

Wellbeing and Health Scrutiny Board: Report to Council – 21 March 2017

Purpose of Report

To review briefly the changes to the environment in which the Wellbeing and Health Scrutiny Board (WHSB) has worked during the four year lifetime of this Council; and to sketch out the likely future priorities for its successor.

Background

1. The WHSB has operated under legislation providing for a health overview and scrutiny committee to report to Surrey County Council¹.
2. The health service, which is largely provided by the NHS in Surrey, and adult social care services, which are provided by Surrey County Council, are moving closer to integrating over the next few years. This is reflected in the later section of this report which looks towards the challenges which will face these combined services in the years ahead.

Changes to health services since 2013

3. During the four year life of this Council there has occurred the most fundamental re-orientation of the NHS since its creation in 1947. The creation of Clinical Commissioning Groups (CCGS), of which there are six in Surrey, has given GPs and other clinicians the leading role in determining how services will be provided in their local area.
4. This last year has seen these reforms go further with the creation of Sustainability and Transformation Plans (STPs). Members will be aware that Surrey is covered by three of these plans: Surrey Heartlands; Frimley; Sussex and East Surrey. The STPs are based on the catchment areas of acute hospitals, and will seek to address some of the fundamental challenges faced by the NHS, including the integration of health and wellbeing services. Collaboration between health and adult social services existed before the

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 24 February 2017)

creation of the STPs, though the STPs will provide opportunities for closer integration.

5. Initially, the organisations within each STP will work to their own budgets, though there is an intention is to achieve a common budget within the 5 year life of the STP. In the case of Surrey Heartlands STP, which serves approximately 85% of Surrey residents, proposals are being explored to pool health and adult social care budgets in shadow form for 2017/18.
6. Alongside the changes to the management structure of the NHS, the independent inspection and improvement functions have been strengthened significantly. The Care Quality Commission (CQC) inspects health services in much the same way as Ofsted does for Children's Services, and exercises similar regulatory powers in order to improve services.
7. The Board has a major role to play in ensuring health services are locally accountable, and is pleased to report that we work closely with residents, advocacy organisations, NHS trust governors and senior managers to assure ourselves in this regard. There is an expectation, set nationally by the Department of Health, that the STPs will continue to engage in this spirit, and our experience to date has been positive in this respect.

Challenges for Surrey's health and social services

8. It is impossible to anticipate all the possible challenges that face the Surrey health and social services during the next four years. Some challenges, however, are immediately apparent:
 - The current financial crisis facing this Council threatens the preventative work of our Public Health function, and the ability of our social services to facilitate the exit of patients from hospital. Both these aspects of the Council's work have a significant influence on the pressures the NHS faces. It is imperative that the financial crises is alleviated by central Government so the health and social care system can produce the best outcomes for residents.
 - Over the last four decades average life expectancy at birth has increased by approximately two years per decade, creating increased demand on services, a fact of which this Council is well aware. The general improvement in life expectancy is expected to continue, but for the individual to be able to enjoy that improvement will depend to some extent on their individual lifestyle choices in smoking, healthy eating, exercise, and alcohol consumption. Helping residents to make healthy lifestyle choices will continue to be a major component of the work of clinicians,

both by providing direct advice and exhortation, and by commissioning services to support residents in making healthy choices.

- Unacceptable health inequalities persist in Surrey. In Old Dean Ward, in my Camberley division, life expectancy is 9 years less for men and 12 years less for women, compared to other wards in Surrey Heath.
 - Integration of digital systems will continue to be a substantial challenge. The current quite poor level of integration impacts on patients through the lack of readily accessible patient records in both emergency situations and in more controllable consultancy visits.
9. Whatever the collective challenges facing both the Council and the NHS, we will have to work within the constraints of the funding envelope set by England-wide political and economic constraints.
 10. Advances in medical science will continue to make new treatments available and demographic changes will continue to increase basic demand. Clinicians will continue to bear the responsibility for making sometimes very difficult and unpopular decisions.
 11. In deciding how best to allocate limited resources, clinicians will seek to obtain the biggest improvement in health outcomes, resource allocation and reduction of inequalities. NHS Right-Care will provide data, evidence and tools to assist in this. The WHSB will expect to see this sort of evidence, alongside the views of local residents, employed in making these decisions.
 12. There will continue to be occasions where major reconfiguration of some services will be judged by clinicians to be in the best interest of patients. A current example of this is in the pathway for treating strokes, from emergency treatment through to recovery, where major change is recommended. In such cases the WHSB has the responsibility to understand how these changes impact our residents, and seek assurances where required.

Thanks

13. It is a pleasure to thank the excellent county officers who have supported the work of the WHSB over the past four years. I would also like to recognise my fellow Board Members, particularly those who have involved themselves in our special interest Member Reference Groups. The Vice-Chairman Ben Carasco has provided a fine balance of support and challenge, and I am grateful for his insight.

14. Finally, thanks are due to the health care managers and clinicians with whom we have worked over the past four years and who have appeared as guests and witnesses at our Board meetings. Their enthusiasm, evidence and candour has helped the Board navigate this complex and compelling time for our health services, and I hope we will continue to work together for the benefit of all Surrey residents in the future.

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