

**MINUTES** of the meeting of the **HEALTH OVERVIEW & SCRUTINY COMMITTEE** held at 10.00am on 24 May 2012 at County Hall, Kingston upon Thames.

These minutes are subject to confirmation by the Select Committee at its meeting on 5 July 2012.

**Members:**

- \* Mr Nicholas Skellett (Chairman)
- \* Dr Zully Grant-Duff (Vice-Chairman)
- A Mr John Butcher
- \* Mr Bill Chapman
- Dr Lynne Hack
- \* Mr Alan Young
- \* Mr Richard Walsh
- Mr Ian Lake
- A Mr Peter Hickman
- Mr Colin Taylor
- \* Mrs Caroline Nichols
- A Mrs Francis King

**Ex officio Members:**

- A Mrs Lavinia Sealy (Chairman of the Council)
- A Mr David Munro (Vice-Chairman of the Council)

**Co-opted Members:**

- \* Dr Nicky Lee
- \* Mrs Ruth Lyon
- \* Mr Hugh Meares

**In attendance:**

- \* Michael Gosling, Cabinet Member for Adult Social Care and Health

\* = Present for all of the meeting

A = Apologies

## **PART 1**

### **IN PUBLIC**

#### **14/12 APOLOGIES FOR ABSENCE AND SUBSTITUTIONS [Item 1]**

Apologies for absence received from Mr Peter Hickman, Mrs Francis King and Mr John Butcher.

#### **15/12 MINUTES OF THE PREVIOUS MEETING: 8 March 2012 [Item 2]**

An amendment made to page 13, paragraph 6, from 'cared for in a clean and protected from the risk of infection', to 'cared for in a clean environment and protected from the risk of infection'.

Members were pleased that mention was made of the transfer of NH Surrey estates to a national NHS property service. Members were concerned that they were going to be given away and redeveloped whilst there was still a need for new places to deliver care.

#### **Actions/Further Information to be Provided:**

- The Chairman will write a letter to the Local Government Association (LGA) to draw attention to the issue surrounding the transfer of estates.

#### **16/12 DECLARATIONS OF INTERESTS [Item 3]**

None

#### **17/12 QUESTIONS AND PETITIONS [Item 4]**

There were no questions or petitions.

#### **18/12 NOMINATION OF MEMBERS TO THE SOUTH WEST LONDON JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE (JHOSC) [Item 5]**

The Chairman, Colin Taylor and Dr Lynne Hack were agreed as the Committee's two representatives on the JHOSC, with one acting as a substitute.

#### **19/12 CHAIRMAN'S ORAL REPORT [Item 6]**

##### **Health and Social Care Bill Update**

The Bill finally received Royal Assent on 27 March. Key upcoming milestones include:

- Clinical Commissioning Groups will begin the authorisation process with the first wave coming on stream in June, the second in October and the final in January 2013.
- National Commissioning Board established as an independent statutory body by October 2012

### **Visit to St Peter's A&E**

The visit to St Peter's A&E took place the day before the meeting. Ashford & St Peter's have been performing better in the last six weeks compared with their winter performance. The A&E at St Peter's appeared to be running smoothly with little to none backlog. Officers assured the Committee that they are continuing to look for improvements in patient flow and, in addition, the national Emergency Care Intensive Support Team (ECIST) is helping to improve St Peter's systems. They are also working closely with South East & Coastal Ambulance Service (SECAmb) to reduce the number of conveyances to A&E.

### **Epsom and St Helier Hospitals and the Better Services Better Value Review (BSBV)**

Members received a BSBV briefing note in the accompanying papers. At the Ashford & St Peter's (ASPH) visit there was a discussion concerning the Epsom merger. The business case has been approved by the London Strategic Health Authority (SHA) and is awaiting a decision by the South of England SHA. ASPH has indicated that they will work with Surrey and Sussex Hospital (SASH) to provide maternity and elective services at Epsom. No matter what the final decision is in relation to St Helier, ASPH intends to continue to support consultants working out of Epsom for three years. ASPH also intends to move renal services from St Helier to St Peter's Hospital.

### **CEO Meetings**

The Chairman has been visiting the Chief Executives of all the acute trusts in the county. The Chairman has met with Frimley Park Hospital and Royal Surrey County and will meet with SASH the day after the Committee. The meetings have been very productive in discussing the transition year ahead.

### **SASH Trauma Letter**

The Chairman has written to the Minister for Health, Simon Burns, regarding the inability of East Surrey Hospital to achieve Major Trauma Unit designation and the implications this has on Surrey in terms of major accidents at Gatwick or the M25. This is especially important given that Surrey is hosting the Olympic cycle races this summer.

### **LINK**

The Scrutiny Officer and Chairman met with the representatives from LINK to share information. The Committee is hoping to work closer with LINK over the next year to identify any problem areas and work together to ensure that the appropriate bodies action any necessary improvements.

### **Actions/Further Information to be Provided:**

- The Committee agreed to invite the Emergency Care Intensive Support Team (ECIST), who are currently working with Ashford & St Peter's Hospital on improving their A&E, to come and present at a future meeting.
- The Committee asked for clarification on whether Royal Surrey County Hospital had been designated a Major Trauma Unit.

## **20/12 RECOMMENDATION TRACKER AND FORWARD WORK PROGRAMME [Item 7]**

The Committee agreed that it would not scrutinise the issue of alcohol separately but will include it within its work discussing the role and programmes of the Public Health team.

## **21/12 HEALTH AND WELLBEING BOARD (HWB) DEVELOPMENT [Item 8]**

### **Declarations of Interest:**

None.

### **Witnesses:**

Sarah Mitchell, Strategic Director for Adult Social Care & Health

Michael Gosling, Cabinet Member for Adult Social Care & Health

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

1. The Cabinet Member for Adult Social Care & Health and the Strategic Director for Adult Social Care & Health provided an update on the work and development of the Health and Wellbeing Board (HWB). The Cabinet Member offered meetings for any Members who were unable to make the Committee's private training session held on 16 March, to brief them about recent developments.
2. The Chairman asked what the benefits and the risks are to the HWB. The Strategic Director referred to the HWB as a meeting to build relationships and to discuss the key issues affecting health in the County and the impact of the change agenda. The HWB has helped to address the lack of understanding between the Local Authority and GPs about how each works. The Board is also working alongside the nascent Healthwatch which will replace LINK. Going forward there is a tension between the need for better outcomes and the fact of a competitive NHS. The Board is supporting the integration between health, districts and boroughs and social care. The ambition is for the HWB to become the place where issues are addressed, but still need decisions to be made locally and not all pushed up to the highest level. The hope is to look back in four years time and ask why this system and process was not in place before, because it has helped to transform Surrey's

services. Members were informed that Surrey has the second largest health economy in the country.

3. The Strategic Director informed the meeting about a workshop that will be held on 11 June at the HG Wells centre in Woking, with guest speakers including Ann Milton MP, Parliamentary Under-Secretary of State for Public Health, Mike Farrar, CEO NHS Federation and Richard Humphries of the King's Trust. The event will look at the work the HWB has done over the last year and be an open dialogue about its challenges going forward.
4. The shadow HWB has been utilising a year of opportunity, before the NHS Commissioning Board comes into being on 1 April 2013, and the HWB becomes a functioning statutory body. The HWB will allow for a greater strategic voice for safeguarding children and vulnerable adults. The Surrey HWB is the only one in the country jointly chaired by the lead Cabinet Member and a GP.
5. The Strategic Director outlined the challenges in the fact that only six GPs are around the table yet there are over 600 working in the County., There is a need to ensure that their views are represented and that GP leaders encourage all their colleagues. The Committee will need to monitor the Clinical Commissioning Groups to make sure that they are the right size and to make sure that their commissioning meets the needs of Surrey residents.
6. GPs will provide broader services related to Community Health and will need to pick up the strands that the PCT did before and build up capacity, leadership and skills. The NHS has been asked to make savings of £20bn over the next four years and services such as acute hospitals need to make savings within a tight financial envelope. The HWB has linked its financial planning to the Council's Medium Term Financial Plan (MTFP). The HWB has been working with Public Health and Children's Services to plan commissioning priorities over the next five years and to ensure that there is a financial plan that underpins the strategy.
7. Members welcomed the presentation and information regarding the HWB and hoped that they would be able to address issues such as elderly residents given appointments at times when they cannot use their free travel. Members also asked how capacity building was taking place to ensure that GPs were ready to take over the roles that previously were undertaken by the PCT. In addition a point was raised concerning the board being a group of commissioners which does not commission itself. In response the governance arrangements are being tweaked to fit with the standards set out in the Surrey constitution. Some PCT colleagues have been seconded to CCGs to support the transition and the Local Authority is involved in the process of helping CCGs to achieve authorisation. CCGs will be supported by the Commissioning Support Service (CSS) for Surrey and Sussex for three years, when this support will be put out to tender. Twenty percent of all commissioning will be the responsibility of the national commissioning board. The HWB will be

a board of commissioners not a commissioning board and will be a forum to discuss issues affecting the parties around the table and to manage challenges. The County remains the largest commissioner in its own right and can influence the HWB in this capacity. The Board will meet every two months and an Assistant Director, Health and Wellbeing, has been appointed, to support its work programme and relationships.

8. Members were informed that the aspiration is to take more services away from acute hospitals and into the community and finding the best pathway for the patient's care. Community care and health and acute hospitals need to show that they provide services that CCGs want to purchase.

**Recommendations:**

1. Officers are thanked for attending today to discuss the work thus far;
2. Members of the Health and Wellbeing Board are recognised and commended for their work and cooperation in the last year; and
3. The draft Health and Wellbeing Strategy and a further update on the Board come to the next appropriate meeting.

**22/12 CLINICAL COMMISSIONING GROUPS DEVELOPMENT [Item 9]**

**Declarations of Interest:**

None.

**Witnesses:**

Dr Liz Lawn, GP Lead NW Surrey CCG

Elaine Jackson, East Surrey CCG

Dr David Eyre Brook, GP Lead Guildford & Waverley CCG

Michael Gosling, Cabinet Member for Adult Social Care and Health

**Key Points Raised During the Discussion:**

1. The witnesses outlined the work CCGs have been undertaking to become statutory bodies in time to take over commissioning on 1 April 2013. CCGs have been recruiting accountable officers and chief financial officers who will be directed by GPs in a management team. Surrey's CCGs had been behind the curve but have caught up. The process has been characterised by enthusiasm to take advantage of the opportunities presented to GPs. It is important that there is a more local focus and strategy that is joined up and coordinated. There will be central services to coordinate referrals and procurement and there is the CSS for Surrey and Sussex.

2. Members asked how the CCGs will involve districts and boroughs and how they will work to reduce the 60% of A&E visits that are self referrals, many of which could be treated locally. In response witnesses informed the meeting that there are locality groups mapped to the boroughs to plan services alongside patient involvement groups. There are opportunities to work with districts and boroughs to improve preventative work and to look at the impact of housing on health and care. The Guildford & Waverley CCG has signed a tripartite agreement with Guildford Borough Council and third sector organisations. CCGs are working with acute trusts to mitigate the risk of rising A&E referrals. The key is ensuring that primary care remains in a local setting and are investigating the possibility of having assertive outreach teams. The focus has to be on better signposting and pathways for the patients care.
3. Members inquired about how the CCGs were working on cross boundary issues and to provide an out of hours service. The witnesses responded that the CCGs have set up groups to work on Surrey-wide issues, such as mental health, to coordinate the response. GPs elect representatives from amongst their number to meet to manage cross border issues. The provision of out of hours services is a huge challenge for CCGs and the contract to provide the 111 service is about to be awarded. This is an opportunity to look at how it is delivered and do something different and creative to meet the need. There are a number of workshops planned to look at solutions to the issue of out of hours service. Members highlighted that this is a priority to stop A&E being used as an extension of primary care which is a priority due to the cost of the tariffs and the budgetary pressures.
4. Members asked who would review the pathways and how best practice is shared. In response witnesses said that this depends on whether it is across Surrey or by individual CCGs. Best practice will be supported by clinical networks that will be financed by the NHS Commissioning Board and the CSS. CCGs are clear that best practice needs to be shared and that quality of outcomes is paramount.

#### **Recommendations:**

1. GP leads are thanked for attending today and the HOSC looks forward to working with them in future;
2. CCGs are encouraged to involve and engage with the HOSC throughout the transition year; and
3. Given the impact of an out of hours service on hospital admissions and the wider health economy that the provision of this remains a priority.

## **23/12 NHS SURREY AND CCG ONE PLAN UPDATE AND REFRESH [Item 10]**

### **Declarations of Interest:**

None.

### **Witnesses:**

Ali Kalmis, Acting Director of Quality, Innovation, Productivity and Prevention (QIPP) and Contracts, NHS Surrey

Malachy McNally, Director of Finance, NHS Surrey

Nan-see McInnes, Associate Director Communications, NHS Surrey

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

1. Members opened the item by asking the witnesses what concerns they had over delivery, underperformance and the budget. Witnesses informed the Committee that NHS Surrey did achieve the planned underspend for 2011/12 and that the accounts are being audited and will be presented publically in July. The current year requires a controlled underspend of around 1% and there is a £45m QIPP requirement which is the vehicle for achieving savings and innovation. There is a concern that the workforce will be affected by the transition of the overlapping infrastructure. NHS Surrey are currently working with CCGs to get responsible officers in place, and ready to report on the QIPP successes. This allows for peer review as ensuring contract performance is based on agreement over how savings are delivered. There is a programme of work in place so that by the end of May CCGs will feed back on local delivery of the QIPP plans and highlight their milestones. Witnesses informed the meeting that the two key performance issues are the 18 weeks target and four-hour A&E waits. NHS Surrey is working with the acute trusts to ensure that CCGs deliver within national standards.
2. Members inquired about performance management and why orthopaedic services were underperforming. Witnesses stated that contracts are set up to meet specific targets and that NHS Surrey collaborates with trusts to compare and look over performance to understand where the pressure points are in the system. Orthopaedics has always been a pressure area that is increasing due to people living longer and the increase in patient need. The emphasis is on growth and capacity in the system to address a historic backlog. Members raised concerns over the A&E performance at Surrey and Sussex Healthcare (SASH), and the Committee was informed that SASH had recruited an additional consultant and were now meeting the four hour A&E wait target. Considerable work has taken place between the Northwest Surrey CCG and Ashford & St Peter's Hospitals (ASPH) to improve the performance of A&E services there.



3. Members asked witnesses how confident they were that they would pay off the residual debt of NHS Surrey before the transition took place. Witnesses were confident that the PCT was on course to meet its saving targets and that the trust was in a strong position financially. NHS Surrey are bringing the CCGs up to speed on its saving plan so they can own it going forward. There is a risk of overperformance and NHS Surrey may need to achieve a £10m control target in relation to rationing. The aim is to agree contracts so as to create a sustainable health economy in Surrey as a legacy to take forward.
4. Members were informed that NHS Surrey have recruited a surveyor and a senior technical lead to work with the existing estates team from NHS South of England to look at the transition of estates to the national NHS property company. There has been a statement from the Safeguarding Children board to look at the quality of transition to manage any risks.

**Actions/Further Information to be Provided:**

- NHS Surrey Associate Director Communications to follow up in relation to a letter on the handover of property to NHS Estates.

**Recommendations:**

1. Officers are thanked for their attendance today;
2. The HOSC is pleased to hear reported improvement at East Surrey Hospital and Ashford & St Peter's Hospitals on A&E four-hour waiting times and would encourage NHS Surrey, CCGs and the Trusts to work together to continue this; and
3. The HOSC invites NHS Surrey to continue to report at subsequent meetings on performance and financial concerns.

**24/12 SURREY COUNTY COUNCIL CABINET MEMBER FOR ADULT SOCIAL CARE AND HEALTH PRIORITIES AND PERFORMANCE UPDATE [Item 11]**

**Declarations of Interest:**

None.

**Witnesses:**

Michael Gosling, Cabinet Member, Adult Social Care and Health

**Key Points Raised During the Discussion:**

1. The Cabinet Member provided an outline of the pressures on the health service and the priorities that will be underpinning the work programme of adult social care and health. There is a difficult

financial background to work against with an increase in older people and inward migration to the County. There are a number of ongoing Public Value Reviews (PVRs) to improve the services available. The priorities take on board the views and legislation surrounding the safeguarding of vulnerable adults and children. The Committee was reminded that Public Health is now a part of the County Council, and a responsibility of all departments. The Cabinet Member stated that he had visited all 11 boroughs and districts to speak about their role in Public Health and the co-location of adult social care teams to local council offices that had embedded joint working.

2. Members welcomed the new line of democratic responsibility for Public Health and asked about the plans to cement prevention as a critical focus. This will be influenced by the White Paper on Public Health that will be published in June. The County needs to consider the difference between Waverley and Spelthorne, for example, and how we communicate our intentions to residents and how all members become involved in championing Public Health in all of the authority's strategies. The Cabinet Member intends to visit all of the boroughs and districts to communicate the intention to provide £2m a year to support them in local preventative work.
3. The Cabinet Member informed the meeting that Surrey has been given the second lowest allocation of Public Health funding in the country after Buckinghamshire, at £17m. He intends to lobby to include the extra preventative work that the PCT had undertaken. He does not want to challenge over the fact that poorer areas have more money for Public Health, but wants to ensure that Surrey is resourced to meet its needs.

**Actions/Further Information to be Provided:**

- The Cabinet Member agreed to continue to engage with all of Surrey's districts and boroughs.

**Recommendations:**

1. The Cabinet Member is thanked for his attendance today; and
2. The Public Health strategy comes to the next appropriate meeting, including financial aspects and outline spending plans.

**25/12 MENTAL HEALTH CRISIS LINE REVIEW [Item 12]**

**Declarations of Interest:**

None.

**Witnesses:**

Mandy Stevens, Director of Mental Health, Surrey and Borders Partnership NHS Foundation Trust

Rachel Hennessy, Medical Director – Mental Health Crisis Help Line, Surrey and Borders Partnership NHS Foundation Trust  
Don Illman, Chair, Surrey LINK Mental Health Group  
Joanna Macpherson, Surrey LINK Mental Health Group

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

1. The witnesses introduced the session by highlighting the changes to the service that have taken place since it last featured at the Committee. The crisis line was set up in 2009 as an out of hours service to support service users in Surrey. Eight out of nine recommendations, from the improvement action plan, have been implemented. The outstanding recommendation relates to people in mental health crisis being able to access an alternative to A&E. This is part of a wider programme of work with the police to look at how referrals are made to the crisis line and other mental health services. The service is developing rapid assessment to roll out across the County to make pathways as smooth as possible.
2. A witness from LINK applauded the successes made by the mental health trust but underlined areas where improvement was needed to support people in mental health crisis. Surrey has to avoid sending people in crisis to A&Es as they are not always the most appropriate environment for someone in crisis. Places of safety need to be available for service users to receive support and interact with services; this is especially important in relation to dementia and Parkinsons sufferers. Work needs to be done to understand who are the most frequent callers and then work with them to resolve their issues to reduce this.
3. Members inquired how the crisis line was staffed, how the volume of calls compared to previous years and whether the service envisaged introducing equality measures. The service is based in Redhill with two members of staff tasked to answer the calls, which can either last a few minutes or much longer. If the caller reaches the answer phone, they are called back, with 99% being contacted within half an hour. All staff are trained to the SABP principles and are capable of answering the calls if one of the call staff is unavailable. The performance data shows a small decline in contacts and the service has improved the linkages between the crisis line and the area teams that support the callers. Over the past year there has been on average 1,000 to 1,200 calls a month and the year before the average was 1,275. The service is subject to regular reviews to improve performance and is part of a national crisis line association. SABP have a new non-executive director in place who has experience in customer care and satisfaction.
4. Members asked questions about how users are supported, through treatment, and about how the crisis line is publicised. In response the witnesses informed the meeting that they are looking at the threshold for admittance to the mental health crisis unit and how users are supported at home. The home treatment teams are

supported by junior doctors and consultants who work within the community. The crisis line has a communications plan and have established an SMS text service to allow for users who may not be comfortable with telephone conversations. The witnesses from LINK raised concerns over whether GP surgeries filter the information properly to clients or people suffering with mental health issues. The service is working with the Samaritans to improve the support to people calling with mental health issues.

**Recommendations:**

1. Officers and LINK are thanked for their attendance today; and
2. The HOSC receives a further report at the next appropriate meeting, on
  - a. Outcomes of the carers meetings once they are complete;
  - b. Review of the acute care pathway; and
  - c. Any further user surveys.

**26/12 DATE OF NEXT MEETING [Item 13]**

Noted that the next meeting of the Committee would be held on Thursday 5 July 2012 at 10.00am.

[Meeting ended: 1:40pm]

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**Chairman**