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MINUTES of the meeting of the **HEALTH SCRUTINY COMMITTEE** held at 10.00am on 5 July 2012 at County Hall, Kingston upon Thames.

These minutes are subject to confirmation by the Committee at its meeting on 13 September 2012.

Members:

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

Ex officio Members:

- Mrs Lavinia Sealy (Chairman of the Council)
- 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

27/12 APOLOGIES FOR ABSENCE AND SUBSTITUTIONS [Item 1]

Apologies for absence received from Dr Zully Grant-Duff, Caroline Nichols and Ian Lake. Margaret Hicks substituted for Dr Zully Grant-Duff.

28/12 MINUTES OF THE PREVIOUS MEETING: 24 May 2012 [Item 2]

The minutes were agreed as a record of the meeting.

29/12 DECLARATIONS OF INTERESTS [Item 3]

The Chair read out a statement relating to a change in the statement on declaration of interests. This was noted by the Committee.

30/12 QUESTIONS AND PETITIONS [Item 4]

There was one question and the response was tabled. A response was tabled and is attached as an annexe. It was also noted that Surrey will engage with the existing Surrey LINK and this will lead to a range of options. It is too early to decide whether there will be an open election to the Healthwatch Board or whether membership will be decided through nominations.

31/12 CHAIRMAN'S ORAL REPORT [Item 5]

Reply to Trauma letter

The Minister of State for Health, Simon Burns, to whom the Chairman wrote in May about SASH's failure to achieve trauma designation, has now responded. In the letter the Minister states what we have been told previously: that SASH has an action plan in place to bring about the improvements necessary to apply for authorisation again in the autumn.

Change of CCG Name

At the NHS Surrey board meeting on 1 June, it was announced that the DEEMS CCG, which covers Dorking, East Elmbridge and Mid-Surrey, was being re-named Surrey Downs CCG. This is in order to comply with NHS standards on acronyms.

Health and Wellbeing Board – one year on

On 11 June, an event was held to celebrate Surrey's Health and Wellbeing Board having been in place for a year. The event brought together members of the Board and stakeholders, giving them an opportunity to reflect on what they have achieved so far as well as exploring what needs to be done in the future. Key speakers included Ann Milton, MP, Under Secretary of State for Public Health, Mike Farrar, Chief Executive of the NHS Confederation and Richard Humphries, Senior Fellow at the King's Fund. Our Scrutiny Officer attended and can provide further information to any Member that would like to be updated.

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The Committee was also informed that the Chairman has written to NHS Estates for an update on the Surrey assets that will be held in trust.

Actions

- A summary of the Health and Wellbeing Board: One Year On event to be shared with the Committee by the Assistant Director for Health and Wellbeing.

32/12 SECAMB PERFORMANCE REVIEW AND MAKE READY [Item 6]

Declarations of Interest:

None.

Witnesses:

Geraint Davies, Director of Corporate Services, SECAMB

Lorna Stewart, Senior Operations Manager, SECAMB

Kieran Wright, Make Ready Project Manager, SECAMB

Key Points Raised During the Discussion:

1. The witnesses opened the item with a presentation outlining the service transformation plan.
2. Members were informed that the driver to the Make Ready project is to place services closer to where people live and is not about cutting overall provision. There will be 29 Ambulance Community Response Posts which will replace the older ambulance stations. There is a challenge in finding places for new bases in east Surrey. SECAMB is reviewing their current estate to see if any can be redeveloped to provide the new ambulance posts.
3. The Committee was informed that there will be a change in the performance management for the ambulance service. Two new targets will be introduced: Red 1 and Red 2. Red 1 is for the most life-threatening, high acute patients and the target is for 80% to have an ambulance attend within eight minutes. Red 2 is for slightly less life-threatening and the target is for 75% to have an ambulance attend within eight minutes. The Committee requested that these new classifications be circulated, via the Scrutiny Officer and witnesses agreed to do so.
4. SECAMB serves an area of 4.5million people and demand across this area is rising by 5% every year. In Surrey this demand is rising by 8% and the intention is to undertake further investigation of the needs at a district and borough level. The service also has to reduce its level of conveyance of incidents straight to hospital from 65% to

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60%, and this will be managed through the QIPP plans. The Trust will continue to work with the CCGs to reduce hospital admissions.

5. Witnesses informed the meeting that SECAMB are one of the few ambulance services who have won a tender to provide the new 111 service. This will help SECAMB to provide a holistic service in the County and will be delivered in partnership with Harmoni. The service is also developing the Community First Responder Scheme with volunteers in 13 teams across Surrey who can assist ambulance teams in rural areas.
6. The meeting was informed that SECAMB reviews the longest response times through its governance committee. This group looks for any trends and reviews complaints. There were only 120 complaints against the organisation last year from around 1 million interventions, which is a very low overall percentage. 98% of incidents were responded to within the prescribed timeframe and all the incidents that breach these requirements are tracked through the medical system to see if delays impacted on the patient's care.
7. Members raised concerns over response times in Waverley, Cranleigh receiving particular mention. The perception was that the borough was not getting a strong service. In response witnesses referred to the shifting demands experienced by the organisation and indicated that they try to put vehicles and resources to where there is likely to be demand. There are three vehicles in Godalming, one in Haslemere and a paramedic response unit in the borough as well. The ambulance service needs to work in the wider health economy to provide more care pathways and to free up the ambulances as much as possible.
8. Members raised concerns over minor injuries and asked whether ambulances were being sent out to incidents which previously have been dealt with by out of hours GP services. Witnesses were questioned about how they are educating the general public over call outs for ambulances. SECAMB have been focusing on out of hours provision and want to use the new 111 system to tie the different services and provision together to manage incidents as efficiently as possible. This involves working with CCGs and PCTs to look at what community services are available to support conditions in each area. SECAMB was the first service to set up paramedic practitioners who work with GPs to help manage patients appropriately. There will always be a challenge around informing the public to know what to do when they are under pressure and experience incidents. People will mostly follow the path of least resistance and call for an ambulance. SECAMB compares very well with other ambulance services across the country and was the one of the first to be granted Foundation Trust status.
9. The Committee was also informed that SECAMB have won the contract to provide patient transport and will take this service over from 1 October 2012. The Committee agreed to monitor this worksteam and to review performance at an appropriate time after

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the contract begins. The Committee congratulated SECAMB on its performance and on winning the contract to provide the 111 service. The Committee agreed that it wanted to look at performance in two or three smaller geographic areas and for this to include a sample month of incidents to have a better understanding of the data.

Actions

1. SECAMB to send a map of current ambulance station provision along with that of planned Make Ready Centres and new ambulance response posts.
2. SECAMB to send the new performance target classifications for Red 1 and Red 2 to the Committee.
3. Prior to the deep dive geographic scrutiny next year, a visit to a Make Ready Centre and SECAMB HQ in Banstead will be arranged.
4. SECAMB was advised to speak to members of the Committee who are also local councillors or reside in Reigate and Banstead to discuss possibilities of siting an ambulance base in the Redhill area.

Recommendations:

1. SECAMB is thanked for their attendance.
2. The Committee chooses two-three geographic areas in the County and invite SECAMB to a future meeting to investigate performance in these areas.
3. The Committee review performance on the patient transport contract six months after it commences, in October 2012.

33/12 SURREY HEALTHWATCH DEVELOPMENT [Item 7]

Declarations of Interest:

None.

Witnesses:

Richard Davy, Surrey Independent Living Council (LINK host authority)

Simon Laker, Assistant Director for Health and Wellbeing, Surrey County Council

Michael Gosling, Cabinet Member for Adult Social Care and Health

Cliff Bush, Surrey LINK

Key Points Raised During the Discussion:

1. Witnesses opened the item with a presentation on Healthwatch. Healthwatch will replace LINK as the public engagement body for

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the NHS and social care across the country. The meeting was informed that representation was proving challenging due to the size of the county and to ensure that it speaks for everyone in Surrey who had a stake in local health and social care services.

Healthwatch needs to have strong links with other local organisations and needs to be delivered with reduced resources. Healthwatch will need to meet local needs and has the important task of explaining choice, which can be difficult to explain. A new development is the role of scrutinising services to Looked After Children and will also have responsibility for NHS complaints advocacy.

2. The project is currently in the process of consulting and engaging with residents and service user groups to help design the future of Healthwatch. LINK have been to public places, such as railway stations, to hand out questionnaires. They have also visited community groups and GP surgeries and have so far received 500 responses from residents.
3. The process of recruiting to the board is ongoing. Witnesses indicated that they were looking at what type of skills would be required of board members and what needs to be done to ensure the highest caliber candidates are found. Healthwatch will be a social enterprise and are currently preparing articles of memorandum to set up this up. There will be a shadow Healthwatch until 2013 when the group will go live.
4. There will be a project plan and outline specification for the new Healthwatch which will be contained in discussion documents which will be used to engage the community. Healthwatch will have its own corporate branding and will cost less to run than LINK. The cost of transition will be around £50,000 and a budget has been identified to support this transformation. Surrey Independent Living Council has been working in partnership with the County Council to manage the transition process.
5. The Committee inquired about how it could support the transformation process and raised the issue of engaging with the local committees to feed in the views of the boroughs and districts. Members referred to the corporate child management system and would like further detail included in the report to show what Healthwatch's relationship will be with this service area. Witnesses confirmed that they are mapping local engagement groups across the county to understand what the local landscape looks like.

Recommendations:

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1. LINK and officers are thanked for their attendance and for sharing their transition plans, for which they are commended.
2. 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.

34/12 NHS SURREY AND CCG ONE PLAN AND QIPP UPDATE [Item 8]

Declarations of Interest:

None.

Witnesses:

Justin Dix, Acting Director of Transformation, NHS Surrey
Dr Andy Brooks, Lead GP, Surrey Heath CCG

Key Points Raised During the Discussion:

1. The item opened with an overview by witnesses of the key performance issues affecting Surrey. This is a critical year of transformation that will integrate health and social care, which will impact on performance and reporting. The update flagged possible concerns around A&E performance at Ashford & St Peter's Hospitals (ASPH). Underperformance in the area of stroke management at Surrey and Sussex Healthcare (SASH) was also identified. SAHS is not meeting the target of stroke patients spending 90% of their time on a stroke unit. LINK are currently undertaking a county-wide stroke review and indicated that SASH was not currently compliant with National Institute of Clinical Excellence (NICE) guidance on stroke pathways.
2. There has been a focus on the 18 week target for referral to treatment and the four-hour A&E waiting times target as these are not being met everywhere in Surrey. The County has five acute trusts and NHS Surrey has put in extra work with the emergency care support team to audit and manage care pathways. LINK raised concerns about A&E services at the Royal Surrey County Hospital not meeting four-hour waiting times and witnesses agreed to discuss this in further detail at the next meeting. The Committee agreed to invite Royal Surrey County Hospital to a future meeting to discuss its performance issues and to reassure the Committee about its planning for transformation.
3. Members were assured that the recent day of strike action by doctors did not have a dramatic affect on Surrey's health services and nearly all operations and services went ahead as planned.
4. Witnesses referred to the problems in meeting the 18-week referral to treatment target as being due to poor system design which have been impacted on by the issue of supply and demand. This

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underlines the importance of the QIPP agenda. NHS Surrey will continue to work with CCGs to arrange services to meet local demand and reform care pathways, in collaboration with social care, such as providing reablement to aid discharge from hospital. From a CCG perspective the challenge is to make the system work and CCGs see themselves as integrated with social care and districts and boroughs.

5. Members discussed a number of public health indicators such as stopping smoking, bowel cancer screening and breast screening. Witnesses were asked how many people are attending bowel cancer screenings. Witnesses indicated that, anecdotally, there had been an increase in the number of people being screened. The witnesses referred to the large volume of performance management data available and are keen to work with the Committee to tailor the regular reports to support successful scrutiny.

Actions/Further Information to be Provided:

None

Recommendations:

1. NHS Surrey and Surrey Heath CCG are thanked for their attendance.
2. Royal Surrey County Hospital is invited to the next meeting to discuss their performance on the 18-week treatment times and A&E waiting times targets.

35/12 EPSOM AND ST HELIER HOSPITAL TRANSACTION UPDATE [Item 9]

Declarations of Interest:

None.

Witnesses:

Matthew Hopkins, CEO, Epsom & St Helier Hospitals NHS Trust
Jan Sawkins, Chair, Foundation Transaction Board
Ian McNuff, Integration Director, Ashford & St Peter's Hospitals NHS Foundation Trust

Key Points Raised During the Discussion:

1. The item opened with witnesses assuring that mixed sex ward breaches at Epsom Hospital are being managed, as this was discussed briefly during the QIPP item previously. The CEO indicated that it was a system problem and this is being scrutinised

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across London. The issue arises when a patient is due to be discharged from the Intensive Care Unit, which is mixed-sex for clinical reasons, to a bed in a regular ward, which is single sex. Because they are technically discharged to the new ward but not yet physically located there, a breach is deemed to have occurred.

2. The meeting then received an update on the de-merger process which is due to conclude in April 2013. St George's Hospital withdrew from the bidding process for St Helier Hospital due to uncertainties around the future of the site. Ashford & St Peter's Hospitals (ASPH) was announced as the preferred bidder for Epsom Hospital on 1 June. The governance for the transition is currently being discussed and the process will ensure the transaction is as smooth as possible and one in which partners feel engaged. The next task is to configure the voting arrangements for the transition board.
3. Epsom Hospital is facing a shift from being a London-centric organisation to a Surrey-centric organisation. The guiding principle will be that Epsom is in Surrey and many of its patients live and work in the County. The Trust will work in partnership with the local authority to develop a hospital campus to meet the needs of its many patients. Witnesses outlined an aspiration of greater involvement of local people in the design and scrutiny of health services. The intention is to see new investment in Epsom Hospital and the transaction board is currently in the process of securing initial transitional revenue and capital funding.
4. The Committee were updated on the progress of the Better Services Better Value (BSBV) review of health services in southwest London, of which St Helier Hospital is part. The clinical working groups have shown a preference for multi-elective surgery to be based in a single centre of excellence at St Helier Hospital. This process has been led by local clinicians. The business case will need to be approved by the end of August to enable a public consultation process to be launched in September that will lead up to Christmas. There is a degree of public unrest over the proposals and how they will be delivered. Members asked how the ASPH takeover of Epsom Hospital will be affected by the BSBV process. In response the witnesses felt optimistic that the NHS and Department of Health hierarchy are making sure it is on course.
5. Members raised concerns over the combined organisation of services, how it would be affected by financial issues and whether Epsom Hospital would lose elective services. The plan for Epsom Hospital was based on five years of projections on what financial support is needed and how the service will operate. The meeting was also informed that Epsom Hospital might be supporting additional capacity births from East Surrey Hospital.
6. There is a programme of investment at Epsom Hospital that is required to improve the site. Sutton Hospital is linked to St Helier Hospital and will eventually be merged onto one site. There is a

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further public meeting to discuss these proposals scheduled for the 12 September 2012.

Actions/Further Information to be Provided:

None

Recommendations:

1. Officers are thanked for their attendance.
2. The full business case is circulated to the Committee when it is finalised.
3. An update come to the March 2013 meeting once the Secretary of State's decision is known. The update to include a full outline of any planned service changes and a detailed timeline, where appropriate and available.

36/12 RECOMMENDATION TRACKER/FORWARD WORK PROGRAMME [Item 10]

Key Points Raised During the Discussion:

1. The discussion of Royal Surrey County Hospital's underperformance will be added to the agenda for the next meeting, under the QIPP item, and representatives will be invited to attend.
2. A Member raised concerns about hospitals arranging appointments for patients eligible for free transport after 9.30am. The concern is that the appointments are not flexible and many are having to make early morning journeys. The Committee agreed to write to all acute trusts in the County to inquire as to their current hospital appointment arrangements.
3. The Committee agreed it was necessary to look at demand reduction under the next QIPP item. The CCGs and NHS Surrey will be asked to highlight the main areas where progress could be made.

37/12 DATE OF NEXT MEETING [Item 13]

Noted that the next meeting of the Committee would be held on Thursday 13 September 2012 at 10.00am.

[Meeting ended: 13:39]

Chairman