MINUTES of the meeting of the **HEALTH SCRUTINY COMMITTEE** held at 10.00 am on 19 March 2014 at Ashcombe Suite, County Hall, Kingston upon Thames, Surrey KT1 2DN.

These minutes are subject to confirmation by the Committee at its meeting.

Elected Members:

Mr Bill Chapman (Chairman)
Mr Ben Carasco (Vice-Chairman)
Mr W D Barker OBE
Mr Tim Evans
Mr Bob Gardner
Mr Tim Hall
Mr Peter Hickman
Mrs Tina Mountain
Mr Chris Pitt
Mrs Pauline Searle
Mr Richard Walsh
Mrs Helena Windsor

Independent Members

Borough Councillor Nicky Lee
Borough Councillor Karen Randolph
Borough Councillor Mrs Rachel Turner

In Attendance

Mr Michael Gosling, Cabinet Member for Public Health and Health & Wellbeing Board

13/14 APOLOGIES FOR ABSENCE AND SUBSTITUTIONS [Item 1]

None received.

14/14 MINUTES OF THE PREVIOUS MEETING: 9 JANUARY 2014 [Item 2]

The minutes of the meeting on 9 January 2014 were agreed as a true record of the meeting with the following amendments:

- Item 5/14 paragraph 1 – the Better Services Better Value item should read the Epsom and St Helier MRG.
- Item 7/14 paragraph 5 – be amended to read 12pm (noon).

15/14 DECLARATIONS OF INTEREST [Item 3]

None received.

16/14 QUESTIONS AND PETITIONS [Item 4]

None received.

17/14 CHAIRMAN'S ORAL REPORT [Item 5]

Declarations of interest: None.

Witnesses: None.

Key points raised during the discussion:

1. The Chairman provided the following oral report:

Direction of Travel for the Acute Trusts
All five Acute Trusts in Surrey recognise that they have to change in response to the changed environment in which they find themselves. The report by Sir Bruce Keogh has highlighted the need to move towards seven day working at hospitals and to consolidate specialisms at fewer sites to improve the quality of service provided to patients. To do this the Acute Trusts will have to achieve a sufficient patient catchment and budget.

East Surrey Hospital
We heard from Michael Wilson of East Surrey Hospital at out last Meeting on 9 January and I have little to add, apart from wishing the Trust well in its bid for Foundation Trust status which is due for decision in October.

Epsom Hospital
Several Members of the Committee visited Epsom Hospital on 12 March and spoke to Matthew Hopkins, the CEO, and to Peter Davies their Business Transformation Officer.

For me there are two very encouraging points to be made:

The financial position of Epsom and St Helier Trust has improved dramatically over the past two years and providing that continues the

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future of the Trust will be in its own hands. They should not be prey to takeover. All quality measures are good and there is good reason to believe that the Trust will achieve Foundation status within 18 months.

The combined turnover for the Trust is £350 million which gives them a sufficient size to achieve necessary transformation almost completely within the Trust itself and without the need for any merger.

Concerns have now arisen with the news that Matthew Hopkins will be leaving the Trust shortly for a six month secondment and it is hoped that the Trust will continue to work towards a more secure future.

Royal Surrey Hospital and Ashford and St Peter's Hospital
I visited Nick Moberly at Royal Surrey Hospital and separately Andrew Liles at Ashford and St Peters Hospitals. Plans for closer working between the two Trusts are well advanced. The two Boards will soon consider options for how close the cooperation might be.

The combined catchment and budget for the two Trusts should make it a largely self-sufficient entity moving forward. We hope to have an Item on this topic on the Agenda early in the new Council year.

Frimley Park Hospital and Heatherwood and Wexham Park Hospitals
I took part in a public engagement event held by Surrey Heath CCG at which Andrew Morris outlined progress on a take-over by Frimley Park of Heatherwood and Wexham Park Trust. The target date for completion is August of this year.

We need to investigate this further as at first sight it might appear to be a 'significant change' and therefore require convening of a Joint Health Scrutiny Committee of the four Counties covered by the combined catchment area.

South East Coast Ambulance Service
I visited Geraint Davies at SECAmb and discussed further the Patient Transport System. Members of our Member Reference Group will be welcome to attend future Meetings. It was noted that commissioning for SECAmb services has passed from East Surrey CCG to North-West Surrey CCG.

Joint Emergency Service Interoperability Programme
On 22 January several of Members of HSC joined colleagues from the Communities Select Committee in visiting the Fire and Rescue Services HQ at Reigate to hear about the Joint Emergency Service Interoperability Programme JESIP. This covers the 'blue light' services of Police, Fire and Ambulance across Kent, Surrey and Sussex.

The objective is to improve services to the public by moving incrementally to a shared Contact and Control System and hence cutting out the delays in response which can currently occur.

Clinical Commissioning Groups
Since our last Meeting I have visited 5 of the 6 Surrey CCGs and attended a Meeting of the Surrey Health and Wellbeing Board.

Surrey Heath Health and Wellbeing Board
I have joined the Surrey Heath Health and Wellbeing Board, which largely shadows the Surrey Health and Wellbeing Board in its membership. It focuses on local issues and provides an effective forum for interaction with the Borough's Community Services people. Some other Boroughs and Districts have also established local Health and Wellbeing Boards.

Recommendations: None.

Actions/further information to be provided: None.

Committee next steps: None.

18/14 BETTER CARE FUND BRIEFING [Item 6]

Declarations of interest: None.

Witnesses:

David Sargeant, Interim Strategic Director Adult Social Care
Kathryn Pyper, Lead Strategy and Policy Projects Manager
Michael Gosling, Cabinet Member for Public Health and Health & Wellbeing Board

Key points raised during the discussion:

1. The Committee were informed that Adult Social Care were working with the six Surrey CCGs on the Better Care Fund through joint workshops. The draft plan had been submitted to NHS England in February 2014, with feedback received from the Local Area Team which was being reviewed ahead of the final submission on 4 April 2014.

2. Members queried whether the £65 million would be spent on new or existing services and were informed that it was a mixture of both, with the Better Care Fund enabling planned work to take place. The aim was to reduce the strain on A&E services and move people into community care, while the guidance states that the Fund should be used to protect Adult Social Care services.

3. The Committee queried how the Better Care Fund Board aimed to get 'buy in' from the Acute Trusts as their aim was to protect their finances. Officers stated that this was a challenge, but that the government viewed this as a mechanism for taking money out of Acute Trusts and putting it into community care. The Local Government Association has claimed that CCGs had not considered to-date how to remove 15% of funding out of Acute Trusts, but officers felt it was important for the Acute Trust sector to consider how they will respond to a cut in funding, such as the plans in place at Ashford & St Peters and Royal Surrey Hospital to work together.

4. The Cabinet Member felt that it was important to not look at the Better Care Fund in isolation, as it was a government policy for greater integration of health and social care. He stated that they could only

facilitate changes within the health environment, though there was a need to see five reconfigured hospitals within Surrey which provided better services where needed.

5. The Committee discussed the Torbay integrated health system which saw significant savings in health budgets for the money invested. Officers stated that they had spoken to counterparts in Torbay to share learning as the integrated health system was being developed in Surrey at different speeds, and that the local plans which were being developed would facilitate the transition.

6. Members felt that the success of the Fund would depend on whether the changes were communicated well with the public as it was important to ensure they knew where to go when unwell. The Interim Strategic Director informed the Committee that he sat on the Guildford & Waverley CCG governing board and that the CCG was working with GP practices to bring in social care workers into the practices so people could be seen on the same day.

7. The Committee queried how the budgets were being organised and were informed that initially there were going to be six pooled budgets as the Fund was to be allocated on a CCG basis, though this had been revised to be a single pooled budget managed by Surrey County Council. The Council was to manage the budget under Section 75 agreements for tax reasons. It was felt that a single budget was more efficient than six.

8. Officers confirmed they would continue to work with the Health Scrutiny Committee and the Adult Social Care Select Committee during the Better Care Fund process through a joint Member Reference Group which would see the wider impact and have an understanding of the impact of the Fund on the whole healthcare system, alongside the risks associated with the plans.

9. The Chairman confirmed that he and the Vice-Chairman would be kept informed of progress by the Member Reference Group (MRG) and when best for the Committee to scrutinise the process.

Recommendations:

1. Instigate a Joint MRG to liaise with Surrey Better Care Fund Board on a quarterly basis. Taking the Better Care Fund as a starting point with a long-term aim to investigate wider health and social care integration in Surrey. The MRG to have the following proposed objectives:

    a. To oversee the impact on the Better Care Fund plans on Surrey's health and care system; and
    b. The risks to other services of any changes proposed or implemented by Better Care Fund.

2. The following Members of the Committee to sit on this Group:

    a. Richard Walsh
    b. Tim Evans

Actions/further information to be provided: None.

Committee next steps:

The Committee to monitor the progress of the Better Care Fund and its impacts on the whole healthcare system and the risks associated with the plans, when appropriate.

19/14 END OF LIFE CARE [Item 7]

Declarations of interest: None.

Witnesses:

Hester Wain, Collaborative Business Manager, Surrey CCGs
Dr Andrew Davies, Clinical Director Supportive and Palliative Care, Royal Surrey County Hospital
Dr Aruni Wijeratne, Consultant Palliative Medicine, Epsom and St Helier Hospital
Dr Beata LeBon, Lead Consultant in Palliative Medicine, Frimley Park Hospital
Susan Dargan, Macmillan Senior Nurse Specialist Palliative Care, Ashford and St Peters Hospital
Jean Boddy, Senior Commissioner, Adult Social Care

Key points raised during the discussion:

1. The Committee queried whether the Better Care Fund could be used to develop End of Life Care post March 2014 and were informed that the Better Care Fund Board was developing plans around End of Life Care. The Whole Systems Funding was being used to facilitate transition from PCT to CCGs.

2. The witnesses stressed that the challenge to End of Life Care is to provide holistic care without a fragmented system. It was important to identify and develop pathways appropriate to the patient which gave them the dignity they deserved.

3. The National Institute for Health and Care Excellence (NICE) Quality Statements were being applied but there were variations across Surrey with CCGs working to identify the differences.

4. Members queried the level of support provided to family members of the patient after their death. Witnesses informed the Committee there was variation on the approached used by hospitals; Royal Surrey provided family members a pack of information of organisations which could be contacted, Epsom & St Helier had a close link with Princess Alice Hospice and were also organising a memorial service at St Helier Hospital with a plan for a similar service at Epsom Hospital in the future, Frimley Park Hospital provided relatives with comprehensive information pack and provided support if the patient passed away in the hospital, while Ashford & St Peters Hospital provided support to families and were looking at developing a bereavement service.

5. The Committee were informed that it was difficult to identify how many providers and users of the service there were as though all Acute Trusts provided palliative care, Surrey had a number of hospices which were often full, and in addition all hospices had community teams.

6. Deaths in Acute Trusts had dropped in Surrey, with around 18.7% of patients dying at home. Adult Social Care were developing a bid which would enable people to be moved to their home quicker, if that was their wish. However, it was noted that many patients changed their mind close to the end to wanting to die in a hospice or hospital.

7. The Committee discussed the news that a third of those admitted to hospital died within a year and were informed that the figure did not surprise the witnesses, with some feeling the figure is higher in reality.

8. Members queried how End of Life Care was coordinated, how a person was identified for receiving care and whether there was one professional with overview of a patients care. Witnesses informed Members that it varied, though if someone was not in hospital care then it was the role of the GP to identify patients. The CCG representative stated that there was a need to integrate all the services involved in End of Life Care, and that two CCGs were discussing the implementation of an Electronic Palliative Care Coordination System (EPaCCS) which would allow information to be shared more easily across all partners. Members suggested that all the CCGs should commission the same IT package so as to enable better communication. EPaCCS (Coordinate my Care) is in use at Epsom and St Helier Trust and the Specialist Palliative Care team undertake the responsibility of updating the record for patients when they are discharged from hospital

9. The Committee were informed that it was important that a patient's End of Life Advance Care Plan was kept up-to-date, with some Trusts providing patients with paper records which the patient or next of kin looks after. If the patient was in the community then their GP would be responsible for ensuring the details were up-to-date. This plan held the details of the patient's wishes with regards to resuscitation etc. not medical information such as their prescriptions.

10. The witnesses felt that it was difficult to identify patients for End of Life Care if they had no diagnosis but that all patients should receive good end of life care even if they did not have a diagnosis, and have access to specialist palliative care if required.

11. Members felt that due to the demand for End of Life Care outstripping resources that there should be a review of the pathway. Furthermore, the Committee stressed that a single or compatible EPaCCS IT system should be used across Surrey as soon as possible.

Recommendations:

1. Recommend that there is review of capacity and funding of hospices in Surrey (as part of the Better Care Fund work) including private and voluntary providers of End of Life care.

2. Request for a Surrey-wide implementation of an Electronic Patient Coordination System (or systems with inter-operability) that integrates primary, community and acute end of life care. Update from CCGs in six months.

Actions/further information to be provided: None.

Committee next steps:

The Committee to consider the plans for a Electronic Patient Coordination System which integrates primary, community and Acute Trust end of life care in six months.

Councillors Bob Gardner, Chris Pitt and Nicky Lee leave the meeting.

20/14 SURREY & BORDERS PARTNERSHIP UPDATE [Item 8]

Declarations of interest:

Councillor Bill Chapman sits on the Council of Governors for Surrey and Borders Partnership NHS Foundation Trust (SABP).

Witnesses:

Ros Hartley, Director of Strategy and Partnerships, North East Hants & Farnham CCG
Dr Rachel Hennessy, Medical Director, SABP
Andy Erskine, Director of Learning Disabilities Service, SABP
Jane Shipp, Healthwatch

Key points raised during the discussion:

1. SABP provided the Committee with a short overview of their report, including details of recent Care Quality Commission (CQC) inspections of 24 of their sites. Of the 117 outcomes from the reports, SABP were compliant with 60%, CQC had minor concerns with 20% and moderate concerns with 19%. SABP stressed they were working hard to address the issues raised in the reports, and that though they had been selected by CQC for a full scale inspection of all services in June 2014 they had been assured by CQC that it was not due to any particular concerns.

2. SABP felt that the key part of the organisation is that it is a partnership.

3. Members stated that they would have liked to see more segmentation of age groups as a large number of children and adolescents in crises being sent away from home. SABP stated that children's provision was a concern of theirs, though work was being done by NHS England to see what had gone wrong nationally, as they were they were responsible. However, on a short-term basis SABP had agreed to admit children and adolescents when they were certain they could safeguard them, as they believed it was the right thing to do despite

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not being commissioned to provide the service. When young people were admitted it was always recorded as Serious Untoward Incident.

4. The Committee were informed that SABP were commissioned for community work with children and adolescents, but that beds were commissioned by the Local Area Team and NHS England. SABP was raising their concerns regarding the provision of beds with the Local Area Team and with Guildford and Waverley CCG, as lead commissioner of children services.

5. SABP felt there was not enough money in mental healthcare due to a disparity between the capital investment in Acute Trusts compared to mental health, in addition to the disparity in revenue income; the Acute Trusts being paid by tariff and SABP allotted a fixed sum regardless of demand for services. They felt this was discriminatory towards mental health patients. The Commissioner agreed and stated that it was the long term view of CCGs that there should be a greater share of funds for mental health and disabilities, but work needed to be done to find the funds. It was felt that the Better Care Fund could assist in the integration of care.

6. The Commissioner stated that they felt that SABP were providing a vast number of services to the required standard, but recognised that more work could be done.

7. Members queried whether SABP were working with the Police, and were informed that they were where appropriate. SABP were in the process of working with the Chief Constable and Deputy Chief Constable to find solutions to the current problem of the Police having to attend and detain people when it is not the most appropriate course of action.

8. SABP informed Members that they had developed a clinical strategy which stated that more resources needed to be put into early intervention work for all ages, and that they had begun placing practitioners in schools.

9. Members raised concerns over the CQC reports which found only one of seven sites compliant. SABP stated that in light of the Winterbourne View situation they had completed a comparative analysis of services and had found they compared well. CQC had not asked for services to close as the sites were deemed safe, however not necessarily following best practice. SABP had provided with some suggested improvements and were working to implement them. SABP stated that many of the action points related to the built environment, and that they had worked to redecorate sites and were developing a new hospital. An action plan on care plans was being developed and all action plans were being reviewed closely by the CCG to ensure SABP were compliant.

10. The Committee raised concerns that 55% of complaints were not upheld and queried whether SABP dismissed complaints. SABP assured the Committee that each complaint was fully investigated before a decision was made.

11. Members queried whether the public knew the number for the Crisis Line and whether there were enough staff employed to answer calls. SABP informed the Committee that they received a number of calls from across the country, from a person needing someone to talk to, to someone requiring a visit. It was important for staff to have the patients records available so as to give them the best advice during a moment of crisis. The witnesses informed the Committee that they were advised to take more random samples of calls and were doing so to ensure the quality of the service was high.

Recommendations:

1. Request a report on the improvements identified and actions taken in response to CQC inspections in 2013 and comment on where this would leave performance versus aspirations and comparable benchmarks.

2. Request SABP return in six months to discuss:

    a. Development of options for joint working with Surrey Police;
    b. Their Early Intervention services; and
    c. The outcomes of the new CQC inspections beginning in June

Actions/further information to be provided:

Surrey and Borders Partnership to provide the Committee with a summary report of the actions coming out of the CQC inspections.

Committee next steps: None.

21/14 RECOMMENDATION TRACKER AND FORWARD WORK PROGRAMME [Item 9]

Declarations of interest: None.

Witnesses:

Ross Pike, Scrutiny Officer
Nick Markwick, Surrey Coalition of Disabled People

Key points raised during the discussion:

1. The Committee were informed that the commissioner for SECAmb had changed from East Surrey CCG to North West Surrey CCG, with this in mind the recommendations to the commissioner had been referred to them and they were being given some time to address these. Surrey Coalition of Disabled People requested that the committee do not let Patient Transport Service slip as issues still remained with the service.

2. The Scrutiny Officer requested Members to advise him if there were any areas which they would like to be scrutinised in the next council year.

3. Members were informed of the memberships of the Member Reference Groups and Task Groups and were informed that an initial meeting would be arranged in Spring 2014 to discuss the Terms of References of these groups.

4. Members suggested that the SECAmb Member Reference Group should be split into two – Emergency and Patient Transport Service – as the services provided by SECAmb were too broad to cover in single meetings.

5. The Committee requested that Healthwatch share information so Members are able to effectively verify and scrutinise the information provided by organisations at Committee meetings. Furthermore, Members felt that CQC reports would also assist them in their role. The Chairman informed Members that CQC would be providing the Committee with an update in May 2014.

6. Members of the Frimley Park Member Reference Group raised their concerns that the hospital had not been welcoming and that they were unable to fulfil their roles satisfactorily due to being provided with no information. The Scrutiny Officer informed Members that he was in discussion with Frimley Park over the role of the Member Reference Group.

Recommendations:

1. That the following Member Reference Groups be formed with the following membership:

    a. Alcohol Member Reference Group
        i. Peter Hickman
        ii. Richard Walsh
        iii. Karen Randolph
        iv. Tim Hall

    b. Better Care Fund Member Reference Group (joint with Adult Social Care Select Committee)

        i. Richard Walsh
        ii. Tim Evans

2. A Primary Care Task Group be formed with the following membership:

    a. Tim Hall
    b. Tim Evans
    c. Ben Carasco
    d. Karen Randolph

3. Committee members to advise the Scrutiny Officer of items to be scrutinised in the upcoming council year.

Actions/further information to be provided: None.

Committee next steps: None.

22/14 DATE OF NEXT MEETING [Item 10]

The Committee noted the next meeting would take place on 22 May 2014 at 10am in the Ashcombe Suite.

Meeting ended at: 12.55 pm

Chairman