

MINUTES of the meeting of the **WELLBEING AND HEALTH SCRUTINY BOARD** held at 10.30 am on 3 May 2016 at Ashcombe Suite County Hall Penrhyn Road Kingston upon Thames KT1 2DN.

These minutes are subject to confirmation by the Committee at its meeting on Thursday, 7 July 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
- A Mr Peter Hickman
- * Rachael I. Lake
- * Mrs Tina Mountain
- * Mr Chris Pitt
- * Mrs Pauline Searle
- * Mrs Helena Windsor

Ex officio Members:

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

Co-opted Members:

- * District Councillor Lucy Botting
- * Borough Councillor Karen Randolph
- * Borough Councillor Mrs Rachel Turner

21/16 APOLOGIES FOR ABSENCE AND SUBSTITUTIONS [Item 1]

Apologies were received from Peter Hickman. There were no substitutions.

22/16 MINUTES OF THE PREVIOUS MEETING: [Item 2]

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

23/16 DECLARATIONS OF INTEREST [Item 3]

None received

24/16 QUESTIONS AND PETITIONS [Item 4]

None received

25/16 CHAIRMAN'S ORAL REPORT [Item 5]

The Chairman updated the Board on recent meetings he had attended and other matters of note. A copy of this report is included as an annex to these minutes.

26/16 ASHFORD AND ST. PETER'S HOSPITALS AND ROYAL SURREY COUNTY HOSPITAL MERGER UPDATE [Item 6]

Declarations of interest:

None

Witnesses:

John Denning, Chairman, Royal Surrey County Hospital
Suzanne Rankin, Chief Executive, Ashford and St Peter's Hospital
Aileen McLeish, Chairman, Ashford and Saint Peter's Hospital
Giselle Rothwell, Head of Communications, Ashford and Saint Peter's Hospital

Key pointed raised during the discussion:

1. The Chairman of Royal Surrey County Hospital introduced the report and informed the Board that the merger was on hold. It was outlined that an NHS Improvement investigation was underway and that both the Chief Executive and Finance Director of Royal Surrey had stood down. The Board was informed that a regulator approved Turnaround Director had been appointed for six months.
2. The Board questioned whether the merger between the two organisations would still be viable in light of the financial position of Royal Surrey County Hospital. The Chairman of Royal Surrey County Hospital expressed the view that the strategic principles for the merger were still applicable. The Board was informed that a merger would provide better opportunities for long-term sustainability of service and funding for both Trusts. It was noted that the external environment had changed and that the Sustainability and Transformation Plans (STPs) would develop a long term view as to how NHS services remained sustainable.
3. Witnesses confirmed that the merger had a potential to realise savings of £10 million per annum. The Board asked for detail on whether the merger would see closures at one of the three hospitals sites. It was confirmed that the merger proposal had described a situation where there was a future for each of the three sites, and continuing the services already provided.

Bob Gardner arrived at the meeting at 11.00 am.

4. The Board expressed concern over the financial governance and reporting arrangements for Royal Surrey County Hospital, and highlighted the sudden increase of the financial deficit in the final quarter of 2015/16. The Chairman advised the Board that he would write to NHS England Improvement to ensure they fully consulted with governors at the Royal Surrey County Hospital NHS Foundation Trust.

He thanked Bill Barker for his hard work as a governor for Royal Surrey.

5. The Chairman of Royal Surrey explained to the Board that both organisations faced ongoing challenges in recruiting and retaining staff. The Board was informed that the recruitment issue was a national problem. It was suggested that a way to help resolve this issue would be to share staff and promote recruitment days at universities and overseas. It was stated that one of the main issues when recruiting staff is housing affordability in Surrey.

Pauline Searle arrived at the meeting at 11.17 am.

6. The Board discussed the reasons for a formal merger, and what could be realised informally. Witnesses highlighted that there were achievable benefits being realised in this regard, but that a formal merger would provide clear reporting lines and clarity of vision for hospital staff.

Recommendations:

The Board resolved

- That the Chairman write to the NHS Improvement team seeking assurances that governors at Royal Surrey will be given the opportunity to share their views as part of the reporting process.

The Board recommended:

- That the findings and recommendations of the NHS Improvement report are brought to a future meeting of the Wellbeing and Health Scrutiny Board;
- That the business case and revised timeline for the merger is brought back to the Board, at an appropriate time following the publication of the both the Improvement report and STP plans.

27/16 NORTH WEST SURREY CCG COMMUNITY HEALTH PROCUREMENT REPORT [Item 7]

Declarations of interest:

None

Witnesses:

Rachel Graham, Head of non-acute contracts, North West Surrey CCG

Key points raised during the discussion:

1. The Board was informed that the current procurement exercise would see services being developed to address local priorities. The Board questioned whether the decision to procure for North West Surrey solely rather than a county-wide contract arrangement would mean a reduction in the economies of scale. It was acknowledged that there

was a risk pertaining to this, though witnesses also highlighted that there were presently 81 different service specifications in place. The Board was informed that the new procurement exercise would enable the Clinical Commissioning Group (CCG) to address local priorities.

2. The Board was informed that contract arrangements would seek to ensure a degree of fluidity in specifications, and ensure that there was a flexible element to the services provided.
3. The Board asked for details on how complaints and contract delivery would be monitored by the CCG. It was explained that there were a number of different quality metrics including staff training, timescales and the number of complaints received.
4. The Board discussed the importance of creating a clear governance structure for the contracts and suggested that local residents and clinicians should be involved in planning and setting priorities.

Bob Gardner left the meeting at 12.07pm

Recommendations:

The Board requests a further update on the procurement of the community health services is on its agenda for September 2016. It recommends:

- That the update in September 2016 brings examples of the quality metrics used in monitoring contract delivery

28/16 SASH VIRGINIA MASON INSTITUTE COLLABORATION REPORT [Item 8]

Declarations of Interest:

None

Witnesses:

Michael Wilson, Chief Executive, Surrey and Sussex Healthcare NHS
Sue Jenkins, Director of Strategy and Kaizen Promotion Office Lead

Key points raised during the discussion:

1. The Chief Executive of Surrey and Sussex Healthcare NHS introduced the report and explained that the Trust was undertaking an ambitious development programme in partnership with Virginia Mason Institute (VMI) and NHS Improvement (NHSI).
2. The Board raised questions about the management of GP referrals and how processes could be simplified. Witnesses clarified the referral process and how non-urgent referrals were dealt with. The Board was informed that administrative policies and practice were being reviewed as part of the collaborative work, and this would assist in identifying areas that could be stream-lined and improved.

3. The Board was informed that certification for those undertaking training in relation to the VMI collaboration would take eight months. It was noted that of the four members of staff that would be certified, one had completed the process and two would be completing their training in May and July 2016.
4. The Board highlighted that this collaboration was something it would wish to publicise more widely, and encouraged witnesses to provide a more detailed evidence base for future updates.

Recommendations:

The Board invites witnesses to come back to this Board and update on progress. The Board recommends:

- That the report covers the improvement projects with hard data on the target improvements e.g. on referral times

29/16 RECOMMENDATIONS TRACKER AND FORWARD WORK PROGRAMME [Item 9]

Declarations of Interest:

None

Witnesses:

None

Key points raised during the discussion:

1. The Board was asked to note its recommendations tracker and to review its Forward Work Programme. The Chairman highlighted the role the Board could play in working with Surrey MPs on local issues pertaining to health services.

Recommendations:

None.

30/16 DATE OF NEXT MEETING [Item 10]

The Board noted its next meeting will be held at 10.30 am on Thursday 7 July 2016 in the Ashcombe Suite.

Meeting ended at: 12.49 pm

Chairman

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Chairman's Report to the Wellbeing and Health Scrutiny Committee – 3 May 2016

South East Coast Ambulance Trust (SECAMB)

Members will recall that at our WHSB Meeting of 7 Jan 2016 we scrutinised the performance of SECAMB, particularly over the fact that the triaging method had been altered substantially without full agreement of the SECAMB management board.

The outcome of our scrutiny was that we requested that the SECAMB communicates the outcomes of the patient impact, governance and clinical reviews with the WHSB and reports on any changes to its services as a result. It appears that these reports will be available in time for our next WHSB meeting on 7 July.

The Board will then be in a position to scrutinise the detail of these proposed improvements and understand the timescales for change. I propose that this will also allow us to see the key themes emerging from our regional scrutiny counterparts, and use that to inform our discussions.

Better Care Fund

The Better Care Fund (BCF) is one element of the wider NHS strategic planning arrangements set out to deliver the NHS Five Year Forward View, a shared vision for the future of the NHS based around the new models of care and the description of how the health service needs to change over the next five years if it is to close the widening gaps in the health of the population, quality of care and the funding of services.

At its meeting of the 17 April 2016 the Surrey Health and Wellbeing agreed detailed Integration Plans for the 2016/17 operation of the BCF for each of the Surrey CCGs.

Sustainability and Transformation Plans

The emerging Sustainability and Transformation Plans (STPs) are a basic component of the NHS Five Year Forward View, and will bring together commissioners and suppliers more effectively. This will enable joint end-to-end redesign of clinical pathways (process re-engineering) to provide better outcomes for patients and better value for money.

The transformation footprints for the Surrey STPs and their leadership have been agreed recently:

1. The Frimley Health Footprint covers the catchment area of the Frimley Health Foundation Trust and so includes Surrey Heath CCG and North East Hants

and Farnham CCG. It will be led by Sir Andrew Morris, CEO of Frimley Health

2. The Sussex and East Surrey Footprint includes East Surrey CCG and is led by Michael Wilson, CEO of Surrey and Sussex Hospital Trust.
3. The Surrey Heartlands Footprint includes the catchment areas of Guildford and Waverley CCG; North West Surrey CCG; Surrey Downs CCG and is led by our own David McNulty.

Initial Sustainability and Transformation Plans for 2016/17 are to be approved by July 2016 and we may carry out some initial scrutiny at our 14 Sep 2016 Meeting.

Internal Audit Report: Review of the HIV Service

Board Members may be aware that an internal audit report on the HIV services joint funded by the NHS and Surrey County Council was published on 27 April. This featured one high priority recommendation and a number of medium priority recommendations. The findings will also be reported to the Audit and Governance Committee on 26 May.

I have sought assurance from officers that this is being taken forward by the relevant services, and asked that they report progress against the audit's Management Action Plan at our meeting on 7 July. In this way, I believe we can add best value by monitoring progress and ensuring any concerns are being suitably addressed.

I will also ask officers to circulate this report to you, please do contact me if you've specific comments that you wish addressed by that update to our next meeting.

Finance

Public Health Budgets.

Following our briefings earlier this year, we will establish a small working party to continue to scrutinise the Public Health Budgets. The first meeting of this working party will be held after the first quarter budget report is available, probably towards the end of July.

For the 2016/17 year we will try to help minimise the impact of the necessary 20% cut to the budget. For the 2017/18 year we will help to identify savings in good time for budget setting early in the 2017 calendar year. Currently additional 10% savings are assumed for 2017/18.

Financial Pressures on Surrey's Health Service

The health service in Surrey is undergoing a time of increasing demand and reducing resources. The pressure is reflected in higher savings targets, although these remain significantly less than those required in social care due to the

government announcing the NHS budget as protected. Savings may result in risks to the quality of services. The WHSB will need to consider how to detect and evaluate the impact of any adverse impacts on the residents of Surrey arising from this source.

Local Matters

Surrey Downs CCG Community Hospital Services Consultation

Surrey Downs CCG is currently conducting a 14 week public consultation on a review of community hospital services to look at inpatient (overnight) rehabilitation care, as well as day clinics and other specialist appointments. This includes some options for how services could be delivered in future. This consultation ends on 5 May and I have asked Tim to take this forward and respond on behalf of the Board. You are also welcome, of course, to make your individual views known through the consultation process.

Estate Redevelopment at Epsom and St Helier University Hospitals NHS Trust

Members may recall that at our Meeting of 2 July 2015 we heard from the CEO, Daniel Elkeles, an outline of the apparent need to replace the aging buildings at the Hospitals. Subsequently Daniel has committed to deliver a preferred option for the redevelopment by the end of June.

On 19 Mar 2016 Daniel and his management team hosted 2 events at which members of the public were invited to help to fix the criteria against which the options for redevelopment will be evaluated. Several WHSB Members took part in these events.

We will invite the Trust to our WHSB meeting on 7 July 2016 to outline the preferred option and how they will undertake public consultation.

Quality Summit at Epsom and St Helier University Hospitals NHS Trust

I will be attending a Quality Summit on 1 June 2016. The Quality Summit will follow the standard form under which the Care Quality Commission will present the findings from its recent Inspection. The Trust will then respond to the Inspection findings and set out what it is doing to address the issues raised and what, if any, additional support it needs.

Following this, focus will shift to agreeing a high level action plan in response to the findings.

Forward Planning

WHSB Reset Event

I intend to hold this event early in the new Council Year with the objective of refreshing our approach to scrutiny, particularly through the work of our Member Reference Groups. I hope that all WHSB Members will be able to attend.

There are 2 important sources that I believe can impact significantly on our work in the coming year:

1. NHS Planning Guidance on Delivering the NHS 5 Year Forward View.
The Guidance defines 9 'must dos' for each STP Footprint in 2016/17 including, for example, getting back on track with access standards for A&E and ambulance waits; actions to address the sustainability and quality of general practice; and the 2 new mental health access standards. We need to reflect on which of the 'must dos' are particularly relevant to our residents and examine how effective the actions are in addressing them.
2. 360 Degree Assessments for Clinical Commissioning Groups.
Each of our 6 CCGs is required by NHS England to invite annual 360 degree evaluations of their performance from a number of the CCG's partners. The majority of Surrey CCGs invite either the Chairman of WHSB or an MRG Member to provide this feedback, giving us and the CCGs the opportunity to discuss shared priorities and ways to work better together.

Bill Chapman
Chairman, Wellbeing and Health Scrutiny Board