



Wellbeing and Health Scrutiny Board: Report to Council - 17 May 2016

Purpose of report:

To provide an overview of the responsibilities and powers delegated to the Wellbeing and Health Scrutiny Board (WHSB) by the Council. The Board would like to propose using subsequent reports to provide the Council with news of current and upcoming actions for the WHSB.

Role of the WHSB

1. The National Health Service Act 2006 and associated regulations confer a number of powers and duties to the Council with regard to effective health scrutiny.¹ These powers and duties have been delegated to the WHSB by the Council. There is the exception that any reference that the WHSB proposes to make to the Secretary of State regarding significant and likely adverse change to health services must be sanctioned by the Council. The WHSB reports to Council, rather than to the Cabinet, on matters pertaining to health services in Surrey.
2. The Board's terms of reference covers all health services commissioned or delivered within Surrey, including the work of Public Health and the Health and Wellbeing Board. Social care services are scrutinised by separate Boards, though in practice these areas are becoming closely aligned through health and social care integration. All the scrutiny boards are working with their respective Council services to help to find savings for budgets. The Board is working with Public Health and its primary focus is on trying to minimise the impact of the necessary cuts.

¹ 'Local Authority Health Scrutiny: Guidance to support Local Authorities and their partners to deliver effective scrutiny'.
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/324965/Local_authority_health_scrutiny.pdf (accessed 8 April 2016)

Environment

3. Health and social care systems in Surrey have changed radically in recent years and continue to do so. The NHS was restructured three years ago with the creation of Clinical Commissioning Groups (CCG).² The Better Care Fund has seen greater integration in the commissioning of health and social care, and is overseen by the Health and Wellbeing Board.
4. The associated emerging Sustainability and Transformation Plans (STPs) are a basic component of the NHS Five Year Forward View, and will bring together commissioners and suppliers more effectively. This will enable joint end-to-end redesign of clinical pathways (process re-engineering) to provide better outcomes for patients and better value for money.
5. The control and inspection regime for health and social services has also changed radically. Over the last decade most major health service suppliers have become NHS Foundation Trusts in which a council of governors holds a management board to account. All NHS trusts are required to report on a wide range of Key Performance Indicators which are closely scrutinised by NHS Improvement including Monitor.
6. During the last year the Care Quality Commission inspection framework has changed considerably, and will now typically draw in approximately 50 experts for a week-long inspection of acute trusts.

Focus of attention and ability to influence

7. Given a rapidly changing environment, and the limited resource with which it operates, the Board needs to focus its efforts and respond to events at short notice. Its primary focus is ensuring that residents are engaged in defining services and that any changes are to their benefit. For example, the Epsom and St Helier University Hospitals NHS Trust are consulting on an Estates Review. Several of the Board's Members took part in a public engagement event on 19 March 2016 at which the Trust asked the public to help define the criteria for judging the options proposed. The Board will invite the Trust to its meeting on 7 July 2016 to outline the preferred option and how they will undertake formal public consultation.
8. The Board also has a number of Member Reference Groups (MRGs) who interact with the 6 Clinical Commissioning Groups (CCGs); the 5 Acute Trusts; the Mental Health Trust; and the Ambulance Trust.

² A useful guide to the new structure is available on the Local Government Association website: 'A councillor's guide to the health system in England'
<http://www.local.gov.uk/documents/10180/5854661/A+councillor%C3%95s+guide+to+the+health+system+in+England/430cde9f-567f-4e29-a48b-1c449961e31f> (accessed 19 April 2016)

9. Each CCG is required to invite annual 360 degree evaluations of their performance from a number of the CCGs partners. The majority of Surrey CCGs invite either the Chairman of WHSB or an MRG Member to provide this feedback, giving the Board and the CCGs the opportunity to discuss shared priorities and ways to work better together.
10. Last month the 360 degree evaluation identified an opportunity to examine how CCGs work to safeguard both adults and children. This will be reflected in the Board's Forward Work Programme in the months to come.
11. The Board often discusses how it can ensure health services are effectively scrutinised and how the voice of local people can be strengthened through this process. Surrey MPs also recognise this as a priority for our residents, and individual WHSB Members will often work with their MPs in this regard.

Crystal ball on major trends

12. The health service in Surrey is undergoing a time of increasing demand and reducing resources. The pressure is reflected in higher savings targets, although these remain significantly less than those required in social care due to the government announcing the NHS budget as protected. Savings may result in risks to the quality of services. The WHSB will need to consider how to detect and evaluate the impact of any adverse impacts on the residents of Surrey arising from this source.
13. The NHS Five Year Forward View indicates a lot more significant change, the detail of which is not yet fully clear, and which the Board will need to understand and accommodate into its methods of working.

**Bill Chapman,
Chairman of Wellbeing and Health Scrutiny Board**

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