MINUTES of the meeting of the **WELLBEING AND HEALTH SCRUTINY BOARD** held at 9.30 am on 17 February 2017 at Ashcombe Suite, County Hall, Kingston upon Thames, Surrey KT1 2DN.

These minutes are subject to confirmation by the Committee at its meeting on Monday, 13 March 2017.

Elected Members:

* present

	Mr W D Barker OBE
*	Mr Ben Carasco (Vice-Chairman)
*	Mr Bill Chapman (Chairman)
	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

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:

* Borough Councillor Tony Axelrod, Epsom & Ewell Borough Council
* Borough Councillor Darryl Ratiram, Surrey Heath Borough Council
* District Councillor Patricia Wiltshire, Ashtead Common

Substitute Members:

Graham Ellwood
Mr Bob Gardner

Members In attendance

1/17 APOLOGIES FOR ABSENCE AND SUBSTITUTIONS [Item 1]

Apologies were received from Bob Gardner and Graham Ellwood. There were no substitutions.

2/17 MINUTES OF THE PREVIOUS MEETING: 10 NOVEMBER 2016 [Item 2]

The minutes were agreed as an accurate record of the meeting.

3/17 DECLARATIONS OF INTEREST [Item 3]

There were no declarations of interest made.

4/17 QUESTIONS AND PETITIONS [Item 4]

There were no questions or petitions submitted to the Board.

5/17 SURREY HEARTLANDS- THE DEVOLUTION OPPORTUNITY [Item 5]

Declarations of interest:

None

Witnesses:

David McNulty, Chief Executive, Surrey County Council and Chair, Surrey Heartlands Transformation Board
Matthew Parris, Evidence and Insight Manager, Healthwatch Surrey.

Key points raised during the discussion:

1. The Chair of the Surrey Heartlands Transformation Board explained that the primary thinking about the devolution opportunity had emerged from conversations regarding the Sustainability and Transformation Plans (STPs) and how health and social care systems can be improved by working together.

2. Members were informed that the Surrey Heartlands STP had been developing devolution plans since last spring, and that key partners had visited Manchester to hear about how health devolution had assisted their work.

3. Members acknowledged that devolution was a vehicle which would enable change to be delivered at speed and scale. The ambition of the STP was to reduce variation of care, quality and outcomes whilst delivering sustainable services within an ageing population with complex health needs. Members were informed that care would still vary based on individual medical needs, but that variation of care due to process would be reduced.

4. The Chair explained that given the complexities of the STP footprint, covering 11 organisations, effective partnership working with stakeholder groups, workforce and advocacy groups was key. He stated that public engagement was also important throughout the devolution process.

5. Members recognised that there were two approaches to devolution; namely the Cities and Local Government (CLG) Devolution Act and the NHS England (NHSE) Devolution Framework. It was explained that the STP were not going to follow either of these routes, instead agreeing upon a more pragmatic way forward that would achieve the devolution required.

6. Members acknowledged that bringing decision making closer to operational levels would allow for local accountability and control, whilst collaboration would enable a variety of expertise. The Chair explained that as part of the wider economic system, the devolution opportunity would allow for a closer fit between prosperity and health and wellbeing through the reduction of variations.

7. The Chair explained that a list of initial devolution asks had been discussed with but not yet agreed by central Government, and that the next steps would be dependent upon the drafted Memorandum of Understanding being signed off centrally, with a view to going live in April 2019.

8. Members were informed that whilst STPs were not considered to be the solution to social care funding shortfalls, health devolution would ensure funding and resource was used as effectively as possible rather than shifting pressures. It was explained that funding would be more accessible without the need to enter the bidding process, which would also have a positive impact on staff time.

9. Members acknowledged that health devolution would provide a big opportunity for Surrey County Council (SCC) with regard to improving services and sharing best practices. The Chair expressed the view that the success of the Orbis partnership provided complementary skills, and informed the Board that two key SCC officers were leading the work-streams for shared services and asset strategy for the devolution proposal.

10. Members questioned how the finances would be controlled across 11 organisations if devolution was achieved. The Chair explained that all partners faced pressures financially, and that there was always a danger of duplication when working collaboratively. He expressed the view that coming together would allow for better use of resources, reducing duplication and create solutions to reduce pressures system-wide.

11. Members noted that the STP would be dealing with over £1billion of commissioning activity and therefore they would need to ensure that the capacity was available. It was explained that Adult Social Care would still be required to fulfil Care Quality Commission (CQC) standards.

12. Members were informed that a number of housing and workforce opportunities were linked to the Three Southern Counties (3SC) devolution proposal, particularly in relation to affordable key worker housing, and that it was expected that the health devolution opportunity would adopt some of the thinking of the 3SC proposal.

13. Members raised concern regarding “the ability to set the adult social care precept at a rate that fully meets demand pressures” as one of the initial devolution asks, given Surrey’s lack of funding within social care. The Chair explained that this had not yet been agreed. He explained that any precept money would be ring-fenced for adult social care and it was necessary to plan ahead to ensure services were sustainable in the future.

14. Members questioned whether delegations of primary care would include taking control of GP practices. The Chair explained that devolved commissioning would not take over control of GP practices. Members were informed that the North West Surrey CCG already operated with this delegation of primary care, and that it would be useful if it was used across the entirety of the Surrey Heartlands footprint to allow better planning and to achieve balanced delivery of care needs.

15. Members were informed that the devolution proposals would provide many benefits to residents. The Chair explained that a lot of work had already been done to improve a number of care pathways including cardio-vascular and musculo-skeletal. The STP had also been working to embed mental healthcare provision within the plans. He went on to state that the proposals would provide partners with local control. This was exemplified with procurement, where proposals would allow partners to make local decisions, source equipment locally, enabling the decision-making process to be less constrained and more effective.

16. The Chair assured Members that whilst Surrey Heartlands STP only covered 85% of the county, there were meetings in place to discuss how benefits derived from health devolution could be accessed by 100% of Surrey's residents.

Recommendations

The Board recognises the opportunities presented in Surrey Heartlands' devolution proposals, and is supportive of the principles, and improvements it intends to unlock for Surrey residents, partnership agencies and the council.

It recommends:

- That a further update is brought regarding the governance of the STP as plans progress

In order to support the public in understanding Surrey Heartlands' vision, the Board recommends:

- That the STP seeks to clarify through case studies the benefits of devolution for the resident, and presents these to the Board at a future meeting.

6/17 IMPROVING STROKE CARE IN WEST SURREY - PUBLIC CONSULTATION [Item 6]

Declarations of interest:

None

Witnesses:

Dominic Wright, Chief Executive, Guildford and Waverley CCG

Giselle Rothwell, Head of Communications and Engagement, NW Surrey CCG
Vanessa Harding, Stroke Services Programme Manager
Matthew Parris, Evidence and Insight Manager, Healthwatch Surrey
Nick Markwick, Co-chair, Surrey Coalition of Disabled People.

Key points raised during the discussion:

1. The Head of Communications and Engagement began by informing Members that the public consultation had opened on 6 February 2017 and would be running for 12 weeks, with a closing date of 30 April 2017. She stated that local stroke groups, voluntary groups, patients and their carers were all being consulted, and that road-shows at hospitals and shopping centres had also been arranged as a way of engaging the wider public.

2. A witness raised concern regarding the response times for ambulances, particularly in the Waverley area. Members noted that whilst SECAmb were meeting the national target, response times in Waverley were below target. The Chief Executive for Guildford and Waverley CCG agreed that response times were of concern, and confirmed that the CCG was taking action within the contract. He also explained that given its rural location, the CCG was looking to help itself by utilising first responders from within the local community in recognition of the below-average response times.

3. Members expressed concern that the infrastructure in some areas meant that ambulances could get caught up at certain times of day. Witnesses were unable to comment on the satellite navigation system, although it was explained that SECAmb had a system in place to plan routes to avoid traffic calming measures.

4. Members noted that under current plans, Waverley stroke/cardiac patients were directly transferred to Frimley Park's hyper-acute stroke unit (HASU). The Chief Executive explained that he was aware that it was not a perfect solution, however it was within the key two-hour treatment time as recommended by the South East Coast Senate of Clinicians.

5. Members noted that service users and members of the public had stated that home visits for more than two months following a stroke were less important. It was suggested that more emphasis on aftercare and additional support within the community was important so that patients did not feel abandoned by the health system.

6. The Stroke Service Programme Manager explained that the premise of the new model was to reduce the length of stay in hospital. It had been recognised that community-based rehabilitation had led to faster recovery times. Early Supported Discharge (ESD) was currently available to 25% of patients, and the ambition was to increase this to 50%. There were plans in place to grow the team to enable the increased availability of ESD to be achieved.

7. Members questioned whether the 350 people that had been consulted in 2014-15 was a statistical representation. The Head of

Communications and Engagement explained that getting responses to consultation had sometimes proved difficult. She explained that the sample would be expanding to 1500 in order to test initial proposals, with all groups of characteristics across the population being consulted.

8. A witness from the Surrey Coalition of Disabled People explained that some people found it difficult to cross the county to access services. The Patient Transport Service had been problematic and therefore provision of multiple therapies in one location would be preferable. The Chief Executive assured the Board that the CCG intended to deal with the transport issues and identify accessible locations as part of this process.

9. Members questioned whether 12 engagement events was considered to be enough. The Head of Communications and Engagement explained that there was room in the diary for more events to be scheduled if required, although this would incur additional resourcing costs. She explained that the CCG intended to attend Patient Participation Groups as they generally enabled more discussion, thus allowing the CCG to be more responsive.

10. A Member suggested that the Board should take a pro-active approach, attending community centres and helping residents complete their consultation forms, enabling a better response rate and getting their voices heard. The Head of Communications and Engagement encouraged Members to signpost residents to the consultation by promoting it on social media or during conversations with their constituents.

Recommendations:

The Board recommends:

- That the Chairman follow up with the CCG and SECAmb on progress to address the response time issues faced in Waverley;

- That the Board receive a briefing on the consultation feedback received regarding support required following discharge, and the subsequent changes proposed in response to this.

The meeting was adjourned at 11:00am and resumed at 11:10am

7/17 SURREY AND BORDERS PARTNERSHIP - WARD CHANGE PROPOSALS [Item 7]

Declarations of interest:

None

Witnesses:

Justin Wilson, Medical Director, Surrey and Borders Partnership NHS Foundation Trust

Don Illman, Lead Governor, Surrey and Borders Partnership NHS Foundation Trust
Bill Chapman, Tim Hall and Tony Axelrod, Members of the working group
Matthew Parris, Evidence and Insight Manager, Healthwatch Surrey.

Key points raised during the discussion:

1. The Medical Director began by explaining that the ward re-location had taken place at the beginning of February and that the move had been successful. He explained that the new location provided a much improved environment for inpatients. Furthermore, the vast majority of nurses had transferred across to the Abraham Cowley Unit (ACU) and medical staffing levels had been augmented in order to support junior doctors. The Board was informed that the success of the move would be evaluated from a patient experience perspective and its impact on missing persons (MISPER) data would also be analysed.

2. The Lead Governor raised concerns that four nurses had left Surrey and Borders Partnership (SABP) as a result of the move, and a further four had found new jobs nearer to where they lived. He went on to state that whilst the physical environment at the ACU was fresh and newly refurbished, the rooms were still dormitories and therefore lacked a degree of privacy. The Medical Director pointed out that whilst the rooms were not individual en-suite rooms, the move had enabled wards to become single-sex rather than mixed-sex as they were at Epsom and that this was considered to be a significant improvement.

3. The Lead Governor told the Board that a consultation carried out in 2009 supported the case for three mental health hospitals within Surrey. The east of Surrey currently has no beds since the move to ACU was implemented. The Medical Director acknowledged the lack of facilities in the east of the county but explained that the consolidation of services onto fewer sites allowed for improved care provision to inpatients and consolidated medical support. Furthermore, he explained that SABP had a contract with Sussex to be able to use 14 beds at Langley Green if SABP reached their full capacity.

4. A Member of the working group commented on the conditions observed during his visit to the Epsom based wards prior to the move to the ACU. He told the Board that the doors to the entire unit, including the stroke unit above, had to be locked whilst staff moved inpatients to and from the servery area at mealtimes due to a shared public thoroughfare.

5. The Lead Governor raised concern that there was no public consultation regarding the decision to move the two wards from Epsom to the ACU, and that if this was a stroke or maternity ward being moved, there would have been public outcry. The Medical Director explained that the consultation carried out in 2009 supported the decision. The security and safety arrangements at the Epsom wards were of concern to the Trust, despite mitigations being implemented. Furthermore, patient experience survey results at Epsom were not positive and this helped form part of the decision to

relocate the services. The Medical Director explained that the decision was taken to implement the ward relocation as fast as possible after the opening of the Farnham Road hospital.

6. A Member of the working group endorsed the decision of the move, however raised concerns around the circumstances and speed at which the move was announced and implemented. He explained that the temporary move to the ACU would have been more acceptable if a decision had been made about the location of the second mental health hospital site, given that this will take approximately five years to build.

7. Members sought clarity regarding the current status of the second hospital site. The Medical Director explained that the previous consultation, in 2009, indicated a preferred geographical outcome of three mental health hospitals for Surrey, although SABP would prefer a two hospital solution based on the number of beds required. He stated that there were strategic options with varying costs for sites in Redhill, Chertsey, West Park and Epsom, although no decisions would be made until after the consultation process. The Medical Director explained that the consultation for the second site had been scheduled to begin in early 2017, however this had not yet commenced and that the commissioners would be leading on the consultation programme.

8. The Board raised concerns regarding travel arrangements to the ACU for the friends and families of inpatients. A Member of the working group explained that he had travelled by public transport to the ACU to test accessibility and that his journey was manageable, however he recognised it could be a struggle dependent on where they were travelling from. Another Member enquired as to whether a minibus service from Woking or Chertsey stations had been considered by the Trust to mitigate travel concerns. The Medical Director explained that a shuttle-bus service was in place for staff, however for patient visits, due to low volumes of numbers and the frequency of visits that generally took place, taxis would be the most cost-effective option.

9. Members were concerned that families visiting from the East of Surrey could face a long commute and that this may have a negative effect on patients as visits could become less frequent. The Board was assured that this impact would be measured.

10. The witness from Healthwatch Surrey explained that recent visits to safe havens in Surrey had identified that service users had concerns about funding cuts for safe haven services as of April 2017. The Medical Director stated that the Trust was committed to supporting the work of the safe havens, as they provided a cost-effective way of improving bed availability and a positive impact on service users.

Recommendations

- That the Trust review the process by which it plans future ward relocations, in order to improve its change management practices.

- That the Trust set out timescales for consultation and anticipated impact on current services, and that the Board receive an update during consultation.

- That the Trust produce a travel plan to demonstrate how people and their families will be supported to access the Abraham Cowley Unit.

- That the Trust provide additional resource to support people who use the wards to access Skype and other communication tools, where appropriate.

- That the Trust monitor family and patient feedback following the move and provide a summary of key themes for the Board in six months' time.

- That the Trust report the impact on Missing Person rates to the Board in six months' time.

- That the Trust and commissioner clarify the position on funding for the safe haven in Epsom.

8/17 CHAIRMAN'S ORAL REPORT [Item 8]

The Chairman provided an update to the Board regarding business undertaken since the previous meeting. A copy is attached as an annex to these minutes. The Board noted and accepted the Chairman's report.

9/17 RECOMMENDATIONS TRACKER AND FORWARD WORK PROGRAMME [Item 9]

The Board reviewed the recommendations tracker and forward work programme. There were no comments.

10/17 DATE OF NEXT MEETING [Item 10]

The Board noted that its next meeting would be held on Monday 13 March at 10:30am.

Meeting ended at: 12.12 pm

Chairman

Chairman's Report to the Wellbeing and Health Scrutiny Board – 17 February 2017

Winter Pressures

As many of you are aware, the NHS has experienced a system-wide challenge in terms of demand over the winter season. While this was anticipated and planned for, I do feel we cannot afford to accept it as the normal state of being for our health services. I feel the Board in particular has a role in specifically understanding how the current crisis is impacting on our residents, and then considering how we can support our colleagues across the public sector in improving patient experience and outcomes.

In order to support this, I've written to each of our acute hospital providers with a number of key questions. The intention of these letters is to evidence what the impact has been across Surrey, and whether any key themes have emerged over this period. It is vital that we as a scrutiny board understand what the long-term strategic challenges to the health service mean for our residents.

The Board will be reviewing the responses to these requests at the next meeting on 13 March and I have invited each Trust to send a representative. I hope we can work collectively to understand the challenges faced, and identify ways we can act as a critical friend while supporting decisions that will mean a better health service in the long term.

South East Coast Ambulance Service (SECAMB)

Following an adverse assessment by the Care Quality Commission and a Quality Summit held on 28 September 2016, SECAMB was placed in Special Measures by NHS Improvement for an initial six month period.

You will recall that we established a regional sub-group with the other five health scrutiny committees across the region for SECAmb services. The first meeting of this sub-group was held on 20 December 2016, and the minutes of the meeting are attached to the recommendation tracker. I ask that the Board note the contents of these minutes, and raise any questions with me or Bob Gardner to take forward on their behalf.

The next meeting of the regional sub-group will be held on 20 March 2017. We have asked to have a detailed report on progress on the two improvement work-streams we felt most greatly impact on patient experience, namely Performance, and Clinical Outcomes. We will also hear how the Trust has progressed against a number of "must-do" actions required by the CQC.

Frimley Health Sustainability and Transformation Plan (STP)

On 29 November, I represented the Board at a Frimley Health STP Broader Involvement Event. I had useful discussions with the leaders of several of the work-streams identified in the Frimley Health STP.

My impression is that work is progressing well, and is based on rolling out the existing successful models of care to the complete footprint. There seem to be no major changes in the offing.

Surrey Heartlands Sustainability and Transformation Plan

The Board will be hearing again today from the Surrey Heartlands STP whose footprint encompasses approximately 85% of Surrey residents.

The STP is providing thorough information through its web-site and regular news reports. Several of our Members have taken part in excellent stakeholder engagement events. There is a further system-wide leadership event scheduled for 7 March 2017.

Sussex and East Surrey Sustainability and Transformation Plan

Members may recall that at the previous Board Meeting of 10 November we heard that the footprint for the Sussex and East Surrey STP incorporates 27 different organisations and covers eight CCGs. It has therefore been divided into three place based plans of which the Central Sussex and East Surrey Alliance (CSESA) Plan includes East Surrey.

On 20 January, I joined HOSC Chairmen and Officers from East Sussex, West Sussex and Brighton and Hove to receive a presentation from Geraldine Hoban who leads on the CSESA. The presentation materials are included at Annex A.

Focussing predominantly on the interests of East Surrey residents, my conclusions from the presentation and discussions at this meeting were:

- The CSESA Plan is much less developed than those of the other two Surrey STPs.
- In response to the overall Sussex and East Surrey STP Plan submitted in November, NHS England and NHS Improvement have insisted that urgent action is taken to assess and address the future capabilities of the Royal Sussex County Hospital, Brighton. A task force from Carnall Farrow is carrying out the assessment and the HOSC Chairman will meet again when the findings are available, likely towards the end of March.
- The financial position for the overall STP which was already bad, is worsening. The overall prospects for improvement to the health and social care services in the S&ES footprint are problematic.

- In East Surrey the prospects are more positive with implementation of the Multi-Speciality Community Provider (MCP) model progressing well. An assessment of the challenges for CSESA are listed in Slide 9 of Annex A. We will invite Geraldine to a future Board meeting so that Members can scrutinise how things progress.
- There seems to be no question of any Acute Hospital closures within the S&ES footprint since it is recognised that there are already insufficient hospital beds within the footprint, a situation which will likely worsen during the later stages of redevelopment of the Royal Sussex County Hospital, Brighton.
- East Surrey Hospital is already providing elective (non-emergency) care for patients from what would normally have been the Brighton Hospital catchment. The level of additional load may well increase later.

I intend to meet leaders of East Surrey CCG to investigate matters further and in particular to understand how they intend to protect their residents against any possible harm from the extra workload at East Surrey Hospital.

Epsom Hospital

It would be wrong to ignore public concern over the uncertainty for the future of Epsom Hospital. Following press speculation in November, Chris Grayling, MP responded by publically stating that there was then no plan to close Epsom Hospital and promising that if one came forward, then full public consultation would take place.

Several Members and I will be meeting Daniel Elkeles (Chief Executive of Epsom and St Helier Hospital Trust) and Claire Fuller (Chief Executive of Surrey Downs CCG) on 23 February and will report back to our next WHSB Meeting on 13 March.

Members may recall that the Board last received a Report on the Surrey Stroke Service at our Meeting of 14 September. Claire Fuller will be providing us with an update on 23 February.

NHS Right-Care

I would like to draw attention to the work of NHS Right-Care. Its role is to give clinical commissioning groups (CCGs) and local health economies practical support in gathering data, evidence and tools to help them improve the way care is delivered for their patients and populations.

NHS Right-Care has recently published updated 'Commissioning for Value - Where to Look Packs':
https://www.england.nhs.uk/rightcare/intel/cfv/

These packs are produced for each of the individual CCGs, and have also been aggregated into packs for each of the STPs.

The intention is that by using this information each STP area will be able to ensure its plans focus on those opportunities which have the potential to provide the biggest improvements in health outcomes, resource allocation and reduction of inequalities. NHS England, Public Health England and CCGs have legal duties under the Health and Social Care Act 2012 with regard to reducing health inequalities; and for promoting equality under the Equality Act 2010. One of the main focuses for the Commissioning for Value work is in reducing variation in outcomes. Commissioners ought to use the packs, and the supporting tools, to drive local action to reduce inequalities in access to services and in the health outcomes achieved.

The Board will no doubt have an interest in how each of the STPs use these data to influence their change programmes.