Notice of Meeting

Health Scrutiny Committee

Date & time
Thursday, 3 July 2014
at **10.00 am**
A private Members pre-meeting will be taking place at 9.30 am in the Judges Dining Room

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

Contact
Ross Pike or Victoria Lower
Room 122, County Hall
Tel 020 8541 7368 or 020 8213 2733

ross.pike@surreycc.gov.uk or victoria.lower@surreycc.gov.uk

Chief Executive
David McNulty

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This meeting will be held in public. If you would like to attend and you have any special requirements, please contact Ross Pike or Victoria Lower on 020 8541 7368 or 020 8213 2733.

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 and Mrs Helena Windsor

Co-opted Members

Dr Nicky Lee, Rachel Turner, Karen Randolph

Substitute Members

Graham Ellwood, Pat Frost, Marsha Moseley, Chris Norman, Keith Taylor, Alan Young, Victoria Young, Ian Beardsmore, Stephen Cooksey, Will Forster, David Goodwin, Stella Lallement, John Orrick, Nick Harrison, Daniel Jenkins, George Johnson.

Ex Officio Members:

Mr David Munro (Chairman of the County Council) and Mrs Sally Ann B Marks (Vice Chairman of the County Council)

TERMS OF REFERENCE

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

- arrangements made by NHS bodies to secure hospital and community health services to the inhabitants of the authority's area;
- the provision of both private and NHS services to those inhabitants;
- the provision of family health services, personal medical services, personal dental services, pharmacy and NHS ophthalmic services;
- the public health arrangements in the area;
- the planning of health services by NHS bodies, including plans made in co-operation with local authorities, setting out a strategy for improving both the health of the local population, and the provision of health care to that population;
- the plans, strategies and decisions of the Health and Wellbeing Board;
- the arrangements made by NHS bodies for consulting and involving patients and the public under the duty placed on them by Sections 242 and 244 of the NHS Act 2006;
- any matter referred to the Committee by Healthwatch under the Health and Social Act 2012;
- social care services and other related services delivered by the authority.

In addition, the Health Scrutiny Committee will be required to act as a consultee to NHS bodies within their areas for:

- substantial development of the health service in the authority's areas; and
- any proposals to make any substantial variations to the provision of such services.

IN PUBLIC

1 APOLOGIES FOR ABSENCE AND SUBSTITUTIONS

2 MINUTES OF THE PREVIOUS MEETING: 30 MAY 2014 (Pages 1 - 60)

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

3 DECLARATIONS OF INTEREST

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

Notes:

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

4 QUESTIONS AND PETITIONS

To receive any questions or petitions.

Notes:

1. The deadline for Member's questions is 12.00pm four working days before the meeting (26 June 2014).
2. The deadline for public questions is seven days before the meeting (25 June 2014).
3. The deadline for petitions was 14 days before the meeting, and no petitions have been received.

5 CHAIRMAN'S ORAL REPORT

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

6 CHILDHOOD OBESITY (Pages 61 - 66)

Purpose of report: Policy Development and Review

There is a growing national problem of obesity in children and young people. The JSNA identifies that Surrey does not have an agreed child healthy weight / weight management care pathway and services vary across the county, not meeting the needs of all children at high risk.

7 ACUTE HOSPITALS COLLABORATION (Pages 67 - 88)

Purpose of report: Scrutiny of Services and Budgets

The performance of acute hospital are of the utmost interest to the Surrey public and they have been widely reported to be under more pressure than in the past. The performance of the hospitals also effects the whole health system. The Committee will consider plans of Ashford & St. Peters and Royal Surrey Trusts to work together.

8 HEALTHWATCH STRATEGY REVIEW (Pages 89 - 114)

Purpose of report: Scrutiny of Services and Budgets

To consider the Healthwatch strategy and priorities which were agreed by the Board at the beginning of the year and their performance in the first year of operation.

9 RECOMMENDATION TRACKER AND FORWARD WORK PROGRAMME (Pages 115 - 126)

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

10 DATE OF NEXT MEETING

The next meeting of the Committee will be held at 10am on 17 September 2014.

David McNulty
Chief Executive
Published: Tuesday 17 June 2014

MOBILE TECHNOLOGY AND FILMING – ACCEPTABLE USE

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Thank you for your co-operation

MINUTES of the meeting of the **HEALTH SCRUTINY COMMITTEE** held at 10.00 am on 30 May 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 Bob Gardner
Mr Tim Hall
Mr Peter Hickman
Mrs Tina Mountain
Mrs Pauline Searle
Mrs Helena Windsor

Independent Members

Borough Councillor Mrs Rachel Turner

Apologies:

Mr Tim Evans
Rachael I. Lake
Mr Chris Pitt
Borough Councillor Karen Randolph

23/14 APOLOGIES FOR ABSENCE AND SUBSTITUTIONS [Item 1]

Apologies were received from Tim Evans, Rachel I Lake, Chris Pitt and Karen Randolph.

24/14 MINUTES OF THE PREVIOUS MEETING: 19 MARCH 2014 [Item 2]

The minutes of the meeting on 19 March 2014 were agreed as a true record of the meeting.

25/14 DECLARATIONS OF INTEREST [Item 3]

None received.

26/14 QUESTIONS AND PETITIONS [Item 4]

None received.

27/14 CHAIRMAN'S ORAL REPORT [Item 5]

Item 6 was taken before Item 5.

Declarations of interest: None.

Witnesses: None.

Key points raised during the discussion:

1. The Chairman provided the following oral report:

Proposed Merger of Frimley Park with Heatherwood and Wexham Park
The catchment area of Frimley Park Hospital is largely contained within the geography covered by Surrey County Council, Hampshire County Council and Bracknell Forest Unitary Authority.

I have therefore been in informal discussions with the Chairmen of the Health Scrutiny Committees for Hampshire, that is Pat West, and for Bracknell Forest, Tony Virgo. I am pleased to welcome Tony Virgo to our Meeting here today.

Ashford and St Peter's Merger with Royal Surrey Hospital
Since our last Meeting the 2 Management Boards have agreed to a merger. We intend to hear from Royal Surrey and Ashford and St Peter's at our next Meeting on 3 July.

Health Accountability Forum
Ross and I attended this event hosted by the Centre for Public Scrutiny. The event was attended by about 60 Officers and Members from around England.

The high point was a presentation by Mark Browne who is the Senior Civil Servant leading on the development of the role of Scrutiny in the changing Health Environment. Mark will be producing the long promised Government Guidance for Health Scrutiny, which understandably has

been delayed because of the rapidly changing Health Service environment.

I brought away the following 3 messages for us:

- The Health Service needs to change dramatically in the next few years. For example, the Keogh Report pointed the way ahead for Emergency Care. Generally Acute Health units need to become bigger and have Consultant level cover extending towards 168 hours a week. This will mean more major service reconfigurations that would be classed as 'significant' in our Terms of Reference. We have two such changes going forward in Surrey at the moment where Acute Hospital Trusts are merging and I mentioned those earlier.

  Some reconfigurations may be highly controversial. The provisions of Clause 119 of the new Care Bill will make it possible, under certain circumstances, for changes to a local Health Economy to be dictated by a Government appointed Inspector. The impact of Clause 119 will be radical if it goes ahead as currently intended.

- Our role in scrutinising possible reconfigurations will change. The process of examination of such proposals will be expected to broaden to include more emphasis on local partnership. For us that will continue to include active engagement with residents. There will be a better defined resolution process with reference to the Secretary of State only as a very last resort.

- The move towards further integration of Health and Social Services is a key activity in meeting the challenges facing the Health Service. We have an important role to play in insuring that good value for money is obtained from the Surrey Better Care Fund.

Planning Our Work Programme
All Members of the Committee will have the opportunity to become involved in planning our work –programme.

Ross has been organising a half-day Health Scrutiny Event for 19 June at Guildford Borough Council Offices. 8 Members of the Committee have signed up to attend, I believe. Other attendees will be leading people from the Surrey Health Service Commissioners, Acute Hospitals, Community Care providers and County Council Social Care Commissioners.

The objectives will be to understand what is going well and not so well in the Surrey Health Economy, and what should be the role of the Health Scrutiny Committee. The findings from this Event will then feed into a short Planning Event following our next Committee Meeting of 3 July.

Changes to our Committee Membership
Thanks are due to Cllr Richard Walsh who served for two years. I am sure that Members will join me in thanking Richard for his enthusiastic involvement. I look forward to welcoming Cllr Rachael Lake as Richard's replacement.

I would particularly like to thank Dr Nicky Lee who has come to the end of her 6 year stint with us. Nicky brought the distinct and special contribution of a practising GP to our discussions. Nicky also made a point of representing the particular needs of residents of the rural parts of Surrey, particularly with regard to the Ambulance Service.

The Leaders of the Surrey and District Councils will nominate a replacement for Nicky in due course.

Recommendations: None.

Actions/further information to be provided: None.

Committee next steps: None.

28/14 CARE QUALITY COMMISSION [Item 6]

Declarations of interest: None.

Witnesses:

Claire Martin, Inspection Manager GPs (Surrey and Sussex), CQC

Key points raised during the discussion:

1. The Care Quality Commission (CQC) Inspection Manager provided the Committee with a presentation on how the Committee and CQC should work together, copies of the slides can be found attached to the minutes.

2. The Chairman welcomed the invitation for the Health Scrutiny Committee to interact more with CQC and suggested quarterly meetings be held with representatives of CQC and himself and the Scrutiny Officer.

3. Members requested further details on the inspections, including the planning and monitoring of Get Well Plans. The Inspection Manager explained that during inspections specialists also took part to ensure there was clinical expertise. Inspections would focus on any specific concerns that had been raised and would involve a sufficient number of CQC staff and specialists in order to address the requirements of the new inspection methodology. The Wave One inspections for hospitals had involved teams of up to thirty people.

4. For Primary Care inspections there would be a smaller team and a percentage of surgeries would be inspected within a CCG area; these often took place at the same time as acute hospital inspections so as to enable to CQC to gain an understanding of the health environment in an area. The CQC worked closely with NHS England and wanted to work more with partners including Health Scrutiny Committees.

5. The CQC were currently considering how often they should inspect sites, though they would always inspect if there were particular issues.

6. The Chairman queried whether the Committees Member Reference Groups would be welcome to attend the Care Summits so to enable better engagement with the process.

7. The Vice-Chairman requested the CQC be involved in the Committees Primary Care Task Group. The Inspection Manager confirmed that the CQC was aware that there were issues regarding access to GPs and the organisation was looking at Out of Hospital care.

8. The Inspection Manager informed the Committee that the CQC gathered information from a range of sources and they utilised this information to inform the inspections which took place. The Inspection Manager requested Members to pass on specific concerns from residents so they could be assessed by specialists.

9. Members queried whether the financial position of services was considered during inspections and were informed that the CQC were required to determine whether regulations were being breached and could not consider whether there were financially issues involved. It was the role of Monitor to work with acutes in financial difficulties.

10. Members queried whether the specialists worked permanently for CQC and whether they were paid for their services. They were informed that the CQC had a bank of specialists as they all had day jobs as clinicians, and that they were paid for their services.

11. The CQC felt that they did have enough resources to carry out their duties as they had been given more by the government.

12. The Inspection Manager informed Members that the CQC aimed to inspect all GP surgeries by 2016, including those that were inspected last year under the previous inspection system.

13. The Out of Hospital centres had also been re-inspected where there were specific concerns and the Inspection Manager felt that the services had improved and hoped they would continue to improve.

14. Members were informed that services would be scored so as to enable best practice to be shared.

Recommendations:

1. The Committee requests that the Chairman and Scrutiny Officer agree with CQC how it will work in partnership.

2. The Committee will regularly share with CQC data that will inform consideration of issues, priorities and work plans. It will seek to involve the CQC in all relevant activities including task groups.

3. Invite CQC to return in the autumn to review progress on the work they have carried out in Surrey following this Committee.

Actions/further information to be provided: None.

Committee next steps: None.

29/14 FRIMLEY PARK HOSPITAL NHS FT MERGER WITH HEATHERWOOD & WEXHAM NHS FT [Item 7]

Declarations of interest: None.

Witnesses:

Andrew Morris, Chief Executive, Frimley Park NHS Foundation Trust
Dr Timothy Ho, Medical Director, Frimley Park NHS Foundation Trust
Alison Huggett, Director of Quality and Nursing, North East Hampshire and Farnham CCG
Nick Markwick, Surrey Coalition of Disabled People

Key points raised during the discussion:

1. The Chief Executive informed the Committee that the hospital had a catchment area of around 420,000 people and that it was important that the hospital continued to increase its catchment to ensure it continued to be a super-acute hospital supply specialist super-acute services.

2. Heatherwood & Wexham had been in debt since 2009 and CQC had completed a full scale inspection and found the hospital to be inadequate. The hospitals Board and Monitor had reviewed the situation and decided that Heatherwod & Wexham needed a partner and that Frimley would be the best option. Frimley were aware that there was a lot of work to be done, and were strongly of the belief that the performance at Frimley should not suffer due to the merger. Rather, the hospital aimed to raise the standards at Heatherwood & Wexham to the Frimley level.

3. It was envisaged that the merger would save around £10million from back office costs, but would not affect frontline services.

4. Frimley had developed services to be more consultant led with 132 hour consultant cover in the maternity department, one of the highest in the country. It was the aim of the hospital to be at the forefront of delivering services and they wanted to change the culture at Wexham & Heatherwood so as to improve the service delivery.

5. Members were concerned that there needed to be a long term resolution to the issues identified and that services at Frimley should not be adversely affected by the merger. The Medical Director stated that they wanted to maintain the high clinical standards at Frimley, however there was the risk that the hospital would lose services if the merger did not go forward as good clinicians were attracted by hospitals with a broad range of services. Frimley were adamant that the issues at Wexham would be sorted at Wexham. The Chief Executive was firmly of the belief that it was not about rationalising services, however Heatherwood would need to be rebuilt and could become the elective care centre.

6. Members queried whether hospitals could close and were informed that hospitals cannot choose to close services as they were required

to respond to the community's needs. However, once a hospital was in financial difficulty it was hard to get out as they were required to make 4% savings each year. The hospital would need to find solutions to get out of special measures and it was felt that often a culture change was what was needed.

7. The Surrey Coalition of Disabled People were concerned about the patient experience and the requirement to travel long distances for services. The Chief Executive of Frimley Park stated that acute services would be maintained at the sites and patients would only be required to travel longer distances for super-acute services. The hospital did not want to see patients travelling further; they would rather see services repatriated to the hospitals.

8. The Chief Executive informed the Committee that the hospital supported patients in the home where it was appropriate, and they did not have any issues recruiting staff to work in the community as their staff liked the variety of working within a hospital and the community.

9. Alison Huggett spoke on behalf of the Surrey Heath and North East Hampshire and Farnham CCGs. The CCGs were keen to see work towards transforming services and had been fully engaged with Frimley on this work and wanted to assure that services would remain for the community. The CCGs had not seen the full business case, and did have concerns about the quality, sustainability and financial implications of the merger. Surrey Heath CCG and North East Hampshire & Farnham CCG did not want to experience any financial burden from the merger.

10. The Chief Executive informed the Committee that the hospital aimed to have a business case by August 2014 for Monitor to consider. The hospital acknowledged it needed a partner, but would not have chosen Heatherwood & Wexham. The Chief Executive also confirmed that he felt strongly that Surrey CCGs should not take on any financial liability for the transaction. However, Frimley had been advised by Monitor to discuss the merger with NHS England due to the number of CCGs involved.

11. The Chief Executive stated that he would assure that Frimley would continue to have the right senior team running the hospital, while Heatherwood & Wexham would have a separate team.

Recommendations:

1. Committee requests to be kept informed on the progress of the transaction.

2. Scrutiny Officer to liaise with Frimley Park management to agree next appearance.

Actions/further information to be provided: None.

Committee next steps:

1. The Committee to continue to scrutinise the merger of Frimley Park NHS Foundation Trust with Heatherwood & Wexham NHS Foundation Trust.

30/14 RAPID IMPROVEMENT EVENT - ACUTE HOSPITAL DISCHARGE [Item 8]

Declarations of interest: None.

Witnesses:

Sonya Sellar, Interim Assistant Director – Adult Social Care
Susan Reed, Associate Director of Site Services, East Surrey Hospital
Melanie Nunn, Social Care Manager, Ashford & St Peter's Hospitals

Key points raised during the discussion:

1. The Interim Assistant Director provided the Committee with an overview of the work which had taken place during and after the Rapid Improvement Event (RIE) on Hospital Discharge. The aim of the work had been to improve discharge by working together and sharing best practice with colleagues across the health environment in Surrey and representatives from Sussex and Hampshire County Councils.

2. The Associate Director of Site Services of East Surrey Hospital informed the Committee that they were auditing the Going Home Plan to ensure that it for fit for purpose, and there were starting discharge assessments as soon as possible. Furthermore the hospital had started to put on additional patient transport, at cost to the hospital, to ensure that patients were able to travel home.

3. Members queried whether the use of the step-up and step-down beds had been discussed with community providers as they had a number of beds available. The Interim Assistant Director explained that community providers were separate to the RIE and that the work was looking whether Social Care would be able to provide more beds for patients, however she would look into community provider involvement within her area.

4. The witnesses felt that the RIE had enabled the providers to do more for patients and better, as they were now considering the whole system process of a patient's journey. The RIE had been about a change in culture for all involved in hospital discharge with more collaborative working.

5. Members stated that they hoped that there were no longer any discharges taking place during the night.

6. The witnesses stated that the RIE had been a catalyst to bring colleagues from across the health service together and there had been a recommendation to continue to have bi-annual workshops to continue conversations and improvements within the service, as there would always be a need for collaborative and innovative working. The work of the RIE had come to an end, with an evaluation process in July 2014, though best practice would continue to be shared across Surrey.

7. The Committee felt that the RIE had been a good piece of work and looked forward to seeing the evaluation documents to review informally.

Recommendations:

1. The Committee notes the progress made on hospital discharge as a result of last year's Rapid Improvement Event and recognises that the changes made now constitute 'business as usual'.

2. Officers to circulate the evaluation of the work-streams on completion in July whereupon scrutiny of the RIE will come to an end.

Actions/further information to be provided:

1. The Committee to be provided with the evaluation of the work-streams following the evaluation work in July 2014.

Committee next steps:

None.

31/14 SURREY DOWNS CCG OUT OF HOSPITAL STRATEGY [Item 9]

Declarations on interest: None.

Witnesses:

Miles Freeman, Chief Officer, Surrey Downs CCG
Michael Gosling, Cabinet Member for Public Health and Health & Wellbeing Board

Key points raised during the discussion:

1. The Chief Officer of Surrey Downs CCG provided the Committee with a presentation on the Out of Hospital Strategy, a copy of which can be found attached to the minutes.

2. Members queried whether the CCG were monitoring progress against the actions taken, and what had been successful and what had caused difficulties. The Chief Officer explained that they had been focussed on the implementation of new services and felt that it was too early to review the success of the strategy. However, he stated that it appeared they had been able to reduce hospital activity marginally but that the costs had gone up which was being looked into.

3. The CCG felt that they were getting the health system and care right, but still needed to work on the finances. With specialist care commissioned by the Local Area Team it was estimated that costs had risen by 10 – 12%.

4. The Chief Officer informed the Committee that the number of referrals were 500 per week, rather than the stated 500 per year in the strategy document.

5. The CCG were looking to provide GP appointments for patients more at their convenience, whether that be at the patients surgery or elsewhere. The aim was to have a different surgery open later each day, however patients would need to opt in to having their details shared with other surgeries.

6. Virtual Wards aimed to avoid avoidable acute hospital admissions by providing care in the community through Community Medical Teams.

7. The Chief Officer explained to Member that GP services were commissioned by NHS England, and thus the CCG had no contractual control over the service provided by surgeries. However, the CCG was looking to put in an enhanced service with funding, but only if the surgery was of the right standard with appointments available and good customer service. Although the main issue within Primary Care was that there were not enough doctors. The Chief Officer felt that there needed to be a financial incentive to improve customer care at surgeries.

8. The Committee were informed that CCGs were able to put in expressions of interest for co-commissioning GP services by 20 June 2014. The CCG would only consider co-commissioning the service with caveats in place which ensured they would not take on financial strain.

9. Members queried the CCGs strategy for Cottage Hospitals and were informed that there were some ideas, however these had not been formed into a strategy to-date. The CCG had however, modelled where beds were needed during the year and were in discussion with other CCGs which did not have Cottage Hospitals as to whether they would commission beds. Stroke rehabilitation was also a consideration for the use of the beds.

10. Members queried whether difficulties with the different contract types were being tackled. All acute hospitals are paid via Payment by Results. This system makes sense for elective care, where it incentivises short waiting times and promotes choice, but may be the wrong mechanism for non-elective (emergency/urgent) care.

11. The Cabinet Member informed the Committee that he had spoken to the Chief Officer and Clinical Chair of Surrey Downs CCG about the need for greater integration as it would lead to the best care for patients. The Chairman stated that it was important to the Committee that they saw greater integration between health and social care which worked.

12. The Chief Officer stated that Surrey Downs was managing the Continuing Healthcare work-stream within the Better Care Fund, and that there appeared to be duplication with Social Care.

13. The Chairman provided the CCG with support in principle for submitting an expression on interest in co-commissioning GP services.

Recommendations:

1. The Committee recommends that the CCG share the good practice they have developed in their plans for improving primary care.

2. Notes the difficulties of aligned differing models of financial incentive – block contracts and payments by results.

3. Recognises the challenges faced in the Continuing Health Care service in Surrey and the improvements achieved by the CCG.

Actions/further information to be provided:

Response to Surrey Downs CCGs request for an opinion on their interest in becoming co-commissioners of primary care:

Based on the conversation had at the Health Scrutiny Committee's May 30 meeting the Committee is broadly supportive of the CCG's bid to become a co-commissioner of primary care alongside NHS England. It offers an opportunity to develop primary care in the Surrey Downs area and resolve any variations in service and access to care. It may also be an improvement on the current arrangements.

The Committee offers this support with caution due to the potential for a conflict of interest with GPs co-commissioning primary care and the potential tensions it could create in the relationship between GPs and CCG leadership.

Committee next steps: None.

32/14 REVIEW OF QUALITY ACCOUNT PRIORITIES [Item 10]

Declarations of interest: None.

Witnesses: None.

Key points raised during the discussion:

1. The Committee agreed to consider Quality Account priorities informally.

Recommendations: None.

Actions/further information to be provided: None.

Committee next steps:

1. The Committee to consider Quality Account priorities informally.

2. The Committee to continue to have Member Reference Groups to enable Quality Accounts to be reviewed by the Health Scrutiny Committee.

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33/14 RECOMMENDATION TRACKER AND FORWARD WORK PROGRAMME [Item 11]

Declarations of interest: None.

Witnesses:

Ross Pike, Scrutiny Officer

Key points raised during the discussion:

1. The Committee noted its recommendations tracker and forward work programme.

2. The Chairman informed Members that after the Committee meeting on 3 July 2014 there would be an informal workshop to discuss items to be scrutinised in the next year.

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.

34/14 DATE OF NEXT MEETING [Item 12]

The Committee noted the next meeting would be held on 3 July 2014 at 10am in the Ashcombe Suite.

Members were also reminded that the Health Scrutiny Event would be taking place on 19 June 2014 at Guildford Borough Council.

Meeting ended at: 1.10 pm

_____

Chairman

Scrutiny and regulation working together

Claire Martin
Inspection Manager
GPs (Surrey and Sussex)

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CQC strategy 2013-16

CQC's Strategy for 2013 to 2016 states that

'locally we will focus on developing relationships with local authorities…overview and scrutiny committees".

Also 'in involving ….overview and scrutiny committees…we will make sure we better share information locally about people's experiences of care.'

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Frances report recommendations

"CQC should expand its work with overview and scrutiny committees and foundation trust governors as a valuable information source" (47)

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About this presentation

These slides give an overview of:

- CQC's new strategy
- Changing our approach to regulating, inspecting and rating services
- How we want to work with your Overview and Scrutiny Committee
- Further information

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Our purpose and role

Our purpose

We make sure health and social care services provide people with safe, effective, compassionate, high-quality care and we encourage care services to improve

Our role

We monitor, inspect and regulate services to make sure they meet fundamental standards of quality and safety and we publish what we find, including performance ratings to help people choose care

We will be a strong, independent, expert inspectorate that is always on the side of people who use services

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‘Raising Standards; Putting People First 2013-2016’

- Better information for the public including ratings
- Improved assessments of services and Chief Inspectors
- Stronger national and local partnerships – eg.Health and Wellbeing Boards, Healthwatch, OSCs
- A more rigorous test for organisations applying for registration with CQC
- Changing our approach to the NHS acute trusts and mental health -New fundamental standards
- Improve our assessments of how services work together – for example dementia care

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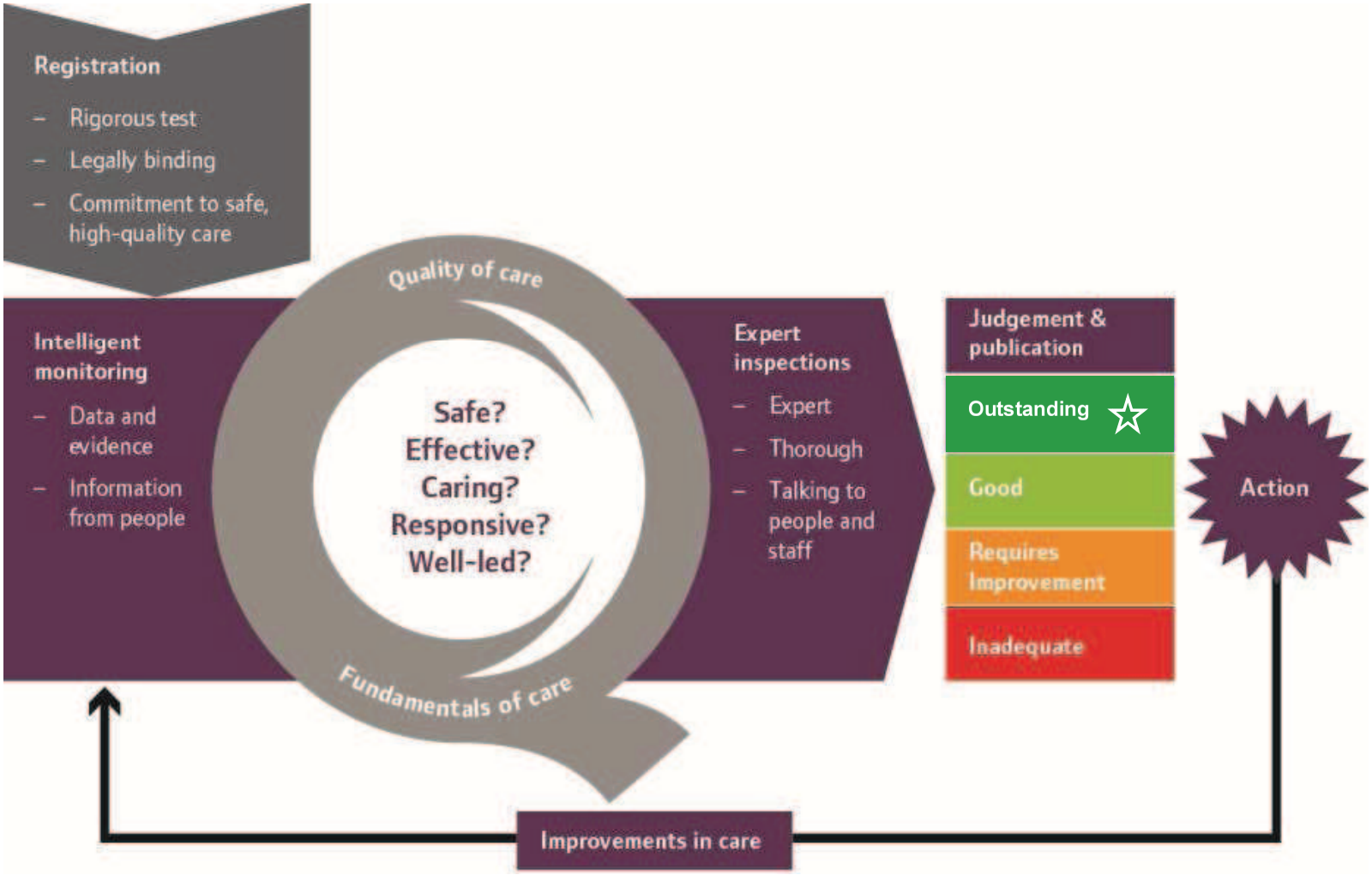
Our new approach (1)



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Underpinning our approach

Our judgements will be independent of the health and social care system

We will always be on the side of people who use services.

This is why our relationships with overview and scrutiny committees are an important part of how we work.

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Developing the changes

We are co-producing the changes by working closely with our partners, providers, key stakeholders, the public and people who use service:

- **A new start consultation launched June 2013**
- **Advisory and co-production groups**
- **Targeted focus groups and research**
- **Activities on public online community**
- **Social media activity E.g. Twitter chats**

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What will be different?

Future
More targeted inspections
Making judgements using the 5 key questions
Commitment to taking firm action
Clearer reports
Better information

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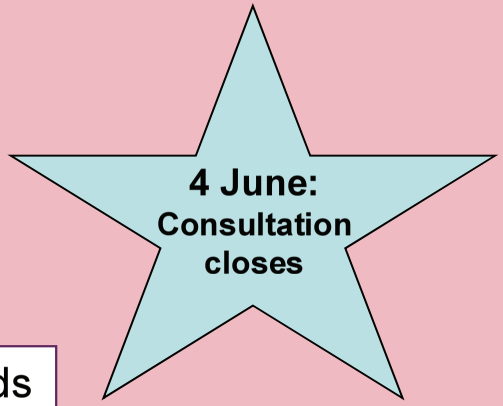
Timetable

Oct 2013 – March 2014	Co-production and development to shape consultation proposals
April 2014	Consultation on regulatory approach, ratings and guidance
June 2014	Evaluation; guidance and standards refined.
July 2014	Consultation on regulations and enforcement policy
Oct 2014	New approach fully implemented and indicative ratings confirmed



Page 23

Five areas of quality and safety in our new approach to inspections

Our new inspections across all sectors ask:

Are services safe?

Are they effective?

Are they caring?

Are they well-led?

Are they responsive to what people tell them?

We want to use any information available from OSCs to support these inspections – especially feedback from local people

Page 24

Safe

By safe, we mean that people are protected from abuse and avoidable harm.

Page 25

Effective

By effective, we mean that people's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence.

Page 26

Caring

By caring, we mean that staff involve and treat people with compassion, kindness, dignity and respect.

Page 27

Page 27

Responsive

Page 28

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By responsive, we mean that services are organised so that they meet people's needs.

Well-led

By well-led, we mean that the leadership, management and governance of the organisation assure the delivery of high-quality care, supports learning and innovation, and promotes an open and fair culture.

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What we will continue to do

- Inspections at any time in response to concerns
- Reviews on particular areas of care – including a review of emergency mental health care and a review of end of life care
- Regulatory and enforcement action

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Ratings

Four point scale

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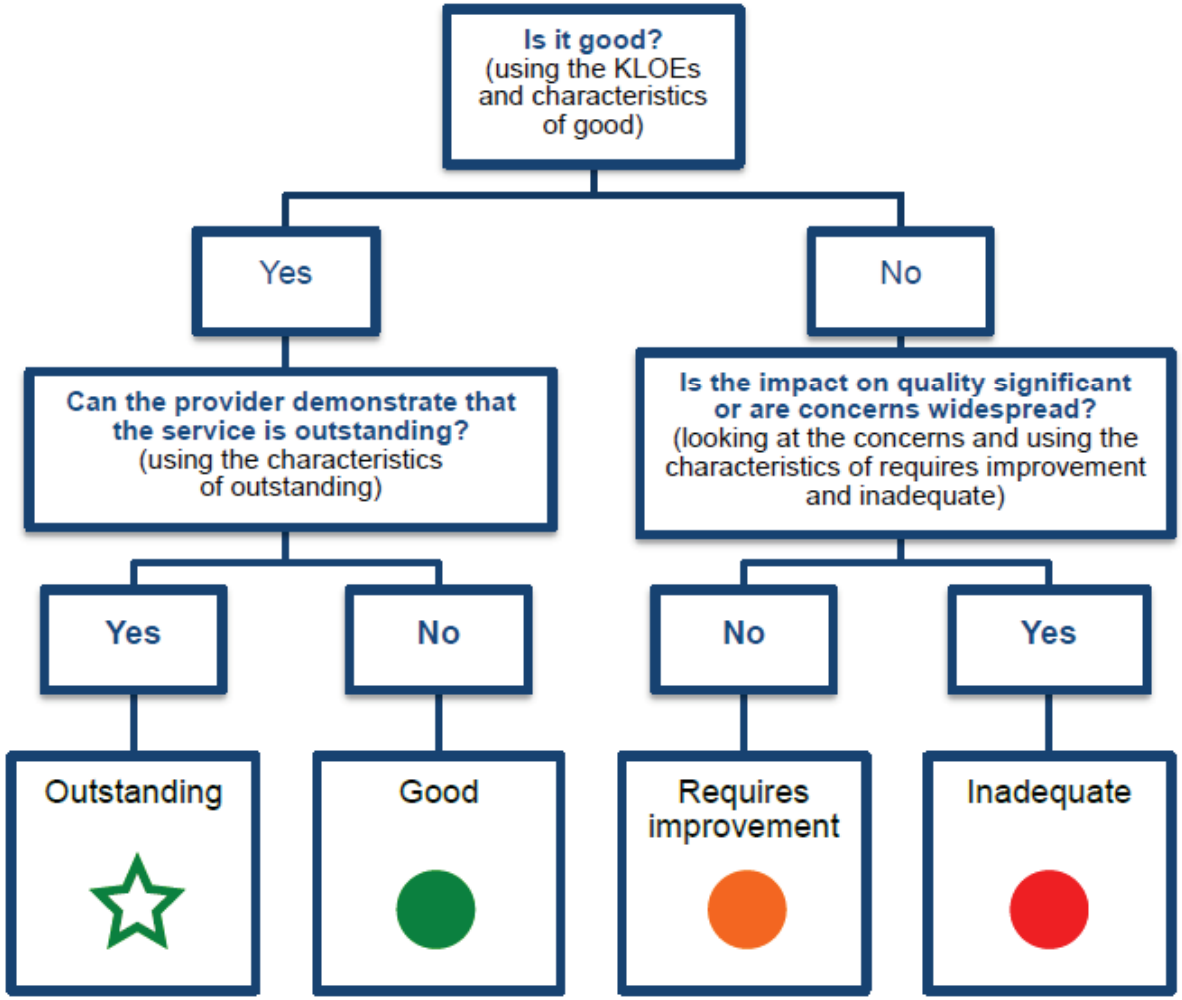
Judgement & publication	High level characteristics of each rating level
Outstanding ☆	Innovative, creative, constantly striving to improve, open and transparent
Good	Consistent level of service people have a right to expect, robust arrangements in place for when things do go wrong
Requires Improvement	May have elements of good practice but inconsistent, potential or actual risk, inconsistent responses when things go wrong
Inadequate	Severe harm has or is likely to occur, shortfalls in practice, ineffective or no action taken to put things right or improve

How do we decide a rating?



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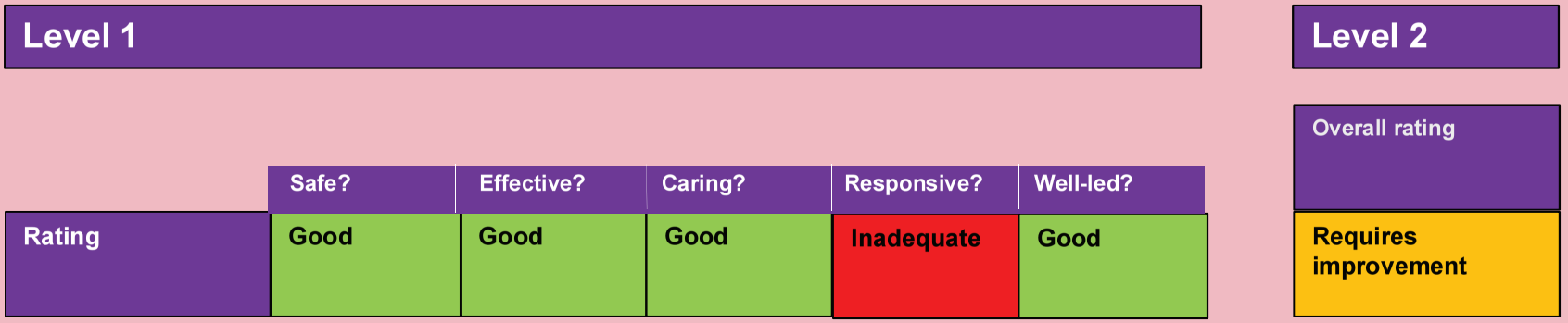
How do we give ratings?

Services will be rated at two levels:

- level one - we will produce separate ratings for each of the five key questions
- level two - we will combine these separate ratings up to get an overall location rating using 'ratings principles'



Ratings principles

Overall ratings are given using the following principles:

- If two or more of the key questions are rated ‘inadequate’, then the overall rating will normally be ‘inadequate’
- If one of the key questions is rated ‘inadequate’, then the overall rating will normally be ‘requires improvement’
- If two or more of the key questions are rated ‘requires improvement’, then the overall rating will normally be ‘requires improvement’
- At least two of the five key questions would normally need to be rated ‘outstanding’ before an overall rating of ‘outstanding’ can be awarded

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Page 35

From April 2014

- We now have a new organisational structure
- Our new approach to acute hospital inspections has been introduced following our pilot inspections – **July – September 2014 Inspection Programme has recently been announced**
- Adult Social Care and primary care inspections started
- We continue to inspect other services as usual

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CQC in the region

- We have inspection teams responsible for:
- Primary and integrated care
- Adult social care
- Acute, community and mental health services

We will maintain local relationships with scrutiny committees

Inspection teams will work together to coordinate their contact with scrutiny committees

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We want Overview and Scrutiny Committees to:

- Continue an ongoing relationship with local CQC staff
- Advise us as part of our new inspections of NHS trusts – sharing evidence and contributing to the Quality Summits
- Know what we have done with your information
- Know about all our inspection activity and where we have concerns about services
- Explore how we best work with scrutiny committees in the new primary care and social care inspections

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CQC and CfPS

We will be working with the Centre for Public Scrutiny to develop closer working relationships with scrutiny committees and elected members to:

- Help improve the consistency and quality of local relationships
- Increase evidence gathered and used to inform our regulatory activity
- Increase the use of CQC information in local scrutiny
- Develop information sharing between scrutiny, Healthwatch and Health and Well Being Boards

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Top tips for scrutiny committees

- Build a dialogue with CQC – with regular informal contact and chairs able to ‘pick up the phone’
- Let CQC know your committee’s plans and progress of work
- Meet with CQC – as a partner not as a ‘witness’
- Use our information – the registered services in your area, our inspection activity and our findings
- Share information with CQC about people’s experiences of the local health and care system and of individual services
- Information from scrutiny reviews, public meetings, issues from councillors can all be useful to CQC
- Share your findings and recommendations from reviews
- Expect feedback from CQC on how we use your information

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In return, your local CQC contact will:

- Aim for a ‘no surprises’ relationship – regular structured contact
- Meet with OSCs – but as a partner, not an interviewee
- Explain how CQC fits into the local health and care system
- Provide feedback on how we use information from scrutiny
- Explain how services do/don’t meet the fundamental standards and what CQC expects of providers
- Have confidential conversations with the chair/lead officer where agreed
- Hold joint meetings where needed with you and the local Healthwatch
- Help councillors understand the inspection process

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Reports, alerts and ebulletin for OSCs

- We will continue to write to all scrutiny committees as we announce new inspections and alerting committees to public listening events
- You should receive local press releases and updates on our national reports.
- We now send a two monthly ebulletin for all OSCs– setting out our latest news and ways you can get involved in our work
- We are planning an updated briefing for OSCs about working with CQC (due summer 2014)
- A new report on how CQC and district councillors can work together (due summer 2014)

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Reports, alerts and ebulletin for OSCs

On our website, you can now sign up to receive alerts about our inspections of your local care services.

You can subscribe to receive alerts from the profile of any service in England. See our instructions on how you can sign up for these alerts. http://www.cqc.org.uk/public/our-email-alerts

As well as subscribing to email alerts, you can find out where we have published reports on the Our latest reports page

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More information

Read the CQC strategy on our website at

Care Quality Commission www.cqc.org.uk

Telephone 03000 616161 if you want to speak to someone at CQC

Email enquiries@cqc.org.uk to send us information from your scrutiny reviews and other work from your programme

Please email involvement.edhr@cqc.org.uk if you want to get involved in national CQC developments. This will take you directly to the involvement team

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More information

Guide for local councillors on working with CQC

http://www.cqc.org.uk/sites/default/files/media/documents/a_guide_for_councillors.pdf

Guide for overview and scrutiny committees on working with CQC

http://www.cqc.org.uk/sites/default/files/media/documents/a_guide_for_oscs_0.pdf

Information about the government standards we check on

http://www.cqc.org.uk/public/what-are-standards/national-standards

This is an example of a public guide - about the standards you can expect in hospital. http://www.cqc.org.uk/public/what-are-standards/standards/standards-hospitals

There are also guides about what you can expect from your care in care homes, care at home and dentists

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NHS
Surrey Downs
Clinical Commissioning Group

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Health Scrutiny Committee:
Surrey Downs CCG Out of Hospital Strategy

Miles Freeman, Chief Officer, Surrey Downs CCG

30 May 2014

Expanding our Out of Hospital Strategy

- Our Out of Hospital Strategy was developed from April to June 2013 when CCGs were entering into their first year.

- At the end of year one, the following has changed the roles and responsibilities of CCGs:
  - Creation of the **Better Care Fund**
  - End of **Better Services Better Value programme**
  - Department of Health and NHS England's **'Transforming Primary Care' strategy** (April 2014)
  - **'Improving General Practice: A Call to Action'-** NHS England consultation (August 2013)
  - **Everyone Counts & Putting Patients First planning guidance** for 2014-2019 (two operating planning rounds)
  - **Primary care co-commissioning-** Simon Stevens' offer to CCGs (May 2014)
  - **Devolution of responsibilities** from the Area Team

This has resulted in the evolution of our Out of Hospital Strategy into a wider reaching 5 year integrated commissioning plan…

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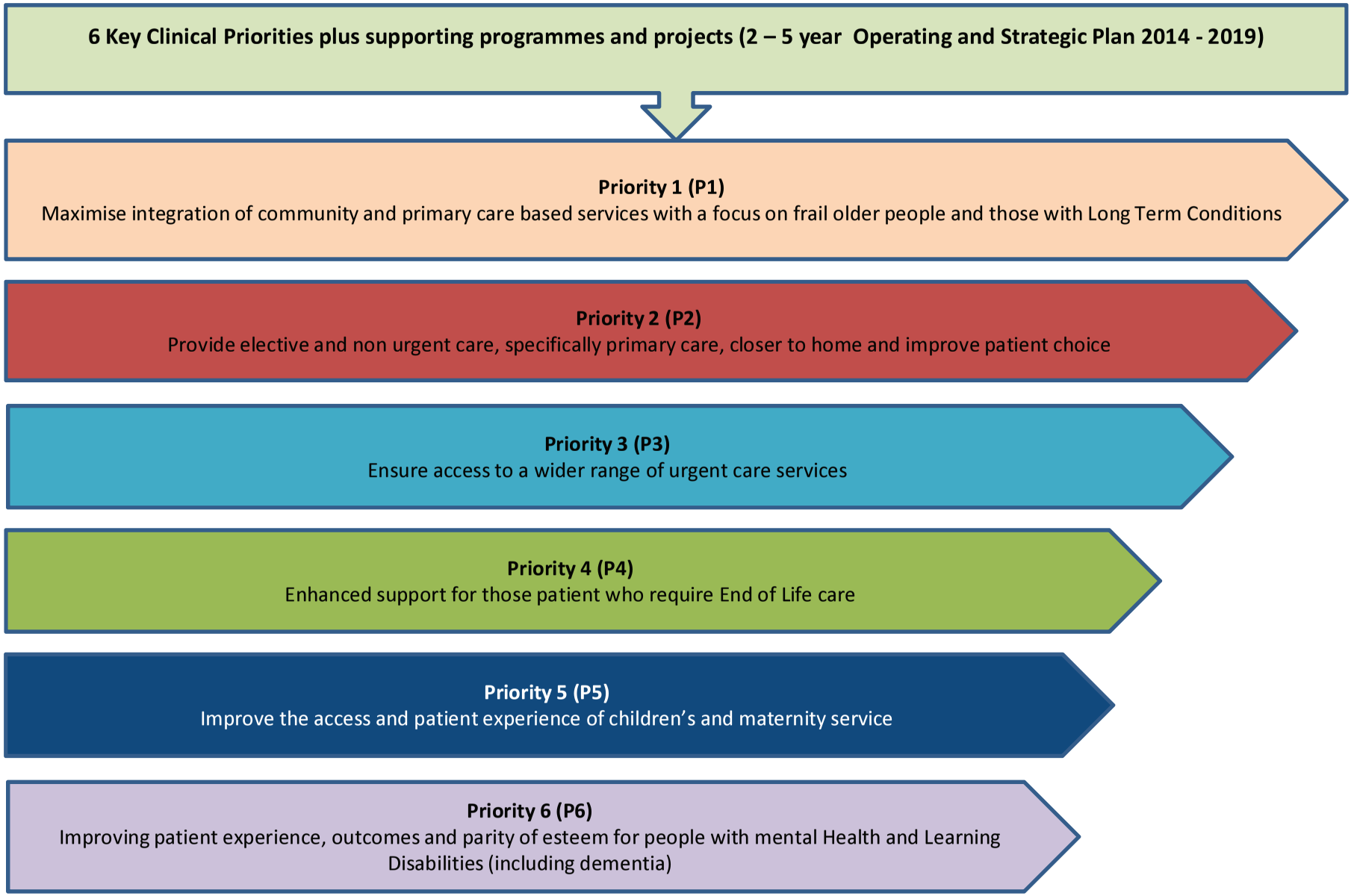
Summary of our priorities for 2014 - 2016



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Key Headlines of transformational clinical programmes

- Locality Integrated Teams providing 5 day rehabilitation at home and 2 hour rapid response services.
- Transform Continuing Health Care Services. **(P1)**

- Developing Primary Care Clinical Networks, providing a community medical network for chronic disease management **(P2)**

- Developing an Urgent Care and Discharge system that works to enable people to return to a suitable care environment earlier in their recovery pathway **(P3)**

- Improving our End of Life care pathway focusing on person centred care **(P4)**

- Surrey Wide redesign and recomissioning of Child and Adolescent Mental Health Service **(P5)**

- Continued developed of Dementia Services moving away from bed model of care by increasing community support
- Increase annual health checks for people with a learning disability **(P6)**

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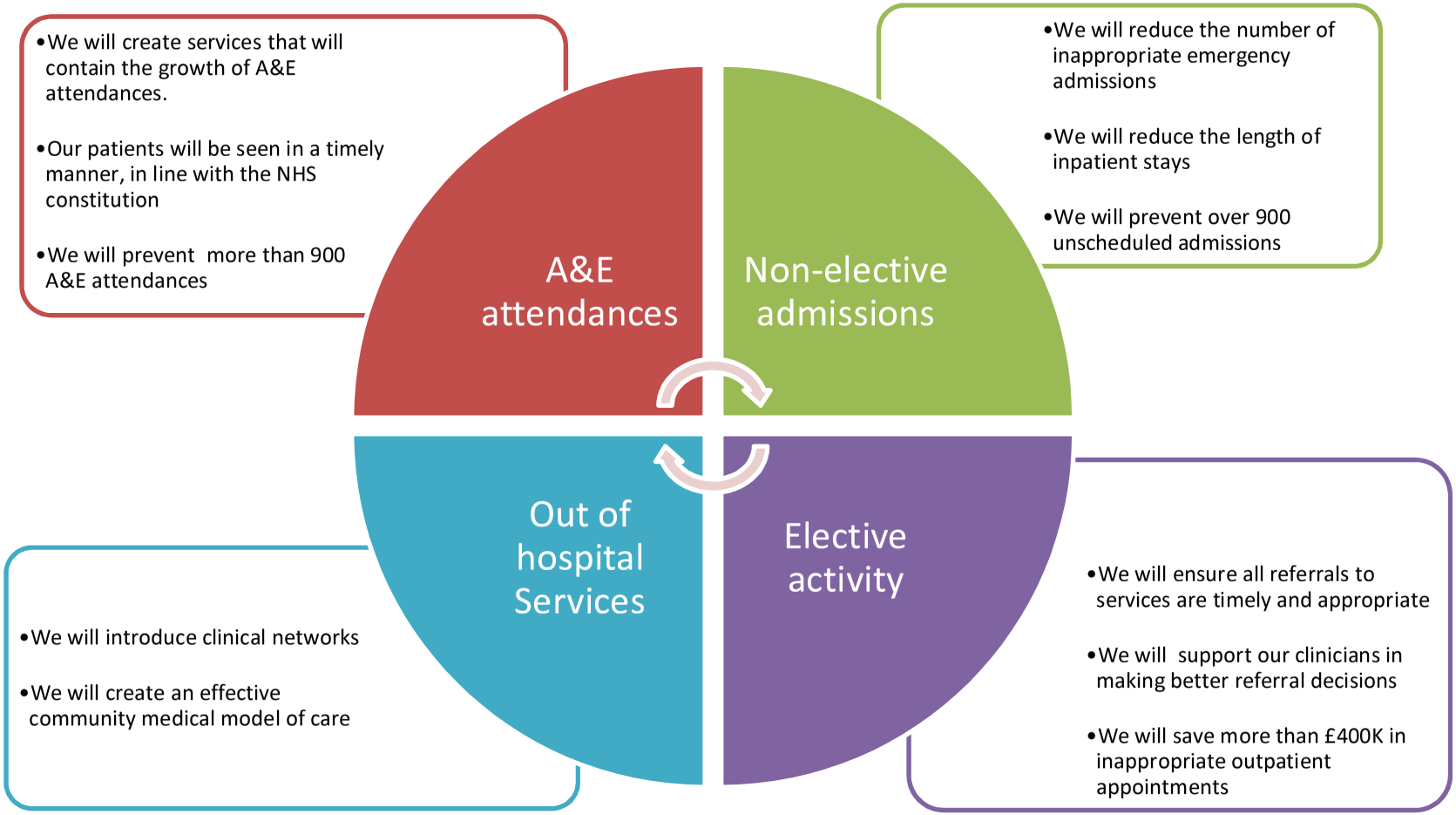
Our interventions will have an impact in how our population uses health services



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Primary Care Case for Change

1. Inadequate **capacity** for rising need

2. **Variation** between areas and practices

3. The need to extend the scope of Primary Care to enable it to **manage Long Term Conditions**

4. No alignment of **incentives**

5. No economies of **scale**

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Transformational Change:
Developing Primary Care offer

Inadequate capacity for rising need

More access within general practice through INCREASED access and IMPROVED access

Variation between areas and practices

Standardised set of services available to ALL patients within a **network of practices**

The need to extend the scope of Primary Care to enable it to manage Long Term Conditions and our most vulnerable patients

Best practice Chronic Disease Management

Continuity of care for most vulnerable patients in our Acutes/Community Hospitals/ GP Practices through to Home Visiting

No economies of scale, No alignment of quality, financial or clinical incentives

Creating and incentivising **working at scale**

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Priority 1 (P1)
Maximise integration of community and primary care based services with a focus on frail older people and those with Long Term Conditions

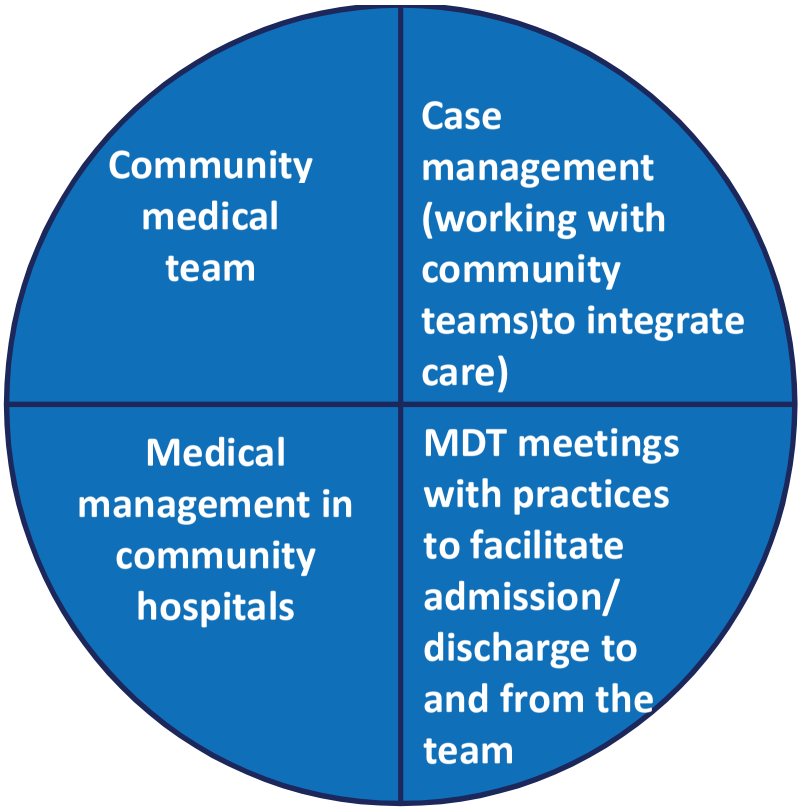
Community Medical Team (CMT)

The health and social care economy is no longer just primary, social care and secondary care. Our approach to BCF is to **integrate provision for community housebound chronic illness.** Initially CMTs will focus on **high risk housebound patients** and in time possibly move to **medical provision for all.**

A CMT will provide integrated care for chronic disease management e.g. those identified as being 'at risk' as a result of their disease/social profile:

- **Medical case management in the community, or 'wrap around care' working with community, social care and mental health services.**
- **Medical management of community beds and interfaces within acute hospital.**
- **Acute/Ambulatory Assessment Units for rapid diagnostics (day case only) to prevent admissions.**

Out-of-hospital medical care for chronic disease management



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Priority 2 (P2)
Provide elective and non urgent care, specifically primary care, closer to home and improve patient choice

Referral Support System (RSS)

- Surrey Downs CCG commissioned a referral support service in October 2013 due to a number of issues:

- There is was no **consistent approach** to referral management
- A **comprehensive directory** of services was not uniformly available
- Some patients were referred **without adequate work up**
- There was **no transparent system to promote patient choice**

- We have implemented a new **clinically led, independent** RSS, hosted by the CCG , which IS responsible for all **non-urgent referrals across the CCG**.

- The service **supports GPs, promotes patient choice,** ensures patients are referred to the **right clinician** and sign-posts patients throughout the process.

- **All of our practices are signed up** to the RSS and the majority are now using the service. The service is **receiving 500 referrals per year.**

Benefits to patients and organisations					
Improve patient experience through improving the acuity of referrals and avoiding unnecessary	Develop expert knowledge of local pathways across all providers	Training, education and support to practices, particularly newly qualified doctors or those new to	Ensure probity and transparency, resulting in greater patient choice of services, with patients choice of OoH providers, Community and Acute services	Identify opportunities to redesign services and improve pathways for the future	Reduce variation between practice referral rates

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Priority 3 (P3)
Ensure access to a wider range of urgent care services

Proposals- Urgent Care System

- The **out-of-hours service** will be procured this year, with a centre co-located with A&E and weekend bases across all localities.
- We are working towards weekday extended access (8-8) service provided by our practices as it works better for patients; including dialogue on standardising appointments across practices.
- **Our Community Assessment Unit** at Leatherhead has been co-located at Epsom to ensure a more resilient model of care with A&E
- We have also launched an Ambulatory Care Unit at Epsom so that more patients can receive day care and be returned home with support from community services (and in future the community medical teams) as an alternative to admission.
- A similar unit has been co-funded at Kingston Hospital for East Elmbridge residents

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Priority 4 (P4)
Enhanced support for those patient who require End of Life care

Nationally 70% of people would prefer to die at home, yet 51% die in hospital. **In areas using EPaCCS, 76% of people die in their preferred place** & 8% die in hospital- a significant improvement in quality of care

End of Life Care

We have implemented an **Electronic Personal Care Record** to:

- **Identify** people who are considered to be in their last year of life and, with appropriate consent, so that they can die in their preferred setting of care.

- **900 patients** have requested a record since the register was launched and local clinicians have been trained in hospitals, community, primary care, SECAMB and out-of-hours.

- SCC & CCG are developing a programme to ensure Gold Standard Framework is implemented across all providers including nursing and residential homes.

Dementia

- All 33 practices are now using the dementia screening tool to ensure earlier diagnosis.

- To date **1,353** have been screened by the service with patients referred to memory services and other Surrey & Borders NHS Trust.

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Priority 5 (P5)
Improve the access and patient experience of children's and maternity service

Children's and maternity commissioning priorities 2014/2015

- **Child and Adolescent Mental Health Services (CAMHS)**
  - Re-procurement in conjunction with Surrey County Council
- **Children with complex needs**
  - Children & Families Act (SEND, PHB) working towards joint commissioning around the child
- **Perinatal mental health**
  - Links to 'Surrey Emotional Wellbeing and Adult Mental Health Commissioning' strategy
- Surrey-wide focus on **looked after children, early help and safeguarding**
- Integrated models of care **around the child and mother**

High level of **partnership working** with Surrey County Council and NHS England's public health team to **integrate service delivery** for children and families

Reviews in process (community services):

- Speech and language therapy- *Complete*
- Occupational Therapy- *Due*
- Dietetics- *Complete*
- Specialist School Nursing- *Complete*
- Joint review of short breaks provision- *Ongoing*

For review:

- Physiotherapy
- Wheelchairs and other equipment
- Continence services
- CCNT (support from NHSE)

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Priority 6 (P6)
Improving patient experience, outcomes and parity of esteem for people with mental Health and Learning Disabilities (including dementia)

"No health without Mental Health"

- Mental Health Strategy for England 2011

Through **integrated working** with all partner organisations including the voluntary sector we will work towards jointly agreed **health and social care outcomes** for people in Surrey Downs

Local priority areas are being drawn together through clinical leads and reference groups

- **IAPT** service development: pilot to send referrals through the Referral Support Service
- Mental health promotion and prevention – including **prevention** of suicide and substance (including alcohol) miss-use
- **Dementia** pathway redesign: including dementia screening project
- Integrated **Community** Hubs

Surrey-wide themes are supported through close working with Mental Health Clinical Commissioning Collaborative Forum and projects are developed locally

- Psychiatric liaison and crisis pathway development: local mapping and gap analysis
- Single Point of Access

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Summary and Next Steps

- Tight financial environment
- Strategy based upon containing demographic growth and managing care out of hospital
- Reductions in costs outside hospital
- Requires system wide responses not salami slicing
- Integration to reduce duplication , improve care and constrain cost

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Health Scrutiny Committee
3 July 2014

Childhood obesity

Purpose of the report: Policy Development and Review

There is a growing national problem of obesity in children and young people. The JSNA identifies that Surrey does not have an agreed child healthy weight / weight management care pathway and services vary across the county, not meeting the needs of all children at high risk.

Introduction

1. The national obesity strategy *Healthy Lives, Healthy People: a call to action on obesity*[1] states that tackling obesity should be seen as 'everybody's business' and a wide range of partners from public, private and voluntary and community sectors have a role to play in preventing obesity and reinforcing healthy eating and physical activity messages.

2. On transfer of Public Health to local authorities in 2013, tier 1 and tier 2 obesity services became the responsibility of Surrey County Council[2]. Tier 1 encompasses universal and targeted behavioural interventions and services for obesity prevention and reinforcement of healthy eating and physical activity messages. Tier 2 covers community lifestyle and weight management services.

3. The National Child Measurement Programme (NCMP), which involves the weighing and measuring of Reception Year (age 4 – 5 years) and Year 6 (age 10 – 11 years) children, is a mandatory public health responsibility for Surrey County Council. NCMP data is published at county, borough/ district, ward and Mid Super Output Area level which, as well as providing a county wide picture enables targeting of initiatives at children and families at higher risk of obesity.

4. Public Health England (PHE) and NHS England have acknowledged there has been uncertainty regarding responsibility for commissioning tier 3 obesity services, clinician-led multi-disciplinary team services, and convened a joint working group which reported in March 2014[3]. The report includes an options appraisal for commissioning with the recommended option being that Clinical Commissioning Groups (CCGs) commission tier 3 services. Consultation ended on 6th May 2014 with no date as yet for

publication of the resulting guidance. In Surrey, CCGs have provisionally taken on the responsibility for commissioning of tier 3 services.

5. This paper summaries the current position with regards to childhood obesity in Surrey, which interventions and services are currently available, and provides recommendations for future provision and the completion of the child healthy weight/weight management care pathway.

6

Current services/interventions provided at each Tier

6. NCMP data for 2012/13 highlights that in Surrey 17.6% of children aged 4 - 5 years are overweight or obese and 26.4% of children aged 10 – 11 years are overweight or obese. Health Survey for England (HSE) data (2011) can be used to provide an estimate of the total number of children in Surrey who are overweight or obese. This approximates to over 57,000 children, of which 31,000 are estimated to be obese. Key messages from NCMP and HSE are that Surrey follows the national trends with those areas identified as being more deprived having a higher incidence of obesity and prevalence increases from Year R to Year 6 showing that interventions to prevent and treat obesity need to be targeted at the under 5s and primary school-aged children.

7. The public health responsibility of the Council to address childhood obesity is increasingly tackled across all directorates by: front line staff and services 'making every contact count' by providing evidence based behaviour change advice and support; using the planning system to create a healthier built environment; promoting active travel; ensuring the widest possible access to opportunities to be physically active including parks and other outdoor spaces; and working with local businesses and partners to increase access to healthier food options.

8. The Public Health service has a key role in supporting all partners by: undertaking needs assessment; evidence review; providing expert advice; and commissioning tier 1 and tier 2 interventions and services. *Appendix 1* provides detail of the range of interventions/services Public Health is actively involved in supporting and commissioning.

9. Public Health as part of the 'core offer' works closely with the CCGs building relationships with the clinical leads with responsibility for children. The initial phase of developing a joint pathway for Surrey has commenced; the pathway will include all three tiers of services/ interventions for obesity prevention and management. Public Health will present a paper on the pathway at the CCG clinical leads meeting on Tuesday 1st July 2014.

Risks and challenges

10. The National Institute for Health and Care Excellence (NICE) recommends that tier 2 lifestyle weight management services should be available for children and their families[4]. Currently there are no tier 2 lifestyle weight management services for children aged 5 – 19 years and their families.

11. The NHS England/PHE report providing the outcome of the consultation and guidelines on which organisation has responsibility for commissioning each tier in the child healthy weight / weight management care pathway is due to be published in 2014. This will clarify the position regarding the commissioning responsibility for tier 3 services.

12. The child healthy weight / weight management pathway has not been completed.

Conclusions:

13. Whilst the prevalence of overweight and obesity in children is lower in Surrey than in England, an estimated 57,000 children in Surrey are either obese or overweight.

14. There are a wide range of interventions/services provided by partners across the public, public and community and voluntary sectors for children and families to prevent and manage obesity. However there are gaps in service provision in particular a tier 2 service for children aged 5 – 19 years and their families. In addition there is a lack of clarity of commissioning responsibility for tier 3 services.

15. Public Health and the CCGs are in the initial phase of developing the Surrey child healthy weight /weight management pathway.

Recommendations:

14. a) Public Health to explore opportunities to develop lifestyle weight management services for children aged 5 – 19 years and their families in existing commissioned services provision.

    b) Public Health to continue to build relationships with CCG clinical leads with responsibility for commissioning for children and young people.

    c) Public Health to work in partnership with CCGs to complete the development and publish the Surrey child healthy weight / weight management care pathway.

Next steps:

Further actions and meetings on child healthy weight / weight management care pathway development will be agreed at the joint meeting between CCGs clinical leads for children and Public Health on 1st July 2014

Report contact: Julie Nelson, Public Health Lead, Public Health

Contact details: 01483 519 638 julie.nelson@surreycc.gov.uk

Appendix 1

Tier	Description	Service / intervention	Role of Public Health	Referral criteria	Service user / patient journey
1	Universal behavioural interventions (prevention and reinforcement of healthy eating and physical activity messages). Includes public health and national campaigns. Brief advice.	• Start 4 Life • Healthy Start • Breastfeeding strategy • Surrey infant and child feeding guidelines • Healthy Schools • Change 4 Life campaign • Cookery leader training and RSPH Healthier food and special diets training (for catering staff, and staff working with children 5 – 19 and families • Surrey Eat Out Eat Well award • Youth Sport Trust and schools • Surrey School Games • Change 4 Life sport clubs • HENRY programme*	• Promotion of national campaign • Pilot of free vitamins for children from black and minority ethnic (BME) communities and deprived areas • Chair of strategy group • Coordination of updating and promotion of guidelines • Commissioner • Campaign organiser in conjunction with Communications service • Developed training programmes in conjunction with Surrey Joint Training • Member of steering group, developed training to support scheme (see RSPH training above) • Developing pilot to collect physical activity data and support schools to use pupil premium more effectively • Joint commissioner • Providing data and advice to ensure clubs are meeting needs of inactive children and those from more deprived areas • See below		• Prevention • Overweight • Exit to either tier 2 or exit from pathway • Most interventions universal • Some targeted e.g. Healthy Start, cookery leader training
2	Lifestyle weight management	• HENRY programme for	• Joint commissioner with Early Years	Children at high risk of	• Targeted at

	services. Normally time limited.	children aged 0 – 5 years and their families • Children aged 5 – 19 years and their families	• Delivered by NHS community 0 – 19 teams and children's centres • HENRY also includes tier 1 element delivered by those above and childminders, day care and nursery staff • No service currently commissioned	obesity or overweight / obese	children from areas of deprivation, BME communities (both at high risk) and Family Support programme families • Exit from programme • Continuation of tier 2 • Exit to tier 3

**HENRY – healthy exercise and nutrition for the really young*

6

References

1. Department of Health. Healthy lives healthy people: a call to action on obesity. Department of Health, 2011
2. Department of Health. Public health in local government: commissioning responsibilities. Department of Health, 2011
3. NHS England/PHE. Report of the working group: Joined up clinical pathways for obesity. NHS England, 2014
4. NICE. Managing overweight and obesity among children and young people: lifestyle weight management services. NICE, 2013

Acute Hospitals Collaboration

Proposed merger between Ashford & St Peter's Hospitals and The Royal Surrey County Hospital NHS Foundation Trusts

Surrey Health Overview & Scrutiny Committee

July 2014

Ashford and St. Peter's Hospitals NHS
NHS Foundation Trust

NHS
North West Surrey
Clinical Commissioning Group

Working together to put **patients first**

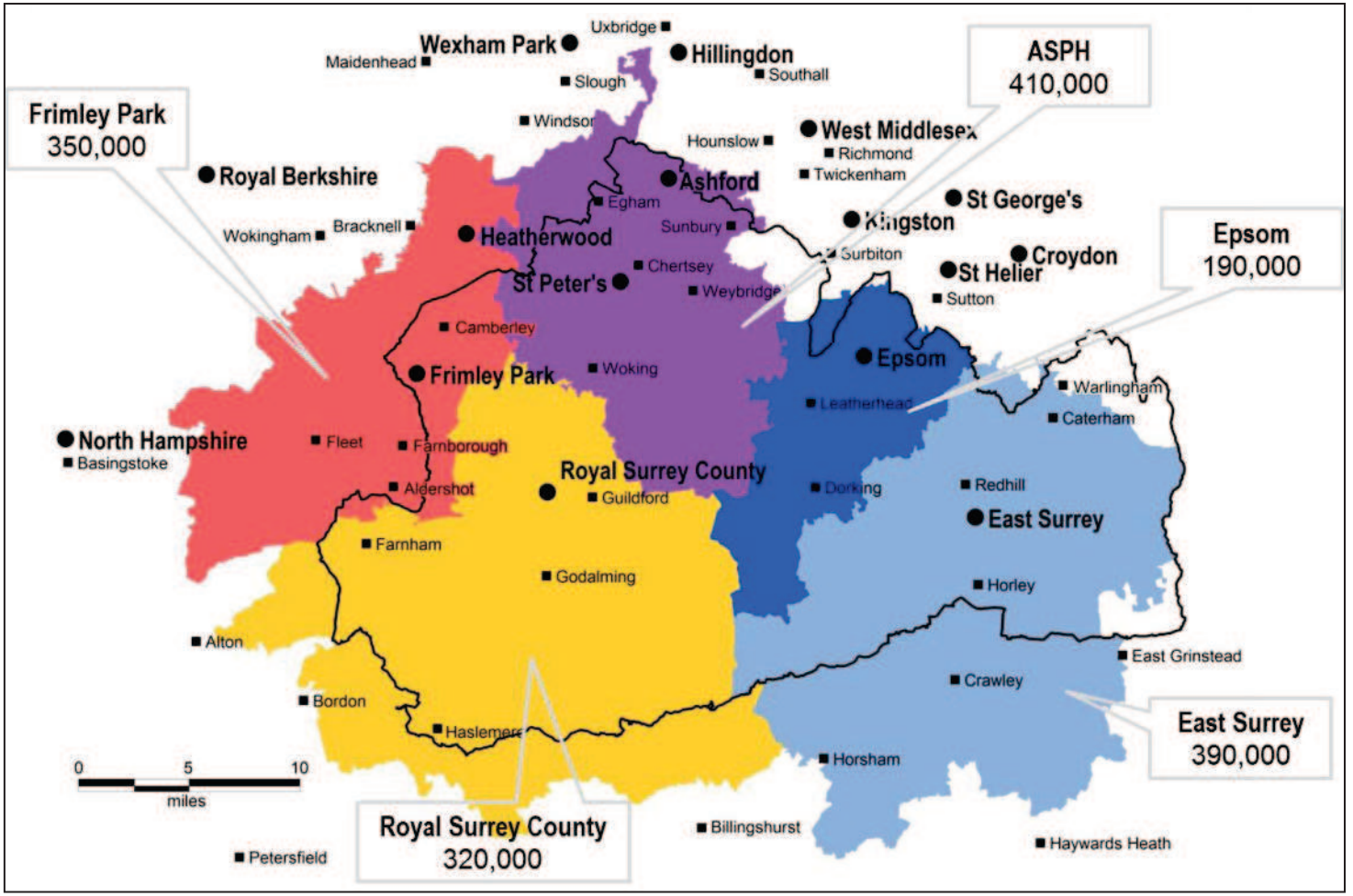
NHS
Guildford and Waverley
Clinical Commissioning Group

Royal Surrey County Hospital NHS
NHS Foundation Trust

Introducing …

- Andrew Liles, Chief Executive, Ashford & St Peter's Hospitals NHS Foundation Trust
- Nick Moberly, Chief Executive, The Royal Surrey County Hospital NHS Foundation Trust
- Julia Ross, Chief Executive, North West Surrey Clinical Commissioning Group
- Dominic Wright, Chief Executive, NHS Guildford & Waverley Clinical Commissioning Group

The Surrey context



Commissioners' perspective

- **Overall commissioners are generally supportive of the merger as a way of providing significant benefits to patients and supporting a sustainable future for local acute healthcare but will also need to consider in detail any specific proposals for service development as they are developed.**
- Key issues from the commissioners' perspective include:
  - Ensuring that the Clinical Strategy is aligned to commissioner plans
  - Securing a sound financial transition and future
  - Delivering required level of performance throughout the merger – in particular Referral To Treatment (RTT) and A&E
  - Demonstrating a broad and deep engagement with communities
  - Strengthening the governance to deliver the merger

Commissioners' perspective

- There has been good engagement between commissioners and with the Trusts to date, with a commitment on all sides to focus on.
  - Co-designing the clinical strategy that preserves the full range of District General Hospital Services for local populations and aligns to commissioning strategies
  - Financial planning together to secure financially healthy economies for local people and that acknowledges a move towards outcomes based commissioning
  - Ability of the Trusts to meet the specific needs of the G&W and NW Surrey populations and commissioning priorities
- In addition we will be looking for assurance that:
  - Potential costs of merger are constrained as much as possible to ensure maximum investment in patient care
  - There is a strong focus on business as usual and the maintenance of key performance targets during this period including staff confidence
- As commissioners, we will also be centrally involved in ensuring the development of a broad and deep public and patient engagement plan

Two Successful and Complementary Foundation Trusts

	Royal Surrey County Hospital NHSFT	Ashford & St Peter's Hospitals NHSFT
Hospital sites	1	2
Local catchment population	320,000	410,000
Key specialist services	Cancer, OMF & ENT surgery	Neonatal ICU, Cardiology, Vascular, Bariatric surgery, limb reconstruction
Annual turnover	£260m	£245m
Beds	520	570
Employees	3,200 wte	3,300 wte
Annual admissions	67,000	68,000
A&E attendances	71,000	92,000
FT Authorisation Date	1 December 2009	1 December 2010
Monitor CoSRR	4	3
Monitor Governance Rating	Green	Green

Background

- The two Trusts have been working together under a Principle Partnership agreement since early Summer 2013
- Summer 2013 – the two Trusts began to shape a joint clinical strategy through a number of clinical workshops
- Autumn 2013 – agreement to develop a shared Outline Business Case to consider the right future for the partnership to ensure maximisation of patient benefits
- January 2014 – both Trusts began a widespread engagement campaign with both staff and external stakeholders
- April 2014 – Outline Business Case presented to both Boards – agreement to begin developing a Full Business Case for merger

The Case For Change

Healthcare is changing

- The healthcare burden is growing at an unsustainable rate
  - Significant increase in elderly population
  - Greater number of people with complex health and care needs
  - Technology is advancing – new drugs, technologies and treatments with rising costs
  - With a major focus on delivering new quality standards, e.g. 7 day working
- At the same time, the NHS is experiencing its most challenging economic environment since its creation with an almost flat budget for the next 10 years
- Resulting financial burden is unsustainable

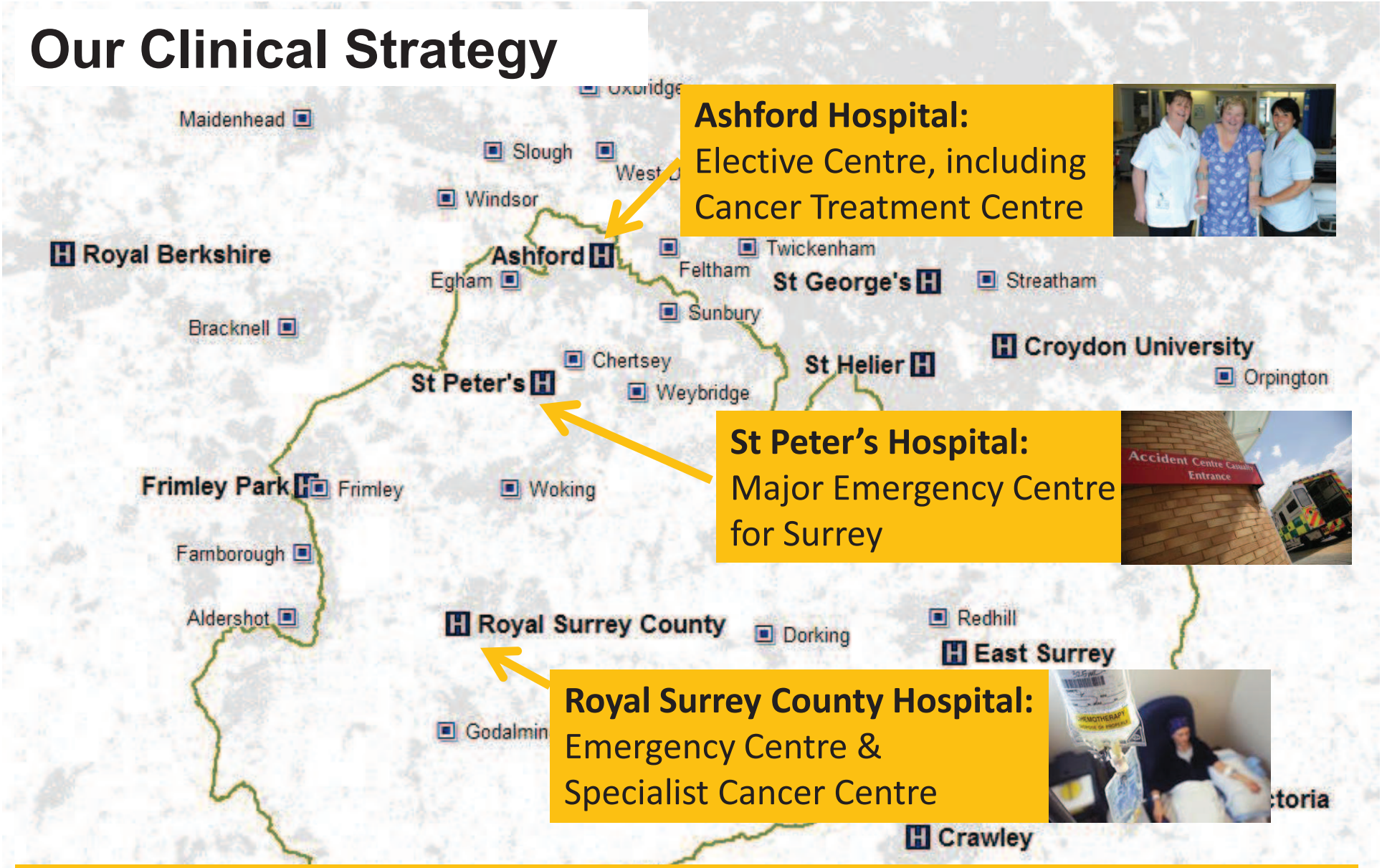
The Case For Change

- 40% of acute FTs are already in deficit, with small to medium sized trusts especially challenged
- ASPH and RSCH each face an efficiency requirement of £60-70m over next 5 years (reduction in tariff, Better Care Fund)
- Both Trusts are predicting deficits within 3 years
- Conclusion: neither Trust is likely to be sustainable in its current form in the medium term
- **However, our existing partnership has demonstrated huge opportunities and potential benefits in coming together**

The Opportunity

- The scale of the challenge also creates the momentum for transformational change
- By working together we have the opportunity to develop an exciting clinical strategy which will:
  - Meet the “Keogh” challenge – 7 day, sub-specialist working
  - Create better local access to specialist services – repatriating work from London
  - Offer patients improved access to cutting edge treatments and innovative “best in class” care pathways
  - Maximise benefits of digital technology – e.g. moving towards electronic patient record
  - Platform for supporting commissioners to develop an improved integrated care system

Our Clinical Strategy



- **This is about enhancing services, not reconfiguration**
- **Patients won't be expected to travel further for routine treatment**
- **A&E and obstetric led care will continue at both St Peter's and The Royal Surrey**

Our Clinical Strategy

St Peter's Site – Major Emergency Centre

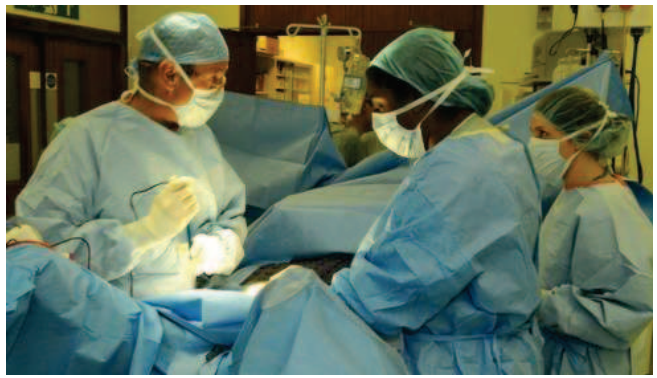
- Cardiovascular Centre for population of 700 000 – 1million
- Hyper Acute Stroke Unit
- Strong Trauma Unit with specialist limb reconstruction
- Improvements in 7 day working (Keogh compliance) in Cardiology, Stroke, GI Bleed, Diabetes, Palliative Care and Neurology through Partnership

In addition to other specialist services:

- Level 3 Neonatal Unit
- Regional Bariatric Surgery

With plans for:

- Renal Inpatient Centre
- Cardio-thorasic Centre



Our Clinical Strategy

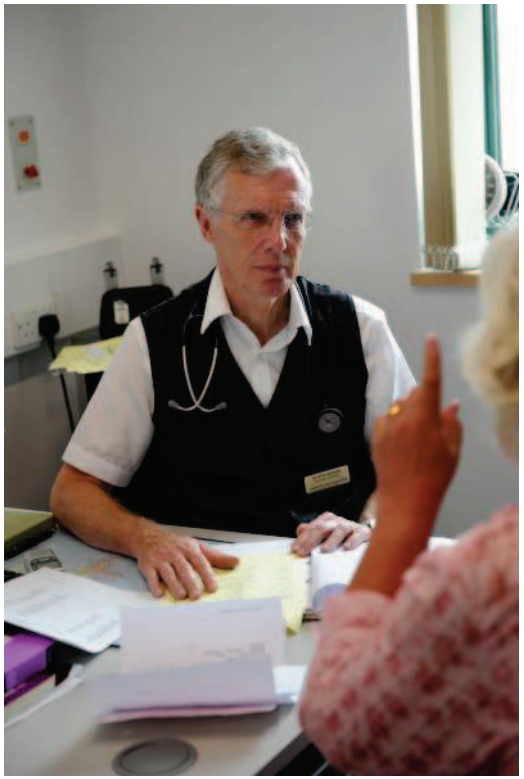
Royal Surrey County Hospital

- **Emergency Centre**
  - Sustain and improve core clinical services including undifferentiated Surgical and Medical Take and Consultant-led obstetric Care.
  - Hyper-Acute Stroke Unit with 7-day ward cover supported through Partnership
  - Improvements in Keogh compliance for 7 day working in Stroke, GI bleed, Diabetes, Palliative Care and Neurology through Partnership
- **Cancer Centre**
  - Oncology Centre for SWSH Network
  - Specialist Cancer Surgery for HpB, OG, Gynae-Ololgy, Urological Cancers, ENT and Maxillo-facial Surgery
  - Further developments – Level 3 Paediatric Oncology Unit and Level 3 Haemato-oncology ward supported by scale of Partnership

Our Clinical Strategy

Ashford

- Continue to provide:
  - Elective Inpatient and Day Case Surgery
  - Outpatients and Diagnostics
  - Chemotherapy
- Building on existing services in:
  - Rehabilitation
  - Orthopaedics
- Developing integrated care with our commissioners:
  - GP Led Walk-in Centre
- Opportunity and plans to:
  - Expand cancer and elective catchment into West London
  - Develop radiotherapy



Developing the partnership – why merger?

- Three Options were considered
  - Do minimum – existing state
  - Extended Partnership
  - Merger

Clinical service benefits

- **7 day working** – currently most patients aren't reviewed by a consultant at weekends. Working together gives us the scale to increase our rotas to do this, significantly improving patient care across a range of specialties – for example, stroke, gastro-intestinal bleeding, hip fractures. This is part of the Keogh quality standards which we would struggle to implement on our own.

- **Clinical support** – both Trusts have rotas for interventional radiology (an important specialist radiology service for patients with serious bleeding) but with gaps. Coming together gives us the opportunity to create a robust joint rota and for a more robust 24/7 radiology reporting rota.

Benefit summary	Existing state	Extended partnership	Merger
7 day consultant care:	○	◒	●
Clinical support: Interventional radiology 24/7 radiology reporting	○ ○	◒ ○	● ●

Clinical service benefits

- **Major Emergency Centre** – the combined catchment of ASPH and RSCH (plus Epsom Hospital) gives us the scale required to do this at St Peter's – in particular for cardiovascular and renal services.
- **Cancer services** – greater collaboration gives us increased opportunity to develop specialist cancer services in three key areas:
  - Ashford Hospital as a cancer diagnostic and treatment centre, including radiotherapy treatment
  - The scale to develop a Paediatric Oncology Shared Service Unit at The Royal Surrey (St Luke's) – more children from Surrey would be treated locally instead of going to London
  - Repatriating haematology oncology (leukemia??) to St Luke's from London

Benefit summary	Existing state	Extended partnership	Merger
Major Emergency Centre			
Interventional cardiology	○	◐	●
Emergency vascular surgery	○	○	●
Inpatient renal service	○	●	●
Cancer services			
Paediatric oncology unit	○	Level 2	Level 3
Ashford cancer centre	○	○	●
Haematology - oncology	○	Level 2b	Level 3

Clinical service benefits

- **Specialist children's services** – combined catchment populations give the scale to develop a small Children's High Dependency Unit and to provide enhanced specialist children's surgery with visiting surgeons from St George's (at St Peter's) – both preventing the need to travel to London.
- **Other specialist services** – larger scale creates further opportunities for developing other specialist services in Surrey, for example a satellite service for cardiothoracic surgery (St Peter's), developing Ashford Hospital as an Orthopaedic Diagnostic Treatment Centre, plastic surgery, neurology, maxillofacial services and hepatology (liver, gallbladder etc).
- **Cutting edge treatments** – maximising our partnership with Surrey and Royal Holloway Universities to develop a stronger infrastructure for research and development would enable us to access more cutting edge treatments for our patients.

Benefit	Existing state	Extended partnership	Merger
Specialist Children's Services	○	◒	●
Future specialist services opportunities	○	○	◒
Cutting edge treatments	○	◒	●

Financial modelling - options

Predicted year-end positions:

- ASPH

	2014/15	2015/16	2016/17	2017/18	2018/19
Do minimum	1,500	210	(470)	(1,197)	(2,001)
Extended partnership	897	827	999	566	(170)

- RSCH

	2014/15	2015/16	2016/17	2017/18	2018/19
Do minimum	2,500	1,000	(1,400)	(2,300)	(2,400)
Extended partnership	1,898	1,618	70	(537)	(569)

- Merged

	2014/15	2015/16	2016/17	2017/18	2018/19
Merger	1,597	8,030	8,417	9,179	8,813

Next steps / timeline

- Full process likely to take between 12 – 18 months
- Submission to the Competition and Markets Authority (CMA) – this is a key regulatory approval, followed by Monitor
- Development of a Full Business Case (FBC) and Integration Plan
- If we receive approval from the CMA likely that Full Business Case will go to Boards and Governors for final approval in December
- On-going staff and stakeholder engagement throughout this time
- Earliest likely date for full merger would be April 2015

Conclusions

- Powerful case for change
- Opportunities to improve quality of patient care and financial sustainability, particularly around:
  - 7 day working
  - Opportunity to develop specialist services in accordance with NHS England and Surrey wide strategies
- No loss of service
- Merger has general support of commissioners
- Significant work and engagement programmes over next 9 months (whilst ensuring business as usual) to reach merger

Discussion and questions

Healthwatch Surrey annual report 2013/14

Our Annual Report will be made available to the public on 30 June 2014 through a variety of means and formats including:

- On our **website**: www.healthwatchsurrey.co.uk
- **Printed copies**: available at local events or on request from our helpline: 0303 303 0023 or email: enquiries@healthwatchsurrey.co.uk
- Dissemination **through stakeholders**

Introduction

Much has been accomplished in the last year and we look forward to building on the work that has started but we know there is still much to do in pursuing our vision:

'To improve health and social care services and outcomes for people in Surrey'.

The Healthwatch Surrey service started in April 2013 with a contract awarded by Surrey County Council to Help & Care, Surrey Independent Living Council and Citizens Advice Surrey. The contract included setting up an independently governed Community Interest Company (CIC). The Healthwatch Surrey CIC was formed in October 2013 and the contract was novated to Healthwatch Surrey CIC on 1 April 2014.

Our annual report summarises how we have started to listen to consumers and gain a better understanding of people's experiences of health and social care in the County. These represent the start of a growing databank of knowledge and information, which is already enabling us to share objective and data-driven evidence with system partners and so prompt and contribute to improvements in health and social care services.

About us

We are the consumer champion for health and social care in Surrey. We are here to improve health and social care services and outcomes for people in Surrey. We do this by being an independent consumer champion ensuring that the voices of people in Surrey reach the ears of the decision makers. We:

- enable people to share views and concerns about local health and social care services
- provide evidence-based feedback to commissioners and providers to influence, inform and, if necessary, challenge decisions and plans
- provide, or signpost to, information about local services and how to access them.

We also have the power to 'enter and view' health and social care services across Surrey where there is an identified pattern of issues or concerns as well as produce reports and recommendations to influence the way services are designed and delivered.

Our statutory activities

We have grouped our statutory activities into three areas:

- community research and engagement
- evidence and insight
- information, signposting and advice

Community research and engagement

Engagement with the public

During our first six months, we met people and handed out postcards at over 30 locations across all 11 boroughs to help raise awareness about our role. This included shopping centres, High Streets, railway stations and hospitals.

In more recent months, we have visited the busiest GP surgeries and nearby pharmacies, community centres and community hospitals in all 11 boroughs to continue to raise our profile and to start getting peoples' experiences and information about the issues that are important to them.

Engagement with commissioners and providers

We have spent time going out to meet Board Members and senior managers involved with communications, patient experience, complaints and public engagement from all six Clinical Commissioning Groups, all community and hospital service providers and local councils. These meetings have enabled us to establish how we will work with each of them to ensure the best outcome for the local public.

As part of our work with the providers of NHS services, we responded to six sets of quality accounts and have got involved with a number of other initiatives including:

- taking part in the 24 hours hospital insight project at Ashford and St Peters Hospital NHS Foundation Trust
- co-hosting a listening event with Epsom & St Helier NHS Foundation Trust
- participating in listening events and focus groups that were part of the Care Quality Commission's new inspections of NHS Trusts
- giving feedback based on what people had told us to the CCG and media during the process of engagement with the people of East Surrey as part of the Better Service Better Value (BSBV) review of acute hospital services in West London and East Surrey.
- continuing to work with Surrey Disabled Peoples Partnership (SDPP) and this Committee to improve the experience for people using Patient Transport Services (PTS)
- participating in a survey of A&E at East Surrey Hospital.

Engagement with the voluntary (third) sector

We have developed strong links with the voluntary (third) sector to increase awareness about Healthwatch Surrey with their members and to explore any opportunities for joint or shared work. Throughout the year, we have:

- given presentations at voluntary organisations' groups and meetings
- attended other organisations' events
- called and attended meetings.

Seldom-heard groups

We set aside a budget to enable us to work with groups that are already successfully involved with and representing some members of our community whose views are not heard very often, if at all. We have commissioned three Surrey organisations (Surrey Youth Focus, Surrey Minority Ethnic Forum, Sight for Surrey) to undertake community engagement work on our behalf in the following areas:

- researching the views of **young people**
- engagement with **black and minority ethnic** communities
- gathering data and case studies of people's experiences when accessing health care with regard to **diabetes and possible preventable sight loss**.

Enter and View and PLACE assessments

We supported some of our volunteers who will be our Authorised Representatives to carry out 24 patient-led assessments of the care environment (PLACE) following requests from acute, mental health and community hospital provider organisations throughout Surrey.

To prevent duplication with the PLACE visits we have been part of and the wide range of Care Quality Commission visits and inspections that have been carried out throughout Surrey this year we have not needed to undertake any Enter and View activity.

Evidence and insight

We have been collecting data, stories, experiences and comments through all of the activity that we do and we have started to collate all this information in one place using our Customer Relationship Management (CRM) system.

We have been scrupulous about data security and confidentiality and we have focussed initially on the importance of **how** we collect stories rather than **where**. However, as the year has progressed we have increased our focus on collecting the data in one place and this is beginning to reap rewards.

Stroke pathway project

We presented our report of the findings and recommendations following the Surrey Local Involvement Network's (LINk) review of stroke rehabilitation services to this Committee, with a follow-up discussion six months later. The progress with the recommendations include:

- Surrey County Council approved funding of £115,600 for the Stroke Association Stroke Support Workers from Better Care Funding. This replaced the short-term Whole System funding which came to an end.
- East Surrey CCG's Director of Nursing & Quality visited the stroke services at East Surrey Hospital to discuss the patient experience of discharge from the Hospital, lack of a psychology service and limited availability of community rehabilitation.
- East Surrey CCG is considering options from First Community Health and Care for the delivery of the community rehabilitation service in the east of Surrey.
- NW Surrey CCG has included recommendations from the report in its draft strategic commissioning plan as some of the key changes to the current model of commissioning

GP appointments project

We had a good take up of our survey investigating the appointment booking process for GP surgeries in Surrey, with over 1100 responses received. The full report will be published in summer 2014, but initial analysis shows that a large number of respondents are unhappy with the booking system at their GP surgery.

Twelve percent of comments received were from patients who just wanted to say how happy they were with their GP practice, and a further 9% wanted to pass on ideas and good practice that they felt worked well in their surgery.

These and similar comments were used to draw up a 'Patient Wish List' for booking appointments with their GP, a template for what patients feel works well.

The report will be circulated not only to GP practices, but also to NHS England Surrey and Sussex Area Team who commission GP services, Surrey Health Scrutiny Committee, Surrey Health and Wellbeing Board and Surrey Clinical Commissioning Groups in line with our remit to provide evidence-based feedback to commissioners and providers to influence and inform decisions and plans.

Complaints Project

We have carried out an online desktop survey, prompted by the Healthwatch England review to find out how easy it is to find details on how to complain and the complaints procedure. Our initial analysis showed that there is considerable variation between providers.

Following our recent engagement work in GP surgeries, it became clear that there is also a problem for patients knowing how and where to complain when they have a problem with their GP practice. As a result, a second phase has been added to this project, to look at the availability and ease of access to information on the complaints process in GP practices.

Once the second phase is completed, the two parts of the project will be combined into a report for completion in 2014/15.

CQC inspections

We have been involved in a number of focus groups and attended the listening events set up by the CQC so the public to share their views and experiences.

Quality Surveillance

We are an active member of the NHS England Surrey and Sussex Local Area Team's Quality Surveillance Group. We are able to use our membership of this meeting to raise concerns that we have heard and to get early notice about potential quality issues and be part of the discussions to improve quality.

Information, signposting and advice

Through our unique partnership with Citizens Advice Surrey and Help & Care, we were able to offer a telephone information, signposting and advice helpline that operates 9am-5pm Monday to Friday and a High Street presence through the 12 Citizens Advice Bureaux (CABx) in Surrey from the first day of our existence.

Looking at 2013/14 as a whole, and combining the figures for Citizens Advice Bureaux with those of the Healthwatch Surrey helpline, approximately 4,700 health or social care issues / enquiries were recorded from over 2,500 individual contacts from members of the public under our information, signposting and advice activity. The highest numbers of issues raised are under four main categories:

- hospital services (818)
- community care (710)
- social care (690)
- general practice (650).

Within each category there are clearly identifiable sub-topics that account for significant numbers of enquiries, as follows:

- hospital services – quality of care / treatment
- community care – availability of care / treatment, plus costs and charges for care
- social care (including residential care) – eligibility (for services) and quality of care / services
- general practice – access to GP and quality of diagnosis / care / treatment

This shows that 'quality' is a key concern for patients / service users across both the health and social care sectors, and is something we have factored into our work plan for 2014/15.

The majority of callers to the helpline do so because they know we will record their experience and use it to identify repeated issues, themes or trends in all the things we hear about. Most people call or email because they want us to hear their story.

When people have had a particularly bad experience, we only get involved in offering individual assistance when we fear there might be a real cause for concern for their safety. Otherwise, our helpdesk staff advise people how to make a complaint or seek help or support from the organisation they are unhappy with. If people want to pursue a complaint and don't

feel able to do that themselves, we refer them to SEAP who provide an Independent NHS Complaints Advocacy service.

When we can help with individual enquiries we do so by offering information advice or signposting them to other organisations who can help them.

Advocacy
We work with SEAP (Support, Empower, Advocacy, Promote), the Independent NHS Complaints Advocacy service provider in Surrey. We also help to promote the service and refer people who contact us about individual complaints if they may need advocacy. Information about SEAP can be found on their website www.seap.org.uk

Produced by Healthwatch Surrey, The Annexe, Lockwood Day Centre, Westfield Road, Slyfield Industrial Estate, Guildford GU1 1RR

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Healthwatch Surrey Strategic Objectives and Work Plan Summary

Healthwatch Surrey Board of Directors
April 2014 - 2017

Healthwatch Surrey Objectives and Work Plan Summary

April 2014 – March 2015

Contents

Healthwatch Surrey Objectives and Work Plan Summary

April 2014 – March 2015

Introduction

This Strategy describes the overarching aims of Healthwatch Surrey, who we are and what we are going to achieve to April 2015

Who we are:

- We are an independent organisation that gives the people of Surrey a voice to improve, shape and get the best from their health and social care services.
- Our vision and aim is to improve health and social care services and outcomes for people in Surrey.
- We do this by being an independent consumer champion ensuring that the voices of people in Surrey reach the ears of the decision makers.

Healthwatch Surrey, part of the Healthwatch England national network, is an independent organisation that gives people a voice to improve and shape services and help them get the best out of health and social care services.

Healthwatch Surrey is as an established Community Interest Company led by a Board of Directors of whom a majority (including the Chair) are independent non-executives. We have developed excellent arrangements for governance and financial management. We have clear objectives in relation to our main areas of activity and we measure our success against their achievement.

Our main activities are: Delivery of information and advice; Community engagement; Enter and View; Research and Influencing.

Healthwatch Surrey Objectives and Work Plan Summary

April 2014 – March 2015

Our Vision forms the basis of our actions

To improve health and social care services and outcomes for people in Surrey.

We do this by being an independent consumer champion ensuring that the voices of consumers and those who use services in Surrey reach the ears of the decision makers.

Key Themes and Principles define what we do

Key themes run across all areas of activity, in particular our commitment to quality and value for money, working in partnership and using our experience to contribute to the work of others in developing the best possible provision of service for users of health and social care services in Surrey.

Eight Principles guide us in our work:

- Our work is of a high quality
- We aim for improvement of services
- We focus on the needs of consumers
- We believe sharing good practice is beneficial
- We do not make false promises
- We advocate for positive change
- We communicate what we find
- Our purpose is added value not finding fault

Healthwatch Surrey Objectives and Work Plan Summary

April 2014 – March 2015

Our values guide us in what we do

All our Staff, Volunteers, Representatives and Board Members agree to work to these guiding values:

- Approachable
- Responsive
- Collaborative
- Courageous
- Ambitious
- Constructively Challenging
- Open and Transparent
- Clarity of purpose
- Leading and promoting change
- Equality

Strategic objectives

- **Healthwatch Surrey is the respected, trusted and credible voice of the consumer within the Health and Social Care System in Surrey. We are integrated within the system while maintaining our independence from it and our objective perspective.**
  - We participate actively in relevant forums and groups, where we influence effectively
  - We have a particular focus on influencing commissioning decisions and improving service design and delivery
- **Healthwatch Surrey's role, function and services are known and understood by consumers who readily contact us. We will;**
  - Raise consumer awareness from 14% to 25% in the next twelve months

Healthwatch Surrey Objectives and Work Plan Summary

April 2014 – March 2015

- Ensure aware consumers have a detailed knowledge of
  - What we do and don't do
  - How to access our services
  - The results and benefits of our activities
- Increase the ease of access to our services and the propensity of consumers to do so

- **Decisions Healthwatch Surrey takes, the contribution we make and our influencing, are based on robust evidence and knowledge.**
- **Healthwatch Surrey operates and is seen as 'One Organisation' with a unified approach. Our customers interface with "Healthwatch Surrey" regardless of how, why or where they come into contact with us. This includes;**
  - Leadership
  - Culture
  - Systems
  - Technology
  - Processes
  - Governance & Finance
- **Healthwatch Surrey has robust strategic and operational plans, backed by processes that enable regular review and updating.**
- **Healthwatch Surrey has comprehensive performance measures in place that clearly demonstrate how we are performing and assist our continuous improvement**

Healthwatch Surrey Objectives and Work Plan Summary

April 2014 – March 2015

- **The Healthwatch Surrey social enterprise has secured a growing and sustainable future.**

Deliverables by Strategic objective

Objective:	Deliverables:	Success criteria:
1. **Healthwatch Surrey is the respected, trusted and credible voice of the consumer within the Health and Social Care System in Surrey. We are integrated within the system while maintaining our independence from it and our objective perspective.**	1.1. Protocol in place for working relationship with HWWB and Health Scrutiny	1.1.1 Protocol in place
	1.2. Recruit to Vacant Board seat	1.2.1 Board at full complement
	1.3. Stakeholder Analysis ▪ Agree CCG Representation ▪ Agree other stakeholder representation ▪ Attendance at key strategic meetings	1.3.1 CCGs all have representation 1.3.2 Representation complete at other stakeholder groups 1.3.3 Schedule of meetings 1.3.4 We know who needs to attend which meetings 1.3.5 Number of meetings logged and issues, feedback captured
	1.4. Agree an Engagement Plan	1.4.1 We know who to engage with and

Healthwatch Surrey Objectives and Work Plan Summary

April 2014 – March 2015

Objective:	Deliverables:	Success criteria:
		how
	1.5. Establish a Calendar of local interest group meetings to attend	1.5.1 Calendar of events established
	1.6. Establish Surrey Health and Social Care Network	1.6.1 Surrey H&SC Network established
	1.7. Undertake Volunteer recruitment events	1.7.1 Increase in numbers of people offering to volunteer with specific roles clearly identified
	1.8. Establish Enter and View Plan	1.8.1 Plan in place
	1.9. Establish Enter and View teams	1.9.1 Volunteers trained
	1.10. Undertake Enter and View as part of Project Work	1.10.1 Outcomes included in reports 1.10.2 Project Plans in place 1.10.3 People from different sectors of the community actively engaged in the work plan through Enter and View

Healthwatch Surrey Objectives and Work Plan Summary

April 2014 – March 2015

Objective:	Deliverables:	Success criteria:
		and other project work
	1.11. Undertake 360^0 Review ▪ Use stakeholder analysis ▪ Design and undertake survey	1.11.1 Stakeholder Survey undertaken 1.11.2 Healthwatch users survey 1.11.3 Report published
2. **Healthwatch Surrey's role, function and services are known and understood by consumers who readily contact us.**	2.1 Set up and update website including Browse Aloud	2.1.1 Website includes relevant and up to date information 2.1.2 Information available in different languages 2.1.3 Analytics on website hits
	2.2 Establish Social Media presence on Twitter and Facebook	2.2.1 Established online presence and regular interactions with the public
	2.3 Community Groups Analysis	2.3.1 We have a schedule of who to talk to
	2.4 Deliver talks and presentations to community groups and at events	2.4.1 No of attendees at meetings 2.4.2 Feedback received 2.4.3 Stakeholders referring to

Healthwatch Surrey Objectives and Work Plan Summary

April 2014 – March 2015

Objective:	Deliverables:	Success criteria:
		Healthwatch Surrey
	2.5 Promotional campaign ▪ Leaflets and posters produced ▪ Press releases ▪ Distribution of leaflets ▪ Focussed promotion to the 'hard to reach'	2.5.1 Local press coverage 2.5.2 Number of calls to Healthwatch Surrey increasing 2.5.3 Number of visits to CABs increasing
	2.6 Deliver the Healthwatch Surrey Week	2.6.1 No of attendees at the launch 2.6.2 Feedback from people is positive
	2.7 Ensure opening hours are as advertised for CAB offices ▪ Ongoing Healthwatch training to all CAB Champions ▪ Healthwatch information at all outreach locations	2.7.1 CABs open as advertised 2.7.2 Increase of contacts at CABs 2.7.3 Increase of contacts at outreach locations
	2.8 Helpdesk staff training	2.8.1 Positive customer feedback
	2.9 Reporting mechanisms in place, CRM used as the single point of data entry	2.9.1 Accurate and meaningful reporting on enquiries, issues and themes raised as a result of I&A activity

Healthwatch Surrey Objectives and Work Plan Summary

April 2014 – March 2015

Objective:	Deliverables:	Success criteria:
	2.10 Agree protocols for signposting of complaints	2.10.1 Complaints signposted to SEAP
	2.11 CRM used as single source of data to capture feedback from the results of all promotional activity	2.11.1 Data all in one place 2.11.2 Robust reporting from the CRM
3. **Decisions Healthwatch Surrey takes, the contribution we make and our influencing, are based on robust evidence and knowledge.**	3.1. Analysis of priorities from strategic documents	3.1.1. Stakeholder strategic priorities known about and inform decision making
	3.2. Feedback mechanisms from representations	3.2.1 Reports to the Board include feedback from all representatives
	3.3. Agreement of the Decision Making matrix	3.3.1 Board Meeting minutes evidence use of decision making matrix
	3.4. Specialist training and support for Representation by selected Volunteers	3.4.1 Volunteer Representation is consistent and meets HW Surrey values and objectives

Healthwatch Surrey Objectives and Work Plan Summary

April 2014 – March 2015

Objective:	Deliverables:	Success criteria:
	3.5. Analysis of projects, research, engagement and I&A. Reports to the Board	3.5.1 Reports to the Board show evidence trail Individual Project Plans show evidence trail
4. Healthwatch Surrey operates and is seen as 'One Organisation' with a unified approach. Our customers interface with "Healthwatch Surrey" regardless of how, why or where they come into contact with us	4.1. Clear Leadership with clear accountability	4.1.1 Key personnel in post 4.1.2 Delivery partner staff in post 4.1.3 Regular integrated team meetings 4.1.4 Healthwatch Surrey Workplan in place
	4.2. Culture that unifies and integrates all delivery partners including the Board	4.2.1 Healthwatch Surrey Board and delivery team agree Vision, Principles, Values and Priorities
	4.3. Systems and technology which enable integrated working between partners	4.3.1 Healthwatch Surrey Sharepoint site used for all documentation 4.3.2 Healthwatch Surrey staff and Board use integrated email system 4.3.3 CRM used as the single point of data collection 4.3.4 Telephony systems link to relevant

Healthwatch Surrey Objectives and Work Plan Summary

April 2014 – March 2015

Objective:	Deliverables:	Success criteria:
		partner systems
	4.4. Processes which reduce bureaucracy and duplication and help us to work together	4.4.1 Policies and Procedure in place and signed off by Board 4.4.2 Standard Board and Team Meeting agendas in place 4.4.3 Decision Making procedures in place 4.4.4 Project Proposal and Report writing templates used consistently 4.4.5 Procedures in place for Board sign off of reports, communications, responses to ad hoc representation requests etc in place 4.4.6 SLAs between sub contracted partners, quarterly reports
	4.5. Governance and Finance	4.5.1 SLA in place for Board Support 4.5.2 Quarterly finance report
5. **Healthwatch Surrey has robust strategic and operational plans, backed by processes**	5.1 Agree strategic objectives and work plan	5.1.1 Work Plan signed off by Board

Healthwatch Surrey Objectives and Work Plan Summary

April 2014 – March 2015

Objective:	Deliverables:	Success criteria:
that enable regular review and updating	5.2 Publish work plan on website	5.2.1 Work Plan available on website or in hard copy
	5.3 Set up review process as standard agenda item	5.3.1 Board minutes document reviews and amendment
	5.4 Publish amendments to plan on the website	5.4.1 Annual Report on Website
	5.5 Write and publish Annual Report	5.5.1 Annual Report distributed to stakeholders and community groups
6. Healthwatch Surrey has comprehensive performance measures in place that clearly demonstrate how we are performing and assist our continuous improvement	6.1 Agree a format for monthly and quarterly reporting ▪ Commissioner Reports ▪ Board Reports	6.1.1 Reports produced and published to the relevant audience
7. The Healthwatch Surrey social enterprise has secured a growing and sustainable future	7.1 Board Agree a development plan	7.1.1 Plan agreed by the Board

Healthwatch Surrey Objectives and Work Plan Summary

April 2014 – March 2015

Current Work Plan Projects and Initiatives

NB HW Surrey will prioritise initiatives on a rolling basis ie only fixed for the forthcoming three month period. This allows flexibility to conduct ad hoc activity or adjust priorities as the year progresses, provided such adjustments adhere to the HW Surrey guiding principles.

Initiative:	Objectives
Initiative 1	▪ GP Practices are aware of Healthwatch Surrey

Healthwatch Surrey Objectives and Work Plan Summary

April 2014 – March 2015

Access to GP Appointments Project **Timescale** **By May 2014**	▪ Practices are encouraged to work with Healthwatch Surrey in order to improve patient experiences. ▪ People using GP Practices are aware of Healthwatch Surrey ▪ To better understand the current means NHS service users have of *booking* appointments with their GPs ▪ To better understand the experience of booking an appointment ▪ To explore what the preferred methods of booking appointments would be.
Initiative:	**Objectives**
Initiative 2 **Complaints Project** **Timescale** **By June 2014**	▪ To add to the work of getting Healthwatch Surrey "off the ground" ▪ To create and distribute a report to propose further joint working with a common aim to improve consistency, ▪ To compare the different processes for dealing with complaints across different organisations ▪ To identify further work to address any common themes identified
Initiative:	**Objectives**
Initiative 3 **Children and Young People's Project** **Timescale** **By September 2014**	▪ Research into the views of young people about their health needs and priorities ▪ Recommend how young people might be engaged with Healthwatch in future via SYF

Healthwatch Surrey Objectives and Work Plan Summary

April 2014 – March 2015

Initiative:	Objectives
Initiative 4 **Healthwatch Volunteers & Enter and View Teams** **Timescale** **By August 2014**	▪ A credible team of trained and supported volunteers able to provide a countywide Enter and View service.

Initiative:	Objectives
Initiative 5 **Hold Healthwatch Surrey Week** **Timescale** **By September 2014**	▪ Raise awareness of Healthwatch Surrey widely ○ Increase numbers of people who know about and contact Healthwatch ○ Capture and collate feedback/experiences ▪ Promote the Healthwatch Surrey Annual Report ▪ Create new stakeholder relationships ▪ Promote volunteering opportunities

Initiative:	Objectives
Initiative 6 **Representative coverage of Surrey's Health and Social Care system**	▪ To ensure Healthwatch Surrey has appropriate representative coverage and involvement in the Health and Social Care forums, meetings etc that the Healthwatch Surrey Board decide to have an ongoing involvement with.

Healthwatch Surrey Objectives and Work Plan Summary

April 2014 – March 2015

Timescale **By September 2015**	
Initiative:	**Objectives**
Initiative 7 **Diabetes in Minority Groups Project** **Timescale** **By November 2014**	▪ To engage with the BME communities in Surrey to highlight the need for regular eye tests and healthy life styles to prevent the onset of diabetes. ▪ To explain to these communities the process for accessing primary and secondary health care for diabetes ▪ To build capacity within the BME community to ensure the information continues to be shared ▪ To establish awareness of Healthwatch Surrey and within the BME community ▪ To gather data and case studies of people's experiences when accessing health care with regard to diabetes and possible preventable sight loss. ▪ To use established groups, organisations and events ▪ To feed this data and project report to the Health and Wellbeing board via Healthwatch Surrey.
Initiative:	**Objectives**
Initiative 8 **Integration/Better Care**	▪ To identify to what level the implementation of the Better Care Fund project in Surrey is consistent across all CCG areas.

Healthwatch Surrey Objectives and Work Plan Summary

April 2014 – March 2015

Fund Project **Timescale** **By March 2015**	▪ To ensure the plans for the Better Care Fund are in line with the views of Surrey residents. ▪ To support the sharing of accurate and accessible information about the effects, and impacts of the Better Care Fund Project across all communities in Surrey. ▪ To provide a mechanism for the collection, collation and sharing of feedback (from patients, service users, carers and communities) related to the introduction of the Better Care Fund
Initiative:	**Objectives**
Initiative 9 **The Care Act – implications for Self Funders Project** **Timescale** **By March 2015**	▪ To maintain an overview of Care Act progress ensuring accuracy of public information and equality of implementation. ▪ To support the sharing of accurate and accessible information about the effects, and impacts of the Care Act across all communities in Surrey. ▪ To provide a mechanism for the collection, collation and sharing of feedback (from patients, service users, carers and communities) related to the introduction of Care Act in Surrey
Initiative:	**Objectives**
Initiative 10 **Acute Hospitals mergers project** **Timescale**	▪ To ensure that the patient voice is in any plans to merge or reconfigure Acute Hospital services in Surrey. ▪ To ensure that the patient voice is in any plans to merge or reconfigure Acute Hospital services in Surrey.

Healthwatch Surrey Objectives and Work Plan Summary

April 2014 – March 2015

By March 2015	To be able to inform people in Surrey of the proposed positive and potential negative effects of any plans to merge or reconfigure Acute Hospital services in Surrey
Ongoing Commitments	**Objectives**
Responding to ad hoc requests for reports, attendance, comment **Timescale** **By Ongoing**	▪ Healthwatch Surrey responds in relation to the priorities of the work plan ▪ Healthwatch Surrey delivery team have capacity to deal with requests as well as deliver planned initiatives ▪ Healthwatch Surrey works with CQCs

Health Scrutiny Committee
3 July 2014

Recommendations Tracker and Forward Work Programme

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

The Committee will review its Recommendation Tracker and draft Work Programme.

Summary:

1. A recommendations tracker recording actions and recommendations from previous meetings is attached as **Annex 1**, and the Committee is asked to review progress on the items listed.

2. The Work Programme for 2014 is attached at **Annex 2.** The Committee is asked to note its contents and make any relevant comments.

Recommendations:

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

Report contact: Ross Pike, Scrutiny Officer, Democratic Services

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Sources/background papers: None

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ANNEX 1

HEALTH SCRUTINY COMMITTEE
ACTIONS AND RECOMMENDATIONS TRACKER – UPDATED 2 JUNE 2014

The recommendations tracker allows Committee Members to monitor responses, actions and outcomes against their recommendations or requests for further actions. The tracker is updated following each Select Committee. Once an action has been completed, it will be shaded out to indicate that it will be removed from the tracker at the next meeting. The next progress check will highlight to members where actions have not been dealt with.

Select Committee Actions & Recommendations

Number	Item	Recommendations/ Actions	Responsible Member (officer)	Comments	Due completion date
SC040	Health & Wellbeing Board Update [Item 9]	The Committee requests an update from the Health & Wellbeing Board in six months on the Board's key priority strategies and progress against these strategies.	Health & Wellbeing Board Scrutiny Officer	Update scheduled for September 2014 from the Health & Wellbeing Board	*September 2014*
SC044	Patient Transport Service [Item 7/14]	The Commissioner must ensure that hospital discharge planning improves across Surrey. Member Reference Groups will follow-up on this work with the acute hospitals.	North West Surrey CCG Member Reference Groups Acute hospitals	The Lead Commissioner for the PTS contract has changed to NW Surrey. More time will be needed to allow for changes in management. NW Surrey have been briefed on these recommendations.	*November 2014*

Number	Item	Recommendations/ Actions	Responsible Member (officer)	Comments	Due completion date
SC045	Patient Transport Service [Item 7/14]	The Commissioner will report on how they will ensure the viability of the Patient Transport Service and the chosen provider for the future through its contracting arrangements. They should assure the Committee that any new service specification includes realistic and achievable KPIs.	North West Surrey CCG Scrutiny Officer	The Lead Commissioner for the PTS contract has changed to NW Surrey. More time will be needed to allow for changes in service. NW Surrey have been briefed on these recommendations.	*November 2014*
SC046	Patient Transport Service [Item 7/14]	That there is an effective complaint handling system that allows this Committee to scrutinise individual outcomes.	SECAmb North West Surrey CCG		*November 2014*
SC047	Sexual Health Services for Children and Young People [Item 8/14]	The team returns with further information on completion of its Sexual Health Needs Assessment and Strategy in early 2015.	Public Health Services for Young People Scrutiny Officer		*March 2015*
SC048	Sexual Health Services for Children and Young People [Item 8/14]	The Committee is included in the consultation on the Sexual Health Strategy,	Public Health, Scrutiny Officer		*September 2014*
SC049	Sexual Health Services for Children and Young People [Item 8/14]	The commissioning plans that emerge from the review of School Nurses is brought to a future Committee meeting.	Public Health, Scrutiny Officer		*September 2014*

Number	Item	Recommendations/ Actions	Responsible Member (officer)	Comments	Due completion date
SC050	Surrey and Sussex Local Area Team [Item 9/14]	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.	Local Area Team Healthwatch Scrutiny Officer		*September 2014*
SC051	Surrey and Sussex Local Area Team [Item 9/14]	The Area Team keeps the Committee informed of the plans for consultation on the future of the Ashford Walk-in Centre and involves when appropriate.	Local Area Team Scrutiny Officer		*September 2014*
SC052	Surrey and Sussex Local Area Team [Item 9/14]	Publicity is devised to promote the helpline that advises the public about the availability of NHS dentists.	Local Area Team		*September 2014*
SC053	Surrey and Sussex Foundation Trust Consultation [Item 10/14]	The Trust should emphasise the quality of its leadership when publicising their FT application.	Surrey and Sussex NHS Trust		*Completed*
SC056	End of Life Care [Item 19/14]	That there is review of capacity and funding of hospices in Surrey (as part of the Better Care Fund work) including private and voluntary providers of End of Life care.	CCGs	Response received from Hester Wain. Circulated to Committee	*Completed*
SC057	End of Life Care [Item 19/14]	Request for a Surrey-wide implementation of an Electronic Patient Coordination System (or systems with inter-operability) that integrates primary, community and acute end of life care. Update from CCGs in six months.	CCGs		*September 2014*

Number	Item	Recommendations/ Actions	Responsible Member (officer)	Comments	Due completion date
SC059	Care Quality Commission [28/14]	The Committee requests that the Chairman and Scrutiny Officer agree with CQC how it will work in partnership	CQC/Scrutiny Officer		*August 2014*
SC060	Care Quality Commission [28/14]	The Committee will regularly share with CQC data that will inform consideration of issues, priorities and work plans. It will seek to involve the CQC in all relevant activities including task groups.	Members		*Completed*
SC061	Care Quality Commission [28/14]	Invite CQC to return in the autumn to review progress on the work they have carried out in Surrey following this Committee meeting	CQC/Scrutiny Officer		*November 2014*
SC062	Frimley Park Hospital NHS FT merger with Heatherwood & Wexham NHS FT [29/14]	Committee requests to be kept informed on the progress of the transaction.	Frimley Park		*Completed*
SC063	Frimley Park Hospital NHS FT merger with Heatherwood & Wexham NHS FT [29/14]	Scrutiny Officer to liaise with Frimley Park management to agree next appearance.	Frimley Park / Scrutiny Officer		
SC064	Rapid Improvement Event – Acute Hospital Discharge [30/14]	The Committee notes the progress made on hospital discharge as a result of last year's Rapid Improvement Event and recognises that the changes made now constitute 'business as usual'.	Sonya Sellar, Interim Assistant Director Adult Social Care		*Completed*

Number	Item	Recommendations/ Actions	Responsible Member (officer)	Comments	Due completion date
SC065	Rapid Improvement Event – Acute Hospital Discharge [30/14]	Officers to circulate the evaluation of the work-streams on completion in July whereupon scrutiny of the RIE will come to an end.	Sonya Sellar, Interim Assistant Director Adult Social Care		*July 2014*
SC066	Surrey Downs CCG Out of Hospital Strategy [31/14]	The Committee recommends that the CCG share the good practice they have developed in their plans for improving primary care.	Surrey Downs CCG		
SC067	Surrey Downs CCG Out of Hospital Strategy [31/14]	Notes the difficulties of aligned differing models of financial incentive – block contracts and payments by results.	Surrey Downs CCG		*Completed*
SC068	Surrey Downs CCG Out of Hospital Strategy [31/14]	Recognises the challenges faced in the Continuing Health Care service in Surrey and the improvements achieved by the CCG.	Surrey Downs CCG		*Completed*

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Health Scrutiny Committee Work Programme 2014-2015

Date	Item	Why is this a Scrutiny Item?	Contact Officer	Additional Comments
July 2014				
3 July	Acute Hospitals Collaboration	Scrutiny of Services – the performance of acute hospital are of the utmost interest to the Surrey public and they have been widely reported to be under more pressure than in the past. The performance of the hospitals also effects the whole health system. The Committee will consider plans of Ashford & St. Peters and Royal Surrey Trusts to work together.	Ashford & St Peters and Royal Surrey Acute Trusts reps Guidlford & Waverley and NW Surrey CCGs Healthwatch	
3 July	Childhood Obesity	Scrutiny of Services – There is a growing national problem of obesity in children and young people. The JSNA identifies that Surrey does not have an agreed weight management care pathway and services vary across the County, not meeting the needs of those at high risk. The Committee will scrutinise efforts of Public Health and the CCGs in addressing this issue.	Helen Atkinson, Acting Director of Public Health Guildford & Waverley CCG Children, Schools & Families representative Healthwatch representative	To be joint with C&E Select

Health Scrutiny Committee Work Programme 2014-2015

Date	Item	Why is this a Scrutiny Item?	Contact Officer	Additional Comments
3 July	Healthwatch Strategy Review	Scrutiny of Services – To consider the Healthwatch strategy and priorities which were agreed by the Board at the beginning of the year and their performance in the first year of operation	Healthwatch Business Manager, Stephen Hughes	
3 July	2014/15 Forward Plan	Members to consider and approve items for the 14/15 forward plan.	Scrutiny Officer	
To be scheduled				
	Transformation Board Update	Scrutiny of Services/Policy Development - Transformation Boards are made up of NHS commissioners and providers and SCC. The Boards centre on the Acute Trusts and have the entire health economy of that area as their scope. They solve problems and strategise on thematic terms. The Committee would benefit from understanding the outputs of an exemplar board and their role in the health system	Board representatives	
	Renal Services	Scrutiny of Services/Policy Development – St Helier Hospital, which is based in the London Borough of Sutton, provides renal services to most Surrey residents. Following the outcome of the Better Services Better Value review that X should become a planned care centre, there is a need to review access to these services for residents of Surrey. The Committee will scrutinise current availability of renal services and the potential to move services back into Surrey.	Epsom & St Helier Hospitals CCG lead (TBC)	
	Cancer Services	Scrutiny of Services – The Committee will scrutinise current provision of cancer screening and treatment services across the County.	Acute hospital representatives Community health representatives	
	Community Health	Scrutiny of Services – The Committee will scrutinise current community	Virgin Care	

Health Scrutiny Committee Work Programme 2014-2015

Date	Item	Why is this a Scrutiny Item?	Contact Officer	Additional Comments
	Services	health provision across the County from the three community providers.	Central Surrey Health First Community Health & Care ASC representation	
	Continuing Health Care (CHC)	Scrutiny of Services – Historically there was a backlog of CHC decisions to be made. The Committee will scrutinise the new lead CCG on arrangements for handling the backlog and moving forward.	Surrey Downs CCG Andy Butler, SCC ASC	
	Partnership working arrangements with Surrey & Borders Partnership NHS Foundation Trust (SABP)	Scrutiny of Services/Policy Development – The Mental Health Services Public Value Review of 2012 reviewed the partnership working arrangements of Surrey County Council and Surrey & Borders Partnership NHS Foundation Trust. The Committee will scrutinise the outcomes of this review.	Donal Hegarty/Jane Bremner, ASC	To be joint with ASC Select
	Diabetes management	Scrutiny of Services – The prevention and management of diabetes was identified as a priority for the County in the Joint Health and Wellbeing Strategy. The Joint Strategic Needs Assessment has identified that not everyone who needs weight management and exercise programmes is accessing them. The Committee will scrutinise current service provision and identify any gaps.	CCGs Primary Care representative Community Health representative	

Health Scrutiny Committee Work Programme 2014-2015

Task and Working Groups

Group	Membership	Purpose	Reporting dates
Alcohol	Karen Randolph, Peter Hickman, Richard Walsh	The health effects of alcohol are well known however its use remains prevalent among Surrey residents of all backgrounds. The group should investigate public perceptions on safe drinking and the effect on statutory services. The group may also develop strategies for managing alcohol intake, raising awareness and contribute to Public Health's Alcohol Strategy	
Better Care Fund (Joint with Adult Social Care)	Richard Walsh, Tim Evans	To monitor and scrutinise the plans and investment in services in terms of impact and risk for existing services in Surrey and patients.	
Primary Care	Ben Carasco, Karen Randolph, Tim Evans, Tim Hall	To investigate the risks and issues faced by primary care and service users. *To be further defined.*	