

Adults and Health Select Committee

**Date & time**

Thursday, 10
October 2019 at
11.00 am

Place

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

Contact

Joss Butler, Democratic
Services Officer
Room 122, County Hall
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Chief Executive

Joanna Killian

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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 Joss Butler, Democratic Services Officer on 0208 541 9702.

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), Mr Mark Nuti and Mrs Fiona White

Independent Representatives:

Borough Councillor Vicki Macleod, Borough Councillor Darryl Ratiram (Surrey Heath Borough Council) and Borough Councillor Rachel Turner (Lower Kingswood, Tadworth and Walton)

:

AGENDA

1 APOLOGIES FOR ABSENCE AND SUBSTITUTIONS

2 MINUTES OF THE PREVIOUS MEETINGS: 13 JUNE 2019

(Pages 5
- 8)

To agree the minutes of the previous meeting of the Adults and Health Select Committee as a true and accurate record of proceedings.

3 DECLARATIONS OF INTEREST

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

- I. Any disclosable pecuniary interests and / or
- II. Other interests arising under the Code of Conduct in respect of any item(s) of business being considered at this meeting

NOTES:

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

4 QUESTIONS AND PETITIONS

To receive any questions or petitions.

Notes:

1. The deadline for Member's questions is 12.00pm four working days before the meeting (*4 October 2019*).
2. The deadline for public questions is seven days before the meeting (*3 October 2019*)
3. The deadline for petitions was 14 days before the meeting, and no petitions have been received.

5 CABINET MEMBER UPDATE

For the Select Committee to receive an update on work that has been undertaken by Cabinet Members and areas of priority work/focus going forward.

To be published in a supplementary agenda prior to the meeting.

6 ADULT SOCIAL CARE TRANSFORMATION UPDATE

(Pages 9
- 24)

To provide an update on the progress of the Adult Social Care (ASC) transformation programmes of work. The report sets out the operational performance indicators which tell a story of transformation, the status of financial benefits delivered and forecast in 2019/20, together with a summary of achievements and key milestones planned for each of the transformation programmes. This update will be a standing item at future Select Committee meetings

7 PREPARATION FOR WINTER PRESSURES

(Pages
25 - 76)

SURREY HEARTLANDS WINTER PREPAREDNESS REPORT

This report is to inform the committee of the impact of winter 2018/19 on the Surrey Heartlands system, including reference to previous winter pressures; and to describe the whole system measures being put in place to promote resilience throughout the upcoming winter period.

FRIMLEY HEALTH AND CARE PREPARATIONS FOR WINTER PRESSURES REPORT

To outline the impact and risks associated with winter pressures and the measures put in place by the whole System for mitigation and promotes resilience throughout the winter season.

To assure the Select Committee that appropriate measures are in place in preparation for seasonal winter pressures, ensuring that local people receive services at the right time in the right place and have the best possible outcomes.

8 SURREY SAFEGUARDING ADULTS BOARD ANNUAL REPORT

(Pages
77 - 106)

To inform the Adults and Health Select Committee of the content of the Surrey Safeguarding Adults Board Annual Report for 2018-19 and invite the Select Committee to review.

9 RECOMMENDATIONS TRACKER AND FORWARD WORK PROGRAMME

(Pages
107 -
116)

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

10 DATE OF THE NEXT MEETING

The next public meeting of the committee will be held on 4 December 2019 in the Ashcombe Suite, County Hall.

MOBILE TECHNOLOGY AND FILMING – ACCEPTABLE USE

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Thank you for your co-operation

MINUTES of the meeting of the **ADULTS AND HEALTH SELECT COMMITTEE** held at 10.00 am on 13 June 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 5 September 2019.

Elected Members:

* =Present

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

Co-opted Members:

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

In attendance

Sinead Mooney, Cabinet Member for Adults and Public Health

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

Apologies were received from Jeff Harris, Marsha Moseley, Darryl Ratiram and Tina Mountain.

2/19 MINUTES OF THE PREVIOUS MEETINGS: 13 FEBRUARY 2019 & 8 MARCH 2019 [Item 2]

Attention was drawn to page 18 of the agenda which outlined a number of recommendations for the previous Adults and Lifelong Learning Select Committee. The Vice-Chairman informed the Committee that he intended to follow up on the relevant actions.

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

3/19 DECLARATIONS OF INTEREST [Item 3]

None received.

4/19 QUESTIONS AND PETITIONS [Item 4]

The Adults and Health Select Committee received a Member question from Mr Jonathan Essex. A response to this question has been attached to these minutes as Appendix 1.

5/19 URGENT CARE IN SURREY HEARTLANDS [Item 5]

Witnesses:

Karen Thorburn, Integrated Care System - Director of Performance (Leads on urgent care across Surrey Heartlands)

Jack Wagstaff, Director North West Surrey Integrated Care Partnership

Giles Mahoney, Director Guildford & Waverley Integrated Care Partnership

Dr Asha Pillai, GP, North West Surrey

Dr Seun Akande, GP, Guildford & Waverley

Simon Angelides, Programme Director

Liz Patroe, Head of Engagement, Diversity & Inclusion, Surrey Heartlands CCGs

Nick Markwick, Surrey Coalition of Disabled People

Matthew Parris, Healthwatch Surrey

Key points raised during the discussion:

1. Officers introduced the item and presented Members with a presentation which outlined the key aspects of the report. It was noted that the report was produced by North West Surrey Clinical Commissioning Group (CCG) and Guildford and Waverley CCG to outline their progress to date and future plans for developing proposals on Urgent Care (and where appropriate Out-of-Hospital Care) in their respective geographies. The presentation delivered to Members is attached as appendix 2 to these minutes.
2. Witnesses were asked to provide any initial feedback on the newly procured NHS 111 service. It was explained that the NHS 111 service had recently been procured to a new specification which included a number of additional functions. NHS 111 now contained a full clinical assessment service which allowed 50% of service users direct access to a clinician for assessment. It was highlighted that feedback was so far encouraging and that the number of users accessing NHS 111 as the first point of contact were increasing year on year. Witnesses confirmed that the NHS 111 service was meeting the national standard for calls answered in a specified time and that the rate of abandoned called had fallen compared to previous data.
3. Members requested further information on the projected timeline for the proposals outlined in the report. Witnesses confirmed that The Big Picture programme was expected to identify a preferred option or options in the next couple of months. Following this, a number of factors affected its timeline which included whether or not a public consultation was required. In regards to the Better Care Together

programme in Guildford & Waverley, witnesses confirmed that there would be a significant number of events in the summer which would allow for the identification of the programmes next steps by autumn 2019.

4. Members noted that the service's standardised specifications for urgent care should promote a better understanding of where service users can visit to access various types of treatment. It was further noted that the use of the 111 service as a central point of contact would particularly help with understanding and navigation.
5. Members requested further information on the risks related to resourcing the various services outlined in the report. Witnesses from North West Surrey CCG stated that resourcing was a major concern for the programme due to the shortage in clinicians, nurses and GPs. It was noted that there was an ongoing workforce development team who were considering a number of proposals to encourage, recruit and retain those who were already in the health system. Witnesses from Guildford and Waverley CCG reiterated the same issues and stated that the rural nature of the southern portion of their population also caused issues with resourcing services.
6. Members raised concerns related to Urgent Care service location changes and the impact it could have on a vulnerable patient's transport arrangements. Witnesses explained that officers would consider various transports needs as well as identify other similar programmes nationally which could be used to integrate similar thinking around clinical standards to inform the proposals. Members further noted that a vast majority of service users used private cars to access Urgent Care services. Witnesses agreed to provide further detailed information on the process of formulating travel plans to any Members interested outside the meeting.
7. Members requested more information on the 'Livi' service and what feedback it had received from service users. Witnesses explained that the 'Livi' app was an opportunity to test a new infrastructure on how people access medical opinion and that it had accounted for eight thousand additional appointments since September 2018. It was noted that there had been very positive feedback from service users and that it was significantly popular with young people and those whose employment hours were during the day.
8. The representative from Healthwatch Surrey asked for confirmation on what changes would be made to services from a service user perspective, and if this included the closure of walk-in centres in north-west Surrey. Witnesses confirmed that the specification was available but no decisions had yet been made.
9. The representative from Healthwatch Surrey informed Members that, when engaged, a number of service users were unaware of the services available through the NHS 111 service. It was noted that unfamiliarity was especially prominent in those who were in disadvantaged groups. Witnesses explained that Care UK, the provider of the NHS 111 service, would be holding a large scale public relations programme to increase public knowledge of the services available. Witnesses confirmed that Care UK would be informed of the feedback received and would work toward targeting those in disadvantaged groups.
10. Members stated that a simple one page document which outlined the various Urgent Care services available being placed in GPs surgeries,

health centres and borough officers would be a beneficial way of spreading service information to residents.

11. Members requested information on the future of the Weybridge Hospital which burned down in 2017. Witnesses confirmed that it was the intention to rebuild a health and care facility and that there was an ongoing working group to discuss what types of services would be made available onsite. When discussing the timeline for this, witnesses stated that discussions related to access to capital funding for the project could take up to two years.
12. Members highlighted that they had received some very positive feedback from residents on the performance of the NHS 111 service.
13. Witnesses informed the Committee that they would be happy to provide Members with an opportunity to visit the various locations where the Urgent Care services were provided to enable a better understanding.

Recommendations:

The Committee:

1. Supports the proposal outlined at this stage and recognises the need to undertake development of the proposals at a local level based upon:
 - a. Local, current and future patient need taking into account additional population and housing in all boroughs and districts as a result of local plans, also changes in demographics.
 - b. Patient activity and flows
 - c. Development of Integrated Care Partnerships
 - d. Urgency of developing proposals for the configuration of a health facility on the site of the Weybridge Community Hospital/primary care Centre in North West Surrey CCG which was destroyed in July 2017.
2. Requests that a further report be presented to the Select Committee following the agreement of a preferred option or options for each of the programmes which outlines development proposals and a timeline of delivery.
3. Requests that due consideration be given to the following matters:
 - a. Information is made available to service users to ensure there is an understanding of the services available.
 - b. That appropriate consultation is undertaken early with residents and all relevant groups including those hard to reach.
 - c. A transport assessment takes into account variables related to population density and an aging population, as well as distance.
 - d. All staffing resources including GPs generally, NHS 111 services and GP Out-of-hours services.

6/19 DATE OF THE NEXT MEETING [Item 6]

The Committee noted its next meeting would be held on 5 September 2019.

Meeting ended at: 11.45 am

Chairman

ADULTS AND HEALTH SELECT COMMITTEE

10 OCTOBER 2019

ADULT SOCIAL CARE TRANSFORMATION UPDATE

Purpose of report: To provide an update on the progress of the Adult Social Care (ASC) transformation programmes of work. The report sets out the operational performance indicators which tell a story of transformation, the status of financial benefits delivered and forecast in 2019/20, together with a summary of achievements and key milestones planned for each of the transformation programmes. This update will be a standing item at future Select Committee meetings.

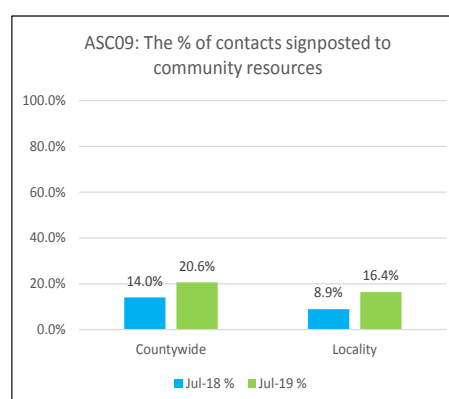
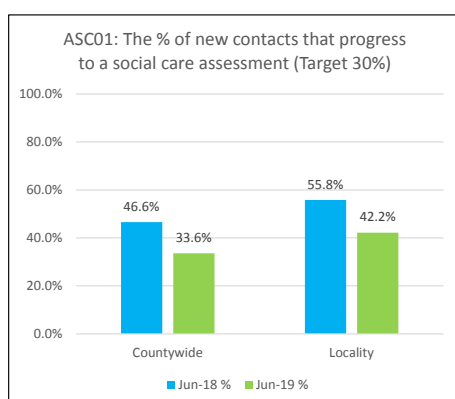
Introduction

1. The Adults Leadership Team (ALT) is aware of Surrey County Council's (SCC) relative position as a high spending authority through detailed information gathered in benchmarking conducted across the South East by the Association of Directors of Adult Social Services (ADASS) network, and begun work in 2018/19 to identify changes needed to address this. SCC asked the Local Government Association (LGA) to conduct a peer review of ASC in the summer of 2018. The LGA team found that although there were a number of real positives in the way ASC services were delivered in Surrey, including the maturity of partnership working with the NHS and other local partners, there were also improvement opportunities.
2. Since the LGA peer review, ALT has formulated and began to implement an ambitious transformation programme, supported by the Social Care Institute for Excellence (SCIE) as our improvement partner. The key themes are:
 - 2.1. A strength based practice framework whereby we change the conversation with residents to focus on their strengths rather than their deficits and being clearer about the role of the Council in supporting people.
 - 2.2. A shift away from institutionalised models of care for all but those people with the most complex needs.
 - 2.3. A strategic commissioning approach that leads rather than follows the market, with much stronger commissioning strategies across all service areas and the right capacity to support more robust market management.
 - 2.4. Enhancing prevention and early intervention, including a review of the current reablement service model and offer.
 - 2.5. Improving operational performance, including care package reviews.
 - 2.6. Assessing the extent to which partnership working is genuinely delivering financial and operational benefits and planning future changes based on a clearer analysis of costs vs benefits.

- 2.7. Improving market management and strategic commissioning.
- 2.8. Devoting sufficient resources to driving the transformation and change agenda at pace.
- 2.9. Ensuring finance and performance information is better linked to help drive performance improvement and future service planning.
3. Positive results have already been achieved with total net expenditure in 2018/19 held at the same level as 2017/18, with an underspend of £25m (6.5%) against the original 2018/19 budget. Successful delivery of ASC's transformation programme remains critical to the financial sustainability of the Council.

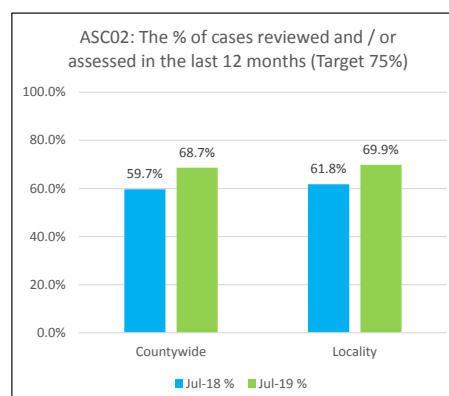
Operational transformation performance indicators

4. The operational performance indicators tell the story of how transformation is underway in Adult Social Care with declining caseloads, declining referrals, increased diversion, shifts away from institutional solutions and increased reviews. The data which is summarised below presents performance at two levels. The 'countywide teams' include all teams in the directorate whereas the 'locality teams' include the 11 locality teams based in district and boroughs, the Transitions Team and LD & Autism Team. Data covers July 2018 to July 2019, except for contacts to assessment and supports plans – as we report these 3 months in arrears. Further details are included in Annex 1.
5. Caseloads – Practice improvement has focussed upon embedding strengths based practice, improving the workflow, ensuring consistency in the use of Liquidlogic Adults' Social Care System (LAS) trays, improving data quality and providing tableau reports which teams use to inform their decision making. Practice improvement has also enabled locality teams to work through cases with a consequent reduction in caseload of 13% (countywide 22,630 to 19,659). The locality teams have reduced their caseloads by 15% (21,312 to 18,022).
6. Referrals and diversion - % of new contacts that progress to a social care assessment (target 30%) - By having strength based conversations at the point of contact we have reduced the people progressing to assessment by 13% (countywide from 47% to 34%, locality teams from 56% to 42%) and increased our referrals to community support by 7% (countywide from 14% to 21%, locality teams from 9% to 16%).

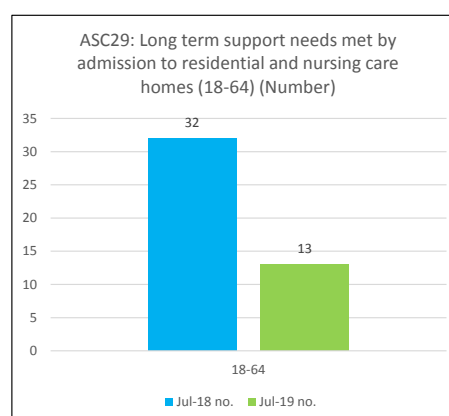
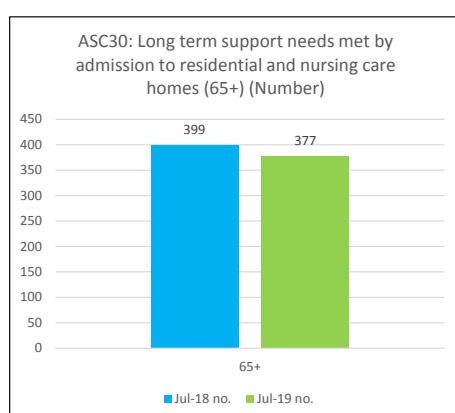


7. Referrals - % of assessments that progress to a support plan (target 90%) - We have progressed 11% more assessments to support planning (countywide: from 56% to 67%, locality teams: from 55% to 66%).

8. Reviews - % of cases reviewed and/or assessed in the last 12 months (target 75%) - We have increased the number of people reviewed by 9% and have a plan to ensure we achieve our 2019/20 target of 75% (countywide: from 60% to 69%, locality teams: from 62% to 70%).

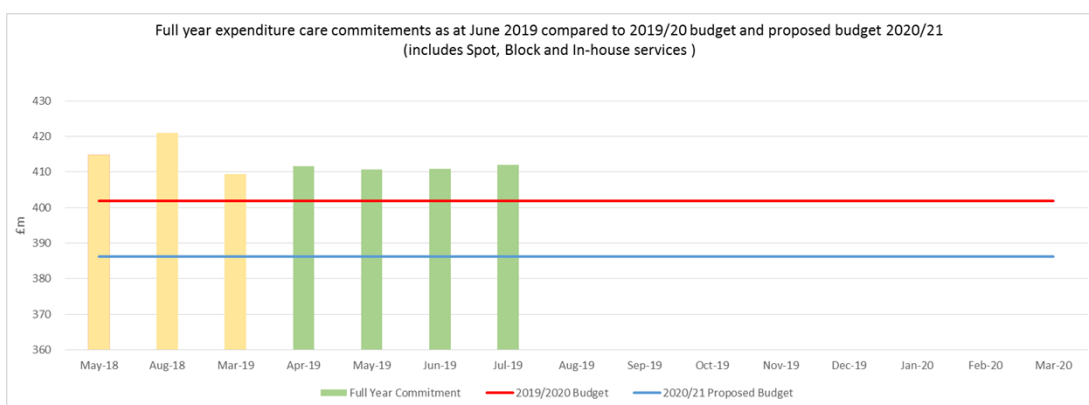


9. Direct Payments - % of people in the community purchase their services with a direct payment (target 30%) - 27% of people in the community purchase their services with a direct payment and we have been working with the Social Care Institute for Excellence (SCIE) to increase this further (countywide the result has not improved across the year: locality teams: from 26% to 27%).
10. Shifts away from institutional solutions - Long term support needs met by admission to residential and nursing care homes - We have made fewer admissions to care homes in Qtr 1 2019/20 compared to Qtr 1 2018/19 (65+ admissions: 2018/19 = 399; 2019/20 = 377, 18-64 admissions: 2018/19 = 33; 2019/20 = 13).



Financial transformation performance indicators

11. ASC care packages gross expenditure full year commitments for all client groups increased by £1.2m in July and has now increased by £2.6m since the start of the year. Commitments are now £10.1m higher than the 2019/20 care packages gross expenditure budget and £25.8m higher than the 2020/21 budget. The direction of travel is concerning for the forward budget.



12. There has been a £(0.1)m reduction in the full year costs within older people care package gross expenditure. There has been a £0.3m increase in the full year costs within physical disabilities care package gross expenditure; £0.6m increase within learning disabilities; £0.4m increase within transition; and a £0.1m increase within mental health services.
13. The July 2019 savings position across the ASC transformation programmes was as follows:

Programme	2019/20 Target £m	Achieved	Remaining Forecast	Total Achieved + Forecast	Variance	RAG
Accommodation with Care & Support	0.0	0.0	0.0	0.0	0.0	-
Practice Improvement	16.8	3.1	8.3	11.4	-5.4	R
Integrated Models of Care	0.0	0.0	0.0	0.0	0.0	-
Market Management	0.0	1.4	0.0	1.4	+1.4	G
All Age LD	1.0	2.1	0.0	2.1	+1.1	G
TOTAL	17.8	6.6	8.3	14.9	-2.9	A

14. 'Integrated Models of Care' (previously known as Health & Social Care Integration) is not linked to any savings, but is an enabler for managing demand, particularly amongst older people. There is progress in our partnership working with the Integrated Care Partnerships (ICPs) and Primary Care Network (PCN).
15. Accommodation with Care & Support is not linked to any savings but is an enabler for the savings which the Practice Improvement programme will deliver in future years.

ASC Transformation programmes

16. Four ASC transformation programmes, building upon change already underway in the Directorate, were set up in April 2018 as part of the Council's transformation programme. There are significant interdependencies between these programmes and in practice they are part of a single ASC change programme. ALT is in the process of examining different service models the directorate could adopt in the future and assessing the extent to which these could deliver the planned transformational changes and associated financial benefits. This report provides a progress update for the four existing transformation programmes but these may look different in future updates to Select Committee as planning progresses.

17. The long term strategic aims of each of the transformation programme are as follows:

Programme	Long term strategic aims
Accommodation with Care & Support	<ul style="list-style-type: none"> • Shift away from offering traditional residential care for people with mild to moderate needs, to one which provides a home for life for people with complex needs. • Increase the availability of extra care accommodation by 725 units, by 2028. • Reduce the number of people with a learning disability and/or autism in residential care by 40-50% over the next 5 years by expanding the development of new independent living provision. • Stimulate and manage the mental health/substance misuse supported living market by implementing a dynamic purchasing system. • Ensure provision of specialist residential and nursing care beds across the county to meet the population demand for 2028.
Practice Improvement	<ul style="list-style-type: none"> • Embed a strengths-based approach that supports people to live independent and fulfilling lives. • Review care and support packages in a timely way to ensure they are appropriate and proportionate to meeting needs and outcomes of residents. • Review our reablement offer to support recovery and maintain or increase people's independence. • Embed a specialist Learning Disabilities and Autism team to increase the number of people living independently. • Implement a new service model for Mental Health, following the termination of the S75 agreement with Surrey and Border Partnership NHS Foundation Trust • Increase technology-enabled care to maximise independence. • Enable our workforce to be more mobile and our residents to access on-line support. • Review our organisational structure and accountabilities. • Make Direct Payments our preferred offer to increase choice and control for residents.

Integrated Models of Care	<ul style="list-style-type: none"> • Implement and evaluate integrated models of community based health and social care to support people to live independently and delay the need for care and support, prevent admission to hospital, and support hospital discharge. • Adopt a more preventative and collaborative approach with the wider health and social care system. • Identify opportunities for incorporating Trusted Assessment into existing hospital discharge initiatives. • Finalise the 2019/20 Better Care Fund plan, in conjunction with local ICPs.
Market Management	<ul style="list-style-type: none"> • Introduce new centralised processes, governance and decision making accountabilities and authorities. • Embed a new structure and organisation of commissioning roles including a new central placements team. • Refresh the Adult Social Care Commissioning Strategy. • Undertaken market intelligence and benchmarking. • Revise Market Positioning Statements. • Undertaken stakeholder management and communications planning. • Revise contracts with suppliers.

18. The following tables provide a headline update for each of the ASC transformation programmes in early September 2019, together with a summary of progress in the last month, key milestones planned for the next 2-3 months, key issues for the programme and actions.

Accommodation with Care and Support – 2 September 2019

Overall RAG:



Headline

A vision for Accommodation with Care and Support was endorsed by Cabinet on 16 July. This included a number of recommendations that were signed off by Cabinet. A number of key outputs need to be delivered over the coming months, these include:

- Transformation funding bid for dedicated resource to deliver the AwCS strategy.
- A review of all existing SCC assets for their appropriateness to be used for specialist accommodation.
- The development of business cases for the existing schemes for extra care.

The extra care business cases will need to be delivered to Cabinet in October 2019.

Progress and achievements (last month)	Forward focus & key milestones (next 2-3 months)	RAG
Assessment of existing SCC sites for specialist accommodation underway	Complete assessment of all SCC assets for their appropriateness to be used for specialist accommodation. This is a long term piece of work.	
Commissioning intentions and AwCS strategy signed off	Full business cases for the potential extra care schemes to be delivered to Cabinet in October 2019	
Dedicated resource to deliver AwCS scoped and costed.	Deliver engagement strategy for AwCS (01/10/2019)	
Projects to deliver AwCS have been scoped and indicative milestones agreed.	Submit transformation funding request for dedicated resource to deliver AwCS strategy (13/09/2019)	
The governance structure for AwCS and Market Management have been agreed and implemented. The work has been separated into two workstreams: older people and working age adults	Meet with the district and borough directors of housing and local councillors in the local wards for potential extra care schemes (11/10/2019).	
Request for information for delivering extra care has been shared with the market.	Targets for AwCS to be agreed and signed off by programme board, AE and sponsor (30/06/19)	

Key issues and concerns	Actions being taken and/or steer required from ALT
Full business cases for extra care existing schemes	<ul style="list-style-type: none"> This is a substantial piece of work that will need to be completed over the Summer. Colleagues from other services are being asked to reserve their resource to support this exercise.



Headline

Delivery against the plan is progressing to support the imminent transfer of workers and cases from Surrey & Borders Partnership NHS Foundation Trust to ASC by 31 October as part of the reshaping of Mental Health services. The Learning Disabilities & Autism service continues to focus upon priority reviews and reassessments to improve customer outcomes and deliver savings. Strengths Based Practice (SBP) is being scoped for the reablement and the hospital teams and a portfolio of KPIs in tableau is being used in teams to support SBP. Teams are allocating resource for targeted reviews to address outstanding care package reviews, deliver improved outcomes and savings. SCIE recommendations for Direct Payments will be considered by ALT on 18 September and SCIE will be supporting the development of a more inclusive reablement offer to maximise independence. Technology Enabled Care pilots are being planned.

Project progress and achievements (last month)	Forward focus & key milestones (next 2-3 months)	RAG
Learning Disabilities & Autism Service Review Learning Disabilities & Autism Service Review Project Plan further developed. Initial strengths based practice workshop delivered, and the Consistent Practice Meeting implemented. The tracking tool to capture and monitor reviews, allocated/unallocated, costs per client and savings, developed and being populated. Short-term task group, with LAS expertise, supporting the work and assessing risk. In addition, process for recruiting key additional resources to the team has begun. Desk top exercise has been carried out to determine prioritisation for the initial de-registration of care homes.	Learning Disabilities & Autism Service Review Effective governance of the project to be developed. Staff engagement mechanisms and briefings on key changes/messages to be introduced. Dedicated area finance resource to be confirmed. Monitoring and reporting of reviews and costs from tracking tool to begin. Cohort/provider prioritisation to be confirmed, including desktop exercise on cases and review days set based on potential to recover savings across all placements, work/resource allocation to be confirmed for targeted reviews with priority reviews underway.	
Mental Health Service Review Operational model agreed, confirming staffing locations. Property scoping availability of accommodation in preferred locations. LAS training underway with 6 courses in August. External provide commissioned to provide Mental Health training (care act). Business case submitted for four Managers to facilitate smooth transfer of staff from Surrey and Border Partnership NHS Trust. LAS Trays set up for Mental Health Staff – based on localities. Referral pathway model agreed.	Mental Health Service Review All staff to be trained ahead of 'go-live' date and smooth transfer from SABP to ASC. Cultural changes required to be embedded to create a focus on ASC related tasks. Data migration requirements to LAS to be scoped, IG issues to be identified and resolved, and any outstanding issues regarding where case 'ownership' resides to be resolved. Identify alternative arrangements where insufficient space exists within locality teams, and consult and agree with SABP on any on-going shared accommodation requirements	

Project progress and achievements (last month)	Forward focus & key milestones (next 2-3 months)	RAG
<p>Strengths Based Practice</p> <p>Support provided to Learning Disabilities & Autism Team team to new ways of working to improve duty workflow and embed practice, in preparation for further roll out of strengths based practice. Initial engagement session with selected Reablement staff in preparation for planning for roll-out of strengths based practice. Support continues in Woking, with in check-ins with Assistant Director.</p> <p>Soft launch of strengths based guidance documents.</p> <p>Refined strengths based practice performance indicators and reporting developed in tableau and being used within the localities, improvements showing in performance.</p>	<p>Strengths Based Practice</p> <p>Strengths Based Practice Framework to be presented to 18 September ALT for approval. Familiarisation events on guidance to take place.</p> <p>Meeting with Assistant Directors, on 12 September, to define expectations for hospital staff on strengths based practice.</p> <p>Learning Disabilities & Autism Team – LAS drop in sessions to take place, with further roll out of strengths based practice expected in October/November.</p> <p>Strengths based practice masterclass for Mental Health Team being planned for November.</p> <p>Development for targeted reviews resource on the strengths based practice approach planned.</p> <p>Reablement approach and plan for strengths based practice to be developed, with delivery expected in November.</p>	
<p>Reviews</p> <p>Outstanding Affinity complaints being dealt with. Learning Disabilities & Autism Team dealing with small number of final Affinity reviews (reductions). Lessons learnt report produced and Affinity Project closure underway, and to finalised once above actions complete.</p> <p>Carried out detailed analysis of resource requirements vs reviews activity/performance across localities, Mental Health and Learning Disabilities and Autism Team.</p>	<p>Reviews</p> <p>Communication in relation to additional resource to support targeted reviews activity across localities, Mental Health and Learning Disabilities & Autism Team. Each team to allocate resource for targeted reviews. Resource to be developed further in line with strength based practice. Targeted reviews activity monitoring to start.</p> <p>In addition, targeted support continues for teams for reviewing activity.</p>	
<p>Technology Enabled Care</p> <p>District and Borough engagement has continued.</p>	<p>Technology Enabled Care</p> <p>Develop an options appraisal to get a steer on how to best move forward given the timeframes. Plan and develop the Service User engagement sessions with the Surrey Coalition.</p>	

Key issues and concerns	Actions being taken and/or steer required from ALT
<p>A better understanding and accurate view required of the impact individual projects are having within the programme in order to determine whether the impact is at the desired level to deliver the required benefits, to inform decision-making and ensure corrective action where appropriate.</p>	<ul style="list-style-type: none"> • The Practice Improvement programme measures have been finalised and approved in line with the Adult Social Care transformation programme measures, with key measures reported on. • The sum of the targets for the individual projects to be reviewed to ensure they deliver the overall benefits of the overall ASC transformation programme
<p>Clarity needed of SCIE engagement outputs, pace of delivery and to ensure effective interdependency management across the Practice Improvement Programme and wider ASC transformation programmes.</p>	<ul style="list-style-type: none"> • Following each workshop/activity the specific outputs being defined and agreed.
<p>A robust plan required and coordination of care package reviews across initiatives to address the backlog and ensure delivery of improved outcomes and delivery of the financial savings.</p>	<ul style="list-style-type: none"> • Following agreement of approach, plan for remaining reviews being delivered with additional resource to support targeted reviewing activity.
<p>Overall ASC model design incomplete (including what will the service offer and customer journey look like)</p>	<ul style="list-style-type: none"> • Accelerated with SCIE support. Complete what good looks like, and plan to achieve necessary change. Additional resource assigned to this work and meetings being held.
<p>Impact of tactical structure initiatives in ASC (creation of centralised teams) on frontline teams capacity and capability, ensuring this work is aligned to the Council's Target Operating Model and spans and layers of control.</p>	<ul style="list-style-type: none"> • Build overall view and roadmap of structural change/workforce remodel. • Design and manage holistically to ensure integrity of operations in locality teams.



Headlines

NOTE - PM resource is limited in short-term due to Surrey Heartlands Estate devolution project, and 2019/20 Better Care Fund planning.

- East Surrey Integrated Reablement Unit and Integrated Discharge Team project review deep dives in progress.
- East Surrey Reablement staff now co-located with Rapid Response colleagues. Tenancy agreement between First Community Health and SCC Property Services confirmed and telephony and IT infrastructure work underway.
- New project officer attached to NW Integrated Care Bureau project with future milestones in development.

Area	Progress and achievements	Forward focus & key milestones	RAG
Surrey Heath	<ul style="list-style-type: none"> • Surrey Heath Intermediate Care Team project review completed. • Surrey Heath CCG project manager supporting Intermediate Care Integration 	<ul style="list-style-type: none"> • Yearlong D2A scheme established 	A
East Surrey	<ul style="list-style-type: none"> • IRU and IDT project reviews drafted for later deep dive. • East Intermediate Care Integration consultation completed and IT/property arrangements underway. • Co-location of intermediate care staff at Redhill Aerodrome underway 	<ul style="list-style-type: none"> • Outstanding East Surrey project reviews completed 	A
Mid Surrey	<ul style="list-style-type: none"> • ASC workforce for Primary Care Networks allocated • IDEEA mobilisation progressing 	<ul style="list-style-type: none"> • Risk stratification tools in place and used by Primary Care Networks • New governance to be put in place for Surrey Downs Health and Care 	A
North West Surrey	<ul style="list-style-type: none"> • Regular Intermediate Discharge Bureau integrated managers meetings established. • Work continuing to revise triage pathways 	<ul style="list-style-type: none"> • Revised triage/SOP pathways to go live in Integrated Discharge Bureau • Project reviews completed for Locality Hubs 	A
Guildford and Waverley	<ul style="list-style-type: none"> • Project resource removed from Intermediate Care Integration. Paused following SCIE workshop. Wider scoping work to be done within Sustainable Reablement Workforce programme. • Farnham Integrated Care Team completed. 	<ul style="list-style-type: none"> • Intermediate Care scoping work to be carried out and completed in Sustainable Reablement Workforce programme 	G

Key issues and concerns

Actions being taken and/or steer required from ALT

Officer capacity to finalise East Surrey reviews

Awaiting mobilisation of new ASC Commissioning structure.



Headlines

The leadership panel reviewing inflationary uplift requests is on-going with admin resource now in place to reduce the backlog. The new ASC commissioning structure is in place and interviews for Heads of Commissioning are being held in September. ALT agreed a direction of travel for setting up a central placements team for older people residential and nursing placements. An ALT decision is required on refreshing or rewriting ASC Market Position Statements.

Forward focus & key milestones (next 2-3 months)

RAG

• Inflationary uplifts	• Uplift review panel meeting every 2 weeks - ongoing • Financial modelling agreed to be published when tracker updated, temporary resource in place tracker and actions being brought up to date.	Red
• Market Position Statements	• Decision required by ALT on MPS output	Green
• Prices paid on Spot Placements, creating capacity in the market	• Complete all provider meetings, create a pool of nursing beds at the guide rate • Draft Structure for Central Placements Team going to ALT 4 th Sept	Amber
• Number of contracts and KPI's introduced and review for top 50 providers, and monitoring against delivery of contracts	• Commissioning Restructure complete, HOS of service interviews scheduled for September 23 applicants.	Amber
• Residential Block Contract Utilisation	• Monitoring against 95% target to start in Sept 19	Green
• Homecare	• End to End review completed and incorporated in Central Placements Team Paper	Green

Key issues and concerns

Actions being taken and/or steer required from ALT

LD cost of care delaying the processing of 19/20 requests, leading to complaints	Meeting arranged with Cost of Care Team and Fee Uplift to clarify where each LD provider is in the process and how to proceed.
LD and Day Opportunity Inflationary Uplifts may lead to a significant number of providers serving notice	Ongoing negotiations with providers

Conclusions:

19. The four ASC transformation programmes are making steady progress towards delivering transformational change. There are significant interdependencies between these programmes and in practice they are part of a single ASC change programme. ALT is examining different future service models and assessing the extent to which these could deliver the planned transformational changes and associated financial benefits.

Recommendations:

20. Members of the Adults & Health Select Committee are invited to note the update and to raise any challenges they feel appropriate.

Next steps:

21. Key milestones for the next 2-3 months have been set out in the progress summary above.

Report contact:

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Liz Uliasz, Deputy Director & Guildford & Waverley, ASC
Mike Boyle, Assistant Director Commissioning and Transformation, ASC

Contact details:

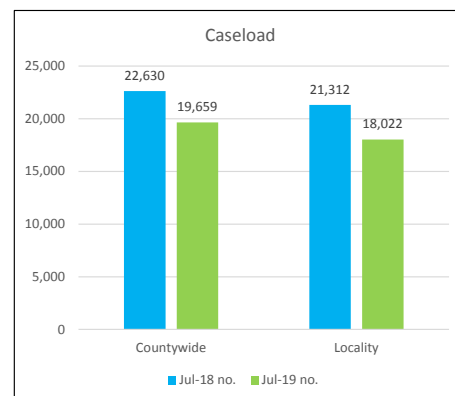
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Sources/background papers:

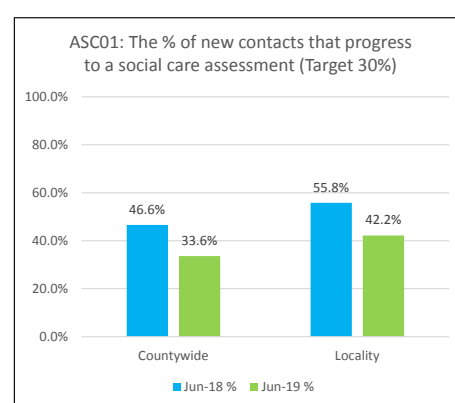
- Adult Social Care Bespoke Peer Review, September 2018
- Adult Social Care, Joint Finance & Performance report, July 2019

Operational transformation performance indicators

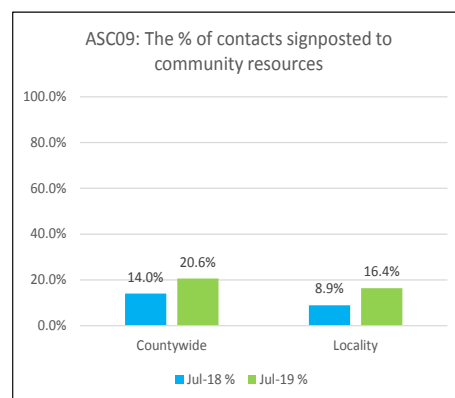
Caseload	Jul-18		Jul-19		Change	
	no.	%	no.	%	no.	%
Countywide	22,630		19,659		-2,971	13.13%
Locality	21,312		18,022		-3,290	15.44%



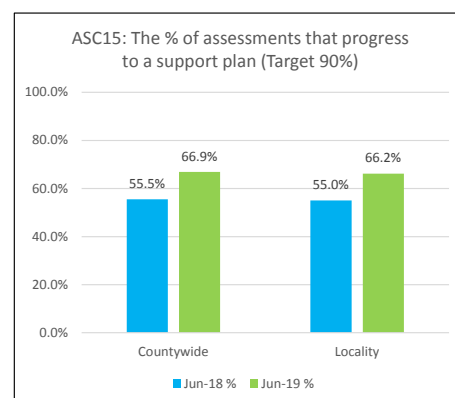
ASC01: The % of new contacts that progress to a social care assessment (Target 30%)	Jun-18		Jun-19		Change	
	no.	%	no.	%	no.	%
Countywide	859	46.6%	676	33.6%	-183	-13.0%
Locality	733	55.8%	608	42.2%	-125	-13.6%



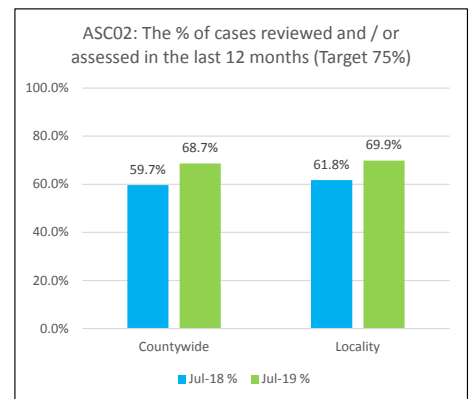
ASC09: The % of contacts signposted to community resources	Jul-18		Jul-19		Change	
	no.	%	no.	%	no.	%
Countywide	687	14.0%	1,213	20.6%	526	6.57%
Locality	238	8.9%	583	16.4%	345	7.41%



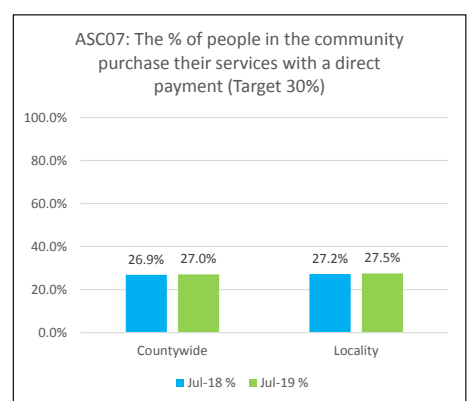
ASC15: The % of assessments that progress to a support plan (Target 90%)	Jun-18		Jun-19		Change	
	no.	%	no.	%	no.	%
Countywide	472	55.5%	320	66.9%	-152	11.4%
Locality	434	55.0%	285	66.2%	-149	11.2%



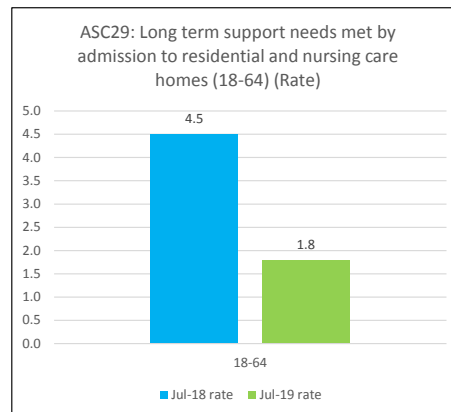
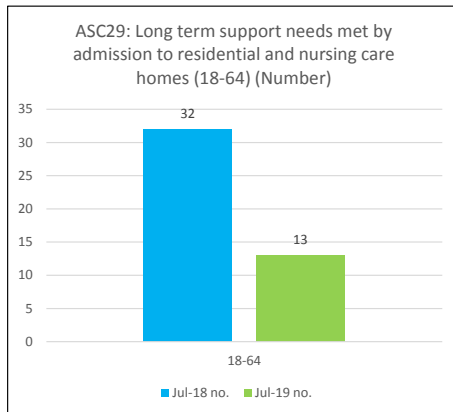
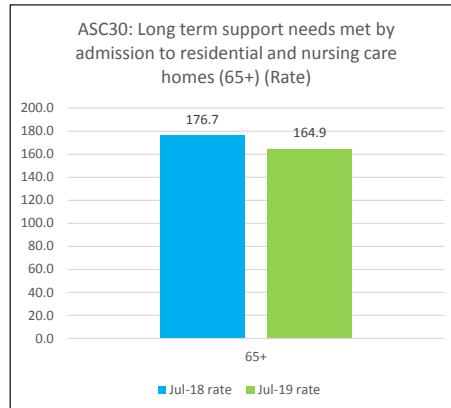
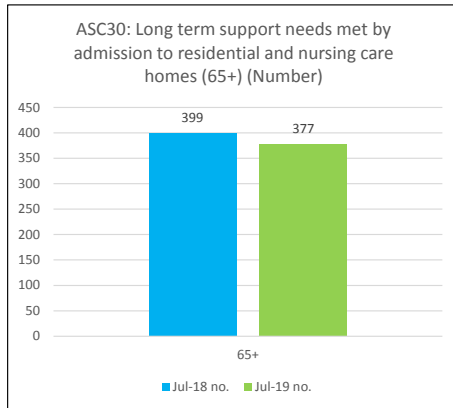
ASC02: The % of cases reviewed and / or assessed in the last 12 months (Target 75%)	Jul-18		Jul-19		Change	
	no.	%	no.	%	no.	%
Countywide	12,245	59.7%	12,062	68.7%	-183	8.99%
Locality	11,645	61.8%	11,374	69.9%	-271	8.09%



ASC07: The % of people in the community purchase their services with a direct payment (Target 30%)	Jul-18		Jul-19		Change	
	no.	%	no.	%	no.	%
Countywide	2,303	26.9%	2,179	27.0%	-124	0.12%
Locality	2,195	27.2%	2,089	27.5%	-106	0.31%



ASC29 & ASC30: Long term support needs met by admission to residential and nursing care homes	Jul-18		Jul-19		Change	
Rate: per 100,000 population	no.	rate	no.	rate	no.	rate
65+	399	176.7	377	164.9	-22	-12
18-64	32	4.5	13	1.8	-19	-3





Committee Title: ADULTS AND HEALTH SELECT COMMITTEE

Date: 11th OCTOBER 2019

Title: SURREY HEARTLANDS WINTER PREPAREDNESS REPORT

Purpose of report:

This report is to inform the committee of the impact of winter 2018/19 on the Surrey Heartlands system, including reference to previous winter pressures; and to describe the whole system measures being put in place to promote resilience throughout the upcoming winter period.

1. Introduction

- 1.1 Winter 2018/19 was again very challenging for the Surrey Heartlands system; whilst the area did not experience extended periods of severe weather; the Acute Hospitals (excluding SaSH) supported 104,213 type 1 attendances to A+E from November 2018 to March 2019.
- 1.2 This represents a 5.1% growth in attendances, which is above the national growth across England of 4.9% for the same period.
- 1.3 A&E 4-hour performance was under 95% at 86.2%; although thanks to the careful planning and the dedication of hard working front line staff across all agencies and partners, the Surrey Heartlands Acute Hospitals (including SaSH) performed above the national average for England of 78%.

2. Report Summary

Please refer to the attached full report.

- 2.1 Patients will continue to be able to contact '111' and, from March 2019, the Clinical Assessment Service (CAS) which provides specialist support to patients in navigating local services with the assistance of a multidisciplinary Clinical Assessment Service (CAS). The CAS will also support health professionals working outside hospital settings e.g. staff within care homes, assisting them in making the best possible decision about how to support patients closer to home and potentially avoid unnecessary trips to A&E.
- 2.2 Ambulance Attendances: the system saw a decrease of 1% (from November 2018 to March 2019) in ambulances arriving in A+E, which suggests that the combined SECamb approach of 'Hear and Treat' and 'See and Treat'; along with a greater number of patients being supported either in their own homes or admitted directly to a community hospital is having a positive effect.
- 2.3 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. When comparing the winter period 2017/18 to 2018/19; a significant, collective improvement can be seen with a 17.5% improvement being delivered for ambulance handover of less than 30 minutes. However, SaSH have seen Ambulance arrivals increase by 3.5% between winter 2017/18 and winter 2019/20; significant work between SECamb and the Trust enabled a reduction in handover delays during the summer of 2018/19, surges in attendances in January 2019 resulted in an increase in handover delays when comparing winter on winter (with performance quickly improving in February 2019).
- 2.4 Ambulance Diverts: Ambulance diversion to another Acute Hospital A+E department is a strategy which is only ever deployed when the hospital requesting the divert is under very intense pressure. When a hospital invokes diversion status, incoming ambulances are directed to other facilities.

Diverts are a very rare occurrence across Surrey Heartlands and only take place in extremist.

- 2.5 After a year on year increase from 2015/16, bed occupancy decreased slightly during 2018/19 to an average occupancy rate of 83.53%, principally due to the multi-agency focus on improving more timely discharges for patients with a stay in hospital of over 7 days and over 21 days.
- 2.6 Capacity Mapping: The individual Surrey Heartlands 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, ongoing, on a daily basis. It also informs the systems in their preparation for holiday and winter periods by 'looking back' to previous busy periods and analysing how the system responding.
- 2.7 High Impact Change model – this nationally developed model provides a practical approach across eight system changes which assists with reducing delayed discharges. Joint health and social care interventions for urgent and emergency care are progressing well with five of the eight domains rated as established, two areas are rated as mature and one with having plans in place.
- 2.8 Increasing seasonal flu vaccination levels is vital in protecting patients and staff; this also contributes to minimising additional unnecessary demands on healthcare services during the winter period. During the Autumn and Winter of 2018/19, none of the three CCG's i.e. Guildford +Waverley, Surrey Downs and North West Surrey met the national ambition of 75%, with slightly less (recorded) take up of vaccinations when comparing 2017/18 to 2018/19. The campaign to increase vaccination take up will commence in earnest in October 2019; again being fully supported by national and local communications.
- 2.9 GP Improved Access - A total of 49,419 appointments were offered across Surrey Heartlands, excluding East Surrey, from August '18 to March '19. Generally, the numbers of 'Did Not Attend's' (DNAs) remained well below 10% and the

numbers of unbooked appointments reduced as the winter progressed. In East Surrey, the service went live on 3rd April 2018. However, from August 2018 to March 2019 a total of 9944 appointments were offered, although 460 were DNAs and 2016 were unbooked.

- 2.10 The Surrey Heartlands Communications Plan supports targeted messaging out to the wider community particularly in relation to how the person may seek help and support without needing to attend A+E; messages are also tailored to each areas system escalation alerting the public to how busy their local hospital is.
- 2.11 All the Acute Hospitals are engaged in focused areas of delivery to prepare for any sustained surge in demand, particularly over the winter period. The focus will be on maximising same day emergency care; reducing length of stay, particularly hospital stays over 21 days and in improving timely discharge. Workforce reviews are also being undertaken, with consideration given to how available capacity is able to best meet demand.
- 2.12 Surrey and Borders Partnership (SABP) - As a mental health trust, demand for crisis response services are often unplanned and unpredictable; seasonal variation can be less of a significant factor than it is for the Acute Trusts. SABP focus on winter pressures is in trying to support Acute Trusts through maintaining performance via the Psychiatric Liaison services. Out of hours the SAPB have support for individuals in crisis through their single point of access and Safe Havens.
- 2.13 Surge and Escalation Planning - Review of the whole system approach to surge and escalation within urgent care is currently being undertaken to agree a standardised approach going forward, this includes robust escalation process' for Surrey Heartlands level support to help de-escalate local ICP systems that are experiencing challenges to their urgent care pathway.

3. Governance

- 3.1 The Surrey Heartlands (SH) main vehicles responsible for the delivery of urgent care across the area are the Integrated Care Partnership (ICP) Local Accident & Emergency Delivery Boards (LAEDBs) of North West Surrey, East Surrey and Guildford & Waverley; along with the Surrey Downs System Resilience Group (SRG) – which links to the Sutton ICP LAEDB. Through these groups each of the systems put in place their plans, with some schemes being established across Surrey Heartlands to ensure that the systems were well prepared to manage sustained surge pressures.
- 3.2 Overarching assurance is provided by the ICP's to the Surrey Heartlands Quality and Performance Board and onward to the System Oversight and Assurance Group (SOAG); with the strategic Surrey Heartlands work plan complementing and supporting local delivery. The Urgent and Emergency Care Network (UECN) provides the opportunity for system support and development.

4. Recommendations:

- 4.1 The Committee is requested to note the preparations for winter 2019/20 set out in this paper.

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Director of Performance,
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Surrey County Council – Adults and Health Select Committee

Surrey Heartlands Winter Preparedness Report

Date: August 2019

Version: FINAL

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1. Introduction

1.1 This report sets out to provide an outline of the impact and risks associated with winter pressures, along with the whole system measures put in place which provide mitigation and promote resilience throughout the upcoming winter season. Specific reference has been made to the following: -

- 1.1.1 Monthly performance data against the '95% of attendees cleared within 4 hours' target for each Surrey Acute Trust for 16/17, 17/18, 18/19 (winters and summers).
- 1.1.2 An assessment of the probable factors (for example: additional pressures on A & E and ambulances delayed and diverted) which will lead to additional pressures on the system, providing assurances that there is advanced planning across the whole system to identify concerns and overcome issues.
- 1.1.3 Details on the scale and effectiveness of capacity mapping locally and whether information is being effectively shared across the local health and care system
- 1.1.4 Details on whether the NHS high impact interventions for urgent and emergency care improvement have been adopted locally.
- 1.1.5 Details on how Acute Trusts and the wider system is implementing improvements that will be effective in increasing performance this coming winter in the following areas:
 - a. Public Health: 'flu' jabs.
 - b. Reducing attendance at A&E
 - c. Integrated Adults and Health: effective working to facilitate patient discharge and therefore reducing delayed discharges.

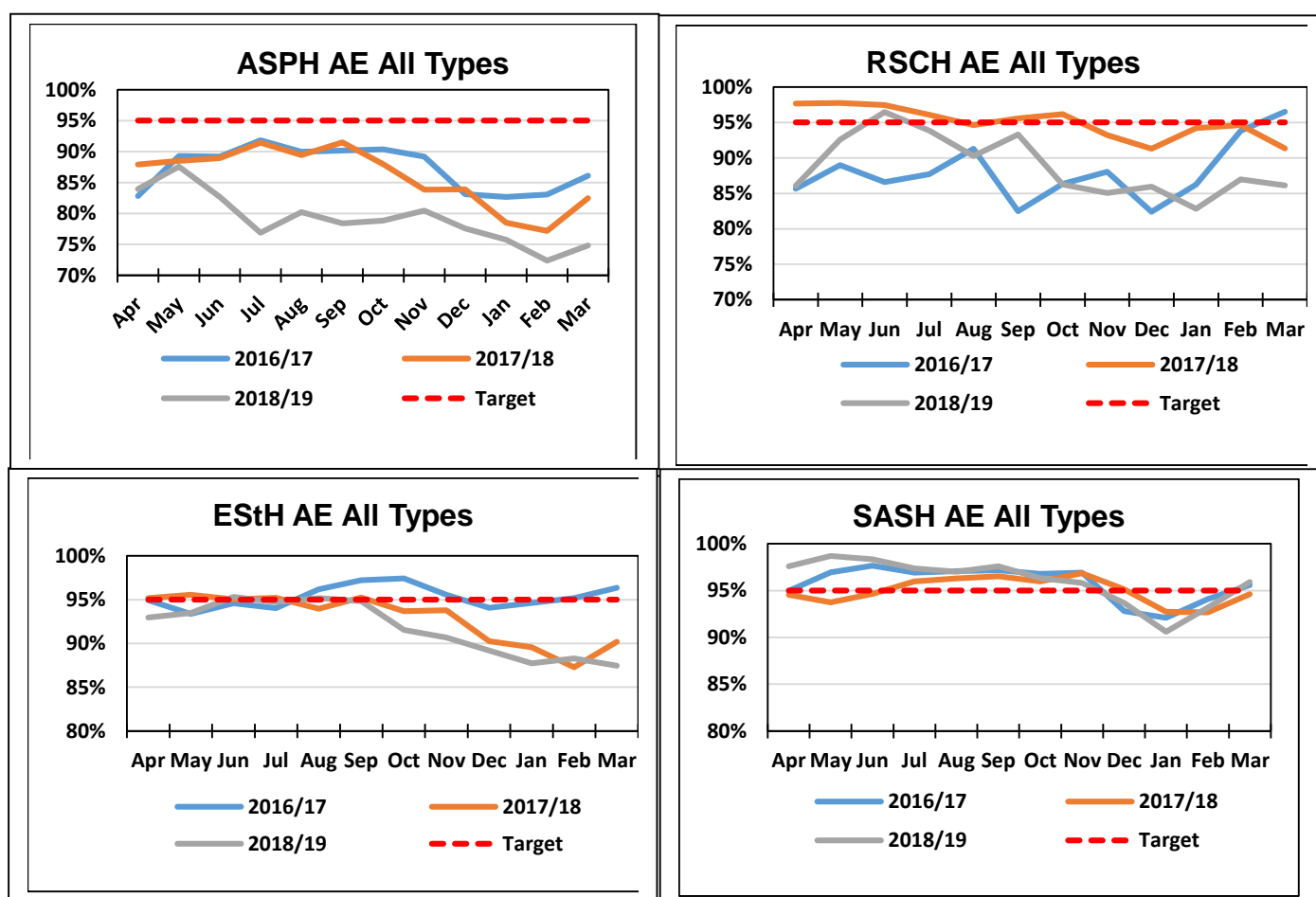
2. Performance of the four-hour quality care indicator

2.1 The following information describes the year on year performance from 2016/17 to 2018/19; here we are able to include Surrey and Sussex Hospital (SaSH) data. East Surrey CCG will be transferring to the Surrey Heartlands Integrated Care System (ICS) from July 2019 and the ICS are in the process of bringing together our reporting dashboards. Meeting of the four-hour quality care standard has, for each of the four Acute hospitals within Surrey, become far more challenging over the past 3 years. With all Acute hospital experiencing a reduction in performance particularly during the winter months.

2.2 Attendances are grouped into various 'Types'; -

- Type 1 is attendance to an A&E department with a consultant led 24-hour service, full resuscitation facilities and designated accommodation for the reception of accident and emergency patients.
- Type 2 is attendance to an A&E department with a consultant led single specialty accident and emergency service (e.g. ophthalmology, dental) and with designated accommodation for the reception of patients.
- Type 3 and Type 4 are usually grouped together as this is attendance to an Urgent treatment; minor injury units (MIUs) or Walk-in Centres (WiCs).

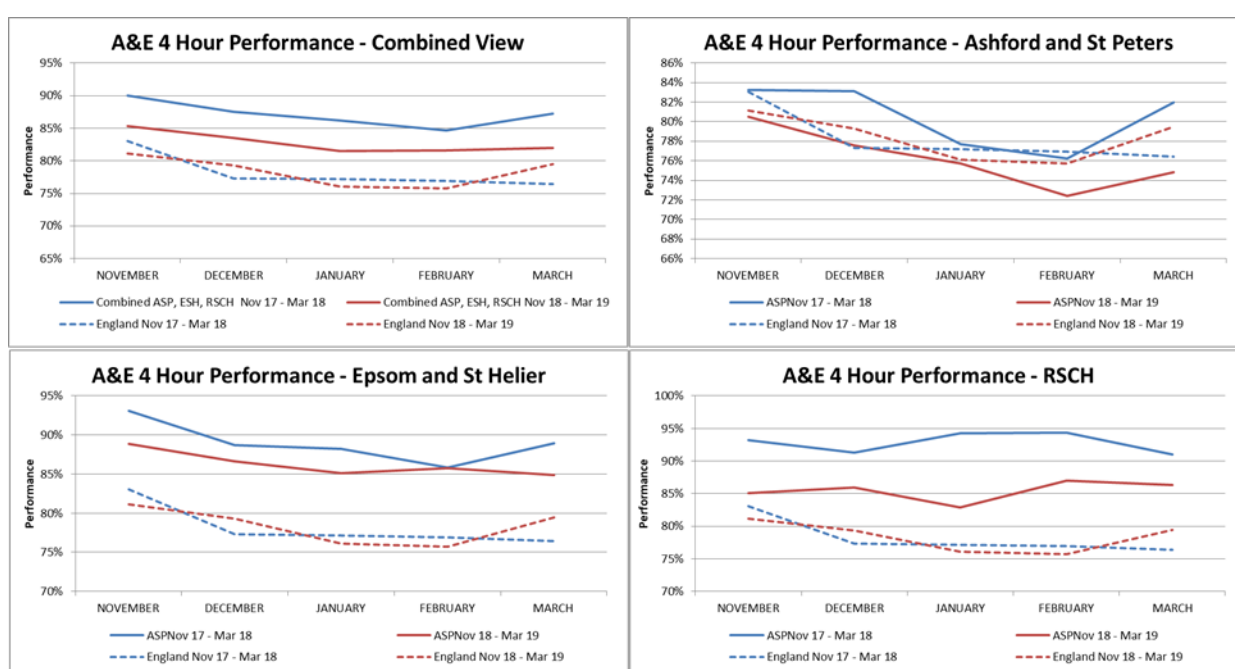
The four graphs below provide data from April 2016 to March 2019 for Ashford and St Peters NHS Foundation Trust (ASPH); Royal Surrey Hospital (RSCH); Epsom and St Helier NHS Trust (EStH) and the Sussex and Surrey Hospital (SaSH).



3. Assessment of 2018-19 Winter Pressures

3.1 When considering last winter (2018/19) in more detail; the activity analysis demonstrates that whilst the investment into winter 2018/19 resulted in A+E 4-hour type 1 performance per hospital being above the national NHSE average, the systems operated below the required 95% target throughout the winter period; recovery of this position has yet to be fully achieved across all areas.

3.2 Combined performance during the winter period of 2018-2019 was maintained above NHSE levels by 8.2% at 86.2%, this however represents a reduction on last year (2017/18) when Surrey Heartlands (excluding SaSH) tracked 9.6% above NHSE performance.

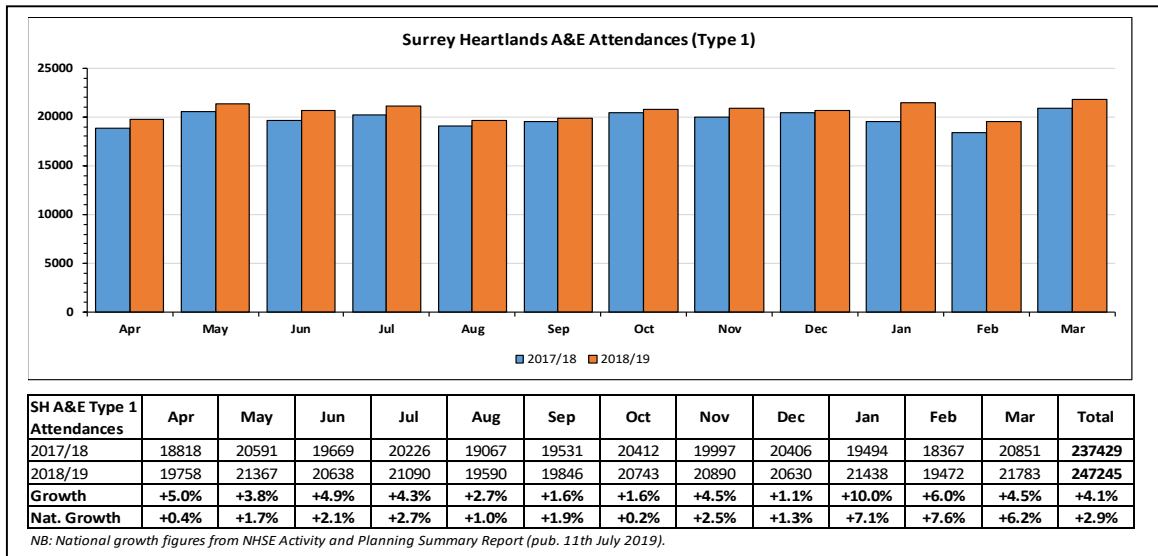


3.3 The table below demonstrates that Royal Surrey and ASPH both had the highest degree of challenged performance over winter 2018/19 compared with winter 2017/18; with the RSCH having the biggest variance. All four hospitals delivered over the NHSE national average from December to March.

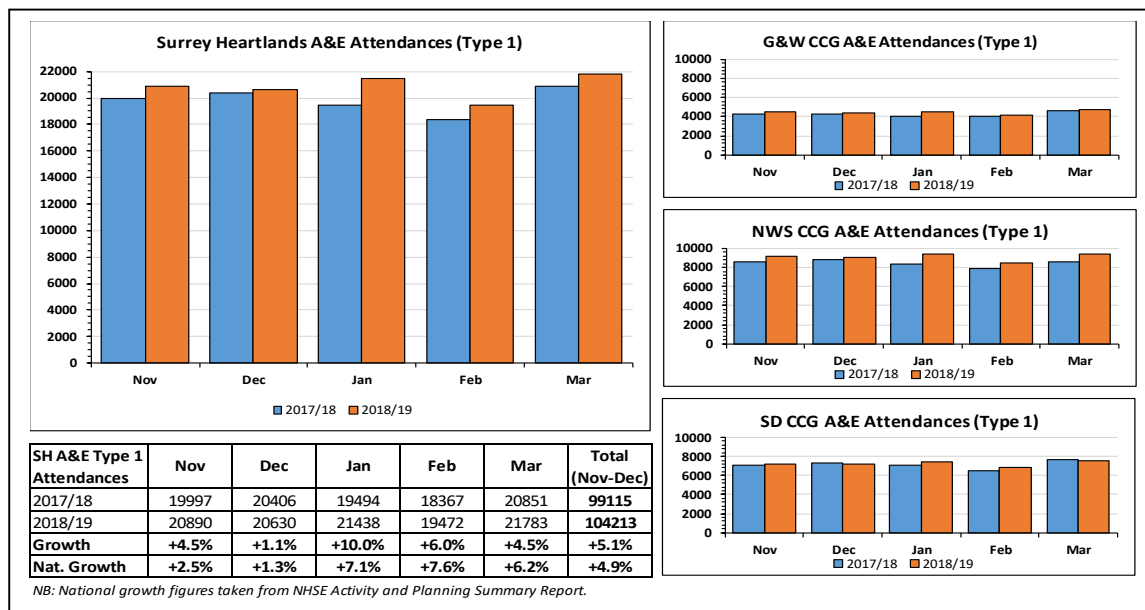
A+E 4 Hour Performance across Surrey Heartlands		Dec 17 – Mar18		Dec 18 – Mar 19	
Area		Performance	Variance to NHSE	Performance	Variance to NHSE
Ashford and St Peter's Hospitals NHS Foundation Trust		80%	3%	75%	-3%
Epsom and St Helier University Hospitals NHS Trust		88%	11%	86%	8%
Royal Surrey County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

4. Demand and Capacity – Attendances

4.1 One reason for the challenge in meeting the national 4-hour target is the increase in demand, the sheer volume of people attending A+E has grown year on year. The graph below demonstrates a +4.1% growth when comparing 2017/18 to 2018/19; this is above a national growth of +2.9% and places our A+E's under additional pressure. The graph below represents the number of Surrey Heartlands (excluding East Surrey) residents that have attended the Acutes Hospitals.

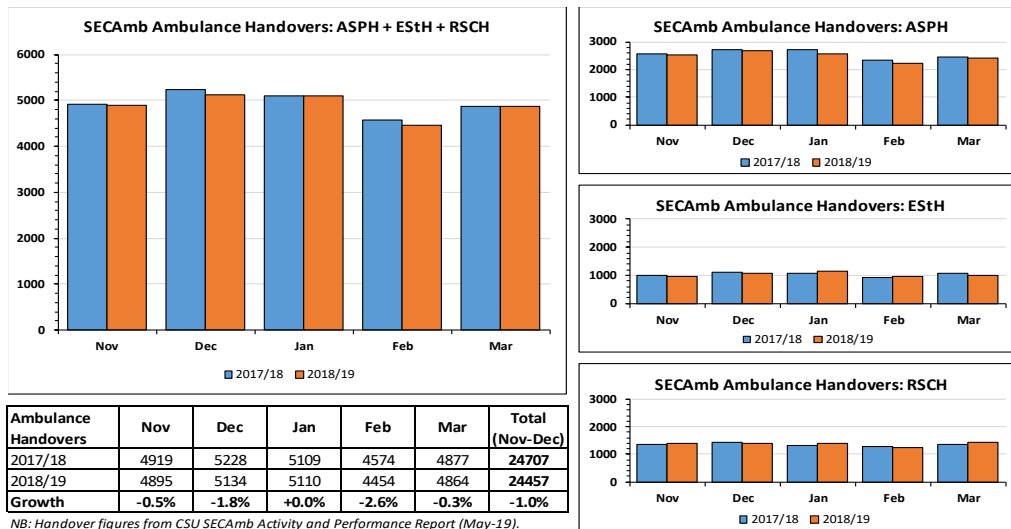


4.2 When focusing on the winter months, traditionally the busiest period, the attendance figures rise to +5.1% when comparing November to March 2017/18 to 2018/19. This is set against a national growth of +4.9% for the same period.



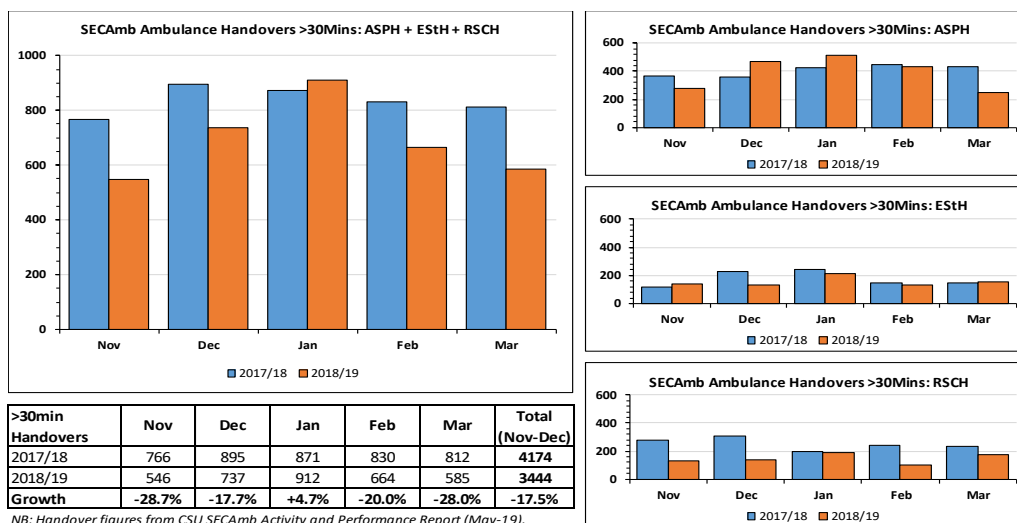
5. Ambulance Attendances and Handover to A+E staff

5.1 In respect of Ambulance attendances to A+E, the graph below again compares winter 2017/18 with winter 2018/19. The numbers indicate a reduction of 1.0% which suggests that the combined SECamb approach of 'Hear and Treat' and 'See and Treat'; along with a greater number of patients being supported either in their own homes or admitted directly to a community hospital is having a positive effect.



5.2 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. Again when comparing the winter period 2017/18 to 2018/19; a significant, collective improvement can be seen with an improvement of 17.5% being delivered for ambulance handover of less than 30 minutes.

5.3 This provides real benefit to the patient and the system as patients are able to be seen by A+E staff quicker, with the Ambulance crew being able to leave the hospital and respond to the next call.



5.4 SaSH have seen Ambulance arrivals increase by 3.5% between winter 2017/18 and winter 2018/19; significant work between SECAMB and the Trust enabled a reduction in handover delays during the summer of 2018/19, surges in attendances in January 2019 resulted in an increase in handover delays when comparing winter on winter (with performance quickly improving in February 2019).

6. Ambulance Diverts

6.1 Ambulance diversion to another Acute Hospital A+E department is a strategy which is only ever deployed when the hospital requesting the divert is under very intense pressure. When a hospital invokes diversion status, incoming ambulances are directed to other facilities.

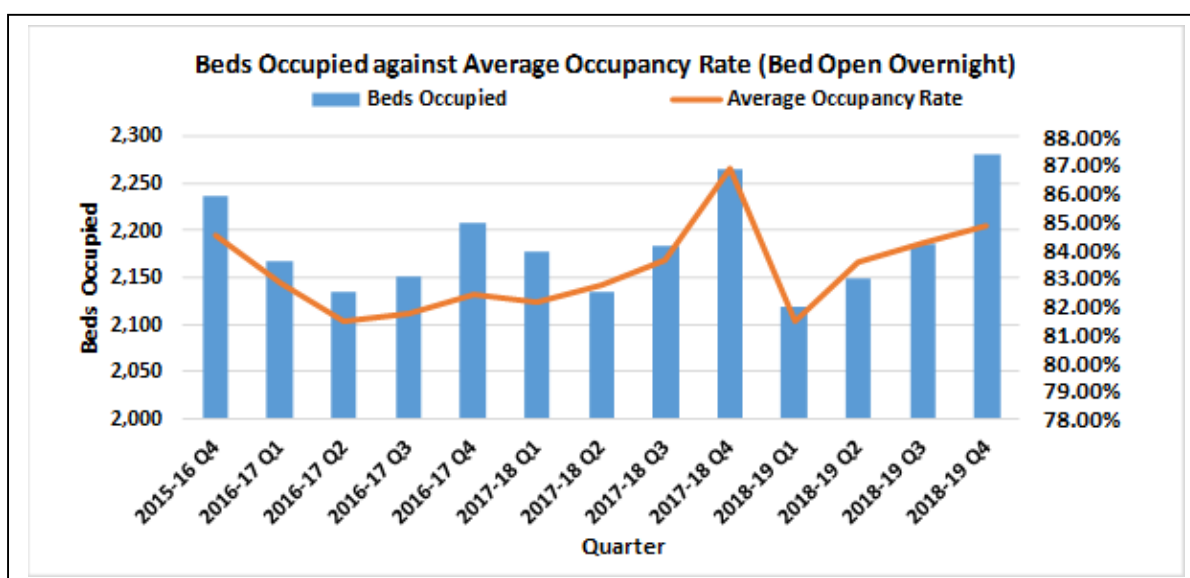
6.2 In the short term, ambulance diversion provides 'breathing room' to the A+E that requests the diversion, supporting the department to de-escalate and return to greater optimal functioning as staff assess and treat the overflow of patients. Diverts are only requested in extreme circumstances and for short periods, generally two hours. This is because should a divert arrangement continue for an extended period, it can in turn increase the receiving hospitals pressures.

6.3 The main reason for avoiding diverts is that it can increase travel time for the patient should they need to be transported longer distances to receive necessary treatment; (even when a divert is in place, patients in the most urgent need of hospital facilities will still be conveyed to the nearest Acute hospital). This increased travel time can reduce the availability of ambulances for new calls for other patients awaiting emergency medical service. Importantly, it may also mean that families and friends may have longer travel distances when visiting with the patient being admitted to a hospital slightly out of area.

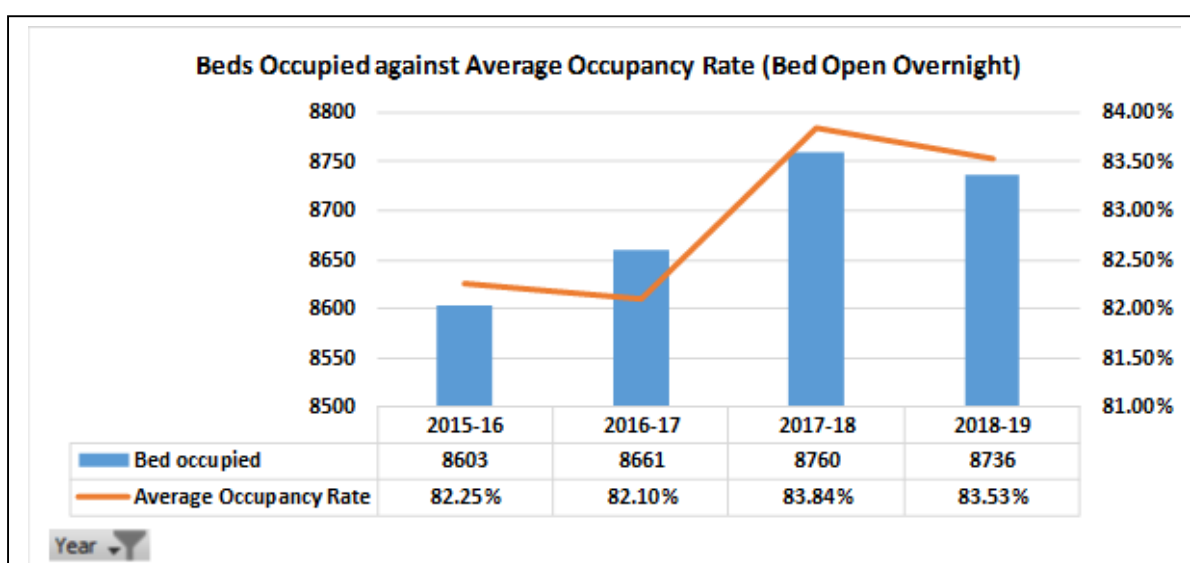
6.4 Diverts are a very rare occurrence across Surrey Heartlands and only take place in extremist.

7. Demand and Capacity - Acute Hospital Bed Occupancy (including SaSH)

7.1 The NHS has seen a 6.8% increase in conversion from type 1 activity compared with last year and a 24.2% increase over the past five years. The total number of emergency admissions have increased by 5.9% compared with last year and 20.8% over 5 years; Surrey Heartlands also experienced an increase in Non-elective (NEL) admissions. The graph below highlights these pressures; the first graph depicts beds occupied (per quarter) from Quarter 4 in 2015/16 to quarter 4 2018/19; with a spike in bed occupancy each winter (quarter 4).

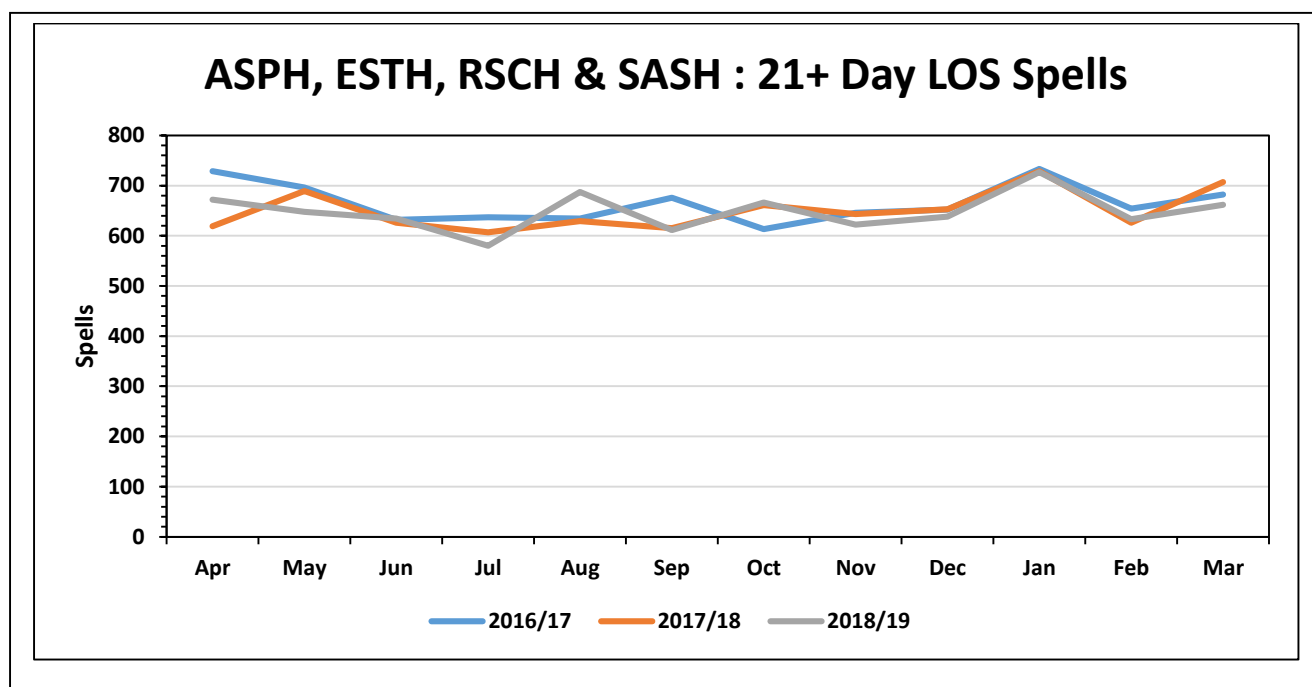


7.2 This second graph demonstrates the year on year increase in bed occupancy from 2015/16 to 2017/18; only starting to decrease slightly during 2018/2019 with further multi agency focus on improving more timely discharges for patients with a stay in hospital of over 7 days and over 21 days.



8. Extended lengths of stay, over 21 days

8.1 Surrey Heartlands has had a reduction in patients stays of over 21 days when compared to last year. However, this was below the national ambition of a 25% reduction for 2018/19. This year (2019/20) this ambition has been stretched to 40% to ensure capacity is increased to cope with demand, particularly over the coming winter. Each area has plans in place to achieve the national ambition and progress is assured via the A+E Delivery Boards (please refer to the Governance section below).



9. Capacity Mapping

9.1 Surrey Heartlands, working with partner agencies, have created a data platform which provides a numerical overview of the system and how it is operating – it should be noted that no patient identifiable information is stored within the system. This oversight helps teams and systems to identify where the pressures are e.g. within A+E or perhaps the number of people waiting for specialist assistance in arranging discharge; this information enables staff to create daily, rapid interventions which support individual patients and the wider system flow. This information is able to be shared across, not only the local system, but also on a wider Surrey Heartlands footprint.

9.2 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, ongoing, on a daily basis. It also informs the systems in their preparation for holiday and winter periods by 'looking back' to previous busy periods and analysing how the system responding.

9.3 A great deal of work is currently underway, or has been completed in relation to modelling demand for Winter 2019/20. As one example, the Royal Surrey use the following methodology: -

9.3.1 Model developed based on activity from previous 12-month period, factoring in;

- Actual number of overnight bed days used per month for elective admissions, non-elective admissions, and other admissions that impact adult acute bed stock
- Reduced to a daily number indicating average daily occupancy (at midnight)
- Growth options applied at elective/non-elective level including predicted growth, and actual growth on previous year

9.3.2 Interventions quantified based on direction from divisions, including;

- Length of stay reduction at specialty level
- Admission avoidance
- New models of working, e.g. ambulatory care services
- Additional bed stock – including both additions to core and escalation capacity
- Elective activity reduction

9.3.3 Output indicates approximate average daily occupancy (at midnight) with interventions applied, indicating the impact of each intervention, and factoring in where pressures prevent full ambition of interventions being met

10. High impact change model

10.1 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.

10.2 The table below provides details on how the joint Local Authority and NHS High Impact interventions for urgent and emergency care improvement have been adopted locally.

High Impact Change	Progress
<p>Early discharge planning</p> <p>Rated as Established</p>	<p>Each area has plans in place to support early discharge once the patient is ready to leave the acute hospital; East Surrey have dedicated home based care in place, along with joint leadership roles across health and social care to support the CHC Discharge to Assess (D2A) process; with additional resource being commissioned within the community. Both SaSH and RSH have programmes in place to actively promote discharge planning so patients are not delayed in leaving the hospitals; SaSH programme is entitled 'Let's Get You Home' and RSCH 'One Home Today' – which also supports patients in getting up and dressed when able and as soon as possible during the person's hospital stay – this all assists with supporting timely discharge.</p> <p>In NWS and Surrey Downs a focus on increased access via the Locality Hubs is being developed, along with closer working with the Primary Care Networks. All areas are improving their response and service to those people who have experienced a fall. Also in NWS, Community Hospitals are prototyping the use of GPs on the wards which is supporting discharge; a new role of Clinical Care Co-ordinator based at the acute has also been introduced to identify patients that may require further support within the Community hospital earlier; along with integrating In-reach matrons, social care and therapist in A&E to create a '# one team' approach providing alternative pathways to admission.</p>
<p>Systems to monitor flow</p> <p>Rated as Mature</p>	<p>All areas are supporting flow by having senior representation from all system partners working with the collective aim of identifying and delivering the required actions to improve flow, maximise discharges, reduce the number of patient with extended length of stay, identify and manage any challenges and risks. Each area has also increased their oversight of system flow via data platforms which provide numerical information and support the multi-agency system calls, when they are required.</p> <p>The set of metrics within the data platform is able to inform the systems where the pressures are being experienced and where there is capacity; this then assists and supports decision making in relation to focused interventions which supports de-escalation.</p>

<p>MDT Discharge Teams</p> <p>Rated as established</p>	<p>Across Surrey Heartlands there has been further work in ensuring that as many people as possible are able to have their CHC assessments completed outside of the hospital environment; along with joint working with voluntary groups and the local District and Borough Councils.</p> <p>Each area continues to promote inter-disciplinary and cross agency working which supports communication and in ensuring that post discharge arrangements are in place with fewer delays. This is further supported by daily multi-disciplinary meetings and daily system calls (as required), which will continue throughout winter to maintain focus on system flow. One approach also includes 'walking the floor', undertaking joint Community and ASC visits to each ward.</p>
<p>Home First - Discharge to Assess (D2A)</p> <p>Rated as Established</p>	<p>Increasing the number of people, who would have normally stayed in hospital for longer, are now receiving care at home; by bringing together the different agencies, all with an emphasis on getting people home, rather than transferring to Residential Care has ensured that the Delayed Transfer of Care (DTOC) figures have generally remained below the NHS target of 3.5%.</p>
<p>Seven Day service</p> <p>Rating Established:</p>	<p>Each area has improved their 7-day working, for example, Adult Social Care are providing assessments and support with discharges at the weekends, with the number of weekend discharges now increasing. In previous winter periods, investment has been made into providing extra home care support to ensure people are able to return home as soon as they are able. Work is being undertaken so that SECamb are able to have direct access to 'step up' beds within the Community Hospital in NWS.</p> <p>However, more can be done to discharge people from the Acute hospitals at weekends. The number of discharges to the community each day has consistently increased, however is not in line with demand. Opportunities for improvement include developing the following: -</p> <ul style="list-style-type: none"> • Criteria led discharge • 7 day working by all teams • Increased number of weekend transfers to residential and nursing homes

<p>Trusted Assessors</p> <p>Rated as Plans in place</p>	<p>Trusted Assessment is when one agency ‘trusts’ another agency to complete an assessment - this agreement is for pre-agreed access to certain services and is generally used when patients are transferring into short term or Intermediate Care services on discharge from hospital.</p> <p>Each area has committed to continue to expand trusted assessment processes between acute and community based services; potentially with a single assessment form which in turn supports an integrated care model, again leading to an increased number of discharges.</p>
<p>Focus on Choice</p> <p>Rated as Mature</p>	<p>Increased focus on choice and providing better information for example via the East Surrey Wellbeing Advisor service which is now fully implemented to support discharges; this has also supported the low numbers of delays attributed to patient choice.</p> <p>Work continues in providing more information to patients and their families earlier in the persons stay in both Acute and Community hospitals.</p>
<p>Enhancing Health in Care Homes</p> <p>Rated as Established.</p>	<p>All areas have seen significant reductions in people living in Residential and Nursing home needing to attend hospital; this is due to additional assistance being put in place to support care home staff.</p> <p>For example, pharmacists visiting care homes to support with medicine management; establishment of a Care Home phone line which provides staff with direct phone advice from clinicians at any time of day; increased staff training to upskill staff and provide improved signposting along with more integrated working; the roll out of NHS Mail into care homes (providing a secure way of transferring patient information, with the appropriate consents, between settings) has improved communication.</p>

11. Influenza Vaccinations

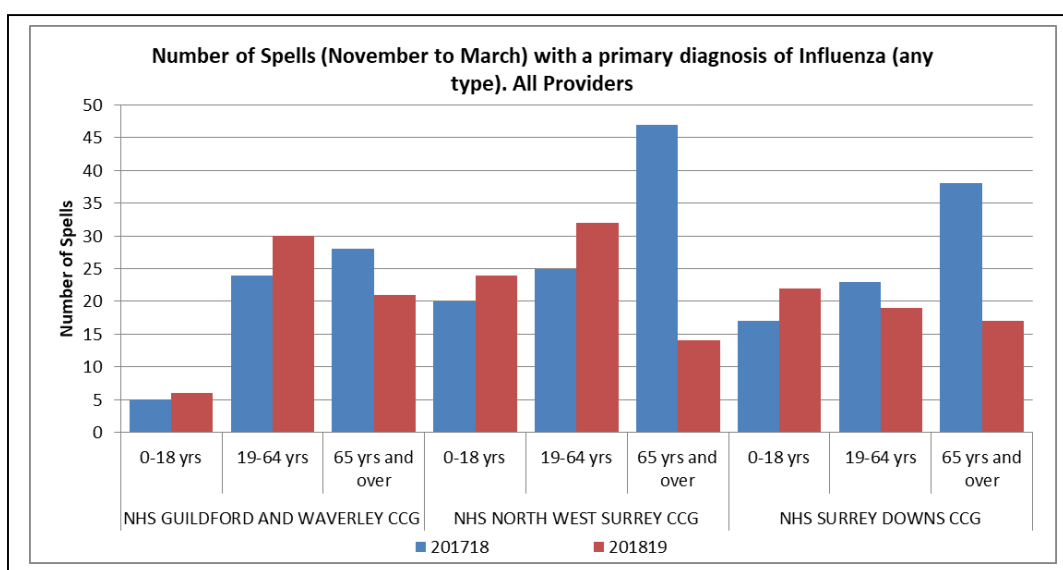
11.1 During the Autumn and Winter of 2018/19, none of the three CCG's i.e. Guildford and Waverley, Surrey Downs and North West Surrey met the national ambition of 75%, with slightly less (recorded) take up of vaccinations when comparing 2017/18 to 2018/19. The campaign to increase vaccination take up will commence in earnest in October 2019; again being fully supported by national and local communications.

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

11.2 Whilst there was a 54% reduction in the Non – elective (NEL) spells (admissions) of patients with a primary diagnosis of flu this year compared with last year (please see below); the system is now preparing for increased numbers this coming flu season – however this can be mitigated by people seeking advice from their Pharmacist and GP and receiving the vaccination should this be appropriate for them.

11.3 Vaccinations are free to the following members of the public:

- ✓ all children aged two to ten (but not eleven years or older) on 31 August 2019
- ✓ those aged six months to under 65 years in clinical risk groups
- ✓ pregnant women
- ✓ those aged 65 years and over
- ✓ those in long-stay residential care homes
- ✓ carers
- ✓ close contacts of immunocompromised individuals



12. Assurance and Winter Planning

12.1 Assurance in reducing attendance at A&E, along with effective integrated working to facilitate patient discharge and therefore reducing delays in discharge, particularly through the winter period is provided via the individual system AEDB's. It should be noted that this year's planning also includes robust planning for leaving the EU in which ever form that takes. The following represents the main areas of activity in preparing for the coming winter: -

12.2 **111 and the Clinical Assessment Service (CAS);** Care UK have been commissioned, since March 2019, to provide support to patients in navigating local services with the assistance of a multidisciplinary Clinical Assessment Service (CAS) that is part of the wide integrated NHS 111 provision. The CAS provide specialist advice and onward referral as required. The CAS will also support health professionals working outside hospital settings e.g. staff within care homes, assisting them in making the best possible decision about how to support patients closer to home and potentially avoid unnecessary trips to A&E.

12.3 **GP – Improved Access:** Surrey Heartlands CCG's are currently delivering their Extended Access services through their GP Federations, six in total: -

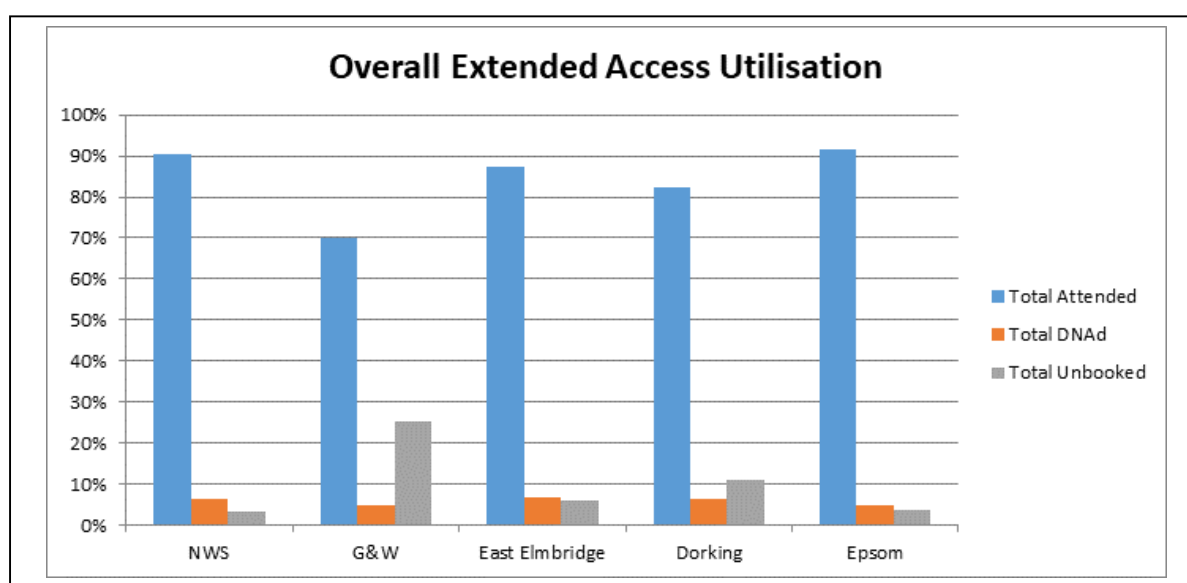
- North West Surrey: North West Surrey Integrated Care Services (NICS) Limited
- Guildford and Waverley: Procare Health Services Ltd
- Epsom: GP Health Partners (GPHP)
- East Elmbridge: Surrey Medical Networks Ltd (SMN)
- Dorking: Dorking Health Care (DHC) Ltd
- East Surrey: Alliance for Better Care Ltd (ABC)

12.3.1 The model has proven effective, with each of the federations being able to test and implement their own model, across geographic areas, providing a tailored service to each area different demographic need. The model provides the utilisation of appointments within each of the areas, the skill mix and an analysis of the Christmas Week periods effect on appointment uptake.

Timing of appointments:

- Weekday provision of access to pre-bookable and same day appointments to general practice services during evenings (after 6:30pm) – to provide an additional 1.5 hours a day;
- Weekend provision of access to pre-bookable and same day appointments on both Saturdays and Sundays;
- Ensure proposed distribution of Services is based on utilization rates that reflect the need for services across the week.

12.3.2 A total of 49,419 appointments were offered from the above sites, excluding East Surrey, from August '18 to March '19 with staggered 'go live' dates; Procure from 6th August; NICS from 20th August, with all others from October 1st 2018. Generally, the numbers of Did Not Attend's (DNAs) remained well below 10%, and the numbers of unbooked appointments reduced as the winter progressed. The following table provide a breakdown of appointments attended; the DNAs (Did Not Attend) and the number of appointments not booked (excludes East Surrey). In East Surrey the service went live on 3rd April 2018. However, from August 2018 to March 2019 a total of 9944 appointments were offered, although 460 were DNAs and 2016 were unbooked.



12.4 **Ambulance Handovers:** - Whilst the wait times for both the patient and for ambulance staff have improved dramatically in recent months in relation to many more handovers taking place within 30 minutes of ambulance arrival. Further work is underway to stretch the ambition to all ambulance handovers taking place within 15 minutes of arrival. This will provide timely transfer to A+E staff for the patient and allow the ambulance crew to respond to the next call sooner.

12.5 **High Impact Changes:** - continued delivery of the High Impact Changes via the individual areas System Transformation plans will also support reduced attendance at A+E; reduced length of stay and improved discharge.

12.6 **Surrey Heartlands Communications Plan:** - this plan supports targeted messaging out to the wider community particularly in relation to how the person may seek help and support without needing to attend A+E; messages are also tailored to each areas system escalation alerting the public to how busy their local hospital is – again advising people to contact 111 or go to the pharmacy or GP for advice; whilst reiterating the importance of calling 999 and /or attending the hospital A+E in cases of emergency.

12.7 Epsom and St Helier NHS Trust (ESTH) - Like other Trusts in Surrey Heartlands, ESTH has seen an increase in activity and acuity presenting to both emergency departments. As a consequence, the Trust has undertaken a focussed piece of work and identified key actions to manage this increase, particularly over the winter months. The focus will include improving time to first assessment in A+E, timely transfer of patients referred for speciality assessment, and maximising same day emergency care. This will be further supported through a comprehensive work force review to ensure that workforce capacity matches demand.

12.7.1 The Trust requested the support of the NHSE Emergency Care Intensive Support Team (ECIST) to review existing systems and processes within the Emergency Department and acute medicine pathway. Following review, a number of additional recommendations have been identified that will positively impact the emergency pathway. These recommendations will be incorporated into a wider Trust level action plan.

12.7.2 The Trust has made significant improvements in reducing the number of long length of stay patients occupying inpatient beds and is currently on target to meet its year end trajectory. Length of stay improvements have been supported through a week-long multi-agency discharge event on both hospital sites with further week-long events planned throughout the winter period (pre and post-Christmas). The Surrey Downs and Sutton focussed urgent and integrated care programme will continue over the winter period. The programme includes 7 work streams focussed on admission avoidance and a reduction in length of stay.

12.8 Ashford & St Peter's NHS Foundation Trust (ASPH) - ASPH have developed an Emergency and Urgent Care Transformation Programme with 6 key work-streams:

- **Workforce** – aim to improve patient care on the urgent and emergency care pathways by changing the staffing model
- **Bed Capacity** – to develop increased bed capacity on the St Peter's Hospital site through additional beds and improving use of spare capacity on the Ashford site
- **Flow and Discharge** – Making every day count and reducing delays in patient pathways by supporting staff to deliver improvements in patient flow and discharge
- **Models of care** – To improve patient care on the urgent and emergency care pathways by improving the models of care for patients, which will ensure patients are seen at the earliest opportunity by the right professional in the right place
- **Emergency Department Operational Process** – To improve the operational processes and patient flow, supporting activities within A+E and trust wide
- **Improving surgical urgent care pathways** – To improve the operational processes and patient flow for patients with a surgical presentation

12.9 Royal Surrey NHS Foundation Trust (RSH) – RSH have identified the following as part of their winter planning: -

- **Daily identification of patients** ready to leave the hospital with ward based case managers fully involved.

- **Multi-disciplinary meetings** occurring daily - which include partners from ASC & CHC – this meeting also informs the daily DTOC submission.
- **Weekly multi agency meeting** to discuss discharge support to those patients with very complex needs and /or those patients that are ready for discharge and have had a longer stay in hospital (over 21 days).
- **Additional onsite support** has been commissioned by RSH to support sourcing appropriate placements & packages of care for self-funded patients.
- **Daily conference call** with partners to support same day discharge on Home 1st D2A pathway & step down to Community Hospital beds.
- **Out of Hospital CHC assessment pathway** - this provides ongoing support for 2 weeks so that CHC assessments are able to be undertaken outside of the acute environment.
- **Trusted assessment** in place for patients returning to care homes.

12.10 **The SaSH system** have seen a significant rise in A&E activity for the first three months of 2019/20 compared to previous years' activity levels for the same period. A deep dive into the system wide activity was held on 23rd July 2019, in order to better understand flows and identify any particular areas requiring focus in order to aid the mitigation of the risk for a continuation of growth in attendances. The actions from this deep dive are focusing on directing conveyances to appropriate settings and improving access for self-presenters to alternative pathways. Key lines of enquiry are understanding the growth in order to be able to address key areas of growth.

12.10.1 The IDT management board is an integrated group that focuses on delivering a 40% reduction in those patients staying over 21 days in SaSH by March 2020.

The areas of focus for this work stream are;

- **Discharge to Assess:** Both local authorities are piloting this approach, to reduce length of stay in the hospital and improve outcomes for patients.
- **Integrated Discharge Model** - The SaSH IDT team are expanding their focus from discharges to front door admission avoidance and discharge planning. Community providers have been piloting their presence at the front door and the next step is to recruit discharge coordinators to develop a front door team.
- **System flow and integration** - This work stream focuses on improving flow through Multi Agency Discharge Events (MADE), Delayed Transfer of Care (DToc) management and longer stay patient reviews.
- **Internal operational flow** - Actions taken by SaSH internal team to manage flow including improved management of actions following ward reviews of patients with longer lengths of stay to support the persons discharge.
- **Patient Choice** - This applies to patients in both acute and community beds and is offering choice earlier to support better discharge conversations and step patients down to a more appropriate setting as soon as the person is ready to leave the hospital.

12.11 Surrey and Borders Partnership - As a mental health trust, SABP are not acutely affected in the same way as Acute trust colleagues by the winter conditions. Demand for crisis response services is unplanned and unpredictable; seasonal variation can be less of a significant factor than it is for the Acute Trusts. However, it is also true to say that there is often an appreciable increase in demand late winter to Easter (January-April). As a result, the focus on winter pressures is trying to support the Acute Trusts through maintaining performance through our Liaison services (amongst others). Out of hours there is support for individuals in crisis through the single point of access and Safe Havens.

12.11.1 Safe Havens provide out of hours help and support to people and their carers who are experiencing a mental health crisis or emotional distress. There are five Safe Havens open in town centre locations across Surrey and north east Hampshire. They are open evenings, weekends and bank holidays and are designed to provide adults a safe alternative to A&E when in crisis (please see <https://www.sabp.nhs.uk/our-services/mental-health/safe-havens> for detailed opening times). Each Safe Haven is staffed by a mental health practitioner from Surrey and Borders Partnership and two trained Safe Haven workers. Peer support from people with lived experience of mental health issues is also increasingly available.

12.11.2 The SABP Crisis Line and Single Point of Access (SPoA) is open 24/7 and can refer directly to the SABP home treatment teams (HTTs) for a rapid response assessment where needed, these teams are planned to run their usual rotas 24/7 365 a year. HTTs can support people at home and this will not vary seasonally. As part of their Gatekeeping function they will determine whether they can safely (and appropriately) support someone at home.

12.11.3 In addition to Safe Havens and HTT support (which may include access to Acute Therapy programmes) HTTs are also able to utilise Crisis Overnight Support Services (COSS Beds). These are not a direct alternative to inpatient admission (as they should not be used if someone needs an Acute Bed) but can be used to support people in crisis.

12.11.4 The People with Learning Disabilities ISS team can support people as an alternative to an admission, along with a similar function in Older Peoples Community Mental Health teams. Psychiatric Liaison Services are available in all Hospitals 24/7 (apart from Epsom which does not run the service between midnight and 8am).

SABP also provide CYP Havens (<https://www.cyphaven.net>) to support children and young people in crisis.

12.11.5 SABP have plans for maintaining service continuity during periods of severe weather. As part of their plan, SABP has access to 4x4 vehicles and drivers to ensure continuity of care in the most severe of conditions. There are also tried and tested processes that aim to ensure that vulnerable people known to services are supported during periods of cold weather as required under the Department of Health Cold Weather Plan. SABP begins staff flu planning in May to have appropriate immunisation programme in place to support staff. Staffing levels are monitored on a daily basis on all of the wards, which form part of the daily hospital calls to all wards.

12.11.6 SABP has in place a media and communication response in the unlikely event of any significant reduction in service, which would support SABP in providing a response to any incidents occurring during the winter period.

SABP operates a robust on call manager and director system to ensure that both tactical and strategic responses can be effectively managed 24/7 and in particular during out of hours' periods. SABP continues to work closely with all partners and stakeholders to minimise any adverse seasonal effects on the delivery of our services.

13. Winter Planning 2019/20

13.1 Each area is working to finalise their Winter Plan 2019/20; along with the initiatives already described within this paper, this will be completed during September / October. The following provides the main areas of delivery required to support the wider system with the anticipated increase in demand: -

13.2 **Flu preparedness;** Collaborative work is being undertaken by primary care commissioners, contractors, providers and medicines management to oversee the delivery of the flu vaccination programme. This is to ensure the quantities and supply of vaccines are audited and sufficient and in line with Public Health Guidelines.

13.2.1 To ensure standardised messages are provided, Surrey Heartlands are supporting practices in advertising and encouraging uptake of the flu programme. Work is also being carried out with Public Health England and providers to enhance the management and uptake of vaccinations by patients.

13.2.2 The staff flu programme has commenced with planned vaccines being administered for staff across multiple providers.

13.3 **Winter campaign – communications 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. It will also include focused activity that will target specific groups, linked to the overall Surrey Heartlands campaign objectives. 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

13.4 **Surge and Escalation Planning** - Review of the whole system approach to surge and escalation within urgent care is currently being undertaken to agree a standardised approach going forward:

- Robust escalation process for Surrey Heartlands level support to help de-escalate local ICP systems that are experiencing challenges to their urgent care pathway
- Review of the current escalation matrixes within the acute hospitals with the aim to create a universal escalation matrix that clearly defines each hospital's current position so that wider system responses can be more effectively co-ordinated

- Review of the daily system call, its effectiveness and how it can better impact on escalation
- Refinement of daily system numerical data management, to give clearer insight as to local escalation as well as provide opportunity to track improvements to the local systems
- The Surrey Heartlands system is progressing with new reporting mechanisms to support NHSE reporting of system status throughout the winter period 2019/20.
- Utilise Surrey wide collaborative approach to surge management to share regionally
- Full utilisation of all community beds and wider community service capacity.
- Avoidance of ambulance delays of over 30 minutes
- To support delivery of the agreed local system performance trajectory in respect of A&E.
- To deliver a 40% reduction in long length of stay patients by March 2020;
- To ensure system DTOCs are no greater than 3.5%, with SaSH stretching this target to 3%.
- NWS are working with SECamb to provide dedicated falls and frailty pathways into community services

13.5 A+E Delivery Boards - A&E Delivery Boards meetings occur monthly to support the enhancement of system performance monitoring and resilience. The terms of reference and membership of AEDB are regularly reviewed to ensure the effectiveness of the board in line with the new ICP's.

13.6 Discharge to Assess and Trusted Assessor - As part of the individual ICP priorities, out of hospital care is a key focus. This area of work includes discharge to assess which involves a collaborative multi – agency pathway to expedite discharge. The aim is to embed a discharge to assess model in all areas ahead of winter to support inevitable pressures seen across the system during this season. A Trusted Assessor model is also continuing to be rolled out and supports the joint working with Care Homes which is both an ICP and national priority. SaSH AEDB are launching their home first pilot schemes to increase the use of non-bedded capacity for people that can go home; along with supporting a reduction in length of stay for people who are self-funders and seeking placements. In NWS the discharge coordinator role, based in the community hospitals, is being developed; also staffing will be increased to meet capacity demand and a consultant has been appointed across both acute and community.

13.7 Ambulance Service – South East Coast Ambulance Service (SECamb) - Recognising the continued increase in pressures on the wider health system over the past few winters, in line with the NHSE operational priorities; SECamb will continue to engage with the wider NHS through the A&E Delivery Boards and collaborative ICP/ICS/STP sessions in order to influence and shape local initiatives, whilst continuing to focus on delivering 999 and 111 core services safely and timely. While planning for this period SECamb will continue to engage with and seek assurance from the CCGs and acute hospitals that their plans have sufficient capacity to manage surges in demand.

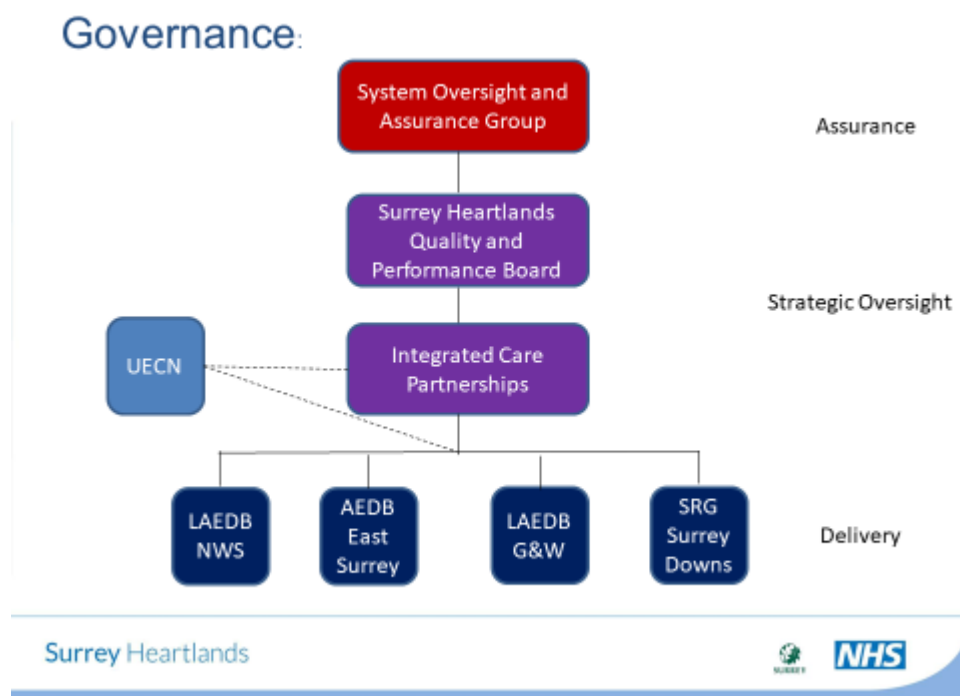
13.8 Urgent Integrated Care / 111/ Out of Hours GP service - Seasonal rota adjustments in place to meet expected increase in demand; NHS 111 Online to be promoted further. Full business continuity arrangements also in place, with support available for surges in demand across the networked four Care UK call centres.

13.9 Patient Transport Services - Workforce will be planned in line with the known increased demand that is inevitable over the winter period – there will be full rota coverage going into the winter months, including a review of current rotas to ensure the increased weekend requirements are covered. In order to mitigate against the known increase in demand, the service is supporting the Acute with system wide calls and ensuring capacity challenges are escalated appropriately. Reporting requirements will be reviewed as appropriate to support the hospitals

14 System Transformation Governance

14.1 The Surrey Heartlands (SH) main vehicles responsible for the delivery of urgent care during across the area are the Integrated Care Partnership (ICP) Local Accident & Emergency Delivery Boards (LAEDBs) of North West Surrey, East Surrey and Guildford & Waverley, along with the Surrey Downs System Resilience Group (SRG) – which links to the Sutton ICP LAEDB. Through these groups each of the systems put in place their plans, with some schemes being established across Surrey Heartlands to ensure that the systems were well prepared to manage sustained surge pressures.

14.2 Overarching assurance is provided by the ICP's to the Surrey Heartlands Quality and Performance Board and onward to the System Oversight and Assurance Group (SOAG); with the strategic Surrey Heartlands work plan complementing and supporting local delivery. The Urgent and Emergency Care Network (UECN) provides the opportunity for system support and development.



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ADULTS AND HEALTH SELECT COMMITTEE

5 SEPTEMBER 2019

PREPARATIONS FOR WINTER PRESSURES

Purpose of Report:

To outline the impact and risks associated with winter pressures and the measures put in place by the whole System for mitigation and promotes resilience throughout the winter season.

To assure the Select Committee that appropriate measures are in place in preparation for seasonal winter pressures, ensuring that local people receive services at the right time in the right place and have the best possible outcomes.

Introduction:

The winter period can represent the most challenging times for local Health and Care Services. The anticipated winter challenges are no surprise to Systems every year. However, each year the Frimley Integrated Care System (ICS) have built upon the excellent work carried out as part of the Urgent and Emergency Care Delivery Plan implementation during the year in order to ensure all System Partners are in a state of readiness for meeting the varied challenges over the winter period.

The high Impact Change “mature” initiatives with integrated Health and Social Care teams working in partnership with Primary Care across Farnham and Surrey Heath within an embedded practice framework have produced better outcomes for residents, prevented hospital admissions, reduced length of stay and maintained good performance in relation to delayed transfers of care. Front line practitioners are empowered to make decisions at the right time, in the right place for all residents regardless of organisational boundaries.

We are proud of how the Frimley Health System continually commits to the robust planning required and delivers consistently when faced with increased demands and pressures.

It should be noted also that challenges to the System are experienced all year round including Easter, Bank Holidays and half term holidays and last winter (1st November 2018 – 29th April 2019), where specific plans are developed with Partners in order to ensure services are maintained throughout the whole of the year.

During last winter (1st November – 29th April 2019), with all of the planning put in place the System delivered the following performance:

Frimley Health	4 Hour Performance Target 95%	12 hour waits from Decision to admit	Ambulance Handover delays 1hr+ Target 30 mins max	Attendances to A&E (Patients)	Emergency Admissions (Patients)	Delayed Transfer of Care - DToC Target 3.5%
Nov-18	85.92%	0	13 patients	20451	6198	5.25%
Dec-18	87.24%	0	11	20418	6431	4.28%
Jan-19	82.68%	0	16	20115	6431	2.59%
Feb-19	81.10%	0	8	18765	5923	2.88%
Mar-19	83.33%	0	18	20727	6284	3.62%
Apr-19	79.57%	0	14	19889	5384	3.70%

Detailed below is the previous year as a comparison:

Frimley Health	4 Hour Performance	12 hour waits from Decision to admit	Ambulance Handover delays 1hr+	Attendances to A&E	Emergency Admissions	Delayed Transfer of Care - DToC
Nov-17	91.36%	0	Not available	19811	6029	5.18%
Dec-17	84.26%	0	Not available	20198	6421	4.64%
Jan-18	83.61%	0	Not available	20059	6285	4.14%
Feb-18	85.01%	0	Not available	17941	5666	3.68%

Mar-18	83.11%	0	Not available	20180	6333	5.18%
Apr-18	87.65%	0	Not available	19437	6215	5.28%

The Frimley ICS performance continues to be within the upper quartile nationally, signalling that interventions to keep residents living well in the community are working.

The experience was that patients were more acutely unwell when attending Emergency Department (ED) thus potentially staying longer in hospital. There were no patients who waited over 12 hours from their decision to admit during the winter months.

The number of delayed transfers of care has not increased to the levels other Systems have experienced nationally during winter and we have seen further improvements in this area over the year as part of our usual System Planning underpinned by effective partnership working and collaborative service planning.

Another difference for Frimley ICS System to other Systems during last winter was that it did not escalate to Operational Pressures Escalation Level (OPEL) 4 (Black) – the highest National Escalation Level over the winter period, whereas Systems elsewhere in the country have regularly escalated to System Level OPEL 4 (Black) which is triggered when the whole System is unable to meet the demands placed upon it and the capacity throughout the System is not available thus presenting safety issues.

Overall the Frimley System coped well during winter 18/19 and detailed below are the planning preparations and actions that were taken in order to maximise its resilience and ability to meet the winter challenges:

Effective Winter Planning

- 1.0 Winter Planning is underpinned by a cycle of continuous improvements, together with the prior year's targeted investment, evaluation of their impact and shared learning.
- 1.1 Annually, there are a number of objectives that need to be met when planning for the forthcoming winter:

Key Objectives of the Systems winter planning

- Ensuring the System is resilient throughout the winter period - providing safe, effective and sustainable care for the local population

- The System has sufficient capacity available to meet the likely demands over winter
- The System is able to deliver quality care for patients/clients in the most appropriate setting
- The System is able to achieve national and local access targets and trajectories
- That the System is compliant with winter planning, national guidance and also includes the Pillar Plan of urgent and emergency care
- The System has learnt from previous winters locally and from other systems and applied best practice to service delivery to ensure safe and effective patient flow
- The System promotes prevention and supports self-care, encourage residents to prepare for winter and cold weather
- The System raises awareness amongst the public of the most suitable place to go for different levels of care

1.2 In addition to those key objectives for the System, there are national directives shared with Systems during the year around NHSE requirements for our winter preparation. Also as part of the winter planning process, the lessons learnt from the previous year's winter is incorporated within the Winter Plan and any current associated Plans such as the Surge and Escalation Protocol are reviewed in order to provide a robust Winter Planning Framework for the whole System.

Potential Risks and pressures identified for Winter
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2.0 The potential risks were identified at the Frimley ICS Urgent and Emergency Care Delivery Board together with agreement of the mitigating actions in order to minimise the potential risks, they are detailed below:

Risk/ Issues	Mitigating Actions
A&E Performance – Achieving 90% consistently during Winter 18/19. 95% by March 19	<ul style="list-style-type: none"> • Frimley Health have developed an A&E Recovery Plan that is part of the overall Urgent and Emergency Care Local Delivery Plan 18/19. <p>This is being closely monitored at the appropriate Urgent Care Operational Group meetings and at the Frimley ICS Urgent and Emergency Care Board(LAEDB)</p>
Workforce – including the Ambulance service, Social Care, Medics at the Acute Site in ED, Therapists (OT's)	<ul style="list-style-type: none"> • Recruitment campaigns ongoing • Use of Agency and Temporary Contracts • Looking at working across organisations regarding recruitment and rotation of staff

GP, Nurses, 111 call handlers	
Risks / Issues	Mitigating Actions
Care Home Capacity	<ul style="list-style-type: none"> • Focussing and supporting providers • Working in close partnership with Care Homes around Winter Resilience
Inpatient Beds	<ul style="list-style-type: none"> • Focus on reducing Length of stay for all patients discharge to assess • Focus on reducing Patients with Extended Stays • Focus on effective and timely discharges • Focus on Community beds Length of Stay • Admission avoidance • Agreement of Pathways that doesn't require admission
Elective Patients	<ul style="list-style-type: none"> • Ensure appropriate ring fencing of beds for Surgery • Appropriate planning to take into account Christmas and New Year Holidays • Focus on Length of stay in elective patients
Flu (individuals / Pandemic) for patients and staff	<ul style="list-style-type: none"> • Ensure maximise take up of Staff • Ensure patients are vaccinated • Ensure Social Workers Vaccinated • Ensure Care Home staff are vaccinated • Heightened and early Comms Messages
Workforce support	<ul style="list-style-type: none"> • Supporting Teams to work smarter not harder • Listening to their feedback around what is working and what isn't • Presenting the opportunities and initiatives • Strong leadership
Behaviour and public messages	<ul style="list-style-type: none"> • Strong Communication Plan – targeted campaigns • Continuous messaging • ED's informing patients alternative access
Appropriate Seven Day services available	<ul style="list-style-type: none"> • As part of the Urgent and Emergency Care Local Delivery Plans

3.0 Areas of focus:

The additional pressures placed on the System over the Winter are wide and varied and often include increased attendances to the Emergency Department, increased admissions, ambulance activity including handover delays/ diversion, pressures in the community, particularly around capacity in Care Homes and packages of care, adverse weather and workforce issues all of which require advance planning and close monitoring across the whole System.

As part of our normal responses to winter planning, the specific areas which were focussed on by the whole System are detailed below:

Areas of focus:
<ul style="list-style-type: none">• Hospitals Demand and Capacity Plans
<ul style="list-style-type: none">• Flexibility of Clinical Workforce
<ul style="list-style-type: none">• Reducing the number of long-stay patients in hospital
<ul style="list-style-type: none">• Enhanced winter support from Adult Social Care
<ul style="list-style-type: none">• Community Providers – Ensuring adequate bed base
<ul style="list-style-type: none">• Triaging patients away from the Emergency Department and admitted pathways to more appropriate pathways of care
<ul style="list-style-type: none">• Minimise Ambulance Handover delays in the Emergency Dept.
<ul style="list-style-type: none">• Maximising Healthcare worker / patients flu vaccinations
<ul style="list-style-type: none">• Ensuring Primary Care is resilient and responsive
<ul style="list-style-type: none">• Mental Health service provision
<ul style="list-style-type: none">• Effective Communication with the Public

3.1.1 Hospitals Demand and Capacity Plans

The hospitals have developed their demand and capacity plans and focussed on patients length of stay and their discharge plans so that the bed occupancy is reduced so as to release inpatient beds to enable those people who require a bed are able to be admitted in a timely way and avoid prolonged stays in the Emergency Department.

3.1.2 Flexibility of Workforce

As part of each organisations business continuity arrangements, they reviewed their workforce capacity in order to ensure they had sufficient cover throughout the winter and have arrangements in place to maximise resources through flexible working.

3.1.3 Reducing the number of long-stay patients in hospital

Focussed actions around reducing the length of patient pathways has helped in ensuring that there was capacity available both in the acute and in community bed settings for patients.

The Hospitals have worked hard with Community and Social Care Partners in order to ensure patients with particularly long length of Stays were reviewed in order to identify suitable alternative care settings. These actions occurred on a day to day basis throughout the winter, we saw a number of patients being placed in interim beds, or discharged for their assessments to take place in their own homes. Evidence has shown is the most appropriate outcome for our patients.

3.1.4 Enhanced winter support from Adult Social Care

Workforce available seven days 8-8, flexible and immediate access to funding seven days:

3.1.4 a Continuing Health Care and Adult Social Care work in partnership to enable timely decision making for residents with Surrey Heath and NEH&F CCG providing flexible funding to support discharge to assess.

3.1.4 b A joint piece of work between East Berkshire CCG and Surrey County Council has been undertaken to ensure that residents of Surrey who are registered with a GP in East Berkshire receive equitable service provision. This is of particular benefit to residents living along the border in Windlesham, Englefield Green, Egham and Virginia Water.

Using the Better Care Fund, funding has been allocated to support three key areas They are:

1. End of life care services
2. Joint funding arrangements to support complex discharge from hospital
3. Intermediate care services to prevent hospital admission and facilitate discharge

To date, we have already commissioned additional End of Life Care services through Thames Hospice Care which started in June 2019.

This will mean that residents and their carers will not have to be concerned with identifying the right agency to support them at this very difficult time and improve the experience of care that they receive. It will also reduce the risk of unnecessary admission to hospital.

A joint funding protocol to support complex discharges from hospital has also been in place since April 2019. One example of this being utilised is of a gentleman supported back to his own home in Egham where further assessment of his needs could be continued and his longer term care arrangements finalised. This would have otherwise resulted in a prolonged stay in hospital.

3.1.5 Community Providers

Adult Social Care purchase in advance domiciliary care hours in preparation for winter to enable discharge home for patients for assessments to take place in their own homes. Flexibility within Better Care fund to enable purchase of nursing home beds as required for individuals.

- 3.1.6 Triaging patients in the Emergency Department and admitted pathways to ensure that people are assessed and treated in the most appropriate place to meet their needs in the most appropriate setting. Increasing Ambulatory Care provision was focussed on throughout the year to ensure patients were redirected out of the Emergency Department.

3.1.7 Minimise Ambulance Handover delays in the Emergency Department.

It has been nationally acknowledged that the number of ambulance conveyed patients handover delays of 60 minutes or more within the Frimley System is dramatically lower than other Systems nationally. There is an absolute focus by the Teams in the Emergency Department that crews are released safely and as promptly as possible

However, all ambulance conveyed patients are closely monitored and where necessary, the Hospital takes prompt action in deploying designated nurses to receive the patient should there be a potential for a delay in handing over to the main team in the Emergency Department. This then releases the ambulance crews to leave the hospital and get back “on the road” to respond to other emergency calls.

Frimley Health	Ambulance Handover delays 60 mins+ Target 30 mins max
Nov-18	13 patients
Dec-18	11
Jan-19	16
Feb-19	8
Mar-19	18
Apr-19	14

3.1.8 Maximising Healthcare worker / patients flu vaccinations

During last winter, no significant outbreaks of Flu were seen across the system;

Vaccination take up by patients from Surrey Heath CCG

Under 65's at risk 48.8%

Over 65 73.4%

All pregnant women 51.3%

Each Organisation were proactive in maximising of vaccination take up of their staff members, finding some innovative ways to reach the harder to reach Teams.

3.1.9 Ensuring Primary Care is resilient and responsive

A considerable amount of focus has been given around patients receiving the right care, in the right place, at the right time. Ensuring adequate Primary Care appointments has been a priority as well as ensuring Integrated Care Teams in the Community are maximised in terms of ensuring care remains as close to home as possible

Improved Access – 7 Day Service

Since 1st October 2018, Surrey Heath GP Practices have been providing seven-day access to General Practice outside of core hours (08:00 – 18:30 hrs) Mon – Fri – Practices delivered additional appointment capacity between 18:30 hrs – 20:00 hrs.

On Saturday mornings, a Hub model operates for the total population of Surrey Heath, hosted in turn by each Practice. Pre-bookable and same day appointments are offered between 09:00 – 12:00 hrs. On average, an additional 40 appointments were offered each Saturday and utilised.

On Sundays, an additional 12 GP Appointments are provided via a sub-contracted arrangement with NHUC (GP Out of Hours).

Surrey Heath CCG Funded Additional Appointment Capacity

Between 8th December 2018 and 27th April 2019, Surrey Heath CCG provided additional funding to enable the Surrey Heath GP Federation (Surrey Heath Community Providers Limited) to deliver an additional 12 x GP Appointments on each Saturday over that period.

This provided an additional 264 GP appointments above the capacity already delivered through 'Improved Access'.

GP practices in Farnham

Between 21 October 2018 and April 2019, GP practices in Farnham saw an additional 3754 emergency "on the day" appointments which were specifically scheduled at times of known high demand. The months of January and February 2019 had the largest number of additional appointments; reflecting the increased demand over that period. Positive feedback confirmed that the appointments were particularly useful between the Christmas and New Year periods.

Farnham patients also benefitted from the same day visiting service utilising paramedics throughout the entire winter period. The service provided additional capacity for Primary Care and ensured the most appropriate Clinician provided care to patients.

Farnham GP practices provide additional emergency / same day appointments over 20 weeks from the 2nd December to the 17th April. Appointments were scheduled around known times of high demand - based on the GP practice's "ALAMAC" data from 2018/19. The additional capacity

is delivered by a broad range of staff which could include GPs, Nurse Practitioners or other trained professionals e.g. physiotherapists, paramedics etc. Included in this additional capacity will be at least one protected appointment per winter resilience session to allow Accident & Emergency (A&E) to have the ability to book a patient into their GP practice – thus allowing A&E to re-direct patients back into primary care where more appropriate treatment can be given allowing A&E to prioritise more efficiently. Practices will also be required to review their practice business continuity plan and staff flu vaccination plan.

As happened last year 18/19 , NEH&F CCG and Surrey Heath CCG Communication Teams have met recently and are drawing up a Communications Plan for this years phased messages to the public.

The Impact

The additional appointment capacity on Saturdays were fully utilised and together with the revised improved access service which commenced in October 18 Practices have reported a good take up and the feedback from patients has been positive. In terms of the impact on 'Winter Pressures' the additional capacity at weekends has helped to alleviate pressure on Practice appointment demand on a Friday afternoon and Monday morning.

Specific Actions undertaken by Surrey Heath / Farnham Locality for winter 18/19
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4.0 New GP Improved Access

GP Improved Access service commenced 01.10.18

- Saturday Hub service hosted by every Surrey Heath Practice (in rotation) introduced additional GP, Nurse, ANP and HCA capacity on Saturdays between 09:00 – 12:00 hrs
- Sunday additional GP Appointments (via NHUC) – currently only pre-bookable 09:00 – 17:00 hrs

Additional Winter GP Capacity commissioned on Saturdays between 22nd Dec and Easter 2019

- An additional 12 GP appointment slots every Saturday in addition to regular Improved Access capacity – fully utilised.

In reach at Frimley Park Hospital – weekend service to support admission avoidance and discharge (Surrey and Hants)

- This had been business as usual since 2017. The In Reach service provides a 7 day a week service 8 – 8 Monday – Friday and 9 – 5pm Saturday and Sunday to support discharges and admission avoidance.

- They work at the “front door” to help to avoid admissions and triage in EDOU in order to ensure that admissions are appropriate and patients are ideally discharged back to their homes before an acute admission can take place.
- The In Reach service were reviewing and assessing patients’ needs and providing any necessary support. Initially, the review of data indicated approximately half of the patients assessed by In Reach were successfully discharged. A further half were admitted to Hospital. From reviewing the time of arrival in A&E to the time of referral to the in Reach Team would suggest that further work is required to support A&E staff to refer earlier.

4.1 Interim residential beds to support discharge

- For 2018 – 19 Surrey Heath did not commission any residential beds to support discharge, although arrangements were in place to do so if needed with one care home. As it was, no need was identified

4.2 Home Based Care to support discharge (Health & Social Care)

- This was led by the reablement team who provided an initial assessment and ongoing follow up and assessment at 7 days and 14 days to right of care
- This was supported by physiotherapists (also available at each agency) to right size and long term planning to avoid subsequent Hospital admission and enable the person to go back to their own home for future planning. This includes support to care homes who were not initially accepting to take the person back due to a change/increase in needs
- Three care agencies provided additional capacity over 4 zones (to include Farnham) to support hospital discharges
- Patients were able to return home from hospital sooner with trusted support, and this year the service was able to support CHC patients also. From 1st Dec – 7th January 19, and this was subsequently increased and extended to the 5th May 2019 using additional government funding provided to local authorities nationally. For this entire period, there was 1600 hours of home based care available which supported 58 (to date) individuals to returning home and releasing acute beds or avoiding admission completely
- We had our usual twilight night service, and capacity from winter pressure and discharge to assess to support/enhance this service when required.

Escalation procedure developed to prevent delays due to funding decisions between Health and Social Care

- Team managers approved insertion of person onto the winter pressures scheme

4.3 Integrated Care Team Manager capacity released to work with all partners to maximise contribution of community services to avoid admission and prevent discharge delays

The aim of this service was to improve the Hospital interface and integrate the teams working within the acute, resulting in less disputes between patients, services and to overall improve the effectiveness and timeline of patient discharges. Improvements were made with regards to team communication, and work is ongoing to deliver improvements. Staff felt more supported by the integrated care teams and managers. The facilitation of patient discharges was also smoother and quicker.

Mental Health Service Provision

5.0 Mental Health Service Provision

As a Mental Health Trust, Surrey and Borders Partnership Trust (SABP) are not acutely affected in the same way as Acute Trust colleagues by the winter conditions. Demand for crisis response services is unplanned and unpredictable – and seasonal variation can be less of a significant factor than it is for Acute Trusts. However, it is also true to say that there is often an appreciable increase in demand late winter to Easter (January-April). As a result, SABP focus on winter pressures is trying to support Acute Trusts through maintaining performance through their Liaison services (amongst others).

Out of hours SABP have support for individuals in crisis through their single point of access and Safe Havens. Safe Havens provide out of hours help and support to people and their carers who are experiencing a mental health crisis or emotional distress. There are five Safe Havens open in town centre locations across Surrey and North East Hampshire. They are open evenings, weekends and bank holidays and are designed to give adults a safe alternative to A&E when in crisis (please see <https://www.sabp.nhs.uk/our-services/mental-health/safe-havens> for detailed opening times). Each Safe Haven is staffed by a mental health practitioner from Surrey and Borders Partnership and two trained Safe Haven workers. Peer support from people with lived experience of mental health issues is also increasingly available.

The SABP Crisis Line and Single Point of Access (SPoA) is open 24/7 and can refer directly to the SABP home treatment teams (HTTs) for a Rapid response assessment where needed, these teams are planned to run their usual rotas 24/7 365 a year. HTTs can support people at home and this will not vary seasonally. As part of their Gatekeeping function they will determine whether they can safely (and appropriately) support someone at home. In addition to Safe Havens and HTT support (which may include access to Acute Therapy programmes) HTTs are also able to utilise Crisis Overnight Support Services (COSS Beds). These are not a direct alternative

to inpatient admission (as they should not be used if someone needs an Acute Bed) but can be used to support people in crisis. The People with Learning Disabilities ISS team can support people as an alternative to an admission, along with a similar function in Older Peoples Community Mental Health teams. Psychiatric Liaison Services are available in all Hospitals 24/7 SABP also provide CYP Havens (<https://www.cyphaven.net>) to support children and young people in crisis.

The obligations of Emergency Preparedness, Resilience and Response (EPRR) guidance and the Civil Contingencies Act 2004, SABP is required to plan for and respond to a wide range of incidents and hazards that could affect the health of the wider community and impact on the care of SABP in-patients and the delivery of health care services.

As a member of the Local Resilience Forum (LRF) SABP works with partner in the risk assessment of the hazards that are present in the county. These incidents such as fires on chemical sites, pandemic influenza and fuel disruption. While many hazards are present at any time of the year, winter presents specific risks which have been identified and mitigated.

SABP have plans for maintaining service continuity during periods of severe weather. As part of their plan, SABP has access to 4x4 vehicles and drivers to ensure continuity of care in the most severe of conditions. We also have tried and tested processes that aim to ensure that vulnerable people known to services are supported during periods of cold weather as required under the Department of Health Cold Weather Plan.

SABP begins staff flu planning in May each year to have an appropriate immunisation programme in place to support staff. Staffing levels are monitored on a daily basis on all of our wards, which form part of our daily hospital calls to all wards. The trust has a pandemic flu plan that would be operational in the event of a pandemic flu outbreak.

SABP has in place a media and communication response in the unlikely event of any significant reduction in service, which would support SABP in providing a response to any incidents occurring during the winter period.

SABP operates a robust On Call Manager and Director system to ensure that both tactical and strategic responses can be effectively managed 24/7 and in particular during out of hours periods.

SABP continues to work closely with all their partners and stakeholders to minimise any adverse seasonal effects on the delivery of our services.

Effective Communication with the Public

- 6.0 From the Autumn of 2018, the CCG promoted national messaging to support the “Help Us Help You” Campaign via its website, social media and staff intranet channels, as well as issuing press releases to the local media.

NHS England produced a timetable to coordinate the targeting of specific at-risk groups for the Flu Vaccination Campaign and the CCG used its social media and website to promote this.

As part of the Winter Plans and Christmas Plans, before the Christmas and New Year period, the Communications Team worked with the CCG’s System Resilience Team and Primary Care Team to develop and publicise material on the availability of NHS111, Pharmacy and GP services on key dates over the festive break. In the space of a few days this reached near 4,000 local people and was “shared” many times.

The CCGs messaging were coordinated to reflect the NHS national campaign, promoting the availability and usage of NHS111, both the phone and online services, and also the benefits of using local Pharmacy Services.

Outputs of the Winter Planning Process

- 7.0 Outputs of the Winter Planning process 18/19 were as follows:

- A Winter Checklist for 18/19 was completed by all System Partners in order for Frimley ICS Urgent and Emergency Care Delivery Board and System Partners to assure themselves that there is robust winter planning being prepared for and being undertaken for winter 18/19.
- U&E Care Transformation Funding Bids amounting to £249,000 – 3 Schemes were Approved and implemented
- **“Countdown to Winter”** Plan produced – Activated (15.10.18 – 30.11.18)
- **“Home for Christmas”** Plan produced – Activated (1.12.18 – 7.1.19)
- Social Care Winter Allocation – Agreements reached
- Christmas and New Year NHSE Assurance gained (18.12.18 – 7.1.19)
- U&E Care and Mental Health NHSE Assurance Templates submitted to NHSE

These Plans were tested in November 2018 via a System wide Winter Plan Table Top Exercise, whereby all System Partners enacted their plans in the given test scenarios.

Monitoring and Assurance

- 8.0 In addition to the national reporting and assurance processes within the Frimley System, there is a monthly Urgent & Emergency Care Delivery Board (LAEDB) which oversees the performance across the System and monitors the implementation of the Winter Plan.

The U&E Care Delivery Board reports directly into the ICS Leadership Group where performance is monitored, and assurance obtained from partners.

As business as usual, we do monitor on a day to day basis the Escalation levels of our System partners through the ALAMAC Reports electronically produced each day this includes the Sitreps of what capacity is available in community services etc and the other surrounding System Escalation Levels so that we can pre-empt any potential border issues for our System.

As a matter of course, any escalation or significant pressure expected or experienced, the response by the System from our partners is very agile and responsive.

Specifically, in relation to our Winter Plans, a Confirm and Challenge Workshop was held where a peer review took place attended by all System Partners to review all of their Organisational Winter Plans. The overall Plan was then signed off by the Frimley ICS Urgent & Emergency Care Delivery Board.

Also a Confirm and Challenge submission with NHSE was undertaken for our Plan / Frimley System are formally signed off and have been commended on a number of occasions for their robust and detailed / comprehensive content for the whole System.

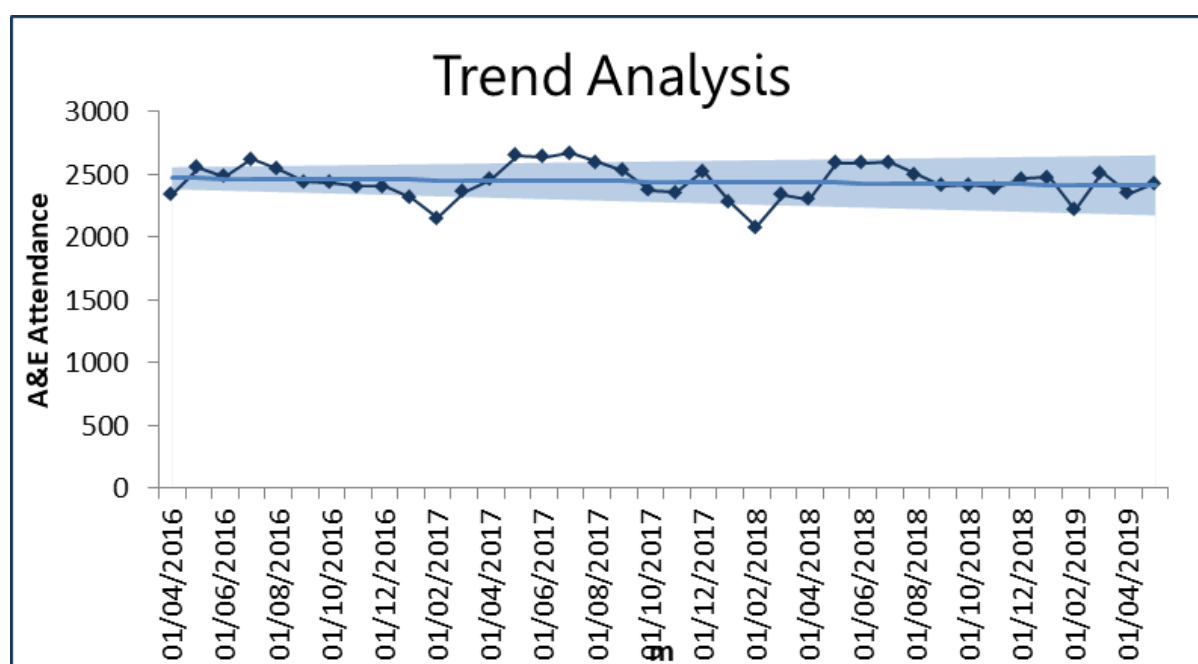
The System is extremely fortunate in terms of having continued maximum engagement from all partners and a Table Top Exercise of the Winter Plan was held in November 2018, where full and detailed exploration of the Plans in place in scenario based situations were tested.

The Urgent and Emergency Care Leads for the ICS System dial into weekly NHSE assurance conference calls where performance discussed and assurance sought.

A number of Winter measures were monitored and reported to NHSE on a daily basis, one of those were the A&E Attendances.

Winter Performance / Findings following Winter Review 18/19

Please find detailed below the A&E attendances for Surrey Heath Patients (all Hospitals, but mainly at Frimley Park Hospital) for the period 2016 – 2019:



During this winter, attendance to A&E have not seen any sustained increase in attendances. Over the Christmas and New Year period, there was the expected increase seen.

Another measure reported on daily to NHSE was the 4 hour target, please find in Annex 1 the A&E Performance against the 4 hour target (Target 95%) for the period from 2016 – 2019.

Other measures that were monitored closely were ambulance handover delays over 60 minutes, 12 hour waits in the Emergency Department from decision to admit, delayed transfer of care and the National Alert/ Escalation Status.

During the winter, the number of ambulance delays over an hour were kept to a minimum and were noted by NHSE to be dramatically lower than anywhere else in the region or in fact nationally. There were no 12 hour delays from decision to

admit. Delayed Transfer of Care national target of 3.5% were achieved in January and February.

Hear & Treat and See & Treat processes aim to avoid inappropriate conveyance to the Emergency Department and ensure patients receive the correct treatment at the correct location. Some Hear & Treat is delivered via NHS Pathways via the 999 call system and other Hear & Treat is undertaken via clinicians working in the Emergency Operations Centre who assess 999 calls and offer advice over the phone.

See & Treat is where clinicians attend patients face to face and treat them at the location and then either leave them with advice should they worsen or refer them to another pathway for their care. The care pathway will differ dependant on the patient's condition and what pathways are available in their area. All ambulance Trusts carry out Hear & Treat and See & Treat to varying degrees.

The SCAS Urgent Care Pathways work stream aims to deliver more pathways of care to increase Hear & Treat and See & Treat and avoid Emergency Department attendances.

The National Alert Status for the System, did not, at any point during the winter escalate to OPEL 4 level, this was very different situation in other Systems who regularly escalated to OPEL 4.

The findings of the formal Review of the Winter Plan 18/19 with all System Partners are as follows:

- Excellent partnership working – Community Bed delays minimal and improved flow seen
- No Mental Health capacity (inpatient) issues during Christmas and New Year, causing delays to patients pathway
- Bad weather did not majorly impact on capacity for the whole of Health and Social Care and flow up to end January 19
- Flu / Infection Control Issues were lower this winter and thus did not impact on flow
- Frimley Park opened 10 beds (Virgin Care) (27th Dec) which did help with patient flow
- An additional 21 Hale Ward Community Beds were opened early January 19
- Partners have bridged Packages of Care to avoid delays in a patients discharge
- No issues in Care Homes reported in relation to staffing issues

- Delays reported in assessments and admissions being accepted in Care Homes in the week leading up to Christmas and the week in between Christmas and the New Year
- Higher acuity of patients attended post New Year in the Emergency Departments thus placing them under some increased pressure.

Conclusions:

9.0 The System Partners all planned extensively for Winter 18/19 and the System “coped” much better this year having some excellent services / pathways in place for our patients as an alternative to a hospital admission. The feedback was that the System was much more responsive this year.

We will continue this year building on the good practice and improved services / pathways we have within our System, in order to place us in the best possible position for the forthcoming winter.

Included in our Winter Plan for 19/20, we will be including planning for the EU Exit and seeking assurance from System partners in respect of various areas such as workforce, supplies, rota's and Business Continuity,

Confirmation was previously received around supporting EU Nationals to complete applications and to date no risks have been identified around specific issues within Organisations in terms of workforce.

The Planning directives are in line with NHSE guidance issued in December 2018 and all subsequent additional information received.

Lessons have been learnt from last winter and we will progress at pace in finalising this year's Winter Plan and expect the Winter Plan to be signed off in October 19 at the Frimley ICS Urgent & Emergency Care Delivery Board.

Recommendations:

10.0 The Committee is recommended to:

- a) Note the plans put in place by the System Partners for 18/19 Winter Plan together with the risks associated with winter pressures and the mitigating actions
- b) Acknowledge the outcomes during winter 18/19
- c) Be assured of the measures put in place by the whole System for mitigation which promoted resilience throughout the winter season
- d) That preparation for winter 19/20 are already significantly progressed.

Next steps:

11.0 Complete the Frimley ICS Winter Plan 19/20

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Sources/background papers: Urgent and Emergency Care Delivery Plan 18/19. Frimley ICS Winter Plan 18/19. Frimley ICS Winter Review Report 18/19.

Appendix 1

A&E Performance – 2016 – 2019 (Frimley Health FT Trust, Frimley Park, Wexham Park)

Trust - combined

	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Target
A&E													
% admitted or discharged within	93.7%	95.2%	92.9%	90.0%	88.5%	95.9%	94.9%	91.3%	88.7%	84.7%	91.2%	91.4%	>=95%

Frimley Park

	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Target
A&E													
% admitted or discharged within	94.1%	93.7%	90.3%	87.1%	91.2%	95.3%	95.6%	91.1%	93.3%	85.6%	93.8%	93.8%	>=95%

Heatherwood & Wexham Park

	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Target
A&E													
% admitted or discharged within	93.2%	96.5%	95.4%	92.8%	86.0%	96.3%	94.1%	91.5%	84.5%	83.8%	88.8%	89.3%	>=95%

Trust - combined

	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Target
A&E													
% admitted or discharged within	92.3%	90.2%	91.3%	91.56%	90.4%	90.7%	94.2%	91.4%	84.1%	83.6%	85.0%	83.1%	>=95%

Frimley Park

	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Target
A&E													
% admitted or discharged within	95.4%	92.3%	94.0%	91.7%	93.0%	90.1%	93.8%	91.8%	84.2%	85.0%	89.5%	84.9%	>=95%

Heatherwood & Wexham Park

	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Target
A&E													
% admitted or discharged within	89.3%	88.3%	88.6%	91.4%	87.8%	91.3%	94.6%	90.9%	84.0%	82.3%	80.7%	81.4%	>=95%

Trust - combined

	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Target
A&E													
% admitted or discharged within	87.6%	88.0%	89.9%	90.80%	90.1%	89.6%	89.1%	85.9%	87.2%	82.5%	81.1%	83.3%	>=95%

Frimley Park

	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Target
A&E													
% admitted or discharged within	92.1%	90.9%	92.5%	94.5%	91.2%	91.8%	91.6%	88.5%	91.1%	83.2%	83.4%	87.4%	>=95%

Heatherwood & Wexham Park

	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Target
A&E													
% admitted or discharged within	83.4%	85.2%	87.6%	87.2%	89.0%	87.6%	87.2%	83.4%	83.5%	81.9%	78.9%	79.1%	>=95%

ADULTS AND HEALTH SELECT COMMITTEE

10 OCTOBER 2019

SURREY SAFEGUARDING ADULTS BOARD ANNUAL REPORT 2018-19

Purpose of report:

To inform the Adults and Health Select Committee of the content of the Surrey Safeguarding Adults Board Annual Report for 2018-19 and invite the Select Committee to review.

Introduction:

1. The Surrey Safeguarding Adults Board is a statutory Board. Its responsibilities are set out in the Care Act 2014 and is headed by an Independent Chair.
2. Safeguarding Adults Boards nationally have a statutory duty to publish an annual report, the Surrey Safeguarding Adults Board Annual Report for 2018/19 is contained in Annex 1.
3. The core objective of the Surrey Safeguarding Adults Board is to reassure itself of the effectiveness of safeguarding in Surrey. The Safeguarding Adults Board has 3 core duties to ensure it meets its objective, which are detailed in the annual report.
4. This report is presented to the Board by the Independent Chair and complies with the statutory requirements under the Care Act 2014.

Recommendations:

That the Board reviews the Annual Report of the Surrey Safeguarding Adults Board and provides comment as necessary.

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Sources/background papers:

Surrey Safeguarding Adults Board Annual Report – Annex 1



Annual Report

2018/19

Independent Chair, Simon Turpitt

This has been a positive and progressive year for the Board with our new Board Manager in place we have been able to drive new initiatives, with a greater focus on the quality of work and assurance around improved levels of skills for front line staff.

We are seeing a continual increase in Safeguarding Enquiries which is positive as it shows better awareness and stronger reporting systems.

The drive across all partners but especially adult social care to be robust in its analysis of practice and then invest to ensure that areas of improvement are targeted effectively, has started to show through in response and quality of enquiries and section 42 reports. The Board is seeing positive trends in data that gives us assurance that we are measuring the right things and focusses on getting it right first time. This has been supported by better assurance processes at Board.

Our cooperation with the Children's Board has allowed us to build a joint website that is easy to find and more user friendly. We will continue to develop this and our cooperation with the new structure being formalised for Children's Safeguarding.

It is clear there is much to be gained across the formal Boards in Surrey working together more closely and we are seeing some of the benefits with that around the Domestic Abuse agenda.

Our conference and Safeguarding Adult briefings have been a great success and raised the profile of Safeguarding across the county with strong agency engagement.

We have improved our ways of sharing learning across Surrey with more effective and regular briefing documents especially for national Safeguarding Adult Reviews. This includes using learning sessions at meetings to get better engagement and challenge around our own practice.

One other initiative that we instigated at the end of the year but will start to report in 2019/20 is using Healthwatch as an independent forum for people who have been through the safeguarding process to give honest feedback which should allow us over time to hear a stronger voice of the user and inform us around improving practice.

The Board can only function effectively with the strong input from partners and they should all be congratulated for the continual support give us.



About Us

The Surrey Safeguarding Adults Board was established in 2007, bringing together partner organisations to ensure that adults with care and support were kept safe from abuse and neglect. Since 2015, the Surrey Safeguarding Adults Board has been a statutory partnership with specific duties and functions as set out in the Care Act 2014.

These duties include:

- The publication of an annual strategic plan, outlining the objectives for the year ahead and how member organisations will support delivery of this.
- The publication of an annual report, providing details of the work of the partnership to implement the strategy and achieve its objectives during the previous year.
- Commissioning reviews under s44 of the Care Act, in order to learn from cases where an adult with care and support needs has died (or come to serious harm) and there are concerns about how well partners worked together to safeguard the adult.

Our Role

The Surrey SAB has the lead role for coordinating work across the county, ensuring effective partnership working with the aim of protecting adults with care and support needs who may be at risk of abuse or neglect, and who are unable to protect themselves from harm due to their needs for care and support.

This is achieved by:

- Seeking assurance from each partner agency that their leadership, governance, policy and procedure is effective in identifying the risks posed to adults with care and support needs, and that their staff know the steps to take once a safeguarding concern has been identified.
- Coordinating the delivery of preventative programmes of work across multi-agency audiences and joining up with existing campaigns and awareness raising activities.
- Providing guidance across partner agencies enabling there to be a consistent response to adults with care and support needs who are at risk of abuse or neglect.
- Continuously reviewing responses to adults with care and support needs in order to improve practice.
- Reviewing the systems findings published in Safeguarding Adults Reviews, considering local learning and implementing proportionate and necessary change.

Our Vision

The Surrey SAB seeks to ensure that all adults in Surrey live a life free from fear, abuse and neglect.

Our Priorities

During 2018/19 the Surrey SAB has continued to focus on the priority areas as set out in the three year strategic plan (2016-2019), these are:

1. Embrace a culture of learning
2. Communication
3. Training
4. Types of abuse and neglect that are frequently hidden from professionals or are hard to detect.
5. Prevention of abuse and neglect.
6. Assurance of safeguarding practice.

Our Membership

The Board consists of the following membership:

Statutory Partners

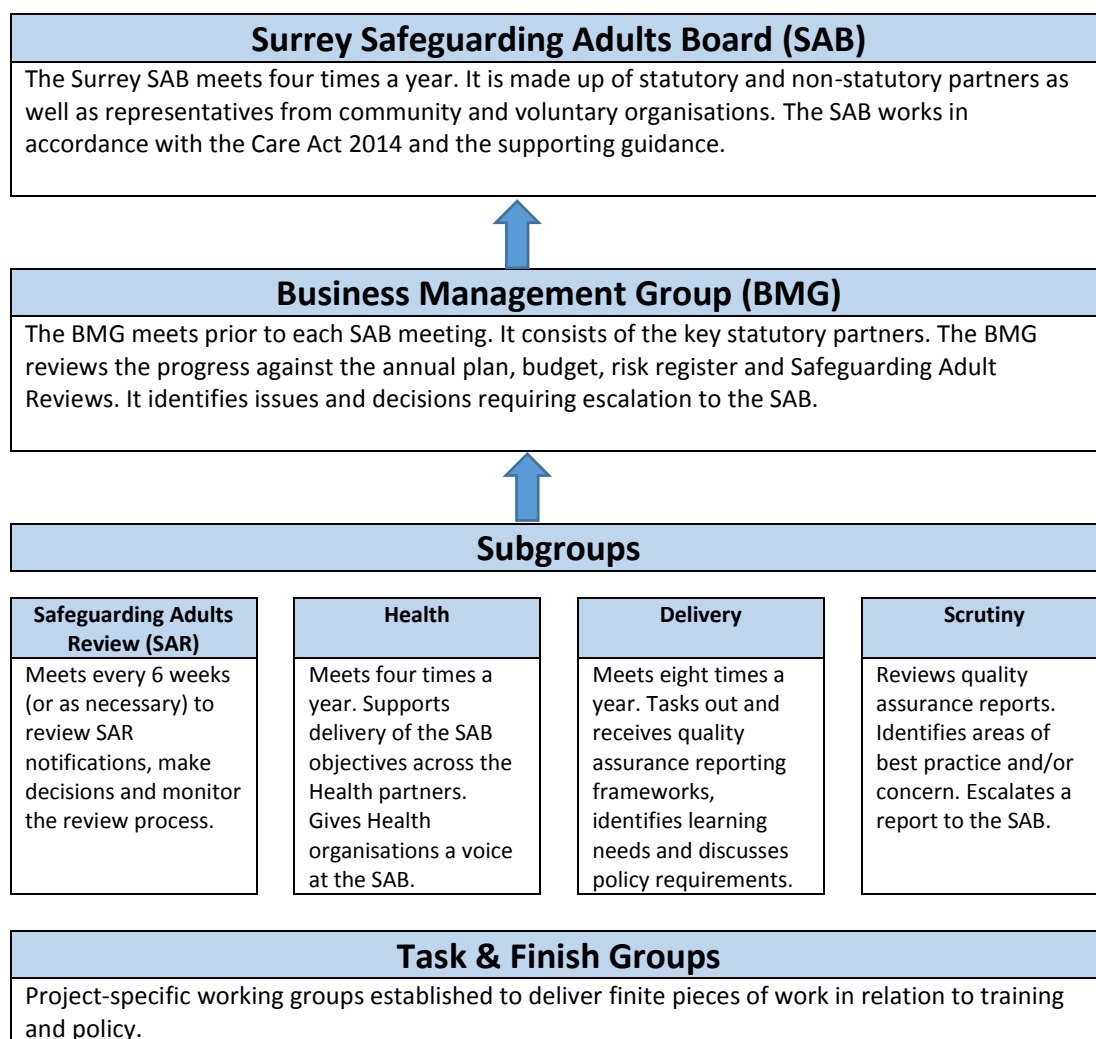
- Surrey County Council
- Clinical Commissioning Groups represented by Surrey-wide CCG Safeguarding Team
- Surrey Police

Members

- Public Health
- District & Borough Councils
- Surrey Fire & Rescue
- Ashford and St Peters NHS Trust
- Epsom & St Helier
- Frimley Park Hospital
- Royal Surrey County Hospital
- Surrey & Sussex NHS Trust
- Surrey & Borders Partnership NHS Foundation Trust
- CSH Surrey
- First Community
- Virgin Care
- Care Quality Commission
- South East Coast Ambulance Service
- Trading Standards
- Probation Service
- Kent, Surrey & Sussex Community Rehabilitation Company
- Healthwatch Surrey
- Representatives from the Community and Voluntary Sector



Our Structure



The SSAB also has links with a number of strategic partnerships operating across the county, this includes the Surrey Safeguarding Children's Board, Health and Wellbeing Board, Community Safety Partnerships, Prevent Management Board, Domestic Abuse Management Board and Domestic Abuse Delivery Group, Sexual Exploitation and Missing Management Board, Modern Slavery Partnership and the Harmful Traditional Practices Group.

This cooperation has led to a stronger focus on collective learning so that these groups have developed forums for learning together this brings added awareness of partnership working and ways that will bring stronger support for those vulnerable people by better awareness of the appropriate actions by the right partnership.

What is Safeguarding?

The Care Act sets out the circumstances when safeguarding duties apply. The Act says safeguarding applies to adults who:

- Have needs for care and support (whether or not the local authority is meeting any of those needs) and
- Are experiencing, or at risk of, abuse or neglect and
- As a result of those care and support needs are unable to protect themselves from either the risk of, or the experience of abuse or neglect.

Types of Abuse and Neglect

The Care Act lists the following as the types of abuse and neglect requiring a safeguarding response:

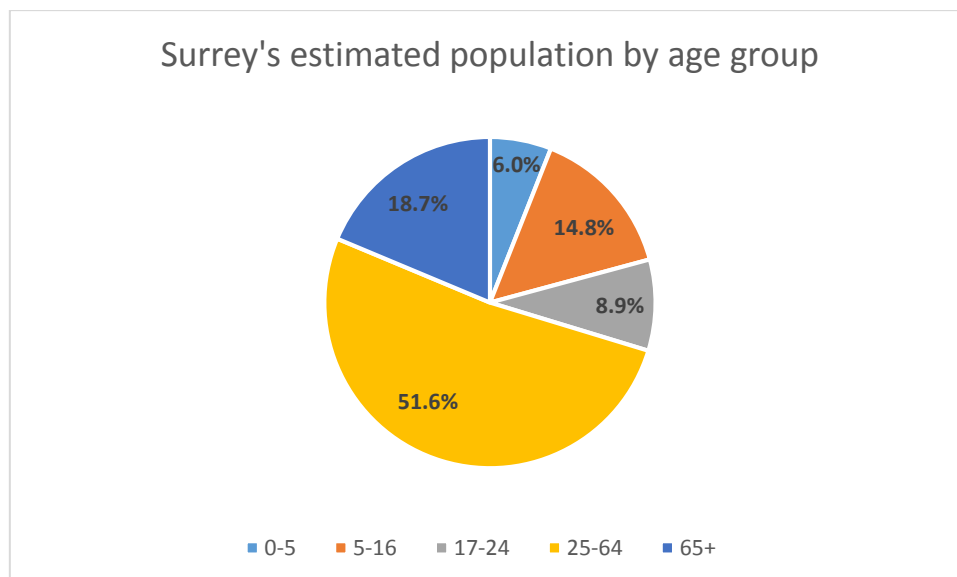
- Physical abuse
- Domestic violence
- Sexual abuse
- Psychological abuse
- Financial abuse
- Modern slavery
- Discriminatory abuse
- Organisational abuse
- Neglect & acts of omission
- Self-neglect



Who is at risk in Surrey? *

Age

The Office for National Statistics (ONS) estimated that the resident population of Surrey at mid 2017 was 1,185,300. The proportion of people in each age group is shown below:



There are estimated to be 222,200 older people aged 65+, making up just under one in five (18.7%) of the population.

The population of Surrey is projected to increase by 11% over the next 25 years reaching 1,309,500 by 2041. The proportion of the population aged over 65 is projected to increase to 25.4% by 2041, with the proportion of over 85s projected to increase from 2.9% to 5.2% over the same period. This will lead to an additional 112,200 over 65s in total with 34,500 more aged over 85.

Ethnicity

83.5% of the Surrey population, reported their ethnic group as White British in the 2011 census. A further 6.9% of the population belonged to other white ethnic groups (Irish, Gypsy or Irish Traveler). The next largest ethnic group was Indian with 1.8% of the population followed by Pakistani with 1.0%. Although the proportion of the population from black and minority ethnic groups is smaller in Surrey than in the country as a whole, this varies between local authorities and clinical commissioning groups. This provides a challenge to ensure that the needs of these small communities and individuals are appropriately met.

* All data taken from Joint Surrey Needs Assessment published on Surrey-i

Care and Support Needs

Of the total Surrey population aged over 17 (938,900)

- 2.3% have a learning disability (21,800) of which it is estimated that 25-40% also have a mental health need
- 1% are autistic (9086)
- 1.75% have Dementia (16,472)
- 18.9% have a common mental disorder
- 7.8% are estimated to have mixed anxiety and depressive disorder
- 0.7% have a psychotic disorder
- 50.8% of social care users report depression or anxiety

8.6% of the Surrey population aged over 65 (222,220) have depression

Based on the 2011 Census and population projections it is estimated that in 2016 there were 115,216 unpaid carers of all ages living in Surrey in 2016, this equates to 1.6% of the population. There are a higher than expected number of carers for people with a learning disability.



Safeguarding Activity in Surrey

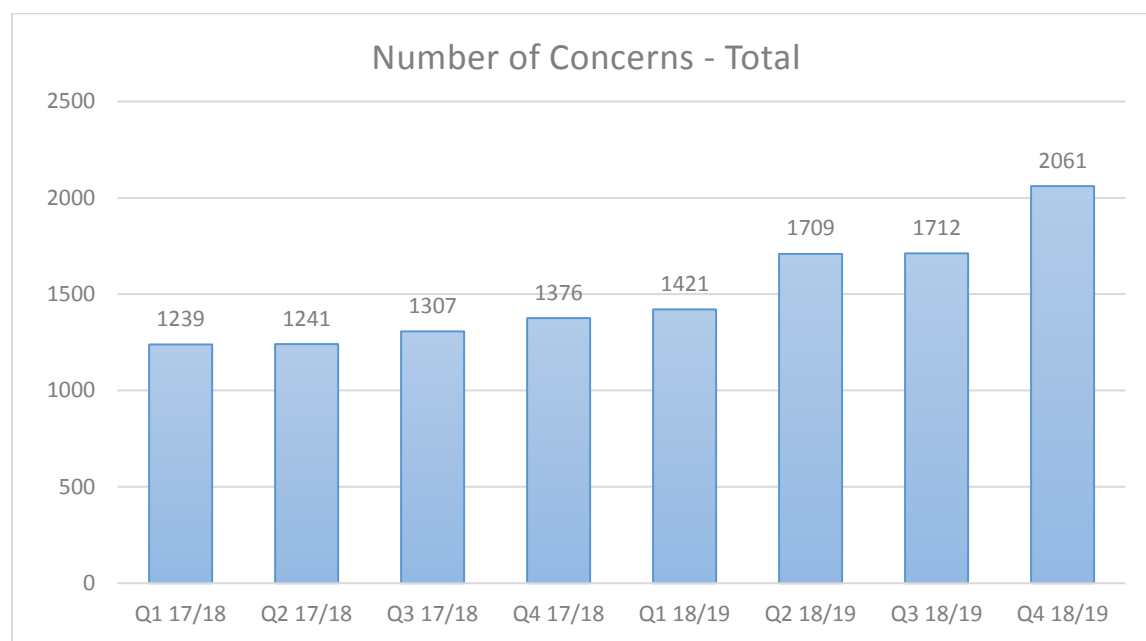
Adult Social Care data **

During the year 2018/19, Surrey County Council:

- received 6903 concerns in relation to adult safeguarding
- conducted a safeguarding enquiry for 58% of the concerns reported to them
- completed 3377 safeguarding enquiries under s42 Care Act 2014
- fully or partially met the persons desired outcomes in 96.4% of enquiries

Safeguarding Concerns

Over the last year, Surrey County Council Adult Social Care have seen a continued increase in the number of safeguarding adult concerns reported to them.



This increase is thought to be as a result of improved policy and procedure, supported by consistent training of staff across partner agencies to improve their understanding of what constitutes a safeguarding concern and the requirement to report it. It is also possible that the prevalence of abuse and neglect is increasing and that people who are experiencing it (or their carers) are more willing to report it.

** Data taken from ASC Q4 performance report dated 20/06/19 and SAC submission

Types of Abuse and Neglect reported

Of the 6903 safeguarding concerns received during 2018/19, the most common reason was due to neglect or acts of omission (32.9%).

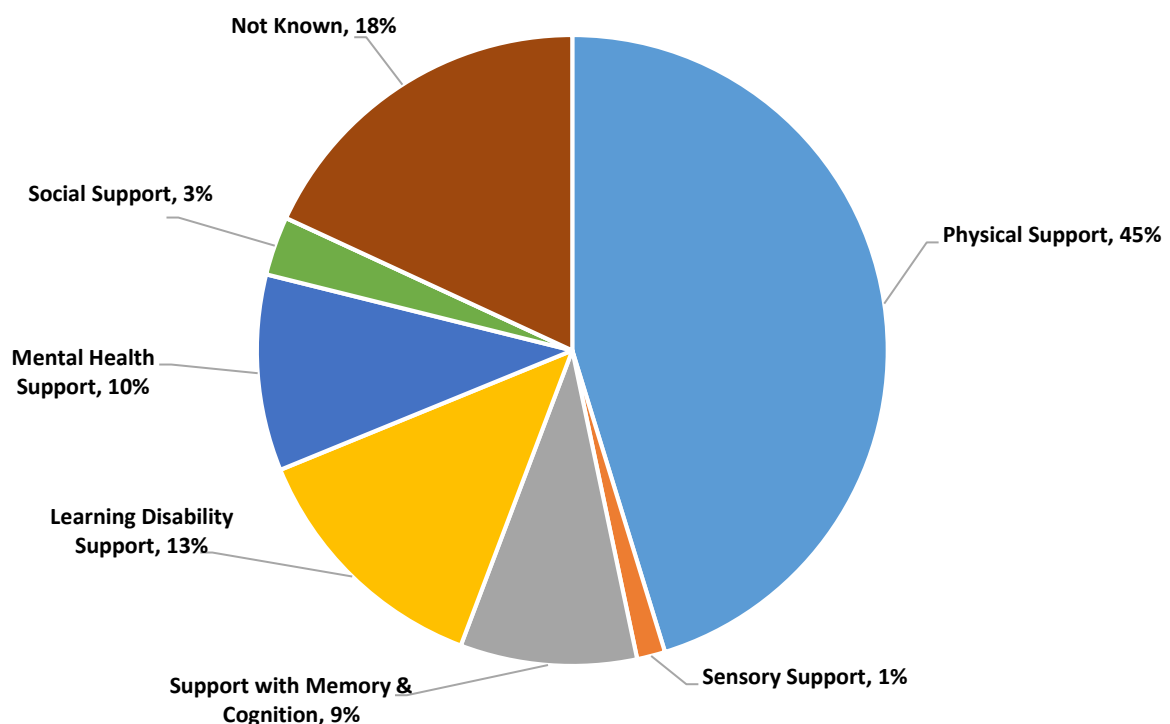
Physical abuse also accounts for a high percentage of safeguarding concerns (20%).

Although the number of concerns raised in relation to domestic abuse has increased since the previous year, it is still thought to be lower than the actual prevalence of domestic abuse for adults with care and support needs and further work is planned with the aim of seeing a further increase of reporting in this area.

Type of alleged abuse	% total
Neglect/Acts of Omission	32.9
Physical	20.4
Emotional/Psychological	13.8
Financial/Material	11.8
Domestic	5.5
Organisational	5.0
Self-neglect	3.8
Not recorded	2.9
Sexual	2.8
Sexual Exploitation	0.4
Discriminatory	0.4
Modern Slavery	0.1

Care and Support needs

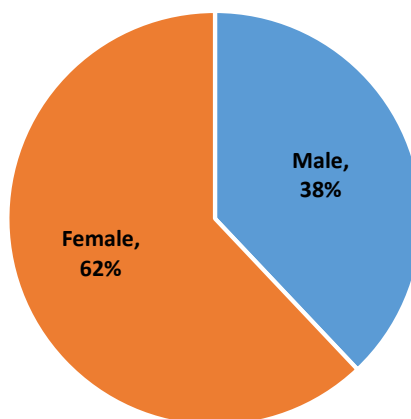
The chart below shows the primary support need for the adult for whom the safeguarding concern relates. The majority of adults who are the subject of a safeguarding have a need for physical support.



Demographics

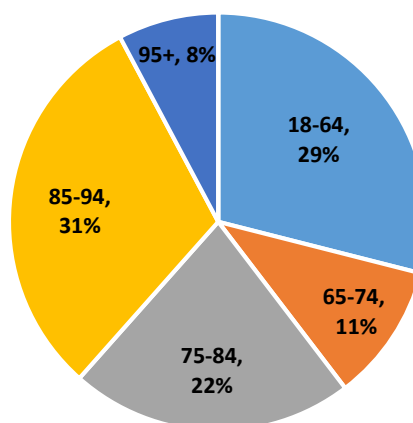
Gender

For both safeguarding concerns and safeguarding enquiries, there are more females at risk than men. This is a consistent picture across both categories with 62% of both concerns and enquiries being for women.



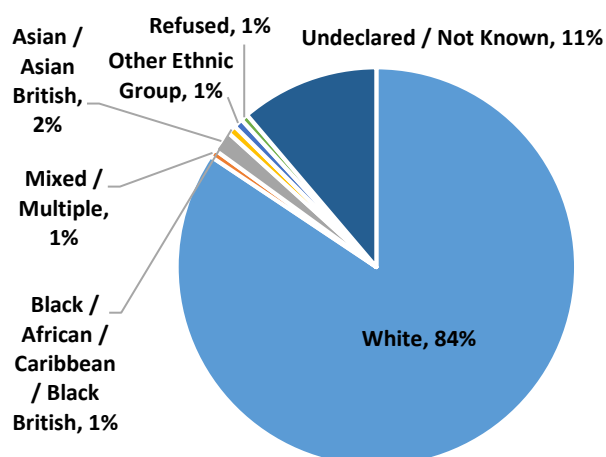
Age

The majority of adults who require a s42 enquiry are over the age of 65. This group represent 71% of all safeguarding enquiries. This is similar to the number of safeguarding concerns reported with 70% of all concerns received being for people aged over 65.



Ethnicity

The largest majority of safeguarding enquiries were for adults who identified their ethnicity as white. The next largest group identified as Asian or Asian British however this group make up only 2% of all safeguarding enquiries completed.



Source of reporting

Referral Source	Grand Total
Police	17.6%
Domiciliary Staff	12.8%
Other Social Care	11%
Residential Care Staff	10.8%
Hospital	10.2%
Other	9.9%
Family Member	6.7%
Community Health Staff	4.6%
Ambulance Service	4.4%
Mental Health Staff	2.6%
Self-Referral	2.4%
Day Care Staff	2.0%
General Practitioner	1.9%
Secondary Health Staff	1.0%
Housing	0.9%
Education/ Training/ Workspace	0.6%
Friend/ Neighbour	0.3%
Other Service User	0.2%
Surrey Fire & Rescue	0.1%
Surrey Trading Standards	0.1%
Social Work/ Care Manager	0.0%

Surrey Police continue to be the main source of referrals into the MASH with 17.6% of referrals originating from there.

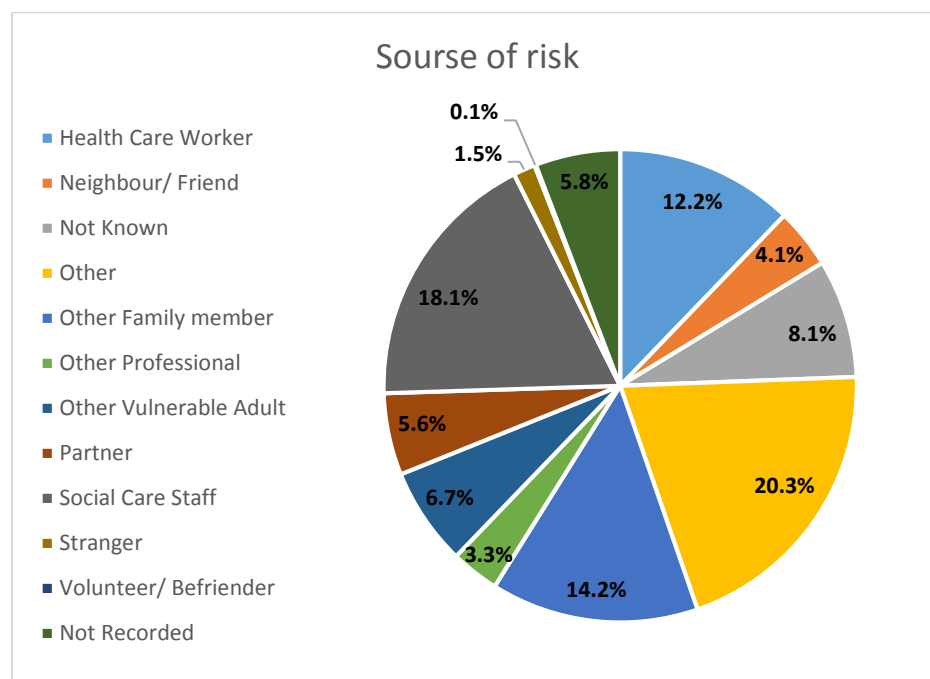
The Ambulance service submitted 4.4% of the total referrals received and hospitals 10.2%.

Family, friends and other service users are responsible for referring 7.2 % of the total concerns. Self-reporting only makes up 2.4%.

GP's have reported 1.9% and Surrey Fire and Rescue and Surrey Trading Standards have each submitted 0.1% of the total. This data will be monitored and ideally there will be an increase in reporting from each of these partners over the next year.

Source of risk

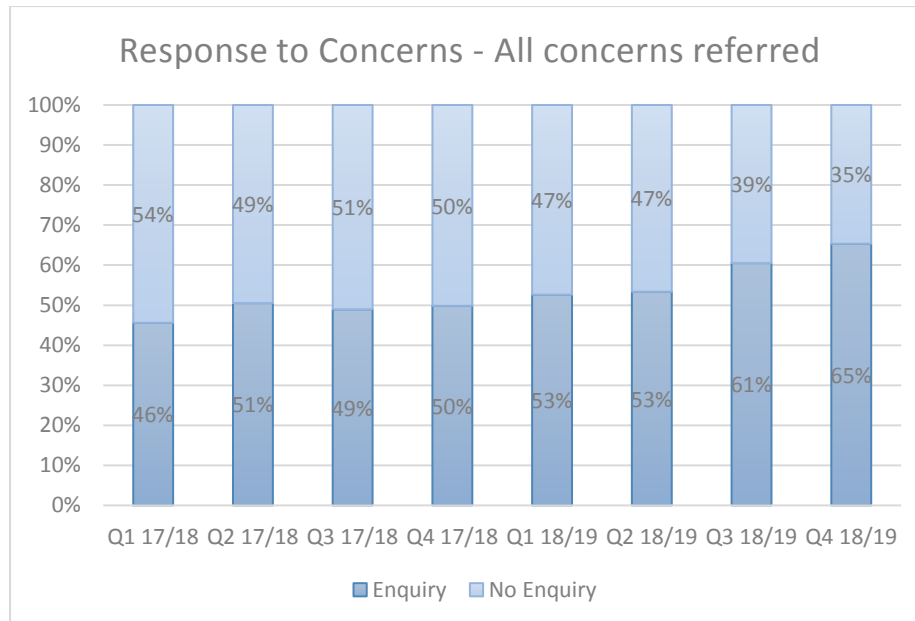
The chart below provides more analysis of where the risk originates from. This data is taken from the safeguarding concern when it is initially reported to the MASH.



- 33.6% of risk is from people in a position of trust (healthcare workers, social care staff and other professionals).
- 23.9% is from a family member, partner or neighbour.

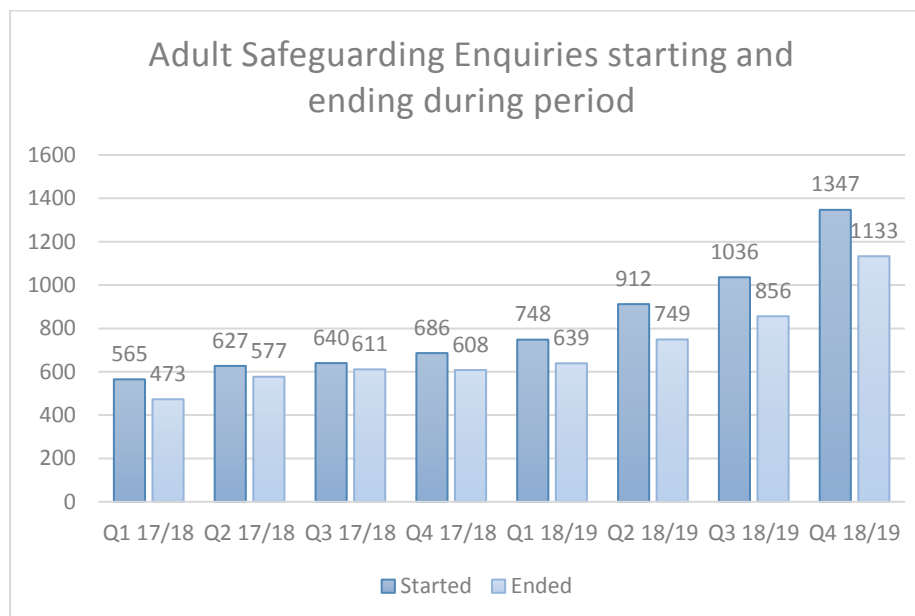
Safeguarding Enquiries

The chart below shows the percentage of safeguarding concerns which subsequently become enquiries under s42 Care Act 2014. During the 2017/2018 financial year, the rate of conversion remained consistent at approximately 50%. Following detailed audits it was found that there were areas for improvement which led to the implementation of new procedures and an increase in the conversion rate.



This significant increase in the conversion of adult safeguarding concerns is the result of:

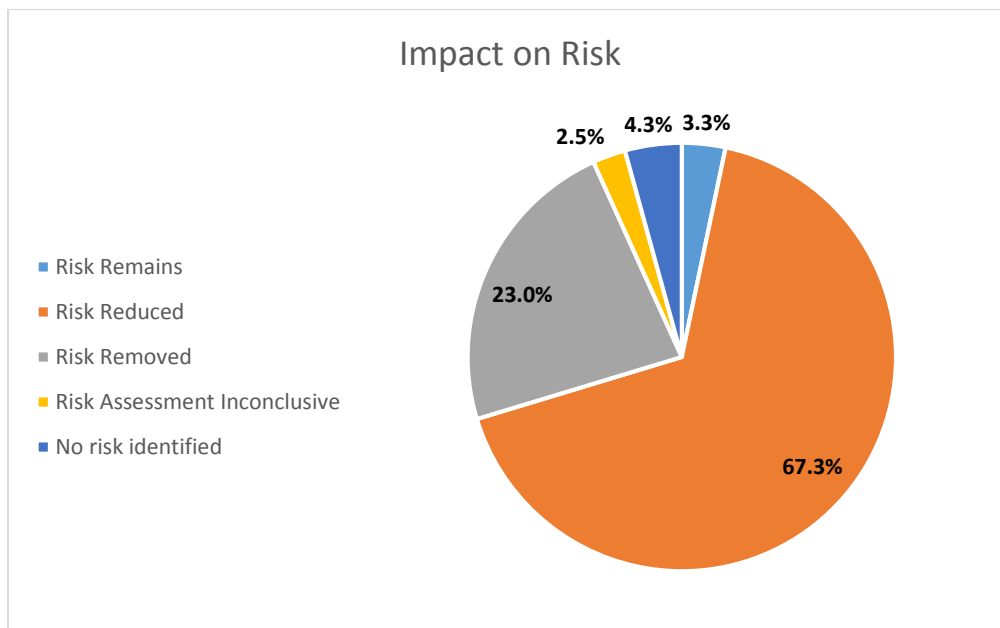
- improvements in reporting;
- the introduction of triage processes in the MASH; and
- more informed practice by ASC teams.
- a focussed programme of training



With the documented increase in the number of safeguarding concerns being reported and the improvements in the conversion rate, there has also been a steady increase in the number of safeguarding enquiries being completed.

Outcomes of Enquiries

The below chart shows that in the majority of cases (95.7%) the enquiry identifies a risk to the person and that following the enquiry, the risk remains in only 3.3% of cases.

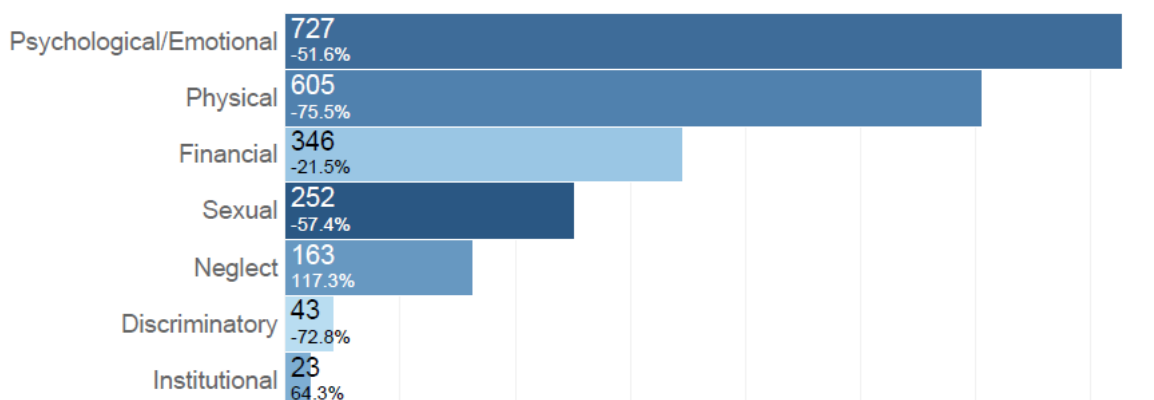


Police data ***

- In 2018/2019, Surrey Police recorded 1,964 adult abuse incidents of which 43.6% were recorded as crimes (858).
- Adult abuse equates to approximately 1.1% of total crime recorded in Surrey during 2018/2019.
- Psychological/Emotional abuse accounts for 37% of incidents in relation to adults at risk followed by Physical abuse (31%).
- 1.9% of incidents/ crimes involving an adult at risk also have a discriminatory flag attached.

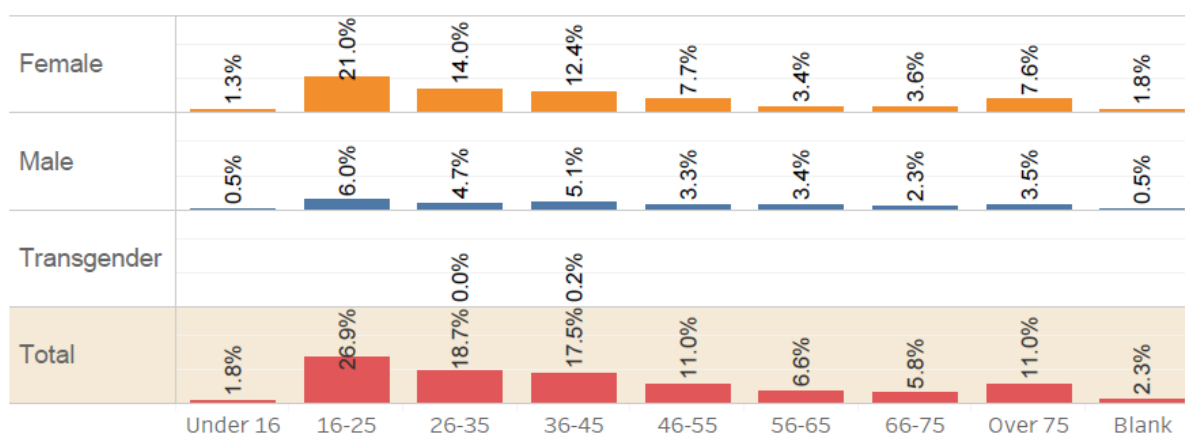
Types of abuse and neglect

Adult Abuse Flags 2018/2019 compared to the previous year



Recording of adult at risk data by Surrey Police is reliant on the application of a 'flag' to the incident or crime report. Application of the flag is dependent on the officer's view of whether the adult is 'at risk' and so is not always applied consistently. Over the last year Surrey Police have trained both their front line officers and their call takers to improve their understanding of adults at risk, the aim has been to move towards the Care Act definition and away from a personal view of vulnerability. The improved understanding is evidenced in the reduction of incidents identified under each of the above categories during 2018/19 compared to the previous year.

The below table shows that 72.8% of victims of adult abuse reported to Surrey Police during 2018/19 were female, with the highest proportion being aged 16-25.



*** Data taken from the Surrey Police Adult Abuse problem profile

Source of risk

Police data highlights that when an adult at risk is subject to abuse:

- 47% of offences are committed by a current/ previous partner. The remainder are predominantly committed by someone who has an established or cohabiting relationship e.g. other family member, friend or house-mate.
- Only 7.3% of offences are recorded as having been committed by a stranger.

Breakdown of victim to offender relationships	
Excludes this where no relationship, victim and/or offender has been recorded.	
Current Partner	171
Former Partner	130
Colleague/ Business Acquaintance/ Employer/ Employee	54
Friend/ Social Acquaintance	51
Stranger	50
Child/ Step Child/ Child-in-law	43
Next Of Kin/ Position of trust	31
Other (Various)	27
Parent/ Step parent/ Parent-in-law	24
Other family member	22
Rivals/ Feuding/ Unfriendly	21
Sibling/ Step sibling/ Sibling-in-law	18
Neighbour	14
Cohabitee/ House mate/ Flat mate	11
Estranged Lover/ Other Intimate Relationship	5

This is different to the data recorded as part of the safeguarding concern which shows that the greatest source of risk is from people in a paid capacity providing support.

It is likely that this is due to the different types of abuse and neglect reported to different agencies, for example, missed medication or home care visits would be reported as a safeguarding concern to the MASH and unless it formed part of a pattern of neglect or organisational abuse would not always be reported to the police.

Achievements

The priorities for the SAB during 2018/19 were:

1. Embrace a culture of learning
2. Communication
3. Training
4. Types of abuse and neglect that are frequently hidden from professionals or are hard to detect.
5. Prevention of abuse and neglect.
6. Assurance of safeguarding practice.

Listed below are the ways in which the SAB delivered against these priority areas.

Embrace a culture of learning

2018/19 aim - A review of existing meeting structures will be completed to ensure that the process for sharing learning is effective and efficient. The Board will ensure there are opportunities for operational staff to discuss cases and learn from best practice while making best use of time and resources. The voice of people with lived experience will be used to learn and improve services.

The meeting structure for the SAB was reviewed in May 2018 and realigned with the objective of making more effective use of people's time. The main change that resulted was the amalgamation of the Policy and Procedure sub-group, Quality Assurance sub-group, and Training sub-group into one Delivery group. The Delivery group is responsible for delivering the objectives listed in the annual plan and reports into the SAB on progress, risks and issues.

On International Human Rights day in December 2018, the Surrey SAB hosted a conference entitled 'Back to Basics'. This was attended by 200 people from 30 different organisations. The morning sessions provided a refresher on the importance of safeguarding adults, the types of abuse and neglect they may be exposed to, the processes in place in Surrey and the role of the MASH. The morning was closed with an impactful presentation from Mark Bates, whose son Matthew was harmed while resident in a care home. The lessons from the SAR were shared with the audience highlighting the importance of professional curiosity. The personal account of how it feels to go through a SAR process with and on behalf of a family member was well received and emphasised the importance of involving and listening to families when learning from experience.



The afternoon provided time for the audience to attend smaller workshops on two areas, covering:

- Domestic Abuse
- Neglect in a care setting
- Exploitation
- Mental Capacity Act

Feedback from the conference was positive, with 81% rating the event as excellent or very good.

Next steps

The SAB will continue to ensure a focus on learning from SARs, both national SARs and those that occur closer to Surrey. Engaging with people with experience of the safeguarding process remains a focus and will be formalised during 2019/20.

Communication

2018/19 aim - The SAB will continue to work closely with the Safeguarding Children's Board, specifically in relation to awareness raising and publicity. The SAB will seek to improve the experience for people wanting to access information about safeguarding in Surrey.

During 2018/19 the Safeguarding Adults Board has worked with the Safeguarding Children's Board to host a joint website where members of the public and professionals can access information in one place.



There is now a single landing page at www.surreysafeguarding.org.uk which then directs the user to information on both children and adults at risk. The new website is easier to navigate and the information is far easier to access

Sitting behind both sections is a joint training platform to enable professionals to easily access information about courses, book places and complete evaluations.

Next steps

The focus moving forward is to raise the profile of the website both with professionals and with the public. There are plans to utilise National Safeguarding week (18 -22 November 2019) to promote the awareness of safeguarding in Surrey and to encourage greater use of the website and its resources.

Training

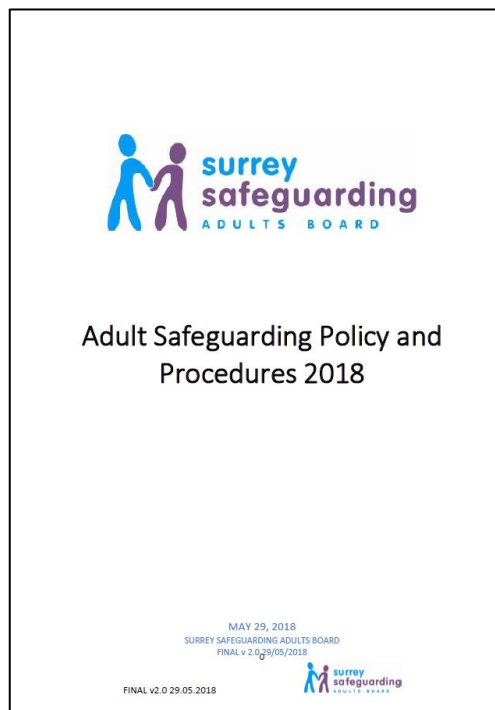
2018/19 aim - To embed the new policy and procedure, a new training strategy will be published to guide staff working with adults with care and support needs in relation to the training they require in order to undertake their jobs effectively.

Training will be relevant, easy to access and commensurate with the skill levels of staff and their organisations capability.

A presentation has been provided to partner organisations for them to use to brief their staff and teams on the SAB policy and procedure that was introduced in May 2018. This includes information on:

- Why the policy and procedure was changed,
- Definitions used in the Care Act and how these apply in Surrey,
- The roles involved in safeguarding adults in Surrey,
- Improving practice through the avoidance of confirmation bias.

In addition to providing the presentation to partners for them to deliver, it has also been presented across the county at Care Home forums and other training events.



The SAB has provided a 'Train the Trainer' course for safeguarding leads in various organisations. The aim is to equip staff knowledgeable and experienced in safeguarding with the skills to deliver training courses.



The members of the SAB Delivery Group have been working on building a learning library, consisting on briefing documents and presentations for use by professionals. These can be used either for personal development or delivered as part of team meetings and development sessions. The Learning Library is accessible via the website and consists of presentations on domestic abuse, neglect in care settings, the Mental Capacity Act, and others.

Safeguarding Essentials course

The Safeguarding Adults Board has piloted the delivery of a Safeguarding Adults Essentials course with two Borough and District councils.

Following positive feedback after the delivery of the pilot of this course at Surrey Heath Borough council and Mole Valley District council, the SAB has now arranged for this one day course to be available for each Borough and District council in Surrey. This will enable front-line workers to understand their role in safeguarding adults at risk during daily activities.

Adult Safeguarding Essentials



What are the benefits?

It raises your awareness and understanding of staff roles and responsibilities in relation to the safeguarding of adults. This course includes all aspects of basic awareness and Surrey's multi-agency approach.

What will I learn?

- Meaning of 'abuse and neglect' in the context of adult safeguarding
- Identify who an adult safeguarding enquiry applies to and the s42 duties
- Types of abuse
- Common indicators of abuse
- The adult safeguarding roles of Surrey County Council, Surrey Safeguarding adults Board and other partners
- How Making Safeguarding Personal (MSP) works in Practice
- Response to disclosures of abuse and neglect effectively
- Correct reporting and recording of adult safeguarding concerns in Surrey
- The relationship between adult safeguarding, child protection and domestic abuse
- What happens when a safeguarding concern is reported to the Local Authority

Who is this course for?

Adult Social Care and Health staff that work as Administrative staff, Finance staff, Social Care Development Coordinators, Support Brokers, Commissioning Managers, Project Managers, Reablement Assistants, Team Leaders, Senior/Residential Support Workers, Support Workers, Community Care Assistants, Support Assistants, Team Administrators and Night Care Assistants.

Will I need to do a refresher?

No.

How is this delivered?

This is a 1 day classroom course.

Contributing to Safeguarding Enquiries course

As a result of feedback from professionals, a small task and finish group has been established to design a course that informs multi-agency practitioners of their role in contributing to safeguarding enquiries. The aim of this course will be to enable a consistent and thorough response from agencies when they are asked to provide information as part of a safeguarding enquiry.

Next steps

During 2019/20 the SAB will continue to populate the Learning Library with topics in response to requests from members of the SAB. The 'Safeguarding Essentials' course will be rolled out to each Borough and District councils and the 'Contributing to Enquiries' course will be finalised and delivered to multi-agency audiences.

Types of abuse and neglect that are frequently hidden from professionals or are hard to detect.

2018/19 aim - The SAB will work closely with the Domestic Abuse Management Board to ensure that work to tackle domestic abuse, reflects the needs of adults with care and support needs.

There will be more engagement with minority communities to understand any specific risks and to ensure that awareness raising materials are accessible to all.

The SAB are a regular attendees at both the Domestic Abuse Management Board and the Domestic Abuse Delivery Group. The SAB Chair and Manager attended and engaged in the DA Deliberation event hosted by The Public Office on behalf of the Surrey Against Domestic Abuse partnership. The day built a collective responsibility to Domestic Abuse and allowed the SAB to ensure that the specific requirements of adults with care and support needs are considered and planned for in the development of domestic abuse services going forward.



In addition to a general 'train the trainer' course (see Training section above), a further 6 adult safeguarding leads were trained to deliver the multi-agency 'Recognising and Responding to Domestic Abuse' course. Their knowledge and experience in adult safeguarding has enabled them to ensure that delivery of the course also brings to light the additional barriers faced by adults with care and support needs and the extra support they may require to disclose abuse and to make changes.

Members of the SAB are also members of other multi-agency partnerships, this includes the Sexual Exploitation and Missing Management Board, the Harmful Traditional Practices Board and the Anti-Slavery partnership. Attendance at these meetings has ensured that there continues to be a focus on the impact of these offences on adults and that training and awareness raising on these subjects reaches a broad audience.

Next steps

Over the next year the Surrey SAB will continue to be the voice for adults with care and support needs when actions are designed and delivered. As the Community Reference group becomes more established (see section on Prevention), it is envisaged that they will be in a position to provide an informed voice to the work proposed by these strategic boards.

Prevention of abuse and neglect.

2018/19 aim - There will be greater opportunities for engagement, both with professionals and with people who use health and social care services to ensure the work initiated by the board is informed by experience. Focus groups with people who use services and with carers will be completed to understand both good practice and areas for improvement. Learning will be used to influence communication and preventative materials.

During the last year the SAB has worked on developing a new range of information guides for the public providing information on different types of abuse and neglect and also information on the s42 process, Safeguarding Adult Reviews and Deprivation of Liberty Safeguards.

These were reviewed by members of the SAB Delivery Group for accuracy before being shared with a focus group made up of voluntary and charity sector organisations, people with lived experience and carers. The focus group were asked to comment on the language used, the tone of the content, the images and how they would like to access the guides. On completion of the workshop eleven guides were produced.



These guides are all available for members of the public to access on the website.

Next steps



A publicity campaign has been arranged to run during July 2019 to encourage members of the public to visit the Surrey SAB website.

Printed versions of the leaflets and stands for their display will be provided to Borough and District councils, A&E departments and health centres.

Engagement with the focus group members will be formalised to create a Community reference group who can provide informed feedback on a more regular basis.

Assurance of safeguarding practice.

2018/19 aim - The board will embed a new quality assurance framework to reflect the multi-agency audience and their responsibilities in relation to safeguarding adults.

Reporting mechanisms and structures will provide performance products that assure the board of the effectiveness of safeguarding practices in Surrey and drive its agenda and focus going forward.

A new Quality Assurance framework was signed off at the end of the 2018/18 financial year. This ran for the first time throughout 2018/19. The new process focussed on a different area quarter:

- Quarter 1 – The work of the Safeguarding Adults Board
- Quarter 2 – Health
- Quarter 3 – Social Care & Housing
- Quarter 4 – Crime and Community Safety

The templates provided to each organisation request an overarching view of how safeguarding is led by the organisation in terms of governance, strategy, training and day-to-day activity, in addition to a more focussed piece of analysis on the organisations response to safeguarding concerns. The reports received during 2018/19 evidence that safeguarding is seen as an integral part of daily work for all partners.

Feedback on this new process has been varied and there has been learning for the SAB each time the exercise has run. A workshop with colleagues in health has helped to shape the process for the next occasion they are asked to report and a similar event will take place with colleagues from Borough and District councils to improve the reporting process for them.

Quarterly reports from Adult Social Care have helped to inform the SAB of the volume of safeguarding enquiries, where they originate from, the source of risk and the percentage that convert to enquiries. Adult Social Care have also provided data on the objectives of 'Making Safeguarding Personal', specifically whether the person felt that the enquiry took into account the outcomes they wanted to see and whether these outcomes were achieved.

The data provided has introduced an important baseline which has been used to shape the development of the strategic plan from 2019 until 2022.

Next steps

Work with partner agencies is required to ensure that completion of the returns is a productive exercise that informs organisations of what they do well and where they have room to improve. Further development of the reporting templates aims to provide assurance to the SAB of how safeguarding is embedded as part of routine activities. This includes work that takes place to prevent abuse and neglect of adults with care and support needs and also the processes in place to identify, acknowledge and report abuse or neglect when it is recognised as such.

The SAB will work specifically with Borough and District councils to understand the data available and how this can be provided to assure the SAB of the safeguarding practices taking place.

To add further qualitative information to the 'Making Safeguarding Personal' information collected by Adult Social Care, Healthwatch Surrey have been commissioned to undertake a piece of research with people who have had experienced a safeguarding enquiry to better understand the impact on them; their level of involvement; what works well; and whether the process can be improved.

Learning

At each SAB meeting there is a discussion and analysis of the learning and recommendations from national Safeguarding Adult Reviews (SARs). Members of the SAB are asked to consider the learning; how it applies to their organisation; and how they will disseminate any lessons back within their organisations. One of these sessions focussed on the SAR published in West Sussex, a briefing document was produced for agencies to take back to their teams to enhance learning. This is the same case that was the focus of the conference hosted by the SAB in December.

Following the publication of a SAR by the Isle of Wight SAB, the Surrey SAB hosted a workshop to consider the learning from the SAR in more detail and consider the lessons and systems changes that could be introduced in Surrey. Following this workshop some key themes emerged which impact on partners in Surrey. A follow-up workshop will take place during 2019/20 to develop an action plan for Surrey organisations based on the systems learnings contained within the SAR.

SAR Notifications

During 2018/19, the SAR sub-group received four SAR notifications:

- One of these was passed to the funding authority to complete as although the adult had died in Surrey, almost all service provision was from a neighbouring area.
- One required for the s42 enquiry to be completed in order to establish the facts prior to a SAR being commissioned.
- Two meet the criteria for a SAR and will be progressed.

Ongoing SARs

There are three SARs which remain ongoing from 2017/18, two of these are led by NHS England and one has been commissioned by the Surrey SAB. The SAR being led by Surrey SAB has encountered a number of delays due to new information coming to light during the process which required further investigation. The family members have been updated throughout.

The Surrey SAB also requested a review of the Serious Incident (SI) process across the five acute trusts. It was identified that SI's did not always recognise where there were potential safeguarding issues that should have been reported to the MASH as a safeguarding concern. A thematic review of the SI process identified that there was an opportunity to improve the engagement between the team who receive the SI and the trust safeguarding lead. A new process has been implemented which guarantee's safeguarding is considered within 72 hours of an SI being received. A further audit of SI cases will take place during 2019/20 to assure the SAB that the required improvements have taken effect.

A key initiative has been a drive to improve learning across the main boards that support our residents with the right focus by the right team. This has been developed by learning events sponsored by the relevant Board but supported by a shared purpose. These have been relevant and interactive with the participation by users to ensure we hear the voice of reality in our learning. We have also reviewed learning across all agencies and platforms in Surrey and then developed a programme that filled the gaps and did not duplicate partner learning.

We were supportive partners in the excellent Domestic Abuse learning day that was set and hosted by the Community Safety Partnership.

There is an ongoing cooperation to keep partners informed of initiatives such as ensuring the drive to address homelessness in Surrey that there was an awareness that not all homeless people have care and support needs if not that this would be the under the remit of the Health and Wellbeing

Board but the Safeguarding Adults Board needed to support them and would where there are obvious Safeguarding needs and it is our role to highlight this to front line staff.

There are representatives invited to all our Board meetings and where appropriate our Board was represented at partner meetings. We share strategic plans and annual reports so that there is alignment across the County.

Funding

The Surrey SAB receives an annual budget of £288,555. The budget is made from contributions from partner organisations in the amounts and percentages outlined below. Contributions of funds to ensure the SAB can continue to operate shows a significant commitment on the part of partners to work together and jointly take responsibility for decision making and running the Safeguarding Adults Board.

The chart below shows the financial commitment from each partner organisation:

	Contribution 18/19	% split
Surrey County Council	£117,450.00	40.70%
Clinical Commissioning Groups	£117,450.00	40.70%
Surrey Police	£29,000.00	10.50%
NHS Trusts	£13,050.00	4.52%
District & Boroughs	£11,605.00	4.2%
TOTAL	£288,555.00	100%

During 2018/19 the Surrey Safeguarding Adults Board spent £185,651, leaving an underspend of £102,904. The majority of costs were spent on staffing, followed by the costs of conducting Safeguarding Adults Reviews. The full breakdown of spend can be seen below:

Staffing	£130,978
SAR	£23,940
Independent Chair	£14,513
Publicity	£11,759
Conferences	£3,748
Supplies	£294
Voluntary Sector costs	£269
Meetings	£150
TOTAL	£185,651

The funds in the pooled partnership budget that were not spent (£102,904) have been carried forward to the next year. Agencies that contribute to the budget will therefore be paying a proportionately smaller amount in 2019/20.

Looking Ahead

The priorities identified in the three year strategic plan (2019-22) for the Surrey SAB are to:

- Prevent abuse and neglect,
- Improve the management and response to safeguarding concerns and enquiries, and
- Learn lessons and shape future practice.

As detailed above, over the last year the Surrey SAB has made significant progress in establishing a sound platform from which a number of programmes of work can now take place to meet the Board's priorities. During 2019/20 this will include:

To prevent abuse and neglect
<ul style="list-style-type: none"> ➤ A continued to focus on raising awareness of the SAB, its website and its resources to both public and professional audiences. ➤ Delivery of a programme of activities during National Safeguarding Week. ➤ County-wide delivery of Safeguarding Essentials course.
To improve the management and response to safeguarding concerns and enquiries
<ul style="list-style-type: none"> ➤ Delivery of the multi-agency training course to improve contributions to safeguarding enquiries. ➤ Supporting the work of the Domestic Abuse Management Board to ensure that policies, procedures and training in relation to domestic abuse take into account the needs of adults with care and support needs. ➤ Implementing the lessons identified by Healthwatch to ensure that safeguarding enquiries capture and respond to the needs and outcomes identified by the adult at risk.
Learn lessons and shape future practice
<ul style="list-style-type: none"> ➤ Reviewing the recommendations from SARs and the relevance of systems findings in Surrey. ➤ Reviewing the quality assurance templates used by Borough and District councils to ensure local authorities are able to efficiently evidence their safeguarding adult work. ➤ Development of a community reference group whose role is to ensure that people with lived experience have a voice at the SAB.



ADULTS AND HEALTH SELECT COMMITTEE

10 OCTOBER 2019

RECOMMENDATION TRACKER AND FORWARD WORK PROGRAMME

1. The Committee is asked to review its recommendation tracker and forward work programme.

Recommendation:

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

Next Steps:

The Select Committee will review its work programme and recommendations tracker at each of its meetings.

Report contact: Joss Butler, Democratic Services Officer

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Adults and Health Select Committee Forward Work Programme 2019/2020

Adults and Health Select Committee (Chairman: Mr Bill Chapman, Democratic Services Officer: Joss Butler)

Date of Meeting	Scrutiny Topic	Description	Outcome	Method
10 October 2019	Preparations for Winter Pressures	<p>The winter months can represent the most challenging times for local health and care systems and can result in poor outcomes.</p> <p>The Select Committee requests a report which outlines the impact and risks associated with winter pressures and the measures put in place by the whole system for mitigation and promotes resilience throughout the upcoming winter season. Can specific reference be made to the following:</p> <ul style="list-style-type: none"> Monthly performance data against the '95% of attendees cleared within 4 hours' target for each Surrey Acute Trust for 	<p>The Select Committee is assured that appropriate measures are in place in preparation for seasonal winter pressures, ensuring that local people are at the least risk possible from experiencing poor services and poor outcomes.</p> <p>The Committee will provide feedback and recommendations as necessary.</p>	Report

		<p>16/17, 17/18, 18/19 (winters and summers).</p> <ul style="list-style-type: none">• An assessment of the probable factors (for example: additional pressures on A & E and ambulances delayed and diverted) which will lead to additional pressures on the system, providing assurances that there is advanced planning across the whole system to identify concerns and overcome issues.• Details on the scale and effectiveness of capacity mapping locally and whether information is being effectively shared across the local health and care system• Details on whether the NHS high impact interventions for urgent and emergency care improvement have been adopted locally.• Details on how Acute Trusts and the wider system is implementing improvements that will be effective in increasing performance this coming winter in the following areas:		
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		<ul style="list-style-type: none"> a. Public Health: 'flu' and pneumonia jabs. b. Reducing attendance at A&E c. Integrated Adults and Health: effective working to facilitate patient discharge and therefore reducing bed blocking. 		
10 October 2019	Surrey Safeguarding Adults Board Annual Report	<p>The Surrey Safeguarding Adults Board is a statutory Board. Its responsibilities are set out in the Care Act 2014 and is headed by an Independent Chair. The core objective of the Board is to reassure itself of the effectiveness of safeguarding in Surrey.</p> <p>Safeguarding Adults Boards nationally have a statutory duty to publish an annual report.</p>	The Committee reviews the Surrey Safeguarding Adults Board Annual Report, understanding key themes, providing comment and highlighting opportunities for further scrutiny.	
4 December 2019	Budget Scrutiny	A report on the proposed budget for the Adults Social Care and Public Health Directorate.	Scrutiny of the Directorate's budget plans with any recommendations to Cabinet before it meets in January 2018. The Committee to ensure the financial processes in place are transparent, outcomes focused and that the plans will deliver a sustainable budget as well as positive outcomes for residents.	Report

4 December 2019	South East Coast Ambulance Service (SECamb) update	<p>Following the Health, Integration and Commissioning Select Committee's consideration of the Service's work, Members request an update report on the performance of SECamb and for it to include updates on:</p> <ul style="list-style-type: none"> • the Performance of all Categories (1,2,3,4) of ambulance response times, • the work of the new Chief Executive since joining the Trust and governance arrangements, • recruitment, hospital handover times and any funding issues. <p>The Select Committee further requests that details of the major review in Crawley, which has been conducted collaboratively over the past year to improve ambulance handover delays at hospitals, are included in the report.</p>	The Committee understands the main challenges facing SECamb and how these impact on patients' experience of ambulatory care in Surrey. Making recommendations as necessary.	Report
4 December 2019	Surrey Heartlands Long Term Plan	Surrey Heartlands is working with Surrey County Council and other public sector partners to develop a 10 year strategic plan across Surrey which will also take into account the NHS Long-term Plan.	The Committee receives a report outlining the purpose of the Surrey Heartlands Long Term Plan and takes into consideration its focus and the associated impacts and risks. Making recommendations as necessary.	Report

		The plan is due to be submitted to NHS England in November 2019.		
4 December 2019	Reconfiguration of Urgent Care	NHS England has developed clear guidance for commissioners responsible for the development of Urgent Care. This report will outline an update on the impact and risks associated with the reconfiguration of Urgent Care services in Surrey Heartlands and Frimley Health and Care.	The Committee reviews the progress of the Surrey Heartlands and Frimley Health and Care Programmes of change, making recommendations accordingly.	
6 February 2020	Transformation of the offering of outpatient appointments and support to health and care using digital and technological innovations.	Members to consider a Surrey Heartlands' programme of work which focuses on reducing substantially the need for patients to travel to outpatient appointments. This will contribute to a reduction in the production of greenhouse gases and air pollution and will feed into the Surrey County Council's 'Rethinking Transport' programme.	The Committee reviews Surrey Heartlands' transformation programme, taking into consideration the associated impacts and risks for Surrey residents and making recommendations accordingly.	
Ongoing	South West London and Surrey Joint Health Overview and Scrutiny – Improving Healthcare together 2020 - 2030	In June 2017, Improving Healthcare Together 2020 - 2030 was launched, a programme led by Merton, Sutton and Surrey Downs CCGs to review the delivery of acute services at Epsom and St Helier University Hospitals NHS Trust (ESTH). ESTH serves patients from across Merton, Sutton and Surrey and so the Health, Integration and Commissioning Select Committee	A Sub-Committee of the South West London and Surrey Joint Health Overview and Scrutiny Committee has been established to scrutinise the Improving Healthcare Together 2020 – 2030 Programme as it develops.	Joint Health Overview and Scrutiny Committee

		joined colleagues from the London Borough of Merton and the London Borough of Sutton to review the Improving Healthcare Together Programme as it progresses.		
Task Groups				
	Mental Health	The purpose of this item is to review delivery against the Joint Health and Wellbeing Strategy's Priority to improve emotional wellbeing and mental health. This includes considering steps being taken to prevent poor mental health and to promote a culture of openness about mental health conditions. The Committee will also look at current and future provision of mental health services in Surrey.	The Committee will assess efforts to embed parity of esteem between the treatment of physical and mental health conditions in Surrey through the implementation of Sustainability and Transformation Partnerships in Surrey. Members will also look at how emotional wellbeing is incorporated within STP plans how they will help to build resilience against mental health conditions among Surrey residents.	Task Group <u>Membership:</u> Nick Darby Bernie Muir Fiona White

Standing Items (to be considered at each formal Select Committee)

- **Update on Cabinet Member priorities-** For the Select Committee to receive an update on work that has been undertaken by Cabinet Members and areas of priority work/focus going forward.

ADULTS AND HEALTH SELECT COMMITTEE - ACTIONS AND RECOMMENDATIONS TRACKER

The recommendations tracker allows Committee Members to monitor responses, actions and outcomes against their recommendations or requests for further actions. The tracker is updated following each meeting. Once an action has been completed, it will be shaded out to indicate that it will be removed from the tracker at the next meeting.

KEY			
	No Progress Reported	Action In Progress	Action Completed

Date of meeting	Item	Recommendations/ Actions	To	Response
13 June 2019	Urgent Care in Surrey Heartlands	<p>2. Requests that a further report be presented to the Select Committee following the agreement of a preferred option or options for each of the programmes which outlines development proposals and a timeline of delivery.</p> <p>3. Requests that due consideration be given to the following matters:</p> <ul style="list-style-type: none"> a. Information is made available to service users to ensure there is an understanding of the services available. b. That appropriate consultation is undertaken early with residents and all relevant groups including those hard to reach. c. A transport assessment takes into account variables related to population density and an aging population, as well as distance. d. All staffing resources including GPs generally, NHS 111 services and GP Out-of-hours services. 	<p>NHS Officers</p> <p>Democratic Services Officer</p>	The Committee to review the progress of the Surrey Heartlands and Frimley Health and Care Programmes of change at Select Committee in December 2019

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