

MINUTES of the meeting of the **HEALTH SCRUTINY COMMITTEE** held at 10.00 am on 9 January 2014 at Committee Room C, County Hall, Kingston upon Thames, Surrey KT1 2DN.

These minutes are subject to confirmation by the Committee at its meeting.

Elected Members:

Mr Bill Chapman (Chairman)
Mr Ben Carasco (Vice-Chairman)
Mr Tim Evans
Mr Tim Hall
Mr Peter Hickman
Mrs Pauline Searle
Mr Richard Walsh
Mrs Helena Windsor

Independent Members

Borough Councillor Karen Randolph
Borough Councillor Mrs Rachel Turner

Apologies:

Mr W D Barker OBE
Mr Bob Gardner
Mrs Tina Mountain
Mr Chris Pitt
Borough Councillor Nicky Lee

1/14 APOLOGIES FOR ABSENCE AND SUBSTITUTIONS [Item 1]

Apologies were received from Bill Barker, Bob Gardner, Nicky Lee, Tina Mountain and Chris Pitt.

There were no substitutions.

2/14 MINUTES OF THE PREVIOUS MEETING: 14 NOVEMBER 2013 [Item 2]

The minutes of the meeting on 14 November 2013 were agreed as a true record of the meeting with the following amendments:

- Item 45/13 paragraph 7 – The Committee were asked to note that this information was not contained within the report from Healthwatch.
- Item 45/13 paragraph 8 should state that the minimum length of rehabilitation should be six weeks instead of eight.
- Item 45/13 recommendation b) should read 'The Committee encourages CCGs to make six weeks suitable rehabilitation therapy, as a minimum, available for stroke survivors across the county.'
- Item 46/13 paragraph 11 should read spring 2014 instead of spring 2013.

3/14 DECLARATIONS OF INTEREST [Item 3]

None were received.

4/14 QUESTIONS AND PETITIONS [Item 4]

None were received.

5/14 CHAIRMAN'S ORAL REPORT [Item 5]

Declarations of interest: None.

Witnesses: None.

Key points raised during the discussion:

1. The Chairman provided the following oral report:

Better Services Better Value

On Monday 6 Jan the Members of the Epsom and St Helier: Peter and Karen were briefed by Susie Kemp on the latest developments around the future of Epsom Hospital. Ross and I were also present.

Quality Account Member Reference Groups

It was evident from the reports received at our Meeting on 14 November that not all of the providers (the 5 Acute Hospitals, SECamb the Ambulance Trust and the Surrey and Borders Partnership) understood how to interact with the MRGs.

Ross has started the process of reminding them:

- Contacted all of the QA Leads to ask for details of their next meeting and indications of their emerging priorities for the coming year.
- Received two responses thus far – from SECAMB and Ashford and St. Peters and hope to have had responses from all the Trusts in the coming weeks.

Recommendations: None.

Actions/further information to be provided:

The Committee to be provided with a summary of the discussions regarding Epsom Hospital's withdrawal from BSBV.

Committee next steps: None.

6/14 INTEGRATION TRANSFORMATION FUND [Item 6]

Declarations of interest: None.

Witnesses:

Susie Kemp, Assistant Chief Executive

Key points raised during the discussion:

1. The Committee were provided with a briefing from the Assistant Chief Executive on the Integration Transformation Fund which had been renamed the Better Care Fund.
2. The Fund of £3.8 billion had been announced in the summer 2013 with guidance published on 20 December 2013. This has meant that the submission for Surrey is still in discussion with Clinical Commissioning Group (CCGs), though the Assistant Chief Executive suggested returning to the Committee once the draft plan had been submitted on 14 February 2014 and would circulate the guidance document to Members.
3. The Fund was to be used to integrate health and social care services to ensure that the care system worked effectively and to facilitate the aim of a strategic shift from acute to community care. It was important to note, however, that the money was not 'new' as it was committed money coming from the CCG budgets. This has caused problems for the CCGs due to the top slicing of their budgets for 2015/16, though it was felt that the county council and CCGs were working well to formulate a plan for the joint budget. It was important that the plan was jointly agreed as 30% of the estimated £65million Surrey share would be performance related.
4. The Committee queried the role of Community Care providers and paramedics, and were informed that they would be involved in the plan though it was still to be formulated.

5. Members queried whether the Fund would be a one-off revenue initiative. The Assistant Chief Executive stated that currently there was no guarantee that the Fund would continue, though she felt it suggested the start of integrating services within the care system. The Assistant Chief Executive stated that the Fund was not the start of full integration of Health and Social Care, rather it was to facilitate greater collaboration.
6. Members felt that it was important that the governance of the Fund was agreed as it would be inappropriate to duplicate the work of the Health & Wellbeing Board and Adult Social Care Select Committee. The Committee were informed by the Chairman that he was in discussion with the Chairman of the Adult Social Care Select Committee to agree a way forward. Furthermore, the Health & Wellbeing Board would have to sign-off the plans in February.
7. It was noted that it was important that the plan was effective and did not put further strain on acute hospitals, as in the past previous initiatives had required more money being put into these hospitals to ensure services were able to meet demand.

Recommendations:

- a) The Committee requests a verbal update on the Better Care Fund at its meeting on 19 March 2014.
- b) The Committee requests a further update post sign-off at its meeting on 22 May 2014.

Actions/further information to be provided:

The Committee scopes a role in the development or implementation of the plans via a joint working group with the Adult Social Care Select Committee.

The Assistant Chief Executive to provide a written note for Members of the Committee on the update she provided within the meeting.

Committee next steps:

The Committee receive further updates on the Better Care Fund submission at future meetings.

7/14 PATIENT TRANSPORT SERVICE [Item 7]

Declarations of interest: None.

Witnesses:

Cliff Bush, Surrey Coalition of Disabled People
Samantha Stanbridge, Director of Commissioning and Engagement, East Surrey CCG
Rob Mason, Head of Patient Transport Service, SECamb

Key points raised during the discussion:

1. The Chairman began by stating that this was the second time, within this Council, that the Patient Transport Service (PTS) had been reviewed by the Committee. At the last meeting the Committee had made a number of recommendations to the Commissioner and provider and he felt that there had been positive progress, with an improvement plan and updated governance, though there was still progress to be made for the service to reach the right standard.
2. The Commissioner stated that the issue was not just about SECAMB behaviours, but that a whole system change of behaviour was required for the service to work effectively. Surrey had the highest level of on the day bookings in the region, which put strain on the delivery of the service. It was felt that behavioural changes were required rather than additional funding. However, the Commissioner stated that more money had been put into the contract to fund more vehicles.
3. SECAMB stated that the experience within Sussex for PTS was not dissimilar to that of Surrey, with a Rapid Improvement Event around patient discharge also taking place in Sussex.
4. It was important for more planning to take place to ensure that all patients were not being discharged between 6 – 8 pm. The Commissioner informed the Committee that doctors should be planning the discharge of the patient as soon as the patient is admitted, and that this was an area which hospitals needed to work on. Hospitals had daily meetings to discuss the management of the hospital to enable them to move away from crisis management to planned management.
5. The Commissioner felt that hospitals were moving away from 6 – 8pm discharges with around 60% of discharges now taking place before 12pm. This was enabling them to build a seven day Patient Transport Service.
6. The Committee queried how the Commissioner encouraged hospitals to change their behaviours outside of the East Surrey CCG area. The Commissioner stated that there was a Surrey Collaborative Group which met several times a month.
7. Members queried how the next contract would be tendered to ensure its adequacy. The Commissioner informed the Committee that when the current contract was awarded CCGs were not in place and the PTS contract was an inherited issue, but that work since April 2013 had improved the service. SECAMB stated that they felt they were performing better than other providers of PTS in the country, with private providers achieving 60% on time and other NHS providers struggling to reach 80%.
8. SECAMB informed the Committee that they were making a financial loss each day with the contract, though had a plan in place which aimed to turn this around by employing and training more staff within SECAMB. This plan had been agreed by the SECAMB Board and it was hoped the effects would be seen by July 2014.

9. Surrey Coalition of Disabled People were disappointed with the contract and raised the issue of an average 2250 patients missing or arriving late to appointments each month being a financial burden for the NHS. The organisation now advised its members to phone ahead to the hospital if there were going to be late.
10. Members raised the issue that the Key Performance Indicators did not indicate the number of patients who arrived on time to their appointments. Commissioner agreed this was an issue but one which was inherited with the contract.
11. Members raised concerns regarding the number of vehicles available and felt that SECamb bid for the contract with promises they were unable to fulfil.
12. SECamb stated that they conveyed between 800 and 1,000 patients each day across Surrey to 150 healthcare locations, with 85% of journeys arriving within 15 minutes of the appointment start time. When journeys would arrive late the driver would endeavour to phone ahead to inform the provider, though this would sometimes require the journey to stop. It was felt that staff were working hard to deliver the service with 98% of patients happy with the service they received, however customer service was an area which required improvement. SECamb informed the Committee that they were fully committed to making the service work as they felt it was strategically important to their organisation and that they were best placed to provide it.
13. Members queried whether the complaints process was working effectively and were informed by the Commissioner that a robust complaints system was now in place, and that they hoped to see the number of complaints go down as they were working hard with SECamb to make PTS work. However, Surrey Coalition felt that SECamb's complaints process was complex and stated that often they were required to assist patients in lodging a complaint. The Commissioner stated that a new, much simpler, process was now in place.
14. Members queried the sickness rate of staff as it was around 10% which was higher than average. SECamb informed the Committee that this was due to the various capabilities of the staff they had inherited, including some staff who were unable to lift and others which were unable to drive. This was an area they were working on as part of the plan to decrease the losses incurred by the contract.
15. It was requested that the data provided by SECamb be updated to reflect that Criminal Records Bureau checks were no longer available and that Disclosure and Baring Service checks were now in place. Members further queried the high level of aborts and cancellations from Royal Surrey Hospital and were informed that this would be looked into further.
16. The Committee questioned whether the next contract, which would begin in September 2016, would ensure the service worked effectively. They were informed by the Commissioner that relevant KPIs would be

in effect within contracts with providers from 2014/15, however the funding and number of vehicles were all part of the bidding process and were not prescribed. It was important to performance manage the contract to ensure the contract specification as being delivered, and that this would continue.

17. Members were disappointed that the Chief Executive of SECAmb was not present to answer the Committees questions.

Recommendations:

- a) The Committee recognises the response of the Commissioner to realise improvements
- b) The Commissioner must ensure that hospital discharge planning improves across the whole of Surrey, with the least successful Acute Trusts performance improving to the level of the best Trusts, and that all Trusts move towards the levels expected in the contract for on the day bookings. Member Reference Groups will follow this up with Acute Trusts.
- c) The Commissioner will report on how they will ensure the viability of the patient transport service up to the end of this contract and getting it to a 95% success rate for patients
- d) The Commissioner should assure the Committee that the new Contract will be designed with realistic and achievable KPIs and robust contracting arrangements
- e) That there is an effective complaint handling system that allows this committee to scrutinise individual outcomes.

Actions/further information to be provided: None.

Committee next steps:

That the Committee scrutinise the performance of the Patient Transport Service at a future meeting.

ADJOURNMENT

The meeting adjourned for lunch at 11.55am and resumed at 1.05pm with all those present who had been in attendance in the morning.

**8/14 SEXUAL HEALTH SERVICES FOR CHILDREN AND YOUNG PEOPLE
[Item 8]**

Due to the commitments of the Chairman and Chief Executive of East Surrey Hospital it was agreed to change the order of the items for the afternoon session. Item 10 was taken first, followed by item 9 and finally item 8.

Declarations of interest: None.

Witnesses:

Kelly Morris, Public Health Principal for Maternity Service and Children and Families

Jenny Smith, Development Manager, Services for Young People

Key points raised during the discussion:

1. Members were informed that the Committee had last received a report in November 2012 on sexually transmitted diseases (STIs) and Public Health had been requested to return in 2014 to provide an update.
2. The Committee were informed that Public Health use two indicators to monitor sexual health among young people – conception rate for under 18s and chlamydia rates, and that all services provided to young people were accredited. Public Health were in the process of reviewing all the services and the Sexual Health Needs Assessment which would inform future commissioning of services.
3. Youth Services confirmed they were working closely with Public Health as sexual health was an important aspect of the health and wellbeing of young people and often was an indicator of the risk of becoming NEET (Not in Education, Employment or Training).
4. The Committee were informed that it was often a struggle to ensure schools prioritised sexual health within Personal, Social and Health Education (PSHE) classes, though all schools were offered services. It was felt that it was important to begin to increase influence at schools which did not take up services.
5. Members queried how work could be prioritised to help within the 20 wards which had the highest number of teenage pregnancies. Officers confirmed they were using the Local Prevention Framework (LPF) to assist in ensuring services were at the right levels within these wards.
6. The Committee were informed that Surrey had the fourth lowest under age conception rate in the country and uptake of 2% for Chlamydia screening, 10% of which had a positive result. Public Health received monthly breakdowns on access to Chlamydia screening, though this was not currently broken down by age group but would work with Services for Young People to get the views of young people on the sexual health services.
7. The Public Health Principal informed the Committee that there were around 450 teenage conceptions every year across Surrey with around 200 terminations, however the rate of conception was going down across the county from 24 to 22.5 per 1000 females. Public Health were prioritising work within Spelthorne and Runnymede regarding contraception, and Reigate & Banstead and Guildford regarding teenage motherhood.
8. Members queried the availability of contraception and whether it was easy for young people to acquire. They were informed that the C-Card (a key fob which could be exchanged for condoms and lubricant) was being promoted widely across Surrey with 65,000 young people in

Surrey viewing information about the C-Card on Facebook. Furthermore, under 16s could access contraception from a youth centre following guidance from a youth worker. Contraception was also available from school nurses which had drop-in sessions and GPs. It was felt that the Sexual Health Needs Assessment would assist future commissioning to ensure services were fit for purpose and accessible.

9. Members questioned how they ensured that young people were aware of the effects of STIs. The Public Health Principal confirmed that there were monthly meetings with the Chlamydia screening office, however it was important that schools understood the importance of sexual health education so as to ensure young people were informed. Furthermore, most pharmacies advertised Chlamydia screening services.
10. The Committee were informed that Public Health were looking at uptake of the Emergency Contraceptive Pill.

Recommendations:

- a) The team returns with further information on completion of its Sexual Health Needs Assessment and Strategy in early 2015.
- b) The Committee is included in the consultation on the Sexual Health Strategy.
- c) The commissioning plans that emerge from the review of School Nurses is brought to a future Committee meeting.
- d) That proposals for the targeting of areas with particular challenges be included in future reports.

Actions/further information to be provided:

To provide the Committee with details of the uptake of the C-Card.

Committee next steps:

The Committee to consider the Sexual Health Needs Assessment and Strategy in early 2015.

The Committee to consider the School Nurses review at a future meeting.

9/14 SURREY AND SUSSEX LOCAL AREA TEAM COMMISSIONING INTENTIONS FOR PRIMARY CARE [Item 9]

Declarations of interest: None.

Witnesses:

Richard Woolterton, Head of Primary Care, Surrey and Sussex Local Area Team

Key points raised during the discussion:

1. The Committee were provided with an overview of primary care commissioning in Surrey and Sussex and the *Primary Care – call to action*.
2. The Local Area Team (LAT) held an event in December 2013 on primary care which had been well attended by CCGs, patients, providers and local authorities, with further events planned.
3. The LAT is currently looking at the contract for the Ashford Walk-In Centre as the current contract is coming to an end. The Team are considering a one to two year extension though is waiting for a report from Monitor on Walk-In Centres. The Committee were informed that there had been a drop in the number of users for the Walk-In Centre which was being looked in to.
4. Members queried the prevalence of NHS dentists in Surrey as it was often difficult to find one with room on their books. The Committee was informed that there was a helpline available for patients which provided assistance to find one. Furthermore, there was a list of NHS dentists in the county which would be circulated to Members.
5. The Committee raised their concerns that GP access appeared to be an issue across Surrey and there were concerns regarding consistency and accountability, and the ability to complain about the service as a patient. The Committee were informed that the *call to action* enabled the public to feed in their views of primary care, but that the contracts were agreed nationally and required practices to meet the reasonable needs of patients.
6. The LAT were in the process of gathering statistics regarding GP Practices so they are able to see where the variations are, and would also review the comments left by patients on the NHS Choices website. Furthermore, the LAT were working with Healthwatch to develop Quality Surveillance Groups, in addition to Healthwatch gathering surveys from GP patients. Members were informed that the Care Quality Commission were able to inspect Practices and so they were now coming under greater scrutiny.
7. The Committee welcomed this piece of work, looking at GP Practices, and requested the LAT present their findings once completed.
8. The LAT were looking at Personal Medical Services (PMS) contracts over the next two years, particularly at the premium aspect of these contracts.
9. Members were informed that they should raise concerns regarding GP practice access with MPs as the contracts were mainly nationally negotiated.

10. Members queried whether popular Practices would come under pressure with the ability of patients to choose their practice from October 2014. They were informed that when a practice was under pressure they were required to talk to the LAT to discuss the issues and possible innovative approaches to alleviate the problems, such as opening on Saturdays and providing extended hours. The Committee requested details of practices boundaries as this was often difficult to find.
11. The Committee were informed that every GP practice should have information available to patients on how to complain about the service, in addition NHS England have a complaints process.
12. The Committee queried which stakeholders would be part of the consultation regarding the Ashford Walk-In Centre. The LAT stated there was a list of stakeholders which would be consulted which included Members and residents. The consultation document was in the process of being drafted and the LAT were aware that it may need to go to the Committee if deemed a substantial variation. Members raised concerns as the Walk-In service was popular within the community.
13. Members felt that a lot of the NHS estate needed to be updated and queried who made the decision as to which practices got updated. The LAT informed the Committee that NHS property had transferred to NHS Property Services Ltd. however a number of practices owned their own premises and it was their responsibility to maintain the quality of the buildings. CQC would also participate in reviewing and ensuring that premises were of the right standard.

Recommendations:

- a) That the Area Team works with Healthwatch to analyse the Annual Declaration from GPs and returns to this Committee on its completion for further scrutiny.
- b) The Area Team keeps the Committee informed of the plans for consultation on the future of the Ashford Walk-in Centre and involves it when appropriate.
- c) Publicity is devised to promote the helpline that advises the public about the availability of NHS dentists.

Actions/further information to be provided:

The Committee to be provided with the list of NHS dentists within Surrey.

The Committee to be provided with details of the boundaries of GP practices within Surrey.

Committee next steps:

Borough Councillor Rachel Turner left the meeting.

10/14 SURREY AND SUSSEX FOUNDATION TRUST CONSULTATION [Item 10]

Declarations of interest: None.

Witnesses:

Michael Wilson, Chief Executive of Surrey & Sussex NHS Trust
Alan McCarthy, Chairman of Surrey & Sussex NHS Trust

Key points raised during the discussion:

1. The Committee were provided with a presentation from Surrey & Sussex NHS Trust on their plans to become a Foundation Trust. A copy of this presentation can be found within the agenda papers.
2. The Committee were informed that it was NHS policy for all hospitals to become a Foundation Trust or seek a merger and that Surrey & Sussex were pleased to be in a position to be able to start the process to become one.
3. The Trust had invested just under £60 million in the last three years and had future investment plans including; a cancer information centre with MacMillan, a radiotherapy centre with Royal Surrey County Hospital and a long-term respiratory centre with Guys & St. Thomas' Hospital.
4. The Trust felt that it was important for the hospital to begin to engage with the local community to make it a community hospital which members of the public choose to attend.
5. The Committee felt that the presentation material did not reflect the management change which had taken place at the hospital, whereas the presentation showed this. Members felt that a huge positive change had taken place and this needed to be mentioned within the presentation documentation.
6. Members queried how the Trust intended to sign-up members from the age of 14. They were informed that the Trust was looking at how to engage this age group though were looking into using social media. They felt that currently it was hard to engage people in the process of becoming a Foundation Trust due to recent bad press of Mid Staffordshire, Morecombe and Colchester hospitals, though they were going through the process of thinking of different ways to engage the public. Members felt it was important to state that becoming a member of the Trust was a free process.
7. Members queried the hospital's thoughts on Urgent Care Centres and were informed that Caterham Dene currently had an Out of Hours centre though the CCGs were the organisation which prescribed which services would be provided. Members felt it was important that there was more communication regarding the services provided.
8. The Committee queried the process of how to become a Foundation Trust and were informed that the consultation process would run until the end of February 2014, at which time they would consider the

responses. There would then be a Rediness Review in March 2014 and a CQC review around May 2014. Monitor would also consider the application and then the Trust would be authorised as a Foundation Trust seven months later.

9. The Trust were requested to keep the Quality Account Member Reference Group informed of progress towards becoming a Foundation Trust.
10. The Committee thanked the Chief Executive for his excellent work on improving the hospital significantly.

Recommendations:

- a) The Trust should emphasise the quality of its leadership when publicising their FT application.
- b) Encourage the participation of the younger cohort (14yrs +) for the mutual benefit of public services.

Actions/further information to be provided: None.

Committee next steps:

The Chairman will write to the Trust to outline any suggested changes to the consultation and offer the Committee's support for the application.

11/14 RECOMMENDATION TRACKER AND FORWARD WORK PROGRAMME [Item 11]

Declarations of interest: None.

Witnesses: None.

Key points raised during the discussion:

1. The Committee noted the Forward Work Programme and Recommendations Tracker.

Recommendations: None.

Actions/further information to be provided: None.

Committee next steps: None.

12/14 DATE OF NEXT MEETING [Item 12]

The Committee noted that a joint workshop with the Communities Select Committee would be taking place on 22 January 2014 in Reigate to consider the Emergency Services Collaboration strand of the Public Services Transformation Programme.

The Committee were invited to attend a joint budget workshop with the Adult Social Care Committee on 13 February 2014 at 11am.

The next Health Scrutiny Committee meeting would be the Public Health Budget Workshop on 19 February 2014 at 10am which would include a workshop on the Alcohol Strategy with a view to future Committee involvement.

The Committee noted the next full meeting would be held on 19 March 2014 at 10am.

Meeting ended at: 3.15 pm

Chairman