MINUTES of the meeting of the **WELLBEING AND HEALTH SCRUTINY BOARD** held at 10.30 am on 10 November 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 Friday, 17 February 2017.

Elected Members:

* Mr W D Barker OBE
* Mr Ben Carasco (Vice-Chairman)
* Mr Bill Chapman (Chairman)
* 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

Ex officio Members:

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

Co-opted Members:

* Borough Councillor Darryl Ratiram, Surrey Heath Borough Council
* Borough Councillor Tony Axelrod, Epsom and Ewell Borough Council

Substitute Members:

* Mrs Carol Coleman

52/16 APOLOGIES FOR ABSENCE AND SUBSTITUTIONS [Item 1]

Apologies were received from Rachael I. Lake. Carol Coleman substituted for Rachael I. Lake.

53/16 MINUTES OF THE PREVIOUS MEETING: 14 SEPTEMBER 2016 [Item 2]

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

54/16 DECLARATIONS OF INTEREST [Item 3]

Dr Darryl Ratiram declared a prejudicial interest in Item 7, as he was currently employed as a consultant at Frimley Park Hospital.

Helena Windsor declared a prejudicial interest in Item 7, as she was currently a Shadow Governor at Surrey and Sussex Healthcare.

55/16 QUESTIONS AND PETITIONS [Item 4]

There were no questions or petitions received.

56/16 CHAIRMAN'S ORAL REPORT [Item 5]

The Chairman provided an update to the Board regarding business undertaken since the previous meeting. A copy is attached as an annex to these minutes. The Board noted and accepted the Chairman's report.

57/16 RECOMMENDATIONS TRACKER AND FORWARD WORK PROGRAMME [Item 6]

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

The Chairman drew attention to recommendation SC085, SECAmb update, for which an update was due in November. He went on to explain the proposed joint scrutiny approach for SECAmb, and the proposed Terms of Reference which were due to be agreed at the South East Regional HOSC meeting on 18 November 2016.

It was suggested that the Epsom & St Helier Estate Strategy should be added on to the forward work programme.

58/16 NHS SUSTAINABILITY AND TRANSFORMATION PLAN UPDATES [Item 7]

Witnesses:

Julia Ross, Chief Officer, NHS North West Surrey CCG & Surrey Heartlands STP lead
Giselle Rothwell, Head of Communications and Engagement, NHS North West Surrey CCG
Tina White, Frimley Health STP Programme Director
Amanda Fadero, Sussex and East Surrey STP Programme Executive Board Member
Cliff Bush, Chair, Surrey Coalition of Disabled People
Matthew Parris, Evidence and Insight Manager, Healthwatch Surrey

Graham Ellwood, Tim Hall and Ben Carasco were absent from the room for a brief time during this discussion.

Key Points raised during the discussion:

Surrey Heartlands STP

1. The Chief Officer reported that at a recent Committees in Common on 20 October 2016, the Sustainability and Transformation Plan (STP) received good feedback overall, and that the focus now was very much on work-stream mobilisation and robust engagement activity to enable implementation to begin in 2017/2018.

2. The Chief Officer explained that following the Committees in Common meeting on 20 October 2016, the plan had been amended, to take on board comments raised at the meeting. These changes included clarification of governance arrangements of shared resources and the role of carers. The plan would be published when the STP had received the latest feedback from NHS England. The next stages of the plan were dependent on the widespread public, staff and patient engagement that was being undertaken.

3. Members were informed that engagement thus far had identified that quality and speed of care was of greater importance to the public than location. The next stage of engagement would entail a quantitative survey with 1500 randomly selected people from the community being invited to take part.

4. It was acknowledged that the biggest challenge was primary care. The Board noted that within 10 years, the population of over 85s would have increased by 36%, placing additional pressures on the health system with no additional resource. Having not received investment for a long time, the workforce needed to evolve and the delivery model would need to change with it. This was exemplified in the Epsom Health and Care model, where acute services were now working in partnership with community health and social services to meet demand in a different way. Witnesses highlighted that this had led to a decrease of acute bed days by 25%.

5. Members enquired whether there were plans to de-layer the governance structure within the STP. The Chief Officer explained that this would be a challenge due to there being 11 organisations involved in the STP including three Clinical Commissioning Groups (CCGs). The Board was informed that the CCGs deliver primary care at community level, therefore their contribution was vital.

6. The Board noted that the STP sought to balance individual requirements by consulting with a representative sample of the community. It was highlighted that, traditionally, working-age adults had been the hardest group to engage with. A number of engagement approaches would been undertaken to ensure this group was involved and that all care needs were identified.

7. The Board noted that the Council had an important contribution to make towards the success of STPs; by providing democratic political mandate, providing a link to the local population and supporting the NHS and local authorities achieve full integration within health and social care.

8. A Member highlighted that information surrounding STPs at borough and district level was very scarce and it was difficult to inform and advise residents. The Chief Officer recognised that things could have been done better in this regard; and the latest version of their plan was being circulated to boroughs and districts in order to allow Members to better engage with their residents.

Frimley Health STP

9. The STP Programme Director explained that as one of the Country's smallest STPs, initial discussions were had around the viability of the footprint area, however it was decided that it was credible and there was room to make a significant impact.

10. The Board was informed that the basis of the Frimley STP was predominantly to build on existing work and to use the STP as a vehicle to take health services and patient experience to the next level. Currently two years in to the Five Year Forward View (5YFV), it was vital to identify areas in need of traction; as well as recognising areas of success which could be developed at scale.

11. The STP Programme Director indicated that the embargo of sharing the full plan with the public was frustrating and detrimental. There was a desire to engage and understand what the changes would feel like within the local population. The plan was still work in progress and changes would be made in line with engagement findings.

12. The Board was advised that Frimley's STP priorities were underpinned by a programme of transformational enablers, one of which was developing the workforce. The Board raised concerns around the need to strengthen the workforce, given that the right people needed to be in the right place in order for implementation to succeed. The Programme Director acknowledged the Board's concerns and explained that the design of a support workforce provided the opportunity for a joint recruitment strategy, enabling staff to be recruited to work in various roles across the STP and provide a mixture of acute, social and home-based care, therefore reinforcing the workforce.

13. A representative from the Surrey Coalition of Disabled People raised concerns with the presentation, stating that there was no mention of carers; and that 45% of the plan would not work without the carer community being considered. The Programme Director reassured the Board that while the patient and carer community had not yet been involved, a lot of this engagement was in the pipeline and that the communications work-stream were focusing on a plan to engage the wider community and gain feedback.

14. The Board was informed that each work-stream had established steering groups, with patients, public and Healthwatch representatives forming the membership. It was suggested that scrutiny groups could feature within the governance structure.

15. The Board was advised that the STP had also worked closely with neighbouring STP areas; namely Buckinghamshire, Oxfordshire and Berkshire, to reduce clinical variation of care and improve outcomes.

Sussex and East Surrey STP

16. The Programme Executive Board Member explained that their programme faced similar complexities to those of the other two STPs who had already presented, however, Sussex and East Surrey's plan incorporated 27 different organisations and covered eight CCGs. It was therefore necessary to break their STP down into three place-based plans; Coastal Care, Central Sussex and East Surrey Alliance

(CSESA) and East Sussex Better Together (ESBT). Furthermore, it was explained that each place-based plan had an executive appointed for leadership, forming a leadership system across the STP.

17. The Board was informed that primary care and community-based care were the main areas of focus across the STP, however each of the place-based plans had their own set of priorities dependent on the demographic and the service provision within its own footprint. The Coastal Care plan had been fully aligned with social care over the past two years. The CSESA had only been in place since August 2016, however despite the alliance being new, the principles of the plan were not.

18. The Board were advised that the STP plan had not yet been shared publicly. The ESBT plan was fully available to the public, while the Coastal Care and CSESA plans had, to date, only been shared in part.

19. The Programme Executive Board Member pointed out that three key challenges for the STP had been identified; Health and Wellbeing, Care and Quality, and Finance and Efficiency. Sussex and East Surrey faced higher than average pressures of the ageing population and higher rates of cancer. It also featured Brighton and Sussex University Hospitals NHS Trust that was currently in special measures having been rated as inadequate by the Care Quality Commission (CQC) and East Sussex Healthcare Trust was also in financial special measures.

20. The Board noted that similarly to the previous two STP presentations, doing nothing was not an option. The do-nothing shortfall would amount to £865 million by 2020/21. By sharing resources and working together across the STP, they would be in a £55m deficit after five years. The witness stated that Sussex and East Surrey faced some financial challenges and that its recovery would be a long and slow journey.

21. The Programme Executive Board Member advised that there was a public expectation of care from cradle to grave, however it was ultimately down to the individual to look after their own health and make the correct lifestyle choices whilst there was a duty for the NHS to focus of promoting prevention, and the return on investment in this field was much further down the line.

22. The Board was informed that the STP had developed a separate winter plan, identifying the use of community hospital beds for patients no longer requiring acute care and increasing capacity of home care resulting in speedier discharge from hospital, in preparation for the tough winter ahead.

Recommendations:

The Board thanks the respective witnesses for their contributions. It recognises the challenges posed by the STPs, in particular the financial and demand pressures faced across both social care and health providers.

The Board recommends:

1. That each footprint provide the Board with an update on progress in delivery of the STPs, with a particular focus on how the Board may contribute to the plan success;

2. That each STP define and share its governance arrangements as a matter of priority, with a particular emphasis on improving public understanding around how decisions are made within the STPs;

3. That STPs seek to engage with the relevant district and borough councils in order to improve public awareness, and report back to the Board on planned and future activity in this respect;

Surrey Heartlands

4. That the Board receive a future updates on:
    - plans for Epsom and St Helier
    - That the Board receives a future report on the development of the community hubs.

Frimley

5. That the STP seek to engage more widely with patient and carer participation forums, and provide a further briefing of how this activity has influenced the development and delivery of the plans

Sussex and East Surrey

6. That the STP share the place-based plan relevant to Surrey with the Board, when available for scrutiny.

The meeting adjourned at 12:30pm and resumed at 12:40pm

59/16 HIV CLINICAL SERVICES IN SURREY [Item 8]

Witnesses:

Fiona Mackison, Service Specialist, Specialised Commissioning, NHS England South
Lisa Andrews, Senior Public Health Lead

Key points raised during the discussion:

1. The Service Specialist began by explaining that NHS England had worked in collaboration with the Local Authority to procure a provider of HIV clinical services for Surrey. She clarified that HIV preventative services were the responsibility of the Local Authority; whilst HIV care from diagnosis fell under the remit of NHS England.

2. The Board was informed that HIV drug provision continued to be funded by NHS England. This followed recent news that NHS

England had lost its High Court appeal to overturn the ruling that it had the power to commission pre-exposure prophylaxis (PrEP) treatment.

3. The Board noted that the commissioners were working collaboratively to ensure that the provider was performance managed; ensuring seamless provision of the care pathway to service users.

4. Members questioned the cost per patient for HIV treatment. It was explained that patients are categorised into one of three groups; new, stable and complex patients. New patients would require more support with diagnosis and prescription management. Complex patients would usually have other health conditions and therefore would be seen in an acute hospital in order to manage their care before being supported within the community upon their discharge. Stable patients would generally only require an annual check up. It was therefore extremely difficult to specify a cost per patient. However, the provider was aware of the financial envelope available to them.

5. Members enquired whether awareness of the availability of PrEP treatment had led to an increase of cases due to lack of precaution. The Senior Public Health Lead explained that this was not the case, however it was still extremely important that the Local Authority fulfilled its responsibility to encourage good sexual health practice and precaution in order to minimise potential increased demand in the future.

6. Members were assured that whilst Royal Surrey County Hospital (RSCH) was appointed as a specialised treatment hub, the treatment provided there was completely paid for by NHS England and not impacting on RSCH's difficult financial situation.

7. Members noted that service users crossed border into London or Essex from time to time, to fit with their lifestyles. The service specifications were part of a national framework ensuring consistent standard of provision irrespective of location.

Recommendations:

None

60/16 CHILDREN COMMUNITY HEALTH SERVICES PROCUREMENT UPDATE [Item 9]

Witnesses:

Sarah Parker, Director of Children's Commissioning (Surreywide), NHS Guildford and Waverley CCG.
Karina Ajayi, Head of Children's Commissioning (Surreywide), NHS Guildford and Waverley CCG
Harriet Derrett-Smith, Commissioning and Performance Principal, Public Health
Matthew Parris, Evidence and Insight Manager, Healthwatch Surrey

Tim Hall left the meeting at 1:20pm

Key points raised during the discussion:

1. The Director of Children's Commissioning began by explaining that the procurement process had been undertaken by NHS Guildford and Waverley CCG on behalf of the six Surrey CCGs, Surrey County Council and NHS England. The Board were told that a preferred bidder had been identified, however Commissioners were not currently in a position to announce who this would be.

2. The Director of Children's Commissioning explained that where Adult and Children community health services had previously been procured together under one contract, the delivery of children health services had sometimes been overshadowed against adult health service delivery. The Board was informed that the procurement of children community health services as a separate entity contract would enable better scrutiny, transparency and visibility of performance data.

3. The Board was advised the new procurement would deliver a single countywide community health service for children and young people under one contract rather than the three community health providers at present. This would allow for streamlined service delivery, with a view of making access equitable irrespective of location within the county.

4. The Director of Children's Commissioning explained that the suite of services being provided encompassed 19 different children's health services. Some of these services were jointly commissioned by the CCGs and Surrey County Council. For some of these services, there were performance data benchmarks available. For services where no benchmark was available, Commissioners would work with Public Health to establish what level of performance was required as a minimum standard.

5. Members were informed that extensive stakeholder engagement had been undertaken in order to establish what was important to the service users and their families, what was working well and to identify areas in need of development. The majority of the 612 stakeholders engaged with were aged between 12-18. The key findings were that information being shared with their GP, care close to home, equitable care and the need to only tell their story once were of the highest importance to the service users and their families. The Board was informed that Family Voice Surrey were also involved in the engagement process and the development of service specifications.

6. The Board were informed that Commissioners, alongside Family Voice Surrey, had specified a set of principles which were to be embedded across all services by the new provider, as well as a list of outcomes with measures to which the provider can be held to account.

7. The Director for Children's Commissioning explained that whilst there were many benefits to the new contract, it was important to look ahead and start planning for three years time. The visibility of performance data and service delivery against set measures would enable decisions regarding the potential two-year extension option being

taken, or for procurement to be undertaken for another community health services provider.

8. The Board enquired as to what the CCGs were doing to encourage a choice of suppliers at the procurement stage. The Board were told Commissioners had proactively sought to engage with the market, with 35 providers originally expressing interest in bidding for parts of or all of the contract. The decision was taken to look to procure a provider who could cover all 19 service specifications. As a result, seven providers made it through the pre-qualification stage to the invitation to tender stage. Three providers submitted at the invitation to tender stage. It was envisaged that similar levels of interest would be attracted in the future.

9. A Member enquired if anything had been built into the contract to provide for children who were carers to their parents or siblings. The Director of Children's Commissioning stated that although she was cognisant of the need of provision, nothing had specifically been built into the contract, however it was there as a recurring theme and children who were carers would still be able to access universal services.

10. Members enquired as to what was being done to ensure that young people transitioning from childhood into adulthood would also encounter a smooth transition of care provision. It was noted that the transition between services would not worsen, however the service covered 19 specifications and therefore transition from childhood to adulthood service provision would vary in parts. There was acknowledgement of the need to continue provision of children community health services to 19-25 year olds with special educational needs and disabilities (SEND), and that an ongoing focus on transition would ensure that nobody slipped through the net.

11. Members raised concern that whilst the scenario of opting for one community health service provider instead of three offered some great advantages, there was a risk that the provider could seek to take the service in a different direction. Members were assured that the Commissioners would be working with the provider to ensure focus was on delivering the required outcomes through the set measures. Furthermore, the dialogue would be ongoing with regard to the future strategic plans of the service.

Recommendations:

The Board thanks witnesses for the report. It recommends:

1. That the CCG and provider develop a public facing performance score-card in order to help residents understand how services are delivering;

2. That the CCG return in 12 months, with an update on how the performance data of the newly commissioned services has supported further strategic commissioning for future years;

3. That the CCG provide a briefing on how the new commissioning arrangements will work with the relevant partners to ensure smoother transition between childhood and adult-hood for community health services;

4. That the Board gather evidence from relevant commissioning bodies as to how they stimulate and support the provider market in order to ensure appropriately competitive tendering.

61/16 DATE OF NEXT MEETING [Item 10]

The next public meeting of the Board will be held on Monday 23 January 2017 at 10:30am.

Meeting ended at: 1.33 pm

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Chairman

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Chairman's Report to the Wellbeing and Health Scrutiny Board –10 November 2016

Financial Challenges to the Health Services in Surrey

I refer Members to the Wellbeing and Health Scrutiny Board Report to the Council meeting of 11 October 2016 for an in-depth discussion on this subject.

South East Coast Ambulance Service (SECAmb)

Members will recall that SECAmb provides 111 and 999 services to Surrey; East Sussex; West Sussex; Brighton and Hove; Kent; and Medway.

On 28 September 2016, I took part in a Quality Summit for SECAmb following a Care Quality Commission (CQC) inspection of its emergency and urgent care services (the 999 service). The CQC rated the Trust as 'Inadequate' in this area.

As you are aware, the CQC inspects on a number of different themes. The CQC found the service was inadequate for safe, effective and well led, requires improvement for responsive, and was good for caring.

As a consequence, NHS England placed SECAmb into special measures for an initial period of 6 months. During this time, SECAmb management will be working to an agreed Improvement Plan with close help and supervision from NHS England.

In these circumstances, it seems appropriate to seek to reduce the burden placed on the SECAmb management of needing to report to seven individual Health Overview Scrutiny Committees (HOSCs).

Officer have drafted Terms of Reference (TORs) for a regional scrutiny sub-group, which can be found on pages 27 and 28 of the Agenda for today. I will be speaking with my colleagues to finalise arrangements at the South East Regional HOSC meeting on 18 November 2016.

I believe a regional sub-group would serve to reduce duplication, while also ensuring we are able to track progress against the improvement plan. It will also free up the capacity of the management team for SECAmb, and enable them to focus on improving services for the benefit of our residents.

Interviews for the substantive Chief Executive role will take place on 16 November 2016 and I have been invited to take part in that process.

Scrutiny and Support of Sustainability and Transformation Plans (STPs)

We are due to receive a progress update from each of the STPs today.

Attachment 1 to this report provides an excellent overview of the three Surrey STPs, and suggests the options for how the Board might scrutinise and support them in the year ahead.

We should note that in May 2017 there will be a new County Council and new membership to the Wellbeing and Health Scrutiny Board.

Furthermore, where we are not the only HOSC involved in scrutinising an STP, the wishes of sister HOSCs will have to be satisfied. This is the situation for the Frimley STP and the Sussex and East Surrey STP.

It seems important that we work with colleagues, both within the Council, the NHS and our regional counterparts to reach a consensus view on how we develop our scrutiny of these plans, and I intend to work fully with all those partners on the Board's behalf to explore the options set out.

As far as scrutiny by the full WHSB is concerned: to date we have settled into a pattern of six monthly reviews, having first addressed the three emerging STPs at our workshop on 31 May 2016. This seems to be a sensible pattern and if followed, would have the new WHSB addressing the STPs again early in its term of office.

Organisation of scrutiny of the **Surrey Heartlands STP** is the most straightforward as we are the only scrutiny board involved at a county level. The STP has formed its Stakeholder Reference Group with mixed executive and scrutiny membership. Several Members of the WHSB took part in its first Meeting on 29 September 2016.

The Surrey Heartlands footprint includes Epsom Hospital whose future is not clear in my view. There might conceivably be a need to reform some sort of joint working with South-West London Boroughs along the lines that took place during the life of the 'Better Service Better Value' proposal.

The **Frimley STP** has also formed a mixed executive and scrutiny Member Reference Group. I took part in its first meeting on 22 June 2016 at which point the Group had its first view of the outline provisional Plan. Since then we have had Frimley's plan presented at our WHSB Workshop on 31 May 2016 and I saw the presentation again at the 22 September 2016 AGM of Surrey Heath CCG. The Plan

has been stable over that period and in my view is evolutionary rather than calling for significant change, therefore comparatively low risk.

Frimley Health, which includes Frimley Park Hospital serving Surrey, was rated 'Outstanding' by the CQC in September 2014 and other suppliers are also good; the interests of Surrey residents are well protected by the North East Hants and the Surrey Heath CCGs and I have a close relationship with the Surrey Heath CCG through my membership of the Surrey Heath Health and Well-being Board; I have had a 12 year working relationship with Andrew Morris the STP Lead.

Successful delivery of the **Sussex and East Surrey STP** appears to be more challenging than for either of the other two STPs.

For example, the quality of suppliers varies across the footprint. Whilst the Surrey and Sussex Hospital in East Surrey was rated 'Good' by the Care Quality Commission's (CQC) in June 2016, the Royal Sussex County Hospital (Brighton) was rated 'Inadequate' by the CQC and put into Special Measures by NHS Improvement in August 2016. East Sussex Healthcare Trust were placed in Financial Special Measures in October 2016.

Discussions are continuing with HOSC Chairmen from East Sussex, West Sussex and Brighton & Hove concerning how best to work together to scrutinise and support the STP and these will be continued at our South East Regional HOSC Meeting on 18 November 2016. Michael Wilson, the Chief Executive, is supportive of the idea of closer working of the HOSCs.

Other Meetings Attended Since Last WHSB Meeting

On 21 September 2016, I took part in a full day event on STPs run by the Centre for Public Scrutiny which was attended by HOSC Members and Officers from all over England.

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