

MINUTES of the meeting of the **ADULTS AND HEALTH SELECT COMMITTEE** held at 11.00 am on 10 October 2019 at Ashcombe Suite, County Hall, Kingston upon Thames, Surrey KT1 2DN.

These minutes are subject to confirmation by the Committee at its meeting on Wednesday, 4 December 2019.

Elected Members:

- * Dr Bill Chapman (Chairman)
- * Mrs Clare Curran
- * Mr Nick Darby (Vice-Chairman)
- * Mrs Angela Goodwin
- * Mr Jeff Harris
- * Mr Ernest Mallett MBE
- Mr David Mansfield
- * Mrs Marsha Moseley
- * Mrs Tina Mountain
- * Mrs Bernie Muir (Vice-Chairman)
- * Mrs Fiona White

Co-opted Members:

- * Borough Councillor Vicki Macleod, Elmbridge Borough Council
- Borough Councillor Darryl Ratiram, Surrey Heath Borough Council
- * Borough Councillor Rachel Turner, Lower Kingswood, Tadworth and Walton

In attendance

Cabinet Member for Adults and Public Health

7/19 APOLOGIES FOR ABSENCE AND SUBSTITUTIONS [Item 1]

Apologies were received from David Mansfield and Daryll Ratiram.

8/19 MINUTES OF THE PREVIOUS MEETINGS: 13 JUNE 2019 [Item 2]

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

9/19 DECLARATIONS OF INTEREST [Item 3]

None received.

10/19 QUESTIONS AND PETITIONS [Item 4]

None received.

11/19 CABINET MEMBER UPDATE [Item 5]

Witnesses:

Sinead Mooney, Cabinet Member for Adults and Public Health
Liz Uliasz, Deputy Director – Adult Social Care

Key points raised during the discussion:

1. The Cabinet Member introduced the item and highlighted that the Cabinet Member update included in the supplementary agenda had previously been considered at the meeting of the County Council on 8 October 2019. Members attention was drawn to the Adult Social Care budget where it was confirmed that significant work was being put into achieving the budget target for the year. The Cabinet Member further confirmed that the Cabinet meeting in October would consider a report on Accommodation with Care and Support which would include details of the three pipeline schemes. In regards to the Integrated Sexual Health, the Cabinet Member informed Members of a recent visit to the service providers and stated that it was very positive and that the continuous improvement plan was clear and focused.
2. The Select Committee requested details of the officer responsible for implementing the Accommodation with Care and Support ambitions. The Cabinet Member explained that the process was underway to recruit to a position which would have the responsibility to lead and develop the schemes.
3. The Select Committee further asked what the budget saving would be for an additional 80 units per year within the extra care and supported housing schemes over the next nine years. The Cabinet Member confirmed that the saving within the Adult Social Care budget would be between £750,000 and £1 Million. Members further requested information on how the timescale and number of units were decided and if it was possible for the timescale to be reduced. The Cabinet Member clarified to Members that the figure of 725 units by 2028 highlighted in the report was specifically for affordable social housing needs and that the overall target was 2000 units. It was further highlighted that Cabinet had previously agreed to allow the Council to have the option to purchase private units if there was need. The Select Committee noted that the overall figures of the programme would be circulated by the Cabinet Member after the meeting.
4. The Select Committee asked when the continuous improvement plan for the Integrated Sexual Health providers would be available for Members to view. The Cabinet Member agreed to circulate an executive summary once it was available.
5. Members asked what partnership work was underway between the Substance Misuse Service and mental health workers within the Children's Services family safeguarding model. The Deputy Director for Adult Social Care informed Members that she now sat on the Family Safeguarding Board and that work was ongoing to finalise any information sharing protocols and that they would be looking to work in a joint up way with Children's Services.
6. Members requested information on the work being undertaken to shorten the amount of time it took for those with mental health needs to access appropriate services. The Deputy Director for Adult Social Care explained that part of the review of Section 75 would allow the Council to implement the Care Act appropriately which stated that support delay should be reduced. It was highlighted that this work was a key element of the Health and Wellbeing Strategy. Members further highlighted that disability caused by mental health problems may increase in future years and asked the Cabinet Member whether the Council was highlighting the need for increased funding to Central

Government. The Cabinet Member agreed to provide a response outside of the meeting.

7. Members asked whether the vacancy rates were improving in Adult Social Care. The Deputy Director for Adult Social Care informed Members that there were still areas where the service struggled to recruit but that officers were conducting ongoing targeted pieces of work to address these areas.
8. The Cabinet Member was asked how confident she was in Adult Social Care's processes and services in sight of the upcoming exit of the European Union. The Deputy Director for Adult Social Care explained that she was a member of a working group which considered all the different risk factors for a no deal European exit. Part of this work was being conducted in collaboration with the local health resilience partnership and the local resilience partnership so that providers were aware of any potential risks. Work was also ongoing with NHS England to ensure their work was supported by Adult Social Care.

Recommendations:

For the Select Committee to receive an update at each of its formal meetings from the Cabinet Member for Adults and Public Health and the Deputy Cabinet Member for Health on priorities and work undertaken.

The Chairman agreed to consider item 7 before item 6

12/19 PREPARATION FOR WINTER PRESSURES [Item 7]

a. Surrey Heartlands Winter Preparedness

Witnesses:

Dr Claire Fuller, Senior Responsible Officer for Surrey Heartlands

Karen Thorburn, Director of Performance, Surrey Heartlands Integrated Care System

Giles Mahoney, Integrated Care Partnership Director - Guildford and Waverley

James Thomas, Chief Operating Officer, Ashford and St Peters NHS Foundation Trust

Jackie Raven, Associate Director for Urgent and Integrated Care, Surrey Heartlands

Liz Uliasz, Deputy Director, Adult Social Care

Key points raised during the discussion:

1. The Chairman introduced the item and highlighted that an addendum to the report was published in a supplementary agenda on 8 October 2019. The Director of Performance, Surrey Heartlands provided

Members with a presentations which has been included in these minutes as Annex 1.

2. Members raised concern with the figures in the report related to flu vaccination for NHS staff which stated that the percentage of staff from the Surrey and Borders Partnership (SABP) which received vaccinations had lowered from 54% to 47%. It was also highlight that the percentage of NHS staff in the Royal Surrey Hospital receiving a flu vaccination had reduced from 71% to 55.8%. The Senior Responsible Officer stressed that this was a wider problem as there was an emergency situation in Surrey due to the lack of people receiving vaccinations. In regards to SABP and Royal Surrey Hospital, the Senior Responsible Officer informed Members that there were ongoing campaigns to work to increase the number of vaccinations in these organisations. Members further asked if staff were asked the reason why they were choosing not to receive a flu vaccination. The Chief Operating Officer, Ashford and St Peters NHS Foundation Trust, explained that there were a number of factors which led to people not receiving vaccinations which included lack of communication, lack of access and simply not wanting to be injected. Following on from this, Members noted officers comments which highlighted that more could be done to maximise the joint working with Local Authorities and Councillors to improve communications around the subject.
3. Members highlighted that there was a lack of knowledge in local communities that flu vaccinations could be received in pharmacies. The Director for Performance informed Members that pharmacies were commissioned by NHS England to provide flu vaccinations and that there was a communication plan in place to outline that flu vaccinations could be received in community pharmacies. The communication programmes were in the processes of being delivered and includes the use of social media.
4. In regards to GP Access, Members requested further information on the number of people who failed to obtain an appointment on the same day as requested. The Director of Performance stated that additional GP appointments were being well used and that there were a number of programmes in place to increase the number of hours GPs were available. Members noted that data was not recorded on the number of people not able to access a GP on the same day as requested.
5. Officers confirmed that extended access to primary care was now standard in Surrey Heartlands and that there would be GP access on Christmas and Boxing Day in some areas. The timing for extended access was confirmed to be 8am to 8pm.
6. The Select Committee noted that attendances to A&E were rising and asked what more could be done manage visits. Officers explained that there was ongoing work to look into the reconfiguration of urgent care in Surrey Heartlands called the Big Picture Programme in North West Surrey and the Better Care Together programme in Guildford and Waverley. These programmes promoted a different view of urgent care and looked into alternatives. It was noted that an update on these programmes would be considered at a future Select Committee meeting.
7. Members highlighted that mental health problems increased in the winter months and asked officers how confident they were that they were resilient to this additional pressure. Officers stated that the NHS did face challenges with resilience in this area. To face

challenges, It was noted that the service would continue to undertake work to support mental health in the community and that there was an ongoing pilot of work on Primary Care Networks. This was focused on how the provision of the right services for each patient could be improved.

8. The Select Committee asked how Surrey Heartlands were working to support rough sleepers throughout the winter period. The Director of Performance highlighted that Surrey Heartlands was working closely within their integrated care partnerships to organise the right approach as well as beginning conversations with food banks to understand what could be done collectively.
9. The Select Committee asked how prepared the service was in the event of a high pressured flu virus session and if there was a possibility of being overwhelmed. Officers explained that they were confident the plans and processes in place were practical and robust enough to manage a surge of the flu virus as it incorporated flexibility. It was further stated that in the event of sustained surge then services would be challenged but the best plans were in place to mitigate this.

Recommendations:

1. The Select Committee requests that a further report be circulated in spring 2020 which outlines performance against the key themes outlined in the report.
2. Select Committee requests a further report which provides a detailed overview of the ongoing work to improve the take up of appropriate vaccinations in Surrey for residents, NHS staff, partners and those who interact with the system. For specific reference to be made to:
 - a. Performance data which includes data on the reasons why someone would refuse a vaccination / not come forward
 - b. Communications
 - c. Partnership work to raise awareness and how local authorities can feed into the communication and promotion of vaccinations
3. Notes that due consideration is needed to recognise the need for provision of appropriate mental health support for those in need using system.
4. Recognises the planning in place to prepare for additional pressures during the winter period

b. Frimley Health and Care Preparations for Winter Pressures

Witnesses:

Shelley Head, Area Director - North West Surrey and Surrey Heath, Adult Social Care

Nicola Airey, Director - Planning and Performance, Surrey Heath CCG

Jonathan Sly, Associate Director of Integrated Care

Kate Scribbins, Healthwatch Surrey

Key points raised during the discussion:

1. The Director - Planning and Performance introduced the item and provided Members with an overview of the report. It was highlighted that Frimley Health and Care were preparing for increased pressures over the winter period and reassured Members that they had historically had strong performance as a system. The reason for good results was said to be due to shared ownership through the system to ensure all areas were focused on improving the experience and outcomes for service users. Members noted that a focus for the system in the coming year was to ensure people were leaving hospital at the correct time. Due to the reduced number of admissions and flat A&E attendances, there was an increase in more complex patients admitted therefore more needed to be done to communicate and prepare them for leaving hospital. Members went on to receive an introductory presentation which is attached to these minutes as annex 2. In regards to flu preparedness, it was noted that additional funding had been allocated to housebound patients who would be seen by community teams to receive vaccinations. In regards to Mental Health, The Director - Planning and Performance explained that some people experience Seasonal Affective Disorder during the winter months and that it was part of the system's communications plan to provide information and support on how to help manage symptoms. This disorder affected a variety of people and not just those already with severe mental health needs. Members also noted that the breakdown of carer support could lead to people having to visit hospital more therefore there was also support available for carers during the winter months.
2. The Select Committee asked whether the system was sufficiently staffed to meet additional pressures during the winter season. Officers explained that the system did not have high levels of vacancies across its providers due to the good reputation and benefits of the integrated care teams which provided support to all staff. It was noted that the Surrey and Borders Partnership had also recently conducted various workshops focused on staff wellbeing and resilience.
3. The Select Committee noted the system's good performance and asked whether good practice was shared with other systems. Officers confirmed that they had taken many opportunities to share good practice with other systems nationally to help improve outcomes. Members noted that some national policy was shaped around the Frimley Health and Care system.
4. The Chief Executive from Healthwatch Surrey noted the ongoing positive work to prepare patients for discharge from hospital and requested more information on the early conversations taking place. The Associate Director of Integrated Care explained that there was frailty work taking place which focused on having conversations in the community before patients visit hospital to ensure they were prepared in the event of being discharged. It was also highlighted that, historically, it was the hospital's responsibility to have conversations with patients about discharge but the new processes of sharing responsibility with the community was having very positive outcomes.
5. The Select Committee asked if there were issues related to patients with dementia deteriorating after entering hospital and how this was being dealt with. The Associate Director of Integrated Care stated that this may be an issue called Delirium and that there were situations where a patient's mental health deteriorates with no confirmation whether it was a short or long term issue. Members noted that a pathway to support this had been development in partnership with the acute provider.

Recommendations:

The Select Committee:

1. notes that the Frimley Health and Care System had contained the growth of Accident & Emergency attendances and reinforces the importance of sharing good practice nationally on areas of good performance.
2. requests that the Frimley Health and Care system feed into the vaccination report outlined in recommendation 2 of item 7a of the current meeting.
3. notes the plans put in place by the System Partners for 19/20 Winter Plan together with the risks associated with winter pressures and the mitigating actions.
4. is assured of the measures put in place by the whole System for mitigation which promoted resilience throughout the winter season.
5. notes that due consideration is needed to recognise the need for provision of appropriate mental health support for those in need using system.

13/19 ADULT SOCIAL CARE TRANSFORMATION UPDATE [Item 6]

Witnesses:

Liz Uliasz, Deputy Director - Adult Social Care

Sinead Mooney, Cabinet Member for Adults and Public Health

Key points raised during the discussion:

1. The Deputy Director – Adult Social Care introduced the item and highlighted to Members the key themes of the report. Members noted that, following the Local Government Association peer review, the Council had been working closely with the Social Care Institute of Excellence (SCIE) as the Council’s improvement partner. Officers also provided details of the Council’s programmes for Accommodation with Care and Support, Practice Improvement and Integrated Models of Care.
2. The Select Committee highlight details around Direct Payments in the report and asked what challenges the Council was facing to increase its use. Officers explained that this was part of the Council’s work with SCIE to better understand challenges and that it had been identified that, in some cases, the process was considered to be unwieldy therefore the Council recognised improvements could be made.
3. The Select Committee requested further detail on the new Learning Disabilities and Autism team and whether the team was sufficiently resourced. Officers confirm that the team’s lead was in post but that there were still some vacancies to recruit to.
4. Members highlighted that some residents were unhappy with Direct Payments as it reduced the options they had to spend the money they received.
5. Members asked for clarification on whether the savings outlined in the report would affect service users receiving care. Officers highlighted that eligibility for care was set by the Care Act and that the Council did not intend to reduce care to service users although, if appropriate, care plans could be adapted following a review of need.
6. The Select Committee raised concern over the report stating that the Council would use stronger commissioning to make savings while also requesting more from providers. Officers stated that the Council was

aware that commissioning could be improved and that an Assistant Manager for Transformation and Commissioning was recently appointed to restructure the Council's commissioning team. The Council would be using strength based commission to ensure providers worked closely with the Council to improve outcomes for residents.

7. Members noted that the percentage of people referred on to community solutions was low and asked how the Council was promoting this option. Officers informed Members of the Communities and Prevention Team and Social Care Development Coordinators who worked to identify what community facilities were available to support residents. Members stated that it would be beneficial for these teams to work closely with Local Committees.
8. The Select Committee requested further information on technology enabled care and asked how this was being integrated into services. Officers confirmed that engagement events had taken place with providers and district and boroughs and that the commissioning team were in the process of putting together a specification to go out to procurement next year to find a provider. Officers further highlighted that it would be beneficial for the Select Committee to consider a full report on the subject once more information was available.
9. The Representative from Healthwatch Surrey highlighted that Social Care was within the remit of Healthwatch and that there were frequent meetings with Adult Social Care to discuss resident experiences and whether the right information was available to signpost those in need to the appropriate services.
10. Members highlighted that it would be helpful to circulate upcoming commissioning plans to the Select Committee to support future scrutiny. Officers agreed to circulate this outside of the meeting.
11. The Select Committee highlighted that it would be beneficial to receive case studies in future reports to better understand residents experiences.

Recommendations:

1. The Select Committee recommends a dashboard of key indicators are supplied by the Cabinet Member for Adults and Public Health and are reviewed and assessed against national performance on a six week basis, and:
 - a. the Chairman and Vice-Chairmen of the Committee form a Performance Sub-Group to receive this update, with the Cabinet Member for Adults and Public Health, to consider the detailed performance indicators and appropriate case studies.
 - b. the Committee receive a quarterly update of key performance measured.
2. Requests that the Deputy Director for Adult Social Care investigates the opportunity to strengthen relationships with Social Care Development Coordinators and local committees with the intention to work with Members to increase links with community groups.

14/19 SURREY SAFEGUARDING ADULTS BOARD ANNUAL REPORT [Item 8]

Witnesses:

Simon Turpitt, Independent Chairman of the Surrey safeguarding Adults Board

Dr Amanda Boodhoo, Surrey Wide Associate, Director of Safeguarding
Liz Uliasz, Deputy Director, Adult Social Care

Key points raised during the discussion:

1. The Independent Chairman of the Surrey safeguarding Adults Board (SSAB) introduced the items and provided Members with an overview of the Annual Report. Specific reference was made to:
 - a. the Board's structure had recently improved following the appointment of a new Board Manager.
 - b. that there had been a change in committee structure to move towards delivery and scrutiny. In regards to scrutiny, there had been an improved process which involved an annual focus on a particular area to consider.
 - c. stronger relationships had been built with the Children's Partnership.
 - d. good contacts had been built with the Community Safety Partnership and the Health and Wellbeing Board.
 - e. training programmes had been improved and are being provided to organisations without access to sufficient training.
2. The Independent Chairman highlighted that one of the key challenges for the Board was ensuring the quality of safeguarding enquiries was at a high standard and that the process was being carried out in a smart and quick fashion when making decisions. Members further noted that the Board recently organised a training course focused on how to contribute to a Section 42 Safeguarding enquiry. The Independent Chairman also highlighted that he felt private care homes in Surrey were not engaging appropriately with the Board and Adult Social Care and that more assurances were needed to ensure appropriate safeguarding processes were in place.
3. The Select Committee noted that a majority of fraud cases happened on the telephone or a door step for people aged 65 years and over. There was ongoing work with the Police and Trading Standards to combat those affected.
4. Members noted issues around identifying people affected by domestic abuse and asked the Independent Chairman what more could be done to support those affected. The Independent Chairman highlighted that the domestic abuse strategy was written by the Community Safety Board of which the Surrey Safeguarding Adults Board (SSAB) was a part of. The Board did feel as if domestic abuse was under reported but that it was beginning to get more visibility through the various relevant structures. The Director of Safeguarding highlighted to the Committee that training provided to GPs had a focus on domestic abuse. The Deputy Director also informed Members that Adult Social Care had recently reviewed all safeguarding policies to ensure a focus on domestic violence.
5. The Select Committee noted that the percentage for referrals for non-professionals was low and asked how this could be increased to ensure all safeguarding concerns were raised. The Independent Chairman stated that knowledge and understand were key to ensuring people understand what is considered a safeguarding concern and that it is reported.

Recommendations:

The Select Committee noted the report.

15/19 RECOMMENDATIONS TRACKER AND FORWARD WORK PROGRAMME [Item 9]

Key points raised during the discussion:

1. The Select Committee highlighted that the following subjects should be considered for future items on the Select Committee's Forward Plan:
 - a) Technology Enabled Care
 - b) GP Access
 - c) Recruitment
2. The Select Committee noted that Adult Social Care Debt would be scrutinised within the draft budget.

Recommendations:

That the Committee reviews the attached forward work programme and its recommendations tracker, making suggestions for additions or amendments as appropriate.

16/19 DATE OF THE NEXT MEETING [Item 10]

The Committee noted its next meeting would be held on 4 December 2019.

Meeting ended at: 3:40 pm

Chairman

Surrey Heartlands

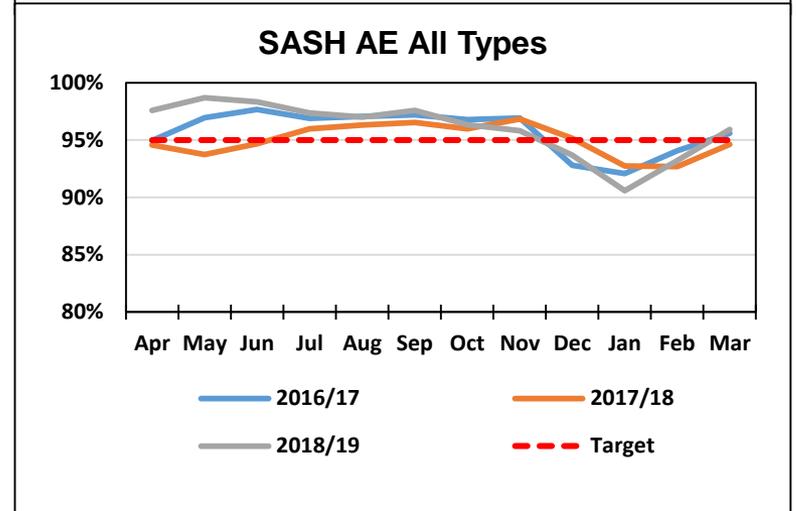
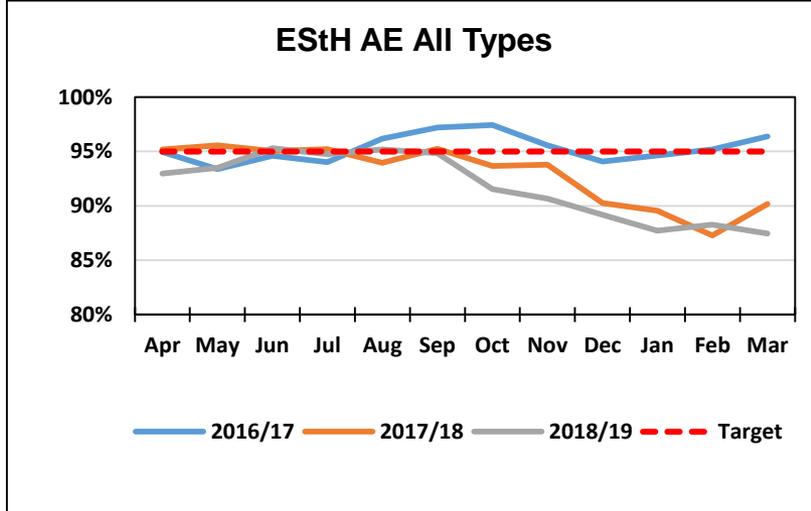
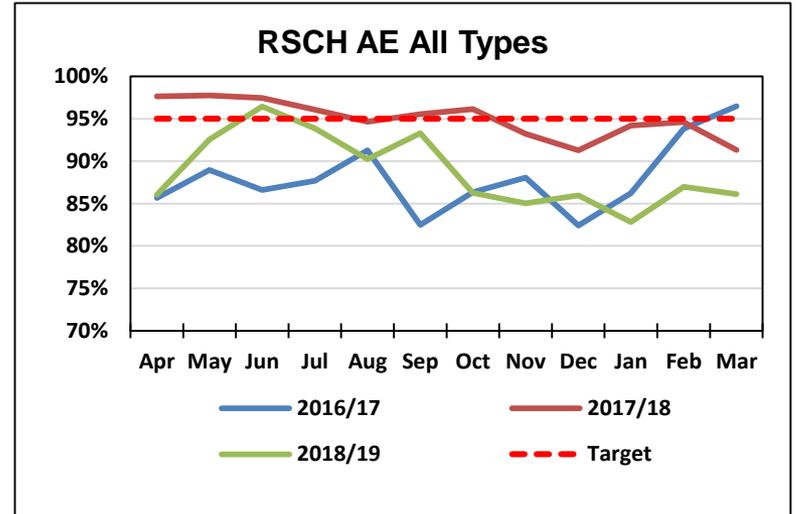
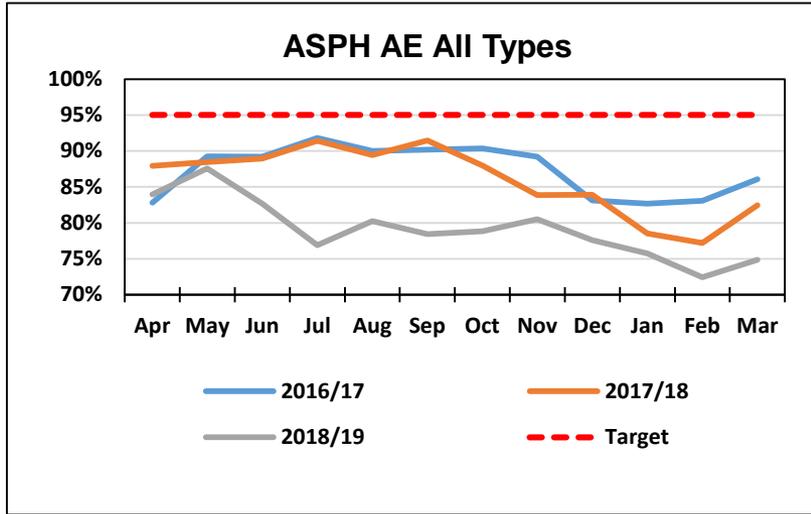
Surrey Heartlands Winter Preparedness

**Karen Thorburn – Director of Performance
Surrey Heartlands ICS**

**Jackie Raven – Associate Director, Surrey
Heartlands Urgent and Integrated Care**

Winter 2018 / 19

Meeting the 4 Hour Quality Standard 2016 - 2019



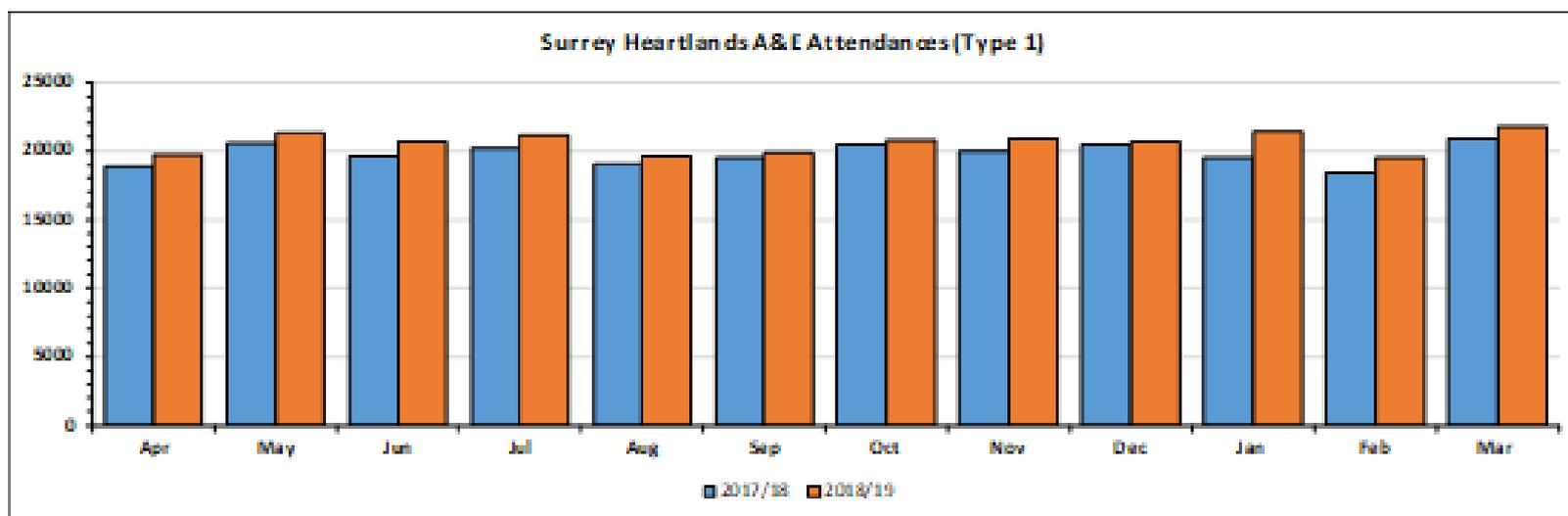
Winter Performance – 2017/18 and 2018/19

- Royal Surrey and ASPH both had the highest degree of challenged performance.
- Surrey Heartlands, collectively, delivered over the NHSE national average from December to March winter 2018/19 compared with winter 2017/18.
- RSCH had the biggest variance from 2017/18 to 28/19.

A+E 4 Hour Performance across Surrey Heartlands		Dec 17 – Mar18		Dec 18 – Mar 19	
Area		Performance	Variance to NHSE	Performance	Variance to NHSE
Ashford and St Peter's Hospitals NHS Foundation Trust		80%	3%	75%	-3%
Epsom and St Helier University Hospitals NHS Trust		88%	11%	86%	8%
Royal Surrey County Hospital NHS Foundation Trust		93%	16%	86%	8%
Surrey and Sussex Hospital NHS Foundation Trust		89%	12%	87%	9%
England		77%		78%	

Surrey Heartlands Attendances

- There has been a +4.1% growth when comparing 2017/18 to 2018/19; which is above a national growth of +2.9%
- The graph below represents the number of Surrey Heartlands (excluding East Surrey) residents that have attended the Acutes Hospitals.



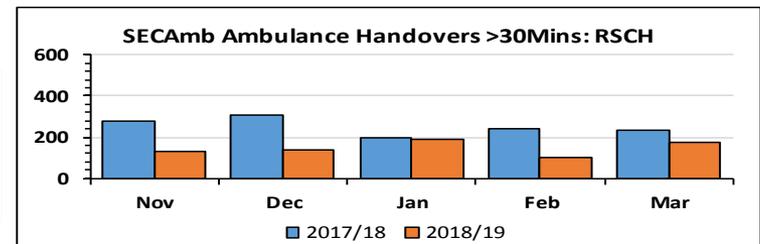
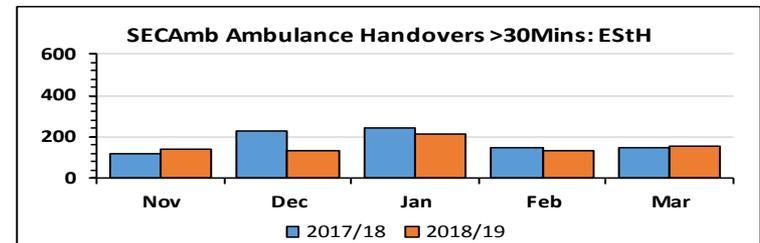
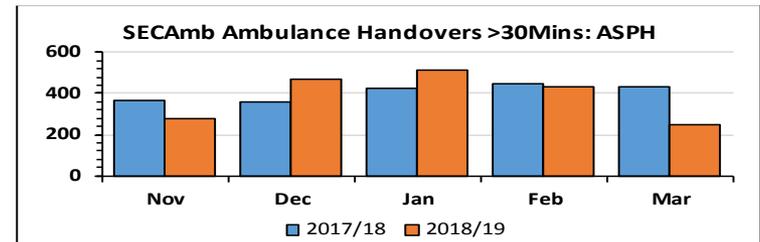
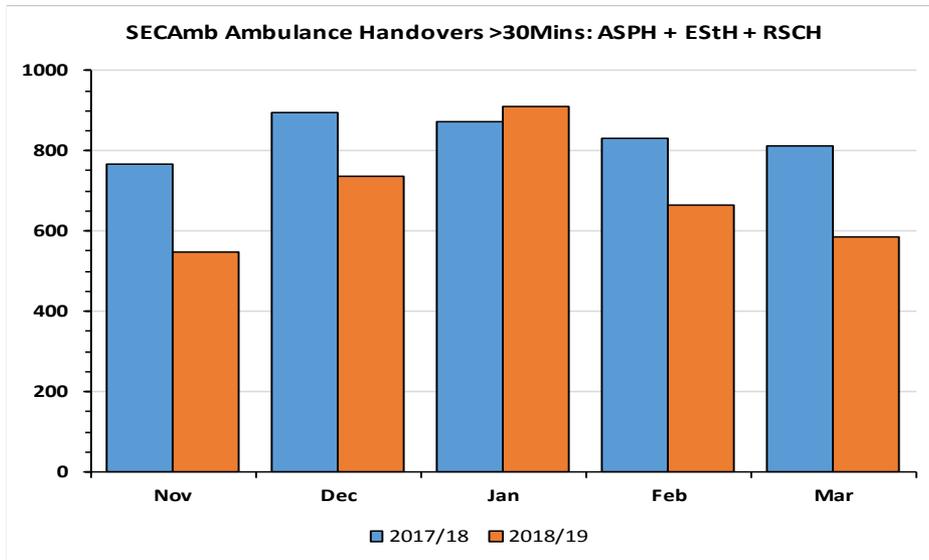
SH A&E Type 1 Attendances	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total
2017/18	18818	20591	19669	20226	19067	19531	20412	19997	20406	19494	18367	20851	237429
2018/19	19758	21367	20638	21090	19590	19846	20743	20890	20630	21438	19472	21783	247245
Growth	+5.0%	+3.8%	+4.9%	+4.3%	+2.7%	+1.6%	+1.6%	+4.5%	+1.1%	+10.0%	+6.0%	+4.5%	+4.1%
Nat. Growth	+0.4%	+1.7%	+2.1%	+2.7%	+1.0%	+1.9%	+0.2%	+2.5%	+1.3%	+7.1%	+7.6%	+6.2%	+2.9%

NB: National growth figures from NHSE Activity and Planning Summary Report (pub. 11th July 2019).

Ambulance Handovers < 30 minutes

- A great deal of work has been undertaken by the Acute hospitals in relation to reducing the time ambulance crews wait in A+E to hand over their patients to hospital nursing staff.
- Significant, collective progress can be seen with an improvement of 17.5% over the winter period being delivered for ambulance handover of less than 30 minutes.

Page 38



>30min Handovers	Nov	Dec	Jan	Feb	Mar	Total (Nov-Dec)
2017/18	766	895	871	830	812	4174
2018/19	546	737	912	664	585	3444
Growth	-28.7%	-17.7%	+4.7%	-20.0%	-28.0%	-17.5%

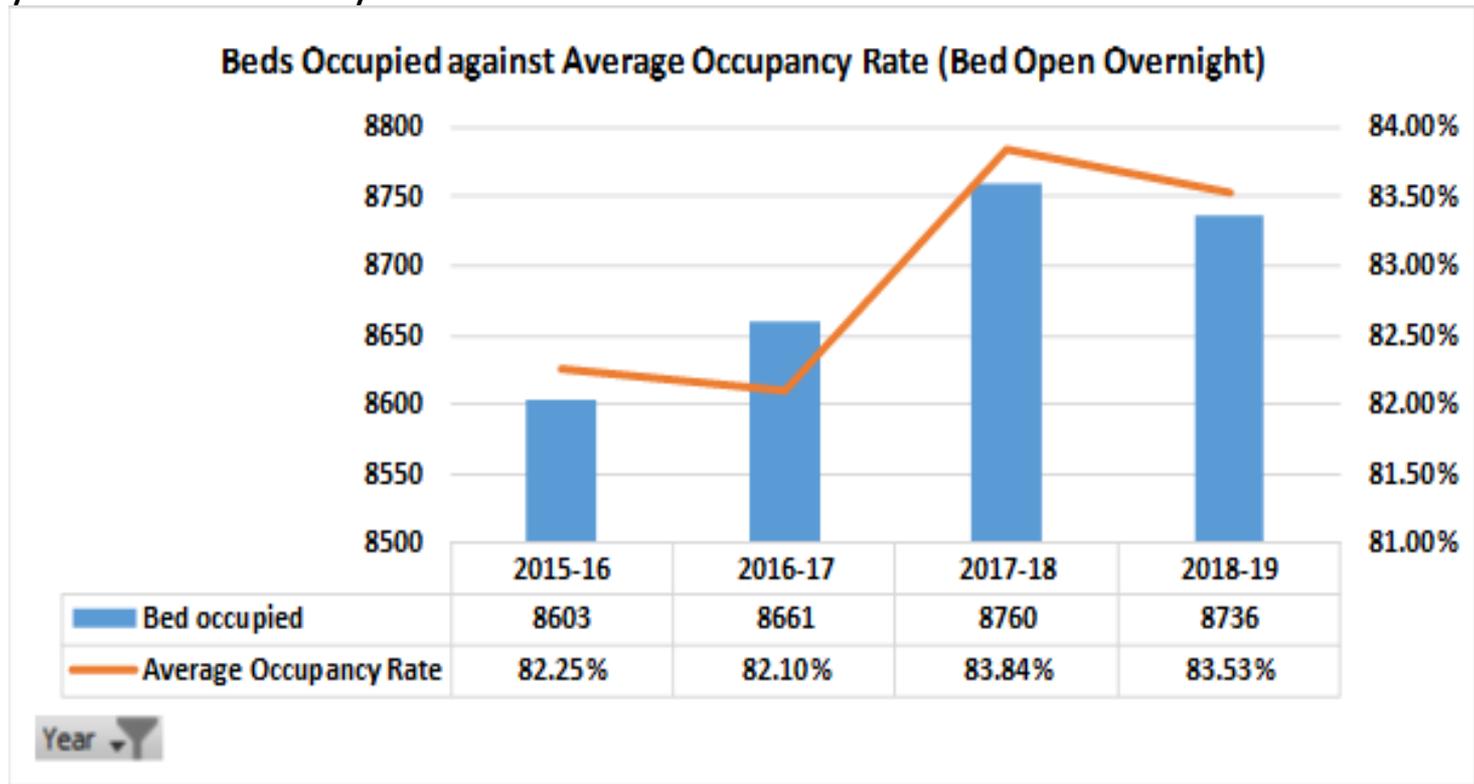
NB: Handover figures from CSU SECAmb Activity and Performance Report (May-19).

Ambulance Diverts

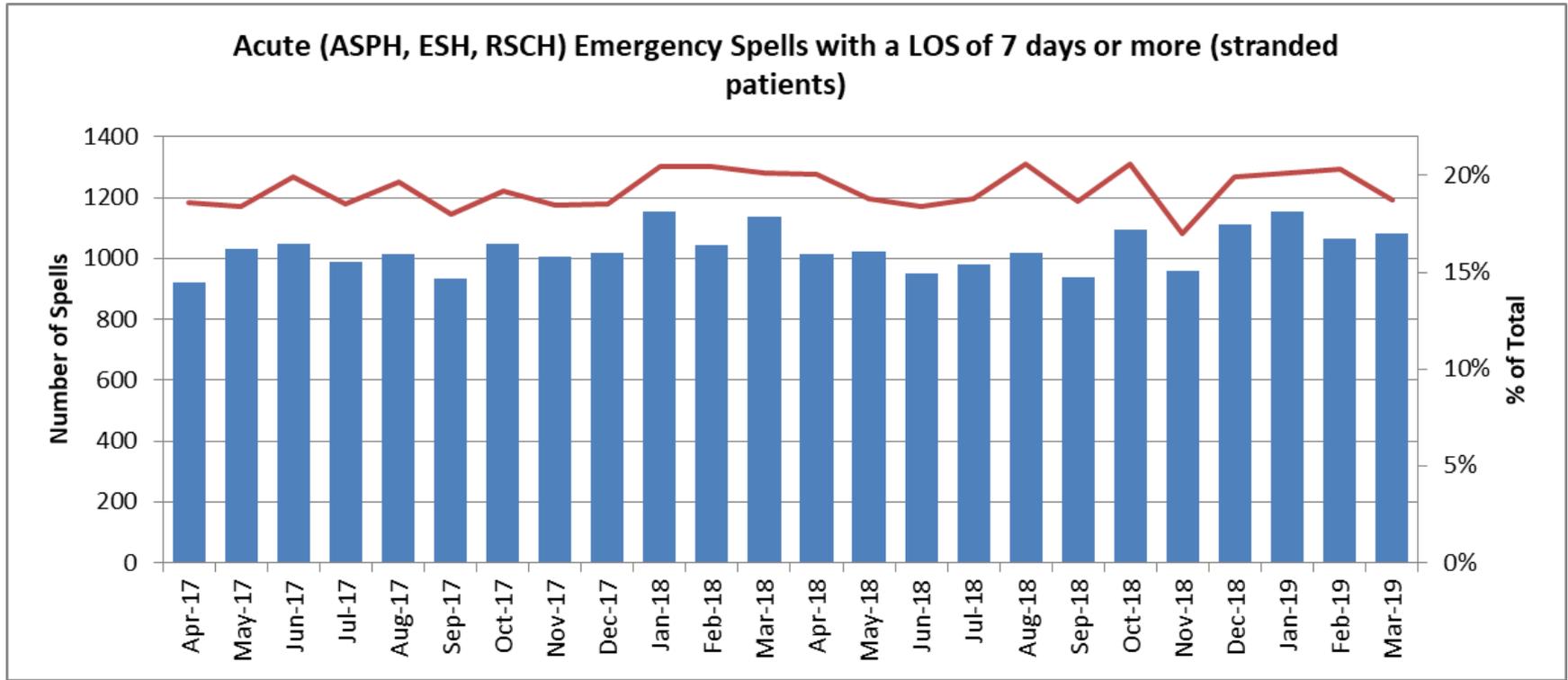
- Diverts only take place when a hospital's A+E department is considered to be at risk of becoming unsafe, this is most often due to the department having already received a period of sustained high demand and/or an additional surge in demand.
- The reasons for a divert request may also include an essential piece of equipment is broken, flooding or other infrastructure issues to challenge bed capacity, staffing is unable to meet demand / manage patients safely. In each case the Acute Trusts will have worked through their internal escalation plans and actions before a divert of ambulance borne patients is considered.
- Diverts are a very rare occurrence across Surrey Heartlands and only take place in extremis.
- The main 2 impacts 1) to patients as this may affect the ability of the service to be able to respond to the next call coming in from the community and 2) to the ambulance service as during a divert resources are displaced across the system.
- Ambulance staff are not able to operate an informal diversion scheme. SECamb are working with partners across the wider region (Kent, Sussex and Surrey) to reduce the number of diversions taking place.

Bed Occupancy

- This graph demonstrates the year on year increase in bed occupancy from 2015/16 to 2017/18.
- Only starting to decrease slightly during 2018/2019 with further multi agency focus on improving more timely discharges for patients with a stay in hospital of over 7 days and over 21 days.



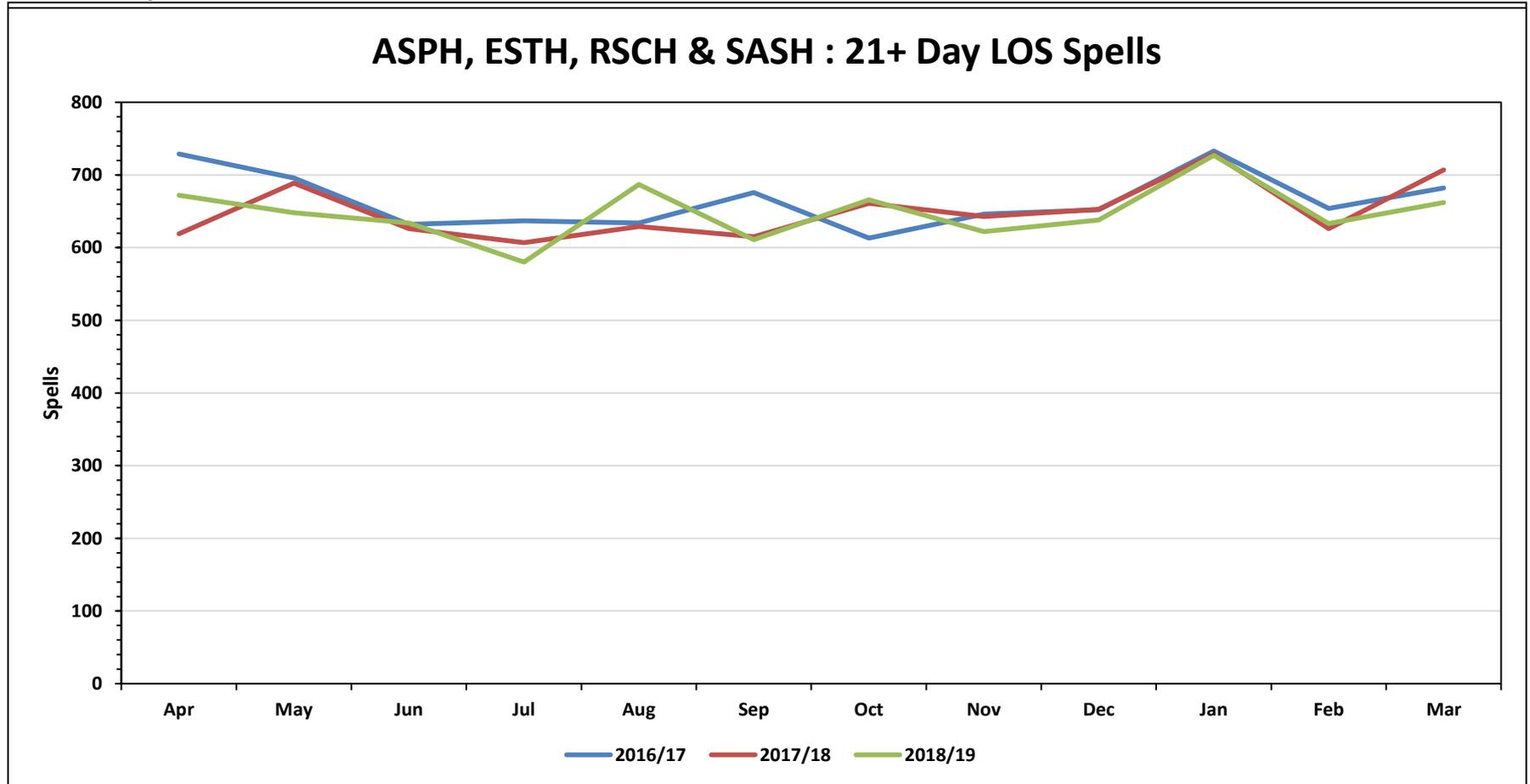
Patients with a Length of stay >7 Days (18/19)



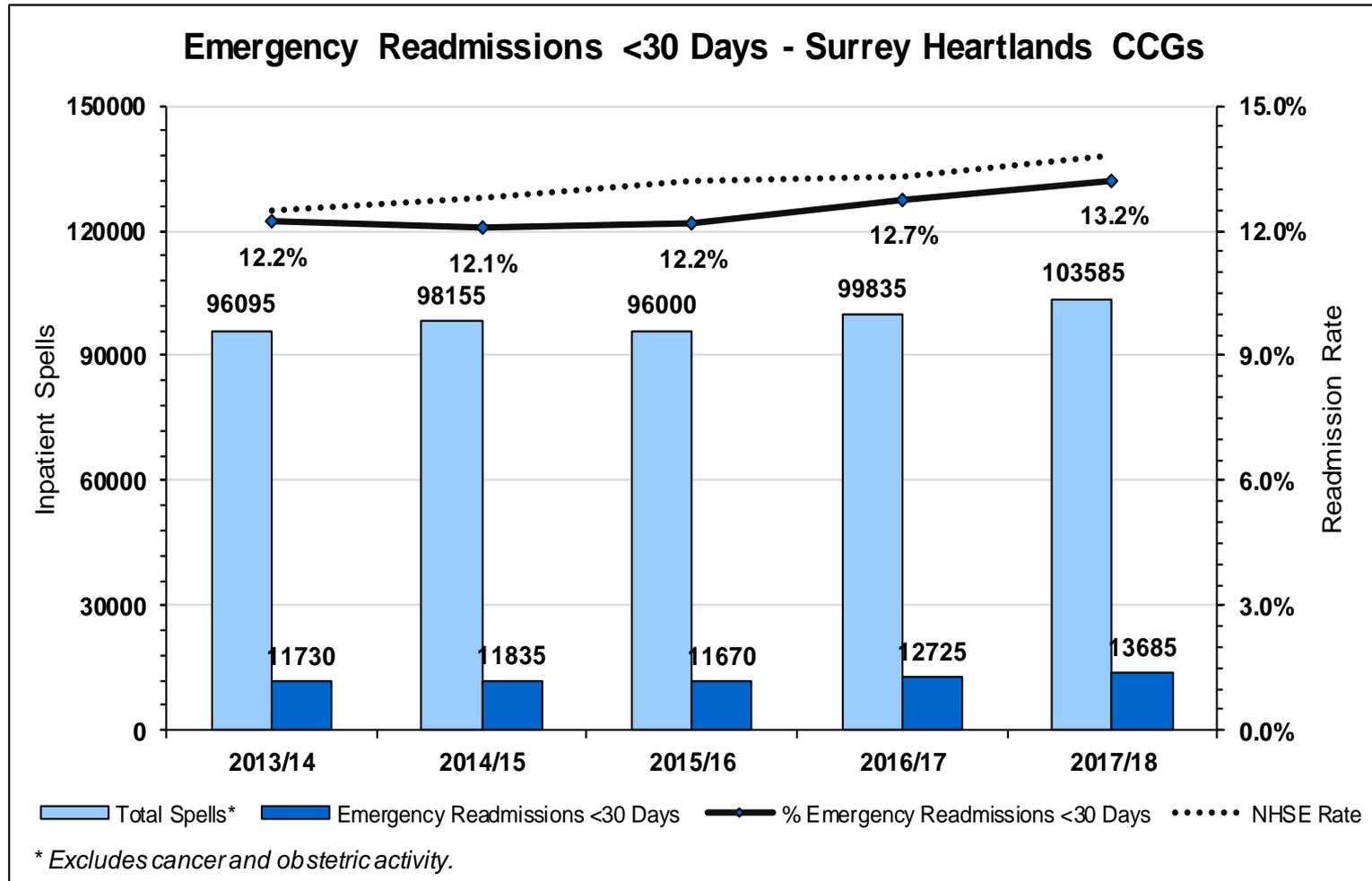
Page 41

Patients with a LoS > 21 days (2018/19)

- 7% reduction in long length of stay (over 21 days) when compared with winter last year.



Emergency Re-admissions within 30 days



NB: Surrey Heartlands figures include East Surrey, Guildford & Waverley, North West Surrey and Surrey Downs CCGs

Winter Preparedness 2019/10

Capacity Mapping

- Surrey Heartlands Data Platform created across NWS, Surrey Downs and Guildford and Waverley. This provides system oversight, highlighting any available resources and any system flow issues – where additional support may be needed to support patients accessing the right service at the right time.
- The systems are able to collect and collate information which can be used in presenting and triangulating data – this is vital in helping teams to understand performance trends.
- The objective and detailed information generated creates the foundation for system calls and reports that can be used on a daily basis.
- Informs the system in their preparation for holiday and winter periods by ‘looking back’ to previous busy periods and analysing how the system responded.
- This wider system information is complemented by the individual acute hospitals predicative analysis, which considers the previous 6 weeks of activity and projects this forward so the hospitals have a predicted demand for each day.
- The database does not hold information in relation to patients outcomes; however will highlight, as numerical information only, where onward transfers are delayed and the reasons for this.

High Impact Change Model

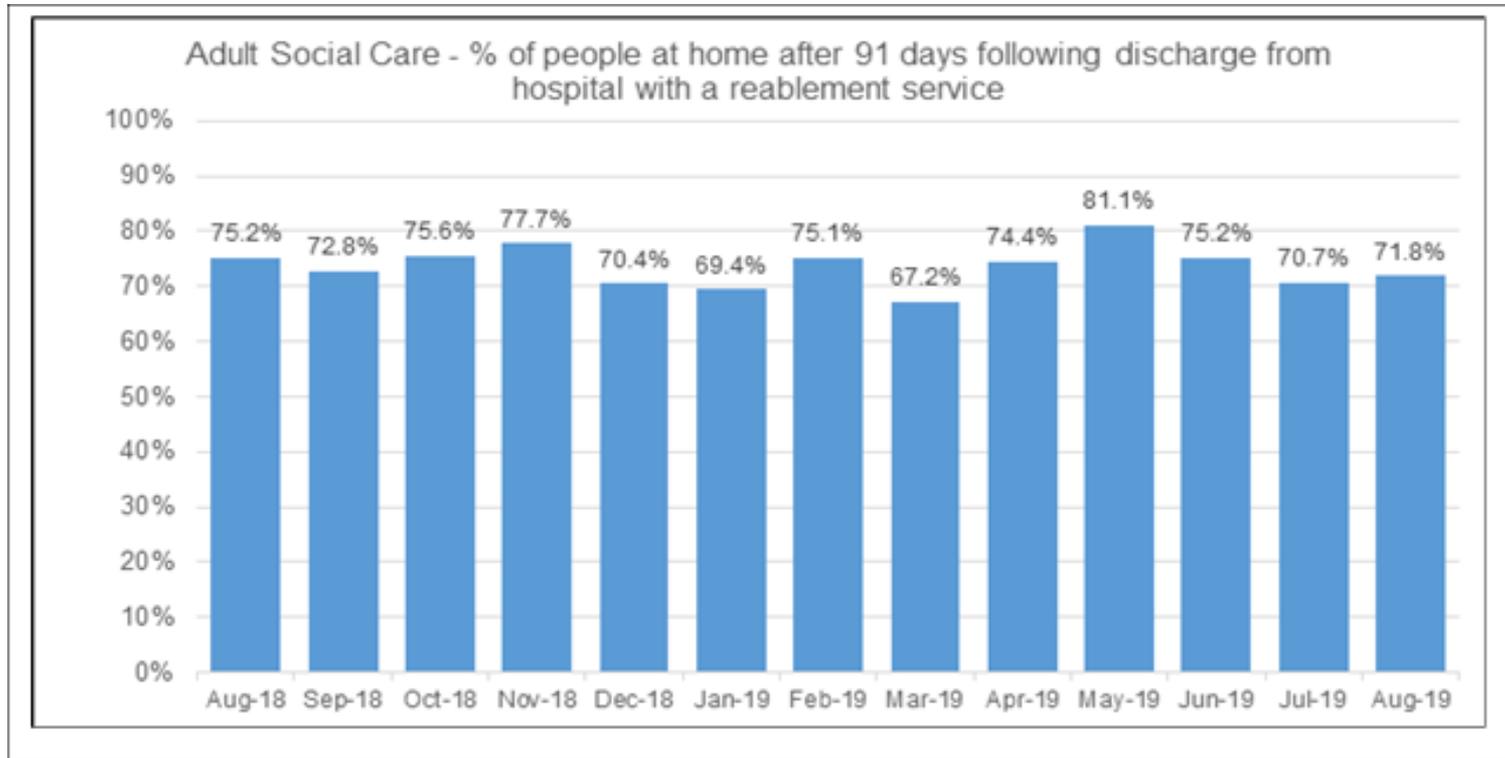
The high impact change model, developed nationally with the Association of Directors of Adult Social Services, provides a practical approach to help support transfers of care from hospital. The model identifies eight system changes which will have the greatest impact on reducing delayed discharge:

- early discharge planning
- systems to monitor patient flow
- multi-disciplinary/multi-agency discharge teams, including the voluntary and community sector
- home first/discharge to assess
- seven-day services
- trusted assessors
- focus on choice
- enhancing health in care homes.

By bringing together the different agencies, all with an emphasis on getting people home, has ensured that the Delayed Transfer of Care (DTOC) figures have generally remained below the NHS target of 3.5%.

High Impact Change Model

- Patient outcomes are measured by Adult Social Care for all patients who have received Reablement.
- The graph below demonstrates that for the period between August 2018 to August 2019 the vast majority of Surrey residents who have received Reablement services, have remained at home for 91 days following service intervention.



Seasonal Flu Vaccine Uptake (GP)

All Patients aged 65 and over (all risk levels)

- During the Autumn and Winter of 2018/19, none of the three CCG's (Guildford and Waverley; North West Surrey and Surrey Downs) met the national ambition of 75%, with slightly less (recorded) take up of vaccinations when comparing 2017/18 to 2018/19.

Page 48

CCG	September 2017 to January 2018 65 years and over			September 2018 to January 2019 65 and over		
	Patients registered	Number vaccinated	% Vaccine Uptake	Patients registered	Number vaccinated	% Vaccine Uptake
NHS GUILDFORD AND WAVERLEY CCG	41698	30590	73.4	42366	30753	72.6
NHS NORTH WEST SURREY CCG	63188	44167	69.9	63760	43745	68.6
NHS SURREY DOWNS CCG	60218	41220	68.5	61088	40771	66.7

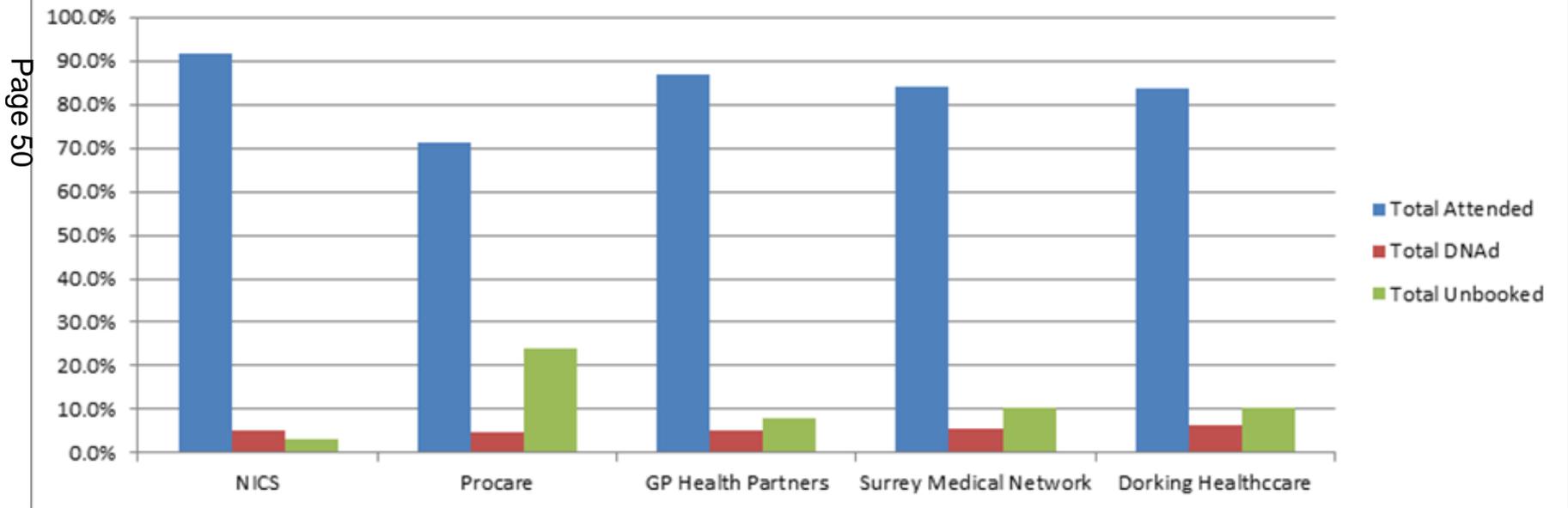
Staff Vaccination take up – NHS Trusts

NHS TRUST	Vaccine uptake (recorded) % (2017/18)	Vaccine uptake (recorded) % (2018/19)
Ashford and St Peters NHS Foundation Trust	72%	75%
Epsom and St Helier University Hospitals NHS Trust	71.7%	75.1%
Royal Surrey Hospital NHS Foundation Trust	71.2%	55.8%
South East Coast Ambulance Service	69.3%	78.7%
Surrey and Borders Partnership NHS Foundation Trust	54%	47.6%
Surrey and Sussex Healthcare NHS Trust	71.2%	67.5%
National take up	68.7%	70.3%

Improved GP Access

From August 2018 to August 2019 Improved GP Access continues to show good take up of appointments, generally over 80%; with very low numbers of appointments which were booked and then the person did not attend (DNA's)

Overall Improved Access Utilisation Aug 2018 - Aug 2019



Communication Winter Plan

- The 2019/20 winter campaign will mirror the national campaign messages (Stay Well This Winter), to reinforce messages at a local level in relation to staying well and where to access help and advice if needed.
- The communications plan includes four main elements, which will be delivered as part of a phased campaign:
 - Flu
 - Promoting the role of pharmacists
 - Promoting extended access
 - NHS111 as a source of advice for urgent issues out of hours
- Surrey Heartlands Communication plans are co-ordinated via the Health and Well being board.
- Messages via various channels e.g Facebook, webpages, Twitter, District and Boroughs resident magazines, Intranet sites (for internal colleagues), local press, radio, Parish Councils, Environmental Health, Housing Officers, Care and Repair teams etc.

EU Exit

- As part of each agencies preparation for EU departure, a review of EU staff numbers is undertaken.
- Surrey Heartlands CCG's have completed this review (please see table below).
- All staff have been contacted directly and offered support / directed to the settlement process, should they chose that option.

CCG	Dec 2018	Sep 2019
North West Surrey	5	2
Surrey Downs	10	7
Guildford & Waverley	2	2

Winter 2019/20

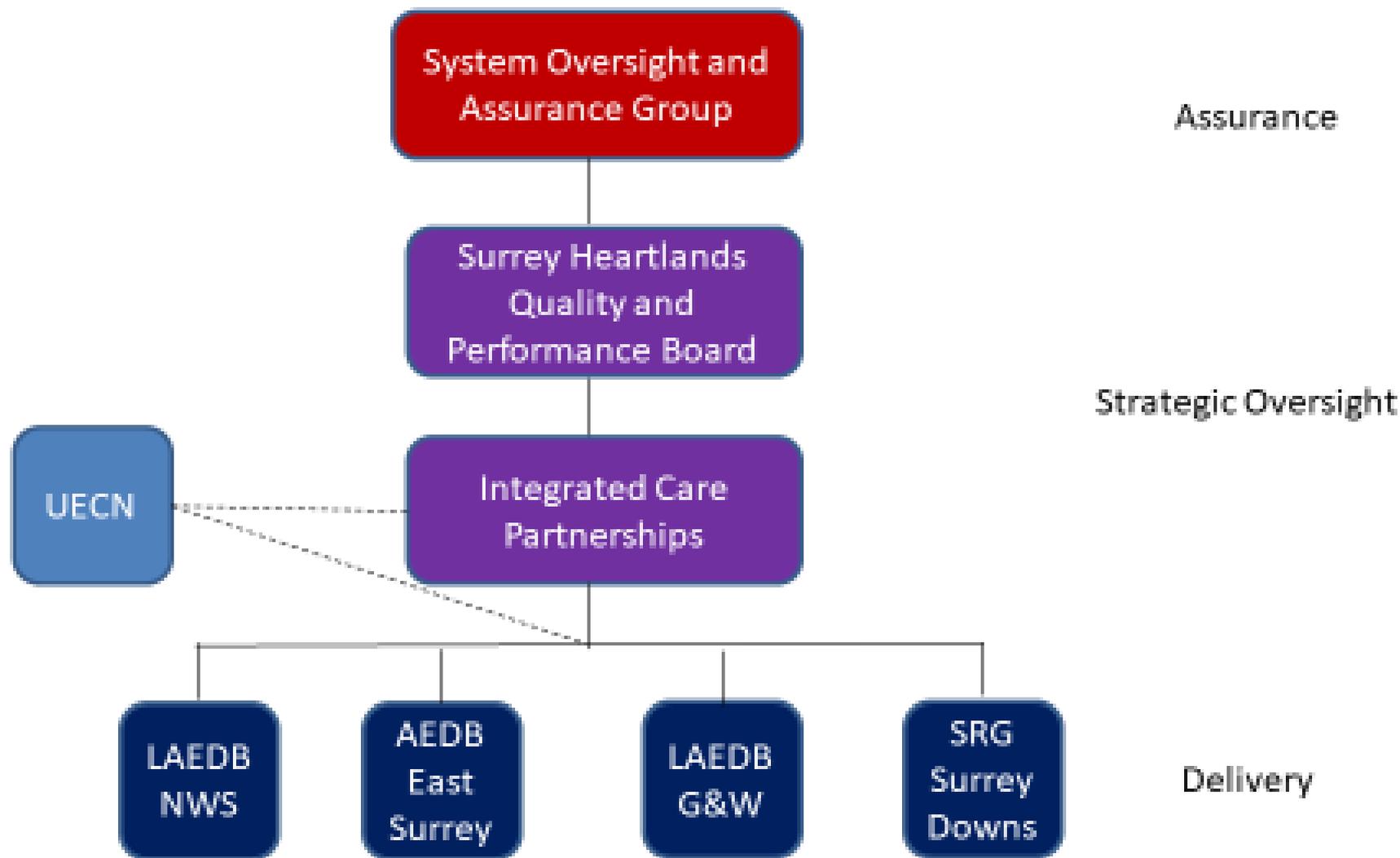
- ICP Winter plans to be assured via the ICS System Overview and Assurance Group in November 2019, along with submission to NHSE/I for further scrutiny.
- Planned elements to improve flow via:-
 - Continued promotion and take up of 111 / CAS
 - Continued promotion and take up of Improved Access to GP's
 - Improved Community Crisis interventions – preventing hospital admissions wherever possible.
 - Improved discharge arrangements through a focus on 'Home First' and delivering a 'Discharge to assess' model.
 - Ensuring that all service opportunities are maximise and work across agencies to further reduce wait times and formal delays.
 - Ongoing improvement to Ambulance handover times in A+E
 - Ongoing work across the Acutes and Mental Health services to support those in crisis via access to Psychiatric Liaison Service (Acute Hospital based teams, SafeHavens, Crisis line and the Home Treatment team).
 - Delivering on the Communication Plan; high flu vaccination rate and in supporting Care Homes.
 - Robust Surrey Heartlands System oversight and reporting.

Winter 2019/20 - reducing A+E attendance

System Transformation - all areas have a focus on reducing the number of people needing to attend A+E, this includes: -

- Working with a Primary Care Network in Surrey Downs to promote Improved Access and support via 111 and the Clinical Advisory Service, particularly for working age adults.
- Improved multi agency tailored response for those patients who have needed to be admitted to hospital on a very regular basis, with the aim of caring for the person within their own home for longer.
- Improved support to care homes including training, a care line via 111, visiting pharmacists, improved and secure communication channel via NHS Mail.
- Greater co-ordination regarding services which support people who have fallen.
- Increased support to those with a catheter; ensuring enhanced discharge follow up.
- Review of current pathways in relation to patients with respiratory problems; promoting integrated care leading to the avoidance of hospital admissions whenever possible.
- Via the Locality Hubs – enhanced community response to avoid hospital or residential admissions.

Governance:



This page is intentionally left blank

Adults and Health Select Committee Preparations for Winter Pressures – Summary

Dr Andy Brooks

Summary

- Extensive Winter planning every year based on previous learning and continuous improvement
- Planning continues now all year round (Easter, Summer, Bank Holidays)
- Historically strong performance as a system; Frimley ICS in upper quartile nationally for performance

Planning

- Objectives:
 - Resilience through winter period
 - Capacity to meet demand
 - Quality care in most appropriate setting
 - Achieve national and local performance targets
 - Compliance with national guidance
 - Learning and best practice to ensure effective ‘flow’
 - Promote prevention and self-care
 - Public awareness of most suitable places to receive care

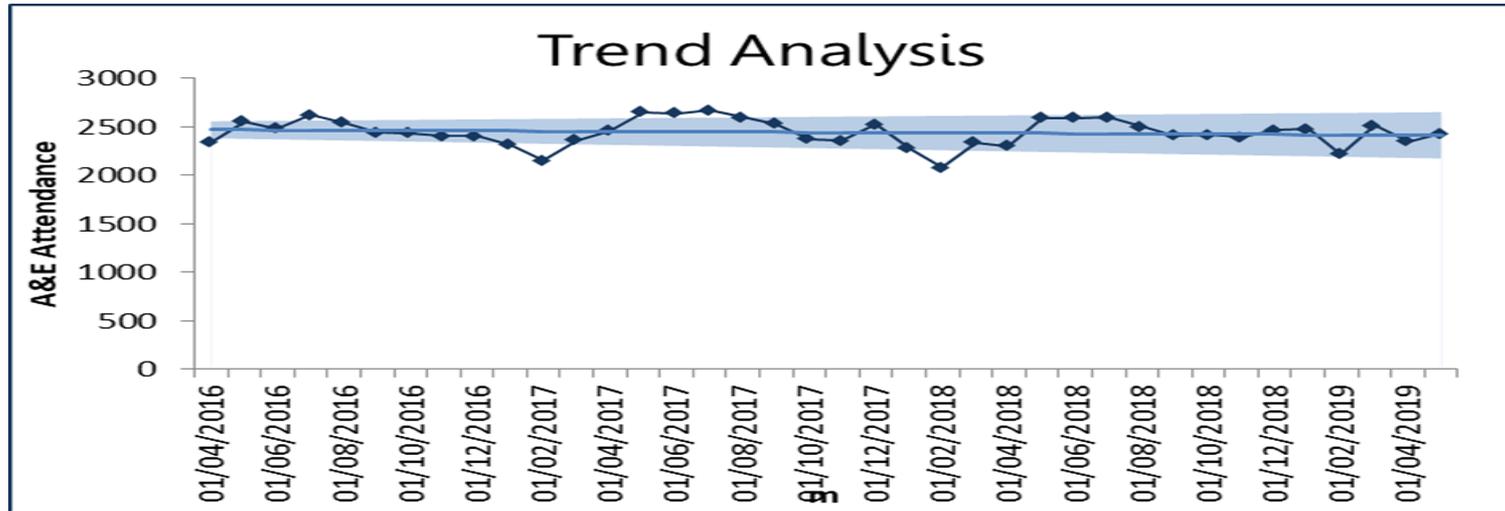
Examples of the Winter preparations in 18/19

- Reducing the number of long stay patients in hospital (joint work between acute and community teams)
- Joint funding agreements between Adult Social Care and CCGs to support most complex discharges – see case study
- Additional Social Care home based care hours purchased in advance – supported 58 individuals to be discharged earlier
- Increased use of Ambulatory Care to ensure patients treated in most appropriate setting

Examples of the Winter preparations in 18/19 (continued)

- Maximising flu vaccination for patients and health care workers – no significant outbreaks seen in the system
- 264 additional weekend GP appointments (Surrey Heath) – all utilised
- CCG communications on NHS 111, Pharmacy and GP services – reached over 4000 people and ‘shared’
- ‘Table Top Exercise’ to test Winter plans

Impact



- No sustained increase in attendances
- Ambulance delays lower than anywhere else nationally
- No 12 hour delays
- DTOC target of 3.5% achieved in Jan and Feb
- Did not escalate to OPEL 4 (Black)

Case Study – Discharge to Assess

- Mr X, a resident of Egham with a GP in East Berkshire was admitted to Wexham Park Hospital in Slough.
- Due to complex care needs it was unclear whether health or social care would be supporting his ongoing needs.
- While this was resolved, a joint funding agreement between East Berkshire CCG and Surrey County Council was used to pay for care to support his needs back in his own home until where his needs could be assessed in the right place.
- This avoided an unnecessary prolonged stay in hospital where Mr X would have been at risk of infection and further deterioration and ensured a better assessment of his long term needs. It also ensured valuable bed resource in the hospital was released during Winter pressures.

Focus this year

- Build on successes and learning from last year
- Additional planning and assurance from system partners re: EU Exit (workforce, supplies, rotas and business continuity)
- This year's plan to be signed off in October at Urgent & Emergency Care Delivery Board