

APPENDIX E

WAVERLEY BOROUGH COUNCIL

EXECUTIVE – 19 MAY 2009

Title:

**HEALTHCARE SPECIAL INTEREST GROUP –
END OF TERM REPORT**

**[Portfolio Holder for Communities & Partnerships: Cllr B J Morgan]
[Wards Affected: All]**

Summary and purpose:

The purpose of this report is to update the Executive on the work of the Healthcare Special Interest Group during 2008/09, and to suggest issues that might be included in the work programme for the forthcoming year, if the Executive decides to reconstitute the SIG.

How this report relates to the Council's Corporate Priorities:

Whilst the Local Government Act 2000 gives local authorities a power to do anything which they consider likely to promote or improve the economic, social or environmental well-being of any part of their area, Waverley has no direct responsibility for providing healthcare services.

However, Waverley does have a Corporate Priority to improve the quality of life for all, particularly the more vulnerable in society. In addition, the Strategic Director, Community Services, leads a strategic project to influence Surrey PCT to improve access to local primary health care and hospital services.

Equality and Diversity Implications:

The Healthcare SIG has considered in particular health inequalities arising from the location of community hospital services and the related issue of community hospital transport. In addition, in the context of a generally affluent area, the SIG recognizes that there are certain areas within Waverley with complex health and social inequalities.

Resource/Value for Money implications:

The SIG requires some officer support, which is currently drawn from Environmental Health & Community Safety and Democratic Services. Depending on the focus of the future work programme, additional officer input may be required from the relevant service areas.

Legal Implications:

There are no legal implications.

Introduction

1. The Waverley Healthcare SIG was established in December 2006. The initial terms of reference for the SIG were to assist the Portfolio-holder develop the Council's response to the consultation on transforming health services across Surrey, and to consider other matters relating to health services and their delivery in Waverley which might arise.
2. At the start of the 2008/09 year the SIG reviewed and updated its terms of reference:
 1. The Healthcare SIG will act to assist the Portfolio Holder in developing the Council's contribution as a key (democratically elected and accountable) stakeholder to the commissioning and delivery of health care services across Waverley.
 2. The SIG will:
 - Provide advice on health and related issues in preparation for expected PCT consultation on plans for health care delivery in Waverley.
 - Assist the Portfolio-holder and officers in compiling the Council's response to any such consultation.
 - Provide a critical analysis of the assumptions behind any proposals for health care delivery in Waverley, through gathering evidence and seeking expert opinion; and to ensure that the Council's response is evidence-based as far as possible.
 - Provide a forum for sharing information about what is happening on health-related projects in different parts of the Borough.
 - Use available vehicles and direct approaches to put forward the Council's views on how health and social care services are planned and run in Waverley.
 - As far as possible, represent residents' views, whilst retaining an independent and objective position.
 - Encourage the PCT to work in partnership with local communities.
 3. The membership of the SIG for 2008/09 comprised: Cllr B J Morgan (Chair), Cllr Mrs E Cable, Cllr Ms D Le Gal, Cllr R Gordon-Smith, Cllr Mrs D James, Cllr Dr N Lee, Cllr Mrs C Savage and Cllr K Webster.

Background

4. The national health service has been the subject of considerable change and reconfiguration over recent years – both organisationally and operationally. As a result of changes implemented during the summer/autumn of 2006 Waverley is now covered by:

- The South East Coast Strategic Health Authority, which came into being on 1 July 2006;
 - The South East Coast Ambulance Trust (formerly the Kent, Surrey and Sussex Ambulance Trusts) which came into being on 1 July 2006; and
 - The Surrey Primary Care Trust, which combined the five PCTs that covered Surrey (including the Guildford & Waverley PCT), and went live on 1 October 2006.
5. The summer of 2006 saw the issue of a discussion document *Creating an NHS Fit for the Future* which stated that changes were needed to how health care was delivered in order for the health system to balance its finances, but also to make best advantage of technology, new medical procedures, medications and the public's desire to have services 'closer to home'.
 6. The Waverley Healthcare SIG was established in December 2006. The initial terms of reference for the SIG were to assist the Portfolio-holder develop the Council's response to the *Fit for the Future* consultation on transforming health services across Surrey, in the context of the uncertainty regarding the implementation of the legacy recommendation of Guildford & Waverly PCT known as *Option 1*.
 7. The major concerns at the time were the implications of *Option 1* for the Milford Specialist Rehabilitation Hospital and the Community Hospitals in Cranleigh, Farnham and Haslemere; and, as a separate issue, the future of Accident & Emergency and maternity services at the Royal Surrey County Hospital (RSCH), which were reportedly threatened with closure.
 8. The SIG only met once, in February 2007, prior to the Council elections in May 2007. It was re-constituted under the current administration, chaired by the Portfolio Holder for Communities & Partnerships (Cllr Munro 2007/08; Cllr Morgan 2008/09).

The Work of the SIG

9. During the spring and summer of 2007 it became apparent that the financial position of Surrey PCT had changed for the better. The *Fit for the Future* proposals became focussed on improving services across a range of clinical specialities, and there was no longer any intention to close the RSCH, or A&E or maternity services there. As there were no significant changes in services proposed there was no formal consultation by the PCT.
10. At its meeting on 13th September 2007, the SIG received a presentation from Wendy Lockwood, Associate Director of Public Engagement, Surrey PCT on the status of the *Fit for the Future* proposals. She also outlined how the PCT planned to address the outstanding *Option 1* recommendation that it had inherited from the Guildford & Waverley PCT. This was to be tested against the outcomes of the *Fit for the Future* programme, the Department of Health white paper *Our Health, Our Care, Our Say*, new guidance such as the national stroke strategy, and the latest government targets (e.g. the 18 week referral to treatment).

11. The SIG also heard from Derek Cunningham, Health Review Advisor, SCC Health Scrutiny Committee, who outlined the work of the Surrey County Council Health Scrutiny Committee.
12. The SIG's meeting on 1st November 2007 was attended by Elaine Best, Managing Director of Community Services, Surrey PCT and Wendy Lockwood, who briefed members on the Guildford & Waverley Programme. The remit of the Guildford & Waverley Programme was to ensure that the *Option 1* recommendations would deliver clinically safe and sustainable services that demonstrated an improvement for patients, and to make recommendations to the Surrey PCT Board around the services provided in the Guildford and Waverley area.
13. SIG members and Waverley Officers have been involved in the Guildford & Waverley Programme Co-Design process to identify clinical service requirements in Guildford and Waverley. The SIG members also felt it would be helpful to visit the four hospitals located within Waverley, so that they might understand better the issues relating to the locations and buildings, and the services provided.
14. The SIG visited the new Farnham Community Hospital on 16th April 2008, accompanied by Elaine Best, Matron Sue Deane, and Rose Parry, Lead for Scheduled Care in Surrey PCT (SW).
15. On 29th July 2008, the Surrey PCT Board received the Guildford & Waverley Programme – End of Stage Report and approved the recommendation of the Guildford & Waverley Programme Board not to progress with *Option 1*, and to progress urgent work on the emerging clinical model of care for Guildford and Waverley. The decision to retreat from *Option 1* was taken in the light of the publication of the NHS Next Stage Review Final Report *High Quality Care For All* (the Darzi Report), together with the vision for the NHS across the South East coast *Healthier people, excellent care*, which frame the direction of the NHS for the next 10 years.
16. Surrey PCT Chief Executive, Chris Butler, indicated the intention that the next stage of the work of the Guildford & Waverley Programme should be completed within 6 months, including any necessary consultation. However, this timetable has slipped and there is currently no date for publication of plans for the future delivery of services in Guildford and Waverley. The PCT has trailed the prospect that, whilst no longer considering *Option 1*, the eventual clinical model, including services currently based at Milford and Cranleigh, is expected to involve significant change.
17. Since summer 2008 the SIG has visited Cranleigh to meet with partners involved with the Cranleigh Project, including the Parish Council and representatives of the Cranleigh Village Hospital Trust. Members were able to look around the existing health centre; the community hospital (including the wards that remain closed); and the proposed location for the new health campus. The SIG members recognised the considerable achievement of the

project partners in sustaining their campaign and its objectives despite many obstacles and setbacks.

18. SIG members have also visited Haslemere Community Hospital and Milford Specialist Rehabilitation Hospital, on both occasions accompanied by Rose Parry and Laura Dennett, Public Engagement Manager, Surrey PCT (SW). SIG members were impressed with the way in which the managers at Haslemere Hospital have been proactive to seize opportunities in response to changes in the way services are commissioned, to make the best use of the building to provide a wide range of services that do not require an acute setting.
19. The Milford Specialist Rehabilitation Hospital is not a community hospital. Whilst the location is not very accessible, it is reasonably centrally located within its catchment area and it provides 40 specialist rehab beds, and a day hospital, that the PCT would probably struggle to relocate elsewhere. As at the Cranleigh Hospital, SIG members were disappointed to see the closed wards, which had been allowed to fall into a state of disrepair. Given that, at the time of visiting, there was extreme pressure on beds in acute and community hospitals due to the Norovirus outbreak it was frustrating for members to see this potential capacity in this state.
20. The Guildford & Waverley Programme has now reached a stage where the clinical specifications relating to what services in Guildford and Waverley will look like are being finalised, subject to a further engagement event with clinicians, followed by a final co-design event involving stakeholders (patients, public, partner and other organisations). In parallel with this activity on determining services, work is being done to model affordability. In due course, service specifications and financial modelling will be considered together and decisions made on the mode of procurement. Final recommendations are expected in July 2009.
21. As part of its future planning Surrey County Council and PCT jointly produced the Surrey Joint Strategic Needs Assessment 2008 as a consultation document, setting out the current and longer term health and well-being needs of the local population. Cllr Morgan responded to the consultation on behalf of the SIG, drawing on views that the members expressed over a number of meetings. Particular concerns for Waverley are the ageing population, and the increased burden of illness that comes with it; and the predominantly rural character of the borough which can make accessing even 'local' healthcare facilities difficult for some residents.

Ongoing Issues

22. Over the years, members of the Council have taken a keen interest in health and social welfare issues, and there is a wish to continue to respond constructively and in an informed way to future consultations issued by its partners in health. In addition, Members have shared local residents' concerns over a number of years regarding the long-term future of the community hospital services in Waverley.

Resolution of the Guildford & Waverley Programme

23. The work of the Guildford & Waverley Programme to define what clinical services will be available locally, and where and how they will be delivered, is slowly drawing to a conclusion. It is important that, through the involvement of the SIG, the Council maintains its current level of scrutiny over these developments and is ready to challenge the PCT over its proposals, if necessary.

Voluntary Sector & Partnership Funding

24. The PCT is moving towards a contract-based approach to funding for voluntary organisations, rather than grant-funding. For organisations in Waverley (and Guildford) this is complicated by the tripartite arrangement of funding with Surrey County Council under the Voluntary Grants Panel. This arrangement is being reviewed by both the PCT and SCC from 2010. It is important that any changes to this funding arrangement do not affect the viability of voluntary groups providing valuable community services.

Transforming Community Services Programme in Surrey

25. Through the programme of visits to the Waverley hospitals, SIG members have developed an understanding of the significant operational changes taking place in the separation of commissioning and providing of healthcare services. This programme was launched at the beginning of 2009 and will impact on the way in which Community Services are provided in Waverley.

RSCH Foundation Trust Board of Governors

26. The Council has given its support to the application of the RSCH for Foundation Trust status. If successful, the RSCH Foundation Trust will be directly accountable to the membership and the elected representatives on the Council of Governors. In respect of the Council of Governors it is proposed that one of the thirteen appointed Governors is from Waverley Borough Council (another one each from Guildford and Woking), and three representatives are drawn from the public and patients of Waverley (also three from Guildford and Woking and two each from Chichester, East Hampshire and Mole Valley). The public and patient Governors will be resolved through an election process; the appointed Governors, including the Governor from Waverley Borough Council, will be nominated by the Councils.

LiNK membership

27. Local Involvement Networks are part of the government's plan to give people 'more choice and a louder voice' in their local health and social care services. They have replaced the Public and Patient Involvement Forums, and cover social care as well as health. The LiNK can look at any health and social care services in Surrey that are funded by taxpayers, including NHS services, Surrey County Council Services, private companies and charities. The LiNK is

able to obtain information, enter certain premises, produce reports and recommendations, feedback information to Councillors on an Overview & Scrutiny Committee (e.g. Surrey Health Scrutiny Committee) and get a response. The SIG feels that it would be a useful development to include a representative of the LiNK as an independent member of the SIG.

Waverley Strategic Partnership (WaSP)

28. Through its strategic working groups, Waverley contributes to the delivery of a number of LAA targets with a health and well-being theme. Surrey PCT is the lead partner for indicators for: Alcohol-harm related admission rates (NI39); 16+ smoking prevalence (NI123); obesity among primary school age children in Yr 6 (NI56); and, U18 conception rate (NI112). Surrey County Council is lead partner for indicators for: Achieving independence for older people through rehabilitation/intermediate care (NI125); Social Care clients receiving Self-Directed Support (NI130); and, Carers receiving needs assessment or review and a specific carers' service.

Conclusion

29. The Healthcare SIG has, through its programme of visits to Waverley's hospitals, meetings with key PCT executive directors, and involvement with the co-design process for the Guildford & Waverley Programme, established a formal communication channel with the PCT that did not previously exist. The SIG members have, at the same time, built up a substantial bank of knowledge about the state of healthcare delivery in Waverley.
30. The SIG members therefore recommend that the SIG be reconstituted, with substantially similar membership, in order to continue its work. It suggests the following topics to be included in its terms of reference:
 - To develop and maintain local awareness of changes in the NHS organisation, administration, funding and direction, i.e. partnership working (especially on older people and mental health issues), PCT operational planning, devolution of autonomy to local areas, split of commissioning and provider services;
 - To understand the potential impact of possible changes in national policy;
 - To be informed and ready to respond to issues as they arise;
 - To keep abreast of flu pandemic planning in Waverley;
 - Monitoring local healthcare issues, e.g. the outcomes of the Guildford & Waverley Programme, outcome of Dunsfold enquiry in relation to Cranleigh, etc.
31. The SIG also suggests that it includes in its membership an independent member, possibly a representative from the South West Surrey Group of the Surrey LiNK. Other external experts might be invited to contribute to the SIG's work, as required.

32. The SIG recorded its thanks to Cllr Morgan for his leadership and work in identifying key issues, and to Peter Maudsley and officers for their support of the SIG.

Recommendation

The Executive is asked to note the work of the SIG during 2008/09, and to reconstitute the Healthcare SIG for a further year.

Background Papers (CSD)

There are no background papers (as defined by Section 100D(5) of the Local Government Act 1972) relating to this report.

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