MINUTES of the meeting of the **HEALTH SCRUTINY COMMITTEE** held at 10.00 am on 3 July 2014 at Ashcombe Suite, 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 W D Barker OBE
Mr Tim Evans
Mr Bob Gardner
Mr Tim Hall
Mr Peter Hickman
Rachael I. Lake
Mrs Tina Mountain
Mr Chris Pitt
Mrs Pauline Searle
Mrs Helena Windsor

Independent Members

Borough Councillor Karen Randolph
Borough Councillor Mrs Rachel Turner

35/14 APOLOGIES FOR ABSENCE AND SUBSTITUTIONS [Item 1]

None received.

36/14 MINUTES OF THE PREVIOUS MEETING: 30 MAY 2014 [Item 2]

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

37/14 DECLARATIONS OF INTEREST [Item 3]

Rachael I Lake informed the Committee that due to a personal, non pecuniary, declaration of interest she would not take part in the discussions under item 7 of the agenda.

No additional declarations of interests were made.

38/14 QUESTIONS AND PETITIONS [Item 4]

None received.

39/14 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:

Changes to the Organisation of Surrey's Hospitals

Significant changes are taking place in the organisation of our Surrey hospitals driven by the need to improve services to our residents, especially in response to the Keogh recommendations on 7 day working, and at the same time to save money.

We had a presentation at our previous Meeting on 30 May 2014 on the proposed acquisition of Heatherwood & Wexham Park NHS Foundation Trust (FT) by Frimley Park NHS FT.

Today we have a presentation on the proposed merger of Ashford and St Peter's NHS FT and Royal Surrey County Hospital NHS FT.

The future of Epsom Hospital is unclear at the moment. Those Members who visited Epsom on 12 March 2014 will recall that there is good evidence to suggest that the combination of Epsom and St Helier Hospital is capable of prospering under the requirements for change. However, there may be alternative proposals coming forward.

East Surrey Hospital is seeking NHS FT status. We had a presentation on this topic at our 9 January 2014 meeting.

Department of Health Guidance on Health Scrutiny

In the last few days we have received the official Department of Health Guidance for Health Scrutiny relating to the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013. These have been sent to all HSC Members. These Regulations came into force on 1 April 2013.

It would seem sensible to spend some time studying the Guidance before deciding on next actions.

Health Scrutiny Event – 19 June 2014

Our Health Scrutiny Event held after one year of operation of this Health Scrutiny Committee (HSC) was well attended. Senior representatives of 6 of the 7 NHS Trusts; 2 of the 3 Community Care providers; all 6 CCGs; the Surrey Health and Wellbeing Board and 12 of the 14 Members of the HSC were amongst those present. The objectives of the event was to review what is going well in the health system in Surrey and what the challenges are and hence to set the scene for the work of the HSC in the coming year. We will be considering the output from the meeting this afternoon.

There was plenty of time for informal networking which many of the attendees reported as being valuable and something that they would like to repeat.

At the event several Members expressed interest in learning more about the CCGs and about the Community Care providers. I have therefore approached most of these organisations asking particularly for information about their public involvement events, since it is one of our duties to assure that the public is adequately involved in planning services. The response from the CCGs and the Community Care providers has been enthusiastic so I hope that Members will take up the opportunities. The first event in my diary is the AGM for North West Surrey CCG on 9 July 2014.

Task Groups and Working Groups

<u>Better Care Fund Members' Reference Group</u>
The Better Care Fund (BCF) MRG is a joint initiative with colleagues from the Adult Social Care Scrutiny Committee. This Committee discussed the Fund in January. An initial meeting of the MRG took place on 13 June 2014 and the group met formally with the BCF Board on 27 June. BCF money will be used in assisting integration of Health and Social Care and will be available in the 2015 / 16 financial year.

Health and Social Care Integration is 1 of 6 themes in the work of Surrey's Public Service Transformation Network (PSTN). Surrey's PSTN aims to have Public Services across the county working collaboratively on service transformation which improves the lives of Surrey residents, whilst also ensuring SCC delivers value for money.

<u>Primary Care Task Group</u>
The County Council Overview and Scrutiny Committee has approved the Terms of Reference for the Primary Care Task Group and the first meeting will take place soon. The scoping of this group is available at today's meeting.

Alcohol Abuse Task Group
Terms of Reference are under development with Public Health

Recommendations: None.

Actions/further information to be provided: None.

Committee next steps: None.

40/14 CHILDHOOD OBESITY [Item 6]

Declarations of interest: None.

Witnesses:

Helen Atkinson, Director of Public Health
Julie Nelson, Public Health Lead (Nutrition)
Michael Gosling, Cabinet Member for Public Health and Health & Wellbeing Board

Key points raised during the discussion:

1. The Public Health Lead for Nutrition explained that obesity was a very complex issue which could not be solved with a single service. It was however everybody's business to consider. In Surrey the level of childhood obesity was lower than the national average, but there were pockets such as Spelthorne where the rate was higher than the national average.

2. Three tiers of obesity services focus on prevention, lifestyle and clinician led services. The third tier, the Committee were informed, had recently been agreed to be led by the CCGs and that planning for these services was in the very early stages. There are some tier 3 services currently available; however, there is not consistency across the county and there are gaps.

3. The main area of focus was on prevention work, particularly with young children, both on a county and borough/district level. However, Public Health commissioned the tier 2 HENRY programme for families with children under 5 to encourage health eating and exercise to ensure that further services were not required by the patient and that they would get used to a healthier lifestyle. Research had shown that if obesity is tackled between 0 – 5 years then the person is more likely to live a healthier lifestyle and that it was important to raise this issue with the parents.

4. The Committee were informed that there was a gap in commissioning of tier 2 services for 5 – 19 year olds, but that Public Health were looking to build up services for this age group.

5. Members raised concerns that school meals encourage a sweet tooth in children and young people and that more work needed to be done to make these meals healthier. The Public Health Lead informed Members that the schools meals programme was very complex,

however from January 2015 there would be some significant changes implemented within the programme which included updated school food standards which local authority maintained schools were required to follow. Furthermore, local authority maintained schools no longer had vending machines on the school sites. However, concern remained as academies and free schools were not required to follow the nutritional standards.

6. The Committee discussed the need for an ethos change with regards to healthy living, with people taking more responsibility. However, it was recognised that a single service to tackle obesity would not be sufficient and that targeted work would need to be conducted within deprived areas.

7. Members suggested that there was a need for after school sports clubs to improve healthy living among children. The Public Health Lead informed the Committee that Change 4 Life sports clubs are being rolled out across Surrey by Active Surrey, but these would not be compulsory. It was recognised that these clubs needed to be seen as popular by children for them to be successful.

8. The Director of Public Health informed the Committee that new national guidance had been released which made Public Health a consultee in large planning applications so as to ensure appropriate leisure facilities were provided or funded for within these developments. The Cabinet Member stated that it was the responsibility of all Members to increase awareness of Public Health and healthy living, and to lobby boroughs and districts to increase MUGA (multi use games areas) provision across the county.

9. Members suggested that it was important that the council took advantage of funding available for playing fields so to improve provision for residents.

10. Members queried whether Public Health or Active Surrey monitored whether children continued with sport after sessions had finished, such as those through the Surrey Youth Games. The Public Health Director informed the Committee that Public Health only monitored and evaluated where it provided funding, but would talk to Active Surrey regarding their monitoring.

Recommendations:

1. The Committee supports the prioritisation of childhood obesity by Public Health, and an increased focus on services for children aged 5 – 19.

2. The Committee requests evidence based evaluations of the childhood obesity services that Public Health commission.

3. The Committee encourages individual Councillors to support applications and lobby for leisure opportunities for children and young people in Surrey.

4. The Committee requests an update on the arrangements for the CCG commissioning of tier 3 services.

Actions/further information to be provided: None.

Committee next steps:

1. The Committee to be provided with an update on CCG commissioning of tier 3 services before its next meeting in September.

41/14 ACUTE HOSPITALS COLLABORATION [Item 7]

Declarations of interest: None.

Witnesses:

Andrew Liles, Chief Executive, Ashford & St Peters Hospitals
Giles Mahoney, Director of Strategic Marketing and Business Development, Royal Surrey County Hospital
Julia Ross, Chief Executive, North West Surrey CCG
Dominic Wright, Chief Executive, Guildford & Waverley CCG

Key points raised during the discussion:

1. The Chief Executive of North West Surrey CCG explained that the commissioners were fully supportive of the acute hospitals finding a way forward to provide services for the residents of Surrey. However, they did have concerns which included; the clinical strategy which was under discussion between the CCGs and acutes, the finances of the transition and the long-term viability, ensuring the performance levels did not drop, ensuring there was appropriate engagement with residents and that strong governance was in place. The Chief Executive stressed that there were no plans for the CCGs to merge and so the merged hospital would have to deliver to two CCGs and navigate the two health landscapes.

2. The Chief Executive of Guildford & Waverley CCG informed the Committee that all the Surrey CCGs were supportive of the merger. Furthermore, he stated that it was important that the hospitals responded to the Keogh Review.

3. The Chief Executive of Ashford & St Peters explained that the two hospitals were of similar size with regards to workforce and budget, and that currently they were stable financially and performing well. The hospitals had been working well in partnership since summer 2013. It was felt that staying as two separate organisations was not an option as continued investment was needed to ensure they responded to patient needs. However, they were not proposing the merger purely on financial grounds as it was felt that there were number of opportunities and benefits to Surrey if the hospitals merged, including providing weekend consultant cover at both hospitals.

4. Members queried whether the proposed merger would increase the catchment area of the hospitals and so draw in more patients. The

Chief Executive of the Ashford & St Peters stated that large financial assumptions had not been made on the basis of an increased number of patients, but that they were in discussions with other hospitals regarding patients attending their hospitals for specialist care. Furthermore, there was an ambition to provide renal services at St Peters Hospital and thus start to repatriate services from London.

5. Members were concerned that the proposed merger would marginalise Epsom Hospital and would take away services from the hospital. Furthermore, there was concern that the proposed merger would fail like the proposal with Epsom Hospital. The Chief Executive of Ashford & St Peters assured the Committee that the hospital had been disappointed when the merger of Epsom Hospital had fallen through, though felt that the situation was more positive with Royal Surrey. He further stated that he did not feel that the proposed merger with Royal Surrey would impact upon Epsom Hospital as patients would be unwilling to travel. The Chief Executive informed the Committee that the hospitals would be interested to work with Epsom Hospital in the future, but felt that the long term future of the hospital was in the hands of the Epsom & St Helier Trust.

6. The Committee queried whether the hospitals were exploring partnerships with other hospitals and were informed that the three options – keep the existing state; extended partnership; merger - did not preclude them from working with other organisations, and that currently they did work with all the Surrey hospitals and planned to continue to do so. The business case did specifically look at these two hospitals as there were not many alternative options and none that were considered viable.

7. The Director of Strategic Marketing and Business Development at Royal Surrey informed the Committee that it was important for the hospitals to take a broader view of health, including community care, and to ensure that they were in a position to respond to the Better Care Fund.

8. Members stated that there were signs that Epsom & St Helier were in a position to break even within a year and queried whether there was scope for the merger to be larger and take in more hospitals. The Chief Executive for Guildford & Waverley CCG stated that as a CCG they were required to balance the budget as well as the acutes, and that it was likely the CCGs for Epsom & St Helier would go into deficit if the Trust was starting to breakeven as there are finite resources in the system. The Chief Executive of North West Surrey CCG stated that it was the role of the CCG to ensure that the whole system worked for the community. The Chief Executive for Ashford & St Peters informed the Committee that it would be unlikely that a larger merger would be approved due to competition regulations, but that there was an NHS England wish to rationalise services.

9. Members queried the cost of the merger and were informed that there was a budget of around £4 million for both organisations for two years, and this money was being generated by the hospitals. It was anticipated that the £4 million investment would generate around £10-12 million of savings.

10. The Committee was informed that page 85 of the agenda was a summary of ten pages of the business plan with the figures being in the thousands. The financial figures were being developed alongside the CCGs for the full business case and would be assessed through a risk rating.

11. Members raised concerns that in the long term services would not be provided at residents' local hospitals. The Chief Executive of Ashford & St Peters stated that he was not able to categorically confirm that there would be not service changes as it was the responsibility of the CCGs and hospitals to respond to need, but that there were no plans currently for any service reconfiguration.

12. The Committee queried how the hospitals aimed to engage with the public on their proposed merger plans and were informed that the CCGs were asking the hospitals to put in place a robust public engagement exercise. The Chief Executive of Ashford & St Peters replied that there was a plan to set up Reference Panel with representatives from the Health Scrutiny Committee, and that full engagement would be completed. However, he informed the Committee that it was the role of the hospitals to satisfy Monitor and the Competition & Markets Authority and that the decision regarding the merger would be made by the hospital Boards.

13. The Chief Executive of Ashford & St Peters informed the Committee that it did aim to provide renal services in Surrey, but that there were difficulties regarding the funding for repatriating services. The hospital had been working with St George's Hospital and Epsom & St Helier regarding working in partnership, however difficulties had now arisen. It was suggested that there may be an opportunity to work with Frimley Park Hospital to provide renal services to Surrey residents.

14. The Committee were informed that there was a lot of work involved in the proposed merger and that the current completion date was 1 June 2015, however there was recognition that this date could be extended due to length of time it may take the regulatory bodies to consider the proposal.

15. The proposed merged organisation would have a single Chief Executive, Chairman and Board which would be arranged at the end of 2014.

16. The Chief Executive of Ashford & St Peters informed the Committee that he was due to leave the Trust at the end of August 2014, though Suzanne Rankin had been appointed to his position to oversee the merger.

Recommendations:

1. That the Committee notes the rationale and benefits for the merger.

2. The Committee is satisfied by the outline plans for a merger of two of the five acute hospitals in Surrey and agrees a way forward for the

scrutiny of business plans and engagement with the public and stakeholders including, but not limited to, a reference panel

Actions/further information to be provided: None.

Committee next steps:

The Committee to scrutinise the business plans of the merger at a future meeting.

42/14 HEALTHWATCH STRATEGY REVIEW [Item 8]

Declarations of interest: None.

Witnesses:

Peter Gordon, Chairman, Healthwatch
Richard Davy, Director, Healthwatch
Jane Shipp, Engagement Manager, Healthwatch
Michael Gosling, Cabinet Member for Public Health and Health & Wellbeing Board

Key points raised during the discussion:

1. The Chairman of Healthwatch explained that the organisation had not been in shadow form before the regulations came into effect in April 2013 and had therefore only been in existence for just over a year. Within that year a stroke rehabilitation report had been published and received national recognition, the organisation had spoken to 12,000 people, and had been able to establish key themes amongst patient concerns.

2. It has been important within the initial year to develop relationships with the acute hospitals and CCGs, and Healthwatch felt that they had been successful and were now viewed as a credible, trusted partner.

3. Members queried whether the Cabinet Member was content with the Healthwatch contract and whether there were sufficient measurable performance indicators. The Cabinet Member informed the Committee that Surrey County Council commissioned Healthwatch, but that it was an independent organisation and free of any political influence. The contract was due to be retendered at the end of 2014 and a matrix of contract expectations were attached as it was important that Healthwatch was listening to public concerns and championing these within the health environment. The Cabinet Member felt that Healthwatch Surrey was advancing at the same speed as other Healthwatch organisations nationally.

4. The Chairman of Healthwatch stated that it was important that the organisation was measured, and informed the Committee that there were quarterly contract monitoring meetings and that the organisation had agreed to be audited to ensure it was performing well.

5. Members suggested that it was important for Healthwatch to be successful in engaging with the public so as to hear their views, and

proposed that Healthwatch could work with the Surrey County Council Communications Team to increase awareness of the role of the organisation.

6. Healthwatch stated that they were open to cooperating with the Committee and that a copy of its GP appointment booking report had been sent to the Scrutiny Officer for circulation.

7. The Chairman of Healthwatch informed the Committee that the focus of the organisation within its first year had been to build the infrastructure required while starting to collect the views of health social care consumers in the County but now felt that the organisation was in a better position to listen to and analyse the concerns of the public, and to feed these back to system partners to prompt positive change. The Cabinet Member informed the Committee that a full annual report had been published which explained the work of the organisation within its first year in more detail than provided within the agenda papers.

8. The Chairman of Healthwatch stated that the Board had set some strategic objectives for the organisation. In response to a question regarding the objective of achieving a growing and sustainable business, he indicated that all Healthwatch organisations were expected to look for opportunities to extend their activities beyond the areas set for the work of Healthwatch. It was important, he felt, that despite the Surrey contract being up for renewal at the end of the year that the organisation continued looking to the future.

9. Members were concerned that Healtwatch would not have enough resources to fully consider the nine initiatives which had been identified by the organisation. The Director of Healthwatch was confident that these projects could be delivered within budget, but that it was most important that they responded to the concerns of the public.

Recommendations:

1. The Committee request that Healthwatch and the Contract Manager share specific measures for monitoring Healtwatch performance.

2. Healthwatch meet with the Health Scrutiny Task Group on GP accessibility to explore a joint approach to the project.

3. The Committee request that Surrey County Council communications work with Healthwatch to publicise their role in the health system.

Actions/further information to be provided:

1. The Cabinet Member for Public Health and Health & Wellbeing Board to send a copy of the Healthwatch performance matrix to Committee Members.

Committee next steps: None.

43/14 RECOMMENDATION TRACKER AND FORWARD WORK PROGRAMME [Item 9]

Declarations of interest: None.

Witnesses:

Ross Pike, Scrutiny Officer
Jane Shipp, Healthwatch

Key points raised during the discussion:

1. The Committee considered the Access to General Practice in Surrey Task Group scoping document, a copy of which is attached to these minutes. Members suggested that the Task Group utilise the work of Healthwatch, especially their research into GP appointment bookings. The Healthwatch officer agreed that the research they had completed would be beneficial to the Task Group.

2. The Committee noted its recommendation tracker and forward work programme.

Recommendations: None.

Actions/further information to be provided: None.

Committee next steps:

1. The Committee to review its recommendations tracker and forward work programme at future meetings.

44/14 DATE OF NEXT MEETING [Item 10]

The Committee noted the next meeting would be held on 17 September 2014 at 10am in the Ashcombe Suite.

Meeting ended at: 12.40 pm

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Chairman

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Select Committee Task and Finish Group Scoping Document

The process for establishing a task and finish group is:

1. The Select Committee identifies a potential topic for a task and finish group
2. The Select Committee Chairman and the Scrutiny Officer complete the scoping template.
3. The Council Overview and Scrutiny Committee reviews the scoping document
4. The Select Committee agrees membership of the task and finish group.

Review Topic: Access to General Practice in Surrey
Select Committee(s) Health Scrutiny Committee
Relevant background NHS England directly commissions primary Care (GP's, Dentists, Optometrists and Pharmacists) and has approximately 1,800 Primary Care contracts. Area Teams deal with a limited number of locally contracted GPs. Clinical Commissioning Groups take on a role for developing primary care services for their local population. NHS England states that General practice and wider primary care services face increasingly unsustainable pressures. There is a recognition that primary care wants and needs to transform the way it provides services to reflect these growing challenges. The Committee and its Member have had local reports of issues with accessing GP appointments and wish to pursue the matter at a Surrey level.
Why this is a scrutiny item Primary Care is expected to take on a greater role in relieving pressure on the Acute sector of the NHS. It must do this against a backdrop of static or reduced financial resources, demographic change and increasing prevalence of complex conditions. Access to GPs is the entry point to Primary Care for most residents. Scrutiny of the issues facing the sector in Surrey can publicise the pressures specifically facing GPs and the feasibility of an expanded role for them in the health system. The Task group will gather evidence specific to Surrey General Practices to generate awareness of the current situation, potential areas of improvement that would improve outcomes for Surrey residents.

What question is the task group aiming to answer?

What is the current status of accessibility to General Practice across Surrey?

- What are the current barriers people face?
- What is working well and where?
- How can General Practice improve accessibility?

Accessibility is defined as:

1. Methods – telephone, automated telephone, on-line, in person.
2. Availability of these methods – what does each practice offer?
3. Ease – how easy are these methods to use?
4. Safety net – do these methods accommodate vulnerable/at-risk groups such as those with a disability, the elderly and the un-registered?
5. Results:

a) Time taken to receive an appointment (days/weeks etc.)
b) Appropriateness of the result (male or female Doctor, continuity of care, requisite expertise/knowledge)

Aim

The group will deliver evidence on the current state of accessibility to General Practice in Surrey.

Objectives

a) To gather relevant evidence for providers and users
b) To collate findings into a report
c) To publicise the investigation and results

To be completed by November 2014

Scope (within / out of)

Within: all Surrey General Practices.

Out: the remaining elements of Primary Care – dentistry, optometry, pharmacy. General Practices outside Surrey which have registered Surrey residents.

Outcomes for Surrey / Benefits

The review can help contribute to the County Councils priorities, in particular:

- *keeping families healthy* and *helping families thrive* – by creating a body of evidence on ease of access that reassures families that they can make appointments that can make a difference
- *supporting vulnerable adults* and *protecting vulnerable children* – by highlighting good practice and adaptations in its report for those in need

Scrutiny of the issues in Surrey can publicise the pressures facing GPs and the feasibility of an expanded role in the health system for Primary Care.

The Task group will gather evidence specific to Surrey and make recommendations to providers and commissioners encouraging best practice that improves outcomes for Surrey residents.

Proposed work plan

It is important to clearly allocate who is responsible for the work, to ensure that Members and officers can plan the resources needed to support the task group.

Timescale	Task	Responsible
May to July	1. Run a forum for Practice Managers. Forum to be held to brief Practice Managers and gain buy-in for Task Group aims and request their help in the collection of data. 2. Ascertain availability and enthusiasm among Practice Managers and whether an existing forum can be used. If not, the Group will need to organise events in different parts of the County to facilitate attendance. 3. Brief Commissioners on the aims and objectives of the Task Group and benefits for these organisations.	Task Group/ Scrutiny Officer/ Practice Managers
August to September	Design and disseminate questionnaire on access to GPs to Practice Managers Other key stakeholders will include: • Clinical Commissioning Groups • Healthwatch Surrey • NHS England Surrey and Sussex Area Team • Patient Partnership Groups • Wider public	Task Group, Scrutiny Officer
November	Analysis of data and draft report	Scrutiny Officer

Witnesses
Practice Managers, GPs, Commissioners, Healthwatch, Patient Groups, Residents

Useful Documents

NHS England Surrey and Sussex Paper to Health Scrutiny January 2014

Primary Care Commissioning Intent

Improving General Practice – a call to action. Evidence Pack

NHS England Evidence Pack.pdf

General Medical Services Contract 2014/15 Guidance

GMS_contract2014-2015_guidance_audit_

Personal Medical Services Agreements and Review

gp pms agreements 0904.pdf

PMS review.pdf

Quality and Outcomes Framework 2014/15

gpqofguidance2014-15.pdf

Healthwatch GP appointments Report
To be published

Potential barriers to success (Risks / Dependencies)
Dependent on cooperation of Practice Managers to collect data on the accessibility to their Practices.
Requires support from GPs, the various commissioning authorities and sufficient public engagement to deliver comprehensive Surrey-wide evidence on access.

Equalities implications
There are no initial indications of negative impacts. The work could uncover variations and groups or individuals effected by accessibility and lead to positive outcomes.

Task Group Members	Ben Carasco, Karen Randolph Tim Evans Tim Hall
Co-opted Members	n/a
Spokesman for the Group	Ben Carasco

Scrutiny Officer/s	Ross Pike

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