

Notice of Meeting

Wellbeing and Health Scrutiny Board



Date & time	Place	Contact	Chief Executive
Wednesday, 16 March 2016 at 10.30 am	Ashcombe Suite County Hall Penrhyn Road Kingston Upon Thames KT1 2DN	Ross Pike or Lucy Collier Room 122, County Hall Tel 020 8541 7368 or 020 8541 8051 ross.pike@surreycc.gov.uk or lucy.collier@surreycc.gov.uk	David McNulty

If you would like a copy of this agenda or the attached papers in another format, eg large print or braille, or another language please either call 020 8541 9122, write to Democratic Services, Room 122, County Hall, Penrhyn Road, Kingston upon Thames, Surrey KT1 2DN, Minicom 020 8541 8914, fax 020 8541 9009, or email ross.pike@surreycc.gov.uk or lucy.collier@surreycc.gov.uk.

This meeting will be held in public. If you would like to attend and you have any special requirements, please contact Ross Pike or Lucy Collier on 020 8541 7368 or 020 8541 8051.

Elected Members

Mr W D Barker OBE, Mr Ben Carasco (Vice-Chairman), Mr Bill Chapman (Chairman), Mr Graham Ellwood, 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

Independent Representatives:

District Councillor Lucy Botting (SCC), Borough Councillor Karen Randolph (Thames Ditton) and Borough Councillor Mrs Rachel Turner (Tadworth and Walton)

TERMS OF REFERENCE

The Wellbeing and Health Scrutiny Board 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 Wellbeing and Health and Scrutiny Board 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.

AGENDA

1 APOLOGIES FOR ABSENCE AND SUBSTITUTIONS

2 MINUTES OF THE PREVIOUS MEETING:

(Pages 1
- 10)

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

3 DECLARATIONS OF INTEREST

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

Notes:

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

4 QUESTIONS AND PETITIONS

To receive any questions or petitions.

Notes:

1. The deadline for Member's questions is 12.00pm four working days before the meeting (**Thursday 10th March 2016**).
2. The deadline for public questions is seven days before the meeting (**Wednesday 9th March**).
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 Board with an update on recent meetings he has attended and other matters affecting the Board.

6 RECOMMENDATIONS TRACKER AND FORWARD WORK PROGRAMME

(Pages
11 - 18)

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

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

PART 2 IN PRIVATE

- 7 PUBLIC HEALTH BUDGET AND SAVINGS PLAN REPORT** (Pages 19 - 30)

Confidential: Not for publication under Paragraph 3

Information relating to the financial or business affairs of any particular person (including the authority holding that information)

- 8 PUBLICITY FOR PART 2 ITEMS**

PART 1 IN PUBLIC

- 9 HEALTH INEQUALITIES IN SURREY WORKSHOP** (Pages 31 - 32)

This workshop aims to assist Board members understand the nature and causes of health inequalities in Surrey with a view to helping the Scrutiny Board form a view about how they might scrutinise the work of the health services and other partners on reducing health inequalities.

- 10 DATE OF NEXT MEETING**

The next meeting of the Board will be held at 10.30 am on Tuesday 3 May 2016.

David McNulty
Chief Executive

Published: Tuesday, 8 March 2016

MOBILE TECHNOLOGY AND FILMING – ACCEPTABLE USE

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Thank you for your co-operation

MINUTES of the meeting of the **WELLBEING AND HEALTH SCRUTINY BOARD** held at 10.30 am on 7 January 2016 at The Council Chamber, County Hall, Kingston upon Thames, KT1 2DN.

These minutes are subject to confirmation by the Board at its meeting on Wednesday, 16 March 2016.

Elected Members:

- *Mr W D Barker OBE
- Mr Ben Carasco (Vice-Chairman)
- *Mr Bill Chapman (Chairman)
- *Mr Graham Ellwood
- *Mr Bob Gardner
- *Mr Tim Hall
- *Mr Peter Hickman
- *Rachael I. Lake
- *Mrs Tina Mountain
- Mr Chris Pitt
- *Mrs Pauline Searle
- *Mrs Helena Windsor
- District Councillor Lucy Botting
- *Borough Councillor Mrs Rachel Turner
- *Borough Councillor Karen Randolph

Ex officio Members:

- Mrs Sally Ann B Marks, Chairman of the County Council
- Mr Nick Skellett CBE, Vice-Chairman of the County Council

Also in attendance:

31 APOLOGIES FOR ABSENCE AND SUBSTITUTIONS [Item 1]

Apologies received from Bob Gardner, Chris Pitt and Ben Carasco. Michael Gosling and Karan Persand acted as substitutes.

32 MINUTES OF THE PREVIOUS MEETING: 12 NOVEMBER 2016 [Item 2]

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

Amendment to be made to item 6, page 6, paragraph 4 to read:

"It was reported that Healthwatch Surrey's understanding of current patient experience of general practice is one of deterioration. It was suggested that part of the solution would require partners working together to agree and communicate what patients can expect when accessing their GP. It was stated that some GP practices are very successful in managing appointments in a way which suits patient's needs, whilst others are not. This remains a priority for Healthwatch Surrey and it will be undertaking further work in this area. It was agreed by the Board that communication is vital when looking at ways to strengthen GP services in Surrey."

33 DECLARATIONS OF INTEREST [Item 3]

None received

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.
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34 QUESTIONS AND PETITIONS [Item 4]

At the previous meeting a question was received from Mrs Helena Windsor. A request for response sent 11/11/2015. Responses incomplete as of 29/12/2015.

35 CHAIRMAN'S ORAL REPORT [Item 5]

Visits

On 25 November 2015, with Tim Hall, Bob Gardner and Peter Hickman I took part in a review of the Quality Plan for Epsom and St Helier Hospitals Trust. The previous week the Care Quality Commission had completed a first in-depth announced inspection, one of the last six to be completed across England.

I had a one-to-one meeting on 7 December 2015 with the Surrey Director of Public Health. One of the roles of our Board is to scrutinise the work of Surrey Public Health. We discussed the likely shape of the Public Health budget for 2016/17.

On 11 December 2015 I met leaders of Healthwatch Surrey and the Citizens' Advice Bureau. We discussed how the two organisations interwork and their individual work-programmes.

On 15 December 2015 I met the CEO of North-West Surrey Clinical Commissioning Group to hear about plans for re-commissioning Community Services. Services for children will be re-commissioned jointly for the Council and the Surrey CCGs, with Ruth Hutchinson of Public Health leading. Community Services for adults will be re-commissioned separately.

Ross and I will be meeting the Chairmen and Officers from the other Health Overview and Scrutiny Committees in South East England on 18 January 16 when, amongst other things, we will compare notes on the performance of the South East Coast Ambulance Service NHS Foundation Trust which we will be covering under Item 8 today.

Air Pollution

Members may recall that the 2013/14 Annual Report by the Surrey Director of Public Health made the point that, across England, air pollution is second only to smoking as a contributor to ill-health. Road traffic is a major contributor to air pollution in Surrey, especially in the more urban areas.

I can find no evidence that the Surrey Health and Wellbeing Board has considered the matter but have persuaded the Director of Public Health to invite me to an informal meeting of the H&WB where air pollution will be addressed.

Licensing of the Sale of Alcohol

The Surrey Director of Public Health's Report for 2013 /14 pointed to excessive alcohol consumption as the third most significant determinant of ill-health in Surrey. The Public Health Prevention Plans address this point and Members may have noted that the advice to limit alcohol consumption is being put across in GP's surgeries, Hospitals, Pharmacies and generally throughout the media.

Surrey Public Health is now a Responsible Authority in the terms of the 2003 Licensing Act. Surrey Heath Borough Council is currently carrying out its 5-yearly review of its Licensing Policy and Public Health is contributing to the review for the first time.

The Scottish Parliament has added a 5th Licensing Objective to its Licensing Law: 'Protecting and Improving Public Health'. An attempt by the Parliament to introduce a minimum price for a unit of alcohol in Scotland has recently been rejected by an EU Court.

36 CHILDREN'S MENTAL HEALTH [Item 6]

Declarations of interest:

None

Witnesses:

Sheila Jones, Head of County-wide Services, Surrey County Council

Ian Banner, Head of Children's Services Commissioning, Surrey County Council

Diane McCormack, Deputy Director Children's Commissioning, NHS Guildford and Waverley Clinical Commissioning Group

Maria Crowley, Head of Mental Health Specialised Commissioning, NHS England South

Linda McQuaid, Interim Co-Director for Children's and Young People's services, Surrey and Borders Partnership NHS Foundation Trust

Dr Philip Ferreira-Lay, Consultant Psychiatrist, Surrey and Borders Partnership NHS Foundation Trust

Key points raised during the discussion:

1. The Head of Children's Services Commissioning stated that the partners had undertaken a 16 month consultation with parents, GPs, stakeholders and patients. It was said that the reason for this investigation was to identify gaps in the service and to collect opinions about the service. The issues that had been identified included a lack of telephone advice for parents and poor out-of-hours responses. It was stated that Commissioners had been continually adapting services to meet Government demands in recent years.
2. It was reported that there had been an extension of the HOPE Service which increased the level of support and decreased the possibility of patients falling through the net when needing care services. Members were told that the current waiting time for treatment depended on different situations but could take up to nine months. A member questioned the safety of staff and other pupils in schools as the waiting time could have an effect on staff and leave them feeling unsupported. It was agreed by witnesses that there has been a big change from the Primary Care Trusts to NHS England commissioning Tier 4 services. There was a keen aspiration to join up with Tier 3 as early as possible.
3. The Head of Mental Health Specialised Commissioning at NHS England South explained the aspiration to join up with local, Tier 3 services as early as possible and that the shift to national based commissioning had meant they had been able to cope with quality issues as one organisation. She also stated that NHS England were

currently in deliberation over joint commissioning with local partners to join up pathways and provide continuity for patients moving away from the lack of dedicated resources by building up capacity at Tier 3 level and more local influence on Tier 4 services.

4. The travel issue in the South East was said to be replicated on a national level due to the ongoing pressures faced regarding acute beds. The Consultant Psychiatrist- SABP explained that they had dedicated two beds in Springfield Hospital, prior to April 2013, in Wandsworth for Surrey residents who live closer to the area. Post April 2013, services were commissioned on a national basis, meaning SABT whilst having access to all NHS England Tier 4 Camhs beds, did not have contracted beds at Springfield Hospital.
5. The Interim Co-Director for Children's and Young People's services recognised that waiting times had been appalling and must improve to achieve parity of esteem. The Board were informed that the Surrey mental health provider, Surrey and Borders NHS Partnership, had recruited staff to implement the new local CAMHS model. This amounted to a net increase of 28 staff. The SABP team are currently in the process of recruiting a new Senior Clinical Nurse.
6. The Head of Mental Health Specialised Commissioning, NHS England South, informed the Board that there were currently many recruitment challenges especially in the long lead in period in NHS contracts, competition with London and workforce planning falling behind service expansion.
7. The Head of County-wide Services informed the Board that Primary Mental Health Services were becoming more complex and more involved with schools. Anger management was highlighted as a major issue by the Board who argued that there is no facility for this issue as it had never been addressed. The Consultant Psychiatrist agreed that there was a significant gap currently in the system for behavioural management but that care was needed in terminology and that the new model for CAMHS would offer significant improvements for people with this diagnosis.
8. The Board agreed that the new model represented an opportunity for change as CAMHS contributed to the delivery of a multi-agency service for children and young people with complex moderate to severe mental health issues.

Recommendations:

- The Board recognises the efforts made by commissioners to work together to improve CAMHS in Surrey and the further funding made available.
- The Board recommends that commissioners and SABP return to the Board in 2017 with a report that outlines the new CAMHS performance against Key Performance Indicators. This should include the time taken for children to be referred, assessed and treated, the type of interventions they receive and what differences these have made.

- It also recommends that NHS England provide details on the outcome of specialised CAMHS commissioning and in particular how this will deal with adverse travelling times experienced by Surrey residents.

37 SOUTH EAST COAST AMBULANCE TRUST UPDATE [Item 8]

Witnesses:

Paul Sutton, Chief Executive

Geraint Davies, Director of Corporate Affairs and Service Development

Key points raised during the discussion:

1. The Board inquired about the re-triage process and the performance up-dates and challenges. The Chief Executive informed the Board that the process saw clinicians taking up to an extra 10 minutes to further assess calls that had come across from the non-emergency 111 service to 999. The re-triage process finished mid February 2015. The Board were informed that fourteen clinical decision makers were given 10 more minutes to re-triage the call and as a result a third of calls did not have an ambulance dispatched.
2. It was highlighted that in 2014, the Ambulance Trust was under pressure due to the lowest survival rate and the time lost at Accident and Emergency (A&E). Peak weekend call activity on the 111 phone line was impacting 999 responses, so it was suggested irresponsible to respond without proper triaging. The Chief Executive explained that the Trust had been working hard to improve call taking and accuracy at 111 to ensure the re-triage process was not needed in the winter of 2015.
3. The Chief Executive explained to the Board that Red 1 calls are those known to involve people in cardiac arrest and are always a challenge in winter. He informed the board that if a patient goes into cardiac arrest, this is potentially reversible if they were defibrillated and this is where the eight minute target originates from. Due to the ongoing pressures faced by the trust, the trust used a Resource Allocation Action Plan (REAP) which saw management, including the Chief Executive, involved in the field.
4. Members were informed by the Chief Executive that the winter months were the most challenging for the NHS. It was stated that 35% of 999 calls within North East Kent did not need an ambulance. It was stated that there was further support from other organisations in the health system but the project rationale was not communicated well with patients and Health Scrutiny bodies.
5. The Chairman of the Board asked the witnesses about the handover aspect of the ambulance service, and how this fits in with the different parts of the health system. It was stated by the Chief Executive that the NHS as a whole work well together with good engagement and an increased level of engagement within the last year, especially with those who had critical illnesses.

6. A concern was raised about the Trust's culture including doubts following recent whistle blowing issues. The Chief Executive and Director of Corporate Affairs and Service Development both agreed that this matter was very serious and the staff survey showed that there are issues. Member's questioned the reasoning behind the whistle blowing incident which was said to be a cause of culture, poor communication and negative attitudes. The Chief Executive admitted that they do need some external support to understand the issues but that their diligent culture worked well in emergency circumstances.
7. A Member raised the issue of providing defibrillators within her community. The South East Ambulance Service advised that it could help. It was stated by the Chief Executive that members of the public had a tendency to be reluctant to use the devices, however, he completely supported increased access for the public. He stated he is currently working on influencing Parliament to change Health and Safety legislation to ensure all public sector bodies have defibrillators in their buildings. A member stated that young people should be trained on how to use defibrillators in schools and colleges.
8. The Chief Executive explained to the Board that they were the third or fourth best ambulance trust service in the country. Members questioned the witnesses regarding how they could improve for the future by looking at other services to learn from. It was stated that the South East Service had more patients and calls nationally than any other service however they will continue to improve their operation. It was added that 45% of patients with the South East Service receive treatment where they do not need a hospital admission whereas in London 80% of patients are taken to hospital.
9. It was highlighted that the key challenges for the Trust are handover delays at hospital and managing demand. It was highlighted that SECAmb are working with Royal Surrey County Hospital and Ashford and St Peter's Hospitals to improve transfers.

Graham Ellwood left at 13:09.

Recommendations:

- Requests that the trust communicates the outcomes of the patient impact, governance and clinical reviews with the scrutiny board and reports on any changes to its services as a result.

38 BETTER CARE FUND ENABLER PROJECTS [Item 7]

Declarations of interest:

None

Witnesses:

Kat Stolworthy, Digital Platform Manager, Health and Social Care Integration

Key points raised during the discussion:

1. The report was introduced by the Platform Manager for Health and Social Care Integration who explained the position of the Better Care Fund (BCF) enabler projects and the progress to date. She informed the Board that the BCF had involved pooling £71.4m of existing budgets in 2015/16. Two of the enabler projects, Workforce and Equipment and Adaptations had delivered their objectives at a system-wide strategic level and were now moving into local delivery, to reflect local priorities and needs.
2. With regards to the third enabler, the Board were advised that Information Governance officers across Surrey were jointly developing a Surrey Information Sharing Agreement to enable the sharing of data across health and social care partner organisations, for the provision of care; that Healthwatch Surrey had been commissioned to collect public's view on data sharing between agencies; and that an electronic shared care record was now in development. Members questioned whether shared care records were a reality, it was stated that work was in progress. Key challenges were integrating the many case management systems and dealing with the varying qualities of data. The Board were advised that the Surrey health and social care system was working towards delivering a number of digital objectives, including a electronic shared care record, to aim for the system to become paperless by 2020/2021..
3. The Platform Manager of Health and Social Integration concluded the report by expressing to the Board that the service had made good progress across complex health and social care systems. The next steps would be to continue to build on the progress of the three enabler projects.
4. The Board pointed out that the Government expected Health and Social Care to be a reality by 2020. Members concluded that with this timescale the projects needed to be implemented at an earlier date of 2017. The Board were informed that officers are working to have a Digital Roadmap/strategy ready for July 2016 and that this would outline the phases necessary to realise these objectives. The Chairman of the Board advised that these enablers, and the projects within them, were reporting to the Surrey Health and Wellbeing Board.

Rachel I Lake left at 13.37

Recommendations:

39 RECOMMENDATIONS TRACKER AND FORWARD WORK PROGRAMME [Item 9]

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

March meeting items:

- Health Inequalities Workshop
- Public Health Budget Monitoring

40 DATE OF NEXT MEETING [Item 10]

The Board notes its next meeting will be held at 10.30 am on Wednesday 16 March 2016 in the Ashcombe Suite.

Meeting ended at: 13.45

Chairman

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Wellbeing and Health Scrutiny Board
16 March 2016

Recommendations Tracker and Forward Work Programme

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

The Board 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 Board is asked to review progress on the items listed.
2. The Work Programme for 2016/17 is attached at **Annex 2**. The Board is asked to note its contents and make any relevant comments.

Recommendations:

3. The Board 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

WELLBEING AND HEALTH SCRUTINY BOARD ACTIONS AND RECOMMENDATIONS TRACKER – UPDATED MARCH 2016

The recommendations tracker allows Board Members to monitor responses, actions and outcomes against their recommendations or requests for further actions. The tracker is updated following each Scrutiny Board. 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.

Scrutiny Board Actions & Recommendations

Number	Item	Recommendations/ Actions	Responsible Member (officer)	Comments	Due completion date
SCO66	Patient Transport Service Update	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.	NW Surrey CCG MRG	Karen Randolph is part of the Patient Advisory Group working on this project.	March 2016
SCO68	Better Care Fund Locality Hubs	That the Committee reviews the financial and quality outcomes of the three locality hubs throughout 2015 and 2016. Mr Tim Evans, Rachael I Lake and Borough Councillor Karen Randolph to take part in stakeholder engagement with North West Surrey CCG and report back to the Committee as appropriate.	Head of Communications and Engagement, NW Surrey CCG	<i>New BCF plans are being formulated. The Chairman will be briefed in March.</i>	2016
SCO71	Epsom and St. Helier University Hospitals NHS Trust [6/15]	1. The Board supports the Trust's investigation into future estate strategy and recommends that it emphasises the improvements it can make to its services and its wider contribution to the management of the total health system	ESTH Chief Executive		May 2016

Number	Item	Recommendations/ Actions	Responsible Member (officer)	Comments	Due completion date
		<p>finances and;</p> <p>2. That the Board is involved as part of future public engagement on this issue.</p>			
SC072	Surrey Downs CCG Community Hospital Review [Item 8]	<p>Approves of the review process undertaken by Surrey Downs CCG.</p> <p>Requests that it continue to be involved with the review process by scrutinising the CCG's public consultation plans through a sub-group of Members - Tim Hall, Lucy Botting, Karen Randolph and Tina Mountain</p>	Head of Communications and Engagement		
SC073	Update from Surrey's Health and Wellbeing Board	<p>The Board recommends that: It receives a further update from the Health and Wellbeing Board on the progress against its strategic priorities and any possible changes to how it operates in 12 months time.</p> <p>The Co-Chairs discuss with the Director of Public Health how the Health and Wellbeing Board can strengthen the focus on the wider determinants of health in CCG prevention plans.</p>	<p>Scrutiny Officer</p> <p>Co-Chairs of HWB</p>		<i>September 2016</i>
SC074	Access to Primary Care [Item 6]	The Board recognises the need for effective communications with patients and the public and recommends that the Surrey Health and Wellbeing Board works with the NHS England communications	Cabinet Member for Health and Wellbeing		<i>July 2016</i>

Number	Item	Recommendations/ Actions	Responsible Member (officer)	Comments	Due completion date
		<p>team to explore publicity relating to expectation of delivery of primary care services.</p> <p>The Scrutiny Board will schedule further scrutiny on new models of local delivery of primary care</p>			
SC075	North East Hampshire and Farnham CCG Community Bed Review [Item 7]	Requests an update in the second quarter of 2016 in order to help publicise the results across Surrey and an update on the broader Primary and Acute Care System (PACS) Vanguard programme.	Associate Director of Integrated and Urgent Care		May 2016
SC076	Surrey Stroke Services Review Update [Item 8]	Requests a further update on the delivery of the proposed service specification at its May 2016 meeting.	Acting Clinical Chair, Surrey Downs CCG	<i>This will now report with options proposal in July</i>	May 2016
SC077	Children's Mental Health [Item 6]	<p>It also recommends that NHS England provide details on the outcome of specialised CAMHS commissioning and in particular how this will deal with adverse travelling times experienced by Surrey residents</p> <p>The Board recommends that commissioners and SABP return to the Board in 2017 with a report that outlines the new CAMHS performance against Key Performance Indicators. This should include the time taken for children to be referred, assessed and treated, the type</p>	Head of Mental Health Specialised Commissioning, NHS England South		September 2016

Number	Item	Recommendations/ Actions	Responsible Member (officer)	Comments	Due completion date
		of interventions they receive and what differences these have made.			
SC078	South East Coast Ambulance Trust Update [Item 8]	Requests that the trust communicates the outcomes of the patient impact, governance and clinical reviews with the scrutiny board and reports on any changes to its services as a result.	Chief Executive of South East Coast Ambulance Trust		<i>May 2016</i>

Date	Item	Why is this a Scrutiny Item?	Contact Officer	Additional Comments
March 2016				
16 Mar	Public Health Budget 2016/17	Scrutiny of Budgets – the Board will scrutinise the service’s plans for spending.	Helen Atkinson	
16 Mar	Workshop on Health Inequalities in Surrey	Business - The Board will be given an opportunity to learn more about the health inequalities present across Surrey’s population and consider ways the Board can help tackle these.	Helen Atkinson, Director of Public Health Julie George, Public Health Consultant	
May 2016				
3 May	Ashford and St. Peter’s Hospitals and Royal Surrey County Hospital Merger	Scrutiny of Services – The Board will receive an update on the progress of the two Trust’s merger proposal	Nick Moberley, Chief Executive – Royal Surrey	
3 May	Primary and Acute Care System (PACS) Vanguard programme	Scrutiny of Budgets – the Board will scrutinise the development of NE Hants and Farnham CCGs vanguard project after a item on its Community Bed Review	Charlotte Keeble, Associate Director of Integrated and Urgent Care	

Task and Working Groups

CCG Reference Groups	All Members	To liaise with CCGs and monitor activity and plans across the county, and provide patient and public voice where appropriate.	As appropriate
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By virtue of paragraph(s) 3 of Part 1 of Schedule 12A
of the Local Government Act 1972.

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Wellbeing and Health Scrutiny Board
16 March 2016

Workshop on Health Inequalities

Purpose of the report: Policy Development and Review

To assist Board members to understand the nature and causes of health inequalities in Surrey with a view to helping the Board form a view about how they might scrutinise the work of the health services and other partners on reducing health inequalities.

Summary:

1. The council's Public Health team will be leading a workshop that will provide Members of the Scrutiny Board with information to develop their understanding of health inequalities and the specific issues found in Surrey.
2. The workshop will address the evidence on what works in tackling health inequalities and where responsibility lies.
3. Members will be asked to consider how the Scrutiny Board can engage with health inequalities in the county and what questions it should be asking of health and social care organisations.

Recommendations:

4. The Board is asked to consider how scrutiny of health inequalities may be incorporated into its forward work plan

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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