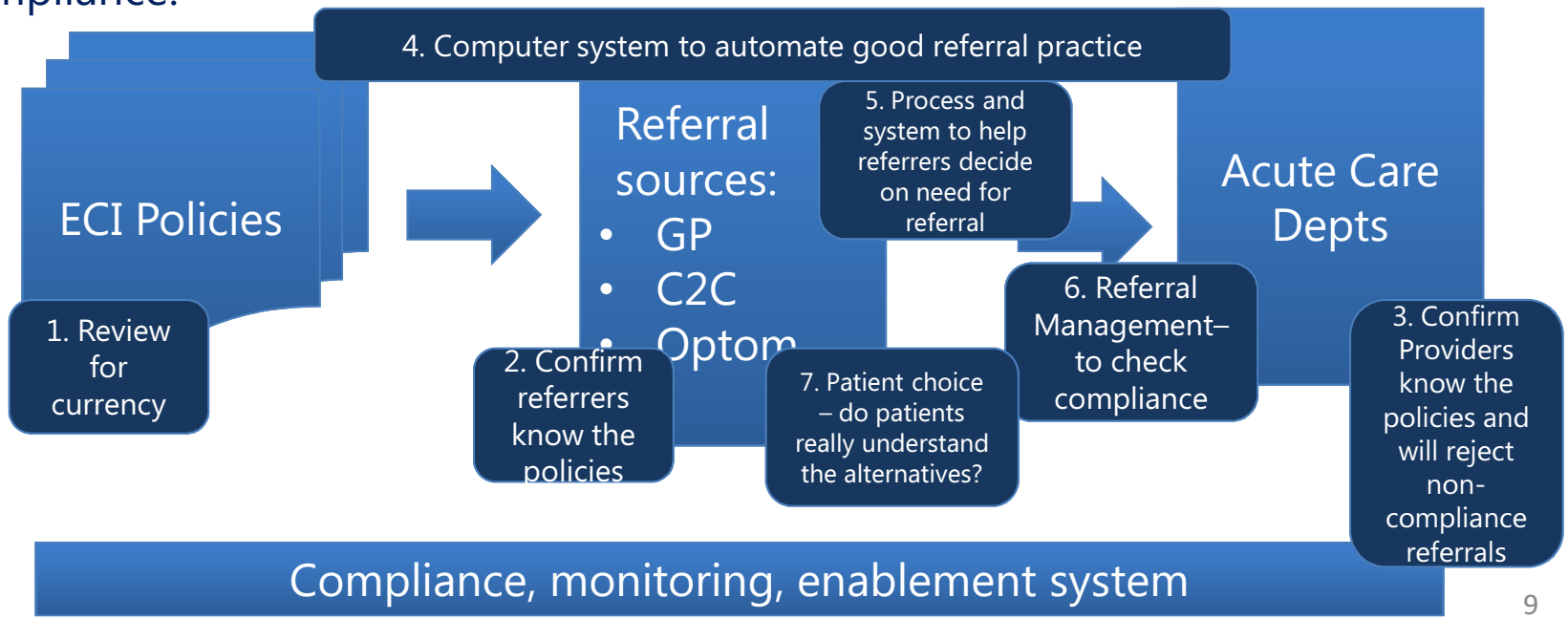
- Four clinical evidence review workshops have been booked for September – to bring acute providers, GPs, patient reps and others together to discuss the evidence base and as far as possible agree on an outline common policy
- If new policy proposals represent a significant change, then engagement and consultation processes will follow to ensure CCGs involved and engage all relevant stakeholders

CEC Objectives

2. Improved processes - Objective

There are 8 CCGs in the STP each of which have differing approaches to ensuring end to end compliance with existing policies. This leads to differing effectiveness of the thresholds – as in some cases there is evidence of significantly differing use of medicines and procedures, despite similar or identical policies.

There are significant advantages in the CCGs working together to develop best practice approaches and in some cases co-developing new processes and systems to aid compliance.



CEC Objectives

2. Improved processes - Progress

Each stage of the process has been analysed for each CCG.

The CEC programme has developed project outlines for 12 initial projects to improve each step of the process. Not yet been approved for implementation as there are key stakeholders who have yet to be involved.

- **PID 1**: Set up STP wide process to update, maintain and upload policy changes onto GP systems.
- **PID 2**: Help referrers work within the process (link to the introduction of supporting software e.g.. DXS)
- **PID 3**: Implement decision support tools to standardise GP referral
- **PID 4**: Harmonise uptake of E-referral (ERS) across Provider Trusts and support GPs to adopt
- **PID 5**: Standardise GP dashboard to review variation in GP referral patterns
- **PID 6**: Shared decision making and PDA processes to help patients make more fully informed decisions about their care
- **PID 7**: Align IFR processes to harmonise with prior approvals arrangements at Trusts
- **PID 8**: Advice & Guidance – Secondary care assistance to GP referrers – opportunity for common approach
- **PID 9**: Promote common approach to 'referral hub' function for validation of prior approvals.
- **PID 10**: Implement easy to use prior approval system in the four principal acute Trusts (BSuH, SaSH, ESHT, WSHFT). Capture C2C referrals.
- **PID 11**: Coding and costing optimisation supporting standardised reporting and compliance processes
- **PID 12**: Audits to demonstrate quality and compliance

CEC Objectives

3. Accelerating savings

There are 8 CCGs in the STP and an emerging cost pressure in 2017-18 for the Commissioners' budgets

Working across the CCGs, we aim to identify a range of opportunities which can be rapidly assessed and put in place across the system to improve the financial position.

This work takes place in the context of the Capped Expenditure Process, which required the whole system to demonstrate that all possible options has been considered then prioritised for further development based on criteria also developed in the project.

There are a small number of options which CCGs believe could be pursued in 2017-18 most of which involve the 8 CCGs working more closely together to share best practice and take advantage of the scale offered by the STP.

Further work to take place in August to gather more options, quantify the opportunities and examine the timescales for delivering sustainable change.

This page is intentionally left blank

Adults and Health Select Committee
4 September 2017

Recommendation Tracker and Forward Plan

1. The Board is asked to review its Recommendation Tracker and provide comment as necessary.

2. The Forward Work Plan is attached for the Board's reference.

3. Attached are the terms of reference for one task group proposed by the Committee. These await formal approval by the Overview and Budget Scrutiny Board on 14 September.

4. The South East Coast Ambulance Regional Sub-group met on 26 June 2017. Attached are its terms of reference, and a copy of the minutes for the Committee's information.

Report contact:
Andrew Spragg, Scrutiny Officer, Democratic Services
Contact details:
Tel: 020 8213 2673
Email: andrew.spragg@surreycc.gov.uk

Annexes

- Adults and Health Select Committee Recommendation Tracker
- Adults and Health Select Committee Forward Work Programme
- Annex 1 – Housing Related Support Response to Recommendations
- Annex 2 - Terms of Reference – Surrey Heartlands Sustainability and Transformation Partnership Task Group
- Annex 3 - Terms of Reference - South-East Coast Ambulance Regional Scrutiny Sub-group
- Annex 4 – SECAmb Regional Scrutiny Sub-group 26 June 2017 minutes

This page is intentionally left blank

Adults and Health Select Committee – Forward Work Programme 2017/18

Select Committee	Topic	Date item expected to be scheduled	Involvement of other committees	Expected outcome
AHSC	Sussex and East Surrey – "Commissioning for Change"	4 September 2017	None	Scrutinise plans for "Commissioning for Change" review, including expected timelines, approach to formal consultation and savings linked to delivery of the review. Scrutinise how the review will engage with other Surrey STPs in order to minimise regional variation for Surrey residents.
AHSC	Sexual Health Services	4 September 2017	None	Review new arrangements for sexual health services in Surrey and assess the planned mobilisation of the contract on 30 September 2017.
AHSC	Acute Mental Health Ward Relocation and future planning	9 November 2017	None	Assess the impact of the ward relocation in improving patient experience and safety, and plans for future acute ward provision in Surrey.
AHSC	Suicide Prevention Framework	9 November 2017	None	Review the suicide prevention framework, following a request from the House of Commons Health Select Committee. Explore what is being done to reduce suicides in the county (leading cause of death in 20-34 year olds in the UK).
AHSC	Home-based Care	9 November 2017 meeting	None.	Adult Social Care will be recommissioning home based care services in the autumn. The committee will review the plans to recommission, and investigate how the council is responding to the current pressures on providers created by market conditions.
AHSC	Accommodation with Care and Support (Extra Care)	January 2018	None.	The Committee will review the next phase of the ASC accommodation with care and support project, following a Cabinet decision on the next phase in January 2018.
AHSC	Surrey	Task group	None	The committee will need to consider how it reviews the

	Heartlands	(see below)		Surrey Heartlands devolution proposal, and other strategic plans across the footrprint. As this is an area of considerable strategic change, it may wish to consider a plan of ongoing engagement with the topic.
Items in development				
AHSC	Demand management	In development	None.	The committee will review the plans to manage demand in ASC, which accounts for approximately £4 million of ASC savings in the MTFP and has been identified as a red risk.
AHSC	Sustainability and Transformation Plan Progress	In development	None	The committee will need to maintain track on progress around the three STP footprints, and how this is impacting on the delivery and long term planning for social care and health. The committee will also need to consider how the three plans work together to mitigate risks of regional variation in health outcomes, and represent the best interests for Surrey residents.
AHSC	Access to primary care and GP services	In development	None.	This has been identified an area of interest by committee members. The committee will need to consider how it approaches scrutinising the item, and will use the summer to scope it and report back to the Council Overview and Budget Scrutiny Committee

Committee groups

The SECAmb regional sub-group is formally constituted and its terms of reference cover regional scrutiny of SECAmb performance and improvement plans. The committee recommends that involvement in this group continues for the duration for 2017, as the CQC has recently re-inspected the Trust and expect to publish the results in September.

The Surrey Heartlands STP Task Group is in the process of being approved. Its terms of reference cover the Epsom estate, stroke review services and the devolution plans.

ADULTS AND HEALTH SELECT COMMITTEE
ACTIONS AND RECOMMENDATIONS TRACKER – UPDATED August 2017

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 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.

KEY			
	No Progress Reported	Action In Progress	Action Completed

Date of meeting	Ref #	Item	Recommendations/ Actions	To	Response	Progress Check On
14 June 2017		Housing Related Support	That officers outline how it will measure the long-term impact of those proposals, especially on socially excluded groups	Senior Programme Manager, Adult Social Care	A response is attached to this agenda as Annex 1	September 2017
14 June 2017		Housing Related Support	That officers provide in the Cabinet report further evidence of: • the basis of the planning assumption of 70%; • the scoping of current and future service provision for socially excluded groups, and full options analysis	Senior Programme Manager, Adult Social Care	A response is attached to this agenda as Annex 1	September 2017
14 June 2017		Housing Related Support	That the committee reviews evidence of the impact of the Cabinet's decision on social housing across Surrey in late 2018.	Senior Programme Manager, Adult Social Care	A response is attached to this agenda as Annex 1	September 2017

This page is intentionally left blank

Adults and Health Select Committee – Housing Related Support

Response to Recommendations on 14 July 2017

The Committee notes the proposals for housing related support. It expresses its concern in respect to the long term impact of the proposals, in respect to both the future demand for statutory services and the partnerships with district and boroughs.

1. **That officers outline how it will measure the long-term impact of those proposals, especially on socially excluded groups.**

Response:

Housing Related Support for socially excluded and disadvantaged people

At the time of writing, Adult Social Care is in the process of finalising the evaluation of the options.

It seems likely that the following option will be recommended to Cabinet on 26 September "Joint commissioning model - Adult Social Care continue to take the lead on commissioning services and works with district and borough councils and health to join up and maximise funding streams related to homelessness, health and supported living for socially excluded groups".

We are hopeful that as part of this model, partners will be able to contribute funding thus minimising/eliminating any long-term impact. Should partners be unable to contribute funding, there is a proposal in place to achieve the savings required, again with the strategic view of minimising impact on vulnerable groups.

Housing Related Support for older people and people with disabilities

At the time of writing, Adult Social Care is in the process of evaluating the consultation feedback. Should the proposals be agreed by Cabinet on 26 September then Adult Social Care intend to measure the long-term impact by monitoring:

- The number of residents currently in receipt of Housing Related Support who ask for an assessment of their care and support needs.
- The number of residents who as a result of their assessment qualify for support under the Care Act eligibility criteria.
- The value of the personal budgets awarded to those who qualify for support under the Care Act eligibility criteria

2. **That officers provide in the Cabinet report further evidence of:**
    - **the basis of the planning assumption of 70%;**
    - **the scoping of current and future service provision for socially excluded groups, and full options analysis**

Response:

At the time of writing, Adult Social Care is drafting the paper for Cabinet on 26 September. Further evidence of the planning assumption of the 70% saving for Housing Related Support for older people and people with disabilities will be incorporated into the paper together with

the scoping and options evaluation for the Housing Related Support for socially excluded and disadvantaged people.

3. **That the committee reviews evidence of the impact of the Cabinet's decision on social housing across Surrey in late 2018;**

Response:

Should the proposals be agreed by Cabinet on 26 September then Adult Social Care will work closely with providers to implement the changes to the future funding of Housing Related Support.

As part of this, Adult Social Care will write to providers in late 2018 to understand the impact of the decision with regard to:

- The number of supported housing schemes available for older people, people with disabilities and for socially excluded and disadvantaged people in Surrey compared with September 2017.
- The number of residents in supported housing schemes for older people, people with disabilities and for socially excluded and disadvantaged people in Surrey compared with September 2017.
- The hours, and/or range of support available, delivered to older people, people with disabilities and for socially excluded and disadvantaged people in Surrey compared with September 2017.

Kathryn Pyper, Senior Programme Manager
Tel: 020 8541 7076
Email: kathryn.pyper@surreycc.gov.uk

18 August 2017

Surrey Heartlands
Scrutiny Sub-group
Terms of Reference

Purpose of the group

The sub-group will monitor the development of the Surrey Heartlands plans in 17/18, including;

- proposals for the Epsom and St Helier estate;
- stroke review plans for Surrey;
- the approach to public engagement;

It will report back publicly to the Adult and Health Select Committee on a regular basis.

The sub-group will act in line with the following principles:

- Locally accountable leadership and clear public reporting
- Early engagement and developing conversations
- Timeliness and flexible arrangements to enable discussions to take place without unnecessary adverse impact to partners.

This will ensure that this engagement is proportionate, and enables the Committee to remain involved with some of the transformational changes that underpin the STP as the public conversation develops. Items can be referred to a full Committee meeting if it is felt necessary.

The sub-group does not restrict or prevent the Adult and Health Select Committee exercising its health scrutiny powers as necessary.

Membership

The sub-group will be comprised of four representatives from the Adults and Health Select Committee.

Appointments and terminations will be made by the Adults and Health Select Committee Chairman.

Members are expected to abide by the council's code of conduct.

The sub-group will elect a Chairman.

Regularity of meetings, quorum and access to papers

The sub-group will meet once every two months. A quorum of half the membership of the sub-group will be required.

Meetings will be held in public unless there are specific items that would be considered “exempt” as set out in the council’s constitution.

Papers will be made available at least five days prior to the meeting and these will be circulated to the Adults and Health Select Committee.

Out of scope

The sub-group will principally focus on the development of Surrey Heartlands plans, the future of the Epsom estate, and the reconfiguration of stroke services across the Heartlands area.

It will review whether these remain the priority areas for Surrey Heartlands by January 2017, in consultation with the Committee and the Chairman of the Overview and Budget Scrutiny Committee.

Any substantial variation proposed by the Trust will need to be considered by the relevant health scrutiny committee(s), in line with national regulations and local processes.

Review

The sub-group will review its purpose and activity after 6 months, with an extension of its activities requiring agreement of the Chairman of the Overview and Budget Scrutiny Committee.

Officer support

Officer support will be provided by the Scrutiny team, Democratic Services.

South-East Coast Ambulance
Regional Scrutiny Sub-group
Terms of Reference

Purpose of the group

The regional sub-group will:

- monitor the development and progress of the NHS Improvement Plan for South-East Coast Ambulance (SECAmb) Trust;
- take into account the voice of local people (which may include consideration of feedback from local Healthwatch organisations) and seek to ensure that the needs of local people are integral to the improvements being designed and delivered by the Trust; and
- report back publicly to the relevant health scrutiny committees on a regular basis.

The regional sub-group will ensure that SECAmb is constructively challenged and supported by:

- reducing duplication through collaborative working
- scrutinising its delivery against the improvement plan
- contributing to the Quality Account for the Trust

The regional sub-group does not restrict or prevent the participating local authorities from separately exercising their health scrutiny powers as necessary.

Membership

The sub-group will be comprised of two representatives from each of the following health scrutiny committees:

- Brighton & Hove Health Overview & Scrutiny Committee
- East Sussex Health Overview and Scrutiny Committee
- Kent Health Overview and Scrutiny Committee
- Medway Health and Adult Social Care Overview and Scrutiny Committee
- Surrey Wellbeing and Health Scrutiny Board
- West Sussex Health and Adult Social Care Select Committee

Appointments and terminations will be made by each local authority in line with their own local procedures.

Members are expected to abide by the relevant local authority's code of conduct.

The sub-group will elect a Chairman.

Regularity of meetings, quorum and access to papers

The sub-group will meet once every two months. A quorum of half the membership of the sub-group will be required.

Papers will be made available at least five days prior to the meeting and these will be available to health scrutiny members from each participating local authority.

Out of scope

The sub-group will principally focus on the improvement plan for SECAmb.

Any substantial variation proposed by the Trust will need to be considered by the relevant health scrutiny committee(s), in line with national regulations and local processes.

Review

The regional sub-group will reviewing its purpose and activity after 6 months, with an extension of its activities after May 2017 requiring agreement of the health scrutiny committee chairmen.

It may be disbanded at any time by a simple majority vote of the members of the Group.

Representation on NHS Improvement monthly sessions

The six health scrutiny committees have been invited to nominate a representative to attend a monthly session chaired by NHS Improvement and attended by the Trust, CCGs, NHS England, CQC and a HealthWatch representative.

This representative will be selected by the sub-group and asked to report back regularly.

Officer support

SECAmb will organise the sub-group meetings, and ensure suitable representatives from the Trust attend.

Officer support will be provided on a rotational basis by the supporting officers of the relevant health scrutiny committees.

South East Coast Ambulance Service NHS Foundation Trust – Regional HOSCs Sub-Group

Monday 26th June 2017, 2pm-4pm
SECAMB HQ, Nexus House, Crawley

MEMBERS

Brighton & Hove HOSC
Cllr Ken Norman (Chairman)
Karen Amsden (Officer)

East Sussex HOSC
Cllr Colin Belsey (Chair)
Cllr Ruth O'Keeffe (Vice-Chair)
Claire Lee (Officer)

Kent HOSC
Cllr Sue Chandler (Chair)
Vice-Chair (TBC)
Lizzy Adam (Officer)

Medway HOSC/Children's OSC
Cllr Wendy Purdy (Chair, HOSC)
Cllr David Royle (Chair, Children's OSC)
Jon Pitt (Officer)

Surrey Wellbeing and Health Scrutiny Board
Cllr Ken Gulati (Chairman)
Cllr Sinead Mooney (Vice-Chair)
Andrew Spragg (Officer)

West Sussex HASC
Cllr Bryan Turner (Chairman)
Cllr Dr James Walsh (Vice Chairman)
Helena Cox (Officer)

1. Introductions
Cllr Bryan Turner chaired the meeting and invited everyone to introduce themselves.

2. Apologies
Apologies had been received from Cllr Ruth O'Keeffe, Cllr Ken Gulati, Dr James Walsh, Cllr Wendy Purdy (Cllr Teresa Murray substituted), Cllr David Royle, Cllr Sue Chandler (Cllr Mike Angell substituted), Helena Cox.

3. Care Quality Commission (CQC) re-inspection
3.1 Daren Mochrie, the new SECAMB Chief Executive, confirmed that CQC had undertaken a re-inspection w/c 15 May. This had involved 40-50 inspectors looking at 999, emergency services, Hazardous Area Response Team (HART) and 111.

3.2 The Trust has yet to see a draft report but initial feedback was better than the previous year and there were no surprises. CQC saw clear evidence of improvements, robust plans and a Programme Management Office in place, and

recruitment to the new Senior Leadership Team underway. They were particularly positive about 111, which has seen significant improvements since last year, and about care given by staff across the Trust.

3.3 CQC's key areas of ongoing concern were:

- **medicines management** – there is now a robust plan and a new Chief Pharmacist but the Trust still needs to be doing more at speed.
- **recording of 999 calls** (audio recording - important for immediate review or later audit). There have been technical issues in being able to record appropriately which are now almost resolved. This issue does not affect 111.
- the need for speedier roll out of **electronic clinical records** and concerns about whether all details are being captured from paper records. There will be wider benefits from going electronic in passing information to hospitals and GPs and minimising any loss of records. It will also make audit and research easier. The Trust is working on connectivity with the wider system.
- appropriate recording and acting on **serious incidents** (SIs).

3.4 The following issues were covered in response to questions:

- CQC felt staff engagement was much better across the Trust and received positive feedback from unions and governors regarding the Trust's direction of travel. Daren and other senior staff have been getting out to meet staff and spending time on shift with crews. He has not been picking up significant bullying issues but recognises Trust leadership could be better at communicating and engaging with staff. The recruitment of a stable leadership team will also help with staff confidence.
- Professor Lewis's report on bullying and harassment is due by the end of July and will probably raise engagement issues. Daren assured Members that the Trust intends to embrace its findings and recommendations.
- The move to a single Trust HQ may enable more development of teamworking and this may include a social element.
- One of the areas the Trust is reviewing in detail is recording of SIs and use of Datix, which can be a good system for incident and risk management. SECAMB has found difficulties getting Datix working but now has a new Datix manager who has started addressing the issues. This is in addition to doing wider work on learning from incidents which is making progress.
- There was an aspiration to move out of special measures within 18 months – 2 years and CQC and NHS Improvement are keen to support trusts to move on but also to ensure that progress is sustainable. The Trust will look at the outcome of the latest inspection and the next steps from that point. If remaining in special measures the Trust will take advantage of the additional support this brings.
- CQC's process for sharing its findings will be as before – a formal report and Quality Summit probably in early September. HOSC Chairs will be invited.
- The roll out of ipads to staff has been done incrementally to ensure staff are trained and they are used properly. Their primary use is for the clinical record and this is the initial focus.
- SECAMB uses 5 or 6 private contractors to provide additional capacity at times of peak demand via an agreed framework, not ad hoc arrangements. The Trust monitors their performance and has been reviewing how appropriate assurance of standards is obtained. CQC also regulates private contractors but at a different

level to NHS Trusts and the Commission is currently looking at how they regulate these providers.

Action: HOSCs to be informed when Prof. Lewis's report is available.

4. Quality Improvement Plan (QIP) progress

4.1 Jon Amos, Interim Director of Strategy & Business Development, advised that SECAMB is starting to incorporate initial feedback from the recent CQC re-inspection into the QIP and will fully update it when the formal report is received. The key areas of challenge had already been highlighted and discussed in item 3 above.

4.2 The following additional points were made in response to questions:

- The additional time allocated to complete some actions reflects a balance between fixing immediate issues raised by CQC and then tackling wider issues which subsequently emerge. New issues have been added to the QIP as they are picked up by the Trust's governance systems and it is positive that these are being picked up internally.
- The medicines management issues are not related to significant concerns about the use of drugs. CQC are highlighting how the Trust can improve safe and consistent management, storage and efficient use of drugs. This is challenging for SECAMB as drugs are held in many diverse locations. The Trust now has a medicines optimisation plan, which includes ensuring legal requirements are met in relation to controlled drugs.
- The most challenging and long term actions are around meeting performance targets because this is partly linked to demand outstripping resource and some targets being outdated. In addition, embedding cultural change and sustainable change to management of medicines and SIs will take time.

5. Performance

5.1 Jon Amos introduced the paper which provided data for the period to the end of May 2017 and which would also be considered by the Trust Board this week.

5.2 The following headlines were highlighted from each section of the report:

Finance and workforce

- SECAMB has moved from 4 to 3 on financial rating which is linked to a reduction in use of agency staff and ensuring there are the right skills in place internally. The move to Crawley may be helping with recruitment of entry level roles, some of which now have a waiting list. But some specialist roles remain difficult to recruit. The increased vacancy rate reflects a recent increase in establishment as new permanent roles have been created.
- A new on line appraisal and 121 system will be rolled out to all staff by autumn 2017 – this will help to ensure they are recorded rather than relying on people uploading paper versions. Ipads can be used as part of this and the new team leader role will include time to do appropriate supervision on shift with staff. It will also roll out to volunteers in the next 18 months. The Trust is also changing how training is recorded to a rolling basis rather than starting from scratch each year.

Operational performance

- Performance reflects the improvement trajectory agreed with commissioners and regulators. This trajectory has a slight dip in Q2 reflecting the introduction of the new CAD which will have a short term negative impact but long term gains.
- Activity is up on last year but not as much as expected.
- Ongoing challenges around hospital turnaround. Good progress has been made with some Trusts which has demonstrated the benefit of strong focus – SECAMB will be sharing this work more widely. The impact of handover delays has been estimated at 7-8% effect on performance.
- There was a dip in May on the call pick up target, driven by committing time to training on the new CAD – each member of staff needs a week's training in a short period of time. Expect this to pick up quickly as new system comes in.
- 111 - slight dip in call answer performance in May – also reflected nationally, which may reflect bank holiday weekends but there was good planning for these. An increase in late evening calls may be related to Ramadan and the Trust will be looking to reflect this in future plans.

Clinical effectiveness

- ROSC performance is good but this does not seem to be translating into people surviving to hospital discharge. This may be a data issue which is being investigated with commissioners – there have been changes to the way data is obtained and it has required manual follow up for patients who have survived as there is no consistent recording across Trusts. There may also be variation in outcomes between acute hospitals. Some areas are starting to develop specialist centres for cardiac services and when the data is clearer SECAMB will discuss with clinical networks.
- Stroke – performance is slightly less timely on getting people to hospital but SECAMB is increasingly taking people longer distances to specialist centres.
- Clinical outcome data lag will reduce as electronic record comes in.

Action: group to receive follow-up information on the investigation into cardiac survival to discharge data.

Quality and safety

- The increase in the number of incidents is positive due to increased reporting.
- Complaints are significantly down – this is linked to the transfer of PTS in Surrey to SCAS.
- Timeliness of response to complaints has improved significantly – almost at target. The process is much improved.
- Safeguarding referrals – some changes are linked to PTS changes.
- Level 3 safeguarding training is slightly behind plan – there is a process in place to improve but this does impact on front line resource – an extra day has been allocated for training this year.
- The complaints category 'concerns about staff' is often related to staff attitude. Trusts do a lot of work around how best to communicate in stressful situations, but there can be alcohol involved or a mismatch between expectations and reality e.g. Trusts don't always dispatch an ambulance and need to explain how this approach is better for people.

- Clinical audit is mostly internally led by the medical department (separate from front line), but is checked by the external audit firm.

Finance

- Challenging year: £15m (7% of turnover) is needed in efficiencies to put additional resources where needed. SECAMB is further behind acute trusts on making efficiencies so there may be some easier savings still to achieve. The Trust is working with regulators and commissioners to assist on areas like handover delays and performance trajectories and ensuring efficiencies can be made safely.
- Savings targets are set by regulators and the Trust will make the case as needed to regulators for flexibility in return for improvements.
- The Trust has a 2 year contract with commissioners to April 2019 but is discussing amendments to this.

6. Surge management plan

6.1 Jon Amos advised that review and revision of the draft plan continues and that trials were undertaken during recent hot weather. The aim is to prioritise limited resources appropriately during peaks and making this more of a routine procedure as needed. It represents a significant change to past ways of working.

6.2 Jon confirmed that the plan will go to the Board once finalised and can be brought to the HOSCs group at the same time.

Action: Surge Management Plan to be brought to future HOSCs Sub-Group meeting when available.

7. Strategy

7.1 Jon Amos explained that the paper would be considered at a part 2 Board meeting this week but is also being shared with stakeholders for any general feedback. It sets out the general direction for the Trust but there will be a further detailed delivery plan to add an additional layer e.g. as the national ambulance response programme is finalised and other information becomes available.

7.2 Jon clarified that there would not be a formal consultation on the strategy but that it had drawn on a lot of work with CCGs and patient groups. It does not represent a major change of direction, more a reassertion and communication of the Trust's existing direction of travel.

7.3 It was noted that SECAMB covers 4 STP areas which is challenging, but is less complex than the 22 CCGs areas also covered by the Trust.

Action: any comments on the draft strategy to be sent to Jon Amos, particularly in relation to any local issues.

8. Next meeting

8.1 It was agreed to arrange a further meeting in early October to coincide with the release of the CQC report. This would be the primary focus of the meeting, along with updated QIP and performance report. A tour of the building will also be included.