

Chairman's Report to the Wellbeing and Health Scrutiny Board – 17 February 2017

Winter Pressures

As many of you are aware, the NHS has experienced a system-wide challenge in terms of demand over the winter season. While this was anticipated and planned for, I do feel we cannot afford to accept it as the normal state of being for our health services. I feel the Board in particular has a role in specifically understanding how the current crisis is impacting on our residents, and then considering how we can support our colleagues across the public sector in improving patient experience and outcomes.

In order to support this, I've written to each of our acute hospital providers with a number of key questions. The intention of these letters is to evidence what the impact has been across Surrey, and whether any key themes have emerged over this period. It is vital that we as a scrutiny board understand what the long-term strategic challenges to the health service mean for our residents.

The Board will be reviewing the responses to these requests at the next meeting on 13 March and I have invited each Trust to send a representative. I hope we can work collectively to understand the challenges faced, and identify ways we can act as a critical friend while supporting decisions that will mean a better health service in the long term.

South East Coast Ambulance Service (SECAMB)

Following an adverse assessment by the Care Quality Commission and a Quality Summit held on 28 September 2016, SECAMB was placed in Special Measures by NHS Improvement for an initial six month period.

You will recall that we established a regional sub-group with the other five health scrutiny committees across the region for SECAMB services. The first meeting of this sub-group was held on 20 December 2016, and the minutes of the meeting are attached to the recommendation tracker. I ask that the Board note the contents of these minutes, and raise any questions with me or Bob Gardner to take forward on their behalf.

The next meeting of the regional sub-group will be held on 20 March 2017. We have asked to have a detailed report on progress on the two improvement work-streams we felt most greatly impact on patient experience, namely Performance, and Clinical Outcomes. We will also hear how the Trust has progressed against a number of "must-do" actions required by the CQC.

Frimley Health Sustainability and Transformation Plan (STP)

On 29 November, I represented the Board at a Frimley Health STP Broader Involvement Event. I had useful discussions with the leaders of several of the work-streams identified in the Frimley Health STP.

My impression is that work is progressing well, and is based on rolling out the existing successful models of care to the complete footprint. There seem to be no major changes in the offing.

Surrey Heartlands Sustainability and Transformation Plan

The Board will be hearing again today from the Surrey Heartlands STP whose footprint encompasses approximately 85% of Surrey residents.

The STP is providing thorough information through its web-site and regular news reports. Several of our Members have taken part in excellent stakeholder engagement events. There is a further system-wide leadership event scheduled for 7 March 2017.

Sussex and East Surrey Sustainability and Transformation Plan

Members may recall that at the previous Board Meeting of 10 November we heard that the footprint for the Sussex and East Surrey STP incorporates 27 different organisations and covers eight CCGs. It has therefore been divided into three place based plans of which the Central Sussex and East Surrey Alliance (CSESA) Plan includes East Surrey.

On 20 January, I joined HOSC Chairmen and Officers from East Sussex, West Sussex and Brighton and Hove to receive a presentation from Geraldine Hoban who leads on the CSESA. The presentation materials are included at Annex A.

Focussing predominantly on the interests of East Surrey residents, my conclusions from the presentation and discussions at this meeting were:

- The CSESA Plan is much less developed than those of the other two Surrey STPs.
- In response to the overall Sussex and East Surrey STP Plan submitted in November, NHS England and NHS Improvement have insisted that urgent action is taken to assess and address the future capabilities of the Royal Sussex County Hospital, Brighton. A task force from Carnall Farrow is carrying out the assessment and the HOSC Chairman will meet again when the findings are available, likely towards the end of March.
- The financial position for the overall STP which was already bad, is worsening. The overall prospects for improvement to the health and social care services in the S&ES footprint are problematic.

- In East Surrey the prospects are more positive with implementation of the Multi-Speciality Community Provider (MCP) model progressing well. An assessment of the challenges for CSESA are listed in Slide 9 of Annex A. We will invite Geraldine to a future Board meeting so that Members can scrutinise how things progress.
- There seems to be no question of any Acute Hospital closures within the S&ES footprint since it is recognised that there are already insufficient hospital beds within the footprint, a situation which will likely worsen during the later stages of redevelopment of the Royal Sussex County Hospital, Brighton.
- East Surrey Hospital is already providing elective (non-emergency) care for patients from what would normally have been the Brighton Hospital catchment. The level of additional load may well increase later.

I intend to meet leaders of East Surrey CCG to investigate matters further and in particular to understand how they intend to protect their residents against any possible harm from the extra workload at East Surrey Hospital.

Epsom Hospital

It would be wrong to ignore public concern over the uncertainty for the future of Epsom Hospital. Following press speculation in November, Chris Grayling, MP responded by publically stating that there was then no plan to close Epsom Hospital and promising that if one came forward, then full public consultation would take place.

Several Members and I will be meeting Daniel Elkeles (Chief Executive of Epsom and St Helier Hospital Trust) and Claire Fuller (Chief Executive of Surrey Downs CCG) on 23 February and will report back to our next WHSB Meeting on 13 March.

Members may recall that the Board last received a Report on the Surrey Stroke Service at our Meeting of 14 September. Claire Fuller will be providing us with an update on 23 February.

NHS Right-Care

I would like to draw attention to the work of NHS Right-Care. Its role is to give clinical commissioning groups (CCGs) and local health economies practical support in gathering data, evidence and tools to help them improve the way care is delivered for their patients and populations.

NHS Right-Care has recently published updated 'Commissioning for Value - Where to Look Packs':

<https://www.england.nhs.uk/rightcare/intel/cfv/>

These packs are produced for each of the individual CCGs, and have also been aggregated into packs for each of the STPs.

The intention is that by using this information each STP area will be able to ensure its plans focus on those opportunities which have the potential to provide the biggest improvements in health outcomes, resource allocation and reduction of inequalities. NHS England, Public Health England and CCGs have legal duties under the Health and Social Care Act 2012 with regard to reducing health inequalities; and for promoting equality under the Equality Act 2010. One of the main focuses for the Commissioning for Value work is in reducing variation in outcomes. Commissioners ought to use the packs, and the supporting tools, to drive local action to reduce inequalities in access to services and in the health outcomes achieved.

The Board will no doubt have an interest in how each of the STPs use these data to influence their change programmes.