

Notice of Meeting

Wellbeing and Health Scrutiny Board



Date & time
Thursday, 10
November 2016 at
10.30 am

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

Contact
Andrew Spragg
Room 122, County Hall
Tel 020 8213 2673

Chief Executive
David McNulty

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This meeting will be held in public. If you would like to attend and you have any special requirements, please contact Andrew Spragg on 020 8213 2673.

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

Co-opted Representatives:

Mr Tony Axelrod, Dr Darryl Ratiram

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: 14 SEPTEMBER 2016

(Pages 1
- 16)

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

3 DECLARATIONS OF INTEREST

All Members present are required to declare, at this point in the meeting or as soon as possible thereafter

- (i) Any disclosable pecuniary interests and / or
- (ii) Other interests arising under the Code of Conduct in respect of any item(s) of business being considered at this meeting

NOTES:

- Members are reminded that they must not participate in any item where they have a disclosable pecuniary interest
- As well as an interest of the Member, this includes any interest, of which the Member is aware, that relates to the Member's spouse or civil partner (or any person with whom the Member is living as a spouse or civil partner)
- Members with a significant personal interest may participate in the discussion and vote on that matter unless that interest could be reasonably regarded as prejudicial.

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 (Friday 4 November 2016).
2. The deadline for public questions is seven days before the meeting (Thursday 3 November 2016).
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
17 - 28)

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

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

7 NHS SUSTAINABILITY AND TRANSFORMATION PLAN UPDATES (Pages 29 - 40)

To provide the Surrey Wellbeing and Health Scrutiny Board with an update on progress towards NHS Sustainability and Transformation Plans (STPs).

8 HIV CLINICAL SERVICES IN SURREY (Pages 41 - 46)

To provide the Board with an update on HIV Clinical Service provision in Surrey.

9 CHILDREN COMMUNITY HEALTH SERVICES PROCUREMENT UPDATE (Pages 47 - 52)

NHS Guildford and Waverley Clinical Commissioning Group (GWCCG) has led the procurement process for Children Community Health Services on behalf of the Surrey CCG Collaborative, Surrey County Council and NHS England. A preferred bidder has been identified; public announcement will be made in due course. This report details the procurement process to date and the next steps with regards to mobilisation

10 DATE OF NEXT MEETING

The next meeting of the Board will be held at 10.30am on Monday 23 January 2017

David McNulty
Chief Executive

Published: Wednesday, 2 November 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 14 September 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, 10 November 2016.

Elected Members:

(* Present)

- * 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

Co-opted Members:

(* Present)

- * Dr Darryl Ratiram
- * Mr Tony Axelrod
- Vacancy

Substitute Members:

(* Present)

Members In attendance:

(* Present)

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

Apologies were received from Bob Gardner, Rachael I. Lake, Tina Mountain, Peter Hickman.

Apologies were also received from Helyn Clack

42/16 MINUTES OF THE PREVIOUS MEETING: 7 JULY 2016 [Item 2]

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

43/16 DECLARATIONS OF INTEREST [Item 3]

There were no declarations of interest made.

44/16 QUESTIONS AND PETITIONS [Item 4]

There were no questions or petitions received.

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

The Chairman provided an update to the Board regarding business undertaken after the previous meeting. The Board noted and accepted the Chairman's report.

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

The Board noted and agreed with the recommendations tracker and forward work programme.

47/16 NEXT STEPS FOR SURREY STROKE SERVICES - UPDATE [Item 7]

Witnesses:

Claire Fuller, Chair of the Surrey Stroke Review
Giselle Rothwell, Acting Associate Director of Contracts
Strategic Commissioning, NHS North West Surrey Clinical Commissioning
Group
Matthew Parris, Evidence and Insight Manager, Healthwatch Surrey
Nick Markwick, Surrey Coalition of Disabled People

Declarations of Interest:

None

Key points raised in the discussion:

1. The Chair of the Surrey Stroke Review noted that 2,500 residents within Surrey had a stroke annually, and that there was a higher mortality rate compared to the London region.
2. The Board was told that feedback from service users had highlighted that stroke treatment within the hospital service was considered to be good. Feedback had also shown that after-care was considered to be in need of improvement. The Board was informed that the Stroke Review was seeking to improve the whole pathway for stroke sufferers, including after-care. This pathway was now being considered as the standard for a national model.

3. The Board was informed that proposals had been drawn up to provide three Hyper Acute Stroke Units (HASUs) to be delivered across an East system, a West system and a Surrey and Hampshire border system. These models were undergoing an assurance and feedback process with the next steps being decided by the Clinical Commissioning Group (CCG) Committees in Common in October 2016. The Board was told that if a significant change was required, an extended consultation period would be considered to take into account the winter holidays.
4. Witnesses highlighted that St. Peter's Hospital, Frimley Park Hospital and East Surrey Hospital were being considered for the HASUs. The Board queried whether there would be follow-on care available in Royal Surrey County Hospital, for ease of access for people in high population areas such as Guildford. It was confirmed that there would be an improved focus on after-care services and also encouraging prevention, and that this would reduce the need for acute hospital services.
5. The Board queried whether the financial sustainability of the NHS would see plans needing to change after public consultation. It was explained that working models were changing to ensure continued delivery of service within the financial envelope provided. Witnesses noted that this was a challenge, but that improved ways of working were being developed as a result of this.
6. It was noted by witnesses that there was a robust engagement process in place with patients and stakeholders. The Board questioned the level of consultation and whether deprived groups were reached out to in the consultation process. The service responded that a wide range of groups had been consulted, noting the Stroke Association as an example, as well as service users, to gain a wide insight.
7. The Board queried whether there was any synergy between the Surrey Clinical Commissioning Groups (CCGs) regarding funding priorities. The Chair of the Surrey Stroke Review informed the Board that there was good engagement between the CCGs, highlighting that the Committees in Common works to agree joint funding priorities.
8. The representative of Healthwatch Surrey queried whether there were groups within Surrey that were at risk as a result of the new proposals outlined. A Board Member commented that the high number of patients in a small number of hubs could cause some difficulties which would have to be managed. Witnesses outlined that stroke patients should receive treatment within one hour to produce the best chances for recovery, and that journey times across Surrey had been measured as part of consideration for the sites of the proposed HASUs.

Recommendations:

The Board welcomes the increased emphasis on follow up in stroke services through the review, and recommends:

1. That an update provided to the Board following the final decision by the committee in common on 6 October 2016;
2. That this update demonstrates how consultation activity will engage with identified high risk groups, and those families and patients involved with ongoing care following a stroke.

48/16 GUILDFORD AND WAVERLEY CCG: ADULT COMMUNITY HEALTH SERVICES UPDATE [Item 8]**Witnesses:**

Leah Moss, Deputy Director of Clinical Commissioning, Guildford and Waverley CCG

Liz Uliasz, Deputy Director - Adult Social Care

Hannah Yasuda, Senior Commissioning Manager, NHS Guildford and Waverley Clinical Commissioning Group

Matthew Parris, Evidence and Insight Manager, Healthwatch Surrey

Nick Markwick, Surrey Coalition of Disabled People

Declarations of Interest:

None

Key points raised in the discussion:

1. The Board was informed by the Deputy Director of Clinical Commissioning that Guildford and Waverley CCG had adopted an alliance contract model that would see Virgin Care Services Ltd (VCSL) working to develop a new delivery model, with the option for an eight year extension.
2. The Deputy Director of Clinical Commissioning, Guildford and Waverley CCG outlined that the procurement process was single stage, consisting of 35 key questions and 19 evaluators. It was particularly highlighted that a patient representative, information governance expert and independent GP input were brought in to scrutinise the procurement process as a means of ensuring a non-biased outcome.
3. It was highlighted to the Board that this tailored procurement process was in place to give the most positive guarantee of best outcome of local residents, as opposed to creating a uniform response across all

services.

4. It was suggested by the representative from the Surrey Coalition of Disabled People that the consultation could have been more extensive. Witnesses acknowledge that the report could have set this out in further detail. The Deputy Director of Clinical Commissioning, Guildford and Waverley CCG highlighted that this was the first stage of consultation, and that wider engagement was planned over the next 12 months with all partners to design services.
5. The Board queried the penalties of poor performance and how, after two years the contract would be managed. The service responded that, after 12 months of contract award, there would be an evaluation of outcomes and deliverables. It was noted that this would form the basis for future contract renewal. It was highlighted that contract arrangements had been developed to ensure that the contract was robustly managed, with penalties in place if the provider failed to deliver.
6. The Board queried whether the service included any carer consultation. The service responded that it was looking into new ways of engaging with carers and support workers and would work towards this as a future aim. Members questioned whether it was possible to interview carers regarding pressure and whether they felt properly consulted as part of this process. The service responded that they welcomed this engagement.
7. The Deputy Director for Adult Social Care noted that Surrey County Council was supportive of the work of the CCG and would continue to assist them in their consultation processes.

Recommendations:

The Board thanks Guildford and Waverley CCG for its report. It welcomes the service user and local authority membership at the joint management board.

The Board recommends:

1. That Guildford and Waverley CCG provide further details as to the engagement activities with patients and families undertaken through the procurement process, how this influenced the procurement process, and how this will help inform co-production over the next 12 months;
2. That Guildford and Waverley CCG return to the Board with an update following mobilisation;

Recognising discussions around consistency, the Board also recommends:

3. That Guildford and Waverley CCG consider developing a public-facing scorecard that will enable residents to understand how providers are monitored and how they are performing;

The meeting adjourned at 11.56am and resumed at 12.11pm.

**49/16 NW SURREY CCG: ADULT COMMUNITY SERVICES PROCUREMENT
[Item 9]**

Witnesses:

Rachael Graham, Acting Associate Director of Contracts
Matthew Parris, Evidence and Insight Manager, Healthwatch Surrey
Nick Markwick, Surrey Coalition of Disabled People

Declarations of Interest:

None

Key points raised in the discussion:

1. Witnesses pointed out that the Board had previously requested more information regarding performance and quality measurement within the procurement service. The Acting Associate Director of Contracts highlighted that a comprehensive scorecard of performance indicators had been designed and would be implemented through the new contract to be awarded. Members noted that this was a commendable model; however Members questioned whether this could be made simpler and more transparent to form the basis for a public facing scorecard in future.
2. The Acting Associate Director of Contracts stated that the CCG had recently concluded a competitive procurement exercise and that a new receiving organisation, Central Surrey Health had been awarded preferred provider status. A new, standardised national NHS contract was being formulated to clearly set out terms. It was highlighted that this was a robust way of formulating new contracts.
3. The Board queried whether there were any penalties set within the contract for any breaches made or lower standards of service delivery and whether these penalties could be effectively enforced. The Acting Associate Director of Contracts explained that within the contract's requirement schedules, the consequences of breach are defined for each measure/requirement. The Board asked for an example whereby a financial penalty had been levied. A particular historic case was cited in which a fine of £25,000 was levied for an avoidable pressure ulcer, grade 4.

4. Witnesses explained that the services are currently delivered subject to a single contract across the Surrey CCGs and other responsible commissioners. Attempts had been made by Surrey commissioners to secure service continuation as a wider geography however, Members were informed that, as of December 2015, the decision had been made to disaggregate some of the service groupings, for example, Guildford and Waverley CCG elected to undertake its own procurement for adult services as a means of providing a more localised approach to service delivery.

5. The representative of Healthwatch Surrey questioned the consultation with bidders and current patients and whether this had an impact upon the procurement process. It was responded that this had been a long process and that multiple consultations and engagement events had been held the feedback from which had been incorporated into the service specifications., In addition, the process itself the opportunity for bidders to meet with a group of patient and stakeholder representatives during the bidding process to seek feedback on their proposed service and delivery models. It was hoped that bidders would take this opportunity to learn from this feedback and directly revise or tweak their proposals to accommodate what they had heard. The Board queried the issue of market competition and whether the service had reached the best deal as a result. The Acting Associate Director of Contracts pointed out that this would always be a challenge, but that there was a good level of competition, with seven initial bidders, and two strong bidders to select at the final stage of the procurement process. It was highlighted that there was a culture of transparency within the service with regard to its procurement process to ensure that quality assurance is at the forefront of the service.

Recommendations:

The Board thanks NW CCG for its report, and welcomes the level of engagement with staff and residents through the procurement process. It recognises a wider concern around ensuring continuity of care during key transition points, and consistency of services across Surrey.

The Board recommends:

1. That the Chairman give further consideration as to the Board's role in scrutinising and monitoring the questions of continuity and consistency across Adult Community Services in Surrey;

2. That NW Surrey CCG consider developing a public-facing scorecard that will enable residents to understand how providers are monitored and how they are performing;

3. That NW Surrey CCG share lessons learnt through the disaggregation and mobilisation process with the Board, other CCGs and STP leads;
4. That NW Surrey CCG return to the Board with an update following mobilisation

Rachael Graham left the meeting at 11.35am

50/16 NW SURREY CCG: RE-COMMISSIONING OF PATIENT TRANSPORT SERVICE AND NHS 111 [Item 10]

Witnesses:

Lyn Reynolds, Interim Ambulance Programme Manager, North West CCG
Matthew Parris, Evidence and Insight Manager, Healthwatch Surrey
Nick Markwick, Surrey Coalition of Disabled People

Declarations of Interest:

None

Key points raised in the discussion:

Re-Commissioning of Patient Transport Service

1. The Interim Ambulance Programme Manager, North West CCG explained to the Board the contract awarding process and noted that the contract for non-emergency transport across the six CCGs had been awarded to South Central Ambulance Service (SCAS). It was explained that the contract award process was multi-level, four bidders reached the final stage, with three bidders then submitting a final bid.
2. It was highlighted that there were several engagement events with public and providers to ensure transparency in the contract award. It was also noted that several groups, including the Patient Advisory Group, had input in these consultations, which had provided useful local input for the service.
3. The service outlined the feedback from consultation, highlighting key issues of access for those with visual or hearing impairments, poor communication and the timeliness of the transport service. It was noted that feedback reported positive input regarding staff quality. The service pointed out that performance targets with financial penalties for failure to meet these targets had been set to provide a robust response to criticisms made in consultation. Patient satisfaction surveys were also to be used to gather information relating to performance in quarter four of 2016 and that, after implementation, there would be monthly updates on patient satisfaction levels. The service offered to share the performance metrics with the Board for examination.

4. The service pointed out that there would be a six month mobilisation period for the provider, following the contract award.
5. The Board questioned what provisions were made for acute patient transport upon patient discharge. It was noted that a future on-site team would be available for this. It was also highlighted that the use of technology would improve the service in this regard markedly.
6. The Board queried where the control and operation centres for the service would be located. It was explained that the control centre location had not been finalised, but that the locale would likely be Dorking, while the operation centre would be located in Woking. It was highlighted that these could retain current SECAMB infrastructure to reduce disruption to the service.
7. The Board queried the cost of the new service. The Interim Ambulance Programme Manager, North West CCG responded that the cost for delivery of this service was expected to be in excess of £5 million per annum, noting that this was higher than the current cost as the service had received some investment.
8. The service gave assurance to the Board that its links with partners to improve the quality of transport service were strong, highlighting the new technology links with Surrey Highways to provide traffic updates for drivers.
9. The Board queried the levels of integration with local community transport. It was explained by the Interim Ambulance Programme Manager, North West CCG that the specification for an integration rate of a minimum of 10% had been written in partnership with community transport services to ensure a minimum level of incorporation. This level would then increase year on year over the term of the contract.
10. The Board queried how the management of the new provider would improve going forward. It was explained by the Interim Ambulance Programme Manager, North West CCG that management performance and quality reviews were undertaken monthly and that new management performance indicators had been implemented to improve quality.

Re-Commissioning of NHS 111

11. The Interim Ambulance Programme Manager, North West CCG explained to the Board that the total costing for the NHS 111 service for the Kent, Sussex and Surrey was circa £12 million per annum and that current contract costs were approximately £2.2 million for the four of the Surrey CCGs. It was noted that the original contract costing had been unrealistic and that the contract had been amended as part of

the current contract extension agreement.

12. The service highlighted that the contract for the delivery of NHS 111 had been delivered by SECAMB and Care UK. It was explained to the Board that the contract with SECAMB and Care UK would expire in March 2018. It was noted that due to the expiry date falling on the Easter bank holiday, it could result in a possible extension of the current contract.
13. It was highlighted to the Board that a 24 hour clinical triage service was being developed to meet patient needs within Surrey.
14. The service assured the Board that the procurement process represented best value for money, highlighting the service strategy of applying a Most Economically Advantageous Tender (MEAT) test on procurement offers to ensure high quality and good cost.
15. The service highlighted that the infrastructural necessities that were inherent to a new system was /supported by already existing technological infrastructure.
16. The Board queried the level of consultation and whether those who were disadvantaged or suffered from learning disabilities were adequately consulted in the process. The service highlighted that it had worked closely with key groups representing these demographics, citing the Surrey Coalition of Disabled People and Patient Advisory Group as examples of this engagement, and that the service was seeking out new consultation partners.

Recommendations:

The Board welcomes the update on Patient Transport Service, and the improvements anticipated as a result of the new contract arrangements. The Board recommends:

1. That NW CCG clarify the governance arrangements around integration with community transport;
2. That NW CCG provide a further update to the Board following transition and contract mobilisation.

The Board welcomes the engagement approach taken to re-commissioning the NHS 111 service. It notes concern about whether the footprint will achieve the required economies of scale, and would welcome an update in the future regarding this.

The Board also recommends:

1. That, in order to assist with public engagement, NW Surrey CCG seek to distil the vision for NHS 111 procurement into a clear statement about what they wish to achieve;
2. That NW Surrey CCG clarify how they will seek to engage vulnerable and disadvantaged groups

51/16 DATE OF NEXT MEETING [Item 11]

The next public meeting of the Board will be held on Thursday 10 November 2016 at County Hall, 10.30am.

Meeting ended at: 1.01 pm

Chairman

Chairman's Report to the Wellbeing and Health Scrutiny Board – 14 September 2016

Borough and District Representatives

Welcome to Darryl Ratiram who is the new co-opted representative from Surrey Heath; and Tony Axelrod, who is the new co-opted Representative for Epsom and Ewell. We expect our third co-opted member to join us for the November meeting, following confirmation from the Surrey Leader's Group.

I'd also like to welcome Emma O'Donnell, who has joined Democratic Services, and will be supporting the Board as Committee Assistant.

Progress on the Sustainability and Transformation Plans (STPs)

The next steps for the progress of the STPs has been further clarified, with the latest re-submission date to NHS England being confirmed as 21 October.

This is a national timeframe, and you may have seen public awareness of the plans has increased with recent reports in national media such as the Guardian and BBC.

I note with some disappointment that these plans presently remain unavailable for public scrutiny. It also means that many proposals about the future provision of services are on hold, or considered confidential until these plans are made public. We expect to be able to bring an update from each of the three Surrey STPs to the next Board Meeting on 10 November.

Surrey Heartlands STP has called a meeting on 29 September to form a Members' Reference Group. I shall be pressing for distinct roles for Executive and Scrutiny functions in any arrangements.

I will also be meeting the leadership of Frimley Health STP and of Sussex and East Surrey STP in order to agree a suitable means by which the Board may exercise our scrutiny function.

It is important to note that Surrey provides a relatively small part of the footprint for these two STPs, though the Board will want to consider how the three plans align across Surrey and do not increase inequalities across the county.

Coordination with HOSC Chairmen for SE England, NHS England and the Care Quality Commission

On 14 July I took part in discussions with the other Health Overview and Scrutiny Chairmen and Officers for South East England, NHS SE England and the Care Quality Commission. I was elected Chairman of this group and we will be meeting on a half yearly basis.

We were given an overview briefing by Felicity Cox, NHS Director of Commissioning Services for SE England, the key points of which were:

- Felicity had joined Sir Simon Stevens, Chief Executive of NHS England, and Jim Mackie Chief Executive of NHS Improvement in reviewing the initial STPs for the South East of England. The Surrey Heartlands STP was commended in particular.
- The following were recognised as issues for the STPs:
 - o Governance of the implementation of the STP plans would be challenging
 - o There was a need to obtain buy-in from Elected Members.
 - o It would be likely to be difficult to convince the public of the necessity for changes to health services.
- The Clinical Senate was currently involved in producing recommendations for relocation of some specialist services, including Vascular Services and Cardiology Services. The intention was to concentrate services into centres of excellence, similar to the approach on Stroke Services.
- Conversion courses would be available to pharmacists to enable them to upskill and be involved in Community Pharmacies for which legislation was pending.
- Provision of enough GPs in some parts of the region continues to be a problem with more resignations than ever before. The NHS is taking this up as a national issue.
- The NHS was assisting the Clinical Commissioning Groups (CCGs) with their plans for development of Primary Care. Each CCG will be reporting against a performance dashboard.

The HOSC Chairmen and Officers were also given an overview briefing by Alan Thorne of the Care Quality Commission:

- Having completed its first round of inspections CQC will be reducing the number of inspectors in each inspection, and also prioritising inspections (similar to the OFSTED approach). The focus will be on those institutions in any degree of special measures.
- A proposal will be going for consultation to extend CQC coverage to include independent ambulance services; and independent health service providers.
- The CQC was still concerned about SECamb. The Quality Summit for SECamb is in late September, and we will keep abreast of developments as the inspection findings become publicly available.
- Royal Surrey County Hospital (RSCH) had been rated as 'good', but CQC remained concerned about emergency work and finance and was meeting RSCSH leaders every month.

Social Care Services Board (SCSB)

On 2 September I took part in a meeting of the SCSB on behalf of the Wellbeing and Health Scrutiny Board.

This was to hear reports from the Surrey Safeguarding Children Board (SSCB) and from the Strategic Director of Children's Schools and Families. The reports covered, amongst other topics, Child Sexual Exploitation (CSE), and Female Genital Mutilation (FGM).

The Board heard how SSCB works with a range of agencies, including health partners, to prevent and tackle CSE. You can read the reports in the agenda papers for the meeting, and minutes will be available on the public website in due course¹.

The SSCB has set up a Task and Finish Group on Female Genital Mutilation (FGM). The Group was chaired by Public Health and there was good coordination with the Surrey Safeguarding Adults Board (SSAB), since FGM impacts on women as well as girls.

The Social Care Services Board endorsed a proposal that the Task and Finish Group extends its remit to include 'honour' based violence and Forced Marriage.

My personal view was that legislation on CSE and all 3 of these classes of violence against women and children had been brought into UK law far too late in the day.

National evidence from the most recent Annual Report from the Crown Prosecution Service (CPS) shows that the level of prosecutions and convictions is very poor. This makes the work of the Task and Finish Group on prevention all the more important.

Recommissioning of Sexual Health Services

On 9 September, as recommended by the Board, I had discussions with Lisa Andrews of Public Health on the recommissioning of Sexual Health Services. A paper will be submitted to the Cabinet Meeting of 20 September recommending awarding a 3 year Contract, worth £4 million pa, to Central and North West London NHS Trust, commencing from 1 April 2017.

This will see the number of providers reduce from three to one. Performance for the contract will be monitored against the appropriate nationally defined KPIs.

It is proposed that the new service makes more use of IT communications and a hub and spoke architecture for the delivery of the services. Some detail of where the services will be located has yet to be agreed.

It is proposed to invite Public Health to the Board in 12 months for an update on how the services will have been operating in since the start of the 2017/18 financial year.

Other Meetings Attended Since Last WHSB Meeting

On 13 July I met the Guildford and Waverley CCG CEO, Dominic Wright; and the Commissioning Director, Hannah Yasuda. We discussed a number of items, including the material to be examined in today's Board Meeting.

On 18 August I took part in stakeholder meeting on Stroke Services across West Surrey. This Meeting was hosted by The Royal Surrey County Hospital, and Ashford

¹ The agenda of the meeting is available here (minutes pending):
<http://mycouncil.surreycc.gov.uk/ieListDocuments.aspx?CId=435&MId=5043&Ver=4>

and St Peter's Hospital NHS Foundation Trusts. Much of the subject matter will be covered in our agenda item on the Stroke Service Review today.

On 12 September I met Helyn Clack to discuss Health and Wellbeing Board business. We discussed the significant funding challenges faced by both the NHS and Surrey County Council, the role of the STPs, and how the Board might scrutinise these topics in the months ahead. We also covered the role of the Health and Wellbeing Board in establishing priorities across the county.

Upcoming Meetings

21 September to take part in an event on STPs at the Centre for Public Scrutiny

28 September to take part in a Quality Summit for SECAMB

29 September to take part in a newly forming Members' Reference Group for the Surrey Heartlands STP.

7 October to take part in the WHSB Performance and Finance Group examining Public Health's performance against plan, but more particular the intentions for 2017/18.

ANNEX 1

**WELLBEING AND HEALTH SCRUTINY BOARD
ACTIONS AND RECOMMENDATIONS TRACKER – UPDATED November 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	Progress Check
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>	The Chairman met with the Cabinet Member for Wellbeing and Health to discuss shared priorities and planned activity. It was agreed that they would continue to meet regularly and share common areas of interest and concern.	<i>Complete</i>
SC077	Children's Mental Health [Item 6]	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	Head of Mental Health Specialised Commissioning, NHS England South	The Chairman will write to witnesses asking for a response to this recommendation, and confirmation of when would be	<i>January 2017</i>

Number	Item	Recommendations/ Actions	Responsible Member (officer)	Comments	Progress Check
		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		an appropriate time to report on performance in 2017.	
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	<i>Meeting to be scheduled</i>	<i>January 2017</i>
SC082 3 May 2016	Ashford and St. Peter's Hospitals and Royal Surrey County Hospital Merger Update	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.	Scrutiny officer	<i>This will be added to the forward work programme following confirmation of timescales.</i>	<i>January 2017</i>
SC084 3 May 2016	Surrey and Sussex Healthcare and Virginia Mason Institute Collaboration Report	The Board invites witnesses to come back to this Board and update on progress. The Board recommends: o That the report covers the improvement projects with hard data on the target improvements e.g. on referral		<i>This will be added to the forward work programme following confirmation of timescales.</i>	<i>January 2017</i>

Number	Item	Recommendations/ Actions	Responsible Member (officer)	Comments	Progress Check
		times			
SC085 7 July 2016	SECamb update	<p>That progress updates from the Strategic Partnership Board are shared with the Board as appropriate</p> <p>That SECamb and representatives with the Board recommence quarterly quality review meetings</p> <p>That the Chairman meets with SECamb in three months for an update on progress.</p> <p>That SECamb provides a report in six months outlining the following:</p> <ul style="list-style-type: none"> • Progress against action plan • Key priorities for the next six months • Evidence of improvements brought about as result of changes in the complaint procedure 	Acting Director of Commissioning, South East Coast Ambulance Trust	<p><i>The Chairman wrote to the partnership board requesting updates. There was a commitment to</i></p> <p><i>The Chairman attended the Quality Summit and discussed a shared approach to scrutiny of SECamb with other regional Health Scrutiny representatives.</i></p> <p><i>A regional task group has been proposed and its terms of reference are attached for the Board to review. It is the</i></p>	November 2016

Number	Item	Recommendations/ Actions	Responsible Member (officer)	Comments	Progress Check
				<i>case that this will serve the intentions of the Board's original recommendations. The Chairman will meet with regional colleagues on 18 November 2016 to agree next steps, and update the Board following this.</i>	
SC086 7 July 2016	24/7 Assessment and treatment review, second mental health hospital.	That a further update with the final proposals for hospital plans is brought to the Board following the consultation	Medical Co-Director, Surrey and Borders Partnership Foundation NHS Trust	<i>The Board's scrutiny officer has written to the Trust asking for confirmation of timescales.</i>	November 2016
SC087 7 July 2016	Internal Audit: HIV Service 2015/16	<p>That Internal Audit share the findings of its follow-up audit with the Board</p> <p>That officers meet with the Chairman to outline how changes in sexual health service provision and re-tendering of advocacy services will impact on residents and carers</p> <p>That the Board receives a future report on HIV clinical services</p>	Strategic Director for Adult Social Care and Public Health, Surrey County Council	<p><i>Officers met with the Chairman in September and details are included in the Chairman's update to this meeting.</i></p> <p><i>A report on HIV clinical services is included in the agenda for this</i></p>	Complete

Number	Item	Recommendations/ Actions	Responsible Member (officer)	Comments	Progress Check
				<i>meeting.</i>	
SC088 14 Sep 2016	Next steps for Surrey Stroke Services	<p>That an update provided to the Board following the final decision by the committee in common on 6 October 2016</p> <p>That this update demonstrates how consultation activity will engage with identified high risk groups, and those families and patients involved with ongoing care following a stroke</p>	Chair, Surrey Stroke Review	<p><i>The decision on 6 October was deferred</i></p> <p><i>A meeting is being scheduled for the chairman and scrutiny officer to meet with the CCG post-CiC meeting, 13 October 2016.</i></p>	January 2017
SC089 14 Sep 2016	GW CCG: Adult Community Health Services Update	<p>That Guildford and Waverley CCG provide further details as to the engagement activities with patients and families undertaken through the procurement process, how this influence the procurement process, and how this will help inform co-production over the next 12 months</p> <p>That Guildford and Waverley CCG return to the Board with an update following</p>	<p>Deputy Director of Clinical Commissioning, Guildford & Waverley CCG</p> <p>Senior Commissioning Manager, Guilford & Waverley CCG</p> <p>Deputy Director of Adult Social Care,</p>	<p><i>An update has been requested, and will be circulated to the Board.</i></p> <p><i>A further formal update is due post-mobilisation.</i></p>	January 2017

Number	Item	Recommendations/ Actions	Responsible Member (officer)	Comments	Progress Check
		with an update following mobilisation.		<i>A further formal update is due post-mobilisation</i>	
SC091 14 Sep 2016	NW Surrey CCG: Re-Commissioning of Patient Transport Service	That NW CCG clarify the governance arrangements around integration with community transport; That NW CCG provide a further update to the Board following transition and contract mobilisation.	Interim Ambulance Programme Manager, NWSCCG	<i>Update due post-mobilisation</i>	<i>April 2017</i>
SC092 14 Sep 2016	NW Surrey CCG: Re-Commissioning of NHS 111.	That, in order to assist with public engagement, NW Surrey CCG seek to distil the vision for NHS 111 procurement into a clear statement about what they wish to achieve; That NW Surrey CCG clarify how they will seek to engage vulnerable and disadvantaged groups	Interim Ambulance Programme Manager, NWSCCG	<i>An update has been requested, and will be circulated to the Board.</i>	<i>January 2017</i>

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Date	Item	Why is this a Scrutiny Item?	Contact Officer	Additional Comments
September 2016				
November 2016				
10 Nov	Joint Procurement of Children's Community Health	Scrutiny of Services – Surrey CCGs are embarking on a procurement process for the provision of children's community health services. Guildford and Waverley CCG will update the Board on progress.	Guildford and Waverley CCG	
10 Nov	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	
10 Nov	HIV Clinical Services	The Board requested an update following its meeting on 7 July 2016 about the commissioning of HIV Clinical Services	Fiona Mackison, NHS England Lisa Andrews, Senior Public Health Lead - Commissioner for Sexual Health and NHS Health Checks	
23 January 2017				
23 January 2017	SECamb Update	The Board requested an update following its meeting on 7 July 2016, covering the following:		

Date	Item	Why is this a Scrutiny Item?	Contact Officer	Additional Comments
		<ul style="list-style-type: none"> • Progress against action plan • Key priorities for the next six months • Evidence of improvements brought about as result of changes in the complaint procedure 		

To Be Scheduled
Ashford & St Peters and Royal Surrey Merger Update
Virginia Mason Institute and SASH Collaboration

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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South-East Coast Ambulance Regional Scrutiny Sub-group Terms of Reference

Purpose of the group

The regional sub-group will:

- monitor the development and progress of the NHS Improvement Plan for South-East Coast Ambulance (SECAMB) Trust;
- take into account the voice of local people (which may include consideration of feedback from local Healthwatch organisations) and seek to ensure that the needs of local people are integral to the improvements being designed and delivered by the Trust; and
- report back publicly to the relevant health scrutiny committees on a regular basis.

The regional sub-group will ensure that SECAMB is constructively challenged and supported by:

- reducing duplication through collaborative working
- scrutinising its delivery against the improvement plan
- contributing to the Quality Account for the Trust

The regional sub-group does not restrict or prevent the participating local authorities from separately exercising their health scrutiny powers as necessary.

Membership

The sub-group will be comprised of two representatives from each of the following health scrutiny committees:

- Brighton & Hove Health Overview & Scrutiny Committee
- East Sussex Health Overview and Scrutiny Committee
- Kent Health Overview and Scrutiny Committee
- Medway Health and Adult Social Care Overview and Scrutiny Committee
- Surrey Wellbeing and Health Scrutiny Board
- West Sussex Health and Adult Social Care Select Committee

Appointments and terminations will be made by each local authority in line with their own local procedures.

Members are expected to abide by the relevant local authority's code of conduct.

The sub-group will elect a Chairman.

Regularity of meetings, quorum and access to papers

The sub-group will meet once every two months. A quorum of half the membership of the sub-group will be required.

Papers will be made available at least five days prior to the meeting and these will be available to health scrutiny members from each participating local authority.

Out of scope

The sub-group will principally focus on the improvement plan for SECAMB.

Any substantial variation proposed by the Trust will need to be considered by the relevant health scrutiny committee(s), in line with national regulations and local processes.

Review

The regional sub-group will reviewing its purpose and activity after 6 months, with an extension of its activities after May 2017 requiring agreement of the health scrutiny committee chairmen.

It may be disbanded at any time by a simple majority vote of the members of the Group.

Representation on NHS Improvement monthly sessions

The six health scrutiny committees have been invited to nominate a representative to attend a monthly session chaired by NHS Improvement and attended by the Trust, CCGs, NHS England, CQC and a HealthWatch representative.

This representative will be selected by the sub-group and asked to report back regularly.

Officer support

SECAMB will organise the sub-group meetings, and ensure suitable representatives from the Trust attend.

Officer support will be provided on a rotational basis by the supporting officers of the relevant health scrutiny committees.



Wellbeing and Health Scrutiny Board
10 November 2016

NHS Sustainability and Transformation Plan Update

Purpose of the report: To provide the Surrey Wellbeing and Health Scrutiny Board with an update on progress towards NHS Sustainability and Transformation Plans (STPs)

Representatives from each of the three Surrey STPs will be presenting an update of progress of their plans.

Introduction

1. The STPs are NHS plans that set out how health services and the local authority will work together over the next four years to achieve three strategic aims:
 - improve the quality of care people receive;
 - improve health and wellbeing; and
 - ensure services are efficient.

Background

2. The STPs are the primary mechanism to drive change in the NHS, including closer integration with social care. At the present moment, they will not replace current organisational or governance structures and responsibilities
3. Surrey is covered by three STPs (also referred to as footprints):
 - Surrey Heartlands
 - Sussex and East Surrey (includes East Sussex, West Sussex, and Brighton & Hove)
 - Frimley (includes Berkshire, Hampshire, Bracknell Forest, Royal Borough of Windsor & Maidenhead, and Slough Borough Council)

Progress

4. The Board received a progress update on 31 May 2016 from each of the STP leads.
5. The Chairman met with each of the STP leaders throughout Autumn 2016 to discuss future scope for scrutiny.

6. The latest submission of STPs to NHS England was 21 October 2016.

Annexes:

7. The presentation from Frimley Health STP is attached as **Annex 1**

Recommendations:

8. The Board is invited to consider the progress update of the STPs for each of the Surrey footprints and make recommendations as appropriate.

Report contact: Andrew Spragg, Scrutiny Officer, Surrey County Council.
Contact details 0208 213 2673, andrew.spragg@surreycc.gov.uk

STP Contact details:

Sir Andrew Morris, CEO Frimley Park Hospital NHS Foundation Trust and Footprint Lead for Frimley Health STP

Julia Ross, CEO North West Surrey CCG and Footprint Lead for Surrey Heartlands

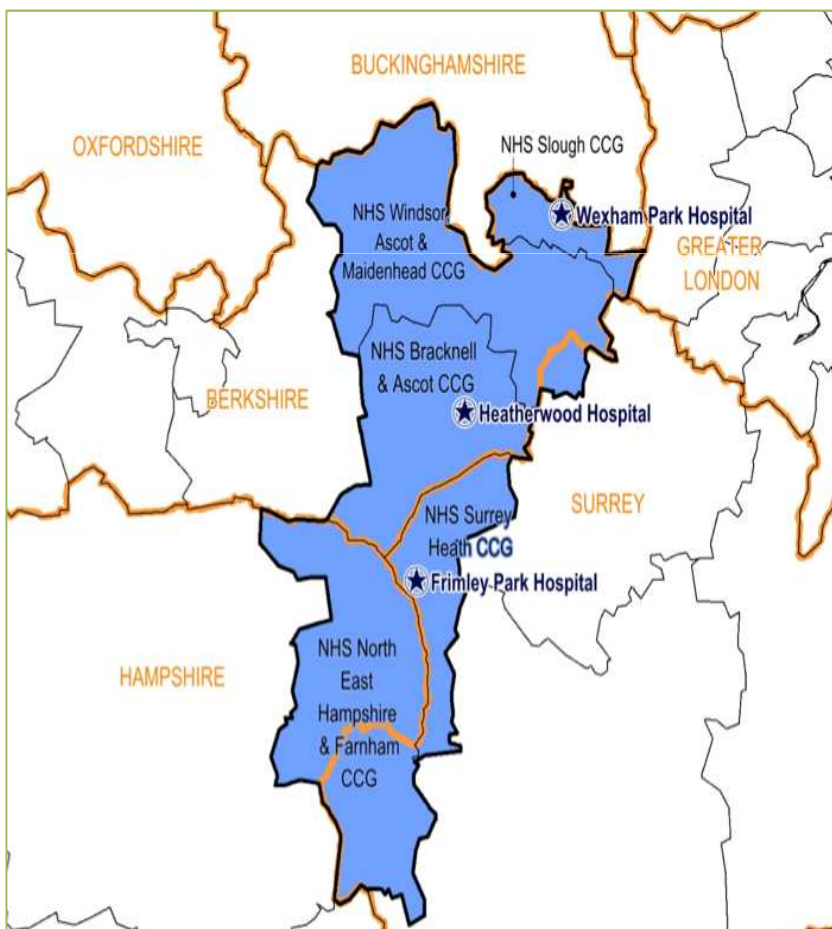
Wendy Carberry, CEO High Weald Lewes CCG and Footprint Lead for Sussex and East Surrey STP

Frimley Health & Care STP

Introduction to the Frimley Health and Care System

The Frimley System

The Frimley health and care planning footprint, see map, is the population of **750,000 people** registered with General Practitioners in five CCG areas: Slough, NHS Windsor, Ascot & Maidenhead; Bracknell & Ascot; Surrey Heath and North-East Hampshire and Farnham.



Partners in the Frimley System

The Frimley system is complex, operating across three Counties and encompassing a wide variety of community, mental health and social care services.

The Sustainability and Transformation Plan (STP) builds on a strong track record, across the organisations in the footprint area of success and delivery in a complex systems. Our experience of working in complex systems enables us to successfully deliver our transformation plans at a range of levels:

- At a local level
- At a county level
- Across the Frimley health and care system
- With neighbouring STPs

Whilst we recognise we still have further to go in building strong collaborative relationships, leaders across the system show growing commitment to working collaboratively to achieve shared goals and ambitions for our population.

Nominated lead of the footprint:

Sir Andrew Morris, CEO, Frimley Health NHSFT

Contact for the Frimley STP:

Tina White, STP Programme Director

System partners

NHS Commissioners

- Bracknell and Ascot CCG
- North East Hampshire and Farnham CCG
- Slough CCG
- Surrey Heath CCG
- Windsor Ascot and Maidenhead CCG

Acute care provider

- Frimley Health NHSFT

Mental health and community providers

- Berkshire Healthcare NHSFT
- Southern Health NHSFT
- Surrey and Borders NHSFT
- Sussex Partnership NHSFT
- Virgin Care

GP Federations

- Bracknell Federation
- Federation of WAM practices
- Salus GP Federation (North East Hampshire and Farnham)
- Slough GP Federation
- The Surrey Heath community providers

GP out of hours providers

- East Berkshire Primary Care
- North Hampshire Urgent Care

Ambulance Trusts

- South Central Ambulance Service NHS FT
- South East Coast Ambulance NHS FT

County Councils (including Public Health)

- Hampshire
- Surrey

Unitary Authorities (including public health)

- Bracknell Forest Council
- Royal Borough of Windsor and Maidenhead
- Slough Borough Council

District and Borough Councils

- Guildford Borough Council
- Hart District Council
- Rushmoor Borough Council
- Surrey Heath Borough Council
- Waverley Borough Council

5 Year Forward View

- The Five Year Forward View identified three gaps facing the NHS:
 - Health and wellbeing
 - Care and quality
 - Finance and efficiency
- These gaps threaten the care provided to patients/residents and the sustainability of the NHS.
- Sustainability and Transformation Plans, STP, are the local system response on how, together, we might address the gaps between now and 2020/21.

Context

- We have many local examples of how we are driving improvements already e.g. Vanguard, New Vision of Care, Surrey Heath integrated care hubs, Slough PMCF initiatives
- We aim to prioritise those good practice examples making biggest difference to the gaps and deliver them at scale
- Investment into a new Emergency Department at Wexham Park (despite what the media is suggesting)
- New build at Heatherwood
- We are working closely with our social care partners in a cohesive way
- Whilst the actual document is embargoed until STPs have sign off from NHSE we are sharing the detail at various forums and the progress updates are in circulation

The Frimley STP priorities for the next 5 years

Our priorities for the next 5 years

- P1** **Priority 1:** Making a substantial step change to improve wellbeing, increase prevention, self-care and early detection.
- P2** **Priority 2:** Action to improve long term condition outcomes including greater self management & proactive management across all providers for people with single long term conditions
- P3** **Priority 3:** Frailty Management: Proactive management of frail patients with multiple complex physical & mental health long term conditions, reducing crises and prolonged hospital stays.
- P4** **Priority 4:** Redesigning urgent and emergency care, including integrated working and primary care models providing timely care in the most appropriate place
- P5** **Priority 5:** Reducing variation and health inequalities across pathways to improve outcomes and maximise value for citizens across the population, supported by evidence.

An underpinning programme of transformational enablers includes:

A. Becoming a system with a **collective focus on the whole population.** **B.** **Developing communities and social networks** so that people have the skills and confidence to take responsibility for their own health and care in their communities. **C.** **Developing the workforce** across our system so that it is able to delivery our new models of care. **D.** Using **technology** to enable patients and our workforce to improve wellbeing, care, outcomes and efficiency.

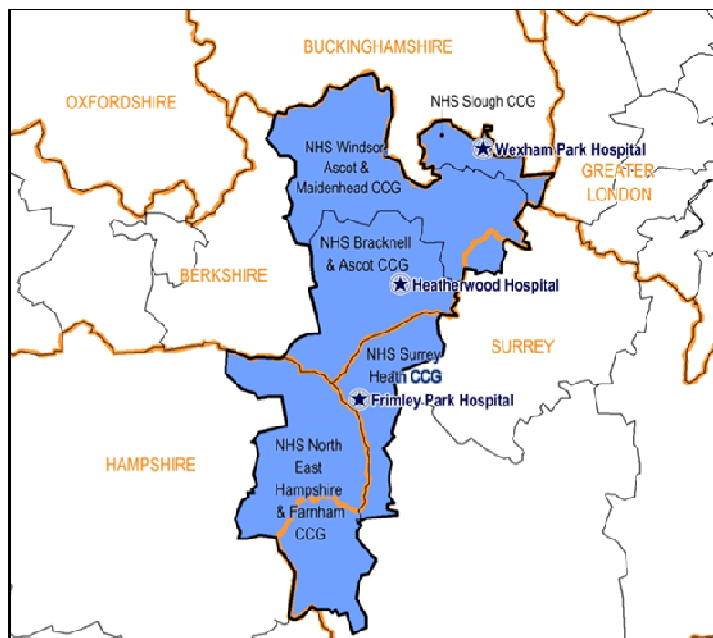
The Frimley STP Initiatives for next 18 months

Seven initiatives on which we will focus in
2016/17-17/18

1. Ensure that people have the skills, confidence and support to **take responsibility for their own health** and wellbeing.
2. Develop integrated care decision making hubs to provide single points of access to services such as rapid response and reablement with phased implementation across our area by 2018
3. Lay the foundations for a new model of **general practice, provided at scale**. This includes work to further the development of GP federations to improve resilience and capacity
4. Design a **support workforce** that is fit for purpose across the system
5. Transform the '**social care support**' market including a comprehensive capacity and demand analysis and market management
6. Reduce **clinical variation** to improve outcomes and maximise value for individuals across the population
7. Implement a **shared care record** that is accessible to professionals across the STP footprint

Financial View to 2020/21

System “Sustainability & Transformation Plan”



- Health + Social Care for “Frimley System”
- Our baseline funding **is increasing** c£140m (12%) between 2016/17 and 2020/21
- But not enough to keep pace with demand...
- Do nothing = c£240m “gap” between funding & pressures by 2020/21
- Traditional ways of making improvements generate c£155m
- So £85m to find
- Maybe £45m from further additional funding and £40m from transformational changes across the system

The timetable for finalising our plan

The high level timetable is:

30 June	Submitted STP
16 July	Conversation with national team
19 August	Feedback from national and regional teams
16 September	Resubmitted finance template
21 October	Resubmitted STP and full finance template
Nov/Dec	Commence delivery of plans and complete operational planning for 17/18 and 18/19

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HIV services for Surrey



Document Title: HIV services in Surrey

Subtitle: Information for the Health and Wellbeing Board Surrey

Version number: v1 Draft

First published: 18/10/16

Updated: (only if this is applicable)

Prepared by: Fiona Mackison, Service Specialist, NHS England South (South east)

Classification: OFFICIAL

OFFICIAL

1 Introduction: What are Prescribed services?

NHS England commission prescribed services for the population of England. These services are described in national service specifications. NHS England contract with service providers that are compliant with the specifications.

NHS England came into existence in 2013. In preparation for this national financial and clinical work took place to identify which services would become prescribed and which would be commissioned by Clinical Commissioning Groups (CCGs) and Local Authorities. Financial work took place to allocate budgets for these respective services to NHS England, CCGs and Local Authorities.

Prescribed services can be 'stand-alone' services or form part of a CCG or local authority clinical pathway. Services commissioned by NHS England are usually relatively high cost and low volume and are planned to cover a population of at least 1 million people however this is likely to rise to a 2-3 million footprint in the future as NHS England commissions fewer acute tertiary centres with higher volumes of specialised work to achieve sustainability and quality care for the future.

2 HIV Services

NHS England commissions acute in patient care for people with living with HIV. There are two national service specifications (Adults and Children respectively). HIV services for children are delivered at a small number of specialist paediatric centres. In most cases Children and Young People with HIV in Surrey are cared for by specialist providers in London.

Specialist drug regimes for people living with HIV are frequently changing and improving. NHS England is supported by Specialist Commissioning Pharmacy colleagues to advise and monitor drug developments. HIV drugs are funded by NHS England as 'pass through payments'.

In 2014 in recognition of Sexual Health service commissioning moving to local authorities NHS England asked that their local offices worked with local authorities to ensure Sexual Health and HIV pathways were seamless.

Public Health England published guidance for commissioners: Making it work: A guide to whole system commissioning for sexual health, reproductive health and HIV' September 2014.

Sexual Health/HIV service commissioning is one of the most successful examples of collaborative commissioning in the South of England.

3 Collaborative Commissioning

NHS England South and Surrey County Council have worked closely together to define HIV and Sexual Health services required for the Surrey population. NHS England Health and Justice have also taken part in this work to define services required for prisons in Surrey.

NHS England excluded acute in patient HIV services from the collaborative procurement exercise. This will remain with London providers as well as two Surrey acute NHS trusts.

The collaborative process has concentrated on outpatient services in the community to ensure that people living with HIV can access sexual health services that will also offer HIV advice and liaise with inpatient HIV care when necessary.

4 Mobilisation of the Sexual Health / HIV outpatient community service for Surrey.

Once the procurement process is completed and the successful provider identified NHS England and Surrey County Council will continue to work closely together through the mobilisation phase to ensure that pathways of care are smooth and seamless for all service users.

NHS England is liaising with acute in patient HIV providers in Surrey to ensure pathways of care are joined up for people with HIV. This also requires work with NHS England London as a number of Surrey residents living with HIV choose to access HIV services in London.

NHS England has identified HIV spend in Surrey and will commission directly from the successful provider of this new SH/HIV service for the HIV element of care.

HIV drugs will continue to be funded directly by NHS England South in line with national policy.

Although the successful provider will have a contract with NHS England and Surrey County Council respectively collaborative work will continue as it is anticipated that NHS England South and Surrey County Council will meet together with the provider to performance manage the new contract.

5 References

NHS England HIV Service specifications:

2013/14 NHS Standard Contract for specialised Human Immunodeficiency Virus Services (Adults)

2013/14 NHS Standard Contract for specialised Human Immunodeficiency Virus Services (Children)

Making it work: A guide to whole system commissioning for sexual health, reproductive health and HIV: PHE September 2014.

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Wellbeing and Health Scrutiny Board
10 November 2016

Children Community Health Services Procurement Update

Purpose of the report: Consultation on Substantial Development

NHS Guildford and Waverley Clinical Commissioning Group (GWCCG) has led the procurement process for Children Community Health Services on behalf of the Surrey CCG Collaborative, Surrey County Council and NHS England. A preferred bidder has been identified; public announcement will be made in due course. This report details the procurement process to date and the next steps with regards to mobilisation.

Summary

1. Within Surrey there are currently three community health providers (Virgin Care Services Limited (VCSL); CSH Surrey and First Community Health Care (FCHC)). They are commissioned to deliver both children and adults community health services via block contracts. These contracts involve joint commissioning arrangements across the Surrey CCGs; Surrey County Council and NHS England. North West Surrey CCG manages the VCSL contract; Surrey Downs CCG manages the CSH Surrey contract and East Surrey CCG manages the FCHC contract.
2. CCG Governing Bodies and Surrey County Council Cabinet individually made a decision to form a Children Community Health Services (CCHS) Committees in Common, which provided delegated authority to enable decisions to be made at the same time. On 20th January 2016, the CCHS Committees in Common approved GWCCG to lead a restricted procurement process, to procure a provider to deliver children community health services across Surrey, with the aim to secure a new contract and service from 1 April 2017.
3. Between September 2015 and April 2016, extensive stakeholder engagement was undertaken to identify what was working well, what could be improved and what mattered most to children, young people and their families. Additionally there was engagement of the market resulting in 35 organisations expressing an interest to deliver children community health services in Surrey.

4. Following a comprehensive evaluation process, on 5th October 2016, CCHS Committees in Common approved the preferred bidder. GWCCG on behalf of the CCGs; Surrey County Council and NHS England will work with the preferred bidder to ensure children's community health services are effectively mobilised in time for the new contract to commence on 1 April 2017.

Background of Children Community Health Services across Surrey

5. Within Surrey there are currently three community health providers commissioned to deliver both children and adults community health services via block contracts. The Virgin Care Services Limited (VCSL) contract is managed by North West Surrey CCG. There is a contract with First Community Health Services which is managed by East Surrey CCG.
6. The CSH Surrey contract is managed by Surrey Downs CCG and delivers children and adult community health services within the Surrey Downs CCG locality. This contract does not expire until 31st March 2018; however the children service elements of this contract were included in this procurement with a delayed implementation date, starting 1st April 2018.
7. All three current contracts are managed by a lead CCG with other CCGs, NHS England and Surrey County Council (Public Health) as associate commissioners. Surrey County Council's Children, Schools and Families Directorate directly commission with all three community health providers which are in scope for this procurement.
8. The complexity of commissioning and contracting arrangements has led to children and young people experiencing service variation with differing access for families and differences in providers' delivery models, as well as gaps in service provision and variation in waiting times.
9. Commissioners have a clear vision. Children Community Health Services in Surrey will be equitable (based on needs), high-quality and child and family centred providing compassionate, responsive, needs-led services, which deliver good outcomes for children as well as good value for money.

Public Engagement

10. Between November 2015 and April 2016, over 600 stakeholders (including children and young people) were involved in service user and stakeholder engagement events and/or completed online surveys. Through engagement, commissioners sought to identify what was working well, what could be improved and what mattered most to children, young people and their families. Engagement enabled commissioners and stakeholders to agree a set of service delivery principles and outcome measures for this suite of services.

11. Commissioners sought to understand the provider market and engaged in market engagement exercises to test commissioning and potential bidder assumptions for example, mobilisation period for safe service transfer; service delivery requirements. Market engagement also enabled commissioners to gain an understanding of the capability and capacity of the 35 providers interested in delivering the service.

Scope of procurement

12. There are 19 service specifications, focus on prevention of ill health, advising on child development and providing early intervention, targeted and specialist medical, nursing, therapy services and safeguarding. These service specifications were underpinned by an overarching service specification and were refreshed with Family Voice members. These service specifications include specific performance indicators as well as quality metrics that will enable commissioners to support the effective delivery of services to children and young people.
13. The contract term is three years with the possibility of extending the term for a period of up to two years (five year maximum contracting period) by agreement between the Contract Authorities and the Provider. The procurement has a maximum financial envelope of £82 million for the three years of contract; increasing to £140 million, if the option to extend the contract for a further two years is agreed.

Benefits of the new contract:

14. Under a single contract the preferred bidder will deliver a single Surrey wide community health service for children and young people.
15. The preferred bidder will be a system leader in the field of healthcare for children, young people and families.
16. The preferred bidder will proactively overcome system barriers and in the future suggests new ways of integrating service delivery to improve access and efficiency.
17. The preferred bidder will focus on ensuring best practice in service delivery whilst maintaining a high level of user satisfaction as well as acting as a co-operative and innovative partner in the wider system of services for children, young people and their families.
18. Commissioners will have significantly improved visibility of performance data and information in regard to this area to support strategic commissioning and understanding of need, gaps and innovative solutions to service delivery.
19. The preferred bidder will be held to account for ensuring all services are delivered against the services principles below; demonstrating improvement in outcomes for children and young people
 - a. Principle 1 – Person centred services;

- b. Principle 2 – Consistent provision with timely access;
 - c. Principle 3 – Intervening early;
 - d. Principle 4– Delivering good quality care that makes a difference to children, young people and their families;
 - e. Principle 5 – Good communication that facilitates access to best care and good outcomes;
 - f. Principle 6 – Skilled, competent and empowered workforce;
 - g. Principle 7 – Effective partnership working and
 - h. Principle 8 – Information, Data sharing, need analysis
20. The headline outcomes are as follows; these have been converted into performance and quality measures with the contract:
- Outcome 1 – Improved Service User Experience;
 - Outcome 2 –Early identification, intervention and service access;
 - Outcome 3 - Delivery of safe, high quality, evidence based services;
 - Outcome 4 – Improved Communication;
 - Outcome 5 – Improvements to the integration of services and
 - Outcome 6 – Improvement to Workforce Delivery

Procurement Governance, Process and outcome
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21. All eight commissioning organisations formed a CCHS Committees in Common, providing delegated authority from CCG Governing Bodies and Cabinet to enable key decisions to be made at the same time. The strategic and operational management is overseen by the CCHS Procurement Programme Board which is represented by all eight commissioning organisations.
22. The procurement process was managed by NHS Shared Business Services (NHS SBS) on behalf of NHS Guildford and Waverley CCG (as lead Commissioner). A bespoke two stage procurement process was designed in compliance with procurement regulations and advertised through Contracts Finder on 13 April 2016. The two stage process was undertaken to restrict the potential high number of applicants, the advertisement generated 24 expressions of interest from a range of potential providers.
23. There were 39 evaluators across the eight commissioning organisations who evaluated the submissions received using their specialist knowledge and experience. Committees in Common held on 5 October 2016 approved the recommendation of the preferred bidder following CCHS procurement evaluation.

Conclusions:

24. A new contract for Children Community Health Services across Surrey will commence on 1 April 2017. There will continue to be a clear governance structure in place to monitor the developments of the contract and to support mobilisation.

Public Health Impacts

25. The Equality Impact Assessment (June 2016) for CCHS identified a positive impact overall.

Recommendations:

26. The Wellbeing and Health Scrutiny Board is asked to note the principles and outcomes cited as benefits to be achieved through the contract.

Next steps:

27. Commissioners will continue to work with incumbent providers to maintain and address service waiting time variations where they exist, whilst mobilising and exiting contracts.

28. The CCHS Procurement Programme Board will continue to meet to oversee the mobilisation of the new contract; exit of the CCHS contracts and ensure contract management governance is in place from 1st April 2017.

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Sources/background papers: Impact Analysis, NHS (Procurement, Patient Choice and Competition (No. 2) Regulations 2013 (the "2013 Regulations"), EU Treaty Principles (i.e. transparency, proportionality, non-discrimination and equal treatment).

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