**MINUTES** of the meeting of the **HEALTH SCRUTINY COMMITTEE** held at 9.30am on 13 September 2012 at County Hall, Kingston upon Thames.

These minutes are subject to confirmation by the Committee at its meeting on 15 November 2012.

**Members:**

* * Mr Nicholas Skellett (Chairman)
* * Dr Zully Grant-Duff (Vice-Chairman)
* * Mr John Butcher
* * Mr Bill Chapman
* * Dr Lynne Hack
* Mr Alan Young
* * Mr Richard Walsh
* A Mr Ian Lake
* * Mr Peter Hickman
* A Mr Colin Taylor
* * Mrs Caroline Nichols
* A Mrs Frances King

**Ex officio Members:**

Mrs Lavinia Sealy (Chairman of the Council)
Mr David Munro (Vice-Chairman of the Council)

**Co-opted Members:**

A Dr Nicky Lee
* Mrs Rachel Turner
A Mr Hugh Meares

**In attendance:**

A Michael Gosling, Cabinet Member for Adult Social Care and Health

* = Present for all of the meeting
A = Apologies

**PART 1**

**IN PUBLIC**

**38/12 APOLOGIES FOR ABSENCE AND SUBSTITUTIONS [Item 1]**

Apologies were received from Frances King, Nicky Lee, Hugh Meares, Ian Lake, Alan Young and Colin Taylor.

**39/12 MINUTES OF THE PREVIOUS MEETING: 5 JULY 2012 [Item 2]**

The minutes were agreed as an accurate record of the meeting.

**40/12 DECLARATIONS OF INTERESTS [Item 3]**

No declarations

**41/12 QUESTIONS AND PETITIONS [Item 4]**

None

**42/12 CHAIRMAN'S ORAL REPORT [Item 5]**

**SASH CQC infection control report**
The Care Quality Commission recently undertook a follow-up review of compliance on infection control at East Surrey Hospital. It was found to be meeting all of the essential standards following previous concerns.

**Southwest London Joint HOSC**
The JHOSC met on 3 September to review the Pre-Consultation Business Case. The final version of the document is expected to be signed off by NHS London and the joint PCT boards on 27 September. The preferred option was publicised in the last week of August. As expected, the option going to consultation will be St Helier losing its A&E and maternity services and becoming a planned care centre. The consultation will run from 1 October for 12 weeks, up to 24 December. A final decision will come after this. The next JHOSC meeting is on 3 October and there will be targeted witness sessions to discuss specific areas in-depth.

**Department of Health Local Authority Health Scrutiny Regulations consultation response**
You will have seen that the Department of Health was consulting on new regulations governing local authority health scrutiny. Surrey has put in its own submission as well as contributing to the regional HOSC network submission, made up of East and West Sussex, Medway, Kent and Brighton and Hove. This was sent to you last week.

**Southeast HOSC Network Training Event**
On 14 September, the Vice-Chairman, Bill Chapman and I will attend a training event for the regional HOSC network. The event will be an opportunity to test

how substantial variations will be scrutinised under the new systems going live on 1 April next year. We will discuss how we as the Health Scrutiny Committee will work with the new bodies such as the Health and Wellbeing Board and National Commissioning Board Local Area Teams on substantial variations. We will report back any important information to the next meeting.

**National Commissioning Board Local Area Team Engagement Event**
On 17 September I will attend an engagement event with the Surrey and Sussex Local Area Team. This will be the regional branch of the National Commissioning Board. This will be an opportunity to meet and begin developing a working relationship with this important new NHS body.

In response to an issue raised by a Member of the Committee at a previous meeting the Chair informed the meeting that he has contacted the hospitals in the County who will now endeavour to schedule appointments to accommodate residents who rely on concessionary travel.

**43/12 STROKE PATHWAY [Item 6]**

**Declarations of Interest:**

None.

**Witnesses:**

Carolyn Cheetham – Stroke Association

Dr Carl Long - Clinical Lead, Surrey Heart and Stroke Network

Liz Patroe - Service Improvement Manager, Surrey Heart and Stroke Network

Mimi Parker - Service Improvement Manager, Surrey Heart and Stroke Network

Marion Heron - Associate Director for Community Contracting, NHS Surrey

Geraint Davies - Director of Corporate Services, South East Coast Ambulance Trust (SECAmb)

Dr Jane Pateman - Medical Director, SECAmb

Cliff Bush – Surrey LINk (Healthwatch)

Jane Shipp - Surrey LINk (Healthwatch)

James Stewart - Carer of stroke patient

**Key Points Raised During the Discussion:**

1. The item opened with a presentation from the Surrey Heart and Stroke Network which outlined the care pathway for a stroke patient in Surrey. The Network is part of a wider national programme to improve stroke services and works with all the acute hospitals in the

County and Kingston Hospital and St George's Hospital in London. Stroke is the single biggest cause of adult disability and five years ago less than 10% of those afflicted returned to work. Stroke patients require intensive care and within the context of an ageing population stroke will continue to be a major issue that impacts upon many families in Surrey.

2. The Surrey Heart and Stroke Network does not commission services but instead works closely with acute commissioners and acute trusts to set service plans and measure performance. The Network coordinates the sharing of best practice amongst a large number of providers who work with stroke patients. The continuing care for patients is commissioned by NHS Surrey and the Network's programmes are framed around national guidance published in 2008.

3. Witnesses outlined how complex and lengthy the stroke care pathway is and that treatment is broken down into a number of stages. Research confirms the importance of stroke units in remedying the effects of stroke as patients can access expert care and be monitored. The Network has worked closely with South East Coast Ambulance service (SECAmb) to create a simpler pre-hospital pathway for initial responses by paramedics to a potential stroke. Telecare is now used in acute hospitals to allow for 24/7 access to an expert opinion. Rehabilitation is essential in treating stroke and sets goal led treatment built around the requirements of the individual patient. The long term aim of the pathway is to return the patient to their GP.

4. There is a joint clinical board for stroke in the County and it reports to NHS Surrey to inform it about the outcomes of services. Performance is reported quarterly and the key metric is that 80% of patients spend 90% of their time in hospital being treated on a stroke unit. Commissioners closely monitor performance as there is a best practice tariff in which a financial bonus is received for high performing services. The County also meets the Royal College of Physicians recommendation that patients receive a CT scan within an hour of suffering a stroke.

5. The Surrey Heart and Stroke Network then informed the Committee that a national audit had recently taken place to look at the clinical and organisational parameters of services. Surrey is meeting some targets but executive management is focused on improving the four hour admittance to a stroke unit target and early supported discharge targets which some providers are not currently meeting.

6. The Committee was then presented with a patient's perspective from a Surrey resident, James Stewart, who cares for his wife who suffered a stroke. Mr Stewart's wife suffered a stroke in 2010 and was initially treated at St George's Hospital. Following this Mrs Stewart required intensive care including regular MRI scans, surgery and a long rehabilitation plan. This treatment was initially provided at the Royal Marsden Hospital as it was coupled with

radiotherapy to treat Mrs Stewart's cancer. Mr Stewart complained that, upon requesting Continuing Health Care funding from NHS Surrey, the rehabilitation pathway lacked coordination. Mr Stewart stated that he had contacted his wife's parents' PCT, NHS Wiltshire, who he claimed provided prompt care including home equipment and daily physiotherapy. Mr and Mrs Stewart also purchased care privately from BUPA.

7. Mr Stewart felt that there had not been enough engagement with him and his wife and that there had been a lack of clinical guidance. Mr Stewart found navigating local stroke services frustrating and stated that he had to rely on the support of the Royal Marsden, his GP and MP to support his wife's rehabilitation whilst becoming a full time carer and advocate.

8. LINk claim that there are 2000 stroke sufferers in Surrey of which 25% are under 60 and believe that this is a significant issue for Surrey's health economy and local residents. LINk, soon to be Healthwatch, is exploring a project to work with stroke patients as there is a perception that some families in Surrey are experiencing issues with post stroke rehabilitation. LINk are keen to work constructively with local health professionals and politicians to find a way forward that provides cost effective services that improve patient outcomes.

9. Surrey Heart and Stroke Network sympathised with Mr Stewart's situation and hoped for a speedy recovery for his wife. The Network informed the meeting that issues in accessing pathways are important learning points and that they have heard of similar cases in which patients experienced issues when transferring between the private and public health systems. The Network is currently halfway through implementing the national ten year strategy and accepts that there are still some areas that require further prioritisation.

10. Commissioners recognise the action that they need to take and have begun to build mandatory pulse checks into contracts for flu clinics, and other forms of community health services and the emerging CCGs. Pulse checks can flag up atrial fibrillation issues that can be a risk of stroke. There has been a particular focus on more deprived areas.

11. Performance issues had been identified in some acute hospitals where patients did not receive a CT scan within one hour or where there was a lack of ring fenced beds in a stroke unit. Members inquired as to whether all the acute trusts in Surrey can cope with the full spectrum of types of stroke and whether all the hospitals have a real unit or a virtual unit. Members were reassured that all the acute hospitals can cope with the full range of cases and have one or two beds dedicated to immediate stroke cases and that telemedicine is purely used to support diagnosis. Members were concerned that average performance county-wide was masking some poor performance in specific acute hospitals.

12. Representatives from SECAmb provided further context by explaining to the Committee the role of the ambulance service in delivering pre-hospital care to stroke patients. The first focus is immediate care and getting them to the next stage in the care journey. SECAmb now investigates every stroke patient's journey to provide learning to improve the service and assured the Committee that Surrey is in the national mean for performance.
13. The Chair summarised the item and offered thanks to Mr Stewart for sharing his experiences and offered on behalf of Members the Committee's best wishes to his wife. The Committee recognised that progress has been made and that there is no lack of goodwill amongst services in the County, however genuine concerns were raised and this issue should continue to be monitored. This needs to be raised with CCGs to ensure that they are ready to commission services. The Committee agreed to look at stroke at a future meeting and to get further input from adult social services. The Committee welcomed the Healthwatch suggestion of a further research project on stroke, but that it should first be assessed for any potential cost implications.

**Recommendations:**

1. Officers be thanked for presenting the stroke pathway and the work to date on implementing the national ten-year strategy;
2. James Stewart and LINk be thanked for bringing his story to the Committee;
3. The Health Scrutiny Committee recognises the efforts made to improve the care of stroke patients in Surrey but that it is still has genuine concerns about progress towards implementing the national strategy;
4. The Health Scrutiny Committee is concerned about CCGs commissioning services going forward and recommends that all Surrey CCGs give strong consideration to commissioning post-stroke specialist rehabilitation services;
5. Following on from these concerns, the Health Scrutiny Committee formally endorses the stroke project proposed by LINk; and
6. LINk and officers from the Surrey Heart and Stroke Network, come back to a future meeting to discuss the outcomes of the stroke project.

## 44/12 REVIEW OF NEURO-REHABILITATION SERVICES [Item 7]

**Declarations of Interest:**

None.

**Witnesses:**

Dr Graham Henderson - Medical Director, Surrey Community Health

Susan Joyce - Lead for Scheduled Care, Surrey Community Health

Dr David Eyre Brook – GP Lead, Guildford and Waverley CCG

Wendy Lockwood - Associate Director for Patient and Public Engagement, NHS Surrey

Cliff Bush – Surrey LINk (Healthwatch)

**Key Points Raised During the Discussion:**

1. The Committee received a brief outline on the proposed redevelopment of neuro-rehabilitation services in the west of the County. The proposal is for inpatient services to be consolidated from two sites at Haslemere and Woking Hospitals onto one site at Woking Hospital. From Spring 2013 mixed sex wards are prohibited which means that the wards available at Haslemere will be unable to deliver appropriate care. This will mean that elderly and young patients would need to be mixed together which contravenes best practice.
2. Patients welcome a centre of excellence and believe that Woking Hospital would be the best possible site in the west of the County due to good local transport links and shops are receptive to disabled members of the public. Surrey Community Health were clear that Woking Hospital will be the final destination and that any reference to the solution as interim was related to further work that will take place to incorporate a strategy for the frail elderly. The Committee were informed that a multi disciplinary team will continue to operate at the Haslemere centre to facilitate outpatient appointments. The total number of beds across the two sites will remain the same and the intention is to treat more patients at home as their rehabilitation would be better served in a community setting. The Woking centre will also have the facility to accommodate a family suite including a double room.
3. Members inquired as to whether there were sufficient neuro-rehabilitation services in the east of the County. The meeting was informed that a similar piece of work has already taken place for services in east Surrey and services were focused around a centre in Crawley.
4. The NHS nationally needs to make more effort to improve provision for stroke and serious brain injury rehabilitation. Surrey Community Health are confident that the proposed reorganisation of services in West Surrey will improve the capacity for assisting patients. Members supported the recommendations made in the paper.

**Recommendations:**

1. Surrey Community Health be thanked for bringing this proposal to the Committee and encouraged to continue to work with and share information with it on the frail/elderly strategy; and

2. The Health Scrutiny Committee formally endorses the proposal to consolidate inpatient neuro-rehabilitation services in west Surrey on Woking Hospital site.

## 45/12 DEVELOPMENT OF VIRTUAL WARDS [Item 8]

**Declarations of Interest:**

None.

**Witnesses:**

Karen Devanny - Whole Systems Redesign, NHS Surrey

Kirsty Thurlby - Lead for Community Nursing, Long Term Conditions and Rapid Response Services, Surrey Community Health, NW Surrey Locality

Jean Boddy - Senior Manager, SCC Adult Social Care

Cynthia Dwyer – Director of Services, NW Locality, Surrey Community Health

Liz Sargeant - Emergency Care Intensive Support Team (ECIST)

**Key Points Raised During the Discussion:**

1. The Committee was walked through a virtual ward. The project has secured £10m to support whole systems reform in Surrey and is centred on the patient being self-supporting, including through the use of telecare. The central concept is that patients continue to receive specialist help as if they are in a hospital ward but instead takes into account the same patient considerations in a home setting. The wards are driven by care pathways and each is lead by a community matron. Patients each have a care plan and, as in a hospital ward, an expected date of discharge. Virtual wards are a whole team coordinated approach and staff are already working closely with relevant local Clinical Commissioning Group (CCG).
2. LINk indicated that it supported virtual wards as an excellent idea that will provide better options for patients for whom admittance to hospital is inappropriate. LINk felt that it was vital for virtual wards to join up with nursing homes and that in this respect communications need to be improved.
3. NHS Surrey indicated that virtual wards are being implemented in October ready for winter. They are already in place in North West Surrey and Surrey Heath, and district nurses have been taking a pivotal role in end of life care. Virtual wards will not duplicate services, rather it is a 12 week long programme of intensive care management. Some hospitals in Surrey are being inundated with patients and virtual wards are intended to relieve these pressures.
4. Members requested information as to the number of community matrons that will work in the programme and what their work

pressures were. Further questions were asked about the volume of patients that could be treated and how the criteria were set. As an example in North West Surrey there are 16 community matrons, and additional mental health workers and administrative staff who are key to the delivery of wards. The North West Surrey ward is currently treating 495 patients with a capacity of 900 patients.

5. Members asked NHS Surrey about the planned success measures and what measures they would take to ensure that care homes do not just push residents into the virtual wards. NHS Surrey responded that there is a financial outturn expected from the Quality, Innovation, Productivity and Prevention (QIPP) targets focused on reducing unplanned admissions. Before patients are admitted they are visited nine times by their GP and that since patients were admitted the number of A&E admissions, from patients in the virtual wards, had in total fallen from 580 to two over the past six months. Transformation boards have been investigating arrangements with local care homes and the new 111 number should improve triaging.
6. Members asked how GPs are involved with virtual wards and what their reactions to it had been. In response Members were told that GPs hold the ultimate responsibility and they operate through the matron.
7. The Committee agreed to support the intention and idea of virtual wards and stressed the importance of having strong links between community matrons and care homes.

**Recommendations:**

1. Officers be thanked for the work to date implementing virtual wards; and
2. An update come back to the Committee in a year to show progress and performance: the benefits and reductions in A&E admissions.

## 46/12 QUALITY, INNOVATION, PRODUCTIVITY AND PREVENTION PROGRAMME AND PERFORMANCE MONITORING [Item 9]

**Declarations of Interest:**

None.

**Witnesses:**

Justin Dix - Acting Director of Transition, Governance and Corporate Reporting, NHS Surrey

Nick Moberly - CEO, Royal Surrey County Hospital

Michael Wilson - CEO, Surrey and Sussex Healthcare

**Key Points Raised During the Discussion:**

1. The Committee opened the item in praising emergency response teams and the acute hospitals for their sterling assistance in the recent tragic coach crash on the A3 at Hindhead.
2. The Chief Executive of Surrey and Sussex Healthcare (SASH) provided an update to the Committee on the performance of the trust. Recently a huge building programme has taken place at East Surrey Hospital and management action had been taken to reduce poor performance in finance and waiting times. There has been significant clinical recruitment of a number of senior consultants, nurses and staff and the majority of vacancies have now been filled. The hospital's catchment is now in excess of 500,000 people and the trust have been refurbishing buildings to get ready for the oncoming winter. SASH have been addressing performance issues by ensuring that all specialities are compliant with the 18-week treatment target, except for orthopedics which is under pressure nationally. SASH has agreed a predicted deficit with the Department of Health and the trust will receive £60m in transitional funding by October of which an initial £8m has already been provided.
3. The Chief Executive of the Royal Surrey County Hospital (RSCH) provided an update to the Committee on the performance of the trust. The RSCH has been a Foundation Trust since 2009 and is regulated on a government risk and financial rating which focuses on a small basket of measures. The RSCH is currently rated green for governance and is performing well financially compared to a challenging national context. There are two main things on the trust's radar at the moment. The first is mainstreaming the recent good performance on four hour waits at A&E, currently between 97% and 98%. RSCH is recruiting six new consultants in A&E and the Acute Medical Unit (AMU) to strengthen the flow into the unit which will be supported by looking at new IT to manage ward processes. RSCH has struggled to comply with the 18 week treatment target and demand is increasingly stripping supply. The trust is planning a 2% surplus in its overall budget. NHS Surrey commented that the A&E performance at RSCH has improved.
4. Members asked SASH about progress after its notice to improve care for stroke patients. SASH informed the Committee that the hospital is now meeting the requirements of the pathway and that there is an acute unit on site that works closely with rehabilitation services in Crawley. There have been issues in relation to the time in getting patients a CT scan within an hour of their stroke but there are now 28 stroke beds available to the unit and they are confident that they have begun to address this issue.
5. NHS Surrey reassured the Committee that, in light of recent stories in the media, Surrey's health economy is not on the point of collapse, and in response to concerns about ambulance waiting times NHS Surrey are planning to meet with SECAmb to discuss

performance in south west Surrey. Further work is being undertaken to look at why there are so many ambulance arrivals at SASH, which is the second highest figure in the south east. The Committee were also provided with an update on Ashford and St Peter's Hospitals (ASPH) performance in relation to a recent improvement notice for its A&E performance. NHS Surrey were confident that an effective management plan is in place and that ASPH triages patients well.

**Recommendations:**

1. The CEOs of Royal Surrey County Hospital and Surrey and Sussex Healthcare be thanked for their attendance and response to the Committee's concerns; and
2. The next QIPP/Performance item include a report on the readiness of the county's CCGs.

**47/12 RECOMMENDATION TRACKER/FORWARD WORK PROGRAMME [Item 10]**

**Key Points Raised During the Discussion:**

1. The Chairman asked for comments, on the recommendation tracker and forward work programme, to be emailed to the Scrutiny Officer.

**48/12 DATE OF NEXT MEETING [Item 13]**

Noted that the next meeting of the Committee would be held on 15 November 2012.

[Meeting ended: 13:00]

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**Chairman**