Notice of Meeting

Adults and Health Select Committee

Date & time
Thursday, 25 January 2018 at 10.00 am

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

Contact
Andy Baird, Democratic Services Officer
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Chief Executive
Julie Fisher

We're on Twitter:
@SCCdemocracy

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This meeting will be held in public. If you would like to attend and you have any special requirements, please contact Andy Baird, Democratic Services Officer on 020 8541 7609.

Elected Members

Mr Ben Carasco, Mr Bill Chapman, Mr Nick Darby, Mr Graham Ellwood, Mrs Angela Goodwin, Mr Ken Gulati (Chairman), Mr Saj Hussain, Mr David Mansfield, Mrs Sinead Mooney (Vice-Chairman), 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

1/18 APOLOGIES FOR ABSENCE AND SUBSTITUTIONS

2/18 MINUTES OF THE PREVIOUS MEETING: 9 NOVEMBER 2017 (Pages 1 - 24)

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

3/18 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.

4/18 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 *(19 January 2018)**.***
2. The deadline for public questions is seven days before the meeting *(18 January 2018).*
3. The deadline for petitions was 14 days before the meeting, and no petitions have been received.

5/18 SURREY CARE RECORD - A SHARED INTEGRATED DIGITAL CARE RECORD FOR SURREY HEARTLANDS AND NHS EAST SURREY CLINICAL COMMISSIONING GROUP (Pages 25 - 36)

Purpose of the report:

To acquaint the Adults and Health Select Committee with the proposal for

the Surrey Care Record and to seek opinion and guidance on considerations around implementation of Phase One of the initiative.

6/18 ADULT SOCIAL CARE ONLINE PORTALS (Pages 37 - 40)

Purpose of the report:

To update Members of the Adults and Health Select Committee on the Adult Social Care systems replacement project with regard to the implementation of online portals.

7/18 UPDATE ON HOME-BASED CARE (Pages 41 - 56)

Purpose of the report:

At its meeting on 20 January 2017, Surrey County Council's Social Care Services Board received a report on Surrey's Home Based Care market and agreed to receive further update from officer following re-commissioning of the Service in October 2017. This report provides an update on the Home Based Care market in Surrey to the Adults & Health Select Committee as the successor to the Social Care Services Board while also detailing the impact of the e-brokerage system in more efficiently engaging with and developing the market.

8/18 ADULT SOCIAL CARE DEBT (Pages 57 - 62)

Purpose of the Report:

To update the Adults and Health Select Committee on Surrey County Council's Adult Social Care Debt position as at the end of November 2017.

9/18 SURREY HEARTLANDS SUSTAINABILITY & TRANSFORMATION PARTNERSHIP (STP) MEMBER REFERENCE GROUP UPDATE (Pages 63 - 70)

Purpose of the Report:

To provide the Committee with an update on developments in the Surrey Heartlands Sustainability and Transformation Partnership (STP) and scrutiny undertaken by the Sub-Group since it was established.

10/18 RECOMMENDATIONS TRACKER AND FORWARD WORK PROGRAMME (Pages 71 - 74)

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

11/18 DATE OF THE NEXT MEETING

The next public meeting of the committee will be held *at* 10am on Wednesday 4 April in the Ashcombe Suite at County Hall.

Julie Fisher
Acting Chief Executive
Published: 17 January 2018

MOBILE TECHNOLOGY AND FILMING – ACCEPTABLE USE

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MINUTES of the meeting of the **ADULTS AND HEALTH SELECT COMMITTEE** held at 10.00 am on 9 November 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 Thursday, 25 January 2018.

(* present)

Elected Members:

* Mr Ben Carasco
* Mr Bill Chapman
* Mr Nick Darby
* Mr Graham Ellwood
* Mrs Angela Goodwin
* Mr Ken Gulati (Chairman)
* Mr Saj Hussain
* Mr David Mansfield
Mrs Sinead Mooney (Vice-Chairman)
* Mr Mark Nuti
* Mr John O'Reilly
* Mrs Victoria Young

Co-opted Members:

Borough Councillor Darryl Ratiram, Surrey Heath Borough Council
* Borough Councillor Mrs Rachel Turner, Tadworth and Walton
Borough Councillor David Wright, Tillingbourne

In attendance

Helen Atkinson, Strategic Director of Adult Social Care & Public Health, Surrey County Council
Andrew Baird, Democratic Services Officer, Surrey County Council
Nanu Chumber-Stanley, Public Health Development Worker, Surrey County Council
Helyn Clack, Cabinet Member for Health, Surrey County Council
Billy Hatfani, Director of Quality Improvement, Surrey & Borders Partnership Trust
Helen Harrison, Public Health Consultant, Surrey County Council
Don Illman, Surrey Coalition of Disabled People
Matthew Parris, Deputy Chief Executive, Healthwatch Surrey
Lorna Payne, Chief Operating Officer, Surrey and Borders Partnership
Dr Justin Wilson, Chief Medical Officer, Surrey and Borders Partnership
Diane Woods, Associate Director of Mental Health Commissioning, Surrey Clinical Commissioning Group collaborative.

18/17 APOLOGIES FOR ABSENCE AND SUBSTITUTIONS [Item 1]

Apologies were received from Cllr Darryl Ratiram.

19/17 MINUTES OF THE PREVIOUS MEETING: 4 SEPTEMBER 2017 [Item 2]

The minutes were agreed as an accurate record of the meeting.

20/17 DECLARATIONS OF INTEREST [Item 3]

Mr David Mansfield declared an interest in relation to item 4. Public questions had been submitted to the Adults & Health Select Committee which related to the Sexual Health and HIV Services contract and Mr Mansfield stated that he had previously worked with Central & North West London NHS Foundation Trust who were responsible for delivering sexual health and HIV services in Surrey. Mr Mansfield stated his intention to abstain from involvement in any discussions related to item 4.

Mr Bill Chapman declared an interest in relation to items 5 and 6 on the agenda. Mr Chapman advised that he was on the Board of Governors for Surrey and Borders Partnership NHS Foundation Trust but indicated that he intended to participate in discussions on these items.

21/17 QUESTIONS AND PETITIONS [Item 4]

The Adults and Health Select Committee received a number of public questions. Questions submitted to the Committee are attached to these minutes as Annex 1.

A supplementary question was asked by Ms Sheila Boon at the meeting. The question along with a response to the Committee is attached to these minutes as Annex 2.

22/17 RELOCATION OF MENTAL HEALTH WARDS FROM EPSOM TO CHERTSEY [Item 5]

Declarations of interest:

An interest was declared by Mr Bill Chapman as a member of the governing body of Surrey & Borders Partnership NHS Foundation Trust.

Witnesses:

Don Illman, Chairman, Surrey & North East Hampshire Independent Mental Health Network
Matthew Parris, Deputy Chief Executive, Healthwatch Surrey
Lorna Payne, Chief Operating Officer, Surrey and Borders Partnership
Dr Justin Wilson, Chief Medical Officer, Surrey and Borders Partnership

Key points raised during the discussion:

Mr John O'Reilly and Mr Graham Ellwood arrived at the meeting 10.12am.

1. The item was introduced by officers who advised the Committee that the purpose of the report was to update Members on progress by Surrey and Borders Partnership NHS Foundation Trust against a series of recommendations which had been put forward by Surrey County Council's Wellbeing and Health Scrutiny Board (WHSB). Members were informed that positive progress had been made against the majority of recommendations made by WHSB.

2. The WHSB had also requested that the report include an update on Missing Persons rates from the Trust and Members were informed that an overall reduction had been recorded in the number of patients absconding from mental health inpatient wards operated by SABP despite a spike in cases of patients being reported as Absent Without Leave (AWOL) during late summer/ early autumn 2017. New practices had been introduced at the Abraham Cowley Unit (ACU) which had contributed to reducing the number of patients absconding from the ward and had led to a reduction in Missing Persons rates across the Trust as a whole.

3. Discussion took place regarding the relocation of inpatient service from the Delius and Elgar wards at Epsom Hospital to the ACU at St Peter's Hospital in Chertsey. Members inquired as to what lessons SABP had drawn from the move which could be applied to any future proposals for reconfiguring mental health inpatient services in the county. Officers stated that the Trust had learned a great deal from its experience in relocating the Delius and Elgar wards particularly around communicating with key stakeholders as well as with patients and their families on proposed changes to service provision.

4. Members highlighted the results of SABP's patient satisfaction survey which demonstrated that Delius was the most popular ward among inpatients and inquired as to why this was. The Committee was informed that there were a range of factors that influenced patients' views on a particular ward and so it was hard to pinpoint a specific reason as to why Delius was the most popular ward among those surveyed by the Trust. Officers did, however, highlight that the challenging environmental conditions did not prevent good practice from taking place at Delius Ward.

5. The Deputy Chief Executive of Healthwatch Surrey informed the Committee that Healthwatch, as an independent watchdog, had held 15 events in the catchment area of Delius and Elgar since April 2017 but had not heard any issues related to the handling of the transfer which supported the Trust's assessment of the success of the transfer. Of 25 experiences reported to Healthwatch since April 2017, there had been an equal number of positive and negative comments in relation to inpatient services at ACU although concern was raised by Healthwatch regarding the capacity of the new wards at ACU to accommodate increased demand. The Deputy CEO of Healthwatch Surrey shared a recent Case Study with Committee Members which highlighted the need to remain alert to the issue of accommodating increased demand at ACU although it was noted that the Trust was very responsive in addressing the specifics of the case.

6. Discussion turned to the accessibility of the ACU for patient and their families particularly for those located in the Southeast of the County which was previously served by the Delius and Elgar wards at Epsom Hospital. Members inquired as to whether Healthwatch had received any complaints about support for travelling distances for patients accessing inpatient services. The Committee was advised that Healthwatch had not received any specific complaints regarding the accessibility of the ACU although it was highlighted that those receiving treatment in mental health inpatient wards could be hard to

reach and so evidence regarding the accessibility of ACU was hard to obtain.

7. The Chairman of Surrey & North East Hampshire Independent Mental Health Network highlighted that anecdotal evidence demonstrated clear issues with accessibility for patients who lived in the east of the county. In particular, Members were informed that the ACU was hard to reach by public transport and that parking at the site was also extremely difficult which was presenting accessibility issues for both patients and visiting family members.

   Mrs Victoria Young entered the meeting at 10.28am

8. The Committee expressed concern regarding car parking arrangements for patients and their families at the ACU and asked whether this had been taken into consideration when SABP decided to relocate two of its inpatient wards to the St Peter's Hospital site. Members further highlighted the need for SABP to be flexible in the support that they provided to patients and their families who were required to travel to the ACU from far away. Officers stated that they would review the points raised by the Committee regarding travel arrangements and car parking to help tailor the support they provided to patients and their families.

9. Members sought further clarity on the Trust's Missing Persons rate and asked whether patients absconding from inpatient wards was entirely due to SABP's airlock door system. The Committee was advised that it was a combination of physical environment and staff practice which resulted in patients absconding from the inpatient unit at the ACU. Staff at the ACU don't wear a specific uniform and there are often visitors in the ward which made identifying patients challenging in the event that they tried to abscond from the ward through the airlock door. Members were further informed that the airlock door was located within a busy area of the ward which presented additional challenges in managing who went in and out of it. Officers stated that the physical environment was much easier to manage at the ACU than it had been at the wards on the Epsom Hospital site which had contributed to a reduction in the number of Missing Persons reported across the Trust. There was, however, continued work to do with staff to ensure that the airlock door was managed appropriately at all times.

10. The Chairman of Surrey & North East Hampshire Independent Mental Health Network highlighted that patients were well aware that tailgating was an effective method for getting through the airlock door. The Committee was advised that SABP also needed to do more to discourage patients from absconding by improving some of the social aspects of the ward. In particular, it was highlighted that a shop within the ACU had been shut down which contributed to a sense of isolation among patients.

Recommendations:

The Adults and Health Select Committee:

i. noted the update following the consolidation of Delius and Elgar wards at the Abraham Cowley Unit, Chertsey; and

ii. Recommended that Surrey & Borders Partnership Trust considers concerns around travel arrangements for the Abraham Cowley Unit

23/17 DEVELOPING MENTAL HEALTH IN PATIENT SERVICES IN SURREY [Item 6]

Declarations of interest:

An interest was declared by Mr Bill Chapman as a member of the governing body of Surrey & Borders Partnership NHS Foundation Trust.

Witnesses:

Don Illman, Chairman, Surrey & North East Hampshire Independent Mental Health Network
Matthew Parris, Deputy Chief Executive, Healthwatch Surrey
Lorna Payne, Chief Operating Officer, Surrey and Borders Partnership
Dr Justin Wilson, Chief Medical Officer, Surrey and Borders Partnership
Diane Woods, Associate Director of Mental Health Commissioning, Surrey Clinical Commissioning Group collaborative.

Key points raised during the discussion:

1. The Committee received an introduction to the report from officers who highlighted that the Trust had learned lessons from the consultation process which had taken place on the relocation of inpatient mental health services from Epsom to Chertsey and that this learning would inform future consultations undertaken by SABP regarding any future service reconfigurations. Modelling work commissioned by the Trust had demonstrated that SABP needed to build capacity in order to deliver inpatient services capable of meeting future demand. Members were informed that SABP was focussed on refurbishing its existing sites to maximise the use of resource and to ensure the continued provision of effective care in spite of the increasing demand. This included a plan to create 80 beds at the ACU which would move away from dormitories to private rooms for patients as well as introducing gendered wards.

2. More detail was provided on Phase 3 of the Trust's plan to build capacity within its inpatients services and it was highlighted that SABP would progress its plans to provide inpatient services in the east of the county which would most likely involve refurbishing the existing West Park site but other options were being discussed which included the construction of a new facility. The Committee was informed that there would be some changes to service delivery while SABP was building capacity within its inpatient services but that plans would be clearly communicated to partners in order to minimise disruption. Planning for phases 2 and 3 would also take place concurrently to ensure a joined up approach to developing inpatient capacity across the County.

3. Further clarity was sought on the modelling which had informed the number of beds that the Trust required within its inpatient services. Witnesses from SABP stated that modelling had looked at demographic changes taking place across Surrey in conjunction with an increasing trend in people experiencing mental health problems and had concluded that more inpatient provision would be required over the coming years than had originally been anticipated.

4. Attention was drawn to the length of time that it would take for the plans to be fully realised and Members asked how the Trust intended to ensure that services would deliver for those who needed them. The Committee was told that the Farnham Road facility in Guildford had been built prior to the most recent modelling of likely demand which had been commissioned by SABP. The Trust was committed to creating inpatient provision in the east of the County which would take place in conjunction with the refurbishment of the ACU in Chertsey.

5. Discussions turned to the Trust's proposal for funding plans to increase mental health bed capacity and Members asked whether the refurbishment projects contained within the plan could only proceed if the Trust completed the proposed £35m land sale. Officers confirmed that refurbishment projects put forward for Phase 2 were being financed by the £35m in receipts made from land sales and that building work could only go ahead once this money had been secured. The Committee was, however, informed that negotiations to sell land owned by SABP were advanced. In respect of Phase 3 of the Trust's bed capacity development plan, Members were informed that discussions with commissioners around financing this were ongoing.

6. The Committee highlighted development plans for the St Peter's site and the Committee inquired as to SABP had coordinated with Ashford & St Peter's Foundation Trust to align refurbishment work on the ACU. Officers indicated that discussions had taken place with Ashford & St Peter's regarding planned construction to facilitate a more integrated approach to physical and mental health at the St Peter's site.

7. Members asked whether SABP's plans would be able to cope with future demand beyond the five year scope of the project or if it would be necessary to continue expanding inpatient provision. Officers indicated that it was impossible to project future demand for mental health services with complete certainty but emphasised they were confident that the modelling which the Trust had commissioned provided an accurate projection of future demand. The trend was to treat mental health conditions in a community rather than residential setting and it was expected that this would mitigate demand over time. SABP would keep its options open and work to ensure that future expansion was possible at inpatient facilities that would undergo refurbishment.

8. Further clarity was sought on the options that there were still undergoing consideration by the Committee and when a decision would be made on these. Members were advised that SABP had committed to proceed on the refurbishment of the ACU and that the only outstanding decision was regarding the creation of inpatient services in the east of the county. A final decision on whether to

refurbish West Park or construct a new hospital was predicated on factors that were still undergoing consideration to ensure that the correct option was chosen. Members were further advised that a final decision on Phase 3 of the project would not be made for over a year but that that the timetable for the implementation of Phase 3 would enable public involvement in the decision. It had not been decided whether a full public consultation was required regarding Phase 3 but that the Select Committee would be kept informed of the process.

9. The Committee asked how many beds there were at the ACU and were advised that there 110 beds for working age adults experiencing mental health problems and a further 11 drug and alcohol beds.

10. Members inquired as to how Phase 3 of the bed capacity development plan sat with the Surrey Heartlands Sustainability & Transformation Partnership (STP). It was advised that conversations had taken place with STP leaders and there was a clear aspiration to improve mental health service delivery within the STP plan although discussions had not been had regarding resource allocation.

11. Concern was expressed by Members that there had been an ongoing shortage of mental health inpatients beds in the east of the county and assurance from officers that the project would address the lack of provision within this area of the County. The Committee was informed that SABP would engage with the public around the choices available for increasing the number of inpatient beds in the east of the county before making a decision on Phase 3 of the project. Officers stated that SABP would continue to be able to place patients at the Langley Green Hospital in Crawley which would help to provide provision for patients resident in East Surrey.

12. The Select Committee heard from the Chairman of Surrey & North East Hampshire Independent Mental Health Network representative who highlighted concern among residents about the amount of time it had been since there had been adequate provision in the east of the County. He provided Members with an overview of mental health inpatient services over the previous few years and stated that the Trust had been placing patients in Langley Green Hospital for over ten years due to a lack of sufficient provision within Surrey. He also expressed the view that the proposals outlined by SABP would not meet the rising demand that would take place over the coming years.

13. The Healthwatch Surrey representative asked the commissioners whether they considered that there was a legitimate expectation that there should be a public consultation on the location of an additional inpatient unit in Surrey. It was advised that public engagement events would be necessary which would be supported by previous consultation work undertaken by the Committee and that the intention was to undertake consultation work on phases 2 and 3 in tandem. The Healthwatch Surrey representative drew attention to recent local experience of commissioners around consultation through the reconfiguration of the Sexual Health and HIV Services Contract which demonstrated the importance of basing any decision to consult on sound legal advice. The Cabinet Member for Health informed Members that she would raise planning for mental health inpatient

provision with the Health & Wellbeing Board to ensure that it was consistent with the County's Joint Health & Wellbeing Strategy.

14. Discussion turned to the recommendations contained within the report and Members suggested that an update from SABP on the development of mental health inpatient provision should be delivered to the Committee before its meeting on 7 November 2018. It was agreed that the Select Committee should receive the next update at its meeting on 4 July 2018 and that this should include further detail on Phase 3 of the project as well as information on plans for the consultation process including timescales for completion and accessibility of services.

Recommendations:

The Adults and Health Select Committee:

i. noted progress and proposals to date to achieve improved hospital facilities for people who are mentally unwell; and

ii. agreed to receives a further update on the development of mental health patient in services at its meeting on 4 July 2018 including details on Phase 3 plans and the consultation process with timescales for completion and accessibility of services.

24/17 SUICIDE PREVENTION FRAMEWORK [Item 7]

Declarations of interests:

None

Witnesses:

Helen Atkinson, Strategic Director of Adult Social Care & Public Health, Surrey County Council
Nanu Chumber-Stanley, Public Health Development Worker, Surrey County Council
Billy Hatfani, Director of Quality Improvement, Surrey & Borders Partnership Trust
Helen Harrison, Public Health Consultant, Surrey County Council
Don Illman, Chairman, Surrey & North East Hampshire Independent Mental Health Network
Matthew Parris, Deputy CEO, Healthwatch Surrey

Key points raised during the discussion:

1. Officers introduced the report to the Committee highlighting that the number of completed suicides in Surrey was lower than the national average. The risk factors that contributed to people attempting suicide were similar to those across the rest of the country with substance misuse and mental health among the most prevalent contributory factors. Members were advised that there were a range of partners involved in Surrey's Suicide Prevention Framework and that these organisations worked together to address the risk factors that led to

people attempting suicide. The Committee was further informed that initiatives were being planned with the Coroner's Service and the Multi-Agency Safeguarding Hub (MASH) to improve safeguarding in relation to suicides.

2. Members sought clarity on the role of data in helping agencies to identify those that may be at risk of suicide. Officers highlighted that data was an important tool but that the constraints on information sharing between public sector partners arising from the data protection act made it difficult to build an accurate picture of suicide risk particularly in relation to adults.

3. The Committee inquired as to whether SCC seeks information from other organisations which help to identify those who may be at risk. It was highlighted that the Council does receive information from organisations that work with groups considered to be high risk such as the homeless and the Lesbian, Gay, Bisexual and Transgender (LGBT) community. Members were informed that officers had links into these hard to reach groups which helped to intervene with individuals where necessary.

4. Discussion turned to the initiative that SCC had undertaken with Network Rail and Southwest Trains to reduce instances of suicide at specific train stations in Surrey. Officers stated that an inter-organisational group had been established to reduce instances of suicide at Woking Station, a location which had seen a growing number of people taking their own life in previous years. The inter-organisational group, which included a range of stakeholders, had educated those working within half a mile of the station, who someone on route to attempt suicide at Woking Train Station may come into contact with, training them to interpret or identify signs and to alert the appropriate agencies where they have concerns. Suicide prevention champions and Street Angels were also operating at Woking Station to help identify and intercept those seeking to attempt suicide. The plan was to introduce this at other train stations in Surrey which had been identified as having a high number of suicides.

5. Attention was drawn to Figure 1 within the report which demonstrated that there had been no tangible reduction in completed suicides in Surrey despite a concerted effort by SCC and its partners to decrease this number. The Committee sought clarity on why the number of suicides had not reduced and asked whether officers felt that a dedicated resource would help. Members were advised that the trend in Surrey mirrored what was taking place nationally which had prompted the Government's review into suicide prevention. In response to this review, the Government had produced a suite of measures in an effort to stop rising instances of suicide. Officers stated that Surrey was already doing many of the measures that the Government had introduced but acknowledged that these could be scaled up. The Committee was informed that it was hard to judge the extent to which a dedicated resource would help to reduce instances of suicide in Surrey.

6. Members highlighted the role of training as a means of identifying those at risk of attempting suicide and stated that the money

committed by Government was not sufficient to have a tangible impact on suicide rates. The Cabinet Member for Health highlighted that the House of Commons Health Committee inquiry report into suicide prevention had asked local authority health overview & scrutiny committees to review suicide prevention plans. The Health Committee's report inquiry detailed that the Government had not dedicated sufficient resources to the initiative. The Cabinet Member highlighted that there was a need to consider how training could be delivered to those best placed to identify those at risk of taking their own life and stated that she would put herself forward as a Suicide Prevention Champion.

7. The Healthwatch Surrey representative reported that of 189 students that they spoke to at Magna Carta School in March a third of those who experienced anxiety chose not do anything about it. This was considered to highlight the importance of the Targeted Mental Health in Schools initiative. However it had been reported to Healthwatch Surrey that fully funded training places were not being readily taken up by schools. He asked whether this was true and what was being done to encourage schools to take up the training**.** The Healthwatch Surrey representative further inquired as to what was being done to support or engage parents in having discussions about mental health with their children. The Strategic Director for Adult Social Care and Public Health highlighted that these questions were relevant to the provision of the Children and Adolescent Mental Health Service (CAMHS) and that officers would source a responsive to these questions for Healthwatch.

8. Members highlighted cuts to services provided by the Council to help tackle substance misuse which was a leading cause of suicide and asked what impact this would have on prevention. The Cabinet Member for Health highlighted that there had been significant reductions to SCC's ring-fenced Public Health funding which had a knock-on impact on the services that SCC was able to provide. The Council was, however, working with STP partners to agree funding to influence the wider determinants as this was the only way to reduce demand on health and social care services. The Strategic Director for Adult Social Care & Public Health drew attention to the brief interventions work with Primary Care which would provide an additional preventative safeguard.

9. Officers were asked whether a more proactive approach could be made to offering suicide awareness training to organisations across Surrey. Members were informed that the Council is proactive in its training offer approaching partners to offer them training on suicide awareness and having conversations about mental health. The Council had also sought to get suicide prevention embedded within voluntary, community and faith sector organisations' strategies.

10. The representative from the Chairman of Surrey & North East Hampshire Independent Mental Health Network informed Members that he had had first-hand experience of suicide and felt that better support should be available for bereaved family members. He further highlighted the need for more effective cooperation between public sector agencies on developing a strategy to tackle suicide. The

Committee was advised that the Coroner's Service issued notifications to local authorities and partner agencies when it was felt that more could have been done to prevent someone taking their own life and it was suggested that more could be done to embed learning from these notifications. More work was also required with Primary Care on training GPs to be more responsive to patients who indicate that they have had suicidal thoughts. Officers stated that SABP does have a process in place to embed learning from prevention of death certificates issues by the Coroner's Service.

Mr Graham Ellwood left the meeting at 12.28pm and returned at 12.38pm

11. The Healthwatch Surrey representative raised the importance of good discharge arrangements and that, whilst inpatient services are an issue in Surrey, users of these services had clearly expressed dissatisfaction with discharge arrangements in a report published by Healthwatch Surrey entitled 'Keeping the Light On'. For many this was the first step to becoming well and potentially, therefore, not requiring inpatient services again. The Healthwatch Surrey representative proposed this as an area for future scrutiny by the Committee.

12. Officers emphasised the importance of having more open conversations about suicide within families and communities. The majority of people who take their own lives in Surrey don't come into contact with SABP as a mental health service provider and so a more open dialogue on suicide was vital.

13. Members stressed the need to for the response to House of Commons Health Committee to make mention of the Government's lack of investment in local suicide prevention plans and the challenges this caused in delivering sustained reductions in the number of suicides which took place in Surrey each year.

Recommendations:

That the Adults and Health Select Committee:

i. responds to House of Commons Health Select Committee citing concerns regarding national legislative constraints to proactive data sharing to enable local identification of someone who could potentially be 'at risk' of suicide. The response should also make mention of training on suicide prevention and mental health funding.

ii. reviews progress of the next steps in 12 months' time.

25/17 UPDATE ON THE SOUTH EAST COAST AMBULANCE SERVICE (SECAMB) REGIONAL HEALTH SCRUTINY SUB-GROUP [Item 8]

Declarations of interests:

None

Witnesses:

None

Key points raised during the discussion:

1. Members of the SECAmb Regional Health Overview & Scrutiny Committee Sub-Group introduced the report and addressed concerns regarding the Care Quality Commission's (CQC) rating of SECAmb as inadequate. It was clear that there remained some ongoing challenges at the Trust but it was also evident that plans to improve the performance of SECAmb against the areas outlined by the CQC were beginning to deliver although they would take time to be fully embedded.

2. Attention turned to SECAmb's performance against national call response time targets. The Healthwatch Surrey representative referred to three recent case studies regarding particularly long waits for ambulances which probably fell into the 'Green Calls' category. He asked that this be considered an area for particular scrutiny by the SECAmb HOSC Regional Sub-Group. Members discussed the Trust's declining performance on meeting nationally mandated target on the timeframe for responding to Red 1 and Red 2 calls. It was suggested that there were systemic issues with meeting nationally mandated response times which required further scrutiny. The Committee was informed that SECAmb was on the verging of moving to new call response targets as part of the Ambulance Response Programme and it was agreed that an update would be provided to the Committee on performance against this ne framework at its meeting on 4 April 2017.

Recommendations:

The Adults and Health Select Committee:

i. noted scrutiny that the Regional HOSC Sub-Group is undertaking of South East Coast Ambulance Service NHS Foundation Trust;
ii. requested that it receives a further update from the SECAmb Regional HOSC Sub- Group in six months' time; and
iii. suggested the following areas for scrutiny by the SECAmb Regional HOSC Sub-Group:
    a. performance against call response time targets as outlined in the Ambulance Response Programme (ARP); and
    b. response times for ambulances on call outs to rural areas.

26/17 RECOMMENDATIONS TRACKER AND FORWARD WORK PROGRAMME [Item 9]

Declarations of interests:

None

Witnesses:

None

Key points raised during the discussion:

The Chairman stated that the Terms of Reference for the Sexual Health Services Task Group formed by the Committee to consider consultation and communication on the reconfiguration of services arising from the new Sexual Health & HIV Services contract had been submitted to the Overview & Budget Scrutiny Committee for approval. In anticipation of the Terms of Reference being agreed by the Overview and Budget Scrutiny Committee, Members were asked to volunteer to be part of the Task Group. It was agreed that the following three Members would constitute the Task Group: Sinead Mooney (Task Group Chair), Nick Darby and John O'Reilly.

27/17 DATE OF THE NEXT MEETING [Item 10]

The Committee noted that its next meeting would be held on 25 January 2018.

Meeting ended at: 1.05 pm

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Chairman

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Questions to Adults & Health Select Committee – 7 November 2017

Question submitted by Stephen Fryett

Following the closure of the Blanche Heriot Unit (BHU) a “transition clinic” for patients attending the BHU who have HIV has been set up to assess their needs. Many of the longstanding HIV patients of BHU will not be able to travel to Buryfields Clinic in Guildford because they are mobility impaired and/or frail. Others may simply not be able to afford the expense (let alone the time) of travelling to Guildford from North West Surrey. Others may need to be able to access the service quickly, as they have always been able to do at BHU, because of co-morbidities which may flare up at any time and cause acute illness. These patients will not be able to “transition” to Buryfields Clinic. The obvious answer is for a service to be maintained at St Peter’s for those patients whose assessed needs are such that they need continuing access to a local service. This can be provided in the Blanche Heriot Unit, where the transition clinic will be held in future, by maintaining that clinic provision. Will the Committee seek an assurance from the relevant officers that, in the interests of patient safety, such an arrangement will be made?

Response

The Adults and Health Select Committee has asked commissioners to respond to the concerns and has received the following response from NHS England:

Ashford and St Peter’s NHS Foundation Trust have allocated space at the Blanche Herriot Unit at St Peter’s Hospital to CNWL for six months for the purpose of delivering an HIV transition clinic. The purpose of the transition clinic is to provide an opportunity for patients to have a conversation with the clinical team about their personal circumstances and to determine optimal arrangements for their ongoing care.

A patient working group is in place to discuss any problems encountered by patients through Phase 3 of mobilisation, from the previous service at the Blanche Heriot Unit (BHU) to Central and North West London NHS Foundation Trust (CNWL) and in addition, NHS England South is working with the Coalition for Disabled People in Surrey to identify access issues.

Question submitted by Sheila Boon

The terms of reference and time scale for the task group set up by the Adults & Health Select Committee at its meeting on 4 September 2017 have yet to be published. Similarly, no information has been provided as to how the task group will take evidence from patients, GPs and other stakeholders on issues relating to consultation and implementation on the integrated sexual health& HIV services contract. BHU patients were never informed, let alone consulted, on the closure of the Blanche Heriot Unit as a consequence of the award of the Surrey integrated sexual health services contract to the single bidder, Central & North West London NHS Foundation Trust. We are anxious to brief the task group about this and the lack of adequate preparation which has become apparent following the closure of the Blanche Heriot Unit. When can we expect the arrangements for giving evidence to the task group to be agreed and made public?

Response

Surrey County Council's governance structure dictates that Select Committee's individual forward work programmes are subject to review by the Council's Overview and Budget Scrutiny Committee (OBSC), this includes the establishment of Task Groups. Agreement by Members of the Adults and Health Select Committee to form a Task Group to review the consultation process, implementation phase and any lessons learned about the commissioning of sexual health services for future commissioning of services will be considered by OBSC at its meeting on 16 November 2017. The scoping document for this Task Group was submitted for inclusion in the agenda papers for OBSC which was submitted on Wednesday 8 November, the scoping document is also attached as appendix 1 to these questions for reference. As you will see, it is the clear intention of the Task Group to undertake engagement with patients, GPs and other stakeholders to ensure all issues around consultation on and implementation of the contract are fully understood by Members to provide clarity on what lessons can be learned for any potential service changes that Surrey County Council and its partner organisations might propose to undertake in the future. Following agreement of the scoping document by OBSC, officers will commence the process of liaising with patients, GPs and other relevant stakeholders to meet with Members of the Task Group in a manner that facilitates inclusivity and accessibility.

Question submitted by Jennifer Fash

NHS England ran an online survey in August and September that was stated to be "for service users of Blanche Heriot Unit and other interested parties to help us understand your concerns." The survey was limited in scope with only five questions and, contrary to the stated intention, did not allow anyone who did not identify themselves as a current or past service user to complete the survey. When I queried this with Fiona Mackison at NHS England her response was that the web survey designer had advised that to change the current survey would lose "valuable patient responses that have already been entered" and that "setting up a new survey for 'non-patients' will take a few weeks and take us beyond the closing date of the 22nd September." It is now over 5 weeks since the survey closed and we still have not seen the results. Given that no consultation had taken place previously on the proposed closure of the Blanche Heriot Unit with BHU service users the results of this survey should be valuable evidence for the AHSC task group. When can we expect the results of the survey to be published and in what form will they be made available to those who completed the survey and other interested parties such as the BHU Patients Group and the Surrey Coalition for the Disabled?

Response

The Adults and Health Select Committee has asked commissioners to respond to the concerns and has received the following response from NHS England:

The patient survey results are being prepared by NHS England South. Additional resources were required to collate the results and this led to a short delay whilst this was sourced. NHS England South apologise for the delay and anticipates that the survey will be available on Monday 13th November. It will be available on the Healthy Surrey website (www.healthysurrey.co.uk), sent to Healthwatch Surrey and the report will be presented at the Patient Working Group.

Question submitted by Stephen Fash

In view of issues that are already apparent with the provision of the sexual health services contract in Surrey – difficulties in accessing the service through the online and telephone booking systems, access and travel difficulties for disabled patients expected to attend Buryfields Clinic, the need for continuing provision to be made at St Peter's Hospital for vulnerable HIV patients as determined by their assessed needs, lack of effective communication with schools and young people's organisations about availability of confidential contraceptive and sexual health services following the closure of BHU and clinics across Surrey, delays in implementing online access to self-testing kits, delay in setting up a 'spoke' clinic facility in the Runnymede area, migration of BHU patients to out of Surrey providers etc – what contingency arrangements are in place should the contract cease to be viable for CNWL to continue to operate or in the event that CNWL are unable to meet the activity and performance requirements specified in the contract?

Response

The Adults and Health Select Committee has asked commissioners to respond to the concerns and has received the following response from NHS England Surrey County Council:

NHS England South and Surrey County Council will hold joint Contract Review Meetings with CNWL on a quarterly basis. Any performance issues will be addressed through this contractual route.

In addition the Patient Working Group has an issues log that captures these themes. These are then actioned by the relevant party; commissioner and/or provider. Some performance data is now being shared with the Patient Working Group although we have to be mindful of patients' confidentiality and commercial sensitivity.

Mr Ken Gulati
Chairman – Adults and Health Select Committee
9 November 2017

Appendix 1

Select Committee Task and Finish Group Scoping Document

The process for establishing a task and finish group is:

1. The Select Committee identifies a potential topic for a task and finish group
2. The Select Committee Chairman and the Scrutiny Officer complete the scoping template.
3. The Overview and Budget Scrutiny Committee reviews the scoping document
4. The Select Committee agrees the membership of the task and finish group.

Review Topic: Recommissioning Sexual Health Services
Select Committee(s) Adults and Health Select Committee
Relevant background Sexual health, sexually transmitted infection (STI), contraception, reproductive health and HIV services are made up of a combination of universal and specialist services. The commissioning arrangements are split across NHS England, Public Health and the Clinical Commissioning Groups (CCGs). An overview of where responsibility rests for commissioning specific sexual health services can be found in **annex 1.** 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. The contract was awarded to Central & North West London NHS Foundation Trust (CNWL). The contract began on 1 April 2017 and, implementation was carried out in three phases. The phases are described in the paper submitted to AHSC on 4th September The new commissioning arrangements have seen a reconfiguration of services previously provided by Virgin Care, Frimley Health NHS FT and the Blanche Heriot Unit (BHU) at Ashford and St Peter's NHS FT. The reconfiguration of services has caused some concern among residents and stakeholders as was made clear to the Adults & Health Select Committee at its meeting on

4 September 2017.

Why this is a scrutiny item

The committee received a formal referral from Healthwatch regarding the award of the contract to Central North West London NHS Foundation Trust and the resulting service reconfiguration. The referral by Healthwatch highlighted the lack of communication about the services being delivered by the new provider and the lack of consultation with residents and service users on the proposed reconfiguration. Concerns raised by Healthwatch have also been reflected in public and stakeholder interest around the contract as was made clear to the Adults & Health Select Committee at its meeting on 4 September 2017.

What question is the task group aiming to answer?

<u>Consultation Process</u>

What are the commissioners' responsibilities in respect of consulting on service reconfigurations and how were these met?

How was the consultation communicated to residents and service users?

How did the views gathered during the consultation inform the development and implementation of the contracts?

<u>Contract Implementation</u>

What steps did CNWL undertake to achieve continuity of care during implementation of the contract and were they sufficient?

What communication was undertaken to inform residents and service users about reconfiguration of services arising from the contract?

<u>Lessons Learned</u>

What improvements can be made to the conduct and communication of future consultations on service changes?

What lessons can be learned regarding the implementation of the contract?

Aim

To review the consultation process, implementation phase and lessons that can be learned from the commissioning of sexual health and HIV services, with a view to informing future commissioning of services.

Objectives

- To scrutinise the commissioners' approach to consulting on proposed changes to the provision of sexual health services and to understand what lessons can be learned for future consultations on service changes.

- To review how commissioners communicated with residents and service users around the consultation and proposed changes to the provision of sexual health service and to understand how to promote more effective engagement.

Scope (within / out of)

In Scope

- The rigour of the consultation process; how views gather informed contract development
- Communication in relation to service changes and the consultation.
- Continuity of care during the implementation phase of the contract

Out of Scope

- The quality and accessibility of sexual health and HIV services provided by CNWL
- Operational implications of service reconfigurations including closure of the Blanche Heriot Unit.
- Potential implications of CNWL's deficit on the level of service provision.

Outcomes for Surrey / Benefits

The Task Group will review the quality and transparency of the consultation run by commissioners regarding the new integrated sexual health & HIV services contract in light of concerns raised by residents and stakeholders. In doing so it will make recommendations that will enable increased engagement with consultation processes. The review will also consider the implementation phase of the contract with a view to understanding how residents can be better informed about changes to service provision and feel as though they are receiving adequate continuity of care when it is necessary to reconfigure services.

Proposed work plan

It is important to clearly allocate who is responsible for the work, to ensure that Members and officers can plan the resources needed to support the task group.

Timescale	Task	**Responsible**
September 2017	Scoping with input from Cabinet Member and relevant officer	Chairman of Adults & Health Select Committee
October 2017	Provisional Project Plan	Democratic Services Officer/ Chairman
November 2017	Information Session – background from officers from the consultation process and implementation phase of the contract	Task Group
November - December 2017	Research and intelligence gathering- "Listening session" with service users and stakeholders.	Task Group
December 2017 - January 2018	Interview sessions with key officers, Cabinet Members and other witnesses	Task Group
February 2018	Interim Report	Chairman
March 2018	Final Report	Chairman

Witnesses

Cabinet Member for Health
Strategic Director for Adult Social Care & Public Health
Deputy Director for Public Health
Senior Public Health Lead
Representatives from CNWL
Representatives from NHS England
Representatives from the SASSE GP Locality Network
Representatives from Surrey Local Medical Committee
Mr Stephen Fash
Healthwatch Surrey
Service users
Patient groups

Useful Documents

https://mycouncil.surreycc.gov.uk/ieListDocuments.aspx?CId=149&MId=3676&Ver=4 - report on prevention and sexual health in Surrey (18 March 2015)

https://members.surreycc.gov.uk/documents/s32861/160914%20Chairmans%20Report.pdf – Chairman's report to the Wellbeing and Health Scrutiny Committee (14 September 2016)

https://mycouncil.surreycc.gov.uk/documents/s32272/item%2006%20-%20Integrated%20Sexual%20Health%20Services.pdf – Cabinet decision (20 September 2016)

https://mycouncil.surreycc.gov.uk/documents/s33441/HIV%20Services%20in%20Surrey.pdf – Report on HIV Services to the Wellbeing & Health Scrutiny Committee (10 November 2016)

https://mycouncil.surreycc.gov.uk/documents/s36110/Integrated%20Sexual%20Health%20Services%20cover%20report.pdf – Report to the Wellbeing and Health Scrutiny Committee on the mobilisation of the sexual health services contract. (13 March 2017)

https://mycouncil.surreycc.gov.uk/documents/s36880/Item%202%20-%20Sexual%20Health%20Services%20Contract.pdf – Leader Decision on 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." (20 March 2017)

https://mycouncil.surreycc.gov.uk/documents/s39436/AHSC%20Sept%202017%20-%20Sexual%20Health%20Integrated%20Service%20V21.pdf – Report to the Adults & Health Select Committee on the implementation of the new sexual health services contract (4 September 2017)

Potential barriers to success (Risks / Dependencies) There has been a significant amount of public interest in the reconfiguration of the new sexual health services contract, the closure of the Blanche Heriot Unit and in CNWL as the new provide. There is a risk that witnesses may focus their comments on these aspects of the contract rather than remain within the scope of the Task Group's objectives. This will be mitigated by ensuring witnesses limit the scope of their evidence to the consultation and implementation phases of the contract. Members' ambitions to understand the consultation and implementation of the sexual health services contract must remain within the constraints of the time allocated for the Task Group to report on its findings. Equally, it must seek to challenge its own assumptions and assertions in order to identify where further evidence is required. The Task Group must ensure that there is equal opportunity for service users, stakeholders and patient groups to share their views and to give these the same weight as those provided by commissioners.
Equalities implications The Task Group recognises that there are a number considerations around equalities when conducting its work, and there are a number of people with complex health needs that will be contributing to this process. It will be mindful of how it conducts its work in order to ensure people are provided the opportunity to contribute, and that any barriers to doing so are mitigated. The Task Group will monitor the equalities implications emerging from its recommendations with officers, and will work to identify mitigation measures for those with a potentially negative impact.

Task Group Members	
Co-opted Members	
Spokesman for the Group	
Scrutiny Officer/s	

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Adults and Health Select Committee

25 January 2018

Surrey Care Record – a shared integrated digital care record for Surrey Heartlands and NHS East Surrey Clinical Commissioning Group

Purpose of report: To acquaint the Adults and Health Select Committee with the proposal for the Surrey Care Record and to seek opinion and guidance on considerations around implementation of Phase One of the initiative.

Introduction:

1. It is planned that July 2018 will see the introduction of the Surrey Care Record. In time this will become a database containing the medical records of those members of the population of Surrey Heartlands and East Surrey who do not object to participating. These records will be available for access by health and social care professionals involved in the direct care of the individual.

2. In the short term, Phase One of the project will involve only GP records being made available to professionals within the Accident and Emergency departments of four local hospitals - Ashford and St Peter's Hospitals NHS Foundation Trust, Epsom and St Helier University Hospitals NHS Trust, Surrey and Sussex Partnership Hospitals and Royal Surrey County Hospital NHS Foundation Trust.

3. Strict information governance rules are applied and impending changes to data protection law (GDPR) have been considered. GPs must agree to participate and share patient records. Patients must agree to their records being shared. An Equality Impact Statement will be in place.

What is a Surrey Care Record?

4. A Surrey Care Record is a shared extract of records from health and social care systems. It can be seen and used by authorised staff in the health and care system who are involved directly in the patient's care. The record holds information such as patient demographic details, NHS reference number, care plans, any test results, medications, allergies and social or mental health information.

   The project follows many years of engagement by the NHS discussing the concept of shared records with the public nationwide and adopts best practice from other successful projects across the country.

The value of a shared medical record

5. Shared records provide a range of benefits to both the patient and medical staff including:

   a. A reduction in the number of times a patient will need to repeat their medical history or social care information every time they deal with a new member of staff or organisation.

      This means clinical staff will be able to work with patients in their care to make the best decisions about the diagnosis, treatment and care plan, enabling the delivery of joined up care.

   b. Care professionals will be able to find shared information when they need it, such as test results, helping to avoid unnecessary appointments and further tests.

   c. In due course, where several organisations work together to support an individual's care, sharing information helps the various teams to co-ordinate, resulting in more time spent on better co-ordinated and safer care with less paperwork.

6. A healthcare professional must seek the patient's permission at the time of treatment if they need to look at the patient's Surrey Care Record.

   The only exception is if a patient is unconscious or otherwise unable to communicate. The healthcare professional may decide to 'break the glass' and look at the record because to do so is in the patient's best interest. An audit trail is kept when this happens.

What about consent or opting out?

7. A publicity campaign will be conducted to ensure those affected are fully informed about the Surrey Care Record. Anyone who does not wish to have their GP data included in the Surrey Care Record will be able to register an objection with their GP Practice to opt out.

8. If an individual has opted out of earlier shared record programmes with their GP (e.g. Summary Care Record and care.data) those opt outs will still apply to GP records and will prevent GP data from being shared into the Surrey Care Record.

9. Beyond Phase One, records held by other participating health and care organisations will be shared into the Surrey Care Record unless the individual specifically requests to have the sharing of this information disabled. Individuals will be able to request that specific care providers do not share information about them into the Surrey Care Record; or they will be able to request that all information sharing is disabled. For example, if someone had particular concerns about their mental health data, held by the mental health trust, being shared they could contact the trust directly and ask for them to not share data

into the record. This would stop that specific data from being shared but would not affect data being shared by other providers.

10. Care professionals will be trained to ask for patient consent at the point of care before viewing their Surrey Care Record, giving the individual the opportunity to decide if they agree or not. If there is agreement, nothing further is required from the service user and the professional will be able to access their Surrey Care Record.

Who will be able to access the Surrey Care Record?"

11. All providers and other organisations eventually to be in scope of the project are expected to be able to access the Surrey Care Record. These are currently:

Care Setting	Provider / Commissioner
GPs and Primary Care	NHS East Surrey Clinical Commissioning Group (CCG) referral team
	NHS NW Surrey CCG referral team
	NHS Surrey Downs CCG referral team
	NHS Guildford & Waverley CCG referral team
Acute Hospital Trusts	Ashford and St Peter's Hospitals NHS Foundation Trust
	Royal Surrey County Hospital NHS Foundation Trust
	Epsom and St Helier University Hospitals NHS Trust (Epsom Hospital)
	Surrey and Sussex Healthcare NHS Trust
Community Healthcare	Central Surrey Healthcare
	First Community Health and Care
Mental Healthcare	Surrey and Borders Partnership NHS Foundation Trust
Social Care	Surrey County Council
Ambulance	South East Coast Ambulance NHS Foundation Trust (SECAmb)

In-scope organisations will be required to sign an Information Sharing Agreement before any professionals they employ are permitted to access the Surrey Care Record. Each organisation will then be responsible for complying with the terms of the Agreement to ensure, monitor and enforce appropriate access to the Surrey Care Record.

Phase One of the project – expected to go live in July 2018 - will involve only GP

records being made available to professionals within the Accident and Emergency departments of four local hospitals - Ashford and St Peter's Hospitals NHS Foundation Trust, Epsom and St Helier University Hospitals NHS Trust, Surrey and Sussex Partnership Hospitals and Royal Surrey County Hospital NHS Foundation Trust.

Can a patient view their shared record and correct any errors?

12. Individuals can already talk informally to their GP during an appointment and be shown their GP medical record. Some GP practices give patients access to a summary of their GP record via the practice's website. In either case, the individual can go through any concerns they may have about the accuracy of the information held by the GP.

    In time the Surrey Care Record technology will be extended to include an online Patient Portal which patients will be able to use to access their shared record and note any concerns they may have about the material.

How secure is an individual's Surrey Care Record?

13. It is hosted within the NHS Secure Network. Surrey Care Record data are securely encrypted and remain in the system so only authorised users will be able to access patient records.

Conclusions:

14. The Surrey Care Record will be securely held and adds value to the health and social care system. It will facilitate and improve the quality of care received by individual residents. The service user will be asked for permission to access the shared record for each potential use and has the option to opt out fully or restrict the sharing of their information by individual organisations if they wish.

Recommendations:

15. The Committee endorses the project plan, with its initial focus on Phase 1 which is to make GP data available in the Surrey Care Record accessible by A&E professionals.

Next steps:

The remaining phases of the project are in process of being fully scoped. Once plans for Phase Two and beyond have crystallised, the project team will return to the Committee for further discussion. This is likely to be early 2019.

Report contact: Steve Abbott, Surrey Heartlands Chief Information Officer and Information Management and Technology (IM&T) Programme Director

Contact details: Phone: 07775 015868 Email: steve.abbott@nhs.net

Sources/background papers:

Data Protection Act 1998
http://www.legislation.gov.uk/ukpga/1998/29/contents

General Data Protection Regulation (GDPR)
http://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=CONSIL:ST_5419_2016_INIT&from=EN

Guide to the General Data Protection Regulation (GDPR) – Information Commissioner's Office (ICO)
https://ico.org.uk/for-organisations/guide-to-the-general-data-protection-regulation-gdpr/

Data Protection Bill
https://services.parliament.uk/bills/2017-19/dataprotection.html

Data Protection Bill – Information Commissioner's Office (ICO)
https://ico.org.uk/for-organisations/data-protection-bill/

Patient's Know Best
https://www.patientsknowbest.com/

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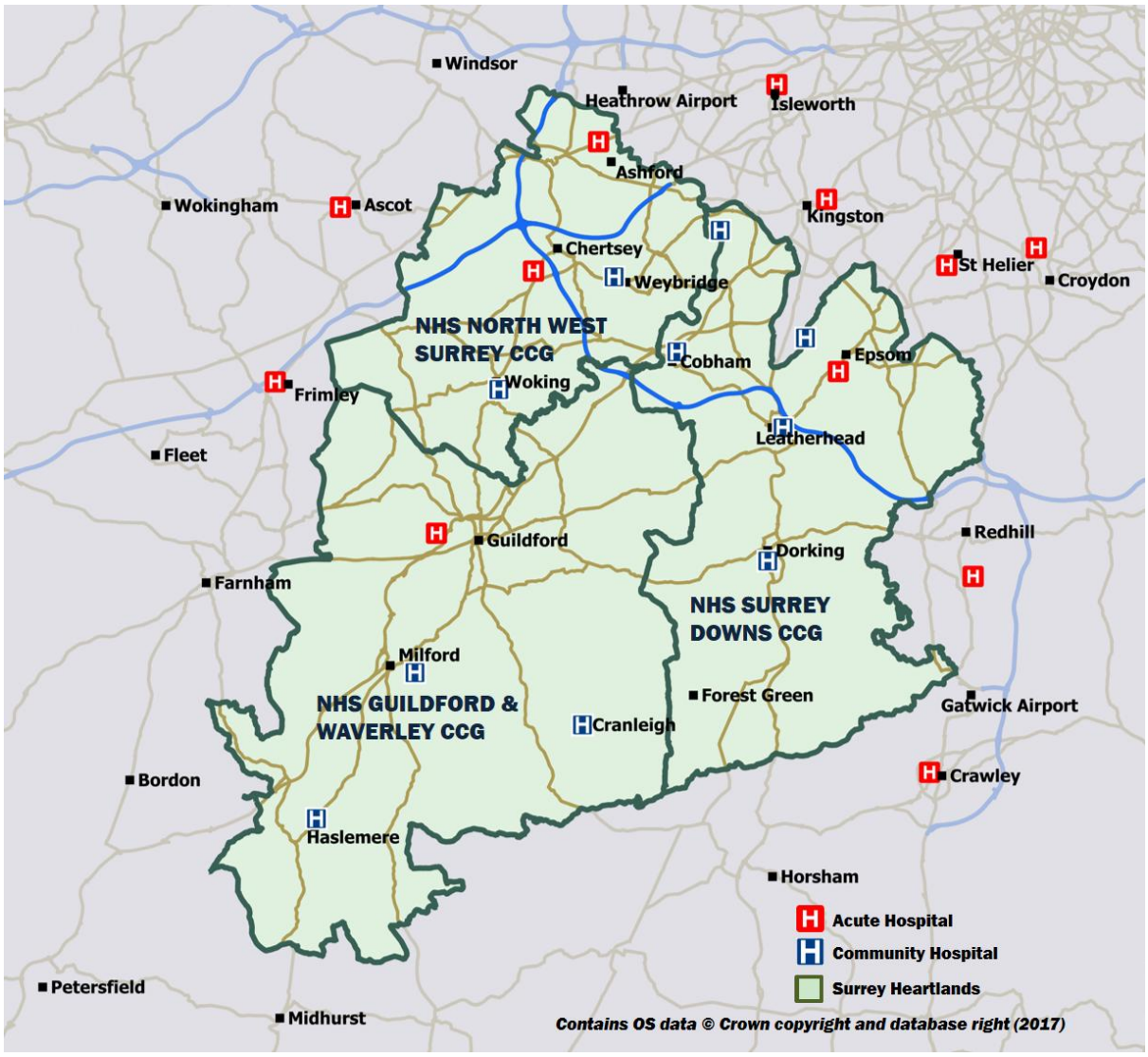
The Surrey Heartlands Health & Social Care Partnership area



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Surrey Heartlands partner organisations

- Surrey County Council
- NHS Guildford and Waverley Clinical Commissioning Group
- NHS North West Surrey Clinical Commissioning Group
- NHS Surrey Downs Clinical Commissioning Group
- Ashford and St Peter's Hospitals NHS Foundation Trust
- CSH Surrey
- Epsom and St Helier University Hospitals NHS Trust
- Royal Surrey County Hospital NHS Foundation Trust
- South East Coast Ambulance NHS Foundation Trust
- Surrey and Borders Partnership NHS Foundation Trust
- Surrey Heartlands GPs

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NHS East Surrey Clinical Commissioning Group

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Adults and Health Select Committee
25 January 2018
Adult Social Care Online Portals

Purpose of report:
To update Members of the Adults and Health Select Committee on the Adult Social Care systems replacement project with regard to the implementation of online portals.

Introduction:

In September 2016, the Adult Social Care (ASC) Directorate's main IT systems were replaced with new software; LAS (the Liquidlogic Adults System for case management) and Controcc (a financial recording system). In addition, Surrey County Council (SCC) purchased a number of modules to enable the Council to automate some routine transactions and to provide a self-service style approach for those people wishing to access services online. The modules include:

- a provider portal to facilitate electronic invoicing for home based care providers;
- a citizen's portal to enable a Surrey resident to get an early indication of their likely eligibility for support from ASC and to find services and information for themselves;
- a client portal to enable people to submit self-assessments online directly to ASC and to access their care record;
- an online financial assessment tool to enable people to submit their financial information online and obtain an immediate calculation of the likely contribution towards any support.

This paper provides an update on the implementation of the portals and an overview of the approach which has been taken to date. The Adults and Health Select Committee is invited to input into the further development of the online tools.

Context:

1. The Council's current Corporate Strategy includes a key aim 'to make better use of digital technology to improve services for residents.' The launch of these online tools for residents' reflects this ambition by providing an early indication of eligibility alongside targeted information and advice. The online tools can be accessed outside of normal working hours and from any location, for example by family living outside of Surrey and on a range of devices, from laptops to smartphones.

Overview of the Portals and Implementation

The Provider Portal

2. ASC processes around 120,000 paper invoices per annum from home based care providers. The Provider Portal enables approved providers of home based care services to submit an electronic invoice to the Council. This is known as e-invoicing

and is a much more efficient way of processing invoices and in turn means that we can send timely and accurate invoices to those people required to contribute towards their home care package.

3. In July 2017 the Council piloted e-invoicing with Britannia Homecare, one of its larger home care providers. The first single electronic invoice was successfully processed and was equivalent to handling 205 paper invoices. Britannia Homecare has continued to submit e-invoices on a regular basis without any difficulty or delay.

4. Following the pilot, a further 11 providers have gone live and nine more providers are in the planning stages with a further 13 providers at the initial discussion stage. [There are some 140 regular providers of home care though some may have only a small number of contracts with ASC.] The new Home Based Care contract places an expectation on providers to submit invoices electronically and SCC will continue to work with providers to achieve a full roll out in 2018.

The Citizens' and Client Portals and Online Financial Assessment tool

5. In November 2017, SCC launched its 'online tools' for residents. The online tools are accessed via the Council's website and, in the first instance, provide the opportunity for adults and carers to complete a short checklist to give an initial indication of possible eligibility for support from Adult Social Care. The portals can be found at surreycc.gov.uk/adultsocialcareonline.

6. The checklist takes around ten minutes to complete. If, after completion of the checklist, the person wishes to complete a full assessment they are encouraged to do so by signing up for an account. The account will enable a person to submit a full Care Act compliant assessment to ASC. When completing the adult assessment, the person is informed at the outset that they will have to complete a financial assessment and may have to contribute to the cost of any support (this does not apply to carers.)

7. The completed assessment is transferred automatically into LAS, the Liquidlogic Adults case management system, saving time for ASC in keying data. This also means the information ASC holds reflects the person's circumstances in their own words. The assessment is briefly checked for completeness by the Adults Contact Centre Team and is passed to the relevant locality team for processing when complete. At this stage, there are no plans to provide services on the back of an online assessment, a visit by a social practitioner will still be required but the practitioner will be informed about the needs of the individual at the outset.

8. If, after completion of the short checklist stage, the outcome indicates that the person is not eligible for support from ASC, the tools are designed to signpost the person to tailored information to meet their needs. This information will help those who wish to source their own support in advance of any decision by ASC and will also help those who wish to self-fund their care and support.

9. An important part of the assessment process is the financial assessment. At any stage the adult or their family/financial advocate can complete a financial assessment on behalf of the individual to calculate the level of any contribution. Once completed online, the financial assessment can be sent directly to ASC by signing up for an account. All financial assessments will be verified for accuracy before being accepted as complete.

10. In the two months since the system went live, ASC has received 16 fully completed adult assessments, four carer assessments and 17 financial assessments. However, there have been 1,017 portal sessions logged and 808 new users. The difference between fully completed assessments and the number of sessions is significant but not an indication of an issue with the tools. We are currently analysing the point at which people leave the assessment process to determine the reasons behind the difference in total usage levels versus completed assessments. If the analysis shows that people do not go on to complete a full assessment because their needs are low level and do not meet the Care Act eligibility criteria, this is a positive outcome. The aim of the online tools is to help us manage demand at the front door by moving some of the initial assessment traffic online as well as signposting people to other sources of support at the earliest opportunity.

11. The usage levels to date reflect a soft launch of the portals whereby they have been made available on the Council's website without any significant publicity. Working with colleagues in the Council's Communications Team, ASC will be promoting the online tools from early January 2018 to encourage people to use the tools as a first step to seeking help. The publicity campaign includes local radio adverts, posters on buses and bus stops, posters in GP surgeries, information in local GP surgeries and health centres. This campaign will be targeted at family members and carers who might be supporting an adult. People in urgent need of immediate support will still be encouraged to contact the Council by usual methods including the Adults Contact Centre and the MASH for safeguarding matters.

12. The next steps for the online tools will be to look at how ASC can use them to interact with people that it already supports in addition to new users. There is the potential to customise the tools to enable people to complete their reviews online and, by doing so, increase the number of annual reviews ASC are able to undertake. The Council can also push out information to people online such as copies of their assessment and copies of their support plan. The longer term aim is to provide a complete electronic care record.

Conclusions:

13. We have launched the provider portal to good effect and will continue to work with providers to roll out e-invoicing to all suitable providers in 2018. The online tools for residents are in the early stages of development but provide an opportunity to change the way ASC interacts with people and could transform how the Council undertakes assessments going forward. Further analysis of usage of the portals will inform how SCC approaches the next stage.

Recommendations:

It is recommended that the Adults and Health Select Committee receive a further update on the portal developments in the autumn.

Next steps:

14. To continue with the roll out of the Provider Portal to all providers of Home Based care under the current framework.

15. To develop the online tools for people in receipt of support from ASC, including online reviews and support planning.

Report contact: Toni Carney, Head of Resources and Caldicott Guardian for ASC.

Contact details: toni.carney@surreycc.gov.uk telephone: 07854259978

Sources/background papers: Cabinet Report 26 May 2015 – Provision of a new system for Adult Social Care.
Social Care Services Board 26 October 2016 – Adult Social Care's System Replacement

Glossary of acronyms:

ASC – Adult Social Care
LAS – Liquidlogic Adults System
SCC – Surrey County Council

Adults and Health Select Committee
25 January 2018
Update on Home Based Care

Purpose of report:

At its meeting on 20 January 2017, Surrey County Council's Social Care Services Board received a report on Surrey's Home Based Care market and agreed to receive further update from officers following re-commissioning of the Service in October 2017. This report provides an update on the Home Based Care market in Surrey to the Adults & Health Select Committee as the successor to the Social Care Services Board while also detailing the impact of the e-brokerage system in more efficiently engaging with and developing the market.

Introduction:

The Home Based Care (HBC) market both nationally and locally is under extreme pressure in terms of finding the capacity to respond to growing demands for the service against challenging financial circumstances. Surrey County Council (SCC) continues to work with health services and providers in developing capacity and service solutions to secure availability of a quality service.

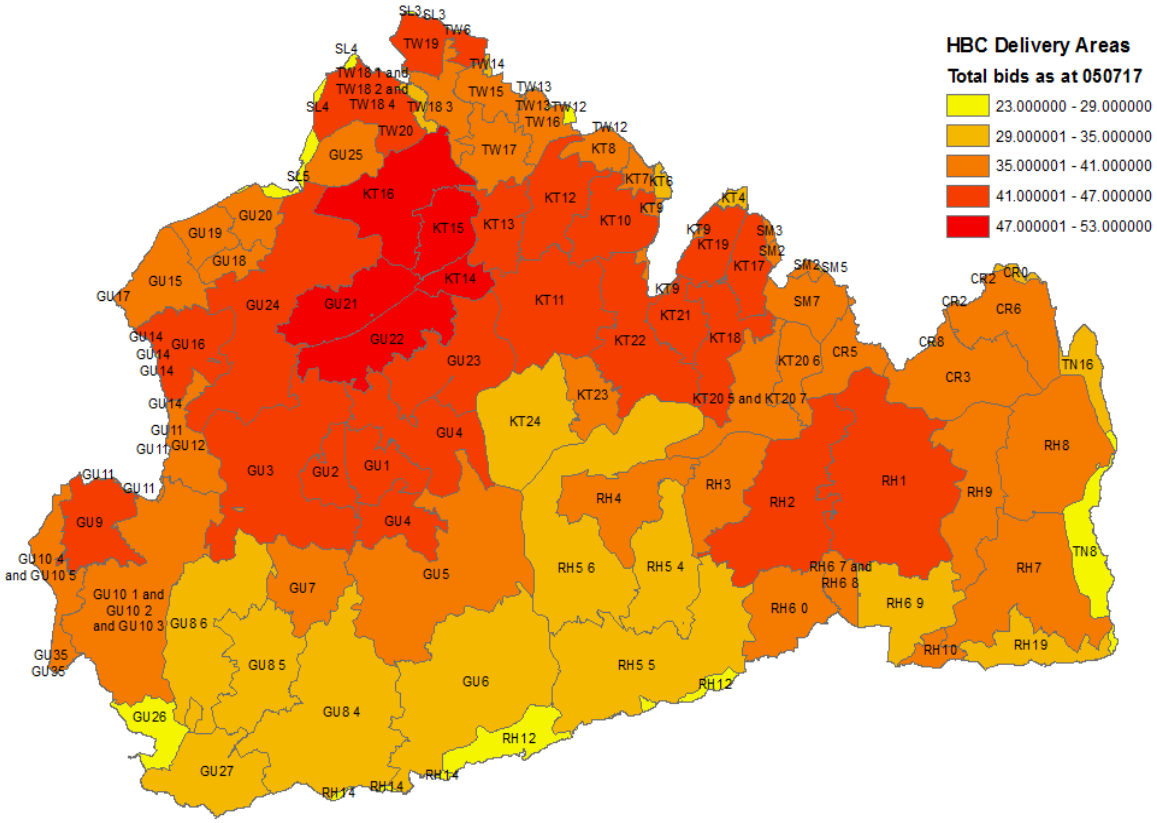
The HBC Service was re-commissioned from 1 October 2017 in order to respond to this challenging environment and this report is provided to update the Committee on the current status of this exercise.

Current Status of HBC Provider Agreements:

1. Invitations for Expressions of Interest to enter into agreement with SCC (with pre-agreed specifications, contractual terms and rates) were issued for Awarded Provider Status (APS) agreements to be effective from 1 October 2017. Receipts have been evaluated by Procurement, Adult Social Care Commissioners, Quality Assurance, Finance and NHS Continuing Health Care (CHC).

2. An initial tranche of Expressions of Interest were received from 128 providers - this has subsequently increased to 152 applications. (Note: There are currently 202 Care Quality Commission registered Home Based Care agencies in Surrey)

3. All post code delivery areas have had at least 20 APS provider bids. Details of number of bidders per post code are shown below –



4. Provider Engagement Events have been held to introduce/train newly awarded APS providers.

5. The invitation remains open for further providers to apply and SCC continues to accept and evaluate new bids on a bi-monthly basis. This allows SCC the flexibility in its approach to the market to encourage new or expanding agencies to engage with the Council for mutual benefit. It should be noted that although all registered providers are encouraged to engage with SCC, there are some providers who may not wish to undertake business with the Council – including, amongst others, those whose business model is established on servicing self-funders and those who are not currently expanding due to staff recruitment challenges.

Use and Benefits of e-Brokerage in the Placement of Packages of Care:

6. The e-brokerage system is a 'one-stop' electronic enquiry for availability to provide sent to all suitable providers using Surrey Information Point. All providers contacted are sent the same information and are given an equal opportunity to respond within a set time frame, usually three hours. The package of care is awarded **after** <u>all providers contacted</u> have had an opportunity to respond.

7. The decision about which provider is awarded the package, in the event of more than one provider having availability, is taken following discussions with the service user, their family, team knowledge or experience of the provider and guidance from Adults Social Care (ASC) officers, and funding approval. All provider rates are already agreed and established through previous APS contract agreements.

8. The system is used by all 11 ASC locality teams, and the five acute hospital teams. NHS CHC has had access to this system since October 2017. Every week more than 60 packages of care are awarded using e-brokerage.

9. Only APS providers are set up with access to the system. Providers receive requests specific to their contracted post code delivery areas. The use of e-brokerage by HBC providers is mandatory in the APS agreements and there are specific Key Performance Indicators (KPI) linked to the usage of e-brokerage.

10. E-brokerage has enabled SCC to generate more data regarding its providers and the HBC market in general. This means that SCC is less reliant on providers submitting data. The data that they do submit can be more easily verified using e-brokerage. The data supplied by e-brokerage enables the Council to identify potential issues with the HBC market and seek to develop solutions to address these issues with partners and providers.

11. The availability of data means that providers can also obtain a better view of the total SCC demand on a post code level allowing them to plan recruitment and capacity allocation within their business plans.

12. Feedback from both ASC/Continuing Health Care (CHC) users and providers has been very positive. Time is freed up to work on other tasks by both ASC/CHC staff and providers as e-brokerage does away with the need to make or respond to countless calls enquiring about availability of care.

Ongoing Contract Management, Quality Assurance and Provider Networking:

13. Every HBC APS provider will have a named contact from SCC (either a local Commissioner or a Social Care Development Coordinator) to enable ongoing contact, development, and performance management.

14. Contract management and performance monitoring will be formally provided through quarterly KPI returns, required from all providers with APS agreements. A copy of the questions to show the areas covered is attached as Annex 1.

15. Contract monitoring meetings will be held regularly with SCC's largest and strategically important providers. These meetings will be chaired by the lead HBC commissioner for each area. A proportionate approach will be taken as to the method and frequency of contract monitoring of smaller providers.

16. Monthly internal contract management meetings will be held with representatives from all local Commissioning areas, NHS CHC, Quality Assurance, Procurement, Business Intelligence, Finance and Legal. These will deal with operational matters, share information and intelligence, and review the action log on providers.

17. A HBC action log has been devised which lists all providers that SCC commissions with and enables risks, comments and actions to be captured by providers. This action log is reviewed at the monthly contract monitoring meetings. It is also accessible to SCC's health colleagues. The action log forms a vital part of the day to day management of HBC and the contract monitoring process.

18. The four Area Quality Assurance Managers in SCC Adult Social Care will maintain oversight of the APS providers in their areas. This will be done by attending the contract monitoring meetings and analysing KPI returns in liaison with the Social Care Development Coordinators. Where concerns around performance or quality arise, the Quality Assurance Manager will arrange a monitoring visit to the agency and the people that use its service. In some instances assurance from the agency may be sought through other means such as telephone or emailing the manager to discuss concerns, or asking for service improvement plans.

19. Quarterly Reference Group meetings will be held with service user representatives for their information and feedback so that the Council can assure that the service continues to be informed by user experience.

20. Each local HBC Commissioner will organise regular provider forums in their area in order to facilitate two-way lines of communication in the local provision of capacity and quality.

21. In addition, the Council will maintain regular contact with Surrey Care Association and, through their provider network, the Surrey care provider market in general.

Conclusions:

22. Contractual agreements have been concluded with an increased number of HBC service providers in Surrey, representing a majority of the market. These cover all postcodes in the County.

23. Placements of new packages of care are being made with use of SCC's e-brokerage system achieving efficiencies for SCC officers and providers as well as delivering data that can be effectively used by all parties.

24. Contract management and performance monitoring processes have been put in place to ensure that ongoing delivery of care is of acceptable quality. Market and provider engagement continues to allow SCC to engage with suitable providers in a flexible way.

Recommendations:

It is recommended that the Adults and Health Select Committee

i. note the status of the re-commissioned Home Based Care Service in Surrey, specifically the part of the market commissioned by Adult Social Care; and

ii. notes Surrey County Council's plans to –

a) continue gathering efficiencies through the usage of e-brokerage;
b) exercise regular contract management and performance monitoring; and
c) work with the provider market to stimulate and support sufficient quality delivery capacity.

Next steps:

The Adult Social Care Directorate will continue the commissioning, delivery and monitoring of HBC services to eligible residents and to address market developments in order to ensure the continuity of quality care.

Report contact:
Michelle Head, Area Director Surrey Heath and Farnham, Adult Social Care
Ian Lyall, Strategic Procurement Manager, Procurement

Contact details:
Michelle Head (michelle.head@surreycc.gov.uk, 01372 833785)
Ian Lyall (ian.lyall@surreycc.gov.uk, 0208 541 9933)

Annexes:
Annex 1 – Performance Monitoring Schedule

Sources/background papers:

None

Glossary of acronyms:
APS – Awarded Provider Status contract agreement for the provision of services
ASC – Surrey County Council Adults Social Care
CCG – NHS Clinical Commissioning Group
CHC – NHS Continuing Health Care commissioners (provided by Surrey Downs CCG on behalf of all Surrey CCGs
HBC - Home Based Care service
KPI - Key Performance Indicator
SCC – Surrey County Council

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Home Based Care

Performance Monitoring Framework

2017 to 2019

SURREY

Home Based Care
Performance Monitoring Framework

1.0 Introduction

The commissioners recognise the importance of effective contract management. The commissioners will manage the performance of the service delivered by their providers through this performance monitoring framework. The primary measures are the key performance indicators (KPIs). These performance measures will

- give the commissioners an overview of the health of the home based care market. This a core requirement for Local Authorities as set out in the Care Act 2014.
- provide evidence of whether the provider has met its contractual obligations and on which to base learning and continuous improvement for the overall benefit of all parties to the contract.

The commissioners will provide some of the data required to complete the KPIs where this is available from our systems. Should more data become available to us over time we will remove provider questions that we can prepopulate. All of the information which forms part of the framework has been listed below. For each item it has been highlighted whether the commissioners or the provider are to provide the information.

The KPIs are based on 1) capacity, 2) quality assurance and 3) cost. In addition, the commissioners will conduct an annual customer feedback survey based on the Think Local Act Personal 'I' Statements that are listed in the service specification. The commissioner's survey will be a core part of the contract monitoring process.

2.0 How and when will the Key Performance Indicators be collected

KPIs are a contractual requirement and all providers will need to submit required KPIs on a quarterly basis. All KPIs will be submitted through the Electronic Contract Monitoring System (ECMS). All KPIs will be submitted through the Electronic Contract Monitoring System (ECMS) on the SE Shared Services portal https://www.sesharedservices.org.uk/esourcing. The KPI data will be submitted via a questionnaire that will be set up for each provider under the Awarded Provider Status (APS) Contract that can be found on the 'My contracts' tab. For technical support or assistance in using the SE Shared Services portal please contact the In-Tend helpdesk. The details for the Intend helpdesk can be found on the SE Shared Services 'Contact Us' tab. The commissioners will be delivering refresher training sessions on using ECMS over the course of the contract lifetime.

Case studies and compliments will be submitted separately. KPI data must be submitted within three weeks of the end of the reporting period end date (set out in appendix A below). The data submitted must relate to the registered office(s) from which you will be delivering a service for Surrey residents.

3.0 Quality Assurance

Data provided will be considered as part of our overall quality assurance process including meetings and visits.

KPI No.	Perf Indicator	Driver	Source of data	Questions (Calculation Methodology)	Target	Reporting Frequency
KPI 1a	Respond to all new HBC packages sent to provider on E-Brokerage System, irrespective of bid outcome i.e. rejection or bid for package	**CAPACITY-Responsiveness (to new ASC & CHC HBC business offers)**	**Commissioner (SCC/ CHC)**	Performance Questions: Q1: Number of new packages provider has responded to during the reporting period via E-Brokerage system _____ Q2: Number of ALL new packages sent to provider on E-brokerage system.	100% response rate to packages sent to provider	Quarterly
Mgt Info	% of new packages awarded to a provider following a positive bid through E-Brokerage system	**CAPACITY (where is new business being bid for actually being awarded)**	**Commissioner (SCC/ CHC)**	Q3: Number of new packages provider has actually been awarded _____ Q4: Number of new packages provider has responded to positively during the reporting period via E-Brokerage system in areas covered in tender bid	No target – mgt info only	Quarterly
Mgt Info	Business pick up rates: The number of ***new*** home based care packages successfully awarded which were ACTUALLY picked up by provider.	**CAPACITY (where is new business being bid for actually being awarded AND picked up)**	**Commissioner (SCC/ CHC)**	Q5: Number of new packages provider has actually been awarded (ASC/CHC) _____ Q6: Of the number of packages awarded to provider, how many did they actually start providing a service for (ASC/CHC)	No target – mgt info only	Quarterly

KPI No.	Perf Indicator	Driver	Source of data	Questions (Calculation Methodology)	Target	Reporting Frequency
KPI 2	Business Volumes, Growth & Turnover: Increase the total volume of home care packages delivered	**CAPACITY (growth and new business: where and who is picking up new home care business)**	**Provider – via ECMS** **Provider – via ECMS**	**Packages** Q7a: Total number of packages held at start of period. Q7b Of those, number of CHC packages held at start of period. Q8a: Number of brand new packages started during the period Q8b: Of those, number of brand new CHC packages started during the period. Q9a: Total number of packages ceased for client reasons during reporting period (admitted to hospital, moved house etc) Q9b: Total number of packages 'handed-back' by provider during period due to business reasons Q10a: Total number of packages held at end of period Q10b Of those, number of CHC packages held at end of period **Hours** Q11a: Total number of home based care hours contracted to provide during period Q11b: Of those, number of CHC home based care hours contracted to provide during period Q12: Total number of ACTUAL home based care hours provided during period	Aspiration is to increase over time	Quarterly

KPI No.	Perf Indicator	Driver	Source of data	Questions (Calculation Methodology)	Target	Reporting Frequency
Mgt Info	Total scheduled and unscheduled calls	**QUALITY ASSURANCE, CAPACITY, COST**	**Provider – via ECMS**	Q13: Total number of unscheduled calls made during the period Q14a: Total number of calls scheduled during the reporting period		
KPI 3a	Responsiveness: % of all calls scheduled during the reporting period which were 'missed'.			Q14: Of which b) number of calls during the reporting period which were **'missed'**	Target 0%	Quarterly
KPI 3b	Responsiveness: % of all calls scheduled during the reporting period which were 'late'.			c) number of calls during the reporting period which were **'late'**	Target 0%	Quarterly
KPI 3c	Responsiveness: % of all calls scheduled during the reporting period which were 'rescheduled'.			d) number of calls during the reporting period which were **'rescheduled'**	Target 10% max	Quarterly
KPI 3d	Responsiveness: % of all calls scheduled during the reporting period which were 'cancelled'.			e) number of calls during the reporting period which were **'cancelled'** *For definitions of 'missed', 'late', 'rescheduled', 'cancelled' see section section 6.7 in the specification or Appendix B below.*	Target 5% max	Quarterly

KPI No.	Perf Indicator	Driver	Source of data	Questions (Calculation Methodology)	Target	Reporting Frequency
KPI 4	Staffing and business continuity	**QUALITY ASSURANCE, CAPACITY**	**Provider – via ECMS**	*(Data to relate to Registered offices (branches) for which provider is actually delivering a service to Surrey residents. Data refers to care staff delivering a front line service i.e. packages of care)* Q17: Total care staff employed by provider at start of period Q18 Number of new care staff employed during period Q19: Number of care staff who left during the period *(used to calculate turnover rate)* Q20 Total care staff employed by provider at end of period *(used to calculate turnover rate)* Q21: Total number of vacancies as at the end of the period Q22: Capacity (hours): As at the end of the period, estimated total number of home based care hours provider has capacity to deliver. Q23: Do you anticipate any significant business continuity risks in the next period that you would like to discuss with us? (if yes please give details)	Aspiration is for turnover and vacancy rate to be consistently and comparatively low over time	Quarterly
KPI 5	Staff trained on core mandatory training and who meet the care certificate standards	**QUALITY ASSURANCE** **Training**	**Provider – via ECMS**	Q24: % of staff employed at the end of the period who meet the Care Certificate Standards or equivalent. Q25: % of staff employed at the end of the period who are up to date on their core training as set out by the commissioner in section 4.1.4 of the specification or Appendix C below:	Target 100% Target 100%	Quarterly Quarterly

KPI No.	Perf Indicator	Driver	Source of data	Questions (Calculation Methodology)	Target	Reporting Frequency
KPI 6	% of customers who are satisfied with the home care service they receive from their provider	**QUALITY ASSURANCE** **Customer Engagement**	**Provider – via ECMS**	Q26a: Number of complaints received in the period Q26b: of the number of complaints, number upheld. Q27: How frequently do you survey your clients for customer satisfaction? Q28a: Number of clients invited to take part in your customer satisfaction survey in the last quarter? Q28b: Number of clients who responded to your customer satisfaction survey in the last quarter? Q29: % of clients in the last quarter who responded that they were either satisfied or very satisfied with the home care service they received? Q30: Please upload a blank copy of your customer satisfaction questionnaire.	Target 95%	Quarterly

KPI No.	Perf Indicator	Driver	Source of data	Questions (Calculation Methodology)	Target	Reporting Frequency
KPI 7a	**Submit accurate performance data** via the Electronic Contract Management System (ECMS) Portal within 3 weeks of the reporting period end date.	**QUALITY ASSURANCE** **Performance Data Submissions**	**Commissioner (SCC/ CHC)**	Q31: Quarterly KPI questionnaire data completed and returned within timescale on the Electronic Contract Monitoring System (ECMS)	100%	Quarterly
KPI 7b	**Attend regular meetings** between provider and commissioners as and when necessary.			Q32: Attendance at meetings scheduled by the commissioner.	100%	Ad hoc
Mgt info	**Submit example** case studies and/or compliments via the Electronic Contract Management System (ECMS) Portal within 3 weeks of the reporting period end date.			Q33: Have you uploaded any case studies or compliments this quarter?	100%	Quarterly

Appendix A: Performance information submission deadlines

Quarter	Reporting deadline
01 October 2017 - 31 December 2017	19 January 2018
01 January 2018 - 31 March 2018	20 April 2018
01 April 2018 - 30 June 2018	20 July 2018
01 July 2018 - 30 September 2018	19 October 2018
01 October 2018 - 31 December 2018	21 January 2019
01 January 2019 - 31 March 2019	19 April 2019
01 April 2019 - 30 June 2019	19 July 2019
01 July 2019 - 30 September 2019	21 October 2019

Appendix B: Guidance on late and missed calls

The commissioners view planned and timely visits to vulnerable people in their own homes as a very important part of meeting individual needs and ensuring their wellbeing. It is clear that missed or late calls are not acceptable, as they leave individuals feeling anxious and forgotten and potentially at serious risk. In particular the consequences of each missed or late call must be considered.

- A **missed call** is where an individual has not received a visit where one is scheduled, and does not receive a visit before the next scheduled visit, and has not been contacted to rearrange the time of visit (e.g. visits are scheduled to take place three times a day and the first visit of the day does not take place and the first achieved visit is the scheduled second visit of the day.) The consequence of a missed call needs to be risk assessed according to the commissioners' safeguarding procedures. Any missed call should be communicated to the practitioner as soon as practically possible. This is different to a cancelled call (see below).
- A **late call** is where an individual has not received a visit within 30 minutes of the scheduled time, and has not been contacted to rearrange the time of visit.
- A **rescheduled call** is when a call is delayed and the individual receiving care has agreed for the call to be delivered at a different time/ or the individual has requested it be delayed.
- A **cancelled call** is when a call has been cancelled prior to the due time and the individual receiving care has agreed for the call to be cancelled/ or the individual has requested it be cancelled.

Appendix C: Core Training

The core training that the commissioner expects all the providers care worker staff to have undertaken and be up to date in are:

- Moving and handling
- Dementia awareness
- Mental health awareness
- Medication training
- Infection prevention and control
- Fluids and nutrition
- Safeguarding in accordance with the Surrey Safeguarding Adults Board Procedures
- Equality and diversity
- Privacy and dignity
- Health and safety

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Adults and Health Select Committee
25 January 2018
Adult Social Care Debt

Purpose of report:

To update the Adults and Health Select Committee on Surrey County Council's Adult Social Care Debt position as at the end of November 2017.

Introduction:

Under the Care Act 2014, when a local authority arranges care and support to meet a person's eligible needs, the local authority may ask the person to pay a contribution towards the cost of providing that support subject to an assessment of the person's financial circumstances. The current regulations include powers to charge for residential and nursing care as well as the ability to charge for care and support provided in that person's home. If a local authority decides to adopt a charging policy, the regulations provide a broad framework for charging which must be followed.

Income from charging is an essential contribution to Adult Social Care's (ASC) budget to support the delivery of services to help people live and age well. The budgeted income from charging for the previous financial year April 2016 to March 2017 was £47 million. The actual income raised was £48.65m. The initial budgeted income for 2017/18 was £50m but ASC is on target to achieve £53.9m.

SCC's Social Care Services Board received an annual report on ASC's outstanding debt position and this paper provides a similar update for the Adults and Health Select Committee.

The charging and collection process

1. The financial assessment and charging process is undertaken by the Financial Assessment and Benefits (FAB) service in Adult Social Care. The social care practitioner will make a referral to the FAB service when it has been identified that the person is likely to receive a chargeable service from ASC. The FAB service will offer a face to face visit to complete the financial assessment form as well as identify any missing benefit entitlements. The FAB service has access to the Department of Work and Pensions database CIS (Customer Information System) to support this process. CIS holds details of the benefits paid to people. By accessing CIS, the FAB service can gather financial information to complete financial assessments more rapidly. The FAB service can also identify people who will not have to contribute towards their care and support due to low income and exempt them at an early stage in the assessment process.

2. The timeliness of assessments is an important part of the process to ensure that people are informed in advance of receiving support whether or not they are required to make a contribution towards their social care and the amount of that contribution. Only a small number of people are exempt from charging for residential and nursing care arranged by ASC but around 50% of people receive their care and support at

home free of charge. The nature of the service is such that, on occasions, people need urgent arrangements to be put in place, regardless of whether or not a financial assessment has been undertaken and this can lead to backdated assessments.

3. Charges are raised in ASC's finance system, Controcc, and passed across to SAP (the Council's main financial system) where an account is set up for the individual. The Business Operations Team, part of Orbis, is responsible for sending out the statements and collecting payments. From 1 January 2018, responsibility for chasing outstanding debt transferred from the Business Operations Team to ASC together with a team of seven staff.

4. The preferred method of collecting charges is via Direct Debit and the Council promotes this by sending a Direct Debit instruction with every statement and reminder letter as well as discussing Direct Debit as a payment method at the outset. At the end of November 2017 64% of payments were collected by Direct Debit. A previous review of other local authorities performance in this area indicated that the SCC's collection rate by Direct Debit is one of the highest amongst comparable local authorities.

5. Reminders for non-payment are issued promptly in accordance with the following dunning (debt-recovery) cycle.

    Dunning level 1 - reminder letter 1 13 days
    Dunning level 2 - reminder letter 2 30 days
    Dunning level 3 - reminder letter 3 45 days

6. At dunning level 2, new debtors reaching this level for the first time are referred to the FAB service for a follow up conversation regarding the outstanding debt. The requirement to pay towards the care and support package will have been explained previously to the person or their financial advocate and non-payment at this stage, provides an opportunity to clarify any issues not previously raised.
Many dunning level 2 debtors will arrange payment following this conversation. However, there will be some instances where people do not engage with the service around payment and it may be necessary to escalate the debt recovery process.

7. At the end of the dunning cycle if there is no arrangement to repay the debt, the Care Act 2014 enables a local authority to make a claim to the County Court for a judgement order to recover the debt. Guidance issued under the Care Act requires a local authority to consider whether it is appropriate to recover the debt in this manner. In the period April 2017 to November 2017, 45 cases were referred to Orbis Law for further recovery action or a legal view regarding the prospect of successfully recovering the debt.

Current debt position

8. The overall ASC debt position as at November 2017 is provided at Annex 1 to this report. To illustrate the trend in debt, figures are provided for November 2016 and April 2017. The table shows that the total outstanding debt rose from £17.60m in November 2016 to £17.77m in April 2017 and to £19.58m in November 2017. This equates to a total increase over the last twelve months of £1.81 m. However, there was a corresponding increase in the amount of secured debt in the same period of £1.2m. These figures are extracted from SAP, the Council's financial system. In addition, Orbis Law has legal undertakings to settle a further £160k not reflected in the secured figures.

9. This increase in secured debt reflects both an increase in deferred payment applications and the conversion of some existing debt to deferred debt in keeping with the provisions of the Care Act. A deferred payment application is a binding agreement to defer the debt in exchange for a legal charge on a property. The debt is settled at the point of sale of the property. Compound interest can be charged on the debt at a national rate, currently 1.45%. Since April 2017, SCC has raised £23k in interest on live deferred payments and raised a further £65k in administration charges.

10. Write-offs of debt deemed uncollectable in the year to date amount to £387k in respect of 199 accounts. Generally those write-offs were in respect of debt more than two years old and where there was no prospect of recovery. As the responsibility for debt transfers to ASC, a key task for the service will be to review the aged debt and assess the individual debts robustly to determine those which are collectable and those which will either be uneconomic to pursue or unrecoverable for other reasons eg statute barred. At the same time, SCC will be reviewing the outstanding credit balances and making arrangements to refund balances where appropriate.

11. We will also be taking forward the learning from the debt recovery project in ASC. To recap, in September 2016, additional temporary resource was agreed on an invest to save basis to target static, unsecured debt in excess of £10k with the aim of identifying quick wins; understanding the root cause(s), if any, and agreeing any process changes to improve collection rates going forward. This short term project recovered £2.3m by 31 August 2017 and had a direct impact on the shift between unsecured and secured debt.

12. This project illustrated the benefits of having proactive conversations with people, including where necessary visiting people to facilitate payments. There were many examples of payment being made when people were supported to do so, including the settlement of a substantial debt by an individual who had been a victim of financial abuse. SCC supported him to obtain compensation from his bank and he was able to settle his debt as well as benefit from the additional money he received. Going forward officers will look at how we use both the FAB resource and the debt recovery resource to best effect to continue this work.

13. In addition to the debt project, an Income and Debt Task and Finish group was established to look at the end to end process from the point of referral to ASC for support through to debt recovery to identify any further improvements. This group is exploring options to tighten the referral and authorisation process to avoid backdated assessments where possible. The group will also look at staff training needs to ensure that roles and responsibilities around charging and debt are fully understood. One output from the group will be to establish new performance indicators across the pathway to measure key elements of the income and debt process. The Task and Finish group will report on their work to the ASC Leadership Team in March 2018.

Conclusions:

14. There has been a specific focus by Adults on debt in the last 12 months and there have been clear benefits to this work. There is a need to build on this work and, together with colleagues from Business Operations and Orbis Law, it is essential that SCC improves practise, reduces incidents of debt occurring and improve debt management thereafter.

Recommendations:

It is recommended that the Adults and Health Select Committee receive an annual report on the performance of ASC's debt management in light of the transfer of responsibility from Business Operations to Adult Social Care.

Next steps:

15. To integrate the social debt team from Business Operations with the Adults FAB service.

16. To agree key performance indicators across the social care debt pathway.

Report contact: Toni Carney, Head of Resources and Caldicott Guardian for ASC.

Contact details: toni.carney@surreycc.gov.uk telephone: 07854259978

Sources/background papers:

Report submitted to the Social Care Services Board on Adult Social Care Debt – 26 October 2016

Annexes:

Annex 1 – Adult Social Care Debt Report

Glossary of acronyms:

ASC – Adult Social Care

CIS - Customer Information System

FAB - Financial Assessment and Benefits

SCC – Surrey County Council

ASC Care Debt Report

Annex 1

Debt > 1 Month £ million	**November 2016**	**April 2017**	**November 2017**
Secured	6.59	7.44	7.79
Unsecured (not covered by one of the categories below)	4.43	3.10	3.74
Under query	0.33	0.70	0.77
Awaiting probate	0.21	0.55	0.44
Instalments	0.47	0.46	0.57
Deferred payment applications	0.31	0.21	0.50
External CoP Deputyship	0.45	0.72	0.80
Total unsecured debt subject to a recovery block	1.77	2.64	2.98
With Legal services	2.30	2.15	2.05
ASC Deputyship	2.37	2.36	2.87
Awaiting ASC write off authorisation	0.14	0.07	0.17
Total unsecured debt outstanding	11.01	10.32	11.81
Total	17.60	17.76	19.60
Charges posted in month – not yet due	3.26	3.92	3.79
Total debt including charges posted in month	20.86	21.69	23.39
Gross debt accounting credit balances	21.76	22.67	24.43
Total live credit balances	-0.73	-0.78	-0.80
Total deceased credit balances	-0.18	-0.20	-0.24
% received of amount billed previous month	88%	92%	101%
% received of amount billed (12 month av)	97%	96%	96%
% payments collected by DD	65%	66%	64%
No of cases referred to Legal	7	13	6
Value of debt at date referred	0.04	0.07	0.043
Number of 'open cases' with Legal	107	107	106
Current value of 'open cases'	3.18	3.02	2.97

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ADULTS AND HEALTH SELECT COMMITTEE

25 JANUARY 2018

SURREY HEARTLANDS SCRUTINY SUB-GROUP UPDATE

Purpose of report:

To provide the Committee with an update on developments in the Surrey Heartlands Sustainability and Transformation Partnership (STP) and scrutiny undertaken by the Sub-Group since it was established.

Introduction:

1. In December 2015, the Government asked local health and care organisations to work together across larger areas to plan and improve services for the next five years to deliver the NHS vision (also known as the Five Year Forward View). These partnerships are called Sustainability and Transformation Partnerships (STPs). These plans were expected to be ambitious, improving services for local residents to offer the very best care and treatments, whilst ensuring the plans are sustainable in the long term.

2. The Surrey Heartlands STP covers the central and western parts of Surrey; those areas currently looked after by Surrey Downs, North West Surrey and Guildford and Waverley Clinical Commissioning Groups (CCGs).

3. A Sub-Group was formally established by the Adults and Health Select Committee in September 2017 to monitor the development of the Surrey Heartlands STP plans in 2017/18, including
   - proposals for the Epsom and St Helier estate;
   - stroke review plans for Surrey;
   - the approach to public engagement.

4. Membership of the Sub-Group was agreed as Ken Gulati, Sinead Mooney, Bill Chapman and John O'Reilly. It was agreed that the Members would meet quarterly with Surrey Heartlands officers and would report back to the Adults and Health Select Committee.

5. The Terms of Reference of the Sub-Group were approved by the Overview and Budget Scrutiny Committee at its meeting on 14 September 2017. These are attached at Annex 1.

6. The Sub-Group has met with officers on two occasions; 22 August 2017 and 3 January 2018. This report provides Members with an update on scrutiny of Surrey Heartlands STP carried out by the Sub-Group to date.

Epsom and St Helier Estate Proposals

7. The Sub-Group received a briefing on the approach that will be used to engage with public and patients on the plans for Epsom and St Helier University Hospitals NHS Trust (ESTH) from 2020 to 2030.

8. Members of the Sub-Group had the opportunity to review the proposed engagement materials and provide feedback. Members suggested some amendments be made to the documents which would provide clarity around what services would be changed and what this would entail, whilst emphasising that 85% of patients would see no change to where they receive their care.

9. Members heard that the main challenge faced by ESTH were poor buildings and grounds which need to be replaced and modernised in order to ensure they are fit for purpose in 2020 to 2030. Members toured two wards at Epsom Hospital to see the current facilities and to gain an understanding of what changes would be required in order to facilitate modern health care services in the future.

Stroke Services in Surrey

10. The Chairman of the Adults and Health Select Committee met with officers from Guildford and Waverley CCG in August 2017 to discuss the review of Stroke Services in Surrey.

11. The stroke review had identified that there was a requirement for three Hyper-Acute Stroke Units (HASUs) in Surrey, with two located in the west and one in the east. Frimley's services were considered a fixed point as they also covered Berkshire and Hampshire. An options appraisal had identified Ashford and St Peter's Hospital (ASPH) as a preferred site for the second HASU, given the population profile and presence of vascular services at the hospital. The choice of this site was also supported by the national stroke expert panel.

12. As a result of a consultant resignation in October 2016, Royal Surrey County Hospital (RSCH) informed commissioners that they were unable to provide safe stroke care as of January 2017 when their consultant departed. An interim model was put in place which saw hyper acute services (up to 3 days) being delivered by Frimley, with the acute support (3-10 days) being provided at RSCH. This arrangement saw consultants working across both sites. Members noted that this met the minimum requirements of the South East Strategic Clinical Networks (SESCN) Stroke

Service Specification.

13. It was explained that the data and consultation feedback received had meant that a new proposal was being put forward to the CCG's committee in common. This would see the interim model essentially being retained. This proposal responded to local concerns about the accessibility of services.

14. Members queried what work had been undertaken to address concerns in respect to ambulance travel times. It was noted that SECAmb had an improvement plan in place and new leadership who had acknowledged the need to address issues. Members were satisfied that there were no specific concerns regarding the proposal and therefore asked for further communications to be shared following agreement of the final proposal.

15. Impact of the proposed model will be measurable within a 1-2 year timeframe and it is recommended that the Committee review Surrey's stroke services again at that point.

Approach to Public Engagement

16. Surrey Heartlands STP recently collaborated with Healthwatch Surrey to recruit "Citizen Ambassadors". This concept is to ensure local people can input into the development of services, ensuring their views are represented when proposed changes are being considered.

17. Members questioned how the STP was ensuring a representative view across the demographics when engaging with the public. Officers informed Members that the STP had created a panel of 1500 people, including patients, carers and public, representing all demographics, including typically hard to engage with age groups and commuters. A survey about the development of the mental health workstream was recently circulated to this panel, and the STP received 1500 responses within one week.

18. In addition to the new public panel, the STP continues to hold regular stakeholder engagement events which are open to the public.

Integration

19. Surrey Heartlands STP has been awarded £80m of transformation funding, phased over the next four years. £15m of this funding is to be used in 2017/18. Members requested information about the types of projects that this £15m would be spent on and examples of how this fitted in with the STPs long term strategic plans.

20. £2m of the funding was allocated to deal with winter pressures. Whilst this was a current issue, officers were keen to highlight that this spend was not a reactive measure. Instead the funding in this area was used to deliver planned transformation projects which would help achieve the long term aims of the STP in being winter

resilient, whilst having an immediate effect in helping with the winter pressures being experienced now.

21. The Sub-Group requested some details of examples of winter pressure projects that the funding had been used for. These included additional funding for reablement, increased funding to secure additional community beds, 8am-8pm GP provision in A&E departments and holding GP masterclasses to help with sustainable working.

22. £2.5m was allocated to further developing the care model to ensure joined up working across all partner organisations.

23. Members explored how timely discharge from hospital into social care is being addressed by the STP. Officers admitted that the targets for delayed transfers of care (DTOC) were high and were difficult to achieve in times of increased demand; however progress had been demonstrated in recent DTOC data.

24. The Sub-Group requested examples of specific projects that had assisted the timely discharge process. Members were informed that there was a focus on the "Discharge to Assess" concept; allowing patients to be assessed for their ongoing care needs in their own environment. Furthermore, this concept was also effective in reducing the number of readmissions within 30 days as a result of ensuring the correct package of care was in place from day one of discharge. Other initiatives include the red bag scheme and additional funding in continuing healthcare and nursing processes.

25. Members questioned the scale of Surrey Heartlands STP as it does not currently cover a large enough population to benefit from devolved specialised commissioning. Members were informed that the STP were using this as an opportunity to engage with Frimley STP and Sussex and East Surrey STPs. Members acknowledged that this would be a positive step in accruing benefits to all Surrey residents, not just the 85% that live within the Surrey Heartlands footprint.

Conclusions/ next steps:

26. The Sub-Group has scrutinised areas of Surrey Heartlands STP as currently outlined in the Sub-Group's Terms of Reference.

27. In order to ensure scrutiny of Surrey Heartlands STP remains relevant, Members of the Sub-Group were invited to make suggestions for future areas of focus and the following proposals were put forward by Members which have been incorporated into the revised Terms of Reference for the Sub-Group as detailed in Annex 1:

    a. the integration of health and social care across the Surrey Heartlands footprint

b. the impact of the wider determinants of health and the pressure that these put on health and social care services;
c. Mental Health;
d. measures to reduce health inequalities within the Surrey Heartlands Footprint

28. It has further been proposed that the delivery of Stroke Services remains a priority for the Sub-Group.

29. Members of the Sub-Group are satisfied with the progress made with the STP and will continue to monitor developments on a quarterly basis.

Recommendations:

30. The Committee is asked to:
    a) acknowledge the progress to date of the Surrey Heartlands STP.

    b) commend the STP for its preparedness and resilience in dealing with winter pressures.

    c) review and agree the revised Terms of Reference of the Sub-Group (annex 1) incorporating future areas of focus for the Sub-Group over the next six months.

Next steps:

The Sub-Group will meet with Surrey Heartlands STP officers in April 2018 and will report back to Committee in July 2018.

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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;

- the delivery of Stroke Services following their review;
- the integration of health and social care across the Surrey Heartlands footprint
- the impact of the wider determinants of health and the pressure that these put on health and social care services;
- Mental Health;
- measures to reduce health inequalities within the Surrey Heartlands Footprint

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 three 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 2018, 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.

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	Accommodation with Care and Support (Extra Care)	4 April 2018	None	The Committee will review the next phase of the ASC accommodation with care and support project. Members will have the chance to look at how SCC is implementing its project on delivering accommodation with care and support to assess quality, finances and its impact on health and social care integration.
AHSC	Integrated Sexual Health Services Contract Review	4 April 2018	None	At its meeting on 4 September 2017, the Adults & Health Select Committee agreed to review the performance of the integrated Sexual Health and HIV Services contract in nine months' time. This item will give Members the opportunity to consider performance in delivering the new Sexual Health & HIV Services contract to assess whether it has had an impact on patient outcomes given the introduction of a new service model.
AHSC	Recommissioning of Sexual Health Services Task Group	4 April 2018	None	The Committee will receive a report back on the findings of the Sexual Health Services Task Group and will be given the opportunity to review and comment on the recommendations by the Task Group regarding consultation and communication around service changes arising from the implementation of the new contract.
AHSC	Update from SECAmb Regional HOSC Sub-Group	4 April 2018	None	At its meeting on 9 November 2017, the Committee requested an update on scrutiny undertaken by the SECAmb Regional HOSC Sub-Group including on those areas of scrutiny recommended by the Committee. The Committee will receive an update on work being undertaken by the SECAmb Regional HOSC Sub-Group to scrutinise SECAmb's performance. This will include a report back on

				the following areas as proposed areas for scrutiny by Members of the Adults & Health Select Committee: a. performance against call response time targets as outlined in the Ambulance Response Programme (ARP); and b. response times for ambulances on call outs to rural areas
AHSC	Mental Health Inpatient Services	4 July 2018	None	To update Members on plans by Surrey & Borders Partnership NHS Foundation Trust to ensure the future accessibility of mental health inpatient services in Surrey. The Adults & Health Select Committee agreed to receive an update on phase 3 implementing Mental Health Inpatient provision. This will include details of the planned consultation process and accessibility of services.
AHSC	Substance Misuse Contract	4 July 2018	None	The Adults & Health Select Committee will receive a report on proposed changes to the Surrey County Council's contract on the delivery of Substance Misuse services. The Committee will be asked to consider the reconfiguration of the Council's Substance Misuse contract to review how these services will be delivered in the future.
AHSC	SECAmb Performance Review	4 July 2018	None	The Committee will receive a report outlining SECAmb's performance against key metrics and indicators. Members will review how SECAmb is delivering against national targets and will assess the steps it is taking to improve performance following the CQC's 'Inadequate' rating given to the Trust in October 2017.
AHSC	Suicide Prevention Framework	7 November 2018	None	This will report provide an update to Members on progress against the Suicide Prevention Framework as requested by the Committee at its meeting on 9 November 2017. The

				Committee will be given the opportunity to review and comment on progress against the Suicide Prevention Framework.
AHSC	Guildford & Waverley CCG Adult Community Health Services Contract	7 November 2018	None	The report will provide an outline of Guildford and Waverley CCG's Integrated Adult Community Health Services contract, how the provider is delivering against the terms of this contract. Members will review delivery on Guildford & Waverley CCG's Integrated Adult Community Health Services Contract following implementation.
AHSC	Surrey Heartlands	Task group (see below)	None	The committee will need to consider how it reviews the Surrey Heartlands devolution proposal, and other strategic plans across the footprint. As this is an area of considerable strategic change, it may wish to consider a plan of ongoing engagement with the topic.
AHSC	Learning Disabilities and Transition Task Group	November 2017 onwards	Children & Education Select Committee	The statutory responsibilities of the council to both children and adults with care and support needs are substantial. The number of young people with complex needs transferring into adult social care has been recognised as a significant demand pressure within the MTFP. This has also been identified by the Cabinet Members as an area requiring the support of the Council's scrutiny function.
AHSC	Sexual Health Services	December 2017 onwards	None	At the Adults & Health Select Committee, Members agreed to form a Task Group to review the consultation and implementation phases of Surrey's new sexual health services contract. The Task Group will report back to the Committee on 4 April 2018.
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
AHSC	Blue Light Collaboration	In development	Communities Select Committee	To receive an update on the Blue Light Collaboration project.

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.