

## Notice of Meeting

# Health Scrutiny Committee



**Date & time**  
**Thursday, 24**  
**January 2013**  
**at 10.00 am**

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

**Contact**  
Leah O'Donovan  
Room 122, County Hall  
Tel 020 8541 7030

**Chief Executive**  
David McNulty

leah.odonovan@surreycc.gov.  
uk

**If you would like a copy of this agenda or the attached papers in another format, eg large print or braille, or another language please either call 020 8541 9068, write to Democratic Services, Room 122, County Hall, Penrhyn Road, Kingston upon Thames, Surrey KT1 2DN, Minicom 020 8541 8914, fax 020 8541 9009, or email [leah.odonovan@surreycc.gov.uk](mailto:leah.odonovan@surreycc.gov.uk).**

**This meeting will be held in public. If you would like to attend and you have any special requirements, please contact Leah O'Donovan on 020 8541 7030.**

### **Members**

Mr Nick Skellett CBE (Chairman), Dr Zully Grant-Duff (Vice-Chairman), John V C Butcher, Bill Chapman, Dr Lynne Hack, Mr Peter Hickman, Mr Ian R Lake, Mrs Caroline Nichols, Mr Colin Taylor, Mr Richard Walsh and Mr Alan Young

### **Co-opted Members**

Dr Nicky Lee, Rachel Turner, Hugh Meares

### **Substitute Members**

Ben Carasco, Tony Elias, Carol Coleman, Marsha Moseley, Denise Saliagopoulos, Geoff Marlow, Mohammed Amin, Will Forster, Peter Lambell, Pauline Searle, Fiona White, Nigel Cooper, Chris Frost, Nick Harrison.

### **Ex Officio Members:**

## **TERMS OF REFERENCE**

The Health Scrutiny Committee may review and scrutinise health services commissioned or delivered in the authority's area within the framework set out below:

- arrangements made by local NHS bodies to secure hospital and community health services to the inhabitants of the authority's area;
- the provision of such services to those inhabitants;

- the provision of family health services (primary care trusts), personal medical services, personal dental services, pharmacy and NHS ophthalmic services;
- the public health arrangements in the area, e.g. arrangements by NHS bodies for the surveillance of, and response to, outbreaks of communicable disease or the provision of specialist health promotion services;
- the planning of health services by NHS bodies, including plans made in co-operation with local authorities, setting out a strategy for improving both the health of the local population, and the provision of health care to that population;
- the arrangements made by NHS bodies for consulting and involving patients and the public under the duty placed on them by Sections 242 and 244 of the NHS Act 2006;
- any matter referred to the Committee by Surrey Local Involvement Network under the Local Government & Public Involvement in Health Act 2007;
- social care services and other related services delivered by the authority.

## **PART 1** **IN PUBLIC**

### **1 APOLOGIES FOR ABSENCE AND SUBSTITUTIONS**

### **2 MINUTES OF THE PREVIOUS MEETING:**

(Pages 1  
- 10)

To agree the minutes as a true record of the meeting.

### **3 DECLARATIONS OF INTEREST**

To receive any declarations of disclosable pecuniary interests from Members in respect of any item to be considered at the meeting.

#### **Notes:**

- In line with the Relevant Authorities (Disclosable Pecuniary Interests) Regulations 2012, declarations may relate to the interest of the member, or the member's spouse or civil partner, or a person with whom the member is living as husband or wife, or a person with whom the member is living as if they were civil partners and the member is aware they have the interest.
- Members need only disclose interests not currently listed on the Register of Disclosable Pecuniary Interests.
- Members must notify the Monitoring Officer of any interests disclosed at the meeting so they may be added to the Register.
- Members are reminded that they must not participate in any item where they have a disclosable pecuniary interest.

### **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 (Friday 18 January 2013).
2. The deadline for public questions is seven days before the meeting (Thursday 17 January 2013).
3. The deadline for petitions was 14 days before the meeting, and no petitions have been received.

### **5 CHAIRMAN'S ORAL REPORT**

The Chairman will provide the Committee with an update on recent meetings he has attended and other matters affecting the Committee.

### **6 REVIEW OF EPSOM HOSPITAL MERGER**

(Pages  
11 - 30)

**Purpose of report:** Scrutiny of Services

The Committee will scrutinise the failed merger of Epsom Hospital with Ashford & St Peter's Hospitals NHS Foundation Trust.

### **7 PERFORMANCE AND QIPP UPDATE**

(Pages  
31 - 42)

**Purpose of report:** Scrutiny of Services

The Committee will scrutinise performance against QIPP savings targets and national performance indicators.

**8 RECOMMENDATION TRACKER AND FORWARD WORK PROGRAMME**

(Pages  
43 - 52)

**Purpose of report:** Scrutiny of Services

The Committee is asked to monitor progress on the implementation of recommendations from previous meetings, and to review its Forward Work Programme.

**9 DATE OF NEXT MEETING**

The next meeting of the Committee will be held at 10.00am on 14 March 2013.

**David McNulty**  
**Chief Executive**

Published: Wednesday, 16 January 2013

**MOBILE TECHNOLOGY – ACCEPTABLE USE**

Use of mobile technology (mobiles, BlackBerries, etc.) in meetings can:

- Interfere with the PA and Induction Loop systems
- Distract other people
- Interrupt presentations and debates
- Mean that you miss a key part of the discussion

**Please switch off your mobile phone/BlackBerry for the duration of the meeting.** If you wish to keep your mobile or BlackBerry switched on during the meeting for genuine personal reasons, ensure that you receive permission from the Chairman prior to the start of the meeting and set the device to silent mode.

*Thank you for your co-operation*

**MINUTES** of the meeting of the **HEALTH SCRUTINY COMMITTEE** held at 10.00 am on 15 November 2012 at Ashcombe Suite, County Hall, Kingston upon Thames, Surrey KT1 2DN.

These minutes are subject to confirmation by the Committee at its meeting on 24 January 2013.

**Elected Members:**

Mr Nick Skellett CBE (Chairman)  
Dr Zully Grant-Duff (Vice-Chairman)  
Bill Chapman  
Dr Lynne Hack  
Mr Peter Hickman  
Mr Colin Taylor  
Mr Richard Walsh  
Mr Alan Young

**Independent Members**

Borough Councillor Nicky Lee  
Borough Councillor Hugh Meares  
Borough Councillor Mrs Rachel Turner

**Apologies:**

John V C Butcher  
Mrs Frances King  
Mrs Caroline Nichols

**In Attendance**

#### **49/12 APOLOGIES FOR ABSENCE AND SUBSTITUTIONS [Item 1]**

Apologies were received from John Butcher, Frances King and Caroline Nichols.

#### **50/12 MINUTES OF THE PREVIOUS MEETING: 13 SEPTEMBER 2012 [Item 2]**

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

#### **51/12 DECLARATIONS OF INTEREST [Item 3]**

No declarations

#### **52/12 QUESTIONS AND PETITIONS [Item 4]**

None

#### **53/12 CHAIRMAN'S ORAL REPORT [Item 5]**

##### **Beeches Children's Respite Home**

There was ongoing publicity surrounding the planned closure of a children's respite home in Reigate. The decision was made to close it due to underuse. Those children using the service would continue to access respite at Applewood, which is in Epsom Downs and owned by Surrey County Council. Parents of children that use the service complained that they were not properly consulted before a decision was made to close it. The Chairman has spoken with Anne Walker at NHS Surrey who said there had been issues with the consultation. The home was originally due to close in December and this was now not likely to happen until March next year.

##### **CCG Introductory Meetings**

A series of introductory meetings with each of the CCGs was organised for February and March of next year. Further information on dates will be given soon.

##### **Halting of merger between Epsom Hospital and Ashford & St Peter's Hospitals**

The merger between Epsom Hospital and Ashford & St Peter's Hospitals was halted by NHS London. The main reason for this was financial: Epsom Hospital reported a £13 million deficit for the year with the likelihood of it rising to £19 million. Ashford & St Peter's was not able to produce a plan that would have the trust breaking even in five years. This challenge was too great and so NHS London took the decision to halt the merger. Obviously this has implications for the Better Services Better Value review and this too has been suspended for the time being. The Chairman has requested an urgent meeting with the CEOs of Epsom and Ashford & St Peter's and key officers from NHS London. Separately the Chairman released a statement encouraging them to work together to find a viable solution for the future of Epsom as the uncertainty is bad for patients and staff.

Rachel Turner provided an update on information given to the Epsom Hospital Local Representatives Panel. There is great concern about the deficit. There is the potential for the South West London Elective Orthopaedic Centre to

move as part of the Better Services Better Value programme. Surrey residents make up 11% of the EOC's patients. Epsom Hospital was also due to receive midwifery patients from East Surrey Hospital but due to East Surrey's recent expansion, Epsom will no longer be taking these patients.

**54/12 RESPONSES FROM THE CABINET TO ISSUES REFERRED BY THE SELECT COMMITTEE [Item 6]**

None

**55/12 HEALTH SERVICES FOR PEOPLE WITH LEARNING DISABILITIES [Item 7]**

**Declarations of Interest:**

None.

**Witnesses:**

Andy Erskine, Director of Services for People with Learning Disabilities, Surrey & Borders Partnership NHS Foundation Trust

Fiona Edwards, Chief Executive, Surrey & Borders Partnership

Kathryn Fisher, Liaison Nurse, People with Learning Disabilities, SABP

Chris Esson, Assistant Senior Manager, PLD Commissioning, Surrey County Council

Diane Woods, Associate Director for Mental Health and LD , NHS Surrey

**Key Points Raised During the Discussion:**

1. The issue of accessible health services for people with learning disabilities was referred to the Committee by the Adult Social Care Select Committee.
2. Steering groups have been set up for each acute trust in the County. Learning disabilities was a joint working partnership initiative. The service had undertaken a peer review and identified development areas, which included populating registers of people with learning disabilities, ensuring all people with a learning disability gave consent for care and ensuring that acute trusts had implemented the required adjustments.
3. Partners had been identifying residential/nursing homes with a high prevalence of hospital admissions from people with learning disabilities. The acute nurse liaison service had picked up issues with these homes, such as poor practice in enteral feeding. All agencies then worked proactively to address concerns. These issues might not have been looked at without the acute liaison nurse service. This work improved the quality of care for individuals and avoided future hospital admissions, thus saving resources.
4. Care packages are designed around individual service user. When a service user enters a hospital setting they should have a easy-read Health Passport that helps them to manage their interaction with

health for example likes and dislikes, eating and drinking issues, pain management, medication, sight and hearing etc. Every person with a learning disability that comes into an acute hospital is asked to fill one in if they don't already have one. Adult Social Care looks at these passports as part of any care review or assessment. There is the intention to roll out the Passports to the Children's service and the Alzheimer's Society want to publicise it nationally. In Surrey, partners have been working with Surrey County Council Procurement to assess the use of the Passports and are looking at the terms and conditions for contracts with providers of services to people with learning disabilities to make this part of the contractual requirement.

5. Members were concerned about the overall workload of the three acute liaison nurses and whether the number of posts was adequate. The Committee were informed that Surrey was one of the first places in the country to have such a service and the focus has been on learning from the new service. The number of posts was linked to the funding allocated and the resources is greater than other parts of the country. Nonetheless, covering five busy acute hospitals with three posts can be a challenge. It could be argued that an increase in liaison nurses would have a benefit on reducing health and social care expenditure system-wide. The most significant gap was a need to further develop flagging systems to reflect back to primary care on the co-morbidities and other health needs that occur more frequently for people with a learning disability. This information is key to commissioning services for the future. The liaison nurses had been involved in reviewing pathways across the acute hospitals.
6. Members inquired about the level of financial resource that was available. The meeting was informed that, in future, the decision would be taken by CCGs. The issue is that it is about the whole health and social care budget: investment in the right places given the economic environment. There is strong economic evidence that for every pound spent on a service like the acute liaison nurses, there could be a £4 saving. The meeting was reassured that there was not an intention to disinvest in learning disability services.
7. Members welcomed the liaison nurses and were keen to champion it to CCGs and the National Commissioning Board. Surrey has one of the largest population of people with learning disabilities in Europe and historically twice the national average.
8. The Committee agreed that in the context of an aging population and changing demographics the most rapidly increasing disease would be mental health. The meeting was informed that people with serious mental health issues lived on average fifteen years less than the rest of the population. Surrey needs to integrate physical and mental health.

#### **Recommendations:**

1. Witnesses be thanked for their attendance and the joint working to develop the People with a Learning Disability Liaison Nurse service and other services for people with learning disabilities be commended;



2. The Committee recognises the vital importance of the Liaison Nurses and related services but is concerned about the level of funding in the new health system; and
3. The Committee encourages health commissioners to give priority to increasing investment in services for people with a learning disability and mental health services.

## **56/12 DEMENTIA SERVICES [Item 8]**

### **Declarations of Interest:**

None.

### **Witnesses:**

Alison Armstrong, Director of Older People's Services, North East Hampshire Liaison and Mental Health (Interim), Surrey & Borders Partnership NHS Foundation Trust (SABP)

Fiona Edwards, Chief Executive, Surrey & Borders Partnership

Dr Rachel Hennessy, Medical Director Surrey & Borders Partnership

Roxanne Ransome, Inpatient Services Development Manager, Surrey & Borders Partnership

Donal Hegarty, Senior Manager, Commissioning, Adult Social Care

Dr Udesb V Naidoo FRCP, Consultant Physician and Geriatrician, Frimley Park Hospital

Diane Woods, Associate Director for Mental Health and LD, NHS Surrey

### **Key Points Raised During the Discussion:**

1. The new systems design began in 2010 and services worked well as a collective to ensure that changes were embedded. The new service was based on five areas around the acute hospitals. There were 19 dementia navigators across the County. In Surrey, around 14,500 residents had dementia but a lower number had been diagnosed. The service worked with all acute hospitals to screen every resident over 75 for dementia who presents at hospital.
2. Dementia care had been delivered through community mental health teams with enhanced support for those with higher needs. Social workers have been present at every multidisciplinary meeting and the care package was monitored on a long term basis. The target for beginning working with dementia patients was six to eight weeks but the intention was to reduce this whilst ensuring that service users are discharged consistent to their needs.
3. The Committee was informed that there was increased partnership work with the Alzheimers Society, which operated services across Surrey, such as Dementia Cafes. Nationally the King's Fund had identified serious capacity issues in managing dementia and a necessity for 100,000 more nurses and social workers.

4. A major focus was on increased effectiveness of diagnosis and the utilisation of drugs to halt the progression of dementia. Diagnosis was critical as this allowed for prompt treatment and for care packages to be designed that make good use of telecare and other means of allowing the individual to remain independent in their own home for as long as possible. The Consultant Physician informed the Committee that it was difficult to diagnose dementia as it is such a complex disease. All acute hospitals are required to perform a review within 72 hours of an over-75 year old patient being admitted. There is a CQUIN payment associated with this: hospitals are rewarded £250,000 via their contract if they assess 95% of all over-75 year old patients over three consecutive months.
5. Members raised questions over how the navigators were organised, how patients contacted them and how a patient remembers whether they have a navigator. Members also asked for reassurance that rural areas received the same quality of service as urban areas. The navigators are organised around each acute hospital and received referrals from GPs, memory clinics and other services, carers and family members. They become involved with the person once a diagnosis of dementia is confirmed. Dementia navigators are community based and will visit service users in their own homes. They work in local GP surgeries and with the Alzheimer's Society as well as in the new Surrey Wellbeing Centres as they open. They also work closely with the virtual wards across the County. They work with rural communities, take feedback and identify particular rural areas for targeted work. Literature has been produced to list all the available services in the County. Dementia cafes have been set up and further information was to be sent to Members via the Scrutiny Officer.
6. There was concern about the numbers of people with dementia and whether services were coping. The Alzheimer's Society indicated that they were often inundated with people. All witnesses indicated that the numbers were increasing and there was work ongoing to improve services.
7. Another key priority for the future is training all healthcare professionals on recognising and treating dementia, especially new doctors. This forms part of the new annual re-validation that GPs will have to go through from this year. The County is also creating an interagency training consortium to ensure that staff were up to date with current practice.
8. There has been growing public awareness of dementia thanks to national campaigns. There is also work ongoing with the Prime Minister's Dementia Challenge funding to develop a Dementia Friendly Communities Strategy.

#### **Recommendations:**

1. All partner agencies be thanked and commended for the work on the Dementia Strategy and request that cross-agency cooperation continue to be embedded;

2. Given the importance of this disease and the evidence of an increase in numbers of diagnosis in our ageing population, health commissioners are encouraged to continue to give full consideration to investing in diagnostic services and education of public and health professionals going forward.

## **57/12 SEXUAL HEALTH SERVICES [Item 9]**

### **Declarations of Interest:**

None.

### **Witnesses:**

Dr Akeem Ali, Director of Public Health

### **Key Points Raised During the Discussion:**

1. Witnesses opened by welcoming the review into sexual health being considered by the Committee. There have been a number of changes from central government which have led to a changing landscape for sexual health. Sexual health was considered critical because when it goes wrong it could lead to miscarriages, sexually transmitted infections (STIs) or other complications.
2. The service was looking at sexual health amongst young people in a more engaging manner through increased partnership working with GP surgeries and increased use of contraception. The review was considering the proposed changes to the way services are commissioned and changing the emphasis from treatment to prevention.
3. There has been a recent rise in STIs, which was partly due to increased diagnosis resulting from improved screening. This is all was part of the treatment process. Services are working to identify the most at-risk populations. The Committee was informed about the increased rates of chlamydia amongst men. This is partly because it often presents no symptoms in men, so they do not seek treatment. Additionally, before 2006/07 there was no specific Chlamydia screening programme.
4. The major priority has been identifying unmet needs and gaps in the County. There are programmes that work, there is now a need to increase the levels of diagnosis.
5. There is still some uncertainty around commissioning sexual health from next year. The likelihood is that most services not related to abortion or sexual assault will end up with the local authority. Furthermore, apart from intensive public health clinical interventions, which would be funded nationally, the County would be responsible for all local commissioning. Public Health have been working with Procurement to assess contracts for value for money and any benefits realised.

6. The Committee was informed that there had been work with Surrey schools to educate children about sexual health; however, the intention was to do more. The County would be running a number of sessions over the coming year. Members indicated an interest in hearing about the programme of education young people about sexual health.

**Recommendations:**

1. Officers are thanked for the presentation of key information;
2. The Committee looks forward to receiving further information and clarification in due course on future commissioning arrangements for all sexual health services and the new JSNA chapter; and
3. Consideration is given to bringing a report outlining prevention work with children and young people in schools, colleges and the youth service.

**58/12 NHS SURREY AND CCG ONE PLAN AND QIPP UPDATE [Item 10]**

**Declarations of Interest:**

None.

**Witnesses:**

Justin Dix, Acting Director of Governance, Transition and Corporate Reporting, NHS Surrey

Ali Kalmis, Acting Director of QIPP and Contracts, NHS Surrey

**Key Points Raised During the Discussion:**

1. Members were concerned about an alleged Department of Health fine for Epsom & St Helier Hospitals of £5million for a breach of infection control rates. NHS Surrey representatives indicated that this was unlikely; that it was more likely to be a contractual penalty from NHS London. Members requested that the Scrutiny Officer seek clarification from Epsom and St Helier Hospitals.
2. The Committee was reassured that the CCGs were ready for the handover in April 2013 and NHS Surrey officers have been encouraged by the progress made. The CCGs were continuing to recruit to their new structures and the main focus would be to commission support arrangements.
3. The Local Area Team will be meeting with NHS Surrey on a weekly basis and will work together to ensure the handover goes smoothly. The Committee was informed that the critical task facing CCGs would be to balance the books, and that this is a national issue.

**Recommendations:**

1. Officers be thanked for their attendance;

2. The acute trusts be commended for the improvement and A&E waiting times; and
3. The Scrutiny Officer write to Epsom and St Helier Hospitals to seek clarification on a reported fine for breach of infection rates.

## **59/12 WAYS OF WORKING [Item 11]**

### **Declarations of Interest:**

None.

### **Witnesses:**

Leah O'Donovan, Scrutiny Officer, Democratic Services

### **Key Points Raised During the Discussion:**

1. Members welcomed the new process for engaging with the acute trusts, ambulance trust and mental health trust and responding to their Care Quality Accounts. They also welcomed the development of a protocol between the NHS and the Committee.
2. The Chairman requested that the protocol be amended to contain details on how the Committee would interact with adult social care and children's services within the County Council.

### **Recommendations:**

1. The new process for handling Care Quality Accounts and the development of a Protocol be endorsed.

## **60/12 RECOMMENDATION TRACKER AND FORWARD WORK PROGRAMME [Item 12]**

### **Declarations of Interest:**

None.

### **Witnesses:**

Leah O'Donovan, Scrutiny Officer, Democratic Services

### **Key Points Raised During the Discussion:**

1. The Chairman invited Members to make any comments on the Work Programme or Recommendation Tracker to the Scrutiny Officer via email.

## **61/12 DATE OF NEXT MEETING [Item 13]**

Noted that the next meeting of the Committee would be held on 24 January 2013.

Meeting ended at: 1.10 pm

---

**Chairman**



Health Scrutiny Committee  
24 January 2013

**Review of merger between Epsom Hospital and Ashford & St Peter's Hospitals**

**Purpose of the report:** Scrutiny of Services

The Committee will scrutinise the failed merger between Epsom Hospital and Ashford & St Peter's Hospitals.

**Introduction:**

1. In December 2010, Epsom and St Helier University Hospitals NHS Trust (ESHH) made a decision that it was unable to achieve Foundation Trust status in its current state. It therefore asked the London Strategic Health Authority, NHS London, to begin a transaction process to de-merge Epsom Hospital and St Helier Hospital. Bids were invited from other hospitals to merge with the individual hospitals.
2. The presentation at **Annex 1** that will be given on the day outlines key events and information about the transaction process. Below is a brief summary of the chronology of the transaction process.

**Chronology**

3. Epsom Hospital had a bid from Ashford and St Peter's Hospital (ASPH) in Surrey while St George's Hospital in London had bid for St Helier Hospital. St George's subsequently pulled out of the negotiations due to the ongoing Better Services Better Value review taking place in southwest London. On 1 June 2012 ASPH was announced as the preferred bidder for Epsom Hospital.
4. ESHH has had a long-standing debt, dating from when the two were merged in 1999. As part of the transaction process, independent firm Deloitte undertook work to determine the site split of budget and deficit attributable to each hospital.

5. At the same time, the Better Services Better Value programme in southwest London announced its preferred options for consultation. The option was for St Helier to lose its A&E and maternity services while turning it into a planned care centre for the whole of southwest London. This potentially included repatriating work to St Helier from the South West London Elective Orthopaedic Centre (SWLEOC) that is based at Epsom Hospital.
6. ASPH's plans for Epsom Hospital were dependent upon achieving a break-even status in five years and on receiving transitional funding from the South of England Strategic Health Authority, NHS South of England. Following the Deloitte work, it was determined that it would not be possible to meet this challenge.
7. As a consequence, on 22 October 2012, the Epsom Transaction Board recommended to NHS London that the transaction should be placed on hold. On 25 October 2012, NHS London's Board agreed this and announced that the proposed merger of Epsom Hospital and Ashford & St Peter's Hospitals should be halted.
8. Epsom Hospital has now been subsumed into the Better Services Better Value review programme taking place in southwest London. This programme is lead by NHS South West London, which is the Strategic Health Authority covering Wandsworth, Richmond upon Thames, Kingston upon Thames, Merton, Croydon and Sutton.

<b>Recommendations:</b>
-------------------------

9. The Committee is requested to scrutinise the merger process.

-----

**Report contact:** Leah O'Donovan, Scrutiny Officer, Democratic Services

**Contact details:** 020 8541 7030; leah.odonovan@surreycc.gov.uk

**Sources/background papers:**

Transaction presentation



# Epsom & St Helier Transaction

Surrey County Council  
24 January 2013



Epsom and St. Helier  
University Hospitals  
NHS Trust



# Contents

---

## Part 1

- Review of the Epsom Transaction
- Outcome of Transaction

## Part 2

- Review of the Acquisition Finances

## Q&A

## Glossary

# REVIEW OF THE EPSOM TRANSACTION

---

Jan Sawkins, Independent Chair,  
Transaction Board

Peter Cook, Transaction Director,  
Transaction Board

# Background 1

- May 12 - OBC approved and moved to FBC stage
- Jun 12 - ASPH appointed Preferred Partner
- Jun 12 onward - Combined ASPH and EGH workgroups prepared Integration Plans
- Sep 12 - CCP approval achieved at stage 1
- Oct 12 – Deloitte concluded financial site split work
- Continued strong stakeholder support including LRP (councils, hospital charities and patient groups)

# Background 2

- ASPH had to submit to Monitor a case capable of achieving a FRR  $\geq 3$  by year 5 without financial support
- Deloitte appointed to provide further independent financial analysis and confirmed site split to be consistent with deficit at bidding stage.
- Since bid submission in Nov 11, ASPH revised their proposed total synergies downward to  $\sim$ £10m, (*profiled to £8.8m at Yr 5*)
- Projected on-going costs moved upwards (*from £1.2m to £5.0m at Yr 5*) mostly through inclusion of capital costs (£4.1m).

# Background 3

- Surrey Downs CCG commissioning intentions
  - NHSSOE requested CCGs to confirm commissioning intentions (on-going work)
- BSBV published preferred option in Aug 12 :
  - St Helier as planned care centre for south west London
  - Repatriation of south west London orthopaedics from EOC
  - Additional emergency and maternity patient flows to Epsom
  - Does not take into account wider Surrey impact
  - Consultation delayed with no new date set

# Issues

- All parties agree a credible financial case able to achieve Monitor approval cannot be made, through a combination of
  - Size of the deficit
  - Reduction in ASPH synergies and greater costs
  - Uncertainty over SDCCG commissioning intentions
  - Potential impact of BSBV
- NHSSoE consider the transitional funding requirement is too great
- BSBV delayed pending further dialogue between NHSSWL and Surrey CCGs

# Outcome

- Transaction Programme Board meeting on 22 Oct 2012 recommended to NHS London SHA that
  - The Transaction is placed on hold
  - The NHS Trust Development Agency and NHS Commissioning Board should be involved in finding a solution
- NHS London SHA Board meeting on 25 Oct 2012 decided that
  - the proposed merger of Epsom Hospital with ASPH should be halted
  - Urgent discussions to take place between SHAs, NTDA, NHSCB, NHSSWL and the two Trusts to find way forward.



# Financial Review

- Deloitte commissioned by the SHAs and Trusts jointly as independent financial consultants to provide further independent analysis and report on
  - the site split
  - financial due diligence

# Scope of Deloitte's work

- Stage 1 – assistance to Epsom and St Helier to :
  - Split the 2012/13 budget between Epsom and St Helier sites
  - Prepare separate LTFMs for the two sites
- Stage 2 – due and careful enquiry on :
  - Site split
  - ASPH historical performance and base case LTFM
  - Epsom and St Helier LTFMs
  - merged LTFM (ASPH plus Epsom) and synergies

# Scope of Deloitte's work

- Deloitte work was key as previous variability in financial numbers had been too inconsistent for Epsom 12/13 projected position

£m	ITT (07/11)	OBC (May 2012)	Deloitte (Oct 2012)
Income	109.7	116.1	118.6
Expenditure	122.8	124.9	132.4
Deficit	(13.1)	(8.7)	(13.8)

# Outcome of site split of 2012/13 Budget

	Epsom £m	St Helier £m	ESHUT £m
Income	118.6	205.3	323.9
Pay costs	(83.0)	(139.6)	(222.6)
Drugs	(4.6)	(16.0)	(20.6)
Clinical supplies	(19.2)	(20.2)	(39.4)
Other operating costs	(19.4)	(26.5)	(45.9)
EBITDA	(7.6)	3.0	(4.6)
Interest, depreciation, PDC dividend	(5.9)	(9.1)	(15.0)
Net deficit before EOC adjustment	(13.5)	(6.1)	(19.5)
EOC adjustment	(0.3)	0.3	-
Net deficit	(13.8)	(5.7)	(19.5)

- 80% of income, pay costs, drugs and clinical supplies had a direct, specific basis for allocation by site
- Deficit shown before taking account of St Helier OD overlay and SLAs

## EGH position before ASPH synergies

Deloitte prepared LTFMs based on 2012/13 site split and known planning assumptions

	Current	Yr 5	Yr 10
EPSOM	2012/13 £m	2017/18 £m	2021/22 £m
Income	118.7	114.9	119.6
Operating costs	(126.7)	(121.6)	(125.2)
EBITDA	(8.0)	(6.7)	(5.7)
Non-operating costs	(5.9)	(6.6)	(7.2)
Deficit	(13.8)	(13.4)	(12.8)

## Merged position with ASPH synergies and costs

£millions

	12/13	13/14	14/15	15/16	16/17	17/18
Projected EGH deficit per Deloitte	(13.8)	(12.9)	(13.1)	(13.4)	(13.6)	(13.4)
Projected ASPH surplus	3.3	3.5	3.8	4.0	4.2	4.2
<b>STARTING NET SURPLUS/(DEFICIT)</b>	<b>(10.5)</b>	<b>(9.4)</b>	<b>(9.3)</b>	<b>(9.4)</b>	<b>(9.4)</b>	<b>(9.2)</b>
Synergy savings per ASPH	-	2.2	4.8	7.4	8.2	8.8
Merger costs per ASPH	-	(3.8)	(1.6)	(1.0)	(0.6)	-
On-going, non-operating costs and inflation per ASPH	-	(2.7)	(4.6)	(5.4)	(4.8)	(5.0)
<b>ADJUSTED NET DEFICIT</b>	<b>(10.5)</b>	<b>(13.7)</b>	<b>(10.7)</b>	<b>(8.4)</b>	<b>(6.6)</b>	<b>(5.4)</b>

# Key numbers - EGH

- **2011 Bid**
  - £109.7 million income
  - £13.1million deficit
  - £14.0 million total synergies
  - £1.2 million on-going costs
- **2012/13**
  - £118.7 million income
  - £13.8 million deficit
- **2017/18 – 5 year point**
  - £114.9 million income
  - £5.4 million deficit
  - £8.8 million total synergies achieved
  - £5.0 million on-going costs including capital
  - £50+ million transitional support required to this point

# Q&A

---

Your questions ?



# Glossary 1

ASPH	Ashford & St Peter's Hospitals NHS Foundation Trust
BSBV	Better Services Better Value
CCG	Clinical Commissioning Group
CCP	Co-operation and Competition Panel
Deloitte	Deloitte Limited Liability Partnership, one of the group of "big 5" financial consultancy firms
EBITDA	Earnings Before Interest Taxation Depreciation and Amortisation
EGH	Epsom General Hospital
EOC	Elective Orthopaedic Centre
FBC	Full Business Case
FRR	Financial Risk Rating
ITT	Invitation To Tender issued in July 2011
LRP	Local Representatives Panel

# Glossary 2

LTFM	Long Term Financial Model
MOI	Memorandum of Information published in July 2011
Monitor	Independent regulator of NHS Foundation Trusts
NHSCB	NHS Commissioning Board
NHSL	NHS London Strategic Health Authority
NHSSoE	NHS South of England Strategic Health Authority
NHSSWL	NHS South West London
NTDA	NHS Trust Development Agency
OBC	Outline Business Case
OD	Organisational Design
PDC	Public Dividend Capital
SDCCG	Surrey Downs Clinical Commissioning Group
SHA	Strategic Health Authority
SLA	Service Level Agreement



Health Scrutiny Committee  
24 January 2013

## Quality, Innovation, Productivity and Prevention Programme (QIPP) and Performance Monitoring

### **Purpose of the report:** Scrutiny of Services

The Committee will scrutinise current NHS Surrey performance against QIPP plan savings and acute trust and NHS Surrey performance against national performance targets.

### **Introduction:**

1. NHS Surrey has QIPP plans in place with a target to save £67million in 2012/13. The report at **Annex 1** shows current performance against this savings target overall and for each of Surrey's CCGs. The CCGs will take forward the QIPP challenge from 1 April.
2. NHS Surrey is responsible for the performance management of Surrey's five acute hospital trusts and the ambulance trust against nationally-set performance targets. The performance annex will follow or be tabled on the day of the meeting.

### **Recommendations:**

3. The Committee is asked to scrutinise NHS Surrey on finance and overall performance and to make recommendations as appropriate.

-----  
**Report contact:** Leah O'Donovan, Scrutiny Officer, Democratic Services

**Contact details:** 020 8541 7030, [leah.odonovan@surreycc.gov.uk](mailto:leah.odonovan@surreycc.gov.uk)

### **Sources/background papers:**

None

This page is intentionally left blank

## Agenda item 4.3

### Quality and Performance Committee – Thursday 17<sup>th</sup> January 2013

#### QIPP Delivery/Monitoring Update 2012/13

##### Paper to Note

Prepared by Lisa Charles (Interim Head of QIPP)

Presented by: Ali Kalmis (Acting Director of QIPP & Contracts)

##### EXECUTIVE SUMMARY

NHS Surrey reported an amber rating to the SHA on the delivery of QIPP in the December submission. Although transformational milestone delivery is generally on track we are reporting over-performance in activity particularly within our acute providers culminating in a significant risk.

At M8 we are reporting achievement of our control total however, this figure plays in the contingency (apart from reserves retained for High Cost Drugs and retrospective continuing care claims) and slippage on new investments (as per last year).

Regardless, original QIPP Schemes across Surrey have delivered £16m YTD at M8 (74%), a negative movement of 4% from M7. However, continued particular exceptional performance against targets can be seen within NE Hants and Farnham, Surrey Health and North West Surrey. CCGs now have Financial Recovery Plans in place to address any gaps in the delivery of their original QIPP targets as well as any over performance in the overall budget position. The dashboard used to monitor performance against QIPP targets has now been developed to incorporate monitoring against CCG's Financial Recovery Plans.

The report endeavours as previously discussed to distinguish the position on the achievement of QIPP vs over performance in other areas of acute budgets not covered by QIPP programmes.

##### IMPLICATIONS

Health Impact	Improving quality and increasing prevention for the population.
Financial Implications	Cost savings requirement by CCG is paramount to delivering the control total in 2012/13
Legal Implications	Financial balance in a legal requirement driven through the achievement of QIPP
Equality impact	To ensure that all patients are able to access the best care in the most appropriate place regardless of demographics.
Reputational impact	Importance of having robust plans that deliver quality, innovation, productivity and

	prevention
Risk Register	Risk around failure to deliver and implications of workforce levels to deliver the required QIPP whilst transitioning to 5 CCGs.
Board Assurance Framework	Included

### **QIPP Delivery 2012-13**

NHS Surrey reported an amber rating to the SHA on the delivery of QIPP in the December submission. Although transformational milestones are generally on track we are reporting over-performance in contract activity within acute providers. Delivery of QIPP schemes does not appear to have had the desired outcomes, particularly in relation to the Acute activity numbers.

A review of the QIPP Delivery Board with Local Area Directors has been undertaken and it was agreed to continue with the meetings on a fortnightly basis to proactively manage 12/13 QIPP and other risks to non-delivery of QIPP. The meetings will also include support from the Local Area Directorate regarding 13/14 planning. The SHA will also continue to attend this meeting. CCGs are in the process of finalising their 2013/14 QIPP plans and sharing them with providers. The first national submission is due on the 25<sup>th</sup> January 2013.

The QIPP dashboard has now been finalised and includes additional schemes identified from CCG Financial Recovery Plans, which address gaps in QIPP delivery, any unidentified QIPP savings and contractual budget pressures.

Appendix A provides an overall account on QIPP delivery and Financial Recovery Plan progress for each CCG for M8.

NHS Surrey continues to work with CCGs to gain assurance around plans, milestones, risks and actions required to deliver 2012/13 and support the Area Team to assure the planning process for 2013/14.

## Appendix A

### Surrey QIPP Delivery

#### Overall Summary Position – Month 8

CCG	12/13 Total Original QIPP Savings Planned (£,000)	QIPP M8 YTD Actual (£,000)		QIPP M8 YTD Overall % Delivery & Rag Rating	* QIPP Forecast M8 YTD (£,000)	Financial Recovery Plans (reconcile QIPP / Budgetary Position) (ex. Cont / Investment)		
		Plan (£,000)	Actual (£,000)			Overall FRP Plan	Actual M6 - M8 YTD (£,000)	Forecast M8 YTD
<b>All</b>	45,655	21,887	16,089	74%	29,135	27,288	6,937	27,194
<b>Contingency and New Investment Slippage</b>						7,840	6,963	7,779
<b>Total FRP and Cont / New Inv.</b>						35,128	13,900	34,973

\* Forecasting with phasing .

Overall original 2012/13 QIPP schemes have delivered savings of £16,089m YTD at M8 leading to a 74% yield against a plan of £21,887m demonstrating a decrease of 4% in delivery from M7, at 79%.

Financial Recovery Plan delivered savings of £6,937m at M8 from implementation in M6 from a planned level of £27,288m for the months 6 - 12.

The tables below provide a summary for each CCG.

## North West CCG

CCG	12/13 Total QIPP Savings Planned (£,000)	QIPP M8 YTD Actual (£,000)		QIPP M8 YTD Overall % Delivery & Rag Rating	* QIPP Forecast M8 YTD (£,000)	Financial Recovery Plans (reconcile QIPP / Budgetary Position)	
		Plan (£,000)	Actual (£,000)			Overall FRP Plan	Actual M6 - M8 YTD (£,000)
North West Surrey	14,636	6,185	5,947	96%	10,060	4,472	1,265
Contingency and New Investment Slippage						0	0
Total FRP and Cont / New Inv.						4,472	1,265

\* Forecasting with phasing .

North West 2012/13 original QIPP schemes delivered savings of £5,947m YTD at M8 leading to a 96% yield against a plan of £6,185m demonstrating a decrease in delivery of 10%.

Recovery plan schemes have been identified to deliver £4,472 savings in order to meet gaps in original QIPP schemes and balance overall budget position. **Note:** North West does not include contingency and new investment funding as part of their recovery plan. North West have delivered savings of £1,265m at M8 from implementation in M6 and are forecasting 100% delivery.



## Surrey Downs CCG

CCG	12/13 Total QIPP Savings Planned (£,000)	QIPP M8 YTD Actual (£,000)		QIPP M8 YTD Overall % Delivery & Rag Rating	Financial Recovery Plans (reconcile QIPP / Budgetary Position)	
		Plan (£,000)	Actual (£,000)		Overall FRP Plan	Actual M6 - M8 YTD (£,000)
<b>Surrey Downs</b>	9,912	5,705	3,054	54%	6,560	2,504
<b>Contingency and New Investment Slippage</b>					2,649	2,589
<b>Total FRP and Cont / New Inv.</b>					9,209	5,093

\* Forecasting with phasing .

Surrey Downs 2012/13 original QIPP schemes delivered savings of £3,054m YTD at M8 leading to a 54% yield against a plan of £5,705m, demonstrating a decrease in delivery of 11% from M7.

Recovery plan schemes have been identified to deliver savings of £9,209m in order to meet gaps in original QIPP schemes and balance overall budget position. Surrey Downs have delivered savings of £5,093m at M8 from implementation in M6 and is currently forecasting 100% delivery.

## Guildford and Waverley CCG

CCG	12/13 Total QIPP Savings Planned (£,000)	QIPP M8 YTD Actual (£,000)		QIPP M8 YTD Overall % Delivery & Rag Rating	* QIPP Forecast M8 YTD (£,000)	Financial Recovery Plans (reconcile QIPP / Budgetary Position)	
		Plan (£,000)	Actual (£,000)			Overall FRP Plan	Actual M6 - M8 YTD (£,000)
<b>Guildford &amp; Waverley</b>	6,332	3,094	2,369	77%	4,188	3,128	562
<b>Contingency and New Investment Slippage</b>						1,887	1,887
<b>Total FRP and Cont / New Inv.</b>						5,015	2,449

\* Forecasting with phasing .

Guildford and Waverley 2012/13 original QIPP schemes delivered savings of £2,369m YTD at M8 leading to a 77% yield against a plan of £3,094m demonstrating a decrease of 8% from M7.

Recovery plan schemes have been identified to deliver £5,015m savings to order to meet gaps in original QIPP schemes and balance overall budget position. Guildford & Waverley have delivered savings of £2,449k at M8 from implementation in M6 and is currently forecasting 86% delivery.

## East Surrey CCG

CCG	12/13 Total QIPP Savings Planned (£,000)	QIPP M8 YTD Actual (£,000)		QIPP M8 YTD Overall % Delivery & Rag Rating	* QIPP Forecast M8 YTD (£,000)	Financial Recovery Plans (reconcile QIPP / Budgetary Position)	
		Plan (£,000)	Actual (£,000)			Overall FRP Plan	Actual M6 - M8 YTD (£,000)
East Surrey	9,377	4,400	2,308	52%	3,580	11,391	1,686
Contingency and New Investment Slippage						1,567	1,567
Total FRP and Cont / New Inv.						12,958	3,253

\* Forecasting with phasing.

East Surrey 2012/13 original QIPP schemes delivered savings of £2,308m YTD at M8 leading to a 52% yield against a plan of £4,400m demonstrating an increase of 9% from M7.

Recovery plan schemes have been identified to deliver £12,958 savings in order to meet gaps in original QIPP schemes and balance overall budget position. East Surrey have delivered savings of £3,253m at M8 from implementation in M6 and is currently forecasting 100% delivery.

## North East Hampshire and Farnham CCG

CCG	12/13 Total QIPP Savings Planned (£,000)	QIPP M8 YTD Actual (£,000)		QIPP M8 YTD Overall % Delivery & Rag Rating	* QIPP Forecast M8 YTD (£,000)	Financial Recovery Plans (reconcile QIPP / Budgetary Position)	
		Plan (£,000)	Actual (£,000)			Overall FRP Plan	Actual M6 - M8 YTD (£,000)
Farnham	1,834	977	942	96%	1,349	329	126
Contingency and New Investment Slippage						427	427
Total FRP and Cont / New Inv.						756	553

\*Forecasting with phasing.

Farnham 2012/13 original QIPP schemes delivered savings of £942k YTD at M8 leading to a 96% yield against a plan of £977k demonstrating an 8% decrease in delivery for M7.

Farnham do not have a specific recovery plan, however are forecast to deliver of £756k from central schemes.

## Surrey Heath CCG

CCG	12/13 Total QIPP Savings Planned (£,000)	QIPP M8 YTD Actual (£,000)		QIPP M8 YTD Overall % Delivery & Rag Rating	Financial Recovery Plans (reconcile QIPP / Budgetary Position)		
		Plan (£,000)	Actual (£,000)		Overall FRP Plan	Actual M6 - M8 YTD (£,000)	Forecast M8 YTD
Surrey Heath	3,564	1,526	1,469	96%	1,408	794	1,407
Contingency and New Investment Slippage					843	843	843
Total FRP and Cont / New Inv.					2,251	1,637	2,250

\*Forecasting with phasing.

Surrey Heath 2012/13 original QIPP schemes delivered savings of £1,469m YTD at M8 leading to a 96% yield against a plan of £1,526m demonstrating a decrease in overall delivery of 5% from M7.

Recovery plan schemes have been identified to deliver £2,250m in order to meet gaps in original QIPP schemes and balance overall budget position. Surrey Heath have delivered £1,637m savings at M8 from implementation in M6 and is currently forecasting 100% delivery.

### Rag Rating Key

Green	80% +
Amber	60% - 79%
Red	0% - 59%

This page is intentionally left blank



Health Scrutiny Committee  
24 January 2013

## **Recommendations Tracker and Forward Work Programme**

**Purpose of the report:** Scrutiny of Services and Budgets/Policy Development and Review

The Committee will review its Recommendation Tracker and Forward Work Programme and consider whether further scrutiny is needed in the area of hospital appointment times.

### **Summary:**

1. A recommendations tracker recording actions and recommendations from previous meetings is attached as **Annex 1**, and the Committee is asked to review progress on the items listed.
2. The current work programme of items for future meetings is attached as **Annex 2**, and the Committee is asked to review the items scheduled and suggest any further topics for consideration.

### **Recommendations:**

3. The Committee is asked to monitor progress on the implementation of recommendations from previous meetings and to review its Forward Work Programme.

---

**Report contact:** Leah O'Donovan, Scrutiny Officer, Democratic Services

**Contact details:** 020 8541 7030, [leah.odonovan@surreycc.gov.uk](mailto:leah.odonovan@surreycc.gov.uk)

**Sources/background papers:** None

This page is intentionally left blank



## ANNEX 1

### HEALTH SCRUTINY COMMITTEE ACTIONS AND RECOMMENDATIONS TRACKER – UPDATED 11 JANUARY 2013

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 Select Committee. 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. The next progress check will highlight to members where actions have not been dealt with.

#### Select Committee Actions & Recommendations

Number	Item	Recommendations/ Actions	Responsible Member (officer)	Comments	Due completion date
SC004	District and borough co-optee report [Item 10]	Protocol to be sent to HOSC Members.	Bryan Searle	Work is ongoing.	<i>TBC</i>
SC005	District and borough co-optee report [Item 10]	Protocol to be sent to all Leaders of Boroughs and Districts to determine their own local arrangements.	Bryan Searle	Work is ongoing.	<i>TBC</i>
SC006	Health Scrutiny Committee annual survey and report [Item 11]	That the HOSC consider producing an annual report to Council detailing performance.	Leah O'Donovan	This will be considered.	<i>March 2013</i>
SC007	Surrey County Council Cabinet Members for Adult Social Care and Health priorities and performance update [Item 11]	The Public Health strategy comes to the next appropriate meeting, including financial aspects and outline spending plans.	Dr Akeem Ali	TBC	<i>TBC</i>

Number	Item	Recommendations/ Actions	Responsible Member (officer)	Comments	Due completion date
SC017	Sexual health services [Item 9]	The Committee looks forward to receiving further information and clarification in due course on future commissioning arrangements for all sexual health services and the new JSNA chapter	Director of Public Health/Scrutiny Officer	This will be circulated in due course	March 2013
<b>COMPLETED ITEMS</b>					
SC001	CCG update [Item 8]	A future session be held between the Committee and CCG leads in order to build an agreed way of working prior to 2013.	Leah O'Donovan	Introductory meetings will be held in February and March	COMPLETE
SC002	Review Of Major Trauma Unit Designation [Item 7]	That the Committee receives updates via email regarding the outcome of further reviews at RSCH and SASH	Helena Reeves	SASH was designated as a trauma unit in November	COMPLETE
SC008	Mental Health Crisis Line Review update [Item 12]	The HOSC receives a further report at the next appropriate meeting, on 1. Outcomes of the carers meetings once they are complete; 2. Review of the acute care pathway; and 3. Any further user surveys.	Mandy Stevens/ Rachel Hennessy	This has been added to the Work Programme.	COMPLETE
SC011	Surrey Healthwatch Development [Item 7]	The Healthwatch specification document be shared with the Committee at the earliest opportunity, with consideration given to a workshop or Committee agenda item to collate Committee comments.	Assistant Director for Health and Wellbeing, Scrutiny Officer	This document will be sent soon.	COMPLETE

Number	Item	Recommendations/ Actions	Responsible Member (officer)	Comments	Due completion date
SC012	Stroke Pathway [Item 6]	LINK and officers from the Surrey Heart and Stroke Network, come back to a future meeting to discuss the outcomes of the stroke project.	Scrutiny Officer/LINK/Surrey Heart & Stroke Network	This has been added to the Work Programme for January 2013.	COMPLETE
SC013	Development of Virtual Wards [Item 8]	An update come back to the Committee in a year to show progress and performance: the benefits and reductions in A&E admissions.	Scrutiny Officer	This has been added to the Work Programme.	COMPLETE
SC014	Quality, Innovation, Productivity And Prevention programme and performance monitoring [Item 9]	The next QIPP/Performance item include a report on the readiness of the county's CCGs.	Justin Dix	Update provided to November 2012 meeting	COMPLETE
SC015	Health services for people with learning disabilities [Item 7]	The Committee encourages health commissioners to give priority to increasing investment in services for people with a learning disability and mental health services.	Scrutiny Officer	A note was sent to CCGs setting out the recommendation	COMPLETE
SC016	Dementia services [Item 8]	Given the importance of this disease and the evidence of an increase in numbers of diagnosis in our ageing population, health commissioners are encouraged to continue to give full consideration to investing in diagnostic services and education of public and health professionals going forward.	Scrutiny Officer	A note was sent to CCGs setting out the recommendation	COMPLETE

Number	Item	Recommendations/ Actions	Responsible Member (officer)	Comments	Due completion date
SC018	Sexual health services [Item 9]	Consideration is given to bringing a report outlining prevention work with children and young people in schools, colleges and the youth service.	Scrutiny Officer/Director of Public Health	This has been added to the Work Programme.	<i>COMPLETE</i>
SC019	NHS Surrey and CCG One Plan and QIPP update [Item 10]	The Scrutiny Officer write to Epsom and St Helier Hospitals to seek clarification on a reported fine for breach of infection rates.	Scrutiny Officer	A note was sent and clarification provided to the Committee following the meeting.	<i>COMPLETE</i>

**ANNEX 2**

Date	Item	Why is this a Scrutiny Item?	Contact Officer	Additional Comments
<b>March 2013</b>				
14 Mar	SECAmb Performance Deep Dive	Scrutiny of Services – The Committee agreed at its July meeting to select two or three geographic areas in the county in which to perform a deep dive scrutiny of SECAmb performance.	Geraint Davies, SECAmb	
14 Mar	Performance Review of Patient Transport Services	Scrutiny of Services – SECAmb was awarded the contract for patient transport services, beginning in October 2012. LINK requested the Committee to review performance on this contract.	Geraint Davies, SECAmb	
14 Mar	Stroke Pathway LINK Project	Scrutiny of Services – LINK will report back on its findings from a project looking at current provision of post-stroke rehabilitation in Surrey. Surrey Heart & Stroke Network will also attend to update on its work.	Jane Shipp/ Cliff Bush	
14 Mar	NHS Surrey and CCG One Plan and QIPP Update	Scrutiny of Services – Surrey One Plan is a standing item for the Committee due to the significant transformational and transactional changes cited within the document.	Ali Kalmis Justin Dix	
<b>May 2013</b>				
TBC	Better Services Better Value Consultation	Scrutiny of Services/Policy Development – The Committee will scrutinise the preferred option of the Better Services Better Value programme out for consultation. Comments will make up the Committee's formal response to the consultation.	Rachel Tyndall, BSBV  Surrey Downs CCG	
TBC	Performance Report	Scrutiny of Services – The Committee will scrutinise provider performance against key national indicators.	TBC	
<b>To be scheduled</b>				

**ANNEX 2**

Date	Item	Why is this a Scrutiny Item?	Contact Officer	Additional Comments
	Extending Patient Choice NHS Surrey Priorities Any Qualified Provider (AQP) community services	Scrutiny of Services – The first wave of AQP community care priorities are Improving Access to Psychological Therapies (IAPT), Children’s Wheelchair Services and Diagnostics. The aim of this item is for the Committee to understand how the role of AQP for these services will benefit each individually and what work has been undertaken to establish whether the marketplace is ready to deliver these services locally e.g. in terms of patient choice and competition.		
	Development of Services for the Frail and Elderly and those with Long Term Conditions or requiring End of Life Care	Service Development - This issue is a CQUIN priority target for NHS Surrey and an update was requested at the July 2011 meeting, specifically on the End of Life Care (EoLC) QIPP workstream. Older People and End of Life Care are both key issues and it is important that Members contribute to the redesign, commissioning and delivery of services.		
	Unplanned Care	Scrutiny of Services –Unplanned care rates was identified as a QIPP priority for NHS Surrey and an update was requested at the July 2011 meeting of the Committee.		
	Ambulatory Care Pathways	Scrutiny of Services – Admission rates and unplanned care continue to be key areas for scrutiny. Ambulatory Care has been identified as a 2012/13 commissioning priority by NHS Surrey.		
	Mental Health Crisis Line Review	Scrutiny of Services – The Committee will scrutinise further work to improve the mental health crisis line provided by Surrey & Borders Partnership NHS Foundation Trust. The report will include outcomes of the carers meetings once they are complete; a review of the acute care pathway; and any further user surveys.	Mandy Stevens/ Rachel Hennessy, SABP	
Sept/Nov	Virtual Wards	Scrutiny of Services – The Committee will scrutinise outcomes from this project, one year from implementation.	CCG leads	
	Sexual Health Services	Scrutiny of Services – The Committee will scrutinise prevention work with	Akeem Ali,	

**ANNEX 2**

<b>Date</b>	<b>Item</b>	<b>Why is this a Scrutiny Item?</b>	<b>Contact Officer</b>	<b>Additional Comments</b>
	for Children and Young People	children and young people in schools, colleges and the youth service.	Director of Public Health	

This page is intentionally left blank