

Notice of Meeting

Wellbeing and Health Scrutiny Board

**Date & time**

Tuesday, 3 May
2016 at 10.30 am

Place

Ashcombe Suite
County Hall Penrhyn
Road Kingston upon
Thames KT1 2DN

Contact

Andrew Spragg or Lucy
Collier
Room 122, County Hall
Tel 020 8213 2673 or 020
8541 8051

Chief Executive

David McNulty

andrew.spragg@surreycc.gov
.uk or
lucy.collier@surreycc.gov.uk



We're on Twitter:
@SCCdemocracy

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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 Andrew Spragg or Lucy Collier on 020 8213 2673 or 020 8541 8051.

Elected Members

Mr W D Barker OBE, Mr Ben Caraso (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
- 4)

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 (**27 April**).
2. The deadline for public questions is seven days before the meeting (**Wednesday 25 April**).
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 ASHFORD AND ST. PETER'S HOSPITALS AND ROYAL SURREY COUNTY HOSPITAL MERGER UPDATE

(Pages 5
- 24)

To provide members with an overview of the reasons for the pause in the proposed hospital merger planning.

7 NORTH WEST SURREY CCG COMMUNITY HEALTH PROCUREMENT REPORT

(Pages
25 - 30)

To provide the Wellbeing and Health Scrutiny Board with details of the process being employed by the CCG, an overview of plans, and where

the CCG currently is in the process.

8 SASH VIRGINIA MASON INSTITUTE COLLABORATION REPORT (Pages 31 - 38)

This report provides members with an overview of the partnership between SASH and the US medical institution's five year programme.

9 RECOMMENDATIONS TRACKER AND FORWARD WORK PROGRAMME (Pages 39 - 48)

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

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

10 DATE OF NEXT MEETING

The next meeting of the Board will be held at 10.30 am on 16 September 2015.

David McNulty
Chief Executive

Published: 22 April 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 16 March 2016 at Ashcombe Suite, County Hall, Kingston upon Thames, KT1 2DN.

These minutes are subject to confirmation by the Board at its meeting on Tuesday, 3 May 2016.

Elected Members:

- * Mr W D Barker OBE
- * Mr Ben Carasco (Vice-Chairman)
- * Mr Bill Chapman (Chairman)
- A Mr Graham Ellwood
- A Mr Bob Gardner
- * Mr Tim Hall
- * 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:

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

41/16 APOLOGIES FOR ABSENCE AND SUBSTITUTIONS [Item 1]

Apologies were received from Bob Gardner, Graham Ellwood and Lucy Botting.

42/16 MINUTES OF THE PREVIOUS MEETING: [Item 2]

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

An amendment is to be made to item 6, page 7, paragraph 6 to read:

'Member's questioned the reasoning behind the whistle blowing incident which was said to be a result of culture, poor communication and negative attitudes'.

43/16 DECLARATIONS OF INTEREST [Item 3]

None received

44/16 QUESTIONS AND PETITIONS [Item 4]

None received

45/16 CHAIRMAN'S ORAL REPORT [Item 5]

There was no oral report at this meeting.

46/16 RECOMMENDATIONS TRACKER AND FORWARD WORK PROGRAMME [Item 6]

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

The Chairman suggested the following possible items for the May meeting:

- Merger of Royal Surrey in Guildford and Ashford and St Peter's.
- Children's Safeguarding in the NHS
- North West Surrey CCG Adult Community Services Procurement
- SECAMB

47/16 PUBLIC HEALTH BUDGET AND SAVINGS PLAN REPORT [Item 7]

Declarations of interest:

None

Witnesses:

Ruth Hutchinson, Deputy Director of Public Health

Andrew Healey, Principal Accountant

Catherine Croucher, Public Health Consultant

Key points raised during the discussion:

1. The Deputy Director introduced the report. The Board asked a number of questions which were responded to by the officers present before moving to recommendations.

Recommendations (Public):

It was agreed that:

- Public Health to communicate the outcome of the provider negotiations regarding final budget figures.
- The Board recognised the efforts made by Public Health to improve realistic efficiencies across Surrey by working together.
- That Public Health returned to the Board to review the performance and progress against saving plans.
- Plans for re-procurement of major services were also agreed by the Board to be discussed at a later date.

48/16 PUBLICITY FOR PART 2 ITEMS [Item 8]

The Board agreed that information given under the Part 2 item would not be made available to the public.

49/16 HEALTH INEQUALITIES IN SURREY WORKSHOP [Item 9]

The Board took part in a workshop implemented by Public Health England to assist the Board members understanding of the nature and causes of health inequalities in Surrey.

Key points raised during the discussion:

1. Mental Health and life expectancy were considered important areas for scrutiny. Due to the rise of mental health issues in Surrey, the Board looked at the impacts different illnesses. It was suggested that the correlation between mental health illness, exclusion from society, anti-social behaviour and life expectancy reduction made it an area the Board should investigate further.
2. The Board discussed Surrey's more deprived areas and suggested they were impacted by numerous health inequalities. There was a discussion around areas of high deprivation in Surrey. Deprivation was said to lead to a higher risk of illness, poor diet and wellbeing issues.
3. Members agreed that roads were a key area when looking at health inequalities within Surrey. This was said to be caused by road accidents and fatalities on Surrey roads. It was stated that there is a joint task group with Surrey County Council and Surrey Police organised to look further into the issue.

Recommendations:

1. That the Chairman and Vice-Chairman met with the Public Health Consultant to further develop the Board's scrutiny of the three areas identified by Members: mental health, deprivation, road safety.

50/16 DATE OF NEXT MEETING [Item 10]

The Board noted its next meeting will be held at 10.30 am on Tuesday 3 May 2016 in the Ashcombe Suite.

Meeting ended at: 13.05 pm.

Meeting ended at: 13.05pm

Chairman

Wellbeing and Health Scrutiny Board
Tuesday 3rd May 2016

Update on proposed hospital merger

Purpose of the report: Scrutiny of Services and Budgets

Request from the Wellbeing and Health Scrutiny Board on reasons for the pause in the proposed hospital merger planning.

Introduction

Ashford & St Peter's Hospitals and Royal Surrey County Hospital NHS Foundation Trusts were proposing to merge. However, in March 2016 the merger was paused primarily to allow time to focus on the deteriorating financial situation at Royal Surrey County Hospital. NHS Improvement is now providing support to Royal Surrey in the form of an investigation.

Rationale for proposed merger and current situation

The attached presentation gives details on the background and rationale for merger, the current situation and the reasons for that, and the wider strategic context moving forward.

Conclusions:

While the proposed merger has been paused, the two Trusts continue to work together on a number of joint projects, and are both actively participating in the Sustainability and Transformation Planning footprint (Surrey Heartlands).

Public Health Impacts

The rationale for merger was to ensure the Trusts were able to provide sustainable healthcare (clinically and financially) into the future. A wider strategic planning process is now starting with Surrey Heartlands, looking at how the whole system works together to provide sustainable healthcare into the future.

Recommendations:

To receive the report and invite a further presentation to update the Committee at the appropriate time.

Next steps:

Both Trusts will await the outcome of the investigation by NHS Improvement before deciding next steps.

Report contact:

Giselle Rothwell, Head of Communications, Ashford & St Peter's Hospitals NHS Foundation Trust,
or Robyn Jarrett, Head of Communications, Royal Surrey County Hospital NHS Foundation Trust

Contact details:

giselle.rothwell@asph.nhs.uk
robynjarrett@nhs.net

Update on proposed merger pause

Page 7

May 2016



Working together to put **patients first**

Overview

- Our journey so far
- The decision to pause
- What happens next?

Page 8



The journey so far

The demands on the NHS are changing and standing still is not an option



- People are living longer, often with multiple and complex health conditions
- Hospitals are also continually improving standards, responding to the national quality agenda - this includes increasing access to 7-day consultant cover in key specialties and more nurses on our wards looking after patients



- We're investing in the latest technology, both clinical equipment and electronic patient records systems which can improve the experience patients have and the outcomes we achieve



- But all this is expensive and the money hospitals are given to provide care is getting less, while our costs are going up
- In addition, the shortage of nurses and doctors has meant a reliance on expensive agency staff, new technology is expensive and the pressure on our NHS is becoming increasingly difficult

The journey so far

Recruitment and retention is probably the biggest challenge we face



- Both organisations face real challenges in recruiting and retaining staff, particularly clinical staff
- Since the Francis review in 2013 staffing establishments have increased to meet higher quality and safer staffing standards
- With national staff shortages in many areas, both organisations are facing increasing vacancy and turnover rates, which is a growing challenge
- Leading to increasingly creative recruitment solutions including recruiting from abroad
- And high levels of agency spend despite the new agency cap

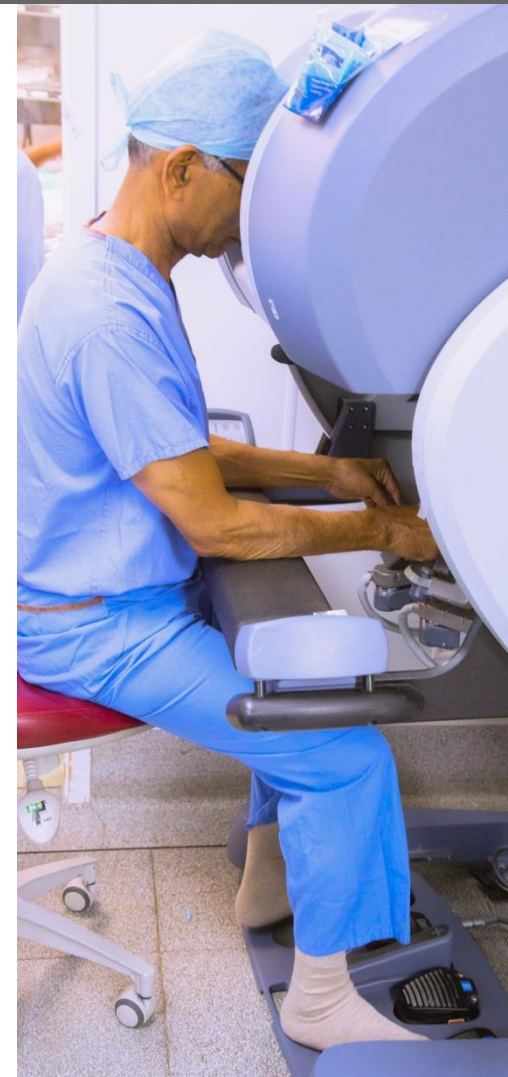
The journey so far

Recruitment and retention is probably the biggest challenge we face

		2014	2015	2016
Ashford & St. Peter's Hospitals	Establishment increase	+4%	+7%	+3.5%
	Vacancy rates	8.3%	8.8%	11%
	Turnover rates	14.6%	14.4%	16.7%
Royal Surrey County Hospital	Establishment increase	+0.5%	+4.5%	+5%
	Vacancy rates	9%	9%	8%
	Turnover rates	12%	16%	14%

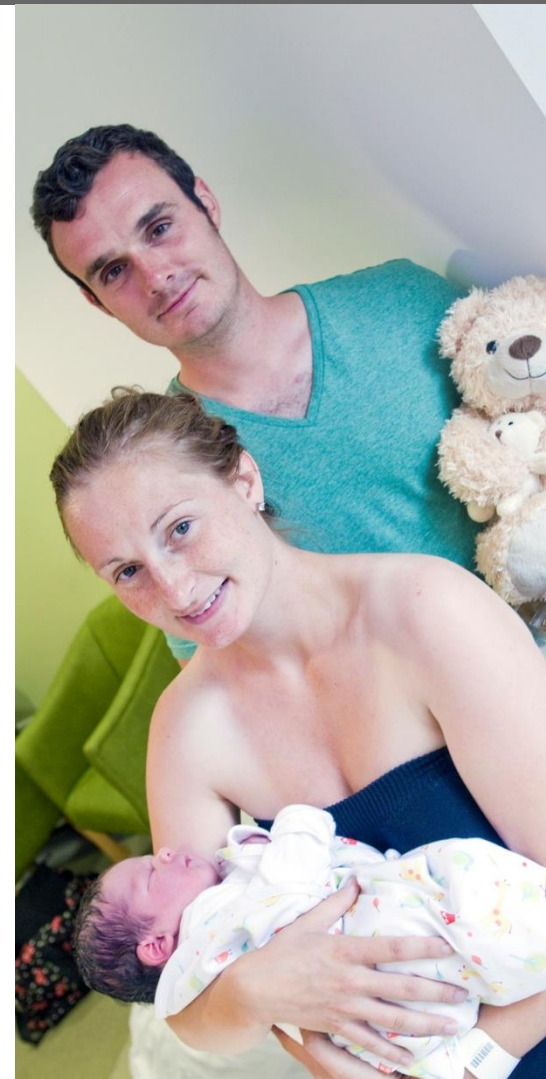
Royal Surrey – recent investment in services

- Continued investment in cancer services including:
 - Radiotherapy machine replacement programme
 - New cutting-edge equipment including a stereotactic radiotherapy machine, two da Vinci Si Robots and a Tomosynthesis machine (to improve breast cancer detection)
 - New radiotherapy unit at East Surrey Hospital
- A new eye clinic which has significantly improved patient experience following a rapid growth in demand
- Improving emergency care by redeveloping the emergency assessment unit and resus ward and a new intensive care extension
- New maternity delivery suite including facilities for high risk water births and a 'home away from home' high dependency unit
- New operating theatre and recovery area
- Major refurbishment of our wards and service areas, including pharmacy and a new Musculoskeletal hub and new endoscopy suite
- Expansion of car parking facilities
- Redeveloped front hall and restaurant



Ashford & St Peter's – recent investment in services

- Complete redevelopment of outpatients department at Ashford Hospital
- New hybrid vascular theatre at St Peter's allowing more complex, less invasive procedures
- New admissions lounge at St Peter's Hospital
- Brand new state-of-the-art Abbey Birth Centre which is midwife-led
- Managed equipment service to replace and upgrade all imaging equipment and patient areas across the Trust
- Recent installation of new MRI scanner at Ashford Hospital
- New chemotherapy service at Ashford Hospital
- New dedicated cardiac unit at St Peter's Hospital
- Ongoing development of our Electronic Medical Record
- New Urgent Care Centre at St Peter's Hospital
- Continued developments in car parking facilities



Two historically well performing foundation trusts



Page 14

- Both Trusts have a good track record, particularly on quality, with both rated as **good** by the Care Quality Commission
- They both also continue to achieve low mortality rates and hospital acquired infections
- This is recognised externally as both Trusts are named as CHKS Top 40 Hospitals, while Ashford & St. Peter's won the 2015 CHKS national Quality of Care Award and are also shortlisted for the 2016 award
- Royal Surrey won the 2014 CHKS national Patient Safety Award and is shortlisted for 2016 Patient Safety and Quality Improvement awards
- Yet each Trust is now facing considerable challenges, as are many other Trusts across the country

The journey so far

To keep delivering excellent care across Surrey we need to create scale



Page 15

- To ensure we meet rising quality standards and have the necessary expertise for our more specialist services, it's critical to have access to a larger population
- Scale gives us the opportunity to secure and enhance specialist services, such as specialist cancer and cardiovascular care and treatments
- Ashford & St Peter's and Royal Surrey already provide a complementary range of specialist services suggesting a good fit for merger
- Combining rotas for consultants in certain specialties would mean we could provide consultant review seven days a week
- A merger could also mean significant savings of around £10m every year

How we got to where we are

- In May 2014 both Boards closely scrutinised a very detailed business case looking at options to work in partnership, not to do anything or to merge our two Trusts
- They agreed that merging our two trusts gave us the greatest opportunity for long-term sustainability and driving tangible patient benefits and delivering the national quality improvement agenda
- We went through a long and rigorous analysis by the Competition Markets Authority who finally cleared our proposed merger plans in September 2015
- Our Boards then approved a revised business case in January 2016, agreeing to proceed towards a proposed merger



The decision to pause

- By March, our organisations were facing growing challenges that both Boards agreed needed to be addressed prior to proceeding with the proposed merger
- In particular, the deteriorating financial position at Royal Surrey meant the proposed new organisation was now unlikely to realise the anticipated benefits that merging would deliver
- From an initial deficit forecast of £2m at the beginning of the year, Royal Surrey's deficit increased rapidly in quarter four
- Therefore in March 2016, both Boards made the difficult decision to pause the proposed merger planning to allow more time to focus on securing a stable financial base
- This was not a decision either Board took lightly, given the work and costs put into the merger planning, but both were clear that resolving the immediate financial difficulties was the priority
- It also allows Ashford & St. Peter's time to focus on their emergency pathway, which is struggling to cope with an ever increasing demand

Royal Surrey's action plan to get back on track

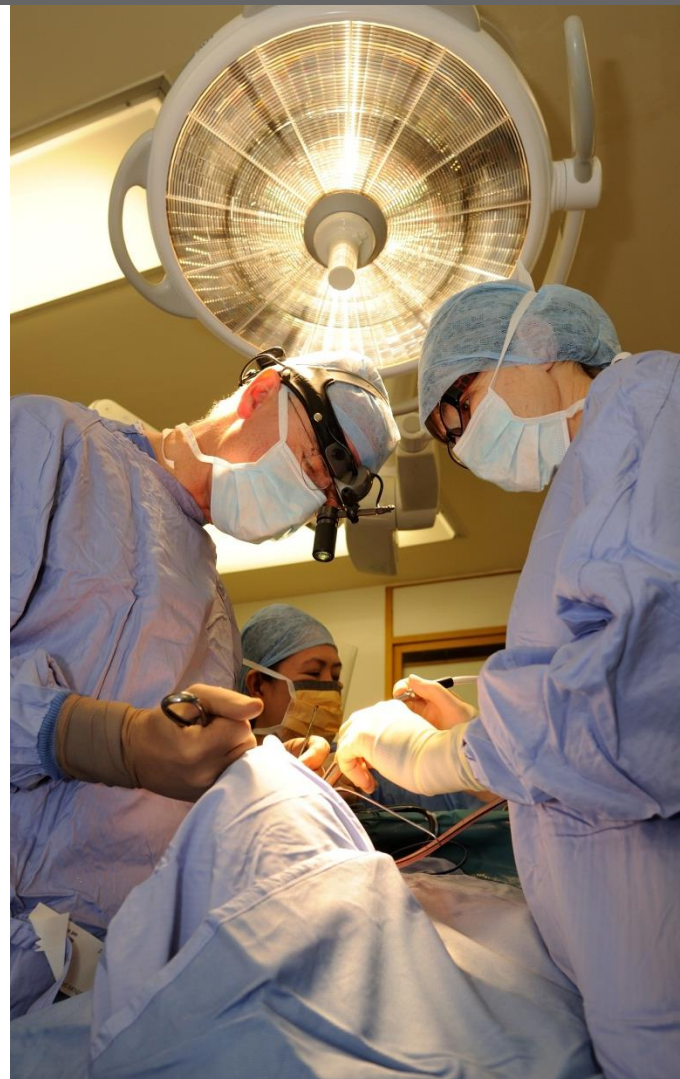


Page 18

- The Royal Surrey executive team needs time to focus completely on addressing this concern, away from the diversion of the proposed merger
- In April the Trust appointed a specialist Turnaround Director whose role is to deliver efficiencies and cost savings which will restore financial stability
- He will also advise the Board on how to improve the financial performance of the Trust to enable it to meet financial and nationally set waiting time and performance targets

Royal Surrey's action plan to get back on track

- The Trust has welcomed an investigation by NHS Improvement and looks forward to its recommendations and support
- The Board knows that some very difficult decisions will need to be made for the Trust to regain its financial stability and to achieve nationally set waiting time and performance targets
- The turnaround of the Trust will not happen overnight and the recommendations of both the Turnaround Director and NHS Improvement will be implemented as part of the 2016/17 strategic, operational and financial plan
- As a result Royal Surrey will be more efficient and better able to provide sustainable high quality healthcare into the future



What happens next



- Once NHS Improvement has concluded its investigation at Royal Surrey its Board will consider and implement their recommendations for the Trust
- We are all clear that the original rationale for the proposed merger remains – to create the necessary scale which will enable us to develop sustainable healthcare services for the future, clinically and financially
- However, we will need to wait until the conclusion of this current investigation to decide on specific next steps
- In the meantime, both hospital Trusts continue to work together on a number of joint projects where that will benefit patients

New strategic opportunities



Page 21

- Both Trusts are now part of the Surrey Heartlands Partnership – the new Sustainability and Transformation Plan ‘footprint’ for wider strategic planning, part of the response to the NHS Five Year Forward View
- Surrey Heartlands includes commissioners and providers from the Surrey Downs, Guildford & Waverley and North West Surrey CCG areas and importantly includes Royal Surrey, Ashford and St Peter’s and Epsom hospitals. It also includes Surrey CC and community providers as well as primary care representatives and is actively engaging with voluntary sector organisations in Surrey

New strategic opportunities

- There is no doubt that creating scale is the only way to ensure a sustainable future for local healthcare services and this new planning footprint will incorporate much of the clinical work we have already been doing as part of the merger planning
- Both Trusts are already working together on a new stroke pathway in response to the commissioner-led Surrey Stroke Review – an example of collaborative working that has not been lost due to the merger pause
- We also know that the outcomes of the recent Carter Review into delivering efficiencies presents further opportunity to build on work we have already started



Next steps



Page 23

- The Surrey Heartlands Partnership offers an opportunity for closer collaboration across the system and will be able to build on the joint work we have done so far
- In the meantime, while we await the outcome of the investigation by NHS Improvement we can be reassured that taking a collective approach across the system will help secure a more positive future for local health services in Surrey

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Wellbeing and Health Scrutiny Board
3 May 2016

Adult Community Health Services Procurement Update

Purpose of the report: Scrutiny of Services and Budgets – update about procurement plans.

North West Surrey CCG is currently undertaking a competitive procurement exercise to secure adult community health services. This report provides the Wellbeing and Health Scrutiny Board with details of the process being employed by the CCG, an overview of plans, and where the CCG currently is in the process.

Introduction

1. North West Surrey CCG has a community health care contract with Virgin Care Services Ltd which expires on 31 March 2017. This contract covers community health services for children and adults. Parties to the contract include East Berkshire CCG, East Surrey CCG, Guildford and Waverley CCG, North East Hampshire and Farnham CCG, North West Surrey CCG, Surrey Downs CCG, Surrey Heath CCG, Surrey County Council and NHS England.
2. Legal advice has been clear that the terms of the current contract preclude any extension. North West Surrey CCG is therefore undertaking a formal procurement to secure community health services within **North West Surrey** moving forward.
3. This briefing relates to the procurement of **adult community services** in North West Surrey only (by North West Surrey CCG), and describes the procurement plans and timelines, the process being used to govern procurement arrangements and how local people and clinicians are being involved.

Context and background: The current landscape of community health services

4. Community health services are a large part of NHS activity. Across Surrey these services are currently worth about £85 million per annum.
5. There are many different types of community services, including community nursing, adult rehabilitation and therapies, adult physiotherapy, podiatry and children's services including health visitors, school nursing and services for children with complex needs.
6. Children's community health services across Surrey are currently being procured collaboratively between East Berkshire CCGs, East Surrey CCG, Guildford and Waverley CCG, North East Hampshire and Farnham CCG, North West Surrey CCG, Surrey Downs CCG, Surrey Heath CCG, Surrey County Council and NHS England. This procurement is outside the scope of this report.

7. Guildford and Waverley CCG and North West Surrey CCG are independently procuring adult community services for their respective populations. Other commissioners plan to negotiate a new one year contract with current providers or already have contracts that end in 2018 so they do not need to procure services immediately.
8. NWS CCG aspires to deliver adult community health services via a transformed Out of Hospital Care environment. This would see community services, mental health services, social care services, secondary care (acute hospital) services and the voluntary community and faith sector working much more collaboratively around a patient's individual care plan, with core clinical direction coming from a more developed and organised primary care sector led by general practice.

Procurement plans and timelines – North West Surrey CCG

9. The procurement has three stages. Stage one (completed) invited organisations wishing to bid to provide adult community health services to pre-qualify to take part. Stage two involves receiving proposals from pre-qualified bidders. Stage three involves shortlisting bidders to supply final revised proposals. In January 2016 a pre-qualification questionnaire was issued and seven organisations responded. Six of these seven organisations were pre-qualified to take part in the procurement process. One organisation bidder has since withdrawn so five organisations are currently active bidders for this procurement.
10. This procurement is being undertaken using a process developed by NWS CCG to ensure it meets its obligations both under the NHS Regulations and the 2006 Regulations. This is akin to a Competitive Process with Negotiation whereby qualified Bidders will take part in meetings with the CCG to discuss innovative responses to the proposed model of care and to demonstrate how they will work to move towards the development of an overarching Alliance contract over the term of the contract.
11. In recognition of the alliance model and in a bid to accelerate the development of our aspirations to transform Out of Hospital Care through a multi-provider led system, NWS CCG has identified a number of 'Neutral Partners' who will remain neutral and not form part of any bidding entity or support one bidder over another. Neutral Partners will have active roles in a structured and defined process which has been designed to ensure the CCG meets its legal duties. These Neutral Partners will have direct involvement in the selection of the integral, critical partner – the eventual Community Health Services provider - and will influence up to 10% of the final score.

Neutral Partners have been identified as follows:

- Ashford and St Peter's Hospitals NHS Foundation Trust (Provider)
- Surrey and Borders Partnership NHS Foundation Trust (Provider)
- General practice representatives (commissioners)
- Social care representatives (commissioners)

12. The Request for Proposals (RFP) was issued to shortlisted bidders on 1st April 2016. The timetable for completion of the entire procurement process is detailed below:

13. Procurement timetable

Initial Proposals	
1st April 2016	Issue initial RFP to qualified Bidders
8th April 2016 (2.30-4.30pm)	Bidder Information Session
19th April 2016	Neutral Partners Session (one hour per Bidder)
20th or 22nd April	First negotiation meeting between CCG and Bidders (two hours per Bidder)
Noon on 27th April 2016	Deadline for clarification requests for Initial Proposals
28th or 29th April 2016	Second negotiation meeting between CCG and Bidders (two hours each)
Noon on 9th May 2016	Initial proposal submissions
30th May 2016	Issue of feedback about initial proposals, notifying Bidders whether they have been shortlisted for final stage, plus issue of updated RFP if required
Final Proposals	
c. w/c 13 th June	Third negotiation meeting - shortlisted Bidders only (two hours each)
22nd June 2016	Neutral Partners Session – shortlisted Bidders only (up to two hours per Bidder)
Noon on 22nd June 2016	Deadline for clarification requests for Final Proposals
Noon on 30th June 2016	Final proposal submissions from shortlisted Bidders
14th July	Bidder presentations
Contract Award and Mobilisation	
27th July 2016	Notification of Contract Award and beginning of standstill period
10th August 2016	Standstill period ends
31st August 2016	Final deadline for contract signature
Sept 2016-March 2017	Mobilisation
1 April 2017	Service commencement

Procurement governance and engagement

14. A Programme Board meets at least monthly to oversee progress and provide strategic direction.
15. Identified Neutral Partner representatives attend Programme Board meetings as deemed appropriate.
16. There is an operational programme team working across NWS CCG with input from identified subject matter experts. The team includes specialists in procurement, contracts, communications, information governance, information management and technology, workforce and human resources, estates and finance.
17. A clinical reference group made up of senior clinicians met regularly to review all service specification content, approving the final documents for release. . Members will continue to meet following evaluation of the initial proposals and delivery of negotiation meetings in

order to actively engage and support any necessary refresh of the RFP in advance of the submission of Final Proposals from shortlisted bidders, if so required.

18. Specialist procurement and legal advisors are supporting the delivery of robust processes.
19. Voluntary sector organisations and service user groups have been involved in reviewing specifications and will support the process on an on-going basis including the evaluation of tenders and activities to be delivered post award of contract.

In particular, a number of public and stakeholder events were run across the county, as well as a number of more focused 'co-design' events across North West Surrey bringing together patients, community and voluntary organisations and wider stakeholders. All the feedback from the events has been taken into account during the various planning stages, and most recently members of the CCG's community services patient advisory group gave a brief presentation on key themes to the bidders, describing issues of most importance to patients and service users. Moving forward, service users will also play a part in the evaluation where appropriate.

20. In addition, over 300 people completed a survey telling us about their service and delivery priorities. Information has been released through Facebook, Twitter and press releases. Feedback from events and other information about the procurement is available at www.nwsurreyccg.nhs.uk/improvingcommunityservicesinsurrey. This website is available to the public and is updated regularly.

Conclusions

21. NWS CCG is working collaboratively with commissioning and neutral provider partners to procure adult community health services, with a planned effective start date of 1 April 2017.
22. There is a clear governance structure and local people and clinicians have been involved in planning and priority setting.
23. Each CCG has its own plans to secure adult community services. This is due to different end dates of current community services contracts and different service needs and priorities within the regions.

Recommendations

24. The Wellbeing and Health Scrutiny Board is asked to note that North West Surrey CCG has embarked on a community health services procurement – for adults - based on a Model of Care which includes a number of fundamental design principles for the benefit of patients:
 - a) People-centred integration of health and care services.
 - b) Whole system care navigation.
 - c) Sustainability of the local acute Trust (Ashford & St Peter's Hospitals).
 - d) Mental health equality.
 - e) Care provision at the most appropriate place.
 - f) Age-appropriate care.
 - g) Effective transition of children and young people into adult services.

Next steps:

25. The commissioners will provide the Wellbeing and Health Scrutiny Board with an update about the results of the procurement in September 2016.

Report contact: Julia Ross, Chief Executive, North West Surrey CCG

Contact details: c/o Georgina Jenkins
Executive Assistant
NHS North West Surrey Clinical Commissioning Group
58 Church Street, Weybridge, Surrey KT13 8DP
01372 232400
Georgina.Jenkins@nwsurreyccg.nhs.uk

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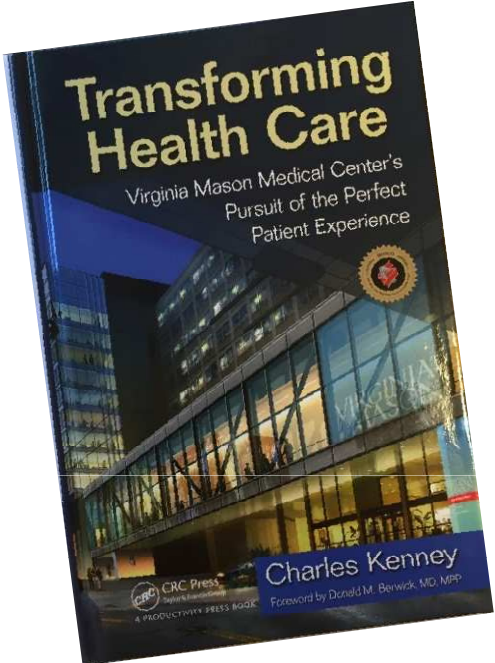


Wellbeing and Health Scrutiny Board

May 2016

Background

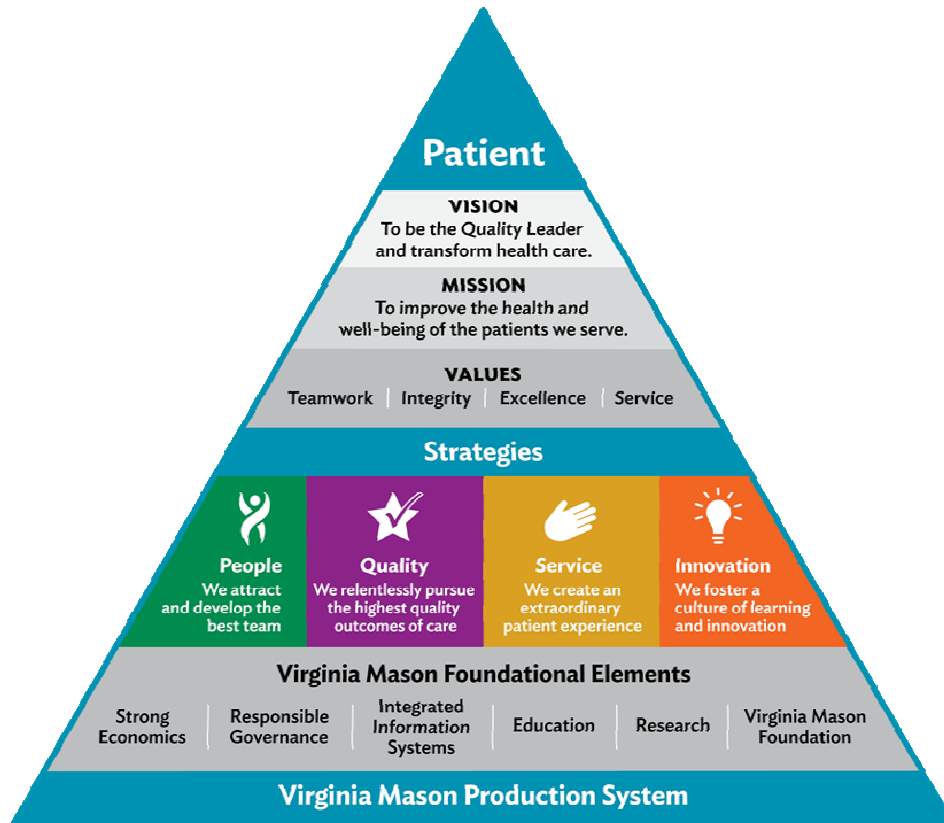
- **Ambitious development programme** – part of new initiative launched by Jeremy Hunt, Secretary of State for Health
- **SASH selected** as one of just **five NHS Trusts** in the country
- **Led by clinicians and leaders** from the **Virginia Mason Institute (VMI)**
- Virginia Mason Medical Center: **USA’s ‘Hospital of the Decade’**
- **Virginia Mason clinicians and leaders** will **mentor and work with SASH leaders and teams** to teach and share principles and systems **to help** us to **continue to improve patient safety and experience**
- Virginia Mason Production System(VPMS) is **a leader in setting patient care quality standards** in the US
- **Competitive application process** – including site visit and presentation following shortlisting



Page 32



About Virginia Mason



- Founded in 1920, a **non-profit integrated health care system in Seattle**
- **336 bed acute care medical center**
- **Nine locations** with regional medical centres around Seattle
- **470+ physicians**
- **5,500+ employees**
- **16,000 admissions per year**
- **800,000+ patient visits** and procedures per year
- **Turnover \$1billion**
- **Graduate medical education**
- **Research Institute Foundation**
- **Virginia Mason Institute**

Page 33



Our priorities - workstreams

Cardiology:
inpatient flow

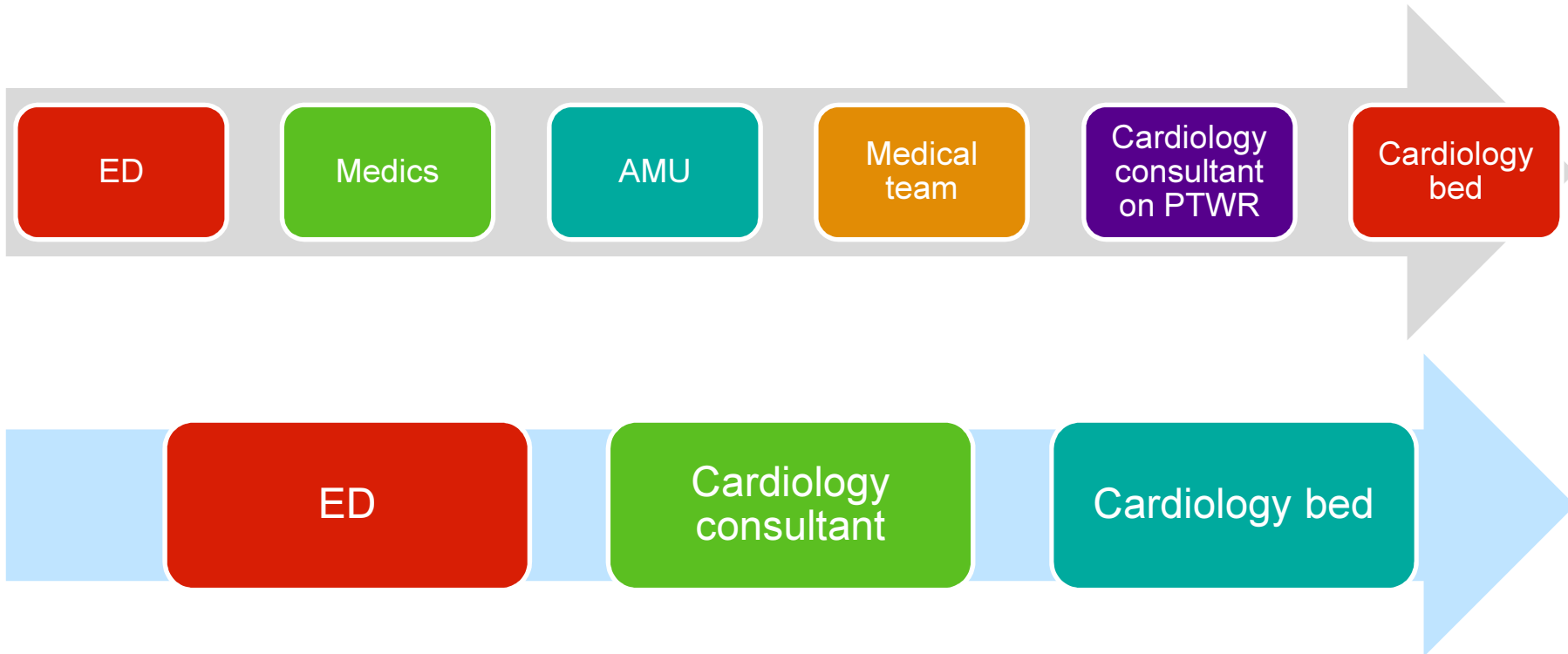
Outpatients

Management
of diarrhoea



Cardiology workstream

✓ Rapid Process Improvement Workshop

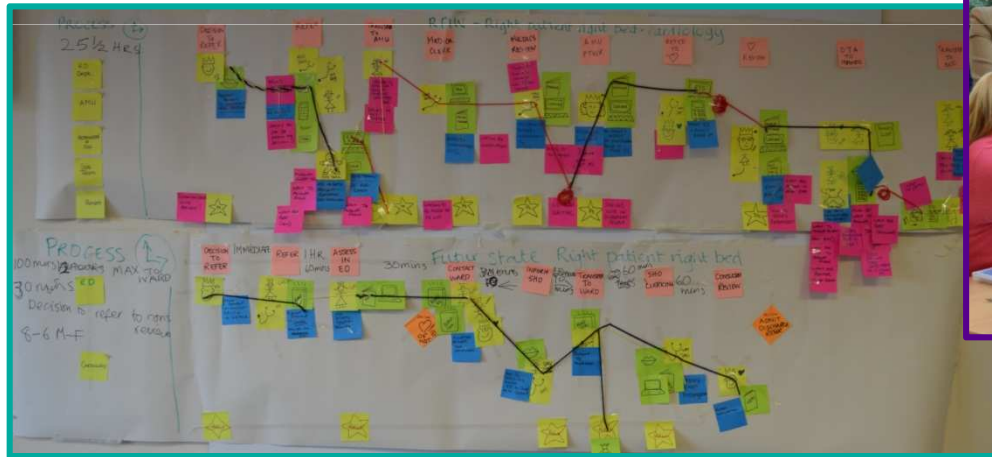


Page 35



Our journey

- ✓ Learning process
- ✓ Staff development
- ✓ Engagement and involvement of patient and carer
- ✓ Benefits – short and long term





Thank you - questions?

Page 37



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ANNEX 1

**WELLBEING AND HEALTH SCRUTINY BOARD
ACTIONS AND RECOMMENDATIONS TRACKER – UPDATED APRIL 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
SCO68	Better Care Fund Locality Hubs	<p>That the Committee reviews the financial and quality outcomes of the three locality hubs throughout 2015 and 2016.</p> <p>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.</p>	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]	<p>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 finances and;</p> <p>2. That the Board is involved as part of future public engagement on this issue.</p>	ESTH Chief Executive	<i>Members attended a number of public events to launch the strategy and an item has been added to the Forward Work Programme for July 2016.</i>	July 2016

Number	Item	Recommendations/ Actions	Responsible Member (officer)	Comments	Due completion date
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	<i>Public Consultation has started on the options for SD CCG's community hospital. The closing date for response is 5 May</i>	<i>May 2016</i>
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>Added to the Forward Work Programme.</i>	<i>September 2016</i>
SC074	Access to Primary Care [Item 6]	<p>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 team to explore publicity relating to expectation of delivery of primary care services.</p> <p>The Scrutiny Board will schedule further</p>	Cabinet Member for Health and Wellbeing		<i>July 2016</i>

Number	Item	Recommendations/ Actions	Responsible Member (officer)	Comments	Due completion date
		scrutiny on new models of local delivery of primary care			
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	<i>Added to the Forward Work Programme.</i>	<i>May 2016</i>
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>	<i>May 2016</i>
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 of interventions they receive and what differences these have made</p>	Head of Mental Health Specialised Commissioning, NHS England South		<p><i>September 2016</i></p> <p><i>January 2017</i></p>

Number	Item	Recommendations/ Actions	Responsible Member (officer)	Comments	Due completion date
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>Added to the Forward Work Programme for July 2016</i>	<i>May 2016</i>
SC079	Public Health and Savings plan Report [Item 7]	<p>Requests that Public Health communicates the outcome of the provider negotiations regarding final budget figures and return to the Board to review the performance and progress against saving plans.</p> <p>The Board recognised the efforts made by Public Health to improve realistic efficiencies across Surrey by working together.</p> <p>It was agreed by the Board that the plans for the re-procurement of major services will be discussed at a later date.</p>	Deputy Director of Public Health		

Number	Item	Recommendations/ Actions	Responsible Member (officer)	Comments	Due completion date
SC080	Health Inequalities in Surrey Workshop [Item 9]	The Chairman and Vice-Chairman will meet with the Public Health Consultant to develop the Board's scrutiny of the three areas identified by Members.	Deputy Director of Public Health		

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Date	Item	Why is this a Scrutiny Item?	Contact Officer	Additional Comments
May 2016				
3 May	Ashford and St. Peter's Hospitals and Royal Surrey County Hospital Merger	Scrutiny of Services – The Board will receive a report on the process followed for the two Trust's merger and the next steps following the decision to stop the proposal.	Suzanne Rankin, Chief Executive, Ashford & St Peter's Pete Dunt, Chief Executive – Royal Surrey Giselle Rothwell, Head of Communications	
3 May	NW Surrey CCG Community Health Procurement	Scrutiny of Services – Surrey CCG's are embarking on a procurement process for the provision of adult community health services. NW Surrey CCG will update the Board on their plans.	Julia Ross, Chief Executive, NWS CCG Amber Byrne, NWS CCG, Assistant Procurement Programmes Manager	

Date	Item	Why is this a Scrutiny Item?	Contact Officer	Additional Comments
3 May	SASH - Virginia Mason Institute collaboration	Scrutiny of Services – The partnership between SASH and the US medical institution is a five year programme. The Board will receive a progress report after 12 months of the partnership.	Michael Wilson, Chief Executive – Surrey and Sussex Hospital Trust	
July 2016				
7 July	Stroke Review: Options for Change	Scrutiny of Services – The Board will review the options for reforming the delivery of stroke services in Surrey.	Dr Clare Fuller, Surrey Downs CCG Claire Norfolk, Project Manager, NW Surrey CCG	
7 July	Epsom & St Helier Hospitals Estate Strategy	Policy Development – the Trust is pressing ahead with a redevelopment strategy for its sites as part of the NHS’ Sustainability and Transformation Plan. The Board will review the strategy and emerging options for the estates.	Daniel Elkeles, Chief Executive, ESTH	
7 July	Surrey Transformation Board	Scrutiny of Services - The Board will consider the work and impact of the Surrey Transformation Board which brings together providers and commissioners countywide.	Dr Andy Brookes, Chief Clinical Officer, Surrey Heath CCG	
7 July	Primary and Acute Care System (PACS) Vanguard programme	Policy Development – 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	

Date	Item	Why is this a Scrutiny Item?	Contact Officer	Additional Comments
			Integrated and Urgent Care	
September 2016				
14 Sep	Sustainability and Transformation Plans (STP)	Scrutiny of Services – Every health and care system has to work together to produce a multi-year Sustainability and Transformation Plan (STP), showing how local services will evolve and become sustainable over the next five years – ultimately delivering the Five Year Forward View vision. There are three of these in Surrey and the Board will consider the plans each area has submitted to NHS England	Justin Newman, Health & Wellbeing and Innovation Lead, Surrey County Council CCGs NHS Trusts	
4 Sep	Healthwatch/Scrutiny Planning Workshop	As partners in the health accountability system the Board and representatives from Healthwatch will work together to coordinate future work where appropriate.	Chairman, Scrutiny Officer Kate Scribbins, Chief Executive & Matthew Parris, Engagement and Insight Manager	
14 Sep	Update from Surrey Health and Wellbeing Board	Scrutiny of Services - The Board requested an update from the Health and Wellbeing Board on the progress against its strategic priorities and any possible changes to how it operates from 2015.	Helyn Claack and Dr Liz Lawn, Health and Wellbeing	

Date	Item	Why is this a Scrutiny Item?	Contact Officer	Additional Comments
			Co-Chairs	

To Be Scheduled
Safeguarding in the NHS
SECamb Re-triage Project Scrutiny
Joint Procurement of Children’s Community Health

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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