

**MINUTES** of the meeting of the **HEALTH SCRUTINY COMMITTEE** held at 10.00 am on 14 November 2013 at Ashcombe Suite, County Hall, Kingston upon Thames, Surrey KT1 2DN.

These minutes are subject to confirmation by the Committee at its meeting.

**Elected Members:**

- \* Mr Bill Chapman (Chairman)
- \* Mr Ben Carasco (Vice-Chairman)
- \* Mr W D Barker OBE
- \* Mr Tim Evans
- \* Mr Bob Gardner
- \* Mr Tim Hall
- \* Mr Peter Hickman
- \* Mrs Tina Mountain
- \* Mr Chris Pitt
- \* Mrs Pauline Searle
- \* Mrs Helena Windsor

**Independent Members**

- \* Borough Councillor Nicky Lee
- \* Borough Councillor Karen Randolph
- \* Borough Councillor Mrs Rachel Turner

**Apologies:**

Mr Richard Walsh

**In attendance:**

- \* Mrs Margaret Hicks

**40/13 APOLOGIES FOR ABSENCE AND SUBSTITUTIONS [Item 1]**

Apologies were received from Richard Walsh.

**41/13 MINUTES OF THE PREVIOUS MEETING: 18 SEPTEMBER 2013 [Item 2]**

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

**42/13 DECLARATIONS OF INTEREST [Item 3]**

There were no declarations of interest.

**43/13 QUESTIONS AND PETITIONS [Item 4]**

There were no questions or petitions to report.

**44/13 CHAIRMAN'S ORAL REPORT [Item 5]**

**Declarations of interest:** None.

**Witnesses:** None.

**Key points raised during the discussion:**

1. The Chairman provided the following oral report:

**SUTTON HOSPITAL**

Epsom and St Helier Trust wished to continue relocating services from Sutton Hospital elsewhere and approached us as part of a minor consultation process.

Peter Hickman and Bob Gardner make up the Members Reference Group for Epsom and St Helier. Bob being unavailable at the time, Peter and I met a senior representative from Epsom and St Helier for discussions which I later relayed to Bob.

We raised no objections to the proposed relocations which were in the established direction of closure.

**PATIENT TRANSPORT SERVICE**

Members will recall that at the last Health Scrutiny Committee Meeting on 18 September we concluded that the Patient Transport Service provided by South East Coast Ambulance Service (SECAmb) to be unsatisfactory in a number of respects.

Subsequently Ross and I held discussions with the commissioners, East Surrey Clinical Commissioning Group (CCG) and representatives of SECAmb. You will have received documentation of these meetings.

I'm happy to say that we saw evidence of a good improvement programme and progress in the Service. SECAmb will be returning to our 9 January meeting to provide a formal update.

### **BETTER SERVICE BETTER VALUE (BSBV)**

Following a ballot of its GPs Surrey Downs Clinical Commissioning Group has decided to withdraw from the programme, thus apparently ending any immediate major concerns there might have been concerning services to Surrey residents.

### **FRIMLEY PARK HOSPITAL AND HEATHERWOOD & WEXHAM PARK**

The work on a possible take-over of Heatherwood and Wexham Park Hospitals by Frimley Park Hospital has progressed to the point of commissioning further detailed investigations.

### **MEETINGS**

Since the last Meeting on 18 September I have met with representatives from Frimley Park Hospital, First Community Health, Surrey Public Health, East Surrey CCG, Surrey Heath CCG, Healthwatch Surrey, South East Coast Ambulance Service, and East Surrey CCG again at an Alcohol Pathway Event.

**Recommendations:** None.

### **Actions/further information to be provided:**

The Chairman to discuss the future of Epsom Hospital following Surrey Downs CCG vote to withdraw from the BSBV programme.

**Committee next steps:** None.

## **45/13 POST-STROKE REHABILITATION UPDATE [Item 7]**

**Declarations of interest:** None.

### **Witnesses:**

Jane Shipp, Healthwatch  
Cliff Bush, Surrey Coalition of Disabled People

### **Key points raised during the discussion:**

1. The Healthwatch representative gave an overview of the work that had been undertaken by Healthwatch since the publication of the Stroke Pathway Project Report. She explained that representatives had spoken to CCGs about the recommendations which featured on page 14 of the report and responses had been positive with CCGs.
2. The Committee were informed that East Surrey CCG were due to visit East Surrey Hospital in November 2014 due to the poor patient experiences which had been reported from this hospital. The hospital was in the process of appointing a Project Manager to address issues of stroke pathways.
3. Healthwatch informed the Committee that they were still unsure of who was the lead commissioner for stroke rehabilitation pathways in Surrey, though had spoken to North West Surrey CCG.

4. It was felt that progress had been made but that more work needed to be done to ensure commissioning plans included stroke rehabilitation pathways services across Surrey. The project had been successful in raising awareness of stroke survivors, and had received the attention of Healthwatch England and MPs.
5. Surrey Coalition of Disabled People provided an update on behalf of the Local Area Team. Strategies were being developed which were long term though the current issue was that acute hospitals received the funding for stroke care rather than community providers, additionally none of the Surrey hospitals were currently compliant as they were not providing enough information regarding their care pathways. There were current issues that recovery rates were higher if a stroke was suffered during the week in the morning, however unfortunately most people suffered a stroke on a Friday evening.
6. It was felt that it was important that more investment was put into speech therapy and eight week rehabilitation services to ensure survivors have a 80% chance of recovery. This was especially important as there was a wait of 22 weeks to receive speech therapy in Surrey. This issue had been raised with North West Surrey CCG as the commissioners of Virgin Healthcare. Members were deeply concerned by the wait experienced by patients to receive speech therapy.
7. The Committee were informed that Epsom and Frimley Park hospitals had the best in-hospital facilities, though the aim was to develop an across Surrey stroke service so all residents would be able to experience excellent care.
8. The report had found that there was no flexibility on the eight weeks of rehabilitation in the east of Surrey, even if the patient required additional assistance. Healthwatch recommended that rehabilitation was commissioned for six days a week with flexibility on the end date depending on the needs of the patient. They had found that many patients continue their rehabilitation privately through yoga classes or visiting the gym.
9. Members raised concerns that there was no single person championing the development of stroke pathways across Surrey due to the other commitments of Healthwatch and Surrey Coalition of Disabled People.
10. Healthwatch confirmed they were tracking the recommendations and would monitor the commissioning plans of the CCGs when they are released in January. Furthermore they would continue to raise awareness of the need to develop stroke pathways. Healthwatch felt they were able to manage more than one project at a time due to the recruitment of more staff and were beginning to look at the issues surrounding GP surgeries. This project was welcomed by the Committee as it was felt it was a big issue for Surrey residents.

**Recommendations:**

- a) The Committee welcomes the CCGs engagement in the development of stroke pathways across Surrey.
- b) The committee encourages CCGs to make eight weeks of suitable rehabilitative therapy, as a minimum, available for stroke survivors across the county
- c) The Committee requests the Health & Wellbeing Board's assistance in clarifying which CCG is the lead commissioner for stroke services in Surrey.

**Actions/further information to be provided:** None.

**Committee next steps:**

- a) The Committee will scrutinise the Healthwatch strategy in 2014.
- b) The Committee will scrutinise progress against the Stroke Pathways report recommendations in six months.

#### **46/13 DEVELOPMENT OF SERVICES FOR THE FRAIL AND ELDERLY [Item 6]**

**Declarations of interest:** None.

**Witnesses:**

Anne Butler, Assistant Director Commissioning Adult Social Care, Surrey County Council  
 Andrew Brooks, Clinical Lead Surrey Heath CCG  
 Jane Shipp, Healthwatch  
 Cliff Bush, Surrey Coalition of Disabled People

**Key points raised during the discussion:**

1. The Committee were provided with a presentation from the Assistant Director of Commissioning and the Clinical Lead for Surrey Heath CCG. Within this presentation they provided an overview of the development of services for the elderly and frail in Surrey which would ensure positive outcomes and admissions to hospitals only when necessary. They are working with a number of organisations, including community and voluntary groups to ensure early intervention takes place, and the Public Health team make certain that the work being carried out is having a positive effect.
2. They informed the Committee that they were working with the Health & Wellbeing Board to underpin the Boards' strategies and collaborative working. It was important these strategies were delivered successfully and it would only be a success when organisations worked collaboratively around local populations, such as aligning Adult Social Care commissioning with the CCG's commissioning plans so there is an integrated service. The Joint Commissioning Partnership Board assists with this and it is hoped will receive £40million of central government funding to assist in achieving a positive impact on older Surrey residents. It was stressed, however that this was not new

money as it was thought that the funding had come from the budget of CCGs.

3. The Committee were informed that Surrey followed national trends with a growing elderly population and the number of people being diagnosed with dementia.
4. They were developing services which would assist the elderly and frail in Surrey though there were risks such as; financial constraints, the growing demand for services, the impacts of the Care Bill and the Dilnot Report market failure and the challenges of shifting services from acute hospitals to the community.
5. Members queried whether experiences of Surrey residents in hospitals outside Surrey, such as Kingston Hospital, were being considered as part of the development of services. The Committee were informed that CCGs which commissioned services to additional hospitals outside the county did look at the services within these hospitals and Adult Social Care did review the pathways of these hospitals to ensure they were at the level expected by Surrey. Transformation Boards were in place for each hospital to assist with discharges when it covered council borders.
6. The Committee were informed that some hospitals had the Liverpool Care Pathways still in operation, but the intention was that it would be replaced. It was stated that it was important that End of Life Care was well managed across the board.
7. Members queried whether community providers were ready to provide the services for the elderly and frail. The Clinical Lead for Surrey Heath CCG stated that due to community care and the use of virtual wards there had been fewer A&E attendances, but agreed that it was important that community providers needed to be able to provide the right level of care for the patients.
8. Members raised concerns that the money reallocated from central government which was used to tackle health inequalities often did not go to areas with high levels of elderly and frail residents. The Clinical Lead stated that CCGs used data from Public Health to ensure commissioning was at the right level and in the right areas.
9. The Committee discussed the issues which many elderly residents experienced in booking GP appointments and suggested this was an area to consider when trying to lower A&E attendances.
10. The Committee were assured that the development of services was being done using a bottom up approach and were working with the community providers to ensure the new services would be delivered successfully.
11. The Clinical Lead suggested that it was important that the Committee monitored the services being developed and ensured that timescales were being kept to. The Committee welcomed this suggestion and requested detailed plans and timescales in spring 2013 once they had been agreed.

**Recommendations:**

- a) The Committee welcomed plans which would assist in lowering the number of A&E referrals for the elderly and frail.
- b) The Committee requested a detailed update of services which had been developed to assist the elderly and frail from being admitted to A&E from the Joint Partnership Board.

**Actions/further information to be provided:** None.

**Committee next steps:** None.

*County Councillors Chris Pitt and Margaret Hicks left the meeting.*

**47/13 HEALTH & WELLBEING BOARD UPDATE [Item 8]**

**Declarations of interest:** None.

**Witnesses:**

Michael Gosling, Cabinet Member for Public Health and Health & Wellbeing Board and Co-Chairman of the Health & Wellbeing Board  
Justin Newman, Performance and Change Lead Manager, Surrey County Council

**Key points raised during the discussion:**

1. The Co-Chairman of the Health & Wellbeing Board explained that the health landscape in Surrey was large and diverse and the challenge was to get all organisations working in the same direction. It was necessary to avoid duplication of services due to the lack of funding.
2. The Health & Wellbeing Board was a board of commissioners and not a commissioning board and included representatives from the six Surrey CCGs, Surrey County Council, Healthwatch, and Surrey Police.
3. The Joint Strategic Needs Assessment had assisted the Health & Wellbeing Board to choose five priorities; improving children's health and wellbeing, developing a preventative approach, promoting emotional wellbeing and mental health, improving older adults' health and wellbeing, and safeguarding the population. These key priorities feature within the Surrey Joint Health & Wellbeing Strategy. Strategies were being developed and agreed by the Board at their meetings, with the Children's and Emotional and Mental Health strategies having already been agreed by the Board.
4. Prevention was an important aspect of the work of the Health & Wellbeing Board, with the Acting Director of Public Health assisting on this area of the strategy by looking at short-term, medium-term and long-term prevention strategies. The Borough and Districts were also required to be involved in this strand as they had the ability to influence healthy living among residents through their Leisure teams.

5. The Co-Chairman confirmed that the Health & Wellbeing Board had regular informal discussions with Health Service providers and would continue to work with them, though it was felt that the membership was already large and it would not be currently feasible to include them on the membership.
6. It was explained that it was important that Surrey provided as many services as possible within the county as currently some patients went into London for treatment which costed more than it would in Surrey.
7. The Committee queried whether the Co-Chairman felt the Board had sufficient powers to influence behaviour among health commissioners. The Co-Chairman stated that the Board had the ability to decide the direction of travel though did not get involved in the delivery of services. However, he did concede that if there was an issue they would be held accountable by the public and would feel morally responsible. Furthermore, he felt that with the Integration Transformation Fund going to the Health & Wellbeing Board to be agreed that this was a sign of the Board gaining more influence.
8. Members were pleased to hear that emotional and mental wellbeing was a priority and were informed that a further update on progress against the strategy would be heard by the Board in March.
9. Members queried whether the Surrey Health & Wellbeing Board worked with other Boards and were informed that they did when it was felt appropriate. Additionally, officers regularly monitored the forward work programmes of other Boards to see if there was anything additional Surrey should focus on. It was felt that currently the Surrey Health & Wellbeing Board was in a better position than most though the situation would be continually monitored.
10. The Committee raised the issue of over representation from Reigate & Banstead, with four meetings scheduled to take place at the Borough Council offices, a Borough Council representative and Chief Executive all from Reigate & Banstead. The Co-Chairman agreed there was not a fair representation of Surrey on the Board currently, though this was the current situation and was not something he was able to influence.

**Recommendations:**

- a) The Committee requests an update from the Health & Wellbeing Board in six months on the Board's key priority strategies and progress against these strategies.

**Actions/further information to be provided:** None.

**Committee next steps:** None.

*Borough Councillor Dr Nicky Lee left the meeting.*

**48/13 REPORT OF QUALITY ACCOUNT MEMBER REFERENCE GROUPS [Item 9]**

**Declarations of interest:** None.



**Witnesses:**

Bob Gardner, Quality Account Member Reference Group – Epsom & St Helier Trust, East Surrey Hospital and SECamb  
 Peter Hickman, Quality Account Member Reference Group – Epsom & St Helier Trust  
 Helena Windsor, Quality Account Member Reference Group – East Surrey Hospital  
 Bill Barker, Quality Account Member Reference Group – Royal Surrey Hospital  
 Pauline Searle, Quality Account Member Reference Group – Royal Surrey Hospital  
 Tina Mountain, Quality Account Member Reference Group – Frimley Park Hospital  
 Rachel Turner, Quality Account Member Reference Group – Frimley Park Hospital  
 Tim Evans, Quality Account Member Reference Group – Ashford & St Peters Trust Hospital  
 Tim Hall, Quality Account Member Reference Group – Surrey & Borders Partnership  
 Jane Shipp, Healthwatch

**Key points raised during the discussion:**

1. The Epsom & St Helier Member Reference Group (MRG) informed the Committee that the Trust had seven priorities and progress was being made with all, though not all targets were being met. Meticillin-resistant staphylococcus aureus (MRSA) targets were being met while clostridium difficile infection (CDI) was low. The Members felt that the priorities were sensible, and though they were provided with a lot of information it was well set out.
2. The SECamb MRG felt disappointed with the lack of notice of meetings and stated that the report was in a confusing format. SECamb appeared to be failing to meet targets, meeting only one of five, though they were making progress. There was concern that SECamb were not sufficiently engaged.
3. Members of the East Surrey Hospital MRG felt positive about their meeting and had been provided with a booklet of the hospitals Quality Account. They informed the Committee that there was a focus on patient experience and the information provided was clearly laid out. The MRG reported that the hospital were meeting targets, such as 96% of A&E patients were seen within four hours, though progress was still to be made with regards to the stroke pathway. They had been informed that the hospital planned to ring fence stroke beds and were working with the CCG. MRSA and CDI targets were being met and progress was being made with regards to patient nutrition. The MRG were however disappointed to hear of a norovirus outbreak at the hospital through local media and were looking to discuss how to share information in the future.
4. The Royal Surrey MRG reported that there appeared to be a lot of action taking place at the hospital to improve standards. Work still

needed to be done regarding infections due to catheters and cleanliness of toilets outside of wards. The hospital had nine priorities and had the lead officer present at workshops to discuss progress, with the next workshop planned to take place in February. The Members had been accompanied by Healthwatch at the meetings and were in the process of organising a walk around the hospital with a member of staff.

5. The Frimley Park MRG were deeply disappointed with the reception they had received, with their meeting taking place within a corridor and were provided no information except for that which they had specifically asked for. They informed the Committee that the hospital had not met its A&E target in the last month, though the hospital had one of the longest A&E consultant cover in the country, between 8am and midnight during the week and 8am to 10pm at weekends. Furthermore the hospital would be fined due to CDI outbreaks, though the hospital felt this was due to waiting rooms not being large enough and patients speaking ten different languages. However, the hospital was performing well with regards to stroke pathways with 16 rehabilitation beds, and two stroke consultants with a third being recruited.
6. The Ashford & St Peters MRG had been accompanied by Healthwatch to a workshop in October and felt it had been a positive meeting. The Committee were informed that the Ashford & St Peters Quality Account meeting was one of the best in Surrey and a model to be used by others as there was a full compliment of officers present to answer questions. The Trust did not however have A&E as one of its targets and felt that being split over two sites presented a different set of problems than experienced by other providers.
7. The Surrey & Borders Partnership MRG and felt that they required more guidance on how to proceed with the meetings and had also experienced problems of information coming out in the media before being informed. The Chairman and Healthwatch agreed to attend the next meeting to ensure the right information was being provided to Members.

**Recommendations:**

- a) The Committee requests providers invite Healthwatch to attend future meetings to discuss Quality Accounts.
- b) The Committee thanked the providers for their assistance, though requested that Members continue to be invited to future meetings to discuss Quality Accounts.

**Actions/further information to be provided:**

Officers to discuss with providers the requirements and suggested format of MRG meetings.

**Committee next steps:**

Members to report on the progress of providers at a future meeting.

**49/13 RECOMMENDATION TRACKER AND FORWARD WORK PROGRAMME  
[Item 10]**

**Declarations of interest:** None.

**Witnesses:** None.

**Key points raised during the discussion:**

1. The Committee noted its recommendations tracker and forward work programme.
2. The Scrutiny Officer informed the Committee that during the meeting the following items had been added to the forward work programme; an update from Healthwatch on its strategy, an update from the Health & Wellbeing Board in May 2014 and an update from the Joint Commissioning Partnership Board in spring 2014.
3. The Committee noted that concerns regarding primary care in Surrey could be considered during the Local Area Team update in January 2014.
4. Members requested an item be scheduled that would look at the future of Epsom Hospital and its A&E since the Surrey Downs CCG vote against the BSBV proposals.

**Recommendations:** None.

**Actions/further information to be provided:** None.

**Committee next steps:** None.

**50/13 DATE OF NEXT MEETING [Item 11]**

The Committee noted that its next meeting would be on 9 January 2014 at 10am.

Meeting ended at: 1.25 pm

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**Chairman**

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