

Select Committee Task and Finish Group Scoping Document

The process for establishing a task and finish group is:

1. The Select Committee identifies a potential topic for a task and finish group
2. The Select Committee Chairman and the Scrutiny Officer complete the scoping template.
3. The Overview and Budget Scrutiny Committee reviews the scoping document
4. The Select Committee agrees the membership of the task and finish group.

<p>Review Topic:</p> <p>Recommissioning Sexual Health Services</p>
<p>Select Committee(s)</p> <p>Adults and Health Select Committee</p>
<p>Relevant background</p> <p>Sexual health, sexually transmitted infection (STI), contraception, reproductive health and HIV services are made up of a combination of universal and specialist services. The commissioning arrangements are split across NHS England, Public Health and the Clinical Commissioning Groups (CCGs). An overview of where responsibility rests for commissioning specific sexual health services can be found in annex 1.</p> <p>With the ending of the Virgin Care Community contract in March 2017, Surrey County Council (SCC), having sought advice from the Competition and Markets Authority, was legally bound to carry out a full tender process, compliant with European Union Public Contract Regulations and the Council's Procurement Standing Orders. The contract was awarded to Central & North West London NHS Foundation Trust (CNWL). The contract began on 1 April 2017 and, implementation was carried out in three phases. The phases are described in the paper submitted to AHSC on 4th September</p> <p>The new commissioning arrangements have seen a reconfiguration of services previously provided by Virgin Care, Frimley Health NHS FT and the Blanche Heriot Unit (BHU) at Ashford and St Peter's NHS FT.</p> <p>The reconfiguration of services has caused some concern among residents and stakeholders as was made clear to the Adults & Health Select Committee at its meeting on 4 September 2017.</p>
<p>Why this is a scrutiny item</p> <p>The committee received a formal referral from Healthwatch regarding the award of the contract to Central North West London NHS Foundation Trust and the resulting service reconfiguration. The referral by Healthwatch highlighted the lack of communication about the services being delivered by the new provider and the lack of consultation with residents and service users on the proposed reconfiguration. Concerns raised by Healthwatch have also been reflected in public and stakeholder interest around the contract as was made clear to the Adults & Health Select Committee at its meeting on 4 September 2017.</p>

What question is the task group aiming to answer?

Consultation Process

What are the commissioners' responsibilities in respect of consulting on service reconfigurations and how were these met?

How was the consultation communicated to residents and service users?

How did the views gathered during the consultation inform the development and implementation of the contracts?

Contract Implementation

What steps did CNWL undertake to achieve continuity of care during implementation of the contract and were they sufficient?

What communication was undertaken to inform residents and service users about reconfiguration of services arising from the contract?

Lessons Learned

What improvements can be made to the conduct and communication of future consultations on service changes?

What lessons can be learned regarding the implementation of the contract?

Aim

To review the consultation process, implementation phase and lessons that can be learned from the commissioning of sexual health and HIV services, with a view to informing future commissioning of services.

Objectives

- To scrutinise the commissioners' approach to consulting on proposed changes to the provision of sexual health services and to understand what lessons can be learned for future consultations on service changes.
- To review how commissioners communicated with residents and service users around the consultation and proposed changes to the provision of sexual health service and to understand how to promote more effective engagement.

Scope (within / out of)

In Scope

- The rigour of the consultation process; how views gather informed contract development
- Communication in relation to service changes and the consultation.
- Continuity of care during the implementation phase of the contract

Out of Scope

- The quality and accessibility of sexual health and HIV services provided by CNWL*
- Operational implications of service reconfigurations including closure of the Blanche Heriot Unit.
- Potential implications of CNWL’s deficit on the level of service provision.

* The Adults & Health Select Committee will be reviewing delivery against the integrated Sexual Health & HIV Services contract at its meeting on 4 April 2018

Outcomes for Surrey / Benefits

The Task Group will review the quality and transparency of the consultation run by commissioners regarding the new integrated sexual health & HIV services contract in light of concerns raised by residents and stakeholders. In doing so it will make recommendations that will enable increased engagement with consultation processes. The review will also consider the implementation phase of the contract with a view to understanding how residents can be better informed about changes to service provision and feel as though they are receiving adequate continuity of care when it is necessary to reconfigure services.

Proposed work plan

It is important to clearly allocate who is responsible for the work, to ensure that Members and officers can plan the resources needed to support the task group.

Timescale	Task	Responsible
September 2017	Scoping with input from Cabinet Member and relevant officer	Chairman of Adults & Health Select Committee
October 2017	Provisional Project Plan	Democratic Services Officer/ Chairman
November 2017	Information Session – background from officers from the consultation process and implementation phase of the contract	Task Group
November - December 2017	Research and intelligence gathering- “Listening session” with service users and stakeholders.	Task Group
December 2017 - January 2018	Interview sessions with key officers, Cabinet Members and other witnesses	Task Group

February 2018	Interim Report	Chairman
March 2018	Final Report	Chairman

Witnesses

Cabinet Member for Health
 Strategic Director for Adult Social Care & Public Health
 Deputy Director for Public Health
 Senior Public Health Lead
 Representatives from CNWL
 Representatives from NHS England
 Representatives from the SASSE GP Locality Network
 Representatives from Surrey Local Medical Committee
 Mr Stephen Fash
 Healthwatch Surrey
 Service users
 Patient groups

Useful Documents

<https://mycouncil.surreycc.gov.uk/ieListDocuments.aspx?CId=149&MId=3676&Ver=4> - report on prevention and sexual health in Surrey (18 March 2015)

<https://members.surreycc.gov.uk/documents/s32861/160914%20Chairmans%20Report.pdf> – Chairman’s report to the Wellbeing and Health Scrutiny Committee (14 September 2016)

<https://mycouncil.surreycc.gov.uk/documents/s32272/item%2006%20-%20Integrated%20Sexual%20Health%20Services.pdf> – Cabinet decision (20 September 2016)

<https://mycouncil.surreycc.gov.uk/documents/s33441/HIV%20Services%20in%20Surrey.pdf> – Report on HIV Services to the Wellbeing & Health Scrutiny Committee (10 November 2016)

<https://mycouncil.surreycc.gov.uk/documents/s36110/Integrated%20Sexual%20Health%20Services%20cover%20report.pdf> – Report to the Wellbeing and Health Scrutiny Committee on the mobilisation of the sexual health services contract. (13 March 2017)

<https://mycouncil.surreycc.gov.uk/documents/s36880/Item%202%20-%20Sexual%20Health%20Services%20Contract.pdf> – Leader Decision on 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.” (20 March 2017)

<https://mycouncil.surreycc.gov.uk/documents/s39436/AHSC%20Sept%202017%20-%20Sexual%20Health%20Integrated%20Service%20V21.pdf> – Report to the Adults & Health Select Committee on the implementation of the new sexual health services contract (4 September 2017)

Potential barriers to success (Risks / Dependencies)

There has been a significant amount of public interest in the reconfiguration of the new sexual health services contract, the closure of the Blanche Heriot Unit and in CNWL as the new provide. There is a risk that witnesses may focus their comments on these aspects of the contract rather than remain within the scope of the Task Group’s objectives. This will be mitigated by ensuring witnesses limit the scope of their evidence to the consultation and implementation phases of the contract.

Members’ ambitions to understand the consultation and implementation of the sexual health services contract must remain within the constraints of the time allocated for the Task Group to report on its findings. Equally, it must seek to challenge its own assumptions and assertions in order to identify where further evidence is required.

The Task Group must ensure that there is equal opportunity for service users, stakeholders and patient groups to share their views and to give these the same weight as those provided by commissioners.

Equalities implications

The Task Group recognises that there are a number considerations around equalities when conducting its work, and there are a number of people with complex health needs that will be contributing to this process. It will be mindful of how it conducts its work in order to ensure people are provided the opportunity to contribute, and that any barriers to doing so are mitigated.

The Task Group will monitor the equalities implications emerging from its recommendations with officers, and will work to identify mitigation measures for those with a potentially negative impact.

Task Group Members	
Co-opted Members	
Spokesman for the Group	
Scrutiny Officer/s	

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