

Adults and Health Select Committee

4 September 2017

Referral by Healthwatch



Purpose of report:

To outline the background to the Healthwatch referral and action available to the Committee.

Introduction:

1. The Committee received a referral by Healthwatch Surrey on 8 August 2017. This is attached as **annex 1**.

Background:

2. Healthwatch Surrey, part of the Healthwatch England national network, is an independent organisation with statutory powers that give people a voice to improve and shape health and social care services. These powers are defined in the Health and Social Care 2012 and accompanying regulations.
3. Under regulation 21 of the Local Authority (Public Health, Health and wellbeing boards and Health Scrutiny) Regulations 2013 (The Regulations), Healthwatch has the power to refer a matter to the Adults and Health Select Committee. The Committee must:
 - Acknowledge receipt of referrals within 20 working days.
 - Keep local Healthwatch organisations (or contractors as the case may be) informed of any action it takes in relation to the matter referred.
4. The matter in question, the commissioning and mobilisation of the sexual health services contract in Surrey, has been scheduled as an item on the agenda.

Chronology

5. The Committee, and its predecessors, have had some involvement in discussions related to the sexual health services procurement since March 2015:

18 March 2015 – Health Scrutiny Committee receives a report on prevention and sexual health in Surrey

<https://mycouncil.surreycc.gov.uk/ieListDocuments.aspx?CId=149&MId=3676&Ver=4>

May 2015, the Health Scrutiny Committee disbands, the Wellbeing and Health Scrutiny Board is formed.

14 September 2016 – Wellbeing and Health Scrutiny Board - Chairman's report mentions a meeting with Public Health around the new sexual health services contract:

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.

<https://members.surreycc.gov.uk/documents/s32861/160914%20Chairmans%20Report.pdf>

Cabinet decision 20 September 2016

<https://mycouncil.surreycc.gov.uk/ieListDocuments.aspx?CId=120&MId=4591&Ver=4>

10 November 2016 - a report on HIV services is presented to the Committee.

<https://mycouncil.surreycc.gov.uk/ieListDocuments.aspx?CId=433&MId=4836&Ver=4>

13 March 2017 - an item is requested by Members following announcement with respect to the Blanche Heriot Unit. It is scheduled for 13 March, and then deferred with the agreement of the Chairman due to contract mobilisation arrangements being in discussion.

<https://mycouncil.surreycc.gov.uk/ieListDocuments.aspx?CId=433&MId=5175&Ver=4>

Urgent leader decision taken 20 March 2017 – the Leader agreed “to extending the existing arrangements for sexual health services with Ashford St Peters Hospital and Frimley Park Hospital for an interim period to allow for sufficient time to exit from these contracts safely. The recommended interim period is six months subject to final agreement with providers.”

<https://mycouncil.surreycc.gov.uk/ieListDocuments.aspx?CId=182&MId=5515&Ver=4>

- Local Elections 4 May 2017 -

Wellbeing and Health Scrutiny Board disbands, Adults and Health Select Committee formed.

6. It has been evident during the mobilisation period that concerns from patients and families have been raised with respect to the closure of the Blanche Heriot Unit. The commissioners, providers and patient advocacy groups have been invited to attend and discuss the engagement process to date.

Actions available to the Committee

7. Under the Regulations, the procedure of review and scrutiny is to be determined by the Committee.
8. The Committee has the power to make reports or recommendations to NHS providers and commissioners. There is a statutory requirement that these are responded to in writing within 28 days of referral.
9. The Committee is also able to refer a substantial development or variation to the secretary of state in certain cases. These are covered in the attached briefing (**annex 2**), and include circumstances where there has been inadequate consultation or insufficient time has been allowed for consultation. However, referral on these grounds relates to consultation with the relevant scrutiny body, rather than wider consultation with patients, the public and stakeholders. Therefore the referral from Healthwatch does not come within the description of cases that can be referred to the Secretary of State
10. The consultation that has taken place between the commissioners and this committee and its predecessors is set out above. Should the committee consider that this is inadequate, it could refer the matter as described above. However, it should be noted that as the procurement exercise has been completed, and the contract is in the process of mobilisation, this will limit the options available to the Secretary of State if services and patients are not to be disrupted. In addition, the Secretary of State will expect steps to be taken to achieve a local resolution. The report at agenda item 7 includes details of steps that have been taken locally to address concerns raised by patients.

Conclusions

11. The Committee will need to consider the concerns raised by people who use the services, and how the commissioner and provider has responded to these during the mobilisation period. It will also wish to consider the steps already taken to achieve a local resolution that will minimise disruption to services and patients, as set out in agenda item 7.
12. It is recommended:
 - that the Committee listen and reflect on the concerns raised, and the local resolution proposed.

- that the Committee establish a review of its processes and protocol with NHS and local authority commissioners in respect to substantial variation and development of services.

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Sources/background papers:

Local Authority (Public Health, Health and wellbeing boards and Health Scrutiny) Regulations 2013

Health Scrutiny Committee, agenda for 18 March 2015

Wellbeing and Health Scrutiny Board, agendas for 14 September 2016, 10 November 2016, 13 March 2017

Cabinet decision, 20 September 2016

Leader Decision, 20 March 2017