

MINUTES of the meeting of the **HEALTH SCRUTINY COMMITTEE** held at 9.30 am on 20 November 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 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
Lucy Botting

Apologies:

Mr Bill Chapman
Borough Councillor Mrs Rachel Turner

54/14 APOLOGIES FOR ABSENCE AND SUBSTITUTIONS [Item 1]

Apologies were received from Mr Bill Chapman and Borough Councillor Rachel Turner.

Ben Carasco chaired the meeting.

55/14 MINUTES OF THE PREVIOUS MEETING: [Item 2]

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

56/14 DECLARATIONS OF INTEREST [Item 3]

None received

57/14 QUESTIONS AND PETITIONS [Item 4]

None received

58/14 CHAIRMAN'S ORAL REPORT [Item 5]

The Chairman sent his apologies for the meeting and so no oral report was given. A copy of the Chairman's report is included below.

Chairman's Report

Major Changes at Surrey's Acute Hospitals

The acquisition by Frimley Park Hospital of Heatherwood and Wexham Park Hospitals was completed on 1 October 2014. Examination of the plans to assure benefits for Surrey residents appears at Item 8 on the Agenda of the Health Scrutiny Committee of 20 November 2014.

At our meeting of 6 July 2014 the Committee heard from Andrew Liles of Ashford and St Peter's Hospitals and Giles Mahony of Royal Surrey County Hospital that the hospitals are working towards a merger in June 2015. Approval from the Competition and Markets Authority (CMA) and from the regulator, Monitor, is expected to be achieved by the end of 2014. Work has begun on joint planning by lead clinicians to assure that benefits can be realised from the off. Tim Evans and Bill Barker are involved through the Public Stakeholder Panel. We expect to receive an update on the Business Plan for the merger most likely at the HSC meeting of 18 March 2015.

Care Quality Commission Inspections

During the past year the Care Quality Commission (CQC) has published inspection reports on all five of our Surrey Acute Hospitals. All five hospitals have achieved a 'Good' rating or better, with Frimley Park being the first Acute Trust in England to achieve the 'Outstanding' rating.

The CQC has carried out an in-depth Inspection of 51 sites belonging to Surrey and Borders Partnership Trust (SABP). The Trust provides Surrey-wide high-end mental health, drug and alcohol abuse, and learning disabilities services. Tim Hall, Ross and I were invited by the CQC to a Quality Summit on 20 October to discuss the results of their inspection and how help could be provided to SABP to progress along its quality improvement pathway.

Other attendees at the SABP Quality Summit included representatives from Monitor (in the Chair); the NHS Surrey and Sussex Area Team; North East Hampshire and Farnham CCG (which commissions services from SABP on behalf of all of the Surrey CCGs); the council's Adults' and Children's Services; and Hampshire County Council Adults' Services.

I have offered SABP the opportunity to attend an HSC Meeting, possibly on 8 January 2015, so that the Committee can probe the observations that were raised by CQC and how SABP intends to respond to them.

Re-Commissioning of Musculoskeletal (MSK) Services for North West Surrey CCG

North West Surrey Clinical Commissioning Group is in the early stages of considering holding a competitive tendering exercise for the design and implementation of an integrated Musculoskeletal (MSK) Service. The concept is for a single provider to reorganize the fragmented components which currently make up the MSK Service and thus improve the service for patients and also save money. As plans become clearer we will bring this to the Committee.

59/14 BETTER CARE FUND UPDATE [Item 6]

Declarations of interest:

The Chair of Surrey Coalition of Disabled People informed the Committee that he is a Lay Member for Surrey Downs Clinical Commissioning Group (CCG) but that he was in attendance at the meeting representing the Surrey Coalition of Disabled People.

Witnesses:

Susie Kemp, Assistant Chief Executive, Surrey County Council
Dr Andy Brooks, Chief Officer, Surrey Heath CCG and Co-Chair of Surrey Health and Wellbeing Board
Alison Alsbury, Director of Commissioning, North West Surrey CCG
Cliff Bush, Chair, Surrey Coalition of Disabled People

Key points raised during the discussion:

1. The Assistant Chief Executive of Surrey County Council highlighted that, through close collaboration between the Council and the CCGs, a comprehensive strategy had been developed for the delivery of the Better Care Fund (BCF) in Surrey. Of the £65 million of BCF funding for Surrey, it was highlighted that £25 million was being allocated to protect social care as part of the wider effort to manage the use of acute hospital care, specifically among frail and elderly residents where community-based care is often more appropriate. The Committee were advised that increasing the amount of care provided on a preventative or early stage basis can reduce the need for more complex and urgent care and would allow for better management of healthcare while also promoting better health and quality of life for people in Surrey.

2. The Committee learned that the success of the BCF would be measured by how outcomes had improved for residents through a set of nationally agreed metrics. Surrey-wide schemes such as Mission 90, an initiative designed to

raise the average age of residents going into nursing homes from 87 to 90, would also be used to inform analysis on the implementation of the BCF. It was, however, stressed that each of the CCGs with their social care partners in the Local Joint Commissioning Groups (LJCGs) had developed their own local plans for implementing the BCF taking account of local demographics and requirements. The Surrey-wide BCF plan would be provide an overarching framework.

3. Members were advised that the BCF plan had been sent to the Department of Health for approval on 30 September 2014 and had been approved with some conditions. The governance framework for the delivery of the plan is currently in the process of being completed and the final plan will be submitted by 9 January 2015.

4. The Committee drew the witnesses' attention to page 17 of the agenda and asked for assurance that the Adult Social Care Directorate and the CCGs would be able to deliver a 'robust programme of management' in the delivery of the BCF. The Assistant Chief Executive highlighted the importance of the Better Care Fund Board, which comprises key individuals from the Council as well as representatives from the CCGs, in coordinating the delivery of the BCF. It was advised that the metrics outlined in the presentation are the key measurements of success for the fund. The Assistant Chief Executive stated that she would circulate a copy of the governance framework paper once it had been finalised as this is key to understanding how the delivery of the BCF will be managed.

5. Members emphasised the importance of seven day working in the delivery of health care and asked if these standards would be incorporated into the BCF plan. Information was also requested on the use of metrics in the BCF and asked whether there would be quality assurances attached to these metrics. The Chief Officer (CO) of Surrey Heath CCG agreed with the Committee regarding the importance of addressing the disparity in care received by patients on different days of the week and highlighted that the CCGs were currently working on a plan to redress this balance. In regard to the inclusion of quality assurances in healthcare outcomes, the CO of Surrey Heath CCG further outlined that the CCGs are also working on a patient-centric model for the measurement of metrics to ensure that the quality of care remains central to the delivery of the BCF.

6. The Committee expressed concern that the emphasis on reducing the amount of avoidable admissions of elderly residents to acute hospitals would place added strain on GP surgeries which were already under pressure. It was suggested that more focus could be placed on helping GPs to cope with the increased demand. The CO of Surrey Heath CCG highlighted that the integration of health and social care services was key in ensuring that GPs are able to cope with increased demand especially in regard to the flow of patients. Improved patient flow will arise from integration as part of the BCF and will help GPs to treat or refer patients more efficiently.

7. Members felt that there were could be too many layers of bureaucracy in the delivery of health and social care services in Surrey, such as the many decision-making boards, and suggested the possibility of streamlining the existing framework to put more money into frontline services. The consultation on the future of six care homes in Surrey was cited by Members as a particular example of where structural changes could allow for money to be

put back into frontline care delivery. The Assistant Chief Executive recognised that there are numerous structures in existence but that the time was not available to wait for these to change. It was highlighted that, as the delivery of integrated care services improved through the BCF, structures would be developed that would allow for the most efficient delivery of health and social care services.

8. The Committee agreed that more efficient data-sharing is a key component of ensuring that health and social care services operate and collaborate effectively but highlighted that improved data-sharing had been on the agenda for several years without any advances being made. Members asked, given the limited success of previous data-sharing initiatives, whether health and social care services were properly equipped to collaborate. The Assistant Chief Executive advised that the Secretary of State for Health wants to institute the use of a single, electronic file for each patient. It was advised, however, that there were challenges around creating a system that worked across the spectrum of health and social care services as well as satisfying concerns around data protection.

9. The Chair of Surrey Coalition of Disabled People provided a brief statement and expressed some concerns which had arisen from the BCF plan that it was felt would impact negatively on patients. In particular, Members were advised that the money transferred to the BCF from the NHS was putting voluntary organisations and health care services under even greater strain. The protection of acute trusts was flagged as a specific concern while it was also highlighted that the money the CCGs have allocated towards the BCF could put some of them into financial deficit. The Chair of Surrey Coalition of Disabled People further advised that user-led organisations had not been consulted on the BCF plan to provide the patient perspective, especially that of patients with long-term medical conditions.

10. The Assistant Chief Executive responded by indicating that these concerns further underline the need for the integration of health and social care services to ensure that money is aligned correctly to enable the people of Surrey to live well for longer. It was highlighted that, despite the challenges presented, the BCF has given voice to the integration of health and social care services. It was recognised that more input could have been invited from user-led organisations but that the timescales for the development of the BCF plan had been so tight that it had proved problematic to bring user-led organisation in at this point. Assurances were provided that user-led organisations would be engaged in the New Year while it was highlighted that community engagement to assess the needs of residents had been happening through the development of CCGs' local plans. The Director of Commissioning at NW Surrey CCG and the CO of Surrey Heath CCG echoed the Assistant Chief Executive advising that significant community engagement had taken place to inform the development of the local plans.

11. Members asked about staffing for the delivery of BCF and requested information on how staff would be made available to ensure that patients are discharged appropriately from hospital. The Director of Commissioning at NW Surrey CCG indicated that investment was required to ensure that staff are available to meet the increased amount of community-based care. In addition discussions were ongoing with acute trusts to free up the funds required to make this initial investment and ensure that the numbers staff are available to deliver the requisite care.

12. The Committee expressed concern that the BCF might lead to patients being discharged from hospital before it is appropriate to do so. The CO of Surrey Heath CCG recognised that the process of discharging patients from hospital can be complicated but that with effective coordination this will improve so that patients' needs are properly assessed and that they aren't admitted to hospital when it might be better for them to be cared for elsewhere.

Recommendations:

- The Committee is provided with details of the agreed governance arrangements for the Better Care Fund in Surrey.

Actions/ further information to be provided:

- That the Committee is provided with a side-by-side breakdown of the six implementation plans in Surrey against the national metrics and with financial impacts.

Committee next steps:

- That the Chairman agrees a timetable with the Co-Chairs of the Better Care Fund Board for scrutiny with measurable quality indicators in regard to the implementation of local plans in 2015/16.

60/14 PATIENT TRANSPORT SERVICE [Item 7]

Declarations of Interest: None

Witnesses:

Geraint Davies, Director of Commercial Services, SECAMB
Rob Mason, Head of Patient Transport Service, SECAMB
Libby Hough, Customer Accounts Manager, SECAMB
Alison Alsbury, Director of Commissioning, North West Surrey CCG
Laurence Harvey, Head of Transport, North West Surrey CCG,
Cliff Bush, Chair, Surrey Coalition of Disabled People
Nick Markwick, Director, Surrey Coalition of Disabled People
Jane Shipp, Engagement Manager, Healthwatch Surrey

Key points raised during the discussion:

1. The Director of Surrey Coalition of Disabled People provided the Committee with an insight into the experiences of those using the Patient Transport Service (PTS) and highlighted that, despite the changes which had been implemented by SECAMB, the system was still chaotic. Members were advised that care homes were having particular issues with delays in patient transport arriving to pick up residents causing them to be late for or miss important appointments. This negative patient experience of the PTS was also highlighted to the Committee by the Engagement Manager at Healthwatch Surrey who commented that it was alarming that 15 people per day were still experiencing long delays of over 4 hours when waiting to be picked up by the PTS. Although it was conceded that some improvements had been made in improving patient experience there were still significant

issues which needed to be addressed. The Chair of Surrey Coalition of Disabled People recommended that the provision in the contract allowing for the PTS to be 15 minutes late when picking patients up should be deleted when the contract is retendered.

2. Members asked whether SECamb analyses reasons for PTS being late to pick patients up. The Head of PTS advised that SECamb does record and analyse reasons for lateness and that travel disruption presents significant challenges, especially in northwest Surrey. It was highlighted that, where possible, SECamb tries to act on the reasons for delays, indicating that measures to mitigate the delays caused by last minute staff sickness had led to reductions in the number of delays resulting from this.

3. The Committee requested information on the terms of the contract and asked why SECamb tendered for the contract given the challenges it has presented. The Director of Commercial Services at SECamb conceded that they had experienced challenges in delivering the PTS in Surrey but advised that SECamb had increased its funding of the PTS by 25% in order to improve their delivery of this service which meant that this contract was now running at a loss. Members were told that SECamb had advised NW Surrey CCG, as the commissioning body, that they would be unable to continue with the contract in its current form when it is re-commissioned. The Head of PTS stressed to the Committee that SECamb were committed to continuing to deliver patient transport services in Surrey but that the terms of the contract would need to be re-designed during the re-procurement process to allow them to deliver this service effectively. The Head of Transport for NW Surrey CCG informed the Committee that NW Surrey CCG was aware that SECamb was operating the contract at a loss and that the new contract when it was finalised would have new Key Performance Indicators (KPIs) to ensure that it is fit for purpose.

4. The Committee suggested that lessons could be learned from this tendering process and highlighted that quality as opposed to cost should be the most important factor when awarding a contract. The Director of Commissioning indicated that the retendering process would allow for the development of a better, more realistic contract and advised that the possibility of putting more money into the PTS contract to improve quality would be looked into.

5. Members questioned why the responsibility of organising patient pick up/drop off transport services was with just two people and suggested that dedicating more staff to this exercise or purchasing specific software would help coordinate the logistical operations of PTS more effectively. The Head of PTS advised the Committee that planning is rarely the problem and that it is primarily unforeseen circumstances which cause delays. It was further highlighted that there was no software available in the UK to manage the logistical and planning operations of PTS that could be purchased.

6. The Committee inquired about the delays at hospitals in regard to picking patients up, where long waits for patients to be discharged or to receive their prescriptions had been flagged as a cause of significant delays for the PTS. The Head of Transport at NW Surrey CCG recognised that problems had been caused for SECamb as a result of these delays and highlighted that these issues would be addressed during the development of the new contract.

7. Members asked whether many of the problems for PTS could be solved by developing staff and giving them the skills to tackle issues when they arise. The Head of PTS advised that investment and training in staff was taking place to help improve service delivery.

8. Members also asked whether sub-contracts could be built in with other CCGs and voluntary organisations to create a more joined up patient transport service across the county. The Head of Transport at NW Surrey CCG confirmed that this is something that is currently under discussion to create a more integrated service and the hope is that this would include voluntary organisations and the special educational needs (SEN) transport service.

Recommendations:

- The Committee notes the improvements in PTS but remains dissatisfied with the continued issues particularly relating to complaint reporting and handling.
- The Committee requests that, along with Healthwatch and user-groups, it is included in the re-tendering of the patient transport service contract in 2015. This is to include the service specification and complaint-handling procedures.

Actions/ further information to be provided:

None

Committee next steps:

None

61/14 FRIMLEY PARK HOSPITAL NHS FOUNDATION TRUST ACQUISITION OF HEATHERWOOD AND WEXHAM PARK HOSPITALS NHS TRUST : UPDATE [Item 8]

Declarations of interest: None

Witnesses:

Jane Hogg, Integration Director, Frimley Health Foundation Trust (FT)
Alison Huggett, Director of Quality and Nursing, Surrey Heath CCG
Rosie Trainor, Interim Director of Quality and Nursing, North-east Hampshire and Farnham CCG

Key points raised during the discussion:

1. The Integration Director advised the Committee that, seven weeks on from the acquisition of Heatherwood and Wexham Park hospitals, the running of these new sites was progressing well. Members were informed that a new Operations Director had been appointed to work on improving the performance of the new hospital sites acquired while also ensuring that there was sufficient capacity across the executive team to safeguard maintaining the high standard of Frimley Park hospital. It was also highlighted that work was underway to introduce the devolved medical leadership model to Wexham Park hospital. The Committee was advised that best practice would be shared throughout the new Frimley Health NHS Foundation Trust to

improve services across all of the hospital sites. It was highlighted, for example, that the strong plastic surgery and haematology departments at Wexham Park hospital would help to further improve those services at Frimley Park hospital.

2. The Committee requested information on how staff had responded to the acquisition. The Integration Director at Frimley Health FT advised the Committee that on the whole the staff had responded very well to the acquisition especially at Wexham Park hospital. Some reservations had been expressed among staff at Frimley Park who voiced concerns that the acquisition would lead to changes but stated that any changes that have or will take place are very limited.

3. Members asked about patient flow due to other mergers taking place in Surrey and requested details on how Frimley Health FT will work with the CCGs and other hospitals to ensure that patient flow is managed effectively. The Integration Director stressed that Frimley Health FT were happy to acquire the Heatherwood and Wexham Park hospital sites to provide the best opportunity to protect acute services in the Frimley area. The Committee was advised that the FT was in the process of starting a dialogue with other hospitals in Surrey to ensure that a balanced set of services are provided throughout the county.

4. The Committee asked how, with the same staff and infrastructure, Frimley Health FT aimed to raise standards at Heatherwood and Wexham Park hospitals especially for those patients who are transferred to either of these hospitals from Frimley Park. The Integration Director clarified that the aim was to deliver services locally and that patients would only be transferred from Frimley Park when the specialist nature or quality of treatment they can expect to receive for a specific medical issue is of a significantly higher quality at one of the acquired sites. Members were advised that plans were in place to improve the quality of services in key areas at the acquired hospitals such as reducing waiting and care referral times. Plans had also been formulated to bring staff on board and empower them to deliver better services to patients while investment in the infrastructure of Wexham Park hospital has also been discussed. It was highlighted that the hope was to bring the hospitals from a CQC rating of 'inadequate' to 'good' inside a year and that the expertise and support are in place to make the acquisition a success.

5. Members raised the problem of infection rates at Wexham Park hospital and asked how the Frimley management would go about improving this. The Integration Director confirmed that a strategy had been devised to tackle improvements including infection rates but informed the Committee that it would take roughly a year to embed the quality improvements planned.

Recommendations:

- The Committee accepts the merits of the merger and wishes to express its pride in the high performance of Frimley Park hospital.

Action/ further information to be provided:

None

Committee Next Steps:

- The Committee will follow up with both Surrey Heath and NE Hants and Farnham CCGs to look at the quality of service delivery and explore the success of the merger.
- The Committee will review the impact of the merger in 6 months time.

62/14 RECOMMENDATION TRACKER AND FORWARD WORK PROGRAMME [Item 9]

Declarations of Interest: None

Witnesses:

Bob Gardner, Peter Hicks, Borough Councillor Karen Randolph
Michael Gosling, Cabinet Member for Public Health

Key points raised during the discussion:

1. The Committee were provided with a brief update on the work of the Alcohol Member Reference Group. It was highlighted that members of this Reference Group had attended meetings with representatives from Public Health and Alcohol Concern to look at strategies for promoting a healthier relationship with alcohol amongst Surrey residents specifically through the Dry January initiative. It was advised that the support of the Communications department would be beneficial in order to successfully promote the Dry January initiative and the Cabinet Member for Public Health agreed to get in touch with the team and request their help in publicising Dry January. The Cabinet Member agreed that communications support was required to make the Dry January initiative a success and confirmed that he would speak to them about lending their support.
2. In response to a recommendation made at the meeting of the Health Scrutiny Committee on 17 September 2014, the Committee were informed that SECamb's new Emergency Operation Centres (EOC) would be funded by capital investment and that the lease for the current EOCs are due to expire in 2015/16.
3. The Cabinet Member for Public Health advised the Committee to take a look through the BCF plan to understand the difficulty of implementing the plan and the challenges which lie ahead. Members were also encouraged to explore the integration of Children's health and social care which took place void of the impetus of BCF.

Recommendations:

- The Committee recommends that the Cabinet Member for Public Health asks the Communications department to publicise and promote the Dry January initiative.

Actions/ further information to be provided:

None

Committee Next Steps:

- The Committee to consider integrated Children's health and social care commissioning in Surrey to further understand the developments needed to deliver the BCF for frail and elderly adults.

63/14 DATE OF NEXT MEETING [Item 10]

The Committee noted its next meeting will be held at 10.00 am on Thursday 8 January 2015.

Meeting ended at: 11.55 am

Chairman