Minutes of the Meeting of the HEALTH LIAISON PANEL held on 23 November 2015

PRESENT -

Councillor Liz Frost (Chairman); Councillor Tony Axelrod (as nominated substitute for Councillor Councillor Guy Robbins), Councillor Richard Baker, Councillor Jane Race, Councillor Humphrey Reynolds, Councillor Peter Webb and Councillor Tella Wormington (as nominated substitute for Councillor Councillor Jean Steer)

In Attendance: Councillor Dr. Lynne Hack (Reigate and Banstead Borough Council), James Blythe (Director of Commissioning, Surrey Downs Clinical Commissioning Group), Daniel Elkeles (Chief Executive, Epsom and St. Helier University Hospitals NHS Trust), Dr. Hilary Floyd (General Practitioner and GP Lead, GP Health Partners Ltd), Thirza Sawtell (Programme Director, Epsom Health and Care) and Rachel O'Reilly (Corporate Head of Service, Mole Valley District Council)

Absent: Councillor Guy Robbins and Councillor Jean Steer

Officers present: Margaret Jones (Scrutiny Officer) and Fiona Cotter (Democratic Services Manager)

9 MINUTES OF PREVIOUS MEETING

The Minutes of the Meeting of the Health Liaison Panel held on 14 September 2015 were agreed as a true record and signed by the Chairman subject to noting an amendment for the purposes of clarification as follows (Minute 7 – CCGs Financial Position, paragraph 2 refers):

"The seriousness of the situation had been the subject of scrutiny by NHS England. ~~and~~ The CCG was currently under directions designed to support ~~the CCG with in~~ its financial recovery plan to achieve a financial balance in 2016/17"

10 DECLARATIONS OF INTEREST

Councillor Liz Frost wished it to be recorded that her current employment within NHS England could be said to give rise to a disclosable pecuniary interest under the Council's Local Code of Conduct for Members. The Council's Standards Committee under the previous administration did not consider that, in most circumstances, this would damage the public's confidence in the conduct of the authority's business and, for the avoidance of doubt, she had been granted a dispensation by the Standards Committee to speak and vote on matters related to health. Councillor Frost indicated that she had asked for the Standards

Committee to be convened on 1 December 2015 to consider the granting of a similar dispensation for 2015-2019.

11 SURREY STROKE SERVICES REVIEW

Mr. James Blythe, Director of Commissioning, Surrey Downs Clinical Commissioning Group spoke to the Panel regarding the current review of Surrey Stroke Services, supported by presentational slides.

The Panel was informed that the review had been running for 18 months now and did not only involve commissioners of NHS services and national experts in stroke care but everyone involved in the provision of care for stroke patients, including patients themselves, their families and carers. It was clear that care for stroke patients crossed social and health care boundaries and had a significant impact on both patients and services.

Acute services were currently located at St. Peter's Hospital, Frimley Park Hospital, Royal Surrey County Hospital, East Surrey Hospital and Epsom Hospital. Community care was provided at six locations throughout the County, one of these being the New Epsom and Ewell Cottage Hospital.

Strokes affected a significant number of people in Surrey each year but outcomes could be better. The stroke mortality rate for Surrey Trusts was 16.5% in 2014/15 compared to 12% in London or the national average (14.2%). Whilst the CCG worked very closely with hospitals and partners and the situation had improved since 2010/11, in other parts of the UK, changes in stroke services had helped people live longer and reduced disability. In particular, London Trusts had reviewed the organisation of services and consolidated hyper acute services into a small number of units for the first 72 hours after a stroke prior to moving a patient to an acute unit.

The Panel was informed about what people had told the CCG currently worked well and what could be made even better in terms of service provision. In particular, it was noted that patients had identified the availability of services at the weekend and at night as an area for improvement. Currently only Frimley Park offered a full range of services at these times which was indicative of the fact that specialist care was very spread out at the moment.

The Panel was further informed of the headline results from the public survey which, amongst other matters, indicated that the majority of respondents (78%) would be prepared to travel for up to 30 – 45 minutes if that meant being in a hospital with the most experienced doctors and nurses. This might be considered a surprising result but reflected the strength of evidence regarding the benefit of specialist care.

Based on the latest clinical evidence and the number of strokes in Surrey, the review had concluded that, across the county, there was a need for three Hyper Acute Stroke Units (HASUs) to provide specialist care for stroke patients. An expert panel had concluded that based on travel times and geography, the best locations for these units would be in Frimley, Chertsey or Guildford and Redhill.

The East Surrey Hospital was being suggested because of its relative accessibility and the fact that it took admissions from the neighbouring County of Sussex. For it not to provide such services could have an impact on Sussex residents but it was recognised that not locating such services there would free up capacity at the hospital in other areas to the general benefit of all patients. It was too early to say that no stroke services would be provided at Epsom Hospital. Whilst evidence suggested that the HASU might be sited at East Surrey Hospital, it could well be the optimum model to site an acute unit at Epsom.

The CCG was currently working on a service specification setting out the improved performance it would wish to see (i.e. reduced mortality and improved Sentinel Stroke National Audit Programme ratings to – the 'A' standard within two years) and was asking acute trusts and community providers in Surrey to work together to look at how care could be provided with a three HASU model. Providers were being asked to come back with this model by March 2016 prior to public consultation.

The Panel was assured that the review was not driven by financial considerations/pressures but a desire to achieve better outcomes by investing in and consolidating the workforce to strengthen expertise and provide 24/7 care.

12 EPSOM HEALTH AND CARE STRATEGIC BOARD

Thirza Sawtell, Programme Director, and Dr Hilary Floyd, General Practitioner, spoke to a comprehensive paper circulated to Members of the Panel regarding the work of the Epsom Health and Care Board with specific reference to the Epsom Community Assessment and Diagnostics Unit (CADU).

Epsom Health and Care was a strategic/delivery programme within the Epsom locality of Surrey Downs CCG initially aimed at the over 65s. Whilst the needs of patients registered with the twenty General Practices that made up the Epsom locality crossed many of the partners' organisational boundaries, these were defined by General Practice being the central component of people's care coordination and the community's use of Epsom General Hospital, in particular in relation to urgent and emergency care. The programme was based on the belief that:

- Care was better if provided around the needs of the individual;
- Care needed to be co-ordinated; and
- The system should work to support what people wanted by commissioning together outcomes, working together for those outcomes and sharing information.

The Epsom Community Assessment and Diagnostics Unit (CADU) was a new GP and clinical led initiative commissioned by the CCG and NHS England through use of the Prime Minister's Challenge Fund. It aimed to integrate health and social care and to provide the over 65s in Epsom with rapid, on-the-day

access to diagnostics, assessments, and community care in a single location. The Unit had only been up and running for a couple of weeks. Referrals to the Unit had so far been largely via GPs – complex cases which might usually end up in A & E – with a view to the patient going home with a package of care on the same day. It seemed to be going well. This was endorsed by the Chief Executive of the Epsom and St. Helier University Hospitals NHS Trust, Mr. Elkeles, who confirmed that referrals to the Unit had prevented 10 -15 emergency admissions in the last two weeks and welcomed this collaboration.

Sharing of information was a powerful tool in the work of the Unit. All clinicians on the CADU (with patient consent) would have visibility of a patient's GP clinical record held by their practice and would use the same clinical system to develop an Integrated Care Record which would be shared with all partner organisations and sit alongside the GP's clinical record in the practice. To facilitate this, a data sharing agreement had been agreed between all main providers. Work was currently being undertaken to integrate health and social care systems to facilitate access to relevant records.

The CADU was staffed by GPs, nurses from ESTH, therapists from CSH Surrey, social care and re-enablement managers from Surrey County Council and staff from the Red Cross with support from Districts and Boroughs. Some of the GPs employed to work at the Unit also worked in a General Practice in the locality and a couple of GPs had expressed an interest in specialising in the work of the Unit. However, responsibility for a patient still lay with the referring GP.

The Unit was currently funded for 18 months. City University had been commissioned to undertake a formal evaluation of the success of the Unit after 3 and 6 months. It was recognised that the health/social care needs of the population were growing/changing/diverse but it was hoped that, if successful, the initiative would be able to grow with demand in conjunction with the community medical teams.

13 EPSOM AND ST. HELIER UNIVERSITY HOSPITALS NHS TRUST

Mr. Daniel Elkeles, Chief Executive, Epsom and St. Helier University Hospitals Trust, provided an update to the Panel on the Trust's latest performance and financial position.

In terms of delivering safe and effective care, Mr. Elkeles highlighted that the Trust had reported half the number (2) of trust assigned MRSA bacteraemias as at the 30 September 2015 compared to the same period last year and significantly fewer cases of C.difficile (15). The Friends and Family Test scores remained high. More staff were now completing the test and the percentage of staff who would recommend the Trust's hospitals as a place of work and as a place to receive treatment continued to improve over last year. 63.2% of staff considered the Trust a good place to work and this was considered a good score in the context of the challenging times facing the organisation. The Trust was still delivering on its A&E target waiting times (% patients spending less than 4 hours in A&E) at 96.0% against the 95% standard although this had proved challenging over the last couple of weeks with an outbreak of a virus affecting

children. It also seemed likely that for October, thanks to a huge team effort, the Trust would meet the 62 day cancer standard.

Regarding the Trust's financial position, this was very challenging and a significantly bigger deficit was forecast than that previously reported. The Trust was looking at a deficit of somewhere between £20m - £25m. The reason for the increase in the deficit was complex but was not unusual - all Trusts were facing deficits. However, the Trust remained committed to patient care and there was good news on staffing. The medical vacancy rate had been halved and 47 doctors had been recruited since March 2015. This investment in staff had led to an increased interest in wanting to work for the Trust. The nursing agency spend rate was currently 10.2% and it was anticipated that the Trust should hit its target of 7% by year end. The majority of agency staff were employed via Government approved frameworks. In terms of consistency of care, this was improving. Consultants were on site at weekends and, in terms of consistency of care, whilst supporting the retention of a stroke unit at Epsom Hospital, the Trust welcomed the work on the Stroke Review as there was not the workforce to staff this service 24/7.

Mr. Elkeles' report also highlighted that the Trust had a £18m capital programme to improve the patient environment, including £500k being spent on wards and clinical areas, with 25 painters, handymen and carpenters. This included the provision of new signs and the submission of planning permission for improvements to the Wells Wing. The estates review had been launched in June 2015 and since that time, the Trust had attended more than 20 public meetings, organised two open days (one on each main hospital site) placed press adverts, used social media and the trust website to publicise this engagement period. On 9 October it had been agreed by the Trust Board to extend the period of public engagement to the end of December 2015 and to report back in early 2016. It was recognised that the Trust's estate needed considerable investment and the Trust was working hard to make a business case to secure funding and was looking at options in the context of its partnership with SW London and Surrey Downs CCGs.

Parking at both the St. Helier and Epsom sites remained a perennial problem. The Trust did not have sufficient finances to build a multi-storey car park at the Epsom site and if this was contracted out, it was likely that parking charges for visitors would be significantly higher. Parking charges had been increased to try and encourage visitors to use public transport but this had not happened. A further increase in charges was not anticipated at this time. A further 80 spaces would be freed up for visitor parking following agreement with the Council for staff parking in Hook Road. Whilst a park and ride scheme was in operation for St. Helier and Sutton Hospitals, this was not feasible in the case of Epsom Hospital and the Trust would provide a shuttle bus service from the town to the Epsom hospital site.

Other developments included the launch of Epsom Community Assessment and Diagnostics Unit (CADU) on 9 November and the holding of the inaugural Patient First Conference, Annual Public Meeting, Long Service and Staff Recognition Awards, all on the same day last month. The Trust was also one of the top

performing Trusts in terms of its staff flu vaccination programme. The recent CQC inspection broadly went well and its report was awaited.

The meeting began at 7.32 pm and ended at 9.05 pm

COUNCILLOR LIZ FROST (CHAIRMAN)