

## Notice of Meeting

# Adults and Health Select Committee

**Date & time**

Wednesday, 4  
December 2019 at  
10.30 am

**Place**

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

**Contact**

Ben Cullimore  
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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 Ben Cullimore on 0208 213 2782.**

**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, Mr Cameron McIntosh, Mrs Marsha Moseley, Mrs Tina Mountain, Mrs Bernie Muir (Vice-Chairman) 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

To receive any apologies for absence and substitutions.

### 2 MINUTES OF THE PREVIOUS MEETINGS: 10 OCTOBER 2019

(Pages 5  
- 14)

To agree the minutes of the meeting of the Adults and Health Select Committee held on 10 October 2019 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 (*28 November 2019*).
2. The deadline for public questions is seven days before the meeting (*27 November 2019*).
3. The deadline for petitions was 14 days before the meeting, and no petitions have been received.

### 5 CABINET MEMBER UPDATE

(Pages  
15 - 20)

***Purpose of the report:*** To share details of the Cabinet Member's priority areas of work, including any strategy and policy developments, and provide an overview of the budget position and performance of services

within the portfolio.

**6 ADULT SOCIAL CARE TRANSFORMATION UPDATE** (Pages 21 - 32)

**Purpose of the report:** To receive an update on the progress of the Adult Social Care transformation programmes. The report sets out a summary of achievements in the last month and the Q2 performance against the Directorate's key performance indicators. It also includes a number of case studies which illustrate the changes underway.

**7 SOUTH EAST COAST AMBULANCE SERVICE UPDATE** (Pages 33 - 58)

**Purpose of the report:** This report updates the Select Committee on the South East Coast Ambulance Service, with special focus on changes since the last report of 8 March, especially in the areas of performance, the recent Care Quality Commission (CQC) report, executive leadership development and other strategic operational updates, or local performance and development initiatives of interest for Surrey.

**8 RECOMMENDATIONS TRACKER AND FORWARD WORK PROGRAMME** (Pages 59 - 70)

**Purpose of the report:** For the Select Committee to review the attached recommendations tracker and forward work programme, making suggestions for additions or amendments as appropriate.

**9 DATE OF THE NEXT MEETING**

The next meeting of the Adults and Health Select Committee will be held on 22 January 2020 in Council Chamber, County Hall.

**Joanna Killian**  
**Chief Executive**

Published: Tuesday, 26 November 2019

**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 11.00 am on 10 October 2019 at Ashcombe Suite, County Hall, Kingston upon Thames, Surrey KT1 2DN.

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

**Elected Members:**

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

**Co-opted Members:**

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

**In attendance**

Cabinet Member for Adults and Public Health

**7 APOLOGIES FOR ABSENCE AND SUBSTITUTIONS [Item 1]**

Apologies were received from David Mansfield and Daryll Ratiram.

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

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

**9 DECLARATIONS OF INTEREST [Item 3]**

None received.

**10 QUESTIONS AND PETITIONS [Item 4]**

None received.

**11 CABINET MEMBER UPDATE [Item 5]**

**Witnesses:**

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

### **Key points raised during the discussion:**

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

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

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

**Recommendations:**

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

**The Chairman agreed to consider item 7 before item 6**

**12 PREPARATION FOR WINTER PRESSURES [Item 7]**

**a. Surrey Heartlands Winter Preparedness**

**Witnesses:**

Dr Claire Fuller, Senior Responsible Officer for Surrey Heartlands

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

Giles Mahoney, Integrated Care Partnership Director - Guildford and Waverley

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

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

Liz Uliasz, Deputy Director, Adult Social Care

**Key points raised during the discussion:**

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

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

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

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

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

#### **Recommendations:**

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

#### **b. Frimley Health and Care Preparations for Winter Pressures**

##### **Witnesses:**

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

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

Jonathan Sly, Associate Director of Integrated Care

Kate Scribbins, Healthwatch Surrey

##### **Key points raised during the discussion:**

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

**Recommendations:**

The Select Committee:

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

### **13 ADULT SOCIAL CARE TRANSFORMATION UPDATE [Item 6]**

**Witnesses:**

Liz Uliasz, Deputy Director - Adult Social Care

Sinead Mooney, Cabinet Member for Adults and Public Health

**Key points raised during the discussion:**

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

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

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

**Recommendations:**

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

**14 SURREY SAFEGUARDING ADULTS BOARD ANNUAL REPORT [Item 8]**

**Witnesses:**

Simon Turpitt, Independent Chairman of the Surrey safeguarding Adults Board

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

**Key points raised during the discussion:**

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

**Recommendations:**

The Select Committee noted the report.

**15 RECOMMENDATIONS TRACKER AND FORWARD WORK PROGRAMME [Item 9]**

**Key points raised during the discussion:**

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

**Recommendations:**

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

**16 DATE OF THE NEXT MEETING [Item 10]**

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

Meeting ended at: 3:40 pm

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**Chairman**

## ADULTS AND HEALTH SELECT COMMITTEE

4 December 2019



### CABINET MEMBER UPDATE:

#### Sinead Mooney, Cabinet Member for Adults and Public Health

**Purpose of the Item:** To share details of the Cabinet Member's priority areas of work, including any strategy and policy developments, and provide an overview of the budget position and performance of services within the portfolio.

#### Introduction:

1. This report provides a brief update on the Cabinet Member for Adults and Public Health's priority areas of work including a summary of the current budget position and an update on the development of transformation projects within the Cabinet Member's portfolio.
2. The Select Committee are asked to review the update and prepare questions accordingly.

#### Key areas of focus:

##### The Adult Social Care vision

3. In the autumn the adult social care vision was agreed after various staff sessions taking place in the summer. The adult social care vision is "to promote people's independence and wellbeing, through personalised care and support that focuses upon their strengths, the outcomes they want to achieve and enables choice and control". The adult social care vision is aligned with the council's overall narrative of wanting 'to help create better lives, a better place and a county where no-one is left behind'.
4. Examples of what this means are as follows:
  - Focus on supporting residents to help themselves through the Communities and Prevention Team work
  - Strength-based social care work, more short-term help that focuses on maximising people's independence
  - Digital roll out

- More people with a learning disability in employment with their own front door rather than institutional care
- 725 specially adapted homes for older people reducing the number of people in institutional care
- Health and social care integration

### **Roll out of hybrid devices from November-January 2020**

5. Hybrid devices have been allocated to front-line staff within adult social care to enable the move to a more agile workforce. It also allows our staff to spend more time in face-to-face meetings with our residents. The devices were successfully tested with a group of staff and we are now rolling the devices to all front-line staff. Feedback so far has been very positive.
6. The pilot rollout has been completed in the Reigate and Banstead locality team and the Transitions Team. Staff have their devices fitted with 4G SIM cards.
7. The full rollout of Windows 10 devices including the hybrids is due to start on the week commencing 18 November, and staff will need to book into sessions to receive their devices. We are hoping that this work will be completed by January 2020.

### **Update on Adult Social Care Mental Health Services**

8. Work continues to bring mental health services back under the management of adult social care and to ensure the safe transfer of staff and patients. An informal session has been set up with the Select Committee on 6 December to discuss this in further details with plans for a report to Cabinet in January 2020.
9. **Staff training:**  
LAS training (module 1) complete, safeguarding training complete and Care Act training to be completed by the end of December. Ongoing work will be needed to embed the strength-based approach.
10. **Staff relocation:**  
A central duty team has been established to manage referrals. This service went live on 11 November 2019.
11. The schedule for the staff moves is as follows:
  - Phase 1:** Surrey Heath, Guildford and Waverley – staff moved on 11 November
  - Phase 2:** Tandridge, Woking, Elmbridge – week commencing 18 November
  - Phase 3:** Runnymede, Reigate and Epsom – week commencing 25 November
  - Phase 4:** Spelthorne, Mole Valley – 02 December (to be confirmed)
12. **Communications:**

- Letters to primary care colleagues have been distributed via the CCG.
- Joint (SABP and SCC) communications pack has been prepared including letter to service users/carers and guidance to staff about having conversations with people. Meetings with service users have taken place.
- The referral pathway has been circulated to wider ASC Locality and Surrey and Borders Partnership (SABP) colleagues.
- Engagement with the Independent Mental Health Networks.

13. **Governance:**

The Section 75 Steering Group will continue with any legal framework that may be required for continued aspects of joint working. This may take the form of the development of a Memorandum of Understanding between SABP and SCC.

**Raising awareness of the flu vaccination programme**

14. I was vaccinated against the flu this winter in support of the campaign to raise awareness of the flu vaccination programme and highlight that some groups, such as pregnant women and people with an underlying health condition, are eligible to receive the jab for free. I visited a Surrey community pharmacy to get the jab. I spoke on camera before and afterwards with the aim of demystifying the experience (and was open about my nervousness of injections!) The video was shared widely online and on social media, including by our health partners. It feeds into wider winter preparedness work which aims to support people to stay well this winter.

Links to the video are below:

Surrey News:

<https://news.surreycc.gov.uk/2019/11/05/video-cabinet-member-urges-surrey-residents-to-get-a-flu-jab-this-winter/>

Surrey Matters Twitter:

[https://twitter.com/Surrey\\_Matters/status/1191680319612760072](https://twitter.com/Surrey_Matters/status/1191680319612760072)

**Surrey Public Health Peer Challenge**

15. A Local Government Association-led Peer Challenge Team has been invited to conduct a review of the Surrey Public Health team and the wider health and care system between 19-21 November. An external team of trained peers from across local government and health are meeting with key officers, elected members and other system leaders across local government, health and other partners, to examine the opportunities and challenges that the local system is facing. The Peer Team will deliver their findings and recommendations at a Feedback Session at 2pm-3pm on 21 November, and Public Health will lead on implementing the recommendations thereafter.

**Outcome of procurement for healthy weight service**

16. Active Surrey in partnership with Central Community Health and University of Surrey have been awarded the Family Healthy Weight Contract. The service will launch at the end of January 2020. It will focus on families from priority groups, such as families on low incomes, those living in the most deprived areas and children with a disability. To increase access to these families, the service will work closely with the new 21 Family Centres in Surrey.

**New look for Healthy Surrey – [www.healthysurrey.org.uk](http://www.healthysurrey.org.uk)**

17. Healthy Surrey has been reviewed and updated to make it more useful and accessible for both residents and professionals in enabling prevention and self-care within Surrey. This has resulted in the site getting a new look and feel, including new tools to help users navigate the site to direct information of local services and self-care. It has also enabled an easy access route for professionals to refer patients and clients to specific services for example Child and Adolescent Mental Health Services (CAMHS) and Surrey's stop smoking service. There will be specific communications following the formal re-launch of the website happening over online and offline resources in the New Year.

**Physical Activity Strategy**

18. Led by [Active Surrey](#), consultation on Surrey's new Physical Activity Strategy will start in January 2020 with a series of thematic events focussing on priority areas of Surrey's Health and Wellbeing Strategy (similar to the Active Ageing Summit held in June) and will focus on how whole systems can work together. For each event Active Surrey will partner with a relevant key agency and use leading deliverers to showcase best practice work to start conversations about what more can be done. A wrap-up event in July will then bring all discussions together to explore findings and inform final objectives of the strategy, due to be published in October.

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| <b>Transformation Programme Update</b> |
|--|

19. The Adult Social Care transformation programmes are generally on track with no major issues for escalation. The Committee will be provided with more details on each of the programmes as part of a separate transformation agenda item.
20. *Accommodation with Care and Support* – Cabinet approved recommendations in the extra care housing report on 29 October. Work will now begin with our joint venture partner to progress the development of two selected sites. Separate work will commence to prepare the tender for the remaining site. We are in the process of agreeing the funding allocation with the Transformation Support Unit for dedicated project resources. Property Services continue the review of SCC assets for use for specialist accommodation.
21. *Adult Social Care Practice Improvement* – Social Care Institute for Excellence (SCIE) are supporting the development of a more

inclusive reablement offer. A plan has been developed to focus on the short-term operational needs of the Learning Disabilities and Autism Service. Members are aware that Mental Health staff and services transferred from SABP to SCC from 11 November onwards.

22. *Adult Social Care Market Management* – Market position statements are underway. Inflationary uplift panel backlog is being cleared and decisions are being made in relation to Learning Disabilities providers. The Central placements team project has been set up and residential block contract utilisation data is being published.

#### **Budget Update**

23. As at the end of September 2019, a balanced budget outturn was forecast for Adult Social Care in 2019/20. There remains a significant pressure in relation to expenditure on care packages. Net care package expenditure commitments were £8.7m higher than the 2019/20 budget. Although the plan remains to continue to reduce care package expenditure in the remainder of the year, it is recognised that it will now be very challenging to achieve all of the care package savings originally budgeted by the end of the financial year. However, it is still anticipated that a balanced budget can be achieved by use of alternative measures to compensate for any slippage against care package savings including staffing underspends, additional income and management of inflationary pressures. Although confidence remains high that a balanced budget can be achieved for 2019/20, the pressures relating to higher than budgeted care package expenditure make the delivery of next year's 2020/21 budget much more challenging.
24. A balanced budget was also forecast for Public Health. As at the end of September, all 2019/20 savings plans we either achieved or are on track to be achieved.

#### **Conclusions:**

25. A vast amount of work is being undertaken within the Cabinet Member portfolio to support the ambitions within the Community Vision 2030.

#### **Recommendations:**

- The Select Committee reviews the information contained in this update and offers feedback to the Cabinet Member.
- The Select Committee considers where it may add value to the Cabinet Member's work through scrutiny, and scopes topics as required.

#### **Next steps:**

The Cabinet Member to return with a further update at the next formal meeting of the Select Committee.

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# ADULTS AND HEALTH SELECT COMMITTEE

## 4 December 2019

### ASC TRANSFORMATION UPDATE

**Purpose of report:** To provide an update on the progress of the Adult Social Care transformation programmes. The report sets out a summary of achievements in the last month and the Q2 performance against the Directorate's key performance indicators. It also includes a number of case studies which illustrate the changes underway.

#### Background

1. Since the LGA peer review in summer 2018, the Adults Leadership Team (ALT) has been implementing an ambitious transformation programme, supported by the Social Care Institute for Excellence (SCIE) as our improvement partner. The key themes which underpin our transformation are:
  - 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.
  - A shift away from institutionalised models of care for all but those people with the most complex needs.
  - 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.
  - Enhancing prevention and early intervention, including a review of the current reablement service model and offer.
  - Improving operational performance, including care package reviews.
  - 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.
  - Improving market management and strategic commissioning.
  - Devoting sufficient resources to driving the transformation and change agenda at pace.
  - Ensuring finance and performance information is better linked to help drive performance improvement and future service planning.

#### Long-term strategic goals

2. ASC transformation programmes were set up in April 2018 as part of the Council's transformation programme and built upon change already underway in the Directorate. The long-term strategic aims of each programme are set out in the table below. There are significant interdependencies between these programmes and in practice they are part of a single ASC change programme.

#### Accommodation with Care & Support

- 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.

|                             |  |
|-----------------------------|--|
|                             | <ul style="list-style-type: none"> <li>• 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.</li> <li>• Stimulate and manage the mental health/substance misuse supported living market by implementing a dynamic purchasing system.</li> <li>• Ensure provision of specialist residential and nursing care beds across the county to meet the population demand for 2028.</li> </ul>   |
| <b>Practice Improvement</b> | <ul style="list-style-type: none"> <li>• Embed a strengths-based approach that supports people to live independent and fulfilling lives.</li> <li>• Review care and support packages in a timely way to ensure they are appropriate and proportionate to meeting needs and outcomes of residents.</li> <li>• Review our reablement offer to support recovery and maintain or increase people's independence.</li> <li>• Embed a specialist Learning Disabilities and Autism team to increase the number of people living independently.</li> <li>• Implement a new service model for Mental Health, following the termination of the S75 agreement with Surrey and Border Partnership NHS Foundation Trust.</li> <li>• Increase technology-enabled care to maximise independence.</li> <li>• Enable our workforce to be more mobile and our residents to access on-line support.</li> <li>• Review our organisational structure and accountabilities.</li> <li>• Make Direct Payments our preferred offer to increase choice and control for residents.</li> </ul> |
| <b>Market Management</b>    | <ul style="list-style-type: none"> <li>• Introduce new centralised processes, governance and decision-making accountabilities and authorities.</li> <li>• Embed a new structure and organisation of commissioning roles including a new central placements team.</li> <li>• Refresh the Adult Social Care Commissioning Strategy.</li> <li>• Undertaken market intelligence and benchmarking.</li> <li>• Revise Market Positioning Statements.</li> <li>• Undertaken stakeholder management and communications planning.</li> <li>• Revise contracts with suppliers.</li> </ul>  |

**Progress and forward focus**

3. The following table provides a headline summary of progress in the last month and an overall RAG status for each of the transformation programmes. A member of the ALT is the Accountable Executive (AE) for each programme and progress is reviewed each month by ALT.

|  | <b>Project headlines</b>  | <b>RAG</b> |
|--|---|------------|
| <b>Practice Improvement</b><br><b>AE - Liz Uliasz</b>                  | Social Care Institute for Excellence (SCIE) are supporting the development of a more inclusive reablement offer. A plan has been developed to focus on the short-term operational needs of the Learning Disabilities and Autism Service. Mental Health staff and services are planned to transfer from Surrey and Borders Partnership (SABP) to SCC from 11 November onwards.   | AMBER      |
| <b>Accommodation with Care &amp; Support</b><br><b>AE - Mike Boyle</b> | Cabinet approved recommendations in the extra care housing report on 29 October. Work will now begin with our joint venture partner to progress the development of two selected sites. Separate work will commence to prepare the tender for the remaining site. We are in the process of agreeing the funding allocation with the SCC Transformation Support Unit for dedicated project resources. Property Services continue the review of SCC assets for use for specialist accommodation. | AMBER      |
| <b>Market Management</b><br><b>AE - Mike Boyle</b>                     | Market position statements are underway. Inflationary uplift panel backlog is being cleared and decision made in relation to LD providers. Central placements team project has been set up. Residential block contract utilisation data is being published.   | AMBER      |

## Monitoring performance

4. ALT has agreed a basket of key performance indicators which monitor operational and financial progress across the ASC transformation programme. Performance at the end of Q2 is summarised below and has also been shared with CLT. These indicators are already, or will shortly be, available in tableau providing managers with easy access to performance information to inform their decision making.

| People | Indicator  | 2019/20 Full year target | Latest Result<br>(available at Q2 19/20) | Latest Target<br>(available at Q2 19/20) | RAG   | Previous Result            | Latest vs Previous result | Result this time last year | Latest vs this time last year |
|--------|--|--------------------------|--|--|-------|----------------------------|---------------------------|----------------------------|-------------------------------|
|        | ASC 01 The % of new contacts that progress to a social care assessment                                       | 30%                      | <b>31.8%</b><br>(June 19)                | <b>34.5%</b><br>(Q2)                     | Green | <b>36.1%</b><br>(Mar 19)   | ✓                         | New                        | New                           |
|        | ASC 02 The % of care packages reviewed or assessed within the last 12 months                                 | 75%                      | <b>68.8%</b><br>(Sept 19)                | <b>72%</b><br>(Q2)                       | Red   | <b>69%</b><br>(Jun 19)     | ✗                         | New                        | New                           |
|        | ASC 03a The total number of people with a funded package of care [Older People]                              | 6,208                    | <b>6,358</b><br>(Sept 19)                | <b>6,287</b><br>(Q2)                     | Red   | <b>6,338</b><br>(Jun 19)   | ✗                         | New                        | New                           |
|        | ASC 03b The total number of people with a funded package of care [Learning Disabilities – excl. transition]  | 3,104                    | <b>3,087</b><br>(Sept 19)                | <b>3,104</b><br>(Q2)                     | Green | <b>3,100</b><br>(Jun 19)   | ✓                         | New                        | New                           |
|        | ASC 04 The total number of adults with a learning disability (excl transition) in residential & nursing care | 965                      | <b>1,052</b><br>(Sept 19)                | <b>1,018</b><br>(Q2)                     | Amber | <b>1,077</b><br>(Jun 19)   | ✓                         | New                        | New                           |
|        | ASC 05 Full year spot care package commitments   | £401.9m                  | <b>£412.8m</b><br>(Sept 19)              | <b>£407.9m</b><br>(Q2)                   | Red   | <b>£409.0m</b><br>(Jun 19) | ✗                         | New                        | New                           |
|        | ASC 06 Delayed Transfers of Care (DTOC) figures and rate – delays due to ASC and joint ASC and health delays | 2.8                      | <b>2.1</b><br>(Jul 19)                   | <b>2.8</b><br>(Q2)                       | Green | <b>2.5</b><br>(Apr 19)     | ✓                         | <b>2.3</b><br>(Jul 18)     | ✓                             |
|        | ASC 07 - % of people in the community purchase their services with a direct payment                          | 30%                      | <b>26.9%</b><br>(Sept 19)                | <b>27.4%</b><br>(Q2)                     | Amber | <b>25.2%</b><br>(Jun 19)   | ✓                         | New                        | New                           |

## Case studies

5. The following case studies illustrate some of the ways in which the ASC transformation programme is reshaping our services to make a difference to people's lives whilst also delivering savings.
6. A couple of the case studies demonstrate our strengths-based approach in action. This is all about focusing on what is most important to people, recognising their strengths, helping them to stay connected to their communities, providing short-term help, only assessing for the long term when someone is at their best and always actively promoting independence.
7. Our commitment to building stronger, more resilient communities is demonstrated in the Sheerwater case study. 'We Are Surrey' illustrates how the Council is facilitating 'social value' initiatives from Surrey businesses. These initiatives support local communities and the voluntary, community and faith sector through staff activities, resources, policies, practices and fundraising donations, etc and have a positive impact on people and places within local communities.

## Case Study 1 – Strengths-based practice

An elderly gentleman was rehoused to a two-bed ground floor flat in Surrey. He was overweight, socially isolated, had poor mobility, was unable to transfer and consequently was low in mood. He was dependent upon his wife for most aspects of daily life and she in turn was exhausted.

He told the occupational therapist that he had become a prisoner in his own home, he was embarrassed about his weight and the community was not accessible to him due to his poor mobility. He shared that he used to be an engineer and a musician but now stayed indoors. He said that he felt lonely and trapped, depressed about his inability to do things for himself and frustrated by his dependence on others.

A conversational approach allowed the occupational therapist to establish what was really important to this gentleman. She explored his goals and aspirations and how his own strengths and those of his support network might best be used to help him achieve these goals.

She then explored and engaged with partner organisations such as the health service, local charities and district and borough to arrange:

- Charitable funding for a profile bed and kitchen appliances provided.
- Health services provided a wheelchair, weight management programme and hand therapy (allowing him to play the piano again)
- A medication review and change to his medication by the GP has stabilised his mood.
- Adaptations allow him to shower independently, open the front door electronically and operate lights and fans.
- He can access the community in his wheelchair and now attends a war veterans' social group
- The strain on his wife and their relationship has eased

He is not reliant on statutory services, is no longer isolated, has a greater level of independence and has hopes for his future. There is no cost to SCC other than the time of the professional involved.



## Case Study 2 – Community and prevention

- Sheerwater, Woking was created when populations were moved out of London.
- Part of the area is in the top 20% of most deprived areas in the UK with a large Black and Minority Ethnic (BME) community
- Long-term association with social issues from low aspirations, unemployment, anti-social behaviour, health inequality
- Planned regeneration of the area for a number of years – but has led to further decline as residents move out, businesses close and infrastructure is not updated while they wait for the regeneration to begin – and they are still waiting over 5 years later.
- We worked with residents to find out what mattered to them – the main issue for residents was how the area looked – they felt it was neglected, uninspiring, and encouraged the poor social behaviours.
- Helped them set up ‘Sheerwater Together’ – a community action group focused on addressing the local issues that mattered to them. They chose the name because it was about holding together a community in the midst of change. Agreed the focus on making Sheerwater somewhere they were proud to live.
- Sheerwater Together organised:
  - Community litter picks to tidy up the area
  - Bulb planting sponsored by the Rotary Club to brighten up the area and stop vans parking on the grass
  - A community garden designed in partnership with RHS Wisley to provide a communal project, place to grow and share food.
  - Their own street party
  - A community Christmas tree and lights switch on with carols
- ASC Communities team helped Sheerwater Together secure £50k in funding from People’s Health Trust to employ their own community worker and organise more things in the community.



### Case Study 3 – Strengths-based practice



The Epsom and Ewell Veterans Community Hub welcomed 38 service veterans and their families to commemorate remembrance with a collection of war-time songs.

The event which was held in the lead up to Remembrance Day, was an opportunity for service personnel veterans to connect with other like-minded people in the community. The Epsom and Ewell Social Care Development Co-ordinator organised the event and worked with other organisations including Laine Theatre Arts students who volunteered to sing wartime songs to the veterans and the Royal British Legion, while Sainsbury's sponsored the food for the event.

This is a positive example of our strengths-based approach, which enables people to access a range of support they need to live and age well. This support can come from friends, family, community groups and voluntary groups.

The hub is one of several around Surrey aimed at expanding support for former servicemen and women, both young and old. As well as offering practical advice, the hubs foster friendships and help ensure veterans get the support they need.

## Case Study 4 – We Are Surrey

We Are Surrey is a key part of the Council's broader work on social value. It aims to draw in additional support from businesses for the voluntary sector, influence employers to promote the health and wellbeing of their employees and collaborate on new opportunities to make Surrey communities great places to be. Through SCC contracting activities more than £3m has been secured in social value. Businesses across Surrey have been contributing social value to their communities in a variety of ways. Some examples include:

- Kier Highways - S-Skills for Highways engages candidates not in education, employment or training (NEETs) or those with special educational needs, to carry out basic highway works in the community. To date 89 candidates have attended S-Skills in 7 Cohorts, undertaking over 9,600 hours of paid work. 12 full time Kier Apprenticeships have been offered, 10 candidates have full time jobs and 10 candidates have returned to education.
- Yorkshire Building Society Oxted - Supported Oxted to become an accredited Dementia Friendly Community. They gave staff time to raise awareness and encourage other local businesses to become more dementia friendly. They trained their staff as Dementia Champions with the Alzheimer's Society and ran 'Dementia Friends' sessions for other businesses' staff and local residents.
- Nandos Epsom - supported homeless people in Epsom and Ewell by providing meal vouchers which were distributed by ASC, Citizens Advice and the local Food Bank. They sponsored an intergenerational project supporting local people who are socially isolated.
- Co-op Merstham – supported their local foodbank and community fridge with daily donations of fresh food to supplement the tinned and dried goods.
- Ebbisham Sports Club Epsom - Supported Age Concern Epsom and Ewell as their 'charity of the year'. Fundraised, gave employee volunteer time, hosted events, provided refreshments and donated raffle prizes. Hosted free sports events to support older people into physical activity and to reduce social isolation.
- Playle and Partners LLP - Supported Ashford Park School in Staines by providing free of charge advice on contractor due diligence, including making visits to the site.
- White Stuff – Raised funds for local mental health charity, provided employee volunteers to support the annual Christmas dinner for people with mental ill health, hosted events on mental health within their retail space to promote mental wellbeing and reducing the stigma of mental health through their staff and customers.



## Case Study 5 – Building great homes for local people with learning disabilities

Active Prospects was delighted to hold a celebratory event on 11 November for the official opening of 9 new homes in Redhill, supporting those with learning disabilities and/or autism.

Maria Mills, CEO Active Prospects, said “We are extremely proud of this project as this is our first new-build service, built specifically for local people moving into their first long-term homes. It has been fantastic to make this happen through a successful partnership working with the NHS and Surrey County Council. To see everyone move into their new homes is a great achievement and we recognise that it is so important to have homes that you are proud of.”

Residents, who have autism and/or learning disabilities, now have their own front door and own flat for life, something that some people have never had before. A resident of the new service said, “It’s very nice and I like helping with the gardening.”

The new, modern supported housing development in Redhill has been specifically designed and built with the latest advances in inclusive building design and assistive technology that facilitate independent living.

The new service in Redhill demonstrates excellent partnership working. The Department of Health and Social Care allowed the sale of a redundant care home, providing NHS England with the Capital to work with Active Prospects to transform the site in Redhill. Working closely with Surrey County Council and Health Colleagues from Surrey’s Clinical Care Groups, Active Prospects was able to identify and successfully transition people, many of whom have been previously been in long-term hospital environments.

This is the first purpose-built new property development for Active Prospects with the homes designed by AHP Architects and was built from the ground up by local building contractor Marpaul Southern Limited.



**Conclusions:**

8. The ASC transformation programmes are making steady progress towards delivering transformational change.

**Recommendations:**

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

**Next steps:**

10. Key milestones for the next 2-3 months have been agreed for each of the programmes.

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**Sources/background papers:**

- Adult Social Care Bespoke Peer Review, September 2018
- CLT Performance Report – Q2 2019/20

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**ADULTS AND HEALTH SELECT COMMITTEE**  
**4 December 2019**  
**SOUTH EAST COAST AMBULANCE SERVICE UPDATE**

**Purpose of report:** This report updates the committee on the South East Coast Ambulance Service, with special focus on changes since the last report of 8 March, especially in the areas of performance, the recent Care Quality Commission (CQC) report, executive leadership development and other strategic operational updates, or local performance and development initiatives of interest for Surrey.

**Introduction**

**Operational Overview of SECAMB**

1. On 15 August 2019, the CQC published their most recent report on the Trust, following their inspections in June and July. This saw the Trust receive an overall rating of 'Good', with Urgent & Emergency Care rated as 'Outstanding' overall, including 'Outstanding' for Caring. Each of the CQC domain areas were rated as 'Good' individually and our NHS 111 service was also rated as 'Good'.
2. Following the recommendation made by the CQC, we were subsequently informed by NHS Improvement that they had also decided to take the Trust out of Special Measures.
3. Following the NHS England commissioned review of urgent and emergency care in 2013 and the Sheffield University study into ambulance responses in 2015, the subsequent Ambulance Response Programme<sup>1</sup> (ARP), went live at SECAMB on 22 November 2017. A reminder of the ARP performance categories is shown in **Annex 1**. A subsequent national update to Health Care Professionals/Inter-Facility Transfers (HCP/IFT) has been implemented in SECAMB from 4 September 2019 to bring these responses mechanisms in-line with the wider ARP programme, and to promote appropriateness of response to request. In the first month to 6 October, as anticipated and in-line with peers, this has shown to adversely impact Category 1 response times by 14 seconds, whilst increasing Category 2 performance by 19 seconds, due to IFT 2 level transfers.
4. SECAMB is commissioned to deliver to national ARP targets at a Trust-wide level only, as a CCG level adherence would have required a substantial increase in investment to meet population and geographical demographics. Since ARP implementation, SECAMB has performed close to the national average for Category 1, and significantly better than average for Category 2. Category 3 and Category 4 responses remain challenging as resources available are prioritised to the sickest calls, although responses improved in all categories versus the prior report December 2018 (**Annex 2**,

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<sup>1</sup> <https://www.england.nhs.uk/urgent-emergency-care/arp/>

**Table 2a, 2b)** and of specific mention is the Category 3 performance, which has improved by 51 minutes versus the national average. Ongoing recruitment for frontline and EOC staff will bring about improvements.

5. The first step in our recovery is taken with performance improving at a Trust-wide level; we are progressing well but have a significant way still to go. Despite adhering to Demand & Capacity recommendations following the published report in August 2017, some areas of performance remain challenging. Workforce recruitment is going well and we are focusing upon initiatives that encourage 'home-grown', trained staff.
6. We are delighted to share the news that on 7 August 2019, it was announced that our bid to provide the NHS 111 and Clinical Assessment Service (CAS) across Sussex, Kent and Medway from April 2020 was successful. Care UK was awarded the Surrey contract from April 2019.

### **Executive Leadership Development**

7. On 1 September 2019, Philip Astle joined the SECAmb Team as Chief Executive Officer, replacing Dr Fionna Moore, who had acted as CEO on an interim basis since the departure of Daren Mochrie 1 April 2019.
8. Prior to joining South Central Ambulance Service in 2016 as Chief Operating Officer, Philip enjoyed a successful career in the British Army including a lead role as a strategist and planner for operations in Afghanistan, and his final role as Chief Operating Officer of the Army Training and Recruiting Agency.
9. Since retiring from the Army, Philip held a number of senior operational and leadership roles in both the public and private sectors. These have included director roles in Border Force, on the London 2012 Olympics, as Chief Operating Officer of Her Majesty's Passport Office and, most recently, Vice President of Menzies Aviation plc.
10. With Dr. Fionna Moore moving back into the post of Medical Director, the executive team will shortly be complete with the recently appointed new Director of HR & Organisational Development, Ali Mohammed, joining at the end of January 2020. Ali has worked previously at a number of large NHS Trusts, including Barts and Great Ormond Street. Our interim Director Paul Renshaw will remain with the Trust until Ali joins.
11. In recent weeks, Philip has been getting to know the geography, the key players and making an assessment of SECAmb's key strengths, areas of risk and opportunities.
12. The immediate priorities he has identified are:
  - Sustaining and improving our response time performance – especially our Category 3 and 4 response times
  - Managing the impact of EU Exit on SECAmb
  - NHS 111
    - Managing the end of the interim NHS 111 contract

- Delivering the new NHS 111/CAS contract from April 2020
- HR delivery
- Recruitment and training

13. Moving forward, key focus areas identified are:

- Building on recent success
- Maintaining momentum of improvement and building on progress already made
- Tackling areas where we know we need to improve
- Pushing towards achieving an Outstanding CQC rating
- Making SECAMB a great place to work, where staff feel supported and safe
- Recruiting and retaining the right staff
- Building a compassionate culture of confidence and excellence

### **Executive Management Board (EMB)**

14. The Trust's Executive Management Board (EMB), which meets weekly, is a key part of the Trust's decision-making and governance process. As part of its weekly meeting, the EMB regularly considers quality, operational (999 and 111) and financial performance. It also regularly reviews the Trust's key strategic risks.

15. During recent weeks, the EMB has focused on a number of key issues, including:

- Closely monitoring the Trust's response time performance and delivery of the Performance Improvement Plan
- Overseeing the work underway to prepare for the new NHS 111/CAS contract

16. The latest meeting of the Resilience Committee took place on 28 August 2019. The key agenda item for discussion and consideration was planning for the UK's exit from the EU and the impact on SECAMB (see EU Exit paragraphs for further details).

### **SECAMB commissioning arrangements**

17. North West Surrey CCG acts as a lead commissioner for the 999 Emergency and Urgent Care Contract with SECAMB on behalf of Kent, Surrey and Sussex CCGs (22 in total). Governance of the contract is held across several key fora including the KMSS Executive Collaborative, 999 Joint Commissioner Forum, Contract Review Meeting and Clinical Quality Review Group meetings overseen by a regional System Assurance Meeting which links with regional NHS England/Improvement representation.

|  |
|--|
| <h3><b>Care Quality Commission Rating</b></h3> |
|--|

18. In November 2018 the CQC, following their inspections during July and August 2018, saw SECAMB rated as 'requires improvement' in recognition of the improvements that the Trust had made through its delivery plan of continuous improvement.

19. On 15 August 2019, the CQC published their most recent report on the Trust, following their inspections in June and July. This saw the Trust receive an overall rating of

‘Good’, with Urgent & Emergency Care rated as ‘Outstanding’ overall, including ‘Outstanding’ for Caring.

20. Each of the CQC domain areas – safe, effective, caring, responsive and well-led, were rated as ‘Good’ individually and our NHS 111 service was also rated as ‘Good’. It was also heartening to see many areas of good and outstanding practice within the Trust recognised by the CQC in their report.
21. Following the recommendation made by the CQC, we were subsequently informed by NHS Improvement that they had also decided to take the Trust out of Special Measures.
22. Across emergency and urgent care, several areas were highlighted as ‘Outstanding’, including work to reduce hospital handover times and improve services for mental health patients, with staff receiving particular praise. Inspectors also commended the introduction of Joint Response Units with police services, and the Trust’s Wellbeing Hub, which provides a range of resources to assist staff with their physical and mental health.
23. Throughout the report, the CQC spoke positively about several aspects of the Trust’s service including:
  - Staff treating patients with compassion and kindness, respecting their privacy and dignity and taking account of individual needs
  - A strong, visible, person-centred culture and the fact that staff were highly motivated
  - The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff
  - There were clear systems and processes to safely prescribe, administer, record and store medicines. Inspectors observed outstanding practice in the management of controlled drugs.
  - Staff were supported following traumatic experiences and events
  - Trust leaders, new to the organisation at the last inspection, had now embedded into their roles. The changes had had a positive impact on the organisation.
  - Staff told inspectors they felt respected, supported and valued. They were focused on the needs of patients receiving care.
  - The service promoted equality and diversity in daily work and provided opportunities for career development.
24. This positive report is testament to the huge amount of work that has been ongoing at SECAMB for the past couple of years and whilst the Trust is pleased that the CQC has evidenced such significant improvements, it is aware that there are areas where further work is required.
25. The Trust is working hard to improve its response times to less seriously ill and injured patients and is also committed to improving staffing levels across the region, including in its Emergency Operations Centres. Progress updates will be provided through subsequent Trust Board meetings.

## NHS 111/Clinical Assessment Service

26. On 7 August 2019, it was announced that our bid to provide the NHS 111 and Clinical Assessment Service (CAS) across Sussex, Kent and Medway from April 2020 was successful.
27. The contract, worth £18.1m in 2020/21, includes being able to issue prescriptions and have access over the phone to a wider range of Healthcare Professionals such as GPs, paramedics, nurses and pharmacists, who will be able to directly book people into urgent care appointments, if they need one. We will act as lead provider with Integrated Care 24 (IC24) working in partnership with us to deliver key elements of the new service.
28. A great deal of work is currently underway as part of the pre-mobilisation phase to ensure that the new service to be provided from next year will differ significantly from 111 services provided previously by SECamb.

## Operational Restructure

29. A key piece of work that has been on-going during recent months has been Phase One of the Operational Leadership restructure. This has seen the redesign of the senior leadership team structure, with the aim of strengthening governance, increasing resilience and introducing clearer accountability.
30. Following a robust assessment and interview process, the following appointments have been made, with a number of people already in post:
  - Emma Williams joined the Trust on 30 September as the Deputy Director of Operations
  - Mark Eley (Associate Director of Operations West), Tracy Stocker (Associate Director of Operations East) and Ian Shaw (Associate Director of Resilience) have all recently joined SECamb
  - John O'Sullivan (Associate Director for Contact Centres and Integrated Care), Chris Stamp (Head of Emergency Planning Resilience & Response) and James Pavey (Head of Production and Workforce Planning) all took on their new roles on 1 September 2019, whilst Andy Cashman is joining the Medical Directorate Leadership Team, on a temporary basis, to provide advice and support to the Clinical Education Team
31. Phase Two of the restructure, which will cover the remaining middle management layers, will commence in Spring 2020.

## Operational Performance

### Performance Overview

32. Our increased focus on EOC staff recruitment, retention and performance has resulted in significant improvement in our call answer times performance (**Annex 2 Table 2d**)

33. The focused work to improve our response to patients, especially to our less seriously ill and injured patients and to improve our 999 call answer performance, is continuing and is closely monitored on a daily basis by the Operational Leadership Team and by the Executive Team on a weekly basis.
34. During recent months, we have been supported in this by the NHS national performance team. As well as scrutiny of our own performance, the national team have also looked closely at regional system issues, particularly hospital handover delays.
35. As part of our improvement work, we have established an Operational Strategic Hub based alongside the EOC, which has allowed us to tightly manage day-to-day operational pressures and the delivery of our Performance Improvement Plan, including:
- Taking a more proactive approach to planning the resources we need to match demand
  - Targeting overtime to when it is most needed
  - Ensuring we are making the most efficient use of the resources we have available, without impacting on the care we provide to patients, for example, by paying close attention to the number of vehicles we send to incidents
  - Working with our system partners to ensure we are working effectively together, including ensuring our staff can access support if needed from other healthcare professionals without significant delays
36. We are now seeing real improvements in our response time performance in all categories (**Annex 2, Table 2a and 2b**), especially in our Category 3 response which has improved by 51 minutes versus the national average. However, we still have a long way to go to hit all our performance targets consistently and we are not yet resilient enough to withstand peaks in demand, as we saw recently around the August Bank Holiday period.
37. Our ongoing focus in providing clinical expertise in our EOC to support 999 & 111 call outcomes has supported an improvement in our Hear & Treat % (H&T%) of incident outcomes. We are targeting further improvement with the introduction of new clinicians such as Mental Health nurses to support improved patient outcomes at time of 999 call, as well as supporting crews on scene for specialist clinical guidance when requested. This should result in increased H&T% and See and Treat % (S&T%) outcomes for patients. **Annex 2, Table 2c** illustrates the Trusts activity as better than the national average for S&T% by 1.6% and See and Convey percentage (S&C%) by 1.1%.
38. When comparing operational performance across Trusts, it is helpful to take a holistic view of response times (**Annex 2, Table 2a**) alongside Incident Outcomes (**Annex 2, Table 2c**). Whilst SECamb requires further improvement in C3 & C4 response times, the Trust is 5th out of 11 Ambulance Trusts for our S&T and S&C %, so the Trust is utilising resources effectively to keep the relevant patients in the community, either via treating more at scene and/or referring more into community pathways and conveying less to hospital emergency departments (EDs).

39. Our 111 performance is close to the national average; however, we still have areas of focus for improvement, such as a reduction in our 111 to 999 transfer rates. Please note this applies for the Sussex and Kent contract only, with other 111 providers operating in Surrey Heartlands and Frimley Health Integrated Care Systems (ICSs).

### 999 Performance

40. The variance in performance for SECAMB across the three counties (Kent, Surrey, Sussex) is minimal, although some individual CCGs with larger rural populations within the counties have an affected performance as expected. Since ARP implementation, SECAMB has performed close to the national average for Category 1 (C1), significantly better than average for Category 2 (C2), Category 3 (C3) and Category 4 (C4) responses remain challenging over the last performance period April 2019-September 2019 as illustrated in **Annex 2 Table 2a and 2b**. This represents an improving picture across all ARP categories versus the prior report period December 2018, with C3 reducing from 81 minutes to 32 minutes greater than the national average.
41. In September 2019, there was a particularly high level of abstractions due to key skills training and university course requirements, which resulted in reduced available resource hours provided. As an integral part of the improvement initiatives already outlined, and continuing to focus to increase response hours provided, we are placing a strong internal focus on improving efficiency metrics, particularly around incident cycle times, understanding and addressing local operating unit variation and reducing resource duplication.
42. Whilst we are working to deliver specialist response vehicles where needed to support system reconfiguration and address gaps in commissioning, the Trust must maintain a consistent approach to retain resource for commissioned 999 activity. As a result, any response models requiring incremental resource versus the current 999 response model must be evaluated on a case-by-case scenario.
43. Surrey County comprises of five clinical commissioning groups (CCGs) and two Integrated Care Systems, Surrey Heartlands and Frimley Health. **Annex 2 Table 2e** illustrates the ARP Performance Dashboard for April-September 2019 delivered by the three main dispatch desks Guildford, Chertsey and Redhill serving the County.
44. Surrey County is receiving improved response times across most ARP categories versus Trust-wide commissioned performance, achieving 90th centile for C1, C1T and C2 performance. Focus on C3 & C4 response times continues, especially where we are not hitting performance improvement targets as expected and rural areas are more challenged in this respect.
45. SECAMB is commissioned at a Trust level to deliver to ARP targets and is also working with commissioners in 2019, to further understand and address rural response times collaboratively. Baseline data has been established for quarter 1 and is subsequently provided by the County for quarter 2 and attached in **Annex 5**. In order to fully address

local rural ARP performance urgent care teams, wider systems and communities must work together to resolve issues.

46. Incident outcomes are in-line with Trust-wide performance and through development of a new Urgent Care Hub, to be set up locally across the Guildford/Chertsey Dispatch desks during this Winter, we expect to achieve further improvement. The Urgent Care Hub will provide localised 24/7 clinical support via our specialist paramedic workforce, to further improve C3 & C4 S&T% and maximise referrals to community pathways for Falls & Frailty. Referrals will be made 24/7, in spite of some restrictions to the availability of overnight responsive services. We are also working closely with our community services providers to maximise the local urgent care pathways usage.
47. The impact of this initiative will reduce unnecessary conveyance into Emergency Departments and provide improved outcomes and care for patients in the community. This initiative will be ahead of the NHS Long-Term Plan Urgent Emergency Care deliverable for the 111/CAS to enable clinical referrals and direct booking into alternate community pathways 24/7 and will further develop the case for change and community service investment over time.

### **Workforce Update**

48. In Surrey, there has been a significant increase in staff and vehicles, which will continue into 2020/21. This extra resource, the protected targeted dispatch model and the creation of Urgent Care Hubs during Winter 2019/20, will support increasing our 'See and Treat' %, increasing referrals into community care pathways, and reduce the time to respond to lower acuity C3 & C4 incidents.
49. **Annex 3 Table 3a** illustrates the September 2019 Trust-wide against the Workforce plan, derived from the Demand and Capacity Review. Workforce recruitment is going well, and we are focusing upon initiatives that encourage 'home-grown', trained staff, whilst the Trust is still working towards recommendations from the D&C review.
50. The Trust has made good progress on its frontline recruitment plans and it is especially positive to see that we have over 120 external NQPs joining the Trust in addition to the 73 internal graduates, meaning that from January 2020, we will have these additional resources available as part of our operational delivery hours to aid our work to achieve ARP targets.
51. The challenge remains to retain our paramedic workforce, in light of the Primary Care Network (PCN) developments. We are commencing work across Integrated Care System (ICS) footprints and in partnership with PCNs to determine requirement and reach a solution to enable shared rotational workforce modelling across the system.
52. The ECSW deficit is a planned position since we intend to now focus on AAP/trainee paramedic and experienced paramedic recruitment for Q4 and into 2020/21. The Trust and Commissioners will be reviewing our frontline clinical recruitment plans during November via a workshop facilitated by Deloitte to ensure we have a strategy that gives the best opportunity to reach required performance standards.

53. We are still experiencing low retention rates within EOC and 111 and therefore we are reviewing recruitment and retention practices during November with the aim to pilot new approaches during Q4.
54. The Trust previously became aware of concerns regarding Bullying & Harassment from several sources such as staff surveys and union feedback. An independent review was commissioned by the Trust from Professor Duncan Lewis and a number of recommendations were made to improve the Trust culture.
55. As a result of the Duncan Lewis report we have:
- Invested in a behaviour and values toolkit for all staff.
  - Invested in the Freedom to Speak Up role and ensured that advocates are available across the Trust to support staff to raise issues.
  - Embedded our values and expected behaviours into every aspect of the Trust from training to the recruitment process.
  - Invested in new ways to communicate to staff, such as the infographics produced to illustrate Staff Survey responses.
56. In addition, our new frontline leadership development programme is being launched in Q4 and is expected to cover over 200 first line managers during 2020/21. The programme is aimed at developing managerial and leadership skills.

### **Hospital Handover Delays**

57. A dedicated Programme Director is leading a system-wide programme of work to reduce hours lost at hospital sites due to ambulance handover delays. The programme covers 12 acute hospitals over 18 sites. A steering group is in place and is chaired by the CEO of Ashford and St Peters Hospital. Membership includes NHSE/I, lead commissioners, CCGs, two acute hospital Chief Operating Officers, SECamb and a national Emergency Care Intensive Support Team (ECIST) advisor.
58. Hours lost > 30-minute turnaround across Surrey, Sussex and Kent is illustrated in **Annex 4 Table 4a**. Across the Trust in the last financial year there was a:
- 12,000 (17%) reduction in hours lost compared to the previous year.
  - 34% reduction in the numbers of patients who waited over 60 minutes for a handover and a 17% reduction in the numbers of patients who waited between 30 and 60 minutes for a handover.
59. This achievement was celebrated and good practice was shared at a regional event held at Gatwick in May 2019. Both Royal Surrey County Hospital and East Surrey Hospital were featured in a video produced for the event outlining how the hospitals and SECamb had worked together collaboratively to reduce handover delays through the use of a dedicated ambulance nurse, Fit2sit and the adoption of a lean methodology to streamline processes.

60. In Surrey, there were 7,767 handover hours lost for the period April-October 2019, an average of 1,109 hours per month, which equates to 50 DCA 10 hours shifts. In comparison to Kent and Sussex for the same period, Surrey hospitals represent 23% of the total lost hours and have improved +6% vs 2018 and +29% vs 2017, illustrating the positive joint handover programme progress made jointly with Surrey hospitals.
61. Joint operational meetings (SECAMB and hospitals) supported by the CCG are in place within most hospitals. Progress against trajectories is reviewed and action plans are monitored. Most recently Ashford and St Peters have showed a marked improvement, and this is illustrated in **Annex 4 Table 4c** in the hours lost per journey comparison by hospital.
62. Although good progress has been made at some hospital sites, ambulance handover delays continue to be a problem, particularly with regards to managing surges in demand and when patient flow across hospital sites is reduced. The challenge is maintaining improvements that have been made, when faced with increasing demand. We are working together with hospitals to ensure early warning triggers are in place and associated actions are taken when ambulances start to queue. This includes hospitals now having access to live and retrospective data which enables greater visibility of conveyance trends in terms of time of arrivals, peak surges and delays.
63. Live front door conveyance reviews continue to be undertaken to ensure that available community pathways are being optimised by crews and to identify opportunities for new pathways. These include direct conveyances to non-ED destinations, for example Same Day Emergency Care departments and Medical and Surgical Assessment Units. This reduces congestion in EDs, reduces handover delays caused by crowding, and provides better patient experience.

### **Cardiac and Stroke Pathways**

64. SECAMB's Cardiac and Stroke Ambulance Quality Indicators (AQIs) for timeliness of response are shown in **Annex 2, Table 2f**. The Trust's performance against the stroke diagnostic bundle has been above the national average most months and we continue to build on our success in improving care for STEMI (Acute ST-Elevation Myocardial Infarction) patients to bring our performance above the national average.
65. We consistently collaborate with our pPCI stakeholder partners to improve standards of care for patients, resulting in prompt and effective feedback mechanisms and quality improvement initiatives.
66. Over the last two years, we have focused on improving STEMI care during our statutory and mandatory annual training days, which has resulted in positive feedback from staff and a reduction of time on-scene for this group of time-critical patients. We will continue to actively support our staff in improving care for STEMI patients, for example, through providing ECG interpretation support via our specialist paramedics.
67. We are also working closely with our system partners involved in stroke reconfiguration in Kent, Sussex and Surrey both operationally and clinically. There is on-going work

developing a 'gold standard' clinical framework for pre-hospital stroke care, such as telemedicine and improved assessment training.

68. Since April 2018, the Trust has also delivered sustained improvements in the proportion of patients who have a ROSC (Return of Spontaneous Circulation) when they arrive at hospital. The Trust has also been highest performing in the country for the sepsis and post-ROSC care bundles and continues to perform well above the national average.

## Clinical Education

69. On 31 July and 1 August 2019, the Trust underwent a two-day Ofsted Monitoring Visit, looking specifically at our apprenticeship training provision. This report was published by Ofsted on their website on 29 August 2019.
70. The results of this visit unfortunately showed that the Trust had made 'insufficient progress' in two of the three areas inspected, specifically:
- How much progress have leaders made in ensuring that the provider is meeting all the requirements of successful apprenticeship provision?
  - What progress have leaders and managers made in ensuring that apprentices benefit from high quality training that leads to positive outcomes for apprentices?
71. These findings, together with the results of a subsequent Peer Review commissioned by the Trust, have clearly shown that we need to take immediate action to address the issues identified. It is important to emphasise, however that the quality of the teaching provided to our students, as well as the commitment of the teaching staff, has never been in doubt and was recognised as being of a very high standard, both by the Ofsted team and by our students.
72. The Trust agreed to undertake a planned, 6-week closure of our Clinical Education Department. During the closure, which began on 11 September 2019, the Executive Management Board (EMB) initiated a series of internal and external reviews in order to fully understand the issues and the rectification plans required. The temporary closure period was due to be for six weeks, but unfortunately there is still a great deal of work to be done.
73. In response, the Trust Board have implemented a Clinical Education Transformation Project. This Project is led by two executive directors, Dr Fionna Moore, Medical Director, and David Hammond, Finance Director. The project consists of two phases.
- The initial phase addresses a number of immediate issues, including clearing a backlog of marking, ensuring all students are able to progress to the roles that they have been trained for in a seamless and timely way, and aligning the Trust's Clinical Education function to the needs of the whole organisation. The aim is to have Phase 1 completed by the end of March 2020.
  - Phase 2 will look at the longer term and will ensure that we are structured, resourced and funded appropriately to deliver the needs of the organisation.

## EU Exit

74. As a Category 1 responder, we have been working closely and responsibly for some time with the NHS and other partners to ensure we plan ahead to minimise the impact of the UK's exit from the EU. This includes the impact on the Trust and our ability to provide a responsive service to our patients. Now that EU Exit has been postponed, the Trust remains alerted and has kept a Senior Responsible Officer available Monday-Friday, 09:00-17:00 throughout the extension period. We are also undertaking a rapid review to establish lessons learned.
75. As part of our planning, we had agreed mutual aid (for front-line ambulance staff & EOC staff) from the other English Ambulance Services, to provide us with additional resource and help us mitigate against the likely impacts of increased traffic congestion. We have a dedicated team in place to ensure that staff are properly inducted into SECAMB and supported during their time with us. The level of any potential support sought will be dependent on the impact on our region and will be in-line with our everyday escalation processes which protect our service to patients.
76. We take staff welfare extremely seriously and recognise how hard our staff work every day. We are regularly briefing staff and maintaining staff welfare, and this has been a major part of our planning in recent months.

## Conclusions:

77. SECAMB requests the Adults and Health Select Committee to note the:
- Recent CQC report, the improved rating and the Trusts 2022 ambition
  - Trust's improving Operational Performance and ongoing focus areas
  - Workforce update as a result of the Demand and Capacity review and investment
  - NHS 111 contract award for Sussex and Kent
  - Handover Programme progress and continued focus on working with our Acute Trusts partners to reduce handover delays, especially in times of escalation
  - EU Exit preparation update

## Recommendations:

78. To note the report provided and seek clarity where required.
79. To consider supporting SECAMB in the areas of resource retention such as:
- Handover Delays
  - Workforce retention, especially with regards to the paramedic resource and the PCN recruitment funding from April 2020

## Next steps:

80. To be identified as needed post-presentation.

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## ANNEXES

### Annex 1: ARP Performance Categories

| Category   | Types of Calls  | Response Standard   | Likely % of Workload             | Response Details  |
|--|---|---|----------------------------------|---|
| <b>Category 1</b><br>(Life-threatening event)                  | Previous Red 1 calls and some Red 2s including <ul style="list-style-type: none"> <li>• Cardiac Arrests</li> <li>• Choking</li> <li>• Unconscious</li> <li>• Continuous Fitting</li> <li>• Not alert after a fall or trauma</li> <li>• Allergic Reaction with breathing problems</li> </ul> | <b>7 Minute response</b><br>(mean response time)<br><br><b>15 Minutes 9 out of 10 times</b><br>(90 <sup>th</sup> Centile) | Approx. 100 Incidents a day (8%) | Response time measured with arrival of first emergency responder<br><br>Will be attended by single responder and ambulance crews          |
| <b>Category 2</b><br>(Emergency, potentially serious incident) | Previous Red 2 calls and some previous G2s including <ul style="list-style-type: none"> <li>• Stroke Patients</li> <li>• Fainting, Not Alert</li> <li>• Chest Pains</li> <li>• RTCs</li> <li>• Major Burns</li> <li>• Sepsis</li> </ul>   | <b>18 minute response</b><br>(mean response time)<br><br><b>40 minute response</b><br>(90 <sup>th</sup> centile)          | (48%)                            | Response time measured with arrival of transporting vehicle<br><br>(or first emergency responder if patient does not need to be conveyed) |
| <b>Category 3</b><br>(Urgent Problem)                          | <ul style="list-style-type: none"> <li>• Falls</li> <li>• Fainting Now Alert</li> <li>• Diabetic Problems</li> <li>• Isolated Limb Fractures</li> <li>• Abdominal Pain</li> </ul>   | <b>Maximum of 120 minutes</b><br><br>(120 minutes 90 <sup>th</sup> centile response time)                                 | (34%)                            | Response time measured with arrival of transporting vehicle   |
| <b>Category 4</b><br>(Less Urgent Problem)                     | <ul style="list-style-type: none"> <li>• Diarrhoea</li> <li>• Vomiting</li> <li>• Non traumatic back pain</li> </ul>  | <b>Maximum of 180 minutes</b><br><br>(180 minutes 90 <sup>th</sup> centile response time)                                 | (10%)                            | May be managed through hear and treat<br><br>Response time measured with arrival of transporting vehicle                                  |

## Annex 2: Operational Performance

Table 2a: National ARP Ambulance Quality Indicators (AQIs): Cat 1 and Cat 2 Response times  
September 2019

| C1      |                  | Mean     |
|---------|------------------|----------|
| England |                  | 00:07:15 |
| 1       | North East       | 00:06:39 |
| 2       | London           | 00:06:41 |
| 3       | Yorkshire        | 00:06:58 |
| 4       | West Midlands    | 00:07:00 |
| 5       | South Western    | 00:07:11 |
| 6       | South Central    | 00:07:15 |
| 7       | North West       | 00:07:24 |
| 8       | East Midlands    | 00:07:34 |
| 9       | South East Coast | 00:07:35 |
| 10      | East of England  | 00:07:55 |
| 11      | Isle of Wight    | 00:13:54 |

| C1      |                  | 90th     |
|---------|------------------|----------|
| England |                  | 00:12:44 |
| 1       | London           | 00:11:13 |
| 2       | North East       | 00:11:29 |
| 3       | Yorkshire        | 00:12:02 |
| 4       | West Midlands    | 00:12:11 |
| 5       | North West       | 00:12:27 |
| 6       | South Central    | 00:13:06 |
| 7       | South Western    | 00:13:20 |
| 8       | East Midlands    | 00:13:36 |
| 9       | South East Coast | 00:13:56 |
| 10      | East of England  | 00:14:30 |
| 11      | Isle of Wight    | 00:20:44 |

| C2      |                  | Mean     |
|---------|------------------|----------|
| England |                  | 00:22:22 |
| 1       | West Midlands    | 00:13:09 |
| 2       | Yorkshire        | 00:18:26 |
| 3       | London           | 00:18:27 |
| 4       | South Central    | 00:18:40 |
| 5       | South East Coast | 00:18:51 |
| 6       | North West       | 00:24:06 |
| 7       | Isle of Wight    | 00:27:06 |
| 8       | East of England  | 00:27:22 |
| 9       | East Midlands    | 00:28:34 |
| 10      | North East       | 00:29:49 |
| 11      | South Western    | 00:30:04 |

| C2      |                  | 90th     |
|---------|------------------|----------|
| England |                  | 00:45:41 |
| 1       | West Midlands    | 00:24:10 |
| 2       | South East Coast | 00:35:49 |
| 3       | London           | 00:37:09 |
| 4       | Yorkshire        | 00:37:32 |
| 5       | South Central    | 00:38:31 |
| 6       | North West       | 00:51:32 |
| 7       | East of England  | 00:56:32 |
| 8       | Isle of Wight    | 00:58:02 |
| 9       | East Midlands    | 00:58:37 |
| 10      | North East       | 01:01:39 |
| 11      | South Western    | 01:02:51 |

December 2018

| C1      |                  | Mean     |
|---------|------------------|----------|
| England |                  | 00:07:06 |
| 1       | London           | 00:06:17 |
| 2       | North East       | 00:06:29 |
| 3       | West Midlands    | 00:06:48 |
| 4       | South Western    | 00:06:49 |
| 5       | South Central    | 00:06:55 |
| 6       | Yorkshire        | 00:07:03 |
| 7       | East of England  | 00:07:31 |
| 8       | North West       | 00:07:41 |
| 9       | South East Coast | 00:07:44 |
| 10      | East Midlands    | 00:07:45 |
| 11      | Isle of Wight    | 00:09:40 |

| C1      |                  | 90th     |
|---------|------------------|----------|
| England |                  | 00:12:24 |
| 1       | London           | 00:10:29 |
| 2       | North East       | 00:11:17 |
| 3       | West Midlands    | 00:11:49 |
| 4       | Yorkshire        | 00:12:15 |
| 5       | South Western    | 00:12:18 |
| 6       | South Central    | 00:12:26 |
| 7       | North West       | 00:12:55 |
| 8       | East of England  | 00:13:42 |
| 9       | East Midlands    | 00:13:50 |
| 10      | South East Coast | 00:14:13 |
| 11      | Isle of Wight    | 00:18:34 |

| C2      |                  | Mean     |
|---------|------------------|----------|
| England |                  | 00:22:22 |
| 1       | West Midlands    | 00:12:29 |
| 2       | South Central    | 00:17:13 |
| 3       | Isle of Wight    | 00:18:22 |
| 4       | South East Coast | 00:20:24 |
| 5       | London           | 00:20:39 |
| 6       | Yorkshire        | 00:21:03 |
| 7       | East of England  | 00:22:34 |
| 8       | North West       | 00:24:52 |
| 9       | North East       | 00:26:35 |
| 10      | South Western    | 00:27:24 |
| 11      | East Midlands    | 00:31:20 |

| C2      |                  | 90th     |
|---------|------------------|----------|
| England |                  | 00:46:21 |
| 1       | West Midlands    | 00:22:57 |
| 2       | South Central    | 00:34:54 |
| 3       | Isle of Wight    | 00:36:37 |
| 4       | South East Coast | 00:38:59 |
| 5       | London           | 00:43:20 |
| 6       | Yorkshire        | 00:44:17 |
| 7       | East of England  | 00:46:13 |
| 8       | North West       | 00:53:44 |
| 9       | North East       | 00:54:50 |
| 10      | South Western    | 00:58:08 |
| 11      | East Midlands    | 01:06:31 |

**Table 2b: National ARP Ambulance Quality Indicators (AQIs) Cat 3 and Cat 4 Response times  
September 2019**

| C3      |                  | Mean            |
|---------|------------------|-----------------|
| England |                  | <b>01:09:03</b> |
| 1       | Yorkshire        | 00:40:18        |
| 2       | West Midlands    | 00:47:41        |
| 3       | London           | 00:55:56        |
| 4       | South Central    | 00:56:48        |
| 5       | North West       | 01:19:45        |
| 6       | Isle of Wight    | 01:20:11        |
| 7       | South Western    | 01:22:15        |
| 8       | East Midlands    | 01:24:06        |
| 9       | South East Coast | <b>01:26:21</b> |
| 10      | East of England  | 01:30:54        |
| 11      | North East       | 01:42:39        |

| C3      |                  | 90th            |
|---------|------------------|-----------------|
| England |                  | <b>02:44:15</b> |
| 1       | Yorkshire        | 01:33:37        |
| 2       | West Midlands    | 01:49:15        |
| 3       | South Central    | 02:13:42        |
| 4       | London           | 02:16:02        |
| 5       | North West       | 03:07:42        |
| 6       | Isle of Wight    | 03:09:18        |
| 7       | South Western    | 03:14:14        |
| 8       | South East Coast | <b>03:17:42</b> |
| 9       | East Midlands    | 03:29:12        |
| 10      | East of England  | 03:49:55        |
| 11      | North East       | 04:13:16        |

**December 2018**

| C3      |                  | Mean            |
|---------|------------------|-----------------|
| England |                  | <b>01:06:07</b> |
| 1       | West Midlands    | 00:36:15        |
| 2       | South Central    | 00:54:22        |
| 3       | Yorkshire        | 00:54:59        |
| 4       | London           | 01:00:25        |
| 5       | Isle of Wight    | 01:02:05        |
| 6       | East of England  | 01:06:25        |
| 7       | South Western    | 01:10:06        |
| 8       | North West       | 01:11:02        |
| 9       | East Midlands    | 01:31:53        |
| 10      | North East       | 01:40:55        |
| 11      | South East Coast | <b>01:42:37</b> |

| C3      |                  | 90th            |
|---------|------------------|-----------------|
| England |                  | <b>02:36:23</b> |
| 1       | West Midlands    | 01:23:00        |
| 2       | South Central    | 02:10:56        |
| 3       | Yorkshire        | 02:15:22        |
| 4       | Isle of Wight    | 02:22:50        |
| 5       | London           | 02:27:51        |
| 6       | East of England  | 02:38:35        |
| 7       | South Western    | 02:43:07        |
| 8       | North West       | 02:50:33        |
| 9       | East Midlands    | 03:39:09        |
| 10      | North East       | 03:53:19        |
| 11      | South East Coast | <b>03:57:30</b> |

| C4      |                  | Mean            |
|---------|------------------|-----------------|
| England |                  | <b>01:19:34</b> |
| 1       | Yorkshire        | 00:39:36        |
| 2       | West Midlands    | 01:10:38        |
| 3       | South Central    | 01:17:48        |
| 4       | London           | 01:19:07        |
| 5       | East Midlands    | 01:24:16        |
| 6       | East of England  | 01:25:09        |
| 7       | North East       | 01:29:53        |
| 8       | South Western    | 01:30:33        |
| 9       | North West       | 01:35:51        |
| 10      | Isle of Wight    | 01:49:03        |
| 11      | South East Coast | <b>01:53:03</b> |

| C4      |                  | 90th            |
|---------|------------------|-----------------|
| England |                  | <b>03:03:24</b> |
| 1       | Yorkshire        | 01:28:16        |
| 2       | South Central    | 02:46:18        |
| 3       | East Midlands    | 02:55:35        |
| 4       | West Midlands    | 02:55:44        |
| 5       | London           | 03:01:50        |
| 6       | North West       | 03:29:27        |
| 7       | North East       | 03:31:55        |
| 8       | South Western    | 03:34:50        |
| 9       | East of England  | 03:38:18        |
| 10      | South East Coast | <b>04:34:31</b> |
| 11      | Isle of Wight    | 04:39:26        |

| C4      |                  | Mean            |
|---------|------------------|-----------------|
| England |                  | <b>01:24:13</b> |
| 1       | West Midlands    | 00:51:41        |
| 2       | East Midlands    | 01:06:19        |
| 3       | Yorkshire        | 01:08:40        |
| 4       | East of England  | 01:15:38        |
| 5       | London           | 01:15:44        |
| 6       | South Central    | 01:15:47        |
| 7       | North East       | 01:27:05        |
| 8       | North West       | 01:38:00        |
| 9       | South Western    | 01:40:51        |
| 10      | Isle of Wight    | 01:45:39        |
| 11      | South East Coast | <b>02:08:29</b> |

| C4      |                  | 90th            |
|---------|------------------|-----------------|
| England |                  | <b>03:09:39</b> |
| 1       | West Midlands    | 02:01:16        |
| 2       | Yorkshire        | 02:43:07        |
| 3       | East Midlands    | 02:50:27        |
| 4       | London           | 02:52:36        |
| 5       | South Central    | 02:56:59        |
| 6       | East of England  | 03:06:17        |
| 7       | North West       | 03:24:46        |
| 8       | South Western    | 03:40:21        |
| 9       | North East       | 03:44:09        |
| 10      | Isle of Wight    | 04:04:33        |
| 11      | South East Coast | <b>04:40:58</b> |

**Table 2c: National ARP Ambulance Quality Indicators (AQIs): September 2019 – Incident Outcomes**

| Incident Outcomes |                  | H&T         | Incident Outcomes |                  | S&T          | Incident Outcomes |                  | S&C (elsewhere) | Incident Outcomes |                  | S&C (to ED)  |
|-------------------|------------------|-------------|-------------------|------------------|--------------|-------------------|------------------|-----------------|-------------------|------------------|--------------|
| England           |                  | <b>6.3%</b> | England           |                  | <b>30.3%</b> | England           |                  | <b>5.6%</b>     | England           |                  | <b>57.8%</b> |
| 1                 | Isle of Wight    | 8.7%        | 1                 | South Western    | 35.9%        | 1                 | South East Coast | 1.2%            | 1                 | South Central    | 53.3%        |
| 2                 | East Midlands    | 7.9%        | 2                 | West Midlands    | 34.9%        | 2                 | Isle of Wight    | 1.6%            | 2                 | South Western    | 53.5%        |
| 3                 | South Central    | 7.7%        | 3                 | South Central    | 33.1%        | 3                 | East of England  | 2.4%            | 3                 | West Midlands    | 54.5%        |
| 4                 | North West       | 7.1%        | 4                 | East of England  | 33.0%        | 4                 | East Midlands    | 4.5%            | 4                 | London           | 58.1%        |
| 5                 | London           | 6.7%        | 5                 | South East Coast | <b>31.9%</b> | 5                 | South Western    | 4.7%            | 5                 | East of England  | 58.3%        |
| 6                 | East of England  | 6.3%        | 6                 | London           | 28.5%        | 6                 | North West       | 5.9%            | 6                 | North East       | 58.3%        |
| 7                 | Yorkshire        | 6.1%        | 7                 | North West       | 28.1%        | 7                 | South Central    | 6.0%            | 7                 | North West       | 58.8%        |
| 8                 | South Western    | 5.9%        | 8                 | Isle of Wight    | 27.2%        | 8                 | West Midlands    | 6.7%            | 8                 | Yorkshire        | 59.8%        |
| 9                 | South East Coast | <b>5.8%</b> | 9                 | North East       | 25.9%        | 9                 | London           | 6.7%            | 9                 | South East Coast | <b>61.1%</b> |
| 10                | North East       | 5.4%        | 10                | Yorkshire        | 25.0%        | 10                | Yorkshire        | 9.2%            | 10                | Isle of Wight    | 62.5%        |
| 11                | West Midlands    | 3.9%        | 11                | East Midlands    | 24.8%        | 11                | North East       | 10.3%           | 11                | East Midlands    | 62.8%        |

| SECamb Outcomes (AQI)                       |        |        |        |               |
|---|--------|--------|--------|---------------|
|   | Jul-19 | Aug-19 | Sep-19 | YTD 18/19     |
| H&T %                                       | 5.8%   | 5.9%   | 5.9%   |               |
| S&T %                                       | 32.6%  | 32.6%  | 32.0%  |               |
| S&C to ED %                                 | 61.6%  | 61.5%  | 62.1%  |               |
| Patients Cared for in Community or own Home | 24640  | 24455  | 23041  | <b>276373</b> |

| National Performance (AQI) |        |        |        |  |
|----------------------------|--------|--------|--------|--|
|                            | Jul-19 | Aug-19 | Sep-19 |  |
| H&T                        | 6.6%   | 6.4%   |        |  |
| S&T                        | 30.7%  | 30.7%  |        |  |
| S&C to ED                  | 57.3%  | 57.3%  |        |  |
| S&C to Elsewhere           | 5.4%   | 5.6%   |        |  |

Currently SECamb is only able to record a small number of conveyances to non-ED destinations.

This is being addressed through changes to recording final destination currently.

Total S&C % = ED + elsewhere to enable a cross-Trust comparator.

**Table 2d: National ARP Ambulance Quality Indicators (AQIs): Emergency Operations Centre – Call Answer Times (minutes)**

| Call Answer Times |                  | Mean      |
|-------------------|------------------|-----------|
| England           |                  | <b>10</b> |
| 1                 | East Midlands    | 3         |
| 2                 | Yorkshire        | 3         |
| 3                 | West Midlands    | 4         |
| 4                 | South East Coast | <b>5</b>  |
| 5                 | North East       | 6         |
| 6                 | Isle of Wight    | 8         |
| 7                 | East of England  | 9         |
| 8                 | South Central    | 10        |
| 9                 | North West       | 11        |
| 10                | South Western    | 11        |
| 11                | London           | 26        |

| Call Answer Times |                  | 90th centile |
|-------------------|------------------|--------------|
| England           |                  | <b>32</b>    |
| 1                 | Yorkshire        | 1            |
| 2                 | East Midlands    | 3            |
| 3                 | South East Coast | <b>4</b>     |
| 4                 | West Midlands    | 8            |
| 5                 | Isle of Wight    | 10           |
| 6                 | North East       | 12           |
| 7                 | South Central    | 23           |
| 8                 | East of England  | 28           |
| 9                 | South Western    | 35           |
| 10                | North West       | 37           |
| 11                | London           | 98           |

| Call Answer Times |                  | 95th centile |
|-------------------|------------------|--------------|
| England           |                  | <b>60</b>    |
| 1                 | East Midlands    | 4            |
| 2                 | Yorkshire        | 5            |
| 3                 | West Midlands    | 20           |
| 4                 | North East       | 22           |
| 5                 | South East Coast | <b>32</b>    |
| 6                 | Isle of Wight    | 39           |
| 7                 | East of England  | 55           |
| 8                 | South Western    | 57           |
| 9                 | South Central    | 61           |
| 10                | North West       | 70           |
| 11                | London           | 160          |

| Call Answer Times |                  | 99th centile |
|-------------------|------------------|--------------|
| England           |                  | <b>120</b>   |
| 1                 | East Midlands    | 44           |
| 2                 | West Midlands    | 45           |
| 3                 | Yorkshire        | 57           |
| 4                 | North East       | 58           |
| 5                 | South East Coast | <b>89</b>    |
| 6                 | South Western    | 101          |
| 7                 | East of England  | 106          |
| 8                 | Isle of Wight    | 119          |
| 9                 | South Central    | 126          |
| 10                | North West       | 130          |
| 11                | London           | 277          |

**Table 2e: ARP Performance Dashboard: April-September 2019**

**Trust-wide**

| Category | Target   |              | Incidents | AQI      |              |
|----------|----------|--------------|-----------|----------|--------------|
|          | Mean     | 90th Centile |           | Mean     | 90th Centile |
| C1       | 00:07:00 | 00:15:00     | 21826     | 00:07:23 | 00:13:50     |
| C1T      | 00:19:00 | 00:30:00     | 13774     | 00:09:28 | 00:17:54     |
| C2       | 00:18:00 | 00:40:00     | 193907    | 00:19:48 | 00:37:40     |
| C3       |          | 02:00:00     | 117171    | 01:34:20 | 03:38:42     |
| C4       |          | 03:00:00     | 2876      | 01:59:17 | 04:44:02     |

| H&T % | S&T %  | S&C %  |
|-------|--------|--------|
|       | 36.89% | 63.11% |
|       | 36.89% | 63.11% |
| 0.00% | 27.81% | 72.19% |
| 0.02% | 46.73% | 53.25% |
| 0.10% | 42.83% | 57.07% |

**Surrey County: Guildford, Chertsey and Redhill Dispatch desks**

| Category | Target   |              | Incidents | AQI      |              |
|----------|----------|--------------|-----------|----------|--------------|
|          | Mean     | 90th Centile |           | Mean     | 90th Centile |
| C1       | 00:07:00 | 00:15:00     | 4591      | 00:07:37 | 00:13:37     |
| C1T      | 00:19:00 | 00:30:00     | 2972      | 00:09:16 | 00:16:39     |
| C2       | 00:18:00 | 00:40:00     | 42000     | 00:18:35 | 00:34:15     |
| C3       |          | 02:00:00     | 28411     | 01:30:09 | 03:37:07     |
| C4       |          | 03:00:00     | 695       | 01:55:05 | 04:40:28     |

| H&T % | S&T %  | S&C %  |
|-------|--------|--------|
|       | 35.26% | 64.74% |
|       | 35.26% | 64.74% |
|       | 26.90% | 73.10% |
| 0.01% | 46.50% | 53.49% |
| 0.14% | 41.46% | 58.39% |

Surrey County is receiving improved response times across all categories versus Trust-wide commissioned performance.

Incident outcomes are in-line with Trust-wide performance and through development of a new Urgent Care Hub set up locally across Guildford/Chertsey Dispatch desks during Winter 2019/20, we expect to achieve further improvement.

The Urgent Care Hub will provide localised clinical support which aims to further improve C3 & C4 S&T% and enable referrals to community pathways for Falls & Frailty 24/7 in spite of current restrictions to the availability of overnight responsive services. This initiative will be ahead of the NHS Long-Term Plan Urgent Emergency Care deliverable for the 111/CAS to enable clinical referrals and direct booking into alternate community pathways 24/7.

Table 2f:

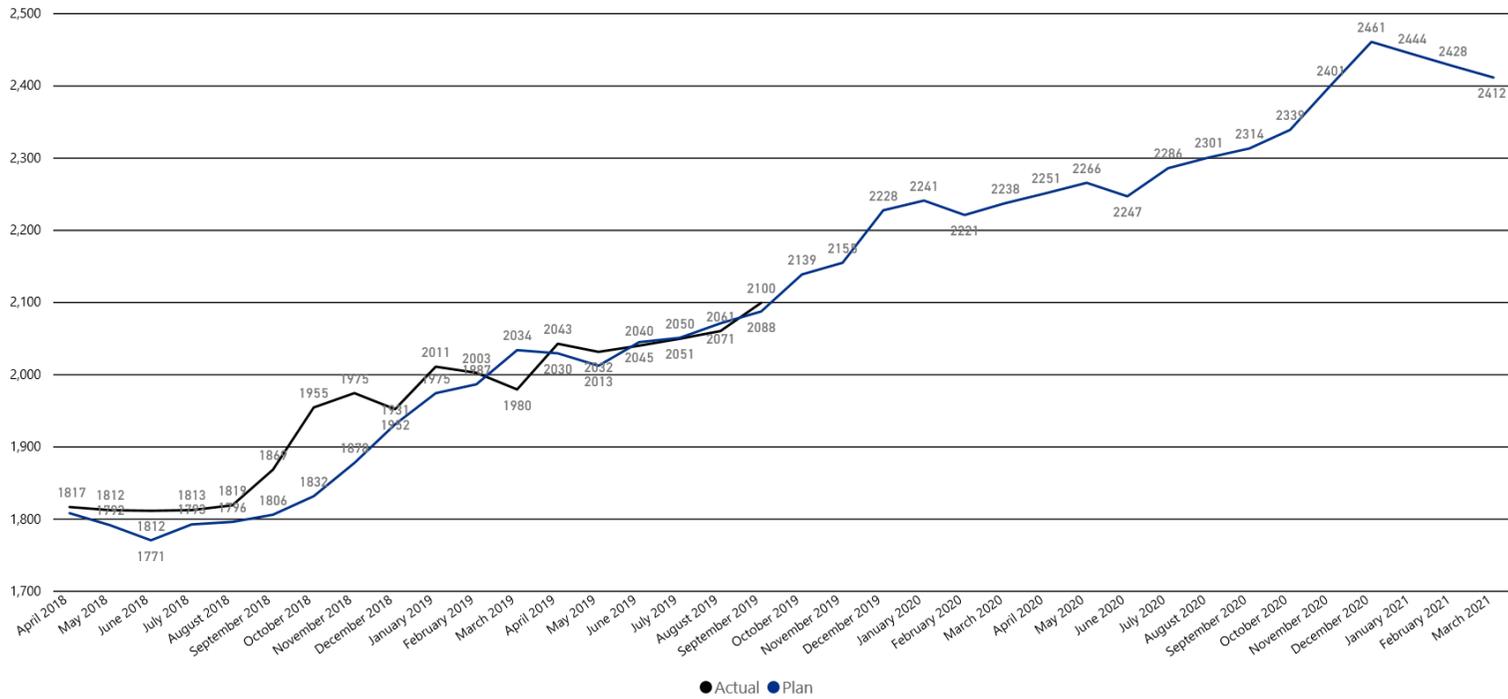
**SECAmb Clinical Safety Indicators – Cardiac and Stroke Response Timeliness**

| Acute ST-Elevation Myocardial Infarction (STEMI) Call to Angiography |        |        |        |  | Stroke - call to hospital arrival |        |        |        |   |
|--|--------|--------|--------|--|-----------------------------------|--------|--------|--------|---|
|  | May-18 | Jun-18 | Jul-18 | 12 Month's   |                                   | May-18 | Jun-18 | Jul-18 | 12 Month's  |
| Mean (hh:mm)   | 02:11  | 02:19  | 02:14  |  | Mean (hh:mm)                      | 01:12  | 01:10  | 01:14  |  |
| National Average   | 02:09  | 02:11  | 02:07  |  | National Average                  | 01:18  | 01:13  | 01:15  |   |
| 90th Centile (hh:mm)   | 03:06  | 03:15  | 03:09  |  | 50th Centile (hh:mm)              | 01:03  | 01:01  | 01:04  |  |
| National Average   | 02:56  | 03:05  | 02:51  |  | National Average                  | 01:05  | 01:05  | 01:06  |   |
|  |        |        |        |  | 90th Centile (hh:mm)              | 01:47  | 01:45  | 01:52  |  |
|  |        |        |        |  | National Average                  | 01:47  | 01:49  | 01:52  |   |

**Annex 3: Workforce**

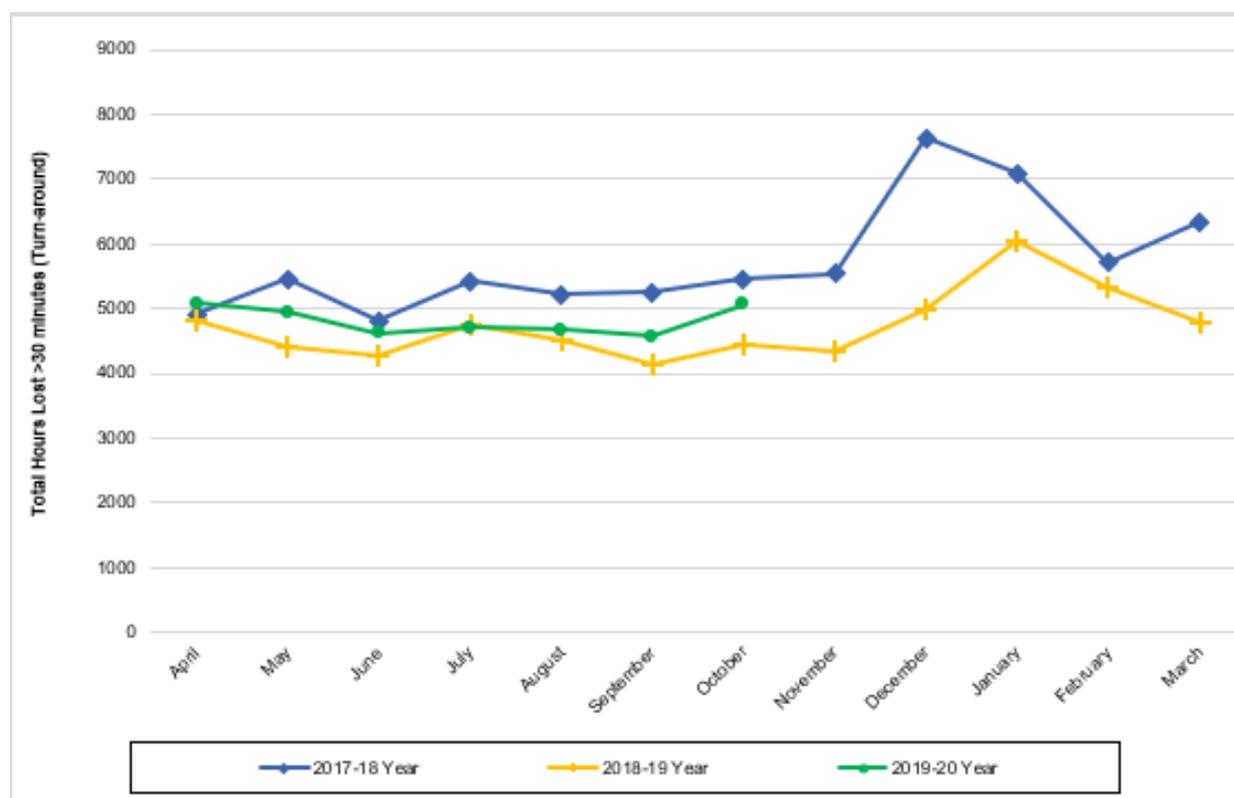
**Table 3a: September 2019: Workforce Plan vs Workforce Actual: Trust-wide**

|            |                 |                   |                 |                 |               |                |
|------------|-----------------|-------------------|-----------------|-----------------|---------------|----------------|
| Plan       | Para Plan       | NQPara Plan       | Tech Plan       | ECSW Plan       | PP Plan       | CCP Plan       |
| 2,087.70   | 578.70          | 297.20            | 424.80          | 705.70          | 35.70         | 45.60          |
| Actual     | Para Actual     | NQPara Actual     | Tech Actual     | ECSW Actual     | PP Actual     | CCP Actual     |
| 2,099.74   | 569.41          | 312.92            | 491.33          | 631.86          | 44.13         | 50.09          |
| Difference | Para Difference | NQPara Difference | Tech Difference | ECSW Difference | PP Difference | CCP Difference |
| 12.04      | -9.29           | 15.72             | 66.53           | -73.84          | 8.43          | 4.49           |



#### Annex 4: Handover Hours lost > 30-minute turnaround

**Table 4a: Hours lost > 30-minute turnaround: Surrey, Sussex and Kent (per month)**



For example, 5000 hours lost per month is equivalent to 500 \* 10 hours ambulance crew shifts or 250 double crewed ambulances (DCA) shifts per month.

**Table 4b: April – October 2019: Hours lost > 30 minutes vs 2018 and 2017 across Surrey**

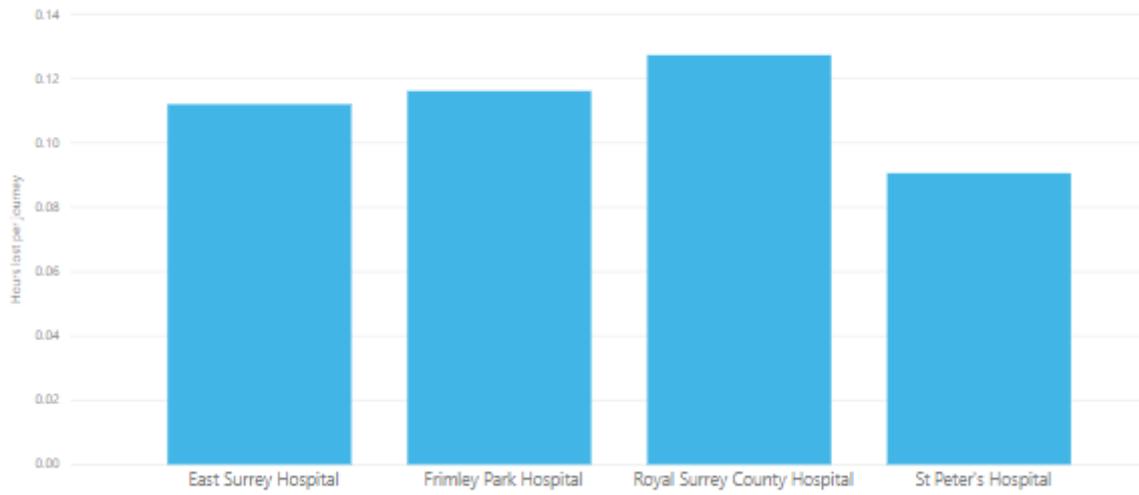
| Area                | 2017-18<br>(to specified month) | 2018-19<br>(to specified month) | 2019-20<br>(to specified month) | % Growth From<br>2018-19 to 19-20 | % Growth From<br>2017-18 to 19-20 |
|---------------------|---------------------------------|---------------------------------|---------------------------------|-----------------------------------|-----------------------------------|
| SECAMB (Hours Lost) | 36526                           | 31313                           | 33671                           | 8%                                | -8%                               |
| Kent Area           | 13390                           | 13058                           | 14435                           | 11%                               | 8%                                |
| Surrey Area         | 10908                           | 8238                            | 7767                            | -6%                               | -29%                              |
| Sussex Area         | 12228                           | 10017                           | 11469                           | 14%                               | -6%                               |

In Surrey handover hours lost for the period April-October 2019 equates to 7,767 hours, an average of 1,109 hours per month, which equates to 50 DCA 10-hour shifts. In comparison to Kent and Sussex for the same period, Surrey hospitals represent 23% of the total lost hours and have improved 6% vs 2018 and 29% vs 2017, illustrating the joint handover programme progress made jointly with Surrey hospitals.

This work continues via monthly review of key hospital trajectories and joint Trust/Acute system handover working group meetings to establish continuous improvement initiatives regarding the handover process, particularly when systems are in escalation.

**Table 4c: April-October 2019: Hours lost > 30 minutes per journey across Surrey**

Hours lost (>30 mins) per journey by hospital



## **Annex 5: Reporting clinical outcomes for people living in rural area**

**Reporting on clinical outcomes for people living in rural areas that are categorised as Cat 1, 2, 3 or 4:**

**There is a perception that patients in rural areas receive a substandard service compared to those in urban areas. The analysis of differences in performance between urban and rural areas showed that this does not hold as a rule; however, living in rural areas could be a contributing factor to increased mortality rates and poorer clinical outcomes.**

**REF: <https://www.england.nhs.uk/wp-content/uploads/2018/10/ambulance-response-programme-review.pdf>**

**SECamb serves an expansive area that comprises large rural communities. The Trust reports on national AQIs, for example: Stroke, STEMI and out of hospital Cardiac Arrest. However, the impact living in a rural area has on these clinical outcomes and other conditions are not fully understood.**

**Reporting on these outcomes will support the harm review around long waits and aligns with development of the wider SECamb Quality Account priorities, for example: improving out of hospital cardiac arrest survival and the Clinical and Community Resilience Strategy.**

**In terms of patient outcome data provided back to SECamb, only ROSC and survival from cardiac arrest are feasible to include within a year due to the reporting delays for STEMI and Stroke.**

**This focus will be to monitor patient outcomes to determine the necessary actions required to ensure that people in rural areas get the clinical expertise required in a timely way. This will reflect a medium-term intention to measure and to improve the way the Trust gathers intelligence on their care for people in rural communities.**

### Q1 – Establish current data as a priority

SECAmb have sourced and added ONS reference data to the trust data warehouse. This enables the linking of incident postcodes to ONS rurality category. There are a small number of records (<0.1%) where the postcode has not matched; this is due to the addition of postcodes after the ONS table was built in 2015. Table 1 below shows the results of this additional data, presenting the percentage of incidents and response times by rurality and category. The below table illustrates performance as indicated by ONS rurality categories for April to June 2019:

| AQI indicators by Rurality                        | Percentage of % of incidents |       |       |       |        | Response times (hh:mm:ss) |                    |            |                    |                    |                    |
|---|------------------------------|-------|-------|-------|--------|---------------------------|--------------------|------------|--------------------|--------------------|--------------------|
|   | Cat 1                        | Cat 2 | Cat 3 | Cat 4 | Total  | Cat 1 mean                | Cat 1 90th centile | Cat 2 mean | Cat 2 90th centile | Cat 3 90th centile | Cat 4 90th centile |
| <b>Target</b>                                     |                              |       |       |       |        | 00:07:00                  | 00:15:00           | 00:18:00   | 00:40:00           | 02:00:00           | 03:00:00           |
| <b>Urban (less sparse surroundings)</b>           | 5.5%                         | 46.9% | 28.5% | 0.8%  | 81.6%  | 00:12:37                  | 00:19:38           | 00:38:02   | 03:57:23           | 04:53:22           | 04:52:20           |
| <b>Town and Fringe (less sparse surroundings)</b> | 0.4%                         | 4.7%  | 2.8%  | 0.1%  | 8.1%   | 00:18:14                  | 00:24:33           | 00:43:09   | 04:07:11           | 04:49:28           | 04:49:28           |
| <b>Town and Fringe (sparse surroundings)</b>      | 0.0%                         | 0.0%  | 0.0%  | 0.0%  | 0.0%   | 00:00:00                  | 00:32:04           | 00:41:43   | 01:03:13           | 00:00:00           | 00:00:00           |
| <b>Village (less sparse surroundings)</b>         | 0.0%                         | 0.0%  | 0.0%  | 0.0%  | 0.0%   | 00:11:21                  | 00:31:26           | 00:47:05   | 06:01:21           | 00:00:00           | 03:49:23           |
| <b>Village (sparse surroundings)</b>              | 0.3%                         | 3.7%  | 2.1%  | 0.1%  | 6.2%   | 00:17:54                  | 00:24:37           | 00:44:35   | 04:03:34           | 03:49:23           | 00:00:00           |
| <b>Hamlet (less sparse surroundings)</b>          | 0.2%                         | 2.4%  | 1.3%  | 0.1%  | 4.0%   | 00:17:59                  | 00:23:58           | 00:42:32   | 03:55:20           | 05:32:49           | 05:39:39           |
| <b>Unknown</b>                                    | 0.0%                         | 0.0%  | 0.0%  | 0.0%  | 0.1%   | 00:12:33                  | 00:18:54           | 00:35:35   | 02:45:28           | 00:00:00           | 00:00:00           |
| <b>Trust</b>                                      | 6.5%                         | 57.8% | 34.7% | 0.9%  | 100.0% | 00:07:22                  | 00:13:50           | 00:20:31   | 00:39:11           | 03:58:14           | 04:50:36           |

**Q2 – Report 50% or more of incidents to be reported in-line with denominator**

Table 1 below shows the results of this additional data, presenting the percentage of incidents and response times by County, rurality and category for 2019/20 Q2 (July 2019 to September 2019 inclusive).

| Falls         | Percentage of % of incidents               |       |       |       |       | Response times (hh:mm:ss) |            |                    |            |                    |                    |                    |
|---------------|--|-------|-------|-------|-------|---------------------------|------------|--------------------|------------|--------------------|--------------------|--------------------|
|               | AQI indicators by Rurality                 | Cat 1 | Cat 2 | Cat 3 | Cat 4 | County Total              | Cat 1 mean | Cat 1 90th centile | Cat 2 mean | Cat 2 90th centile | Cat 3 90th centile | Cat 4 90th centile |
| <i>Target</i> |  |       |       |       |       |                           | 00:07:00   | 00:15:00           | 00:18:00   | 00:40:00           | 02:00:00           | 03:00:00           |
| Surrey        | Hamlet (less sparse surroundings)          | 0.0%  | 0.0%  | 2.8%  | 0.3%  | 3.1%                      | 00:00:00   | 00:00:00           | 00:00:00   | 00:00:00           | 05:37:43           | 01:36:28           |
|               | Town and Fringe (less sparse surroundings) | 0.0%  | 0.0%  | 4.7%  | 1.7%  | 6.4%                      | 00:00:00   | 00:00:00           | 00:00:00   | 00:00:00           | 02:22:03           | 02:11:13           |
|               | Urban (less sparse surroundings)           | 0.0%  | 3.6%  | 68.4% | 14.8% | 86.9%                     | 00:00:00   | 00:00:00           | 00:45:45   | 00:32:21           | 03:58:23           | 04:30:41           |
|               | Village (less sparse surroundings)         | 0.0%  | 0.0%  | 3.4%  | 0.3%  | 3.6%                      | 00:00:00   | 00:00:00           | 00:00:00   | 00:00:00           | 04:12:24           | 01:21:40           |



## ADULTS AND HEALTH SELECT COMMITTEE

4 DECEMBER 2019

### RECOMMENDATIONS TRACKER AND FORWARD WORK PROGRAMME

The Committee is asked to review its recommendations 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.

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**Report contact:** Ben Cullimore, Scrutiny Officer

**Contact details:** 020 8213 2782 / [ben.cullimore@surreycc.gov.uk](mailto:ben.cullimore@surreycc.gov.uk)

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## 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.

|            |                      |                    |                  |
|------------|----------------------|--------------------|------------------|
| <b>KEY</b> |                      |                    |                  |
|            | 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"> <li>a. Information is made available to service users to ensure there is an understanding of the services available.</li> <li>b. That appropriate consultation is undertaken early with residents and all relevant groups including those hard to reach.</li> <li>c. A transport assessment takes into account variables related to population density and an aging population, as well as distance.</li> <li>d. All staffing resources including GPs generally, NHS 111 services and GP Out-of-hours services.</li> </ul> | <p>NHS Officers</p> <p>Scrutiny Officer</p> | <p>Item has been added to the forward work programme for consideration in 2020.</p> <p>A letter was sent to NHS Officers and a response circulated to Members.</p> |

|                 |   |   |                                  |  |
|-----------------|---|---|----------------------------------|--|
| 10 October 2019 | Preparation for Winter Pressures – Surrey Heartlands          | <ol style="list-style-type: none"> <li>1. Requests that a further report be circulated in spring 2020 which outlines performance against the key themes outlined in the report.</li> <li>2. Requests a further report which provides a detailed overview of the ongoing work to improve the take up of appropriate vaccinations in Surrey for residents, NHS staff, partners and those who interact with the system. For specific reference to be made to: <ul style="list-style-type: none"> <li>• Performance data which includes data on the reasons why someone would refuse a vaccination/not come forward</li> <li>• Communications</li> <li>• Partnership work to raise awareness and how local authorities can feed into the communication and promotion of vaccinations</li> </ul> </li> </ol> | Scrutiny Officer<br>NHS Officers | Item has been added to the forward work programme for consideration in 2020. |
| 10 October 2019 | Preparation for Winter Preparedness – Frimley Health and Care | <ol style="list-style-type: none"> <li>1. Requests that the Frimley Health and Care system feed into the vaccination report outlined in recommendation 2 of item 7a of the current meeting.</li> </ol>  | NHS Officers                     | Item has been added to the forward work programme for consideration in 2020. |



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|  |  |  |  | <p>where Members were looking for ways to use their allocations to support the community before the end of January. This also includes a potential crowdfunding type approach that would allow greater interaction between communities and local members.</p> <p>2. We are working with Jane Last (Partnership team) to explore new models of Member involvement in their local community as part of 'Local Forums'.</p> |
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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 |
|-----------------|--|--|---|--------|
| 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"> <li>• The Performance of all Categories (1,2,3,4) of ambulance response times</li> <li>• The work of the new Chief Executive since joining the Trust and governance arrangements</li> <li>• Recruitment, hospital handover times and any funding issues.</li> </ul> <p>The Select Committee further requests that details of the major</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 |

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|                 |  | review in Crawley, which has been conducted collaboratively over the past year to improve ambulance handover delays at hospitals, are included in the report.  |   |        |
| 22 January 2020 | Continuous Improvement Plan for the Integrated Sexual Health and HIV Service for Surrey  | The Sexual Health contract awarded in 2016 had the option to extend for up to two years without the need for a new procurement. Surrey County Council, NHS England and NHS Improvement undertook a formal decision-making process which reviewed clinical targets, key performance indicators, service user feedback, results from continued engagement with stakeholders and an appraisal of the current market. A number of options were considered and it was decided to use the allowed two-year extension and implement a number of improvements. | The Select Committee reviews the Continuous Improvement Plan and understands any relevant background information, taking into consideration any associated impacts and risks for service users and making recommendations accordingly.  | Report |
| 22 January 2019 | Budget Scrutiny  | A report on the proposed budget for the Adults Social Care and Public Health Directorate.<br><br>To include an update on Adult Social Care's outstanding debt position.  | 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 |
| To be confirmed | Transformation of the offering of outpatient appointments and support to health and care using digital and technological innovations | Members are 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  | The Committee reviews Surrey Heartlands' transformation programme, taking into consideration the associated impacts and risks for Surrey residents and making recommendations accordingly.  | Report |

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|                 |   | Transport' programme.  |  |        |
| To be confirmed | 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.  | Report |
| To be confirmed | Winter Pressures in Surrey Heartlands and Frimley Health and Care – Follow Up | Agreed to be considered in Winter Pressures recommendation on 10 October 2019.   | The Select Committee reviews a follow-up report which outlines performance against the key themes included in the original Winter Pressures report.  | Report |
| To be confirmed | Uptake of Vaccinations in Surrey Heartlands and Frimley Health and Care       | Agreed to be considered in Winter Pressures recommendation on 10 October 2019. Specific reference is to be made to: <ul style="list-style-type: none"> <li>• Performance data which includes reasons why someone would refuse a vaccination/not come forward</li> <li>• Communications</li> <li>• Partnership work to raise awareness and how local authorities can feed into the communication and promotion of vaccinations</li> </ul> | The Select Committee scrutinises the ongoing work being done to improve the take up of appropriate vaccinations in Surrey for residents, NHS staff, partners and those who interact with the system. | Report |
| To be confirmed | Accommodation with Care and Support   | In development.  | In development.  | Report |
| To be confirmed | Launch of the Public Consultation on the                                      | In development.  | In development.  | Report |

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|                    | Improving Healthcare Together Programme   |  |   |  |
| 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 joined colleagues from the London Borough of Merton and the London Borough of Sutton to review the Improving Healthcare Together Programme as it progresses. | 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                                     |
| <b>Task Groups</b> |   |  |   |  |
|                    | Mental Health   | For Members of the Task Group to understand the patient journey through the adult mental health system in Surrey to consider how organisations across the public sector are working together to support those with mental health conditions to live full and fulfilling lives. The Task Group will focus its review on adult mental health services in Surrey while recognising that mental health problems often begin in childhood.  | The Task Group will review the journey of adults with mental health conditions in Surrey through support services and interventions to assess how their interactions with different public sector organisations aid their recovery. | Task Group<br><br><u>Membership:</u><br>Nick Darby<br>Bernie Muir<br>Fiona White |

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

- **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.
- **Update on Adult Social Care Transformation:** To provide an update on the progress of the Adult Social Care transformation programmes.

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