

**MINUTES** of the meeting of the **WELLBEING AND HEALTH SCRUTINY BOARD** held at 10.30 am on 14 September 2016 at Ashcombe Suite County Hall Penrhyn Road Kingston upon Thames KT1 2DN.

These minutes are subject to confirmation by the Committee at its meeting on Thursday, 10 November 2016.

**Elected Members:**

(\* Present)

- \* 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

**Co-opted Members:**

(\* Present)

- \* Dr Darryl Ratiram
- \* Mr Tony Axelrod
- Vacancy

**Substitute Members:**

(\* Present)

**Members In attendance:**

(\* Present)

**41/16 APOLOGIES FOR ABSENCE AND SUBSTITUTIONS [Item 1]**

Apologies were received from Bob Gardner, Rachael I. Lake, Tina Mountain, Peter Hickman.

Apologies were also received from Helyn Clack

**42/16 MINUTES OF THE PREVIOUS MEETING: 7 JULY 2016 [Item 2]**

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

**43/16 DECLARATIONS OF INTEREST [Item 3]**

There were no declarations of interest made.

**44/16 QUESTIONS AND PETITIONS [Item 4]**

There were no questions or petitions received.

**45/16 CHAIRMAN'S ORAL REPORT [Item 5]**

The Chairman provided an update to the Board regarding business undertaken after the previous meeting. The Board noted and accepted the Chairman's report.

**46/16 RECOMMENDATIONS TRACKER AND FORWARD WORK PROGRAMME [Item 6]**

The Board noted and agreed with the recommendations tracker and forward work programme.

**47/16 NEXT STEPS FOR SURREY STROKE SERVICES - UPDATE [Item 7]**

**Witnesses:**

Claire Fuller, Chair of the Surrey Stroke Review  
Giselle Rothwell, Acting Associate Director of Contracts  
Strategic Commissioning, NHS North West Surrey Clinical Commissioning  
Group  
Matthew Parris, Evidence and Insight Manager, Healthwatch Surrey  
Nick Markwick, Surrey Coalition of Disabled People

**Declarations of Interest:**

None

**Key points raised in the discussion:**

1. The Chair of the Surrey Stroke Review noted that 2,500 residents within Surrey had a stroke annually, and that there was a higher mortality rate compared to the London region.
2. The Board was told that feedback from service users had highlighted that stroke treatment within the hospital service was considered to be good. Feedback had also shown that after-care was considered to be in need of improvement. The Board was informed that the Stroke Review was seeking to improve the whole pathway for stroke sufferers, including after-care. This pathway was now being considered as the standard for a national model.

3. The Board was informed that proposals had been drawn up to provide three Hyper Acute Stroke Units (HASUs) to be delivered across an East system, a West system and a Surrey and Hampshire border system. These models were undergoing an assurance and feedback process with the next steps being decided by the Clinical Commissioning Group (CCG) Committees in Common in October 2016. The Board was told that if a significant change was required, an extended consultation period would be considered to take into account the winter holidays.
4. Witnesses highlighted that St. Peter's Hospital, Frimley Park Hospital and East Surrey Hospital were being considered for the HASUs. The Board queried whether there would be follow-on care available in Royal Surrey County Hospital, for ease of access for people in high population areas such as Guildford. It was confirmed that there would be an improved focus on after-care services and also encouraging prevention, and that this would reduce the need for acute hospital services.
5. The Board queried whether the financial sustainability of the NHS would see plans needing to change after public consultation. It was explained that working models were changing to ensure continued delivery of service within the financial envelope provided. Witnesses noted that this was a challenge, but that improved ways of working were being developed as a result of this.
6. It was noted by witnesses that there was a robust engagement process in place with patients and stakeholders. The Board questioned the level of consultation and whether deprived groups were reached out to in the consultation process. The service responded that a wide range of groups had been consulted, noting the Stroke Association as an example, as well as service users, to gain a wide insight.
7. The Board queried whether there was any synergy between the Surrey Clinical Commissioning Groups (CCGs) regarding funding priorities. The Chair of the Surrey Stroke Review informed the Board that there was good engagement between the CCGs, highlighting that the Committees in Common works to agree joint funding priorities.
8. The representative of Healthwatch Surrey queried whether there were groups within Surrey that were at risk as a result of the new proposals outlined. A Board Member commented that the high number of patients in a small number of hubs could cause some difficulties which would have to be managed. Witnesses outlined that stroke patients should receive treatment within one hour to produce the best chances for recovery, and that journey times across Surrey had been measured as part of consideration for the sites of the proposed HASUs.

**Recommendations:**

The Board welcomes the increased emphasis on follow up in stroke services through the review, and recommends:

1. That an update provided to the Board following the final decision by the committee in common on 6 October 2016;
2. That this update demonstrates how consultation activity will engage with identified high risk groups, and those families and patients involved with ongoing care following a stroke.

**48/16 GUILDFORD AND WAVERLEY CCG: ADULT COMMUNITY HEALTH SERVICES UPDATE [Item 8]****Witnesses:**

Leah Moss, Deputy Director of Clinical Commissioning, Guildford and Waverley CCG

Liz Uliasz, Deputy Director - Adult Social Care

Hannah Yasuda, Senior Commissioning Manager, NHS Guildford and Waverley Clinical Commissioning Group

Matthew Parris, Evidence and Insight Manager, Healthwatch Surrey

Nick Markwick, Surrey Coalition of Disabled People

**Declarations of Interest:**

None

**Key points raised in the discussion:**

1. The Board was informed by the Deputy Director of Clinical Commissioning that Guildford and Waverley CCG had adopted an alliance contract model that would see Virgin Care Services Ltd (VCSL) working to develop a new delivery model, with the option for an eight year extension.
2. The Deputy Director of Clinical Commissioning, Guildford and Waverley CCG outlined that the procurement process was single stage, consisting of 35 key questions and 19 evaluators. It was particularly highlighted that a patient representative, information governance expert and independent GP input were brought in to scrutinise the procurement process as a means of ensuring a non-biased outcome.
3. It was highlighted to the Board that this tailored procurement process was in place to give the most positive guarantee of best outcome of local residents, as opposed to creating a uniform response across all

services.

4. It was suggested by the representative from the Surrey Coalition of Disabled People that the consultation could have been more extensive. Witnesses acknowledge that the report could have set this out in further detail. The Deputy Director of Clinical Commissioning, Guildford and Waverley CCG highlighted that this was the first stage of consultation, and that wider engagement was planned over the next 12 months with all partners to design services.
5. The Board queried the penalties of poor performance and how, after two years the contract would be managed. The service responded that, after 12 months of contract award, there would be an evaluation of outcomes and deliverables. It was noted that this would form the basis for future contract renewal. It was highlighted that contract arrangements had been developed to ensure that the contract was robustly managed, with penalties in place if the provider failed to deliver.
6. The Board queried whether the service included any carer consultation. The service responded that it was looking into new ways of engaging with carers and support workers and would work towards this as a future aim. Members questioned whether it was possible to interview carers regarding pressure and whether they felt properly consulted as part of this process. The service responded that they welcomed this engagement.
7. The Deputy Director for Adult Social Care noted that Surrey County Council was supportive of the work of the CCG and would continue to assist them in their consultation processes.

**Recommendations:**

The Board thanks Guildford and Waverley CCG for its report. It welcomes the service user and local authority membership at the joint management board.

The Board recommends:

1. That Guildford and Waverley CCG provide further details as to the engagement activities with patients and families undertaken through the procurement process, how this influenced the procurement process, and how this will help inform co-production over the next 12 months;
2. That Guildford and Waverley CCG return to the Board with an update following mobilisation;

Recognising discussions around consistency, the Board also recommends:

3. That Guildford and Waverley CCG consider developing a public-facing scorecard that will enable residents to understand how providers are monitored and how they are performing;

*The meeting adjourned at 11.56am and resumed at 12.11pm.*

**49/16 NW SURREY CCG: ADULT COMMUNITY SERVICES PROCUREMENT  
[Item 9]**

**Witnesses:**

Rachael Graham, Acting Associate Director of Contracts  
Matthew Parris, Evidence and Insight Manager, Healthwatch Surrey  
Nick Markwick, Surrey Coalition of Disabled People

**Declarations of Interest:**

None

**Key points raised in the discussion:**

1. Witnesses pointed out that the Board had previously requested more information regarding performance and quality measurement within the procurement service. The Acting Associate Director of Contracts highlighted that a comprehensive scorecard of performance indicators had been designed and would be implemented through the new contract to be awarded. Members noted that this was a commendable model; however Members questioned whether this could be made simpler and more transparent to form the basis for a public facing scorecard in future.
2. The Acting Associate Director of Contracts stated that the CCG had recently concluded a competitive procurement exercise and that a new receiving organisation, Central Surrey Health had been awarded preferred provider status. A new, standardised national NHS contract was being formulated to clearly set out terms. It was highlighted that this was a robust way of formulating new contracts.
3. The Board queried whether there were any penalties set within the contract for any breaches made or lower standards of service delivery and whether these penalties could be effectively enforced. The Acting Associate Director of Contracts explained that within the contract's requirement schedules, the consequences of breach are defined for each measure/requirement. The Board asked for an example whereby a financial penalty had been levied. A particular historic case was cited in which a fine of £25,000 was levied for an avoidable pressure ulcer, grade 4.

4. Witnesses explained that the services are currently delivered subject to a single contract across the Surrey CCGs and other responsible commissioners. Attempts had been made by Surrey commissioners to secure service continuation as a wider geography however, Members were informed that, as of December 2015, the decision had been made to disaggregate some of the service groupings, for example, Guildford and Waverley CCG elected to undertake its own procurement for adult services as a means of providing a more localised approach to service delivery.
  
5. The representative of Healthwatch Surrey questioned the consultation with bidders and current patients and whether this had an impact upon the procurement process. It was responded that this had been a long process and that multiple consultations and engagement events had been held the feedback from which had been incorporated into the service specifications., In addition, the process itself the opportunity for bidders to meet with a group of patient and stakeholder representatives during the bidding process to seek feedback on their proposed service and delivery models. It was hoped that bidders would take this opportunity to learn from this feedback and directly revise or tweak their proposals to accommodate what they had heard. The Board queried the issue of market competition and whether the service had reached the best deal as a result. The Acting Associate Director of Contracts pointed out that this would always be a challenge, but that there was a good level of competition, with seven initial bidders, and two strong bidders to select at the final stage of the procurement process. It was highlighted that there was a culture of transparency within the service with regard to its procurement process to ensure that quality assurance is at the forefront of the service.

**Recommendations:**

The Board thanks NW CCG for its report, and welcomes the level of engagement with staff and residents through the procurement process. It recognises a wider concern around ensuring continuity of care during key transition points, and consistency of services across Surrey.

The Board recommends:

1. That the Chairman give further consideration as to the Board's role in scrutinising and monitoring the questions of continuity and consistency across Adult Community Services in Surrey;
  
2. That NW Surrey CCG consider developing a public-facing scorecard that will enable residents to understand how providers are monitored and how they are performing;

3. That NW Surrey CCG share lessons learnt through the disaggregation and mobilisation process with the Board, other CCGs and STP leads;
4. That NW Surrey CCG return to the Board with an update following mobilisation

*Rachael Graham left the meeting at 11.35am*

#### **50/16 NW SURREY CCG: RE-COMMISSIONING OF PATIENT TRANSPORT SERVICE AND NHS 111 [Item 10]**

##### **Witnesses:**

Lyn Reynolds, Interim Ambulance Programme Manager, North West CCG  
Matthew Parris, Evidence and Insight Manager, Healthwatch Surrey  
Nick Markwick, Surrey Coalition of Disabled People

##### **Declarations of Interest:**

None

##### **Key points raised in the discussion:**

##### **Re-Commissioning of Patient Transport Service**

1. The Interim Ambulance Programme Manager, North West CCG explained to the Board the contract awarding process and noted that the contract for non-emergency transport across the six CCGs had been awarded to South Central Ambulance Service (SCAS). It was explained that the contract award process was multi-level, four bidders reached the final stage, with three bidders then submitting a final bid.
2. It was highlighted that there were several engagement events with public and providers to ensure transparency in the contract award. It was also noted that several groups, including the Patient Advisory Group, had input in these consultations, which had provided useful local input for the service.
3. The service outlined the feedback from consultation, highlighting key issues of access for those with visual or hearing impairments, poor communication and the timeliness of the transport service. It was noted that feedback reported positive input regarding staff quality. The service pointed out that performance targets with financial penalties for failure to meet these targets had been set to provide a robust response to criticisms made in consultation. Patient satisfaction surveys were also to be used to gather information relating to performance in quarter four of 2016 and that, after implementation, there would be monthly updates on patient satisfaction levels. The service offered to share the performance metrics with the Board for examination.



4. The service pointed out that there would be a six month mobilisation period for the provider, following the contract award.
5. The Board questioned what provisions were made for acute patient transport upon patient discharge. It was noted that a future on-site team would be available for this. It was also highlighted that the use of technology would improve the service in this regard markedly.
6. The Board queried where the control and operation centres for the service would be located. It was explained that the control centre location had not been finalised, but that the locale would likely be Dorking, while the operation centre would be located in Woking. It was highlighted that these could retain current SECAMB infrastructure to reduce disruption to the service.
7. The Board queried the cost of the new service. The Interim Ambulance Programme Manager, North West CCG responded that the cost for delivery of this service was expected to be in excess of £5 million per annum, noting that this was higher than the current cost as the service had received some investment.
8. The service gave assurance to the Board that its links with partners to improve the quality of transport service were strong, highlighting the new technology links with Surrey Highways to provide traffic updates for drivers.
9. The Board queried the levels of integration with local community transport. It was explained by the Interim Ambulance Programme Manager, North West CCG that the specification for an integration rate of a minimum of 10% had been written in partnership with community transport services to ensure a minimum level of incorporation. This level would then increase year on year over the term of the contract.
10. The Board queried how the management of the new provider would improve going forward. It was explained by the Interim Ambulance Programme Manager, North West CCG that management performance and quality reviews were undertaken monthly and that new management performance indicators had been implemented to improve quality.

#### **Re-Commissioning of NHS 111**

11. The Interim Ambulance Programme Manager, North West CCG explained to the Board that the total costing for the NHS 111 service for the Kent, Sussex and Surrey was circa £12 million per annum and that current contract costs were approximately £2.2 million for the four of the Surrey CCGs. It was noted that the original contract costing had been unrealistic and that the contract had been amended as part of

the current contract extension agreement.

12. The service highlighted that the contract for the delivery of NHS 111 had been delivered by SECAMB and Care UK. It was explained to the Board that the contract with SECAMB and Care UK would expire in March 2018. It was noted that due to the expiry date falling on the Easter bank holiday, it could result in a possible extension of the current contract.
13. It was highlighted to the Board that a 24 hour clinical triage service was being developed to meet patient needs within Surrey.
14. The service assured the Board that the procurement process represented best value for money, highlighting the service strategy of applying a Most Economically Advantageous Tender (MEAT) test on procurement offers to ensure high quality and good cost.
15. The service highlighted that the infrastructural necessities that were inherent to a new system was /supported by already existing technological infrastructure.
16. The Board queried the level of consultation and whether those who were disadvantaged or suffered from learning disabilities were adequately consulted in the process. The service highlighted that it had worked closely with key groups representing these demographics, citing the Surrey Coalition of Disabled People and Patient Advisory Group as examples of this engagement, and that the service was seeking out new consultation partners.

### **Recommendations:**

The Board welcomes the update on Patient Transport Service, and the improvements anticipated as a result of the new contract arrangements. The Board recommends:

1. That NW CCG clarify the governance arrangements around integration with community transport;
2. That NW CCG provide a further update to the Board following transition and contract mobilisation.

The Board welcomes the engagement approach taken to re-commissioning the NHS 111 service. It notes concern about whether the footprint will achieve the required economies of scale, and would welcome an update in the future regarding this.

The Board also recommends:

1. That, in order to assist with public engagement, NW Surrey CCG seek to distil the vision for NHS 111 procurement into a clear statement about what they wish to achieve;
2. That NW Surrey CCG clarify how they will seek to engage vulnerable and disadvantaged groups

**51/16 DATE OF NEXT MEETING [Item 11]**

The next public meeting of the Board will be held on Thursday 10 November 2016 at County Hall, 10.30am.

Meeting ended at: 1.01 pm

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**Chairman**

## **Chairman's Report to the Wellbeing and Health Scrutiny Board – 14 September 2016**

### **Borough and District Representatives**

Welcome to Darryl Ratiram who is the new co-opted representative from Surrey Heath; and Tony Axelrod, who is the new co-opted Representative for Epsom and Ewell. We expect our third co-opted member to join us for the November meeting, following confirmation from the Surrey Leader's Group.

I'd also like to welcome Emma O'Donnell, who has joined Democratic Services, and will be supporting the Board as Committee Assistant.

### **Progress on the Sustainability and Transformation Plans (STPs)**

The next steps for the progress of the STPs has been further clarified, with the latest re-submission date to NHS England being confirmed as 21 October.

This is a national timeframe, and you may have seen public awareness of the plans has increased with recent reports in national media such as the Guardian and BBC.

I note with some disappointment that these plans presently remain unavailable for public scrutiny. It also means that many proposals about the future provision of services are on hold, or considered confidential until these plans are made public. We expect to be able to bring an update from each of the three Surrey STPs to the next Board Meeting on 10 November.

Surrey Heartlands STP has called a meeting on 29 September to form a Members' Reference Group. I shall be pressing for distinct roles for Executive and Scrutiny functions in any arrangements.

I will also be meeting the leadership of Frimley Health STP and of Sussex and East Surrey STP in order to agree a suitable means by which the Board may exercise our scrutiny function.

It is important to note that Surrey provides a relatively small part of the footprint for these two STPs, though the Board will want to consider how the three plans align across Surrey and do not increase inequalities across the county.

### **Coordination with HOSC Chairmen for SE England, NHS England and the Care Quality Commission**

On 14 July I took part in discussions with the other Health Overview and Scrutiny Chairmen and Officers for South East England, NHS SE England and the Care Quality Commission. I was elected Chairman of this group and we will be meeting on a half yearly basis.

We were given an overview briefing by Felicity Cox, NHS Director of Commissioning Services for SE England, the key points of which were:

- Felicity had joined Sir Simon Stevens, Chief Executive of NHS England, and Jim Mackie Chief Executive of NHS Improvement in reviewing the initial STPs for the South East of England. The Surrey Heartlands STP was commended in particular.
- The following were recognised as issues for the STPs:
  - o Governance of the implementation of the STP plans would be challenging
  - o There was a need to obtain buy-in from Elected Members.
  - o It would be likely to be difficult to convince the public of the necessity for changes to health services.
- The Clinical Senate was currently involved in producing recommendations for relocation of some specialist services, including Vascular Services and Cardiology Services. The intention was to concentrate services into centres of excellence, similar to the approach on Stroke Services.
- Conversion courses would be available to pharmacists to enable them to upskill and be involved in Community Pharmacies for which legislation was pending.
- Provision of enough GPs in some parts of the region continues to be a problem with more resignations than ever before. The NHS is taking this up as a national issue.
- The NHS was assisting the Clinical Commissioning Groups (CCGs) with their plans for development of Primary Care. Each CCG will be reporting against a performance dashboard.

The HOSC Chairmen and Officers were also given an overview briefing by Alan Thorne of the Care Quality Commission:

- Having completed its first round of inspections CQC will be reducing the number of inspectors in each inspection, and also prioritising inspections (similar to the OFSTED approach). The focus will be on those institutions in any degree of special measures.
- A proposal will be going for consultation to extend CQC coverage to include independent ambulance services; and independent health service providers.
- The CQC was still concerned about SECamb. The Quality Summit for SECamb is in late September, and we will keep abreast of developments as the inspection findings become publicly available.
- Royal Surrey County Hospital (RSCH) had been rated as 'good', but CQC remained concerned about emergency work and finance and was meeting RSCSH leaders every month.

### **Social Care Services Board (SCSB)**

On 2 September I took part in a meeting of the SCSB on behalf of the Wellbeing and Health Scrutiny Board.

This was to hear reports from the Surrey Safeguarding Children Board (SSCB) and from the Strategic Director of Children's Schools and Families. The reports covered, amongst other topics, Child Sexual Exploitation (CSE), and Female Genital Mutilation (FGM).

The Board heard how SSCB works with a range of agencies, including health partners, to prevent and tackle CSE. You can read the reports in the agenda papers for the meeting, and minutes will be available on the public website in due course<sup>1</sup>.

The SSCB has set up a Task and Finish Group on Female Genital Mutilation (FGM). The Group was chaired by Public Health and there was good coordination with the Surrey Safeguarding Adults Board (SSAB), since FGM impacts on women as well as girls.

The Social Care Services Board endorsed a proposal that the Task and Finish Group extends its remit to include 'honour' based violence and Forced Marriage.

My personal view was that legislation on CSE and all 3 of these classes of violence against women and children had been brought into UK law far too late in the day.

National evidence from the most recent Annual Report from the Crown Prosecution Service (CPS) shows that the level of prosecutions and convictions is very poor. This makes the work of the Task and Finish Group on prevention all the more important.

### **Recommissioning of Sexual Health Services**

On 9 September, as recommended by the Board, I had discussions with Lisa Andrews of Public Health on the recommissioning of Sexual Health Services. A paper will be submitted to the Cabinet Meeting of 20 September recommending awarding a 3 year Contract, worth £4 million pa, to Central and North West London NHS Trust, commencing from 1 April 2017.

This will see the number of providers reduce from three to one. Performance for the contract will be monitored against the appropriate nationally defined KPIs.

It is proposed that the new service makes more use of IT communications and a hub and spoke architecture for the delivery of the services. Some detail of where the services will be located has yet to be agreed.

It is proposed to invite Public Health to the Board in 12 months for an update on how the services will have been operating in since the start of the 2017/18 financial year.

### **Other Meetings Attended Since Last WHSB Meeting**

On 13 July I met the Guildford and Waverley CCG CEO, Dominic Wright; and the Commissioning Director, Hannah Yasuda. We discussed a number of items, including the material to be examined in today's Board Meeting.

On 18 August I took part in stakeholder meeting on Stroke Services across West Surrey. This Meeting was hosted by The Royal Surrey County Hospital, and Ashford

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<sup>1</sup> The agenda of the meeting is available here (minutes pending):  
<http://mycouncil.surreycc.gov.uk/ieListDocuments.aspx?CId=435&MId=5043&Ver=4>

and St Peter's Hospital NHS Foundation Trusts. Much of the subject matter will be covered in our agenda item on the Stroke Service Review today.

On 12 September I met Helyn Clack to discuss Health and Wellbeing Board business. We discussed the significant funding challenges faced by both the NHS and Surrey County Council, the role of the STPs, and how the Board might scrutinise these topics in the months ahead. We also covered the role of the Health and Wellbeing Board in establishing priorities across the county.

### **Upcoming Meetings**

21 September to take part in an event on STPs at the Centre for Public Scrutiny

28 September to take part in a Quality Summit for SECAMB

29 September to take part in a newly forming Members' Reference Group for the Surrey Heartlands STP.

7 October to take part in the WHSB Performance and Finance Group examining Public Health's performance against plan, but more particular the intentions for 2017/18.