MINUTES of the meeting of the **ADULTS AND HEALTH SELECT COMMITTEE** held at 10.00 am on 5 October 2022 at Woodhatch Place, 11 Cockshot Hill, Reigate, RH2 8EF.

These minutes are subject to confirmation by the Committee at its meeting on Wednesday, 2 November 2022.

Elected Members:

* Nick Darby
* Robert Evans
  Chris Farr
* Angela Goodwin (Vice-Chairman)
  Trefor Hogg
* Rebecca Jennings-Evans
* Frank Kelly
* Riasat Khan (Vice-Chairman)
* Borough Councillor Abby King
* David Lewis
* Ernest Mallett MBE
  Carla Morson
* Bernie Muir (Chairman)
* Buddhi Weerasinghe

(*=present at the meeting)

Co-opted Members:

Borough Councillor Neil Houston, Elmbridge Borough Council
District Councillor Charlotte Swann, Tandridge District Council
* Borough Councillor Abby King, Runnymede Borough Council

28/22 APOLOGIES FOR ABSENCE AND SUBSTITUTIONS [Item 1]

Apologies were received from Cllr Trefor Hogg Cllr Carla Morson, and Cllr Neil Houston. Cllr Chris Farr joined the meeting remotely.

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29/22 MINUTES OF THE PREVIOUS MEETING: 23 JUNE 2022 [Item 2]

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

30/22 DECLARATIONS OF INTEREST [Item 3]

Cllr Frank Kelly declared a pecuniary interest as an employee of Surrey and Borders NHS Foundation Trust.

Cllr Nick Darby declared a personal interest as Board Member for Surrey and Borders NHS Foundation Trust.

31/22 QUESTIONS AND PETITIONS [Item 4]

None received.

32/22 PREPARATION FOR WINTER PRESSURES [Item 5]

Witnesses:

Liz Bruce – Joint Executive Director for Adult Social Care and Integrated Commissioning (Surrey County Council and Surrey Heartlands ICS)
Ben Hill – Director of Urgent Care (Surrey Heartlands ICS)
Dr Charlotte Canniff – Joint Chief Medical Officer (Surrey Heartlands ICS)
Jo Hunter – Deputy Director of Recovery (Surrey Heartlands ICS)
Nikki Mallinder – Director of Primary Care (Surrey Heartlands ICS)
Dr Pramit Patel – Primary Care Network Leader (Surrey Heartlands ICS)
Dr Helen Rostill – Deputy Chief Executive and Director of Therapies (Surrey and Borders Partnership)
Daryl Gasson – Executive Place Managing Director (NHS Frimley)
Stephen Dunn – Director of System Delivery and Place (NHS Frimley)
Mark Eley – Deputy Director of Operations (South East Coast Ambulance Service NHS Foundation Trust)
Helen Wilshaw-Roberts – Strategic Partnerships Manager (South East Coast Ambulance Service NHS Foundation Trust)
Maria Millwood – Non-Executive Director (Healthwatch Surrey)

Key points raised during the discussion:

1. Witnesses from Surrey Heartlands and the South East Coast Ambulance Service (SECAmb) presented slides (Annex 1). Witnesses from NHS Frimley also presented slides (Annex 2).

2. A Member asked about the implications of the ICS restructuring on preparations for winter this year (2022). The Joint Chief Medical Officer (Heartlands) explained that there should be limited implications if all partners worked together to create the capacity required. The Director of System Delivery and Place (Frimley) added that NHS Frimley were developing a five-year strategy which involved significant stakeholder engagement during the summer regarding working together on collective priorities.

3. A Member queried the measures in place to support the mental health of staff during a period of increased pressure on the system. The Deputy Chief Executive of Surrey and Borders Partnership (SABP) explained that the system approach in place

was the wellbeing hub which all staff could access. Individual organisations were now considering the cost-of-living crisis and how to support staff through that. SABP had also been linking in with other organisations to support their employee assistance schemes.

4. In response to a question on the fragility of the workforce, the Deputy Director of Operations (SECAmb) explained that they were aiming to reach 2,555 frontline staff by March 2023. SECAmb currently had approximately 2,150 frontline staff, with 150 in training. There had been a small reduction in overtime and the Deputy Director explained that it was about being able to achieve balance and not exhausting staff, whilst still offering the opportunity to earn extra money. Thus, the overtime hours made available were reviewed weekly. New avenues for recruitment had been developed and there had been international recruitment events targeting trained staff.

5. A Member queried whether the countries SECAmb were recruiting trained staff from were also short of staff. The Deputy Director of Operations (SECAmb) explained that they were recruiting from countries where they trained more staff than they were able to recruit. The Member asked at what stage SECAmb would be fully staffed. The Deputy Director responded by this time next year (October 2023), the resources were planned to reach the target number of frontline staff. One challenge was that there was a shortage of paramedics graduating from university nationally and they were competing against other ambulance services, therefore, SECAmb were exploring how to make themselves a more attractive employer. The Member also asked whether there were enough ambulances to cope with demand. The Deputy Director explained that SECAmb ran 140% of the number of ambulances required and he was comfortable that number could be met. There were weekly planning meetings to balance the staff required across SECAmb in the local areas. There was also the ability to flex private ambulances to meet the requirements.

6. A Member questioned the early prevention measures in place to support the mental health of residents. The Deputy Chief Executive (SABP) explained that the voluntary and community sector offered services such as, group events, direct counselling and broader mental health support and residents were able to self-refer for those services. There were also a range of resources on the Healthy Surrey website. Schools received a named mental health practitioner per cluster and there was young person's safe haven based in Guildford.

7. The Chairman asked about the new electronic patient record system and whether it would work with the other systems in place. The Joint Chief Medical Officer (Heartlands) explained that the ambition was for it to work with the rest of the systems and it was a national digital model. The Chairman asked whether the system would assist in data capture of outcomes. The Joint Chief Medical Officer explained that acute hospital trusts produced good data already, but it would improve that data. The Director of Urgent Care (Heartlands) explained that they had taken time to embed the system and understand its benefits.

Cllr Angela Goodwin joined the meeting at 11:20am.

8. The Chairman queried how mutual aid worked if everyone within the system was at capacity. The Director of Urgent Care (Heartlands) shared that Surrey did not meet the number of extensive care places per population and explained that they were working closely with NHS England (NHSE) to achieve this. Mutual aid was set up during the pandemic, they hoped to continue this. This winter there was not acute illness due to covid, but the system was reliant on the vaccination programme to protect the population and there was work with regional colleagues to address any peaks.

9. The Non-Executive Director of Healthwatch Surrey asked about the reasons behind the termination of the LIVI contract and about how a consistent approach for appointments would be ensured. The Director of Primary Care (Heartlands) explained that LIVI was commissioned by a different provider. Once Surrey Heartlands were alerted of the termination, they worked with the provider to gain a safer exit plan. LIVI was reinstated for a period of time to allow exit plans and communication plans to be formally worked through and evaluated. The reason LIVI was terminated was because their pricing model doubled in the last six months and other local solutions were being deployed.

10. The Chairman raised the issue of waiting multiple days for a reply from a general practice. The Director of Primary Care (Heartlands) explained that due to the acceleration of online service during the pandemic, there was inconsistency in terms of the online services offered by different practices. The Primary Care Network Leader added that it was essential to manage user's expectations.

11. A Member questioned whether the government announced funding of £500 million for discharge to assess was enough. The Joint Executive Director (Heartlands and SCC) explained that

this was nationally announced funding and therefore, would be split throughout the country. During the pandemic £491 million funding was announced, of which Surrey received £10 million. The discharge to assess programme would cost approximately £12 to £15 million per year. It was also unknown who the funding would be allocated to. There were some patients waiting to be discharged from Surrey hospitals who were West Sussex patients. Therefore, partners were trying to work collaboratively to solve such issues.

12. In response to a question on the rollout out of the GP integrated mental health service (GPimhs) programme, the Deputy Chief Executive (SABP) explained that there were eight remaining to rollout. SABP had an effective relationship with primary care and were using existing forums to work with GPs. So far there was data to suggest that the wait time for psychological therapists had reduced, there was a 26% reduction in referrals through the mental health single point of access and increasing awareness of social care issues. The Primary Care Network Leader (Heartlands) added that the programme was co-designed with GPs. There was a one-to-two-year independent evaluation underway, with the first report due in December 2022.

13. A Member asked about the expected use of agency staff during the winter period. The Primary Care Network Leader (Heartlands) informed Members that they had been engaging with Lantum agency and had recruited 55 GPs and other healthcare professionals through that bank. This created 15 additional sessions a week per practice which equalled around 240 appointments. There were plans to free up capacity by using community pharmacists. The Member also asked about access to in person appointments for those who required them. The Joint Executive Director explained that they would look into incorporating appointment preferences for those with mental health issues or autism into the Surrey Care Record. The Director of System Delivery and Place (Frimley) added that they had experienced a 13% increase in in person appointments and 56% of appointments were now in person.

Cllr Rebecca Jennings-Evans left the meeting at 11:56am.

14. Responding to a question on ensuring that primary care helped to relieve the pressure on A&E, the Joint Chief Medical Officer (Heartlands) explained that it was about making it less complicated for residents so that they understood what services to access in certain circumstances. The communications team were doing a targeted piece of work on this and SECAmb had developed a directory of services which highlighted alternative

options to A&E. The Deputy Chief Executive (SABP) added that safe havens were a useful alternative to A&E for those with mental health issues. The Primary Care Network Leader (Heartlands) added that there were about 624 'very high health users' in east Surrey and in a 12-month period those patients accessed A&E departments 1,900 times. This was a system issue, and it was crucial to support each other.

15. A Member enquired as to whether there were sufficient vaccines for both influenza and covid. The Non-Executive Director of Healthwatch Surrey also raised issues regarding dosette boxes, opening hours, and picking up prescriptions. The Joint Chief Medical Officer (Heartlands) clarified that there would be enough vaccines available and the communications and order of vaccinations were set nationally. The Chairman asked for data on the staff uptake of the influenza vaccine and the Joint Chief Medical Officer explained that all NHS staff were encouraged to take the influenza vaccine, but they had a choice. Data could be shared on the uptake. The Director of Primary Care (Heartlands) added that Surrey Heartlands had taken on responsibility for pharmacy, podiatry, and dentistry. It had been noted since taking these on that there had been more unplanned closures within community pharmacy than in previous years. Therefore, there was work to bring together the whole workforce to prevent that from happening in future.

Action/request for further information:

1. The Joint Chief Medical Officer to share data on the uptake of the influenza vaccine across NHS staff.

Recommendations:

1. For Surrey Heartlands ICS & Frimley ICS to work towards a swift rolling out of comprehensive Cloud Based Telephony Systems across GP Surgeries throughout Surrey, and to provide a future update in a formal Adults and Health Select Committee meeting on progress toward this.

2. *For* Surrey Heartlands ICS, Frimley ICS, & SECAmb*, to* implement and ensure there are support initiatives in place for the mental health of staff members, and to provide a future written update with qualitative and quantitative data to the Adults and Health Select Committee on progress toward this.

3. For the Joint Executive Director Adult Social Care & Integrated Commissioning, Surrey Heartlands ICS, and Frimley ICS to work on improving Discharge-to-Assess processes and to address the funding issues therewithin; and to provide a more detailed

update to the Adults and Health Select Committee in an informal meeting, on the details of Discharge-to-Assess processes & funding issues, and whether improvements have been achieved.

4. For Surrey Heartlands ICS & SECAmb, to ensure that staff utilising PaCCS and 111 services, are sufficiently trained to correctly assess patients and appropriately determine ensuing pathways; and to provide a written update to the Adults and Health Select Committee on this.

5. For SECAmb to address the concerns raised by the most recent CQC report, and to provide an update in an informal meeting to the Adults and Health Select Committee on the extent to which SECAmb is addressing these concerns.

33/22 ENABLING YOU WITH TECHNOLOGY - TRANSFORMATION PROGRAMME [Item 6]

Witnesses:

Toni Carney – Head of Resources, Adult Social Care
Stu Cole – Independent Living Manager, Mole Valley Life (Mole Valley District Council)

Key points raised during the discussion:

1. The Head of Resources presented slides to provide context and a historical understanding of the programme (Annex 3).

2. A Member asked whether there were any additional plans to involve users and their carers in any potential future design phases or technology trials. The Head of Resources and Performance explained that the plans around cascade were to expand the use of it. There were a couple of pilots such as, putting cascade in step-down facilities. The Member asked whether there was training to help those who struggled with using technology. The Head of Resources explained that they linked in with Surrey Coalition of Disabled People, as they provided tech angels and Adult Social Care (ASC) would like to do more work in this area.

3. A Member enquired about the advantages and disadvantages of District and Borough Councils (D&Bs) outsourcing their monitoring to external agencies. The Independent Living Manager explained that the ability of Mole Valley District Council to have their own alarm receiving centre provided more opportunities with the pathway and an advantage was being able to grow their own technology. The Head of Resources added

that the Council had secured agreement with all of the D&Bs who had signalled that they wanted to work with the Council using the same technology. The Member asked whether there was any resistance from any of the D&Bs. The Head of Resources shared that there was not resistance, however, hard work was required to secure agreement. Waverley Borough Council was the only Council without agreement as of yet.

4. The Chairman asked about the maintenance of the technology and whether it captured data. The Independent Living Manager explained that the two issues had been around the batteries, which had been resolved recently, and the sensors, which they had taken learnings from. Overall, the technology was reliable. There was ongoing work with cascade about how the data comes in and how it could be reported to capture the most from the technology.

5. In response to a question on privacy of the technology, the Head of Resources informed committee Members that staff explained to the users at the outset that there were no cameras or microphones in the technology. It was common for people to feel apprehensive about monitoring. There had been a couple of instances where people changed their mind and consent was crucial to the work. Occasionally, sensors had been installed as a best interest decision for that individual, but this was not the norm.

6. A Member queried whether there were any funding opportunities following March 2023. The Head of Resources explained that there was sufficient funding for the technology, and this would come out of the ASC budget for those with eligible care needs. The technology could have a positive impact on reducing costs for ASC. Regarding the responder service, ASC were putting together another bid to extend the service beyond March 2023. If no funding was secured, then the responder service would cease, however, the technology would continue. The responder service was a pilot and an evaluation still needed to be completed.

7. The Chairman queried whether there were any mechanisms in place to deal with complaints or issues of concern. The Head of Resources explained that usually these would be raised with Mole Valley District Council in the first instance. There was strong communication with ASC, therefore, if it was an issue that ASC needed to resolve they would.

8. The Chairman asked whether other counties were interested in the programme. The Head of Resources shared that they were doing a campaign on the programme in 2023. If the responder service was still in place, they would talk to residents about the service and how they could access it.

Recommendations:

1. For the Head of Resources for Adult Social Care to ensure that further and more sustainable funding is secured for the Enabling You With Technology Programme, and to provide a future informal briefing to the Adults and Health Select Committee, on any efforts to secure further Funding for the Programme in light of the timelines surrounding existing sources of funding.
2. For the Head of Resources for Adult Social Care to pursue data capture in order to analyse the implications of a variety of conditions of service users, so as to better tailor provision and gain a more detailed understanding of these conditions and the associated impacts.

34/22 MENTAL HEALTH IMPROVEMENT PROGRAMME [Item 7]

Witnesses:

Mark Nuti – Cabinet Member for Adults and Health

Liz Bruce – Joint Executive Director for Adult Social Care and Integrated Commissioning (Surrey County Council and Surrey Heartlands ICS)
Dr Helen Rostill – Deputy Chief Executive and Director of Therapies (Surrey and Borders Partnership)
Jonathan Perkins – Independent Chair of Mental Health System Delivery Board (Surrey)
Tim Beasley – Programme Director, Mental Health Improvement Programme (Surrey and Borders Partnership)
Toby Avery – Lead for the Mental Health Improvement Programme Digital and Data Workstream and Chief Digital & Information Officer (Surrey and Borders Partnership)
Liz Williams – Joint Strategic Commissioning Convener, Learning Disability and Autism and all age Mental Health
Kate Barker – Joint Strategic Commissioning Convener, Children and all age Mental Health
Clare Burgess – Chief Executive, Surrey Coalition of Disabled People
Patrick Wolter – Chief Executive, Mary Frances Trust

Key points raised during the discussion:

Cllr Frank Kelly left the meeting.

1. The Joint Executive Director (Heartlands and SCC) presented slides (Annex 4), emphasising that it was about phasing the existing plan, not making a new one. The Lead for the Mental Health Improvement Programme (MHIP) Digital and Data Workstream added that there were a number of strategic challenges regarding technology, and they were working to align technology with the service needs. The Independent Chair of the Mental Health System Delivery Board explained that there was a reset of governance in July 2022, whereby the priorities and scope of the work of the Board were set. There were now the right people on the Board to resolve issues of the plan and to move forward with clear accountability.

2. The Chairman noted that it was difficult to scrutinise the MHIP without the appropriate data or parameters of the priorities. The Joint Strategic Commissioning Convener for Learning Disability and Autism (LD&A) and all age Mental Health (SCC) explained that the Joint Strategic Needs Assessment was due to come to the Mental Health System Delivery Board in November 2022 which would provide data to support the priorities. The Joint Executive Director (Heartlands and SCC) shared that there were going to be whole system workshops looking at the financials across the system and what the operating model needed to be to stay within the financial envelope. There were also going to be quality and performance sessions to look at risks and quality, as well as understanding the pressures and finances to provide business as usual. The Joint Strategic Commissioning Convener for Children and all age Mental Health (SCC) added that there was work underway to identity activities and programmes which could have been badged as actions of the programme that could have greater benefits if done at scale and the outcomes recorded.

3. A Member asked about the system-wide cooperation that has occurred to help develop technology for mental health services. The Lead for the Mental Health Improvement Programme Digital and Data Workstream (SABP) shared that there was a disconnect between partners in relation to technology this time last year. Since then, there had been collaborative workshops to identify some of the gaps and to build relationships. A positive example had been the Technology Integrated Healthcare Management (TIHM) for the dementia programme. Inequalities remained for voluntary sector partners, as they struggled in terms of funding and capabilities to have the same level of digitisation.

4. In response to a question on the tech-to-community connect programme, the Chief Executive of Surrey Coalition of Disabled People explained that an area coordinator would spend time with an individual to help them get use to a device, and if they were ready to purchase their own device after the six months, the coordinator would support them to find a good deal. If they were not ready, they would be provided with another six month loan for a device. There was also a data support package whereby Vodafone provided six months of free data, and many were ready to purchase a Wi-Fi package after the initial period.

5. A Member asked about the lessons learnt from elsewhere with regards to technology. The Lead for the Mental Health Improvement Programme Digital and Data Workstream (SABP) explained that horizon scanning was done informally through professional connections and the wider network. Members of the team were regularly on calls with colleagues from across the country and experiences were shared. Surrey and Borders Partnership (SABP) were being broad with their recruitment opportunities to gain experience from other parts of the country and different sectors. The Deputy Chief Executive (SABP) added that they were testing a chatbot for Improving Access to Psychological Therapies (IAPT) services to support people to complete their self-referral.

6. The Chairman asked whether there was any evidence to indicate that the Section 12 app has helped to accelerate the speed of referrals to mental health services. The Lead for the Mental Health Improvement Programme Digital and Data Workstream (SABP) shared that the app was working well, but they were yet to do a formal evaluation. The Deputy Chief Executive (SABP) added that the app was used by all social workers involved in Section 12. The app did not automatically feed into the electronic patient records. The Joint Executive Director (Heartlands and SCC) shared that adult mental health professionals use the app, and it did feed into Adult Social Care (ASC) records. The Joint Executive Director would get a further update on the app.

7. A Member questioned what mitigations were in place to minimise any increased health inequalities due to digital exclusion. The Lead for the Mental Health Improvement Programme Digital and Data Workstream (SABP) explained that choice was critical and therefore, there would be in person and digital offerings of services. SABP had recently recruited a Digital Ethics and Privacy officer to consider digital inequalities and ethical implications of digital deployment. The Deputy Chief

Executive (SABP) shared that the TIHM service was co-designed with those with lived experiences, their carers and families, industry partners, and health professionals. The health tech accelerator was bringing people into the heart of designing technological solutions. The Chief Executive of Surrey Coalition of Disabled People added that there was experimentation of preventative technology and mental health services within the third sector, such as, an off the shelf loneliness box.

8. A Member asked how the Fuller Stocktake had influenced the MHIP. The Joint Strategic Commissioning Convener for LD&A and all age Mental Health (SCC) shared that, together with ASC, they were looking at where the service was against the Fuller stocktake currently and would provide an update in future.

9. In response to a question on whether improvements in practice were the outcome of the efforts of the MHIP, the Joint Strategic Commissioning Convener for LD&A and all age Mental Health (SCC) shared that in the last four to six months the Integrated Care System and Integrated Care Board have recognised a visible improvement in the response and timeliness to complaints and out of area placements directed at SABP. They were looking at data across the system and more of the advanced analytics were coming together which would support such findings.

10. A Member asked how complaints and issues of concern regarding mental health services were being fed back into the Mental Health System Delivery Board. The Joint Executive Director (Heartlands and SCC) explained that there was an upcoming meeting looking at quality and performance, and risk and data in SABP. This would uncover how the service was improving delivery, what the risks and challenges were, and what the opportunities were. These meetings would occur monthly and feed into the Executive-to-Executive Assurance Board. The Joint Executive Director also had responsibility as the Senior Responsible Officer to provide oversight to the complaints around mental health services for adults and children and ensure the partners involved were responsive to the complaints.

11. A Member queried how frontline staff fed back issues raised on the ground and the Chairman asked about data collection regarding issues of concern. The Joint Executive Director (Heartlands and SCC) explained that the system needed to pick up formal lessons learnt. Themes raised were usually regarding being offered the wrong service, long waiting times, and not knowing which service to use. The Deputy Chief Executive

added that the Co-production and Insight Group which fed into the Mental Health Service Delivery Board brought stories and experiences related to the MHIP.

12. A Member asked about the steps taken to overcome "bouncing" from one service to another. The Deputy Chief Executive (SABP) stated that it remained a challenge, but there were some positive steps. The One Team pilot in Epsom resulted in reduced waiting times and increased identification of ASC needs. The Adults Mental Health Alliance would allow for effective co-operation across the system. The Public Health team at the Council were leading on a review of the single point of access. The Programme Director (SABP) explained that bouncing was a key theme of the independent review and there were plans to introduce clear system leadership on this.

13. In response to a question on the use of safe havens as opposed to A&E, the Joint Strategic Commissioning Convener for Children and all age Mental Health (SCC) shared that there was a new member on the Mental Health System Delivery Board from the Office of the Police and Crime Commissioner, however, they still needed to consider how or if SECAmb would be represented. Ambulance services were, however, represented on the Co-Production and Insight Group. The Chief Executive of Mary Frances Trust explained that attendance at safe havens had still not returned to pre-pandemic rates. There was a mental health ambulance project group which was having discussions about blue light services referring individuals to safe havens and there was a review of the specification of safe havens. The Deputy Chief Executive added that they needed to build confidence in the paramedics with safe havens, when an individual did not need medical intervention.

Actions/requests for further information:

1. The Joint Strategic Commissioning Convener, Children and all age Mental Health to provide data on the uptake of the peri-natal mental health course.

2. The Joint Executive Director for Adult Social Care and Integrated Commissioning to provide a further update on the Section 12 app.

3. The Joint Strategic Commissioning Convener for Learning Disability and Autism and all age Mental Health to provide a written update on how the Fuller Stocktake has influenced the Delivery of the Mental Health Improvement Plan.

Recommendations:

1. For the Mental Health Improvement Plan Digital and Data Workstream Lead to ensure to increase awareness of the Kooth system, and to ensure that it is increasingly enabling Children and Young People to access appropriate online support for their mental health; and to provide the Adults and Health Select Committee with a future written update on this.

2. For the Joint Executive Director for Adult Social Care & Integrated Commissioning and Surrey and Borders Partnership, to develop a robust process to deal with complaints as well as Issues of Concern regarding mental health services, and to provide a written update to the Adults and Health Select Committee on progress toward this.

3. For the Mental Health System Delivery Board to use quantitative and qualitative data to direct the decision making process of the Mental Health Improvement Programme; and to update the Adults and Health Select Committee in a future formal meeting, on imminent/ensuing Mental Health System Delivery Board decisions on how to plan the delivery of the Mental Health Improvement Plan, and on what data was utilised to direct these decisions.

35/22 RECOMMENDATIONS TRACKER AND FORWARD WORK PROGRAMME [Item 8]

Key points raised during the discussion:

None.

36/22 DATE OF THE NEXT MEETING [Item 9]

The Select Committee noted that its next meeting would be held on Wednesday, 2 November 2022.

Meeting ended at: 2.36 pm

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Chairman

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SURREY HEARTLANDS
Health and Care Partnership

Annex 1

SURREY COUNTY COUNCIL

NHS

Surrey Heartlands ICS -

Managing UEC Surge

The Fuller Stocktake – *the future of primary and urgent care*

National review based on the engagement of over 1000 people, roundtables & face-to-face meetings (incl. 12,000 + visits to an engagement platform).

From this consensus emerged what the NHS and Partners can do differently.

Neighbourhood 'teams of teams'

- Integrated teams (to evolve from PCNs) work collaboratively together as Neighbourhoods to improve the health and wellbeing of the local population.

Urgent & same-day care

- Provision of care and advice from an expanded multi-disciplinary team
- Utilising data and digital technology to quickly find the right support.

Long term conditions

- Access to more proactive, personalised support from a named clinician.

Healthy communities

- Creating healthy communities and prevention by working with communities
- Greater and more effective use of data
- Closer working relationships with the Local Authorities and the voluntary sector.

Surrey Heartlands and partners will re shape our focus' to meet the Fuller Stocktake.

Primary Care - *better health for everyone, better care for all patients and efficient use of NHS resources*

Primary Care have delivered under the continuing pressure of increasing demand.

We have successfully delivered (through primary care) one of the highest COVID vaccination rates in the country.

We have increased the number of face to face appointments.

7.7 M appointments and online contacts this year. 18% increase from 20/21.

2.5m online contacts/requests made during 2021/22.

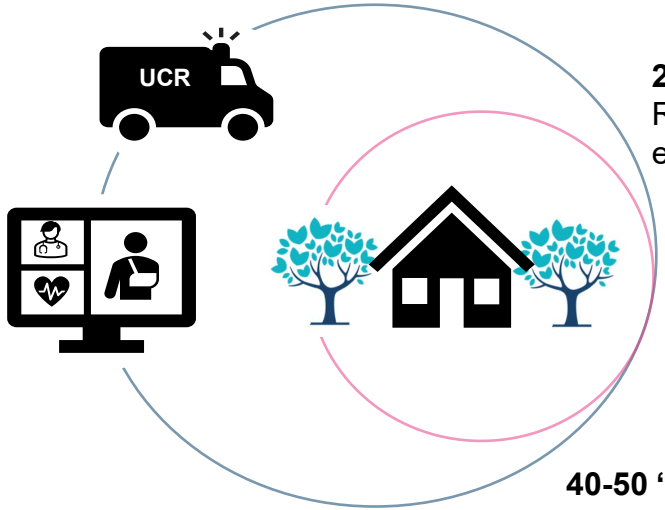
Planned winter includes practice level additional appointment capacity, an ‘at scale’ back office function and cloud based telephony which will increase the number of telephone lines available for incoming / outgoing calls.

Opportunity to grow and integrate our services, which now includes Pharmacy, Optometry & Dentistry (POD).

Joined up care, increased focus on prevention, early intervention.

Community services – *moving healthcare closer to home*

Single access point to support joint clinical decision for Frailty pathways - Right Care, Right Place, First Time



2-hour Urgent Community Response services 8am to 8pm every day.

172 “virtual” beds mobilised by December.

40-50 “virtual” beds per 100k population by March 2024.

Community transformation to offer fully co-ordinated community care to our patients.

A “virtual ward” allows clinicians to provide acute monitoring and care in a patients own home using available technology.

Virtual wards coupled with Urgent Community Response aims to have one access point into community healthcare.

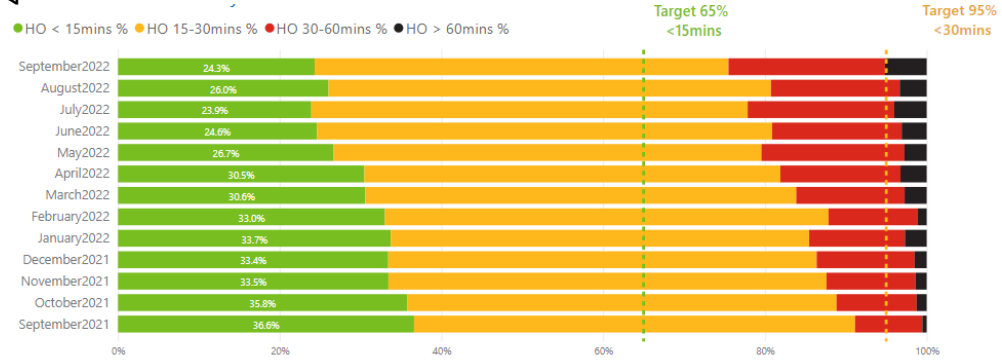
In advance of winter this will support more of our patients to remain in their own homes, proven to reduce deterioration & increase recovery.

Ambulance Handover – *a challenged position*

Ambulance handover delays have increased from the previous year, this leaves our patients in acutes and waiting in the community at greater risk.

Surrey Heartlands recognises how essential swift ambulance handover is and has conducted a deep dive to understand the challenges and have identified long and short term actions to rectify this challenge.

Support initiatives include enhanced acute and community appropriate pathways to reduce emergency conveyances.



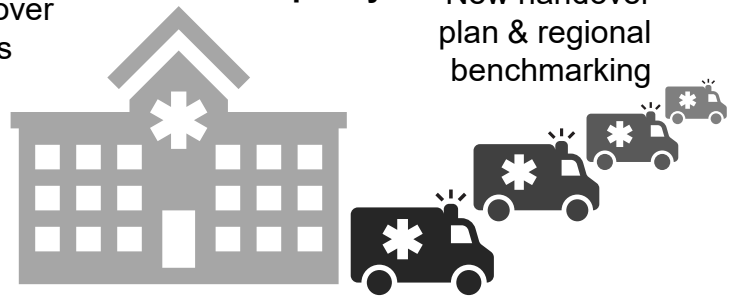
Delays in ambulance handover is a system issue.

Causal factors include inappropriate community activity, increased emergency department walkin activity, and higher acuity presentation, alongside high acute occupancy and challenged acute flow.

Increasing ambulance handover delays

Acutes **95-100% occupancy**

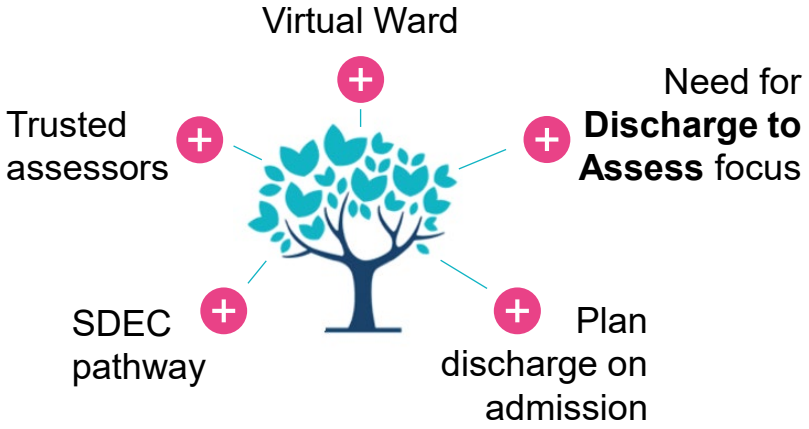
New handover plan & regional benchmarking

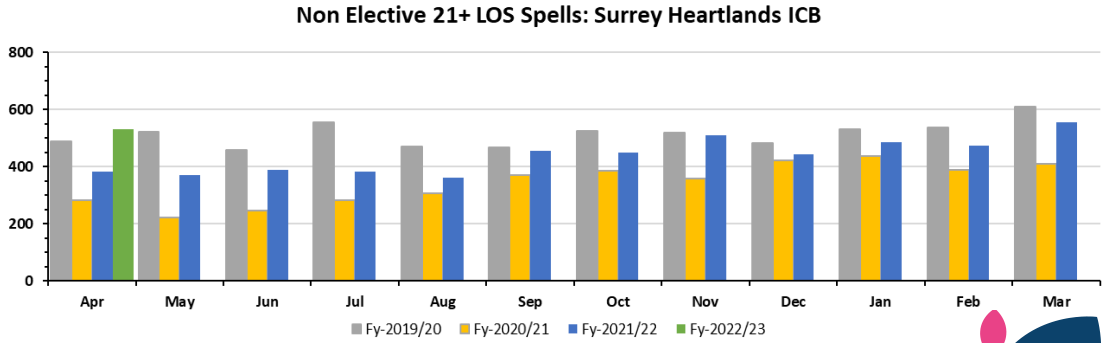


Hospital Flow – *aiming to receive timely care and be discharge home as soon as possible*

Through forward planning and active management of the NHS discharge pathways capacity, the primary aim is to support our patients in returning home as soon as possible.

Patients with a Length of Stay of 21 days + decreased during the first year of the pandemic, this number has risen recently as the ability to discharge patients home is impacted by shortages and challenges within the wider care services.





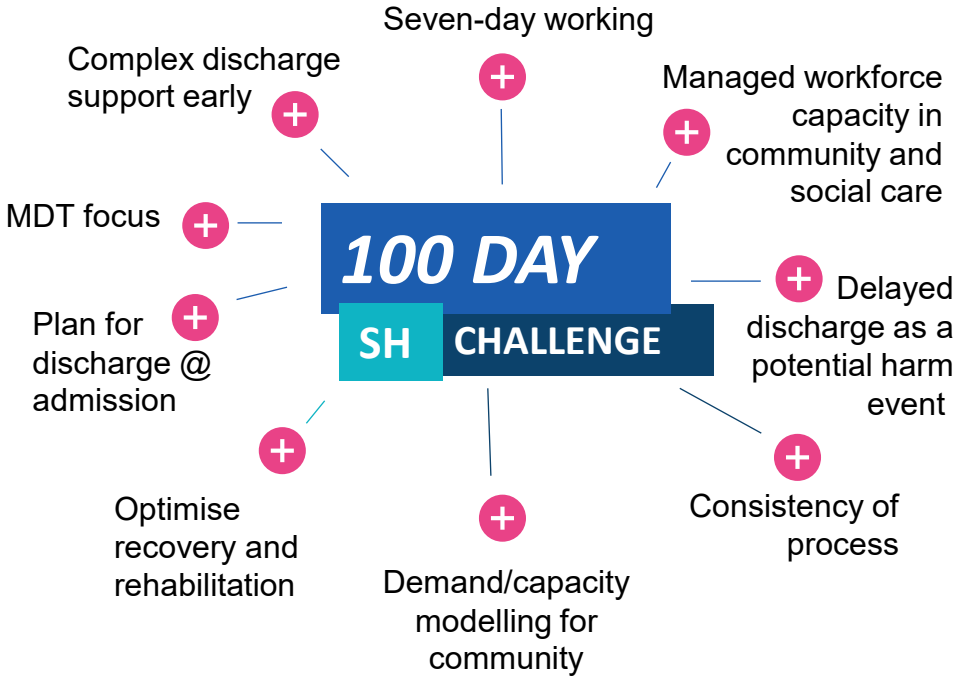
Discharge – *100 day discharge and flow challenge: a call to action*

Building on the discharge process from hospitals during COVID-19 & D2A processes; a new 100 - Day Discharge and Flow Challenge was launched in June 2022.

Aimed at ensuring bed availability for patients needing to be admitted into hospital.

Through winter our focus is;

- Discharge to recover and assess
- Improving patients independence
- Plan discharges early
- Links with virtual wards



Adult Social Care – *Joint Discharge to Assess Arrangements*

- New operating model successfully implemented from 1 July 2022. Key aspect is to have services ring fenced for hospital discharge to enable people to return home as soon as safe to do so. People assessed for any on going support needs whilst recovering, ideally in their own homes, or as close to home as possible.
- Early indications are this is leading to a significant reduction in D2A spend compared to the previous model baseline
- Local ICPs have taken considerable steps to source dedicated D2A services to secure capacity to meet the demand for residents leaving hospital and returning home
- CHC D2A pathway in place
- Clear consistent support for people able to fund their own care arrangements

Next Steps

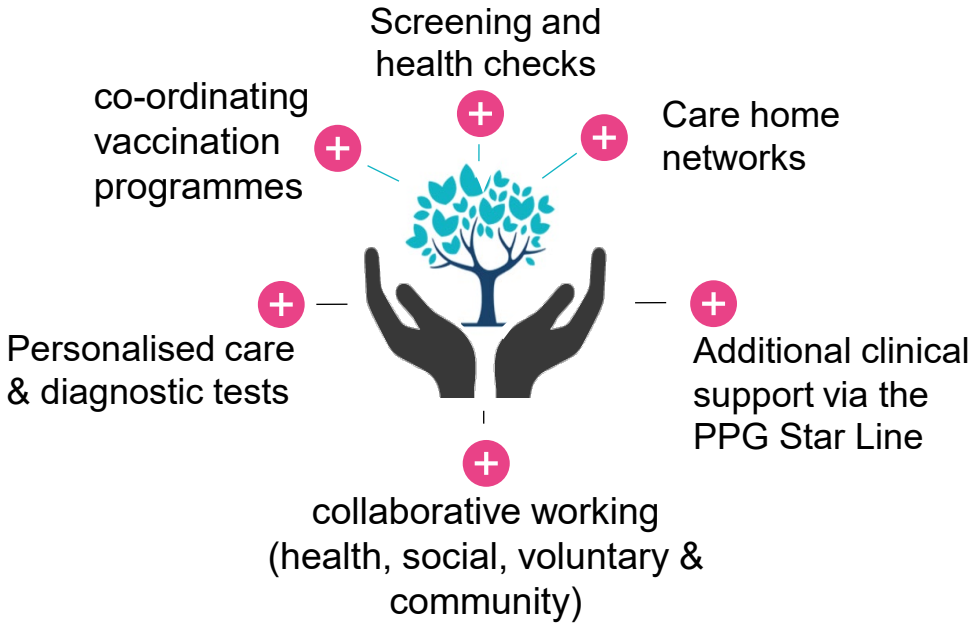
- Progress commissioning activity to secure D2A services at best value to meet more complex needs – will involve purchasing more block services in some areas and greater price consistency across the county
- Confirm enhanced discharge offer to respond when Acute Hospitals under intense pressure
- Menu of services with associated costs for NHS to purchase to increase flow as required
- Produce monthly D2A finance and activity report for ICB Exec to complement the helpful and more detailed dashboard already produced by ICB Finance
- Continue work to identify sufficient funding for 2023/24 and sustainability thereafter
- Wait confirmation of national announcement of £500m for D2A funding

Care home – *supporting our care partners*

Surrey Heartlands are committed to collaborative working to enhance the health and well-being of residents.

Surrey Heartlands has a shared work programme across all Surrey Heartlands Places and Surrey County Council to ensure people maintain their independence as far as possible by reducing, delaying or preventing the need for additional health and social care service.

Provision of support and training to care homes in identifying mental health related problems in their resident population and managing people with complex mental health needs.



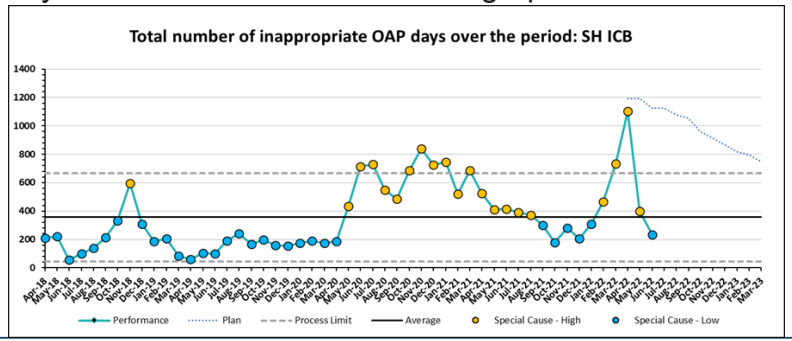
Mental Health – *Providing wrap around care to all our patients*

Supporting acute hospital flow - 24/7 Hospital Psychiatric Liaison Services, responding to approximately 900 referrals per month.

Integrated with Primary Care - The GP Integrated Mental Health service (GPimhs) provides an integrated mental health team working within Primary Care. Currently live in 15 PCNs, with roll out across all sites by December 2022

Helping People to Find or Remain in Employment - Richmond Fellowship employment advisors are already embedded within CMHRSs.

Finding Crisis Support Closer to Home - Reduction of Out of Area placements following system flow events as shown in graph below.



System recovery workshops planned for October / November

Tackling patients waiting time to be discharged by an early focus on MFFDs

Additional beds will be available this winter from a number of other local Mental Health hospitals to support flow.

Piloting a 'Recovery & Connect' service over winter

Creation of a Crisis House (in partnership with Home Treatment Team services)

'One Team' approach delivering collaborative & innovative working

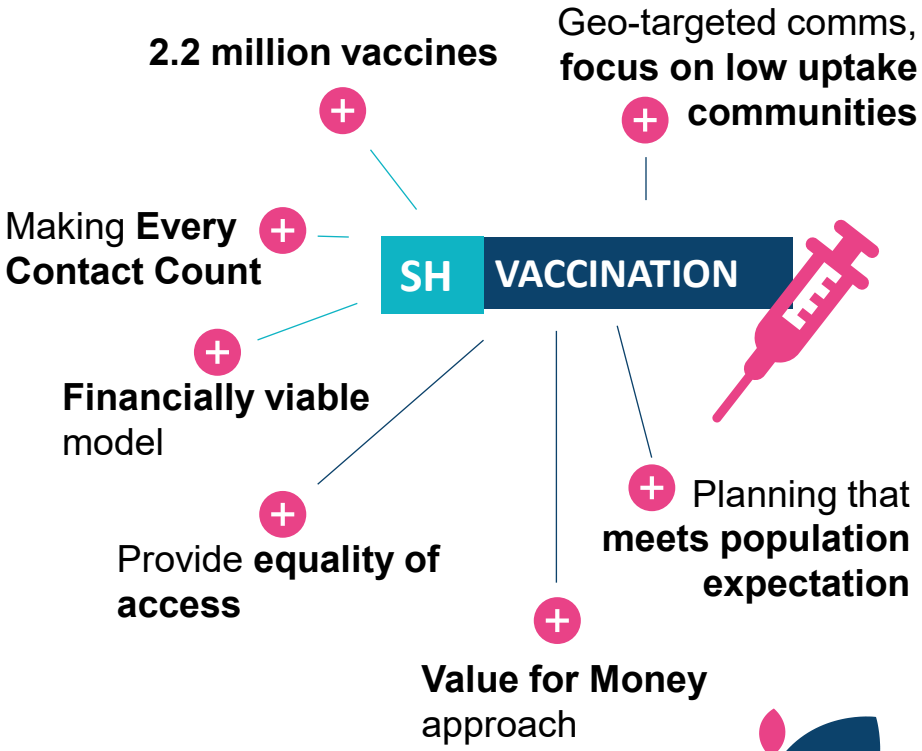
Mental Health services digital support tools

COVID Vaccinations – *a story of success*

Surrey Heartlands have, and continue to run a successful COVID vaccination programme that is being refined and further developed as we know more.

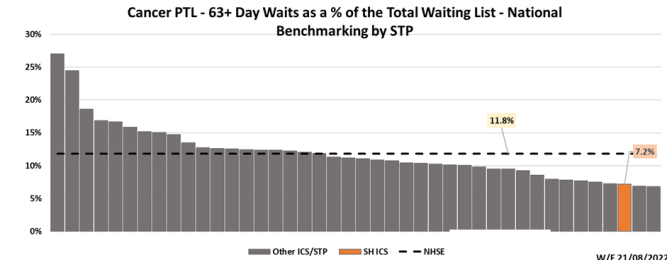
We have delivered over 2.2 million vaccines working with all our system partners in the successful delivery.

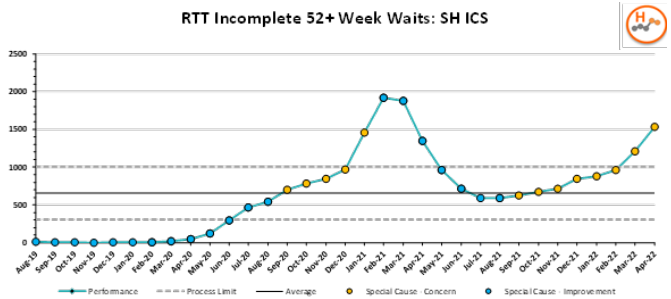
We are focused on ensuring all communities have access to the vaccine in order to protect themselves, our services and our population.



Elective – *a challenged recovery with critical commitments*

Surrey Heartlands continues to maintain a very strong emphasis on wait times for our patients; however recovery of elective procedures has slowed from the end of 2021. This is due to the high levels of emergency activity, high hospital occupancy and workforce challenges.





Surrey Heartlands has a programme of work in place to redesign pathways across the system, reduce inefficiencies and direct patients to services based on their waiting time within the system rather than their specific local hospital.

Surrey Heartlands is performing better in cancer waits than the England average & ranks 2nd out of the 6 ICS's in the South East region for the lowest number of 63+ day waits.

ELECTIVE CARE COMMITMENTS

Patients are **allocated a clinical priority** based on past medical history and procedure.

Surrey Heartlands currently has no-one waiting over 2 years (104 week) and that we are committed to reducing our long waits down to no one waiting over 78 weeks by the end of March 23.

Prioritise longer waits which can lead to higher clinical risk or poorer outcomes

Thank You

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Annex 2

Frimley Health and Care

Frimley Health and Care ICS

Winter Planning 2022/23

Winter Planning 2022/23

Frimley Health and Care

- Urgent & Emergency Care Strategy
- Urgent & Emergency Care Priorities
- National Winter Planning Process

NHS Frimley

Vision

Our **local residents** receive **safe, connected and reliable** care to support them **when they need it most**

Outcomes

1. Maintained health
2. Improved health
3. Accessing the right UEC service
4. Receiving timely care
5. Safe and timely quick discharge
6. Continuity of care
7. Same outcomes

Core objectives

1. Meet **population** needs
2. Increase **preventative** and proactive care
3. Improve **access** and service delivery
4. Ensure efficient **exit**

Enabling objectives

5. Support **workforce**
6. Simplify operating model and **governance**
7. Increase innovation and **transformation**
8. Improve **comms** and engagement

Interventions detailed on further slides

UEC Priorities – Phase 1 - Organising ourselves for improvement: September 2022

NHS Frimley

		STRATEGY	LEAD	SUPPORT	CLINICAL LEAD	STATUS
1	**UEC Escalation Arrangements** (BCI)	❻	DG	GK	n/a	Complete
2	**ICB On-Call Arrangements**	❻	DG	GK	n/a	Complete (starts 1/10)
3	**UEC Governance**	❻	SD	SB	n/a	Due 30/09
4	**UEC Resources** (Staffing)	❻	SD	PK	n/a	Due 30/09
5	**Winter Planning** (NHSE returns)	❻	NA	NW	n/a	Due 30/09
6	**Demand & Capacity Bids** (additional capacity) - FHFT - Out of Hospital	❹	 DB DG	 RW RW	 n/a n/a	 £2.7m bid complete 1,000 Beds ongoing
7	**SCAS** (Working arrangements and delivery of Winter Plan)	❸	RW	ShB	n/a	Ongoing
8	**Performance Reporting** - EPIC reporting issues - Weekly report - Board reports - "SHREWD"	❻	SD	OW	n/a	Due 30/09
9	**UEC Contracts** - WPH GP Streaming - Out of Hospital Services	❸	 PK RW		 JMc JMc	 Due 30/09 Due 30/09
10	**Minor Injuries Pilot** (Pathway Proposal)	❸	CF		JMc	Due 30/09

UEC Priorities – Phase 2 – Service transformation focus: Winter 2022

NHS Frimley

		STRATEGY	LEAD	SUPPORT	CLINICAL LEAD	STATUS
1	**Community Transformation Initiatives** - Virtual ward roll-out - UCR (including Frailty) optimisation - Call Before Convey - Enhanced Care Homes Support	2	NA	YM	tba	
2	**Proactive Management of High Risk Patients** - Population segmentation approach - Remote monitoring & other pro-active interventions	2	SBu	NA MS SB	LI	
3	**111 Pathways** - DOS management - CAS - High Intensity Users	3	RW	ShB	JMc	
4	**Same Day Demand** - Primary Care - Minor Injuries Pathway	3	CF	PK	JMc	
5	**Respiratory Hubs** (Hampshire model)	2	tbc		GR/LI	
6	**D&C Bid Additional capacity** - Heathlands - Ward 18 @ WPH	4	DG	RW	JMc	
7	**FHFT Length of Stay Improvements**	4	DB		JS	
8	**Local Authority Discharge Capacity**	4	DG	DM	JMc	
9	**Pan-ICS** (Discharge Community, Rehab Beds)	4	DG	DM	JMc	
10	**Mental Health Pathways**	1	NB		KS	
11	**Seven Day Services**	2	SD	CC	JMc	

Urgent & Emergency Care Performance Briefing

25 September 2022

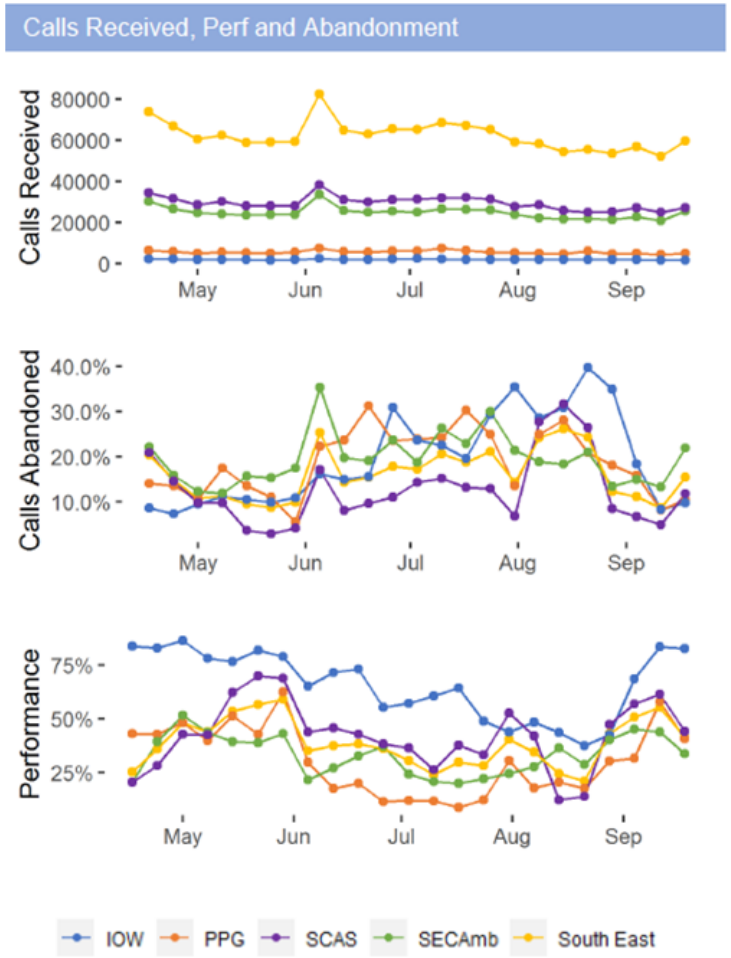
UEC Board Assurance Framework national measures	Avg Previous 6 Weeks	Latest Week	Difference	
Locally focused metrics:				
Average hours lost to ambulance handover delays per day	N/A	N/A	N/A	N/A
Adult G&A type 1 bed occupancy	96.1%	97.7%	1.7%	1.8%
21+ Day LOS (daily average) - Holding metric in place of Criteria to Reside	319	332	12	4%
Local Regional Escalation measures:				
60+ minute Ambulance handover delays	16	1	-15	-94%
60+ minute Ambulance handover regional escalation triggers (daily by site)	1	0		
Proportion of A&E Attendances waiting over 12hrs	10.9%	5.7%	-5.2%	-47.7%
12hrs from Arrival - regional escalations triggers (daily by site)	12	8		

NOTE: DRAFT REPORT DEVELOPED IN 1 WORKING DAY. Further validation & refinement will be completed over the next few weeks.

Key headlines:

Patients attending FHFT A&E increased by 6% compared to the average of the previous 6 weeks, although this follows a sustained reduction in attendances. 60+ minute handover delays have also reduced, although there were still 5 in the last week. **Patients waiting in the department remains a challenge with 238 patients waiting over 12hrs**. This position did improve compared to previous weeks but was impacted by the bank holiday Monday. Performance would have triggered regional escalation 8 times in the week.

Bed occupancy remains a challenge with an average of 81 escalation beds open over the last week, and bed occupancy at 97.7%. **Within this around 1/3rd of all patients in the Trust have a LOS over 21days, with 472 patients with a LOS over 14 days**



Annex 3

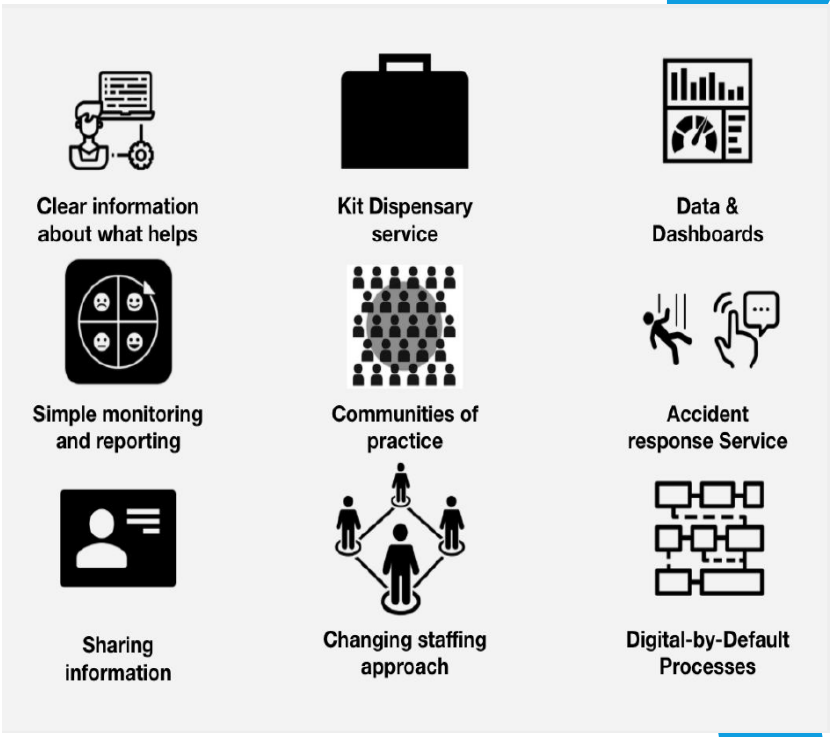
Adults and Health Select Committee-Enabling You with Technology Transformation Programme update – 5th October 2022

SURREY COUNTY COUNCIL

Background

- Summer 2020 discovery phase with consultancy
- Telecare landscape in Surrey is varied but – build on existing arrangements
- “ learning by doing”
- Surrey County Council and Mole Valley Life– one team approach
  - rapid discharge from hospital
  - Focus on frailty and reablement
  - Pilot a responder service

Recommendations



Vision- where do we want to get to?

A Proactive and Preventative Approach to Care in Surrey

Suite of TEC Options including

Kit Dispensary service

Simple monitoring and reporting

Cascade 3d,HandiCalendar, Just Roaming, Bed sensors, GPS Alarms, etc

Delivered by a 'Trusted Advisor' model

Wellbeing & Response Service

Accident response Service

16-hour service*

Available Surrey-Wide,
- People eligible for ASC
- Self-funders

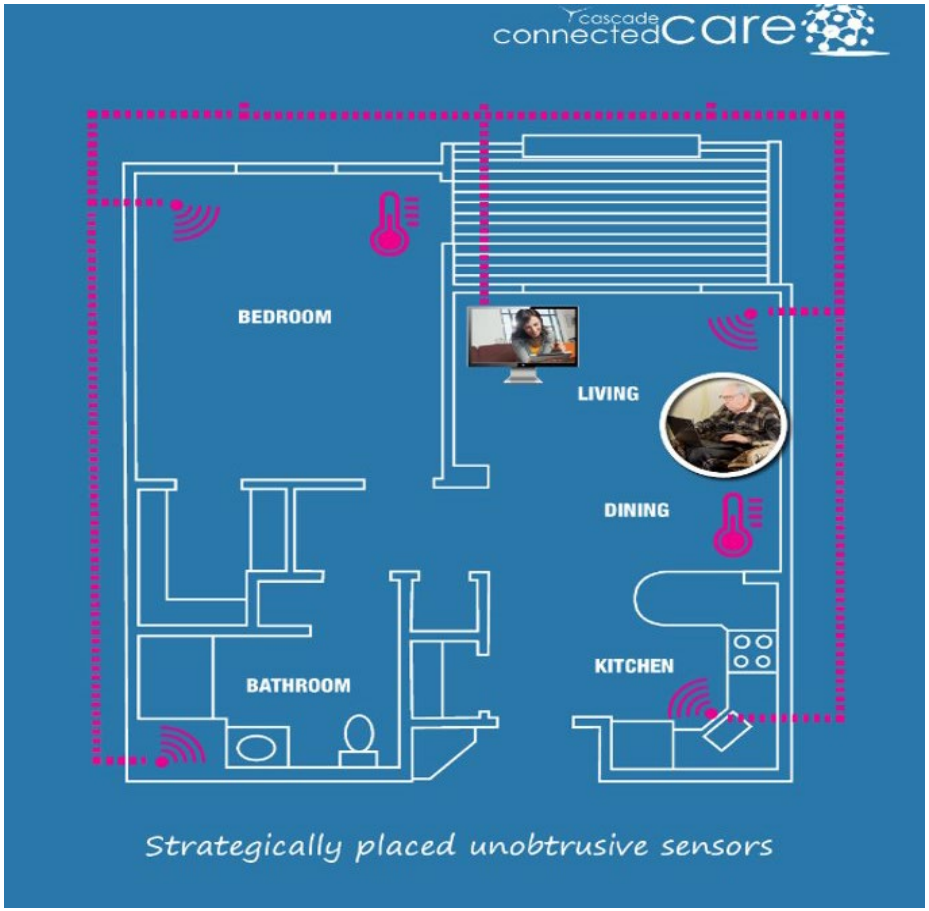
Same service and pricing model Countywide

Support Discharge to Assess

'Digital by default'

Available to purchase online

* initial trial


cascade
connectedcare
BEDROOM
LIVING
DINING
KITCHEN
BATHROOM
Strategically placed unobtrusive sensors

Area	Today	Average
Bathroom	3 last visit 08:13	6
Bathroom	8mins avg time	10mins
Bedroom	3 last visit 09:12	4

Area	Today	Average
Fridge	1 last opened 09:15	0
Kettle	1 last use 09:16	2
Microwave	1 last use 09:19	1

* initial trial

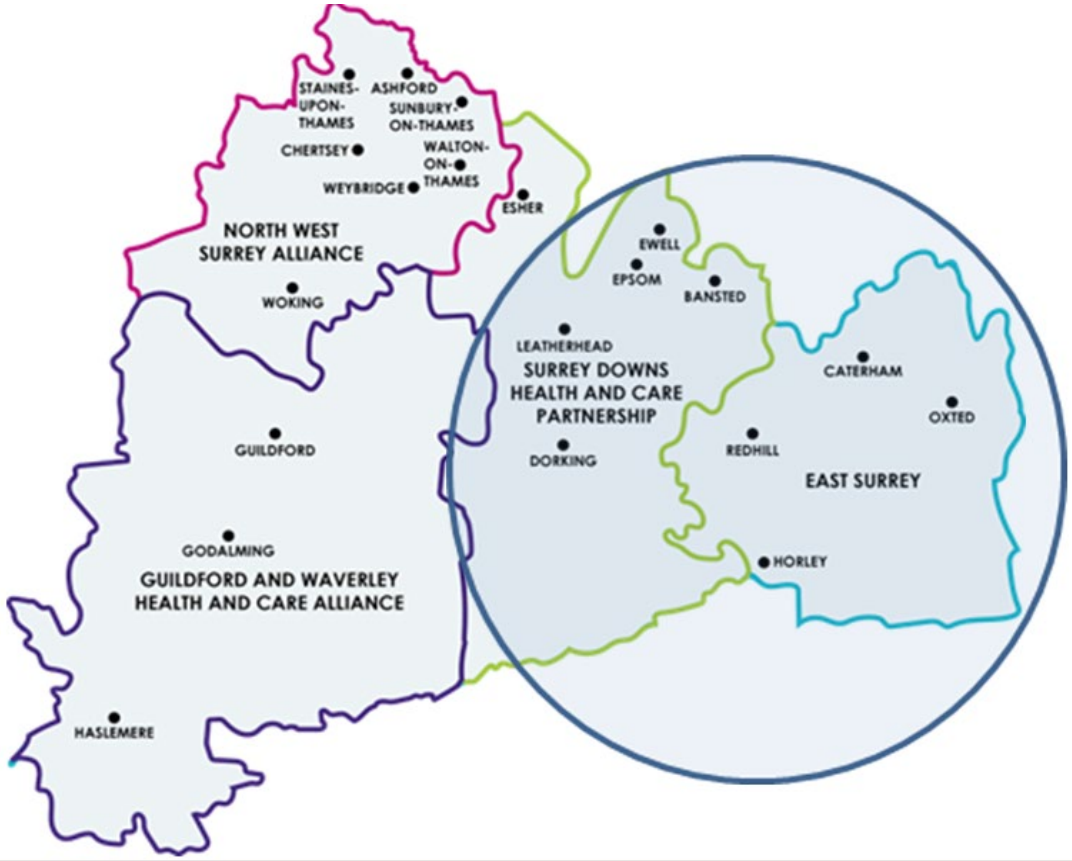
Benefits

- Residents more independent and remain in own home for longer
- Early intervention for declining physical, mental health and wellbeing
- Reduced chance of deterioration and hospital visits from prolonged periods without intervention from a low priority ambulance call e.g. non injury fall
- Care practitioners make evidence based decisions
- Cost reduction across the health and care system through
  - Right-sizing adult social care support
  - Reduced ambulance call outs
  - Likely reduced admission and readmission to A&E

Responder service

- March 2022, launched a responder service monitoring circa 4,500 telecare users (Circa 16,000 telecare users in Surrey using District and Borough Council TEC services)
- Worked closely with SECamb on the service model
- 16 hours from 6am -10 pm
  - Reduced ambulance call outs
  - Reduced admission and readmission to A&E
  - Currently operating in Mole Valley, Epsom & Ewell, Reigate and Banstead and Tandridge
  - Average response time 25 mins
  - Funded to March 2023 through Surrey County Council Transformation funding
  - Developing pathways with Urgent Community Responders
  - Potential to upscale – dependent on existing technology/key safe access

Responder service coverage for existing telecare users



Responder service data – March to August 2022

Response Times

Number of incidents attended within 45 minutes & 60 minutes (rural)	Number of incidents where attendance exceeded 60 minutes	Average time from time of call to attendance to an incident
336	0	00:25

Initial Call Reason

Number of incidents attended broken down by reason code	
No Response	51
Fall - Non Injury	227
Fall - Minor injury	6
Fall - Injured	41
Re-Evaluation	1
Other	8
Medical - Ambulance	2
Total	336

Call Outcome

Number of incidents broken down by incident outcome codes	
A - Accidental Use	28
B - Fall - Non injury	170
C - Fall, Ambulance	53
D - Fall, Injury Treated	10
E - Medical- Contacts/Relatives	1
F - Medical - Doctor/111	0
G - Medical - Ambulance	19
H - Personal Care	5
I - Stood Down	29
J - Ambulance Attending	5
K - Other Reason	16
Total	336

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Surrey Heartlands
HEALTH AND CARE PARTNERSHIP

Annex 4

SURREY COUNTY COUNCIL

NHS

Update on the Mental Health Improvement Plan

Adults and Health Select Committee on 5 October 2022

Context

Delivering the Mental Health Improvement Plan in partnership

- The Mental Health Improvement Plan (MHIP) is being delivered by a partnership of health and care organisations across Surrey, to respond to the 19 recommendations of the independent peer review which concluded in May 2021. Our purpose is to improve and promote the mental health and emotional wellbeing of Surrey residents.
- In June we provided an update on the MHIP to the Adults and Health Select Committee. The 'stocktake' we presented described a significant amount of work which has been undertaken to improve the mental health support and services, but also highlighted some key challenges which have held back delivery, and our plan to address them.

Updating the AHSC on progress since June

- We have submitted two reports to update the Committee on two of the recommendations from the June meeting:
  - Technology – describing how digital tools and technology are helping us to deliver the MHIP.
  - Updating the Committee of progress in addressing two of the key challenges discussed on 23 June:
    1. Resetting our governance
    2. Phasing the priority work we are doing on mental health improvement and transformation across Surrey
- Since submitting our final report, our new Mental Health System Delivery Board met for the second time. On 28 September we also had the opportunity to update the Health and Wellbeing Board on progress to date.

Technology and Digital tools in the MHIP

Technology is a key part of delivering improvements for users, residents and staff

- Our report describes some of the practical ways in which technology and digital tools are helping us to improve the services and support we provide to those who need them.
- Six delivery and outcome areas underpin this work. These align with wider objectives in Surrey and nationally, and support delivery across the MHIP.

Prevention, Signposting and Self-Help	Integrated Analytics	Flow and Proactive Prevention	Virtual Care	Improving Access to Psychological Therapies (IAPT)	Programme Resource

- Working in partnership creates opportunities to deliver better support to our residents and also presents challenges in terms of data sharing, pathways, relationships, funding and digital approaches. Effective use of digital tools can depend on relationships as much as the technology itself.

Delivering an ambitious digital and data strategy is inherently challenging

- There are a number of strategic challenges, many of which are not specific to mental health, including resource.
- Fragmentation, digital literacy (for both users and our workforce), lack of system interoperability, digital exclusion and the risk of increased health inequalities are all significant challenges for us to overcome.
- Funding arrangements are yet to be confirmed, but we know that national funding streams have been reduced.

Resetting our governance

Our new Mental Health System Delivery Board met in August and September

- The Board has a remit covering the improvement and transformation of mental health and emotional wellbeing services in Surrey. This includes activity under the MHIP, 'Priority 2' of the Health and Wellbeing Strategy, the NHS Long Term Plan, and other work.
- The Board has a clear mandate to set priorities on behalf of the system and oversee their delivery. A key element of this is the 'phasing' exercise currently underway.
- This is a genuinely 'system' Board with representatives from across our partnership.

This Board is the right forum to provide a grip on MH improvement and to give us the conditions to succeed

- Our new governance structure gives us the basis to address the issues which have previously held back delivery.
- We have clear decision-making and accountability to the Health and Wellbeing Board and the Integrated Care Board. Through the Co-Production and Insight Group, we also have a forum for a wide range of stakeholders, partners and users to bring their diverse perspectives and influence the direction of our work.

Phasing: progress to date

This exercise is a work in progress

- Mental health improvement in Surrey is a broad agenda. Work has been progressing in line with our workplan (Annex 1 to our report) but we do not yet have conclusions to present.
- A range of local and national drivers are behind our current activity. This exercise requires us to bring information about this activity together in a consistent and coherent way to enable informed decision-making.

Most activity falls into one of four high-level areas

- Improvement work continues to happen across each of these, although there is variability in how well and how consistently we can articulate the impact and reach of our interventions. This is a focus of the next stage of our phasing work.

- Next steps include:
  - Further session with user voice/lived experience representatives
  - Remaining interviews, particularly with enabling functions (e.g. digital, comms and engagement, workforce)
  - Detail on specific projects within the high-level areas, including on funding
  - Furthering links to the ICS response to the Fuller stocktake and to Place-based health & care partnerships

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