



## **Wellbeing and Health Scrutiny Board: Report to the Council - 11 October 2016**

### **Purpose of Report**

1. The last report to the Council on 17 May 2016 provided an overview of the responsibilities and powers delegated by the Council to the Wellbeing and Health Scrutiny Board (WHSB). It described how WHSB was meeting those responsibilities within the current NHS environment.
2. The purpose of this report is to update the Council with the key matters impacting on the health landscape in Surrey at the present moment.

### **Financial Challenges to the Health Services in Surrey**

3. It has been widely reported that NHS England had its biggest ever deficit last year of £2.5 billion. Achieving financial balance is a high priority for the NHS this year but demand for services will continue to grow driven by demographic changes.
4. The NHS in Surrey is not immune. Two of the six Clinical Commissioning Groups (CCGs) and one of the five Acute Hospitals are currently receiving support from NHS Improvement because of financial deficits. However, standards of care remain generally good.
5. Members will also be aware of the substantial financial difficulties facing our own social services. This is a matter for the Social Care Scrutiny Board, but we need to note that the NHS depends on social care to help prevent residents going into hospital unnecessarily, and to facilitate their exit as quickly as it is safe to do so. Simon Stevens, Head of NHS England, has highlighted that more needs to be done to prevent people needing acute health services, and that this could mean additional funding for preventative social care. It is my view that we should all lobby our MPs along these lines.
6. The NHS and social services both face substantial challenges around workforce due to the high cost of living in Surrey; the shortage of affordable housing; and competition from London where the London Allowance is payable. Many hospitals have to recruit from overseas to fill vacancies.
7. The Council's Public Health function acts to prevent ill-health and to reduce the load on the Health Services. However, it too is suffering financial pressures which may have a negative impact on the health of Surrey residents and lead to more pressure on the NHS. An illustration of the impact of these financial pressures is the recent recommissioning of sexual health services, which has seen the contract's annual value reduce from £6 million to £4 million. The Board has a role in understanding the impact of such changes, and how the provider market responds to the financial pressures that

the local authority faces. There is no reason to believe that the new service will not be adequate.

8. The NHS in Surrey receives its 999 service from the South-East Coast Ambulance Trust (SECAMB). The WHSB has highlighted on several occasions that SECAMB has not been working effectively, as have our sister Boards in Kent and Sussex. There is an unresolved problem with slow handover of patients between the SECAMB crews and the receiving hospitals which is impacting on SECAMB performance. Elsewhere, South Central Ambulance Service reports success in reducing the load on Accident and Emergency units by better diagnosis by paramedics at the point of contact and by enabling patients to be made comfortable in their own homes. SECAMB is now receiving close attention from NHS Improvement.
9. There is every indication that the financial situation in the NHS is not going to get better quickly. In order to achieve the £22 billion of savings required over the next 5 years, NHS England will need to perform significantly better than its long term average for financial savings. This will mean some difficult decisions in the months to come.
10. There is a possibility that some of our CCGs and Acute Hospitals, even after making other savings, will need to manage patient services to reduce expenditure. The NHS has continually to review its priorities to enable it to work within its financial envelope.
11. The WHSB wishes to ensure that clinicians are at the heart of making these decisions where they prove necessary, and that 'post-code lotteries' are avoided as far as possible.

### **Sustainability and Transformation Plans**

12. Members may be aware of the Sustainability and Transformation Plans (STPs) through the coverage in the national media over the summer. This is an exciting and evolving piece of work that attempts to tackle many of the national challenges both health services and local authorities face in relation to ensuring patient and resident wellbeing.
13. Surrey is covered by three STPs: Surrey Heartlands; Frimley; and Sussex and East Surrey. The STPs are centred on one or more of the Acute Hospitals and bring together all the commissioners and suppliers under one strategic plan. In the longer term, there is to be a greater sharing of resource across health and social care. Members will be aware that work towards this has been going on for some time through the Better Care Fund.
14. An important aspect of the STPs is that they have been subject to inspection by the highest levels of management in the NHS who have sought to resolve high level boundary issues both within and between the individual STPs. The STPs may well see some local services being reconfigured to ensure that the NHS is making the best use of its resources, and maximising the effectiveness of services. An indication of how these services may be delivered in the future is exemplified in the Surrey Stroke Service Review, which is seeking to locate Hyper-Acute Stroke Units to achieve optimum coverage for those who may require stroke services in Surrey.
15. In terms of the involvement of the WHSB it is worthwhile distinguishing between the Surrey Heartlands STP and the other two Surrey STPs: namely Sussex and East Surrey STP; and Frimley Health STP. The footprints for both of these latter STPs include a large number of County and Unitary Authorities so governance will be a more

complex matter. A further factor is that Surrey patients will be in a minority in both of these two footprints so getting ourselves heard may not be easy.

16. It is vital to distinguish between executive and scrutiny roles in seeking suitable platforms for our representation. It would be best to have a clearly defined scrutiny group, separate from the executive function. I will be seeking the views of my regional health scrutiny counterparts, and our NHS colleagues, to this end. We already have good links with our Sussex and Brighton equivalents through the South East Health Scrutiny Chairmen's Group which I chair. I will also be seeking to establish links with our equivalents in the Frimley Health footprint to gauge their views on the way forward.
17. As we concluded in our 17 May report, our paramount duties are to assure that Surrey residents' views are taken into account when changes are proposed in health services; and to ensure that changes are to the overall benefit of Surrey residents.
18. I believe that the WHSB has to add a corollary to the point about changes that benefit patients and their families. If we are content that changes are indeed good then we should overtly support them both as a Board and as individual Members.
19. The next five years presents significant challenges for both the NHS and local authorities, and it is only by working together to understand each others' priorities, can we ensure that we are achieving the right outcomes for our residents.

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

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