Notice of Meeting

Health Scrutiny Committee

Date & time
Wednesday, 17 September 2014 at **10.30 am**
A private Members pre-meeting will be taking place at 10.30 am

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

Contact
Ross Pike or Andrew Baird
Room 122, County Hall
Tel 020 8541 7368 0r 020 8541 7609

ross.pike@surreycc.gov.uk or andrew.baird@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 Andrew Baird on 020 8541 7368 0r 020 8541 7609.

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

Rachel Turner, Karen Randolph, Lucy Botting

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.

PART 1

IN PUBLIC

1 APOLOGIES FOR ABSENCE AND SUBSTITUTIONS

2 MINUTES OF THE PREVIOUS MEETING: 3 JULY 2014 (Pages 1 - 18)

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 an questions or petitions

Notes:

1. The deadline for Member's questions is 12.00pm four working days before the meeting (11 September 2014).
2. The deadline for public questions is seven days before the meeting (10 September 2014). One has question has been received.
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 INTEGRATION: COMMUNITY PROVISION IN THE HEALTH SYSTEM AND THE USE OF TECHNOLOGY (Pages 19 - 32)

Purpose of Report: *Scrutiny of Services*

The integration of health and care services is a high profile policy ambition for the government. There are duties on Health and Wellbeing Boards and CCGs to promote and encourage integration in their area alongside initiatives such as the Better Care Fund. The Committee will consider evidence from the perspective of the three community health providers as

part of its overview of integration.

7 MEMBER REFERENCE GROUP REPORT ON SECAMB PLANS TO REORGANISE ITS EMERGENCY OPERATION CENTRES (Pages 33 - 48)

Purpose of report: Scrutiny of Services

The Ambulance Trust is planning a reconfiguration of its emergency operation centres in the region. The reference group will feedback from its discussions with the Trust to the Committee and take questions.

8 RECOMMENDATION TRACKER AND FORWARD WORK PROGRAMME (Pages 49 - 60)

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

9 DATE OF NEXT MEETING

The next meeting of the Committee will be held at 10.00 am on Thursday 20 November 2014.

David McNulty
Chief Executive
Published: Tuesday, 9 September 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 3 July 2014 at Ashcombe Suite, County Hall, Kingston upon Thames, Surrey KT1 2DN.

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

Elected Members:

Mr Bill Chapman (Chairman)
Mr Ben Carasco (Vice-Chairman)
Mr W D Barker OBE
Mr Tim Evans
Mr Bob Gardner
Mr Tim Hall
Mr Peter Hickman
Rachael I. Lake
Mrs Tina Mountain
Mr Chris Pitt
Mrs Pauline Searle
Mrs Helena Windsor

Independent Members

Borough Councillor Karen Randolph
Borough Councillor Mrs Rachel Turner

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

None received.

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

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

37/14 DECLARATIONS OF INTEREST [Item 3]

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

No additional declarations of interests were made.

38/14 QUESTIONS AND PETITIONS [Item 4]

None received.

39/14 CHAIRMAN'S ORAL REPORT [Item 5]

Declarations of interest: None.

Witnesses: None.

Key points raised during the discussion:

1. The Chairman provided the following oral report:

Changes to the Organisation of Surrey's Hospitals

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

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

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

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

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

Department of Health Guidance on Health Scrutiny

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

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

Health Scrutiny Event – 19 June 2014

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

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

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

Task Groups and Working Groups

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

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

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

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

Recommendations: None.

Actions/further information to be provided: None.

Committee next steps: None.

40/14 CHILDHOOD OBESITY [Item 6]

Declarations of interest: None.

Witnesses:

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

Key points raised during the discussion:

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

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

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

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

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

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

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

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

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

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

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

Recommendations:

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

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

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

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

Actions/further information to be provided: None.

Committee next steps:

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

41/14 ACUTE HOSPITALS COLLABORATION [Item 7]

Declarations of interest: None.

Witnesses:

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

Key points raised during the discussion:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Recommendations:

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

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

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

Actions/further information to be provided: None.

Committee next steps:

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

42/14 HEALTHWATCH STRATEGY REVIEW [Item 8]

Declarations of interest: None.

Witnesses:

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

Key points raised during the discussion:

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

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

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

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

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

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

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

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

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

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

Recommendations:

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

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

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

Actions/further information to be provided:

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

Committee next steps: None.

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

Declarations of interest: None.

Witnesses:

Ross Pike, Scrutiny Officer
Jane Shipp, Healthwatch

Key points raised during the discussion:

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

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

Recommendations: None.

Actions/further information to be provided: None.

Committee next steps:

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

44/14 DATE OF NEXT MEETING [Item 10]

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

Meeting ended at: 12.40 pm

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Chairman

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Select Committee Task and Finish Group Scoping Document

The process for establishing a task and finish group is:

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

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

Page 13

2

What question is the task group aiming to answer?

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

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

Accessibility is defined as:

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

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

Aim

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

Objectives

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

To be completed by November 2014

Scope (within / out of)

Within: all Surrey General Practices.

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

Outcomes for Surrey / Benefits

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

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

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

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

Page 14

Proposed work plan

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

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

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

Page 15

2

Useful Documents

NHS England Surrey and Sussex Paper to Health Scrutiny January 2014

Primary Care Commissioning Intent

Improving General Practice – a call to action. Evidence Pack

NHS England Evidence Pack.pdf

General Medical Services Contract 2014/15 Guidance

GMS_contract2014-2015_guidance_audit_

Personal Medical Services Agreements and Review

gp pms agreements 0904.pdf

PMS review.pdf

Quality and Outcomes Framework 2014/15

gpqofguidance2014-15.pdf

Healthwatch GP appointments Report
To be published

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

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

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

Page 16

Scrutiny Officer/s	Ross Pike

Page 17

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Page 18

Health Scrutiny Committee
17th September 2014

CSH Surrey: Integration of Community Services with the wider Health and Social Care Economy

Purpose of the report: Preparatory information from CSH Surrey ahead of attendance at the Health Scrutiny Committee.

The report has been prepared to provide Committee members with background information ahead of CSH Surrey's participation in the Health Scrutiny Committee's meeting on Integration.

Introduction

1. CSH Surrey (formerly Central Surrey Health) was established in 2006 from the former East Elmbridge and Mid Surrey Primary Care Trust. It is a co-owned social enterprise delivering community services to the population of Mid Surrey as well as some services Surrey wide (for example the newly commissioned Family Nurse Partnership). The services provided in Mid Surrey are:
   - children's services such as health visiting, school nursing, therapies
   - adult services such as community hospitals, community nursing and integrated rehabilitation, specialist nursing, neuro rehabilitation and a range of therapy services – physiotherapy, speech and language therapy, occupational therapy, dietetics and podiatry. CSH Surrey provides therapy services to Epsom General Hospital and the Elective Orthopaedic Centre at Epsom.

2. CSH Surrey's co-ownership model means that all its 780 employees own the company together (rather like the John Lewis Partnership). This approach is proven to enhance engagement and motivation and more recent evidence confirms a correlation to improved quality of care.[1] On the employee survey question 'I would recommend CSH Surrey as the provider of choice for a family member or close family friend CSH scores 91% compared to the NHS average of 65%. As a social enterprise CSH is 'not for dividend' and any surplus is reinvested in CSH for the benefit of those who use services.

[1] Improving NHS Care by Engaging Staff and Devolving Decision Making, Chris Ham, 2014

3. The direction of travel for integration is being supported by greater joint working by commissioners. This includes:

    - Health and Social Care commissioners working on the Better Care Fund
    - Surrey wide approaches to some commissioning e.g.: Stroke review
    - Changes to commissioner responsibilities e.g.: school nursing now commissioned by SCC and Health visiting by the NHS England Local Area Team (LAT) en route to Surrey County Council (SCC).

Examples of CSH Surrey's track record of integration

4. CSH has a successful history of working on service integration particularly with SCC adult services The most notable of these is the longstanding Integrated Rehabilitation Service (IRS) which combines social services re-ablement and support with health therapy and nursing services to support patients either returning home from hospital or to avoid a hospital admission. This model was further extended and incorporated into CSH Surrey's Virtual Ward Plus approach – linking and co-ordinating the IRS service with the community nursing teams, community matrons and mental health practitioners. The model was recognised by being named a finalist in this year's National Care Integration and Patient Safety awards.

5. In 2012 CSH Surrey established a Referrals Management Centre to act as a single point of access and co-ordination for all referrals to CSH Surrey thus enabling integration of care. This streamlines the process and provides clinical advice thus assisting referrers to navigate a wide range of services more successfully.

6. In 2012 CSH Surrey was delighted that GPs in the mid Surrey area became the first in the country to benefit from receiving clinical correspondence from our community clinicians directly into their electronic patient record systems saving clinical and administration time. It's immediate, confidential and paperless and supports more efficient joint working.

7. CSH Surrey worked with local hospices to set up an integrated Community Hospice and Home Nursing Service to provide more effective and consistent support to patients choosing to die in their own homes.The service enables 80-90% of patients at the end of life to die at home compared to the national average of 20%. This service is a current finalist in the Nursing Times awards.

Examples of current integration projects

8. CSH Surrey has a number of current projects on integration and the approach being taken is to ensure we meet the definition of integration as developed nationally by National Voices [2] (130 health and social care charities) which defines integration as 'person centred co-ordinated care where I can plan my care with people who work together to understand me and my carer(s) needs, allow me control and bring together services to achieve the outcomes important to me.'

9. CSH Surrey's current projects include:

- Children and families team around the child – CSH Surrey is a leading light with our team around the family approach integrating its health visiting, community nursing and therapy teams. This is delivering a more effective (clinically and financially) and timely service for children and families.
- Community hospital improvements – a pilot has been funded to test a new model of provision working with Epsom Hospital and SCC. Led by CSH Surrey the ward is demonstrating a 50% reduction in length of stay.
- Kingston Hospital is working with CSH Surrey to implement a new Diabetes Tier 3 pathway that has been commissioned to provide a more co-ordinated service around the needs of the patient.
- CSH Surrey is implementing Community Integrated teams for adult patients. The service brings together a number of CSH Surrey historical community teams into one more streamlined service with access via the referral management centre and clinical navigators – the opportunity for referrers to talk to an experienced clinician to ensure the patient's needs will be successfully met. The service will also be integrating with the new community medical management model being commissioned by Surrey Downs CCG.
- CSH Surrey is rolling out a range of new technology starting with a refresh of equipment to further enhance mobile working.

Future challenges and opportunities

10. The commissioning landscape is changing as more joint commissioning is developed and increasingly commissioners are adopting pathway/population approaches rather than service specific ones. For example rather than commission services by provider, there is an increase in commissioners pooling the funds they spend on a whole pathway from a variety of providers and asking a lead bidder to run the pathway.

[2] National Voices: a Narrative for Person Centred Co-ordinated Care.

11. Funding for changes in service are often piecemeal and linked to serial short term pilots. This does not create the sea change required to transform care. In some case current payment systems, including tariff and block contracts, can make the funding of new ways of working difficult.

12. The use of technology is further behind in healthcare than in many other services. Opportunities are significant and include the greater use of mobile technology, on line and e consultations/communication and scheduling tools. Technology alone is not enough – technology needs to support and enable a pathway that is the most clinically effective and well co-ordinated. The use of technology is a cultural challenge for some in the healthcare workforce and plans need to include supporting culture change and skills development.

13. Successful integration requires timely and accurate sharing of data. Evidence suggests that technically it is possible to share data and enable systems to talk to each other. The bigger challenge appears to be the willingness and confidence of organisations to resolve concerns around information governance and patient/client consent and this needs to be addressed. It is also evident that there is much to be gained from exploring the opportunities of 'big data' across the health and social care system and this needs to proactively and systematically progressed.

Report contact: Tricia McGregor, Managing Director, CSH Surrey
Contact details: 07901 501247

First Community Health & Care

NHS

Health Scrutiny Committee
Wednesday 17th September 2014

First Community Health and Care: Integration of Community Services with the Wider Health and Social Care System

Purpose of the report: Scrutiny of Services

This report is for the Health Scrutiny Committee to investigate the integration of community services with the wider health and social care system, particularly focusing on technology and how it can be used to further integration and improve services.

Introduction

1. This report focuses on integration of health and social care services in Surrey. The report outlines the history of integration between health and social care in East Surrey with particular reference to the Rapid Response Service Model which was a particular example of good integrated practice. It intends to outline the vision for the future of integrated health and social care services, as well as the anticipated challenges and learnings from past joint working.

History of Integrated Services

2. In East Surrey in 2006, Health and Social Care had a partnership agreement where a director, nurses, social workers etc. had joint positions, working for (and being paid by) both Surrey County Council and the health organisation.

3. One joint Health and Social Care Service that was very successful was the Rapid Response Service. The team was based together at East Surrey Hospital and comprised of 120 whole time equivalent health and social care employees including nurses, social workers, occupational therapists, physiotherapists, advisory officers, mental health practitioners and admin. This fully integrated health and social care service provided a multidisciplinary approach through

continuous assessment, management by a programme of care agreed with the user and their carer. Training was provided to all staff from both organisations and the service was provided 24/7.

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4. Integrated Service Model – Rapid Response service:

4.1. The health and social care leads agreed to use the social care IT system (SWIFT) as health records were manual. Referrals from all health and social care professionals were made through a single point of access. The advisory officer completed a Fair Access to Care Assessment (FACS). There was no charge for users receiving the Rapid Response Service in the short term (6 weeks). All long term services provided via the social care team would be financially assessed under the Fairer Charging guidance.

4.2. This joint service used basic personal information and a generic assessment. The user had integrated home notes that were completed by the team members. The user's story was accessible, comprehensive and clear. Fully integrated documentation was held at base on SWIFT and in the profile notes.

5. Governance:

5.1. Statutory and mandatory joint training was provided.

5.2. Social Service procedures for safeguarding (SCC).

5.3. Joint complaints procedures, reporting to each organisation.

5.4. Joint Equipment.

6. Data:

6.1. N1125 forms sent to DoH.

6.2. Situation Reporting (SITREP) figures sent to DoH.

6.3. Monthly figures sent to each organisation.

6.4. Monthly analysis of data.

7. End of the Service:

    7.1. In 2010, RiO, the IT system for health was procured. Separating the data was impossible. Double counting began and this was not acceptable for either organisation. This led to the separation of services. In 2011, job descriptions and contracts were changed and the integrated service ended.

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Vision for the Future and Anticipated Challenges

8. It is envisaged that within 5 years, services currently provided in the East Surrey CCG locality by the community health provider (FCHC), local authority (Surrey County Council) and a range of voluntary sector agencies will be working together as one provider team, enhanced through the support of the Better Care Fund (BCF). Part of the BCF from East Surrey CCG is being provided to enhance and align services to meet identified need. The broad vision is:

    8.1. Prevent hospital admissions and re-admissions through early needs assessment, increased access to the reablement and home therapy services, improved risk and falls assessment.

    8.2. Improve hospital discharge through, increased access to the reablement service, implementation of the discharge to assess model, streamlining the assessment model to a single assessment, psychiatric liaison in acute and community settings, improved use of health passports for people with learning difficulties.

    8.3. Support people to remain at home.

    8.4. Provide integrated “in reach” services to acute and community hospitals.

    8.5. Have fully developed out of hospital care, including early intervention, admission avoidance and early hospital discharge through: engagement with providers, co-design and co-delivery with patients, service users and the public, investment in social care, primary care and community health services.

    8.6. Have effective arrangements for integrated working with shared staff, information, finances and risk management centred around the patient.

    8.7. Have accountable lead professionals across health and social care with a joint process to assess risk, plan and co-ordinate care.

    8.8. Deliver 7 day health and social care services.

8.9. Use new technologies to give people more control of their care.

8.10. Dementia friendly communities that support people to live in their own community.

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9. Our vision for working jointly with SCC is:

9.1. Integration will allow a multi-disciplinary assessment at the point of discharge, so the patient's transition can be monitored for 24-48 hours. It will enable the teams to review all East Surrey bed stock and put patients in the best place to meet their needs whether this is a nursing home, a residential home or community hospital.

9.2. Partnership agreement between organisations to ensure continued integration and commitment.

9.3. FCHC provide occupational therapists and physiotherapists to support SCC – recruit Occupational Therapists to a standard contract (neither health or social care), rotation of current staff to gain skills and knowledge of each others roles.

9.4. FCHC to gain read-only access for social services IT system. Adult Integrated System (AIS) this will be a reciprocal agreement as social care will be able to read FCHC.

9.5. Standardise patient journey pathways, ensuring high quality services and preventing duplication. This should include the flow of information following the patient through pathways, especially where there are hand offs in the journey.

9.6. Multi-disciplinary team meetings set up weekly/fortnightly.

9.7. Aligning with the voluntary services to avoid duplication.

9.8. Innovation – proactive care model.

9.9. Community hubs.

9.10. Integration of appropriate patient information where relevant across care settings.

10. Anticipated Challenges:

10.1. Compatibility of IT systems – AIS (SCC) and RiO (FCHC). However, FCHC are currently procuring a new clinical information system, so there is an opportunity for this to be integrated with AIS, or subsequent SCC IT systems.

10.2. Joint / standardisation of contracts/job descriptions.

10.3. Governance – need agreed governance processes.

10.3. Aligned processes – need trust in other provider's assessments.

10.4. Data reporting and KPI's – this needs to be locally defined to avoid double counting and the past problems separating data. Sharing of information and systems integration will help to negate this challenge.

10.5. Financial implications of integrating IT systems.

10.6. Information Governance implications of integrating patient information between systems, even if only in a Read Only format.

Conclusions:

11. Health and social care have successfully worked together in East Surrey as recently as 2011. Present challenges include differing IT systems, data reporting and governance processes. Full commitment from all parties is required in order to fully integrate health and social care processes.

12. There is a unique opportunity currently due to FCHC procuring a new clinical IT system, which is looking at integration across care settings as one of its primary objectives. The involvement of SCC in this work should therefore be considered.

Recommendations:

13. SCC should be involved within the procurement of a new IT system for FCHC to ensure that future integration between systems is possible.

14. The integration of SCC and FCHC IT systems should also become an integral part of FCHC's IM&T strategy and the wider programme of service developments within both organisations.

15. The Community HUB model aims to better share appropriate patient information such as assessments or diagnostics. This should involve SCC to form part of the vision of this joint work, alongside other possible benefits. The IM&T workstream within this will be a key enabler to the greater integration of IT systems across the local health economy, and SCC's AIS system should be considered within this.

16. Joint budgets, joint data collection, joint management structure and partnership agreements between commissioners.

Next steps:

Identify future actions and dates.

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Report contact: Philip Greenhill, Managing Director, First Community Health and Care

Contact details: Tel: 01737 775460

Sources/background papers: N/A

Health Scrutiny Committee
17th September 2014

Update from Virgin Care on Integration

Purpose of the report: Update information from Virgin Care ahead of presentation to the Health Scrutiny Committee.

The report has been prepared to provide Committee members with background information ahead of Virgin Care's participation in the Health Scrutiny Committee's meeting on Integration.

Introduction

1. Since April 20102 Virgin Care has been providing a range of NHS Community Services to the local population services in South West and North West Surrey as well as some county-wide services such as prison healthcare and sexual health services. The Community Services provided in the North West and South West Surrey include community hospitals, community nursing, community dentistry, health visiting and a range of specialist services such as physiotherapy, diabetes treatment and renal care.

2. Virgin Care works closely with the wide range of other providers of health and social care as well as commissioners to ensure that patients received integrated and joined care.

Integration with social care service

3. Many of the patients cared for by Virgin Care in Surrey have on-going or chronic health issues, the impacts of which often result in these patients also receiving considerable support from social care services. It is therefore clearly important that these services interact closely together and undertake shared initiatives where this is appropriate.

4. Some examples of integrated working that we will wish to expand upon at the Scrutiny meeting include the following.

    4.1. SEND (Special Educational Needs and Disability) Pathway: Surrey Children's Services managers have been working closely on the new integrated delivery of services to children with SEND. As you will be

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aware, Surrey is part of the pathfinder group of local authorities who are leading the implementation of the new way of assisting children with special needs with their education, health and care needs. Instead of a Statement of SEN (Special Educational Needs) children are receiving an 'Education, Health and Care Plan (EHCP) that encompass their health and care needs as well as any additional help they'll need at school. We have worked with Parent Voice to produce our SEND local offer to ensure that it reflects the needs of parents across Surrey and is accessible in its presentation and content. This is displayed on ours and Surrey SEND's websites. Our Children's Services team have also agreed a new model with the County Council for supporting the Special Educational Needs (SEN) tribunals and enhanced occupational therapy and speech and language therapy services to Local Authority Education.

4.2. Virtual Ward: We continue to work in partnership with North West Surrey CCG, Surrey Social Care Services, Surrey and Borders Mental Health Trust and local third sector organisations to develop the local model of the 'virtual ward' for North West Surrey. These wards provide support to people with long term health conditions with the aim of improving the patient's own management of their health condition and ensure the appropriate community services are there to support the patient to remain in their home and avoid unnecessary hospital visits and admissions. Patient experience has significantly improved with over 90% of users confident that they can manage their own health following the virtual ward – an increase from 30% pre virtual ward. 98% felt they were fully supported by GP/Social Services prior to the virtual ward – an increase from 25% pre virtual ward.

4.3. Adoption: We continue to work in partnership with Surrey County Council to ensure that the Social Services team receive robust counsel and support from our medical advisors to ensure all deadlines required by the new legislation for adoption processes are met. Virgin Care's medical advisor also featured in the recent ITV documentary that focussed on Surrey's adoption services, *Wanted, A Family of My Own*, explaining the support that is offered by medical advisors.

4.4. Dementia Awareness Week: The walk-in primary care services in Surrey supported Surrey County Council's efforts to promote awareness of Dementia and related conditions by hosting a team from the Council within the services where they could reach the populations most likely to benefit from their assistance.

4.5. Flood response: During the flooding earlier this year, Virgin Care's Community Nursing teams worked hand in glove with their colleagues from Social Care to ensure that all vulnerable patients were accounted for and kept safe.

Integration more widely across the health economy

5. Some examples of Virgin Care's integration more widely across the health economy are detailed below. This list, as with the list above, is by no means exhaustive:

   5.1. Virgin Care's Community Nurses are now the first in the country able to access and input information remotely via secured mobile based solutions. The system is accessible from a range of devices and automatically updates all of the various patient records. This is a significant improvement from the previous paper-based system that required multiple paper records to be updated manually and could result in delays for other partners receiving updates or important information.

   5.2. ICO: An Integrated Care Organisation (ICO) through which Virgin Care, RSCH, ASPH, SaBP, Surrey County Council and Guildford & Waverley CCG are working together to design and implement a fully integrated care system for the Guildford & Waverley population.

   5.3. OPAL: Virgin Care have been working in partnership with St. Peters Hospital to change the care pathway for frail older people. St. Peters has put in place an Older People Assessment and Liaison (OPAL) team and our services wrap around this providing in-reach to Accident and Emergency to support in the community patients who really should not be admitted to hospital by making sure that there is a suitable community package of care in place for them. This initiative is supported by Rapid Response Plus which is a new team of highly skilled nurses who, when asked by the GP or district nurse, visit the patient at home to provide assessment and treatment, arrange services or access to consultant comprehensive geriatric assessment in the community. This service provides a response within hours to avert inappropriate admission and arrive at the best outcomes for patients. Our achievements include significantly fewer patients converted from Medical Assessment Unit to ward admission a reduction from 90% to 75%, and reductions in length of stay from 10.1 days to 9.1 days over 6 months and reduced readmissions from 20.7% to 15.3% over six months.

   5.4. The child health service worked closely with Epsom and St Helier Hospital, BT and CSE and our clinical management team to achieve direct transfer of blood spot recording information from the laboratory onto our clinical system. The implementation of the project was successful and we can now record a 97% coverage rate of blood spot recording compared with 50% in 2012.

Future challenges

6. While much progress has been made, some challenges remain to ensure continued integration of services across Surrey. These include the following:

6.1. Integration with developments such as Team Around the Family.
6.2. Use of Health Visitors to reduce referrals to therapist teams.
6.3. Use of integrating software to improve communication for both adult and children services.

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Report contact: Ian Wiles, Director of Operations, Virgin Care
Contact details: 07855 741244 / ian.wiles@virgincare.co.uk

Health Scrutiny Committee
17 September 2014

Emergency Operation Centre Reconfiguration Project

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

The Committee will review the plans of the Ambulance Trust to reconfigure its Emergency Operation and agree next steps.

Summary:

1. The South East Coast Ambulance Service Foundation Trust, provider of the 999 service in Surrey, has plans to change how it delivers the service.

2. The presentation given to the Member Reference Group for 2014/15 is attached at **Annex 1.**

Recommendations:

3. The Committee is asked to monitor progress on the implementation of the Trust's plans through the Member Reference Group and that it report back as appropriate.

Report contact: Ross Pike, Scrutiny Officer, Democratic Services

Contact details: 020 8541 7368, ross.pike@surreycc.gov.uk

Sources/background papers: None

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South East Coast Ambulance Service NHS
NHS Foundation Trust

EOC reconfiguration project: engagement with HASCs/HOSCs

Your service, your call

South East Coast Ambulance Service NHS
NHS Foundation Trust

The future of our EOCs

- Our vision: putting patients first, to match international excellence through our culture of innovation.
- We want to be able to provide the best possible 999 service to the area served by your HASC – consistently achieve performance standard of answering 95% of our calls within five seconds & build on and expand the clinical capacity within our EOCs
- To achieve this we need to ensure we can develop the right environment to manage growing demand and the changing complexities of patient needs.

The future of our EOCs contd.

- Approximately 400 staff currently employed in EOCs.
- Currently manage 2,000 emergency calls a day (700,000 a year).
- Demand has grown by 25% since 2007 and is forecast to grow by 5% year-on-year.
- Mixture of increasing number of calls, complexity of patient need, and length of call; we are now able to give more clinical advice over the phone

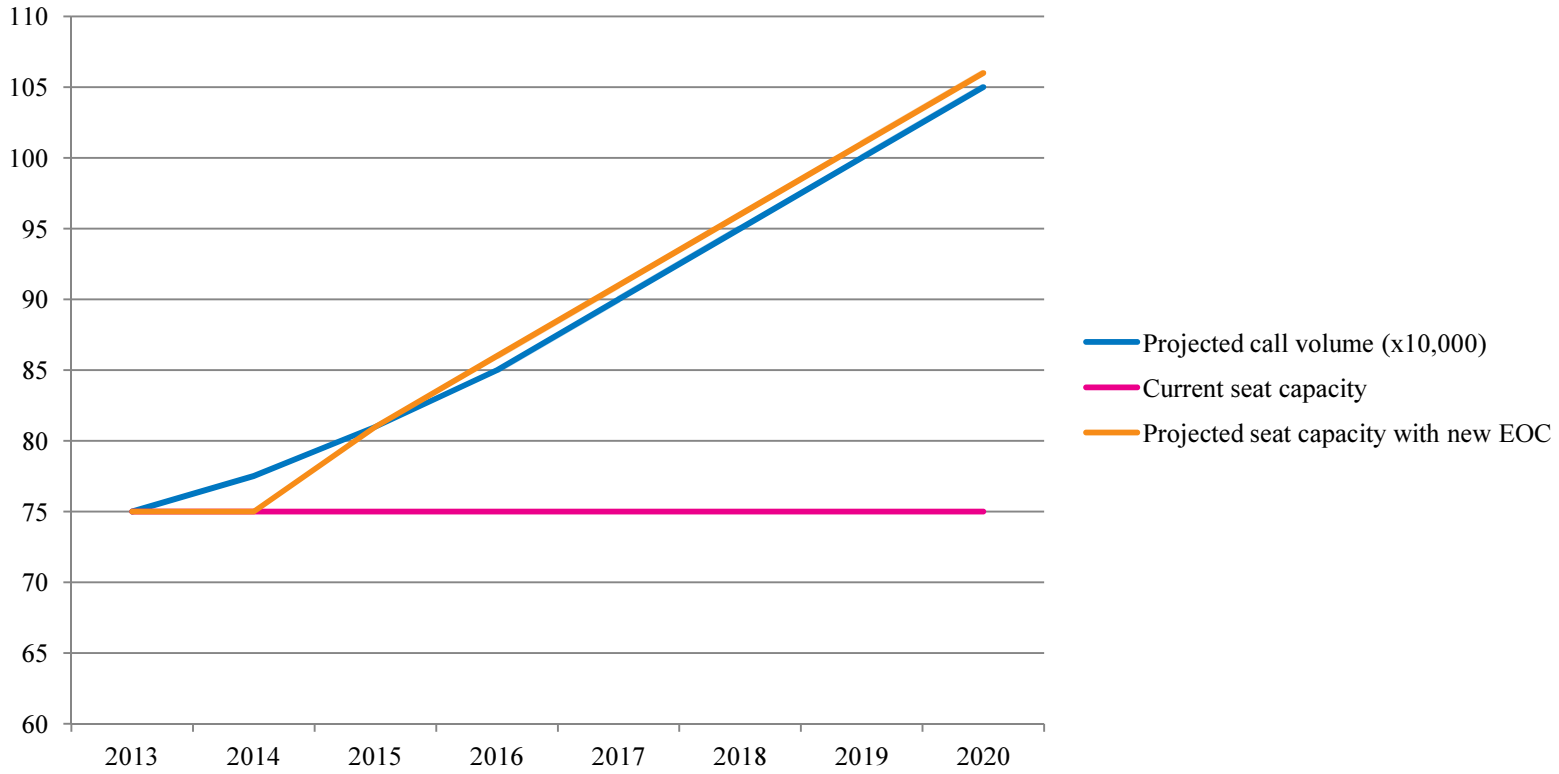
South East Coast Ambulance Service NHS
NHS Foundation Trust

Drivers for Change

- Capacity
- Condition of current estate
- Increased resilience
- Lewes Regional Office lease break clause – February 2017

Your service, your call

Current EOCs have now reached capacity



South East Coast Ambulance Service NHS
NHS Foundation Trust

Our proposals

- Our strategic planning therefore includes a new configuration of our current EOCs.
- Three options were looked at and the likely impact each would have on the service was assessed:
  - Three EOCs (remain as we are)
  - One large central EOC
  - Two EOCs (chosen option)

Two EOC configuration

- Moving to a two EOC model was found to be the most practical out of the three options.
- A two EOC configuration will enable us to:
  - Manage up to 1.5 million 999 and urgent calls a year by 2028 (based on 5% increase).
  - Meet growing demand for 'Hear & Treat' service – providing the right support over the phone.
  - Improve resilience of service by providing capacity for additional facilities at either site in event of system failure and greater sharing of workload at peak hours.

South East Coast Ambulance Service NHS
NHS Foundation Trust

Two EOC configuration cont…

- Improve inbound call handling using virtual EOC sharing system.
- Better retention, recruitment, working practices, culture and management with two 'balanced' EOCs.
- Equip staff with a better working environment to ensure they have the right tools to meet the needs of patients.
- Increase range of services by allowing greater emphasis on new technologies and expertise such as remote diagnostics and clinical advice.

Two EOC configuration - summary

- Represents investment in development of EOCs
- Likely timescales – to be in place by late 2016/early 2017
- No planned redundancies – about increasing staff numbers, not decreasing
- Potential locations not yet agreed – optimum would be Kent and North Sussex/Surrey border

South East Coast Ambulance Service NHS
NHS Foundation Trust

Reasons for engagement

- Following legal advice and previous discussions with the HASCs, we believe that statutory consultation is not required for reconfiguration of EOCs, as there is no change to the way patients access of receive services provided by the Trust.
- However, we are keen to deliver very best engagement with elected representatives, patient and public advisory groups, and with staff.
- Therefore we are seeking your views and advice on how best to engage with these audiences.
- We also recognise that some issues may have to be handled sensitively when it comes to relocation and reconfiguration.

Initial engagement plan

- Initial meetings with HASCs/IHAG.
- Launch of public engagement with announcement at Trust Board 25 September.
- Follow-up meetings with HASCs/Trust patient groups.
- Workshops for EOC staff.
- Meetings with CCGs/GPs/elected representatives.

South East Coast Ambulance Service NHS
NHS Foundation Trust

Initial engagement plan cont…

- Distribution of engagement literature to public including local public and patient groups.
- Media announcements at key milestones.
- Dedicated section on the Trust's website.
- Dedicated internal comms programme including intranet, regular updates and FAQs, linked to workforce/HR plan.

Questions/suggestions?

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Health Scrutiny Committee
17 September 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 2014/15 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

Contact details: 020 8541 7368, ross.pike@surreycc.gov.uk

Sources/background papers: None

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ANNEX 1

HEALTH SCRUTINY COMMITTEE
ACTIONS AND RECOMMENDATIONS TRACKER – UPDATED 08 SEPTEMBER 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	Report to be circulated at meeting.	*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	Report to be circulated at meeting.	*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	Report to be circulated at meeting.	*September 2014*
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	Report to be circulated at meeting.	*September 2014*
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	Dates are being considered for first meeting in October.	*August 2014*

Number	Item	Recommendations/ Actions	Responsible Member (officer)	Comments	Due completion date
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		
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	Evaluation received. To be circulated.	*July 2014*

ANNEX 2 Health Scrutiny Committee Work Programme 2014-2015

Date	Item	Why is this a Scrutiny Item?	Contact Officer	Additional Comments
September 2014				
17 Sept	Integration: Community Provision in the Health System and the use of technology	Scrutiny of Services – the integration of health and care services is a high profile policy ambition for the government. There are duties on Health and Wellbeing Boards and CCGs to promote and encourage integration in their area alongside initiatives such as the Better Care Fund. The Committee will consider evidence from the perspective of the three community health providers as part of its overview of integration.	Tricia McGregor – Managing Director, Central Surrey Health Philip Greenhill – Chief Executive, First Community Health Ian Wiles, - Director of Operations, Virgin Care Vernon Nosal – Senior Manager, Adult Social Care	
17 Sept	MRG report on SECAMb plans to reorganise its Emergency Operation	Scrutiny of Services – the Ambulance Trust is planning a reconfiguration of its emergency operation centres in the region. The reference group will feedback from its discussions with the Trust to the Committee and take questions.	Bob Gardner Karen Randolph	

ANNEX 2 Health Scrutiny Committee Work Programme 2014-2015

Date	Item	Why is this a Scrutiny Item?	Contact Officer	Additional Comments
	Centres			
November 2014				
20 Nov	Patient Transport Service	Scrutiny of Services – Patient Transport has been reviewed twice by this Committee, the service continues to be problematic for service users and other parts of the health service. Since it was last reviewed the contract has transferred to another CCG therefore the Committee is seeking an update on performance and actions taken since January to improve the service.	Geraint Davies, SECAmb Julia Ross, North West Surrey CCG Healthwatch Patient Rep(s)	
20 Nov	Integration: Public Service Transformation Network and Better Care Fund	Scrutiny of Services/Policy Development – there are six strands of the programme. Health and social care integration and the blue light collaboration are of the most interest to this Committee.	BCF Co-chairs Robert Cayzar	
20 Nov	Health & Wellbeing Board Update	Scrutiny of Services – The Health & Wellbeing Board will be invited to present a report identifying progress and any potential changes in service provision or commissioning for the next year.	Chair(s) Health & Wellbeing Board	
January 2015				
8 Jan	Sexual Health Services for Children and Young People	Scrutiny of Services – The Committee will scrutinise prevention work with children and young people in schools, colleges and the youth service following consultation on the strategy	Helen Atkinson, Director of Public Health	To involve C&E Select

ANNEX 2 Health Scrutiny Committee Work Programme 2014-2015

Date	Item	Why is this a Scrutiny Item?	Contact Officer	Additional Comments
			Kelly Morris, Public Health Principal for Children and Young People	
March 2015				
18 Mar	Public Navigation of the health service and NHS Communications	Scrutiny of Services – how people use the NHS is under greater scrutiny as attendances and admissions at Acute settings increase and appointments at GP surgeries are difficult to secure. The Committee will consider patient experience of using the health system, the information and guidance that is already available and how it can contribute to appropriate use of the health service.	CCGs PEGs Healthwatch	
18 Mar	Review of Quality Account Priorities	Policy Development – The Committee will receive progress reports from the QA MRGs for each NHS Trust and review the MRG's comments on priorities for the next year's QA for those Trusts that have submitted draft priorities.	MRG Chairmen/ Scrutiny Officer	
May 2015				
21 May	Reconciliation of residents requirements with CCG and NHS England priorities	Scrutiny of Services – patients and residents should be at the heart of NHS decision making. The Committee will review the ability of NHS Commissioners to engage with their service users and to incorporate their needs into commissioning plans. As part of this the Committee will continue to consider how the NHS communicates with its stakeholders.	CCG representatives Area Team Patient Representatives Healthwatch	

ANNEX 2 Health Scrutiny Committee Work Programme 2014-2015

Date	Item	Why is this a Scrutiny Item?	Contact Officer	Additional Comments
21 May	Review of Quality Account Priorities	Policy Development – The Committee will review the MRG's comments on priorities for the next year's QA for those Trusts submitting priorities since the last meeting.	MRG Chairmen/Leah O'Donovan, Scrutiny Officer	
July 2015				
2 July	Transformation Boards 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	
2 July	TBC			
To be scheduled				
	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	
	Adult Mental Health and Wellbeing Commissioning	Scrutiny of Services/Policy Development –Consultation on a new joint strategy for the Commissioning of Adult Mental Health and Wellbeing services took place in September 2014. The Committee will scrutinise the implementation of the joint strategy	Diane Woods, NE Hants & Farnham Donal Hegarty,	To be joint with ASC Select

ANNEX 2 Health Scrutiny Committee Work Programme 2014-2015

Task and Working Groups

Group	Membership	Purpose	Reporting dates
Alcohol Member Reference Group	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	TBC
Better Care Fund (Joint with Adult Social Care)	Tina Mountain, 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.	Quarterly
GP Access Task Group	Ben Carasco, Karen Randolph, Tim Evans, Tim Hall	Working together with partners in the NHS Surrey and Sussex Area Team and Healthwatch Surrey, this group aims to gather evidence on the availability of appointments, the barriers to improved access and to offer solutions and support in improving availability for residents.	November 2014

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