MINUTES of the meeting of the **WELLBEING AND HEALTH SCRUTINY BOARD** held at 10.00 am on 2 July 2015 at Ashcombe, County Hall. Kingston upon Thames, KT1 2DN.

These minutes are subject to confirmation by the Committee at its meeting on Wednesday, 16 September 2015.

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
* Mrs Helena Windsor
* Lucy Botting
* Borough Councillor Karen Randolph

Ex officio Members:

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

1/15 APOLOGIES FOR ABSENCE AND SUBSTITUTIONS [Item 1]

None received.

2/15 MINUTES OF THE PREVIOUS MEETING: 18 MARCH 2015 [Item 2]

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

3/15 DECLARATIONS OF INTEREST [Item 3]

None received.

4/15 QUESTIONS AND PETITIONS [Item 4]

None received.

5/15 CHAIRMAN'S ORAL REPORT [Item 5]

I'd like to start by expressing thanks to Tim Evans for his work whilst he was a Member of the Committee, as it then was. I also welcome a new Member, Graham Ellwood, and hope that he will find plenty of interest for him in his new role with us.

I have two procedural matters to announce:

The first is that this Public Meeting will be followed by Private Meeting of this Board at which we will move forward the internal business of the Board and how it will operate.

The second point is that I intend to allow questions from the public after each relevant Item on the agenda. This is intended to provide the opportunity for increased public participation. On this occasion there is just a single such item.

General Election and the Queen's Speech

Her Majesty's Speech included a paragraph stating that Her Government will secure the future of the National Health Service by:

- Implementing the National Health Service's own five year plan
- Increasing the health budget
- Integrating healthcare and social care
- Ensuring the National Health Service works on a seven day basis.

Measures will be introduced to improve access to General Practitioners and to mental healthcare.
In today's private meeting our Public Health colleagues will advising us on how any changes in Government might impact on the work of this Board.

Our New Title and Implications for our Work

This committee now has the title **Wellbeing and Health Scrutiny Board (WHSB)**. Having spoken to the Leader of the Council and the Scrutiny Officers I understand that the new title reflects a wish for us to do everything

that we can to advance the wellbeing, as well as the health of the people of Surrey.

The Chief Executive of Surrey County Council in his Progress Report for January to July 2015 gives the following definition for wellbeing: **'Everyone in Surrey has a great start to life and can live and age well.**' I propose that we adopt this definition ourselves, for the time being at least.

We will continue to work as a Health Scrutiny Committee in accordance with Government Legislation and Guidelines which in any case include within our scope the Surrey Health and Wellbeing Board (H&WB). Therefore, we will not be changing our Terms of Reference.

I intend that we will work more closely with the Surrey Health and Wellbeing Board. This will bring us closer to the council's Adults' and Children's Services and our Public Health colleagues. Opportunities for cross-cutting work with, for example, the Social Care Services Board will no doubt appear. I hope that individual Members will become more involved in local Borough and District Health & Wellbeing Boards where these are established.

We are well placed to direct more resource to the Health & Wellbeing Board. The inspection environment provided by the Care Quality Commission (CQC) has improved enormously in the last two years and is now one of the best in the world. This will help us to apply our focus more closely on what really matters to our mission.
NHS evaluation of the Clinical Commissioning Groups (CCGs) is becoming established and is promised to move forward further. Our own CCG Member Reference Groups are becoming more engaged.

Clearly, we will need to continue to focus our limited resources for best effect. We will return to the developing role of our MRGs at our Private Meeting.

Health and Wellbeing Board

The Health and Wellbeing Board is beginning a refresh of the Joint Strategic Needs Analysis (JSNA) after which its Strategy will be refreshed. Our colleagues in Public Health will be telling us more about this in the private meeting.

Royal Surrey County Hospital and Ashford &St Peter's Hospitals Merger

As a Governor of Royal Surrey, Bill Barker has taken part in a full day of discussions involving the Boards and Councils of Governors of the two Trusts. Progress towards the proposed merger is somewhat delayed until the Competition and Mergers Authority (CMA) reports its findings.

Take-over by Frimley Park Trust of Heatherwood and Wexham Park Trust

The merger has progressed well with all hospitals performing well against the national quality targets. Financial performance remains a concern with a need to save 4% of turnover this year. The financial burden of excessive use of agency staff is a particular target for management attention.

Stroke Service Review

Work started in late 2014 to investigate how stroke services in Surrey can best be re-organised in order to improve the care provided to patients. A full range of options is being considered with work led primarily by the CCGs and the Acute Trusts.
We have put together a team of Members consisting of Bob Gardner, Rachael Lake, Peter Hickman and myself so that between us we cover the Acute Hospitals. Our next review meeting will be on July 8.

Review of Musculoskeletal (MSK) Services

North West Surrey CCG is undertaking a review of its MSK services. Rachael I Lake and Karen Randolph are leading the engagement on this work.

Alcohol

We have wound-up this MRG. Addressing the harm caused by alcohol is a Government priority both nationally and locally. It is a high priority for Surrey Public Health and the Surrey CCGs.
Members should continue to make residents aware of the dangers of excessive alcohol consumption. They might also lobby their MPs on alcohol pricing and for a fuller involvement of the Public Health function in the Alcohol Licensing process.

Better Care Fund

Plans for the BCF are agreed and are being implemented. The MRG is scheduled to meet again in September.

Surrey Downs CCG Community Hospital Review

Lucy Botting and Tim Hall are representing us as the review proceeds.

Mental Health Crisis Care Concordat Action Plan

Congratulations are due to North East Hampshire and Farnham CCG for being one of the first in England to complete a comprehensive Mental Health Crisis Care Concordat Action Plan. Results are particularly good around preventing crises and the ‘Time Out Café’ in Aldershot. The ‘Time Out Café’ model is being rolled out across the County by the other CCGs.

This performance contrasts with the damning condemnation by the CQC of the general provision across England for mental health and particularly for crises care.

Health Inequalities – Life Expectancy

You may have noticed that there are two quite different numbers quoted for the spread in average life expectancy between the least favoured and most favoured parts of Surrey. This spread in life expectancy is one of the key measures of health inequality.

The Annual Report of the Director of Public Health in Surrey uses the figure of 15 years difference between the best and worst wards for this measurement. This number is used by the Health and Wellbeing Board and each CCG uses its local version for its planning and monitoring purposes.

Public Health England's method of arriving at the spread is to take the average value for the 10% (decile) of most favoured wards and subtract the average for the 10% least favoured wards. This has the effect of smoothing out the variation across the county and arrives at a value of about 6% for both women and men.

6/15 EPSOM AND ST HELIER UNIVERSITY HOSPITALS NHS TRUST [Item 6]

Declarations of interest:

None

Witnesses:

Daniel Elkeles, Chief Executive, Epsom and St Helier University Hospitals Trust
Lisa Thomson, Director of Communications, Epsom and St Helier University Hospitals Trust

Claire Fuller, Clinical Chair, Surrey Downs Clinical Commissioning Group

Key points raised during the discussions:

The Chief Executive of Epsom and St. Helier University Hospitals Trust provided the Board with an overview of the Trust's Hospital Estates Strategy 2015-2020 which makes the case for a £500 million investment in the Trust in order to upgrade its estate. He advised that the Trust performs well against a number of key quality indicators including patient experience but stressed that its outdated estate, which is the oldest in Surrey and one of the oldest in London, is prohibitive in delivering the highest quality of care to patients. It was further highlighted that the age of the estate has a detrimental impact on the Trust's finances due to reduced energy efficiency, spending on reactive maintenance and the additional resources required to make sure hygiene standards are met.

The Chief Executive informed the Board that any funding for a new estate will require significant investment from Central Government which means that they need an excellent business case. Before the business case is presented, various options will be considered as to how the Trust can attract this level of investment while discussions will also take place with staff and patients in order to develop an understanding of how the new estate should be designed.

- More information was requested on how the Trust will work within the scope of the Better Care Fund (BCF) and help to ensure that more care is provided within a community setting. The Clinical Chair of Surrey Downs Clinical Commissioning Group reiterated the need to deliver more services health care services in the community as a way of improving patient services and reducing demand on acute hospitals. The Board were informed that Epsom and St Helier University Hospital Trust (ESTH) works with Surrey Downs Clinical Commissioning Group (CCG) and other health and social care partners to ensure that it helps to manage rising demand with more health care services provided within community settings.

- The Board queried the need to develop a new estate given reductions in funding to the Trust as a result of the BCF. The Chief Executive stressed the need to ensure that patients are provided with the right care wherever they go for treatment but that the aspiration is do this in community settings where appropriate in line with the Five Year Forward View. Members were informed that the right model of delivering care in the community needs to be developed before the allocation of funding can be properly established.

- Additional information was requested on how nurses will develop and acquire the skills required to provide community-based care effectively. The Clinical Chair indicated that efforts need to be made to reach out to educators – Health Education England included - to ensure that they are giving nurses the right skills and training to deliver this new model of care. The Board was further informed that there is a need to empower social care practitioners to get back to the practice of delivering preventative healthcare services. The Chief Executive advised the Board that ESTH is approaching a full complement of nursing staff across the Trust through the Patient First initiative and that the hope is to eliminate the need to rely on agency workers soon. The vision in the long term is to have clinicians, medical staff and care workers operating under the umbrella of a general health organisation which provides joined up, integrated care.

- The Chief Executive was asked for details on where ESTH is recruiting nurses from. Members were informed that the Trust has been recruiting extensively in Europe, particularly in countries which have a similar healthcare model to the NHS. These nurses enjoy working at ESTH and are encouraging their friends to apply for jobs too. An area of concern that was flagged up by the Chief Executive was the challenge that nurses face attempting to find affordable accommodation in Surrey and South London. The Trust does have some accommodation that it can provide to nurses but this is close to being exhausted which threatens the ability of ESTH to recruit. The

Chief Executive requested the Board's help in attempting to address the problem of accommodation for nurses coming to work for ESTH.

- The Vice-Chairman suggested that a more compelling argument for the £500 million to build a new ESTH estate could be made to the Government by developing a business case that focuses on how much more ESTH can contribute to the healthcare economy in Surrey and South London rather than by simply drawing attention to how well the Trust has been performing. The Board further stressed the need to outline the extent of the savings that could potentially be achieved by the Trust through having an improved healthcare estate. The Chief Executive agreed with the comments made by the Board but indicated the need to show the Government that ESTH is a high-performing Trust but one that could do even better with the right facilities. The Treasury has indicated that the £219 million previously made available for a partial rebuild of the St. Helier Hospital could still be made available to the Trust. The Board further suggested that the existing sites could be sold in order to secure some of the capital for the development of the new estate.

- Clarification was sought on the storage of patient medical records at the Trust and whether these are easily accessible for staff. The Chief Executive informed the Board that medical records are given a barcode and a microchip to ensure they can be easily identified and found by staff when required. This demonstrates that a paper-based system can still be very successful if the proper processes are implemented, especially when IT servers fail.

- Concern was expressed by the Board with the number of C.difficile and MRSA cases which occurred at ESTH during 2014/15 which are both over the specified target for the Trust. Members inquired about the extent to which improving hygiene processes and management would reduce the number of cases of C.difficile and MRSA. The Chief Executive assured the Board that steps are being taken to reduce infection rates at hospital sites throughout the Trust but informed the Board that the age of the estate meant that it was virtually impossible to completely eliminate instances of these infections, something which has been recognised by NHS England.

- Further information was requested on where a new St. Helier Hospital could potentially be located if the decision is taken to rebuild the hospital. The Chief Executive advised that they are currently going through the various possible options for modernising ESTH's estate and that there will be a proper consultation with the public to explore all of these options. Members were informed by the Chief Executive that he had recently been contacted by his counterpart at the Royal Marsden Hospital, whose estate is also aging, about a potential

collaboration on modernising acute provision in the area which presents further options to be considered.

- Attention was drawn to ESTH's performance against its cancer referral target and the Chief Executive was asked to clarify what measures are being taken to improve this performance. The Board were informed that a dedicated team has been created which manages each cancer patient as they go through the system in order to drive improvement in the Trust's performance against this target. Steps are also being taken to improve the process more generally but it was advised that this would take a few months to get right as there are several parts of the system which require improvement.

- Members inquired about the plans for increasing the provision of elective care available at Epsom Hospital and asked whether this would have an adverse impact on the unplanned care services. The Clinical Chair indicated that in an ideal world all treatment provided to patients would be planned but stressed that the CCG recognises that unplanned care will always be necessary and would ensure that the processes are in place to cope with this.

- The Board asked for the opportunity to explore how ESTH are engaging and communicating with the local community. The Trust's Director of Communication invited Members of the Board to visit the hospital and to attend patient and public engagement meetings. Members were also advised that ESTH has identified a large number of local groups that it plans to engage with during the estates process.

Recommendations:

1. The Board supports the Trust's investigation into future estate strategy and recommends that it emphasises the improvements it can make to its services and its wider contribution to the management of the total health system finances and;

2. That the Board is involved as part of future public engagement on this issue.

Actions/ further information to be provided:

None

Board next steps:

None

7/15 RECOMMENDATIONS TRACKER AND FORWARD WORK PROGRAMME [Item 7]

Declarations of interest:

None

Witnesses:

None

Key points raised during the discussions:

None

Recommendations:

None

Actions/ further information to be provided:

None

Board next steps:

None

8/15 DATE OF NEXT MEETING [Item 8]

The Board noted its next meeting will be held at 10.30 am on Wednesday 16 September 2015.

Meeting ended at: 11.15 am

Chairman

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INVESTING IN A HIGH QUALITY HEALTHCARE ENVIRONMENT

Daniel Elkeles, Chief Executive
Peter Davies, Director of Strategy and Business Development

June 2015

OUR STRATEGY FOR 2015 – 2020

We are a safe and effective trust, and are committed to maintaining an excellent patient experience

The trust's mission is to **put the patient first by delivering great care to every patient, every day**, focusing on providing high quality, compassionate care that:

- Is safe and effective
- Creates a positive experience that meets the expectations of patients, their families and carers
- Is responsive and delivers the right treatment, in the right place, at the right time

Safe and effective

- ✓ High scores on CQC Intelligent Monitoring
- ✓ Hospital standardised mortality ratio consistently below 100
- ✓ Achieving more of the London Quality Standards than neighbouring trusts
- ✓ Endorsed for the quality of hip, trauma and urology services

Positive experience

- ✓ 97% of patients recommending the trust to friends and family
- ✓ Excellent A&E waiting time target of 95% seen within 4 hours (95.6% in 2014/15)

Responsive

- ✓ The Patient First Programme empowers our staff to put the patient first
- ✓ Our philosophy is to empower all our staff to take action locally, through a shared understanding of what matters to our patients

The trust has a clear strategy for the next five years to continue to provide services from both Epsom Hospital and St Helier Hospital, and this remains our plan

We have a clear strategy to maintain our current sites over the next five years…

Between now and 2020 we have committed that:

- Both **Epsom Hospital and St Helier Hospital will continue to provide consultant led, 24/7 A&E, maternity and inpatient paediatric services**
- **St Helier Hospital will provide specialist and emergency care** such as acute surgery for our most sick patients
- **Epsom Hospital will expand its range of planned care**
- Work will continue with patients, GPs, commissioners and partners to **provide significantly more care in community settings**, closer to home for patients, so that they only have to come to hospital when they really have to

…and have identified five objectives that will ensure we deliver high quality, compassionate care to all patients

- Delivering **safe** and effective care with respect and dignity
- Creating a **positive experience** that meets the expectations of our patients, their families and carers
- Providing **responsive** care that delivers the right treatment, in the right place at the right time
- Being **financially sustainable**
- Working in **partnership** in the interests of patients and a sustainable local health and social care economy

DEVELOPING OUR ESTATE IN 2020 – 2030

We believe that our buildings are restricting the quality we can deliver

Quality of care

Limitations in our ability to locate clinical departments next to each other means we need to work harder to deliver high quality care

Infection control

The layout of our buildings means we need to make more effort to keep them clean, and we cannot maintain the distances between beds that we want

Patient experience

Our patients tell us that they find our buildings difficult to navigate, and the layout of the estate means that patients need to be moved significant distances, including outside in bad weather

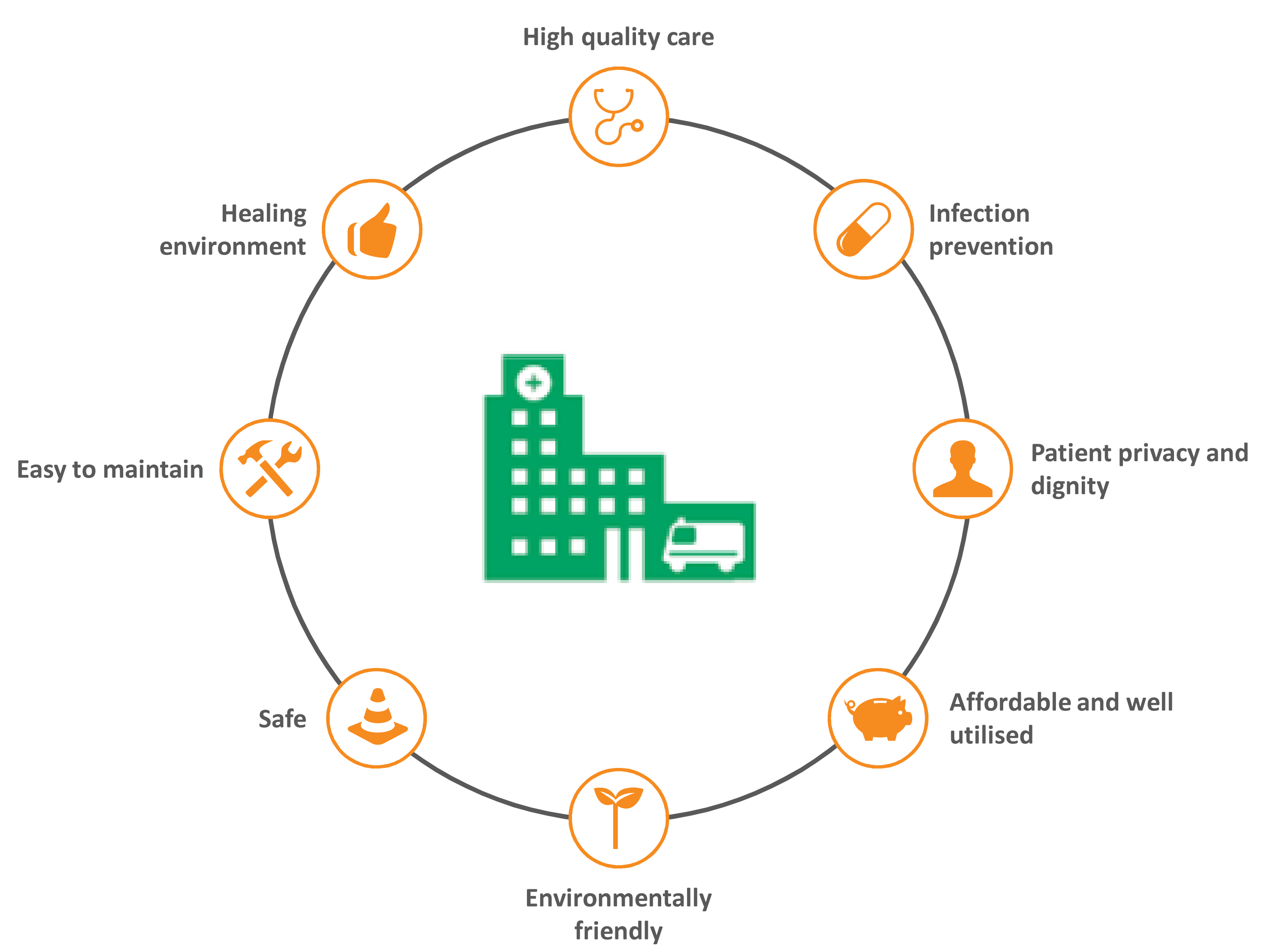
Maintenance

We spend approximately £1m a year more than we need to keeping our ageing estate running, including needing dedicated teams to keep our key infrastructure running

Our patients, staff and communities deserve to receive and provide care in buildings that are fit for the provision of modern healthcare

Therefore, we have considered what modern buildings should look like, and how we compare **with the best most modern NHS estate**

We have identified the key features of buildings that support twenty-first century healthcare



There are examples from across the NHS of buildings that exhibit the features of twenty-first century estate

Northumbria Emergency Care Hospital

The first purpose-built emergency care hospital in England

Key features:

- Exemplar patient pathways and adjacencies, with unique circular wards
- High proportion of single rooms, with pleasant views, and significant public realm space
- State of the art mechanical and electrical systems

Peterborough City Hospital

Modern acute hospital that has been MRSA-free since it opened

Key features:

- Excellent clinical adjacencies from a central concourse, with other health facilities co-located
- Aesthetically pleasing environment, with enclosed gardens and courtyards, and way-finding artwork
- First hospital in the UK to adopt 'cruciform' wards

New South Glasgow Hospital

One of the most technologically advanced health campuses in Europe

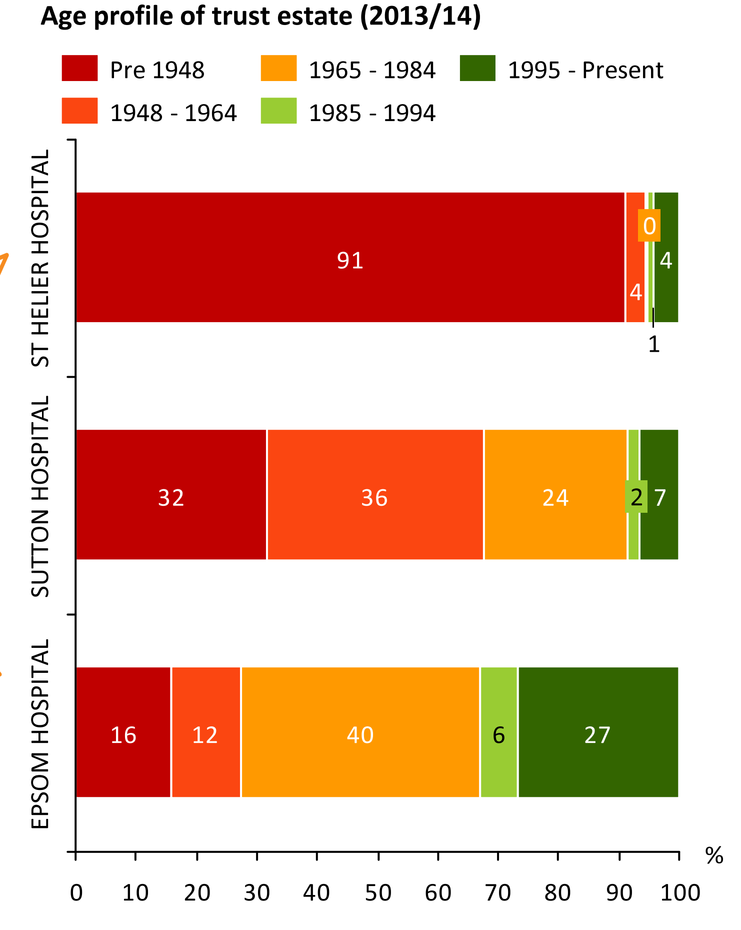
Key features:

- State of the art technology, including robotic distribution of supplies
- Excellent clinical adjacencies and patient flow
- All singles rooms for adults, with views of the city and natural daylight

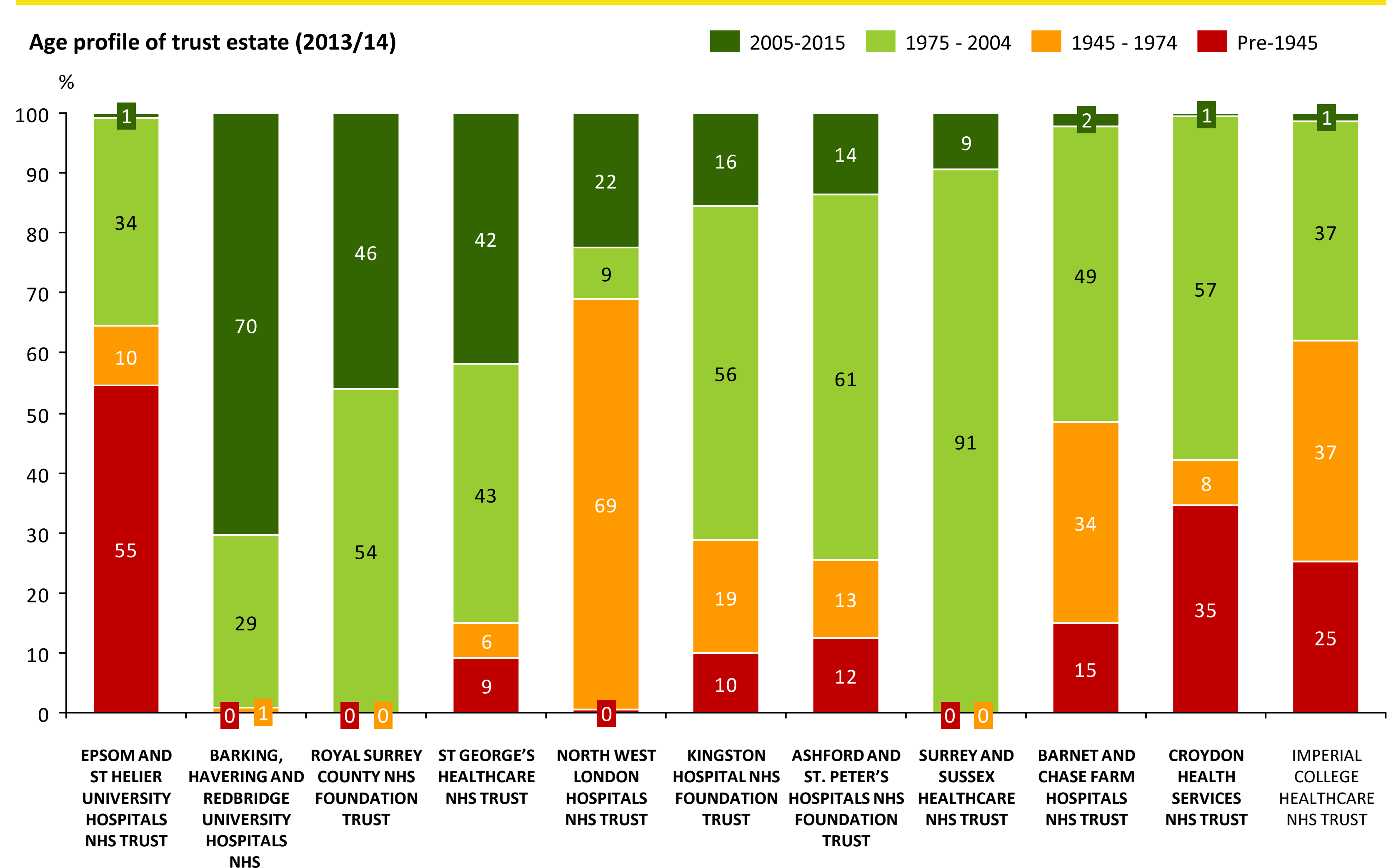
We have an ageing estate that requires constant maintenance

*At St Helier Hospital, a child was admitted through our Emergency Department. After initial assessment, **the child had to be wheeled through long underground tunnels** to reach the children's inpatient wards. This journey had to be repeated when an emergency CT was needed*

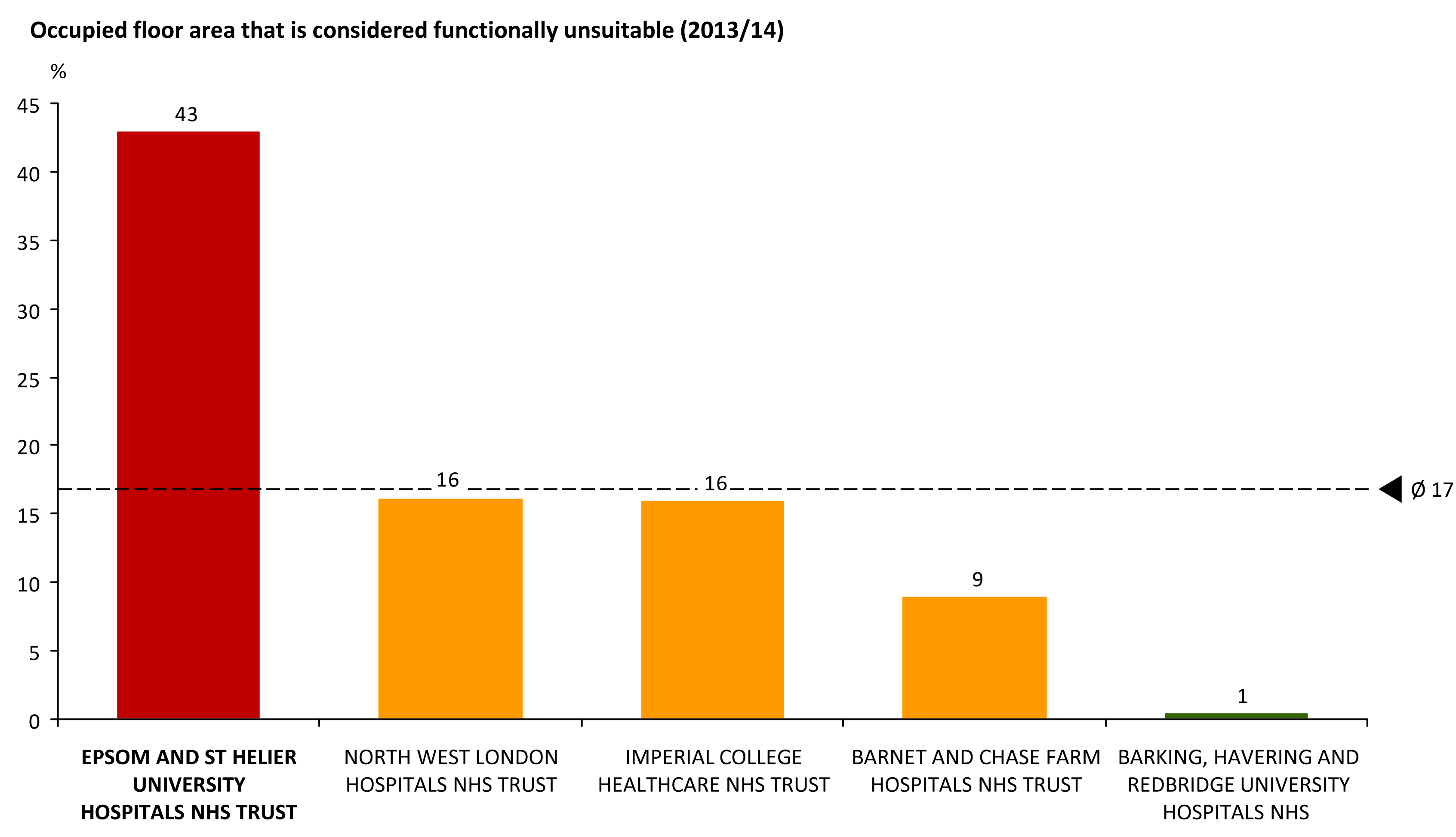
*At Epsom Hospital, a patient who was admitted with a stroke received immediate treatment and then had to be **wheeled outside on a trolley** to get to Langley Wing, past visitors and moving vehicles*



Compared to similar trusts, our estate is significantly older, with more than half our estate built before WW2



Our estate is also less suitable for healthcare delivery than our peers, with 43% of the estate not fit for purpose



When we consider all the features we expect twenty-first century healthcare to exhibit, our estate falls short

High quality care

- Currently the layout of our sites means key departments are not co-located, which can affect clinical service delivery

Infection free

- The poor quality of our estate has been identified as a likely cause of infections at the trust
- The trust does not consistently meet NHS infection control bed spacing standards at present, which it is likely also contribute to infection rates

Healing environment

- In many areas our estate fall below the standards you would expect of a modern healthcare environment because it was designed decades ago
- Our estate scored below the national average on condition and appearance in patient-led assessments in 2014

Patient privacy & comfort

- The majority of beds are still provided via 4 or 6 bedded bays
- Only circa 21% are single rooms, of these which than half have their own en-suite

Easy to maintain

- Over £50m needs to be spent on the current estate to bring it into an acceptable (not good) condition
- We have a maintenance team of over 50 people currently who are required to constantly repair and maintain the ageing plant that we have

Safe

- As the estate continues to age over the coming years, it will be increasingly hard, disruptive and costly to ensure full statutory compliance

Environmentally friendly

- Energy performance for all sites is below the NHS acceptable level

Affordable & well utilised

- As the buildings and infrastructure get older, it will cost significantly more to keep them in an acceptable, working condition

It would require major investment to transform our estate – therefore, we need to consider the options for how we can invest

Cost

We may need to spend more than £500m if we want to properly improve our estate.

To do so we will have to make the case for this level of investment and look at all the options for achieving that over the next ten years.

Complexity

Re-developing a hospital is complex, and there are multiple ways we can re-develop on our existing sites.

We need to be confident we are exploring a deliverable option.

Due to the potential scale of change, we need to consider all the options for our buildings

Affordability

Before investing in our estate, we will need to be confident that any investment is affordable and sufficient funding is available.

Disruption

Re-building our existing facilities may mean moving patients and staff to temporary buildings while redevelopment work was completed.

We would need to explore if there are ways to reduce this.

We want to work with you to understand the options

We will **discuss with our key stakeholders and the public the next steps** – this will include local authorities, local Healthwatch organisations, and patients and the public

We would then like to discuss whether our local communities support us in our desire to see our services be delivered from modern buildings and to begin a dialogue **on what people believe we should consider when we look at the options**

Following this, **we will develop options and appraise them** against the things the public have told us are important

THANK YOU

Join our pursuit to put the Patient First!

Be an #esthchampion and join our dedicated patient programme. You'll get all the latest news and exclusive invitations to special events, so sign up at **epsom-sthelier.nhs.uk/patientfirst** or call 020 8296 4996

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