MINUTES OF A MEETING OF THE HEALTH/NHS OVERVIEW AND SCRUTINY COMMITTEE HELD ON 6 JULY 2011 AT 10 AM AT COUNTY HALL, CHELMSFORD

County Councillors:

*	G Butland (Chairman)		R Gooding
*	Mrs J M Reeves (Vice-Chairman)	*	Mrs S Hillier
*	Mrs M A Miller (Vice-Chairman)	*	E Johnson
*	J Baugh	*	J Knapman
*	R Boyce		L Mead
*	M Fisher		C Riley

District Councillors:

*	Councillor N Offen	-	Colchester Borough Council

(* present)

Cabinet Member Ann Naylor, and John Carr from Essex and Southend LINk were also in attendance.

The following officers were present in support throughout the meeting:

Graham Hughes	-	Committee Officer
Colin Ismay	-	Head of Scrutiny

46. Apologies and Substitution Notices

Apologies for absence had been received from County Councillors R Gooding and E Johnson.

47. Changes to Committee Membership

It was **Noted** that Brentwood and Rochford district councils had been asked for nominations for co-opted members of the Committee.

48. Declarations of Interest

The following standing declarations of interest were recorded:

Councillor John Baugh	Director Friends of Community Hospital Trust
Councillor Graham Butland	Personal interest as Chief Executive of the East Anglia Children's Hospice. Personal interest due to being in receipt of an NHS Pension.
Councillor Sandra Hillier	Personal interest as member of Basildon and Thurrock Hospital Trust
District Councillor Nigel Offen	Personal interest due to being in receipt of an NHS Pension

Whilst not a member of the Committee John Carr declared an interest being a member of the Transformation Board for West Essex.

49. Minutes

(i) The minutes of the meeting of the Health Overview and Scrutiny Committee held on 21 April 2011 were approved as a correct record and signed by the Chairman.

(ii) Matter Arising – Minute 42: further information on health service provision in the Witham area had been received from NHS Mid Essex and was **noted**. It was **agreed** that the response should be copied to the Member of Parliament for Witham, Divisional County Councillors for the area and Witham Town Council for information and, as a result of the information received, if there were any other relevant issues still remaining.

(iii) Matter Arising – Minute 41(a)(i) – The scrutiny report was to be distributed to intended recipients in the near future, including GPs. It was noted that representations could still be made to the Essex Dementia Strategy.

50. Questions from the Public

There were no questions from the public.

51. Care Quality Commission Review of Stroke Services

The Committee received a report (HOSC/24/11) comprising a review of stroke services by the Care Quality Commission (CQC) published in January 2011, a progress report and work plan received from NHS South East Essex (SEE), on behalf of the south cluster of Primary Care Trusts (PCT), and correspondence between them and the Cabinet Member for Adults, Health and Community Wellbeing, and correspondence received from the Essex Cardiac and Stroke Network on behalf of the north cluster of PCTs.

Sallie Mills Lewis, Director of Delivery and Deputy Chief Executive for the north Essex cluster of PCTs, Jackie King, Interim Director of the Essex Cardiac and Stroke Network (for north cluster), and Tom Abell, Director of Commissioning, NHS South West Essex and NHS South East Essex, joined the meeting to give further oral evidence to supplement the report and answer questions.

(a) <u>The CQC Report</u>

The CQC report had found that the levels of post stroke support varied significantly across England and that services in some areas had significant room for improvement. In particular, access to specialist stroke units, thrombolysis, early supported discharge, which provided more rehabilitation at home rather than in hospital, and vocational rehabilitation, together with access to peer support, were all areas generally identified for improvement.

The CQC report had also suggested that whilst policies were generally in place to involve social services in planning transfers home, there were many further opportunities to improve integration of health and social care services. The local stroke networks that covered all parts of England had an important role in developing local stroke pathways and supporting the implementation of the national Stroke Strategy. The CQC had been concerned that some adult social services departments had little, if any involvement with these networks. They had also suggested that there were opportunities to involve other organisations in the development of more comprehensive local care pathways.

The East of England had scored poorly as a whole in the CQC review of stroke services. NHS North East Essex (NEE), NHS West Essex (WE) and NHS South East Essex (SEE) had been rated as 'Least Performing Well' with NHS Mid Essex scoring as Fair and NHS South West Essex (SWE) scoring as 'Better Performing'. The PCT clusters had been invited to outline their responses to the review.

(b) Focus on post stroke care

It was acknowledged that the previous focus within the Essex-based PCTs had been on developing a fit for purpose 24 hour emergency care pathway for strokes. As a consequence, there had been less focus on post stroke care and rehabilitation and the PCTs had been working on redressing this imbalance. Generally, it was felt that early investment in better reablement was cost effective as it could reduce the demand for more costly patient care pathways (such as residential care homes) in future. There was also concern that the data published by the CQC had been rather dated and related to quarter one in 2010 and that the situation on many issues raised in the CQC report had changed since then.

As SWE had performed relatively well, SEE were looking to apply lessons learnt from SWE particularly in relation to improving early supported discharge and patient reviews. Improvements in services would likely be seen from October onwards once changes had been implemented. Southend Hospital also was now providing a community-based stroke consultant.

(c) Clinical champions and key workers

Members emphasised the importance of clinical champions and key workers. In NHS Mid Essex there were now four care for the elderly consultants (two stroke Physicians including one lead stroke physician and two with a special interest in strokes) as opposed to only one in 2007. Discussions were ongoing with patients, carers and Adult Social Care to improve further the effectiveness of key workers and clinical groups. It was acknowledged that a key worker could change sometimes at the time of discharge from hospital but this often reflected the need to assign the most appropriate key worker to a patient. Members stressed the importance of having just one key worker assigned to a patient wherever possible.

(d) Best practice

The Essex-wide Cardiac Stroke Network shared best practice which linked into national work and campaigns, some of which was as a result of work undertaken in Essex. It was acknowledged that the development of community stroke teams had been implemented earlier in some areas leading to more advanced and effective services. This learning experience now needed to be shared with those less advanced areas.

(e) Resources

Members questioned the adequacy of resources for investing in future stroke care and the costs and timelines for early supported discharge. Stroke care was acknowledged as an area which needed further investment to ensure better outcomes and, in the long term, had huge economic benefit (such as a reduction in residential home costs). However, it could take time to recruit, remodel and embed new care pathways for early supported discharge. In the meantime a more generic community-based service would continue to be provided.

Members questioned the sustainability of funding for post stroke services citing an example of a support group having funding withdrawn by a PCT and then it only being reinstated on an interim basis until alternative funding could be found. It was stressed that there was significant investment in, and support being given to, stroke services in Essex and further investment in stroke rehabilitation would be made. It was hoped that some savings generated from the PCT's QIPP process could be redirected into stroke care.

It was confirmed that there was already a designated stroke care ward at Broomfield Hospital.

(f) Working in partnership

The Essex Cardiac Network had conducted its own review of stroke services subsequent to the publication of the CQC report and was implementing local actions to improve post stroke care. There was considerable joint working between Health and Adult Social Care to develop improved rehabilitation pathways, policies and improved re-ablement services. The south Cluster was also engaged with both Southend and Thurrock unitaries and had their agreement to its action plan. It was highlighted that in SWE the Stroke Association was fully integrated into the community stroke team.

The Cabinet Member confirmed that Essex County Council had been working at improving joined up services with the Director of Public Health, Adult Social Care and Health and was keen to involve the third sector.

(g) Public awareness

The importance of identifying the early signs of stroke was stressed as there were improved treatments which could significantly reduce the chances of a more serious attack.

An extensive television campaign warning of the early signs of a stroke had been successful in that it had raised awareness and resulted in an increased number of genuine calls to the East of England Ambulance service. The adverts would continue to be aired periodically.

The CQC report had quoted a recent survey that had found that over half of people wanted more information about strokes. It was acknowledged that a patient and carer information handbook was most effective if it was available in a community rather than acute setting. In Mid Essex improvements were being made to the stroke information that was available on the PCT and third party web sites (such as the Stroke Association and Essex County Council).

The LINk representative suggested that a further page providing contact details for stroke services could be added to the LINk patient information booklet and this was **agreed**.

Members suggested that screenings could also be given for the onset of dementia and other conditions although it was acknowledged that diagnostic pathways were generally good with the vascular consequences of strokes well known.

Whilst there was a small incidence of strokes in children they generally related to those with sickle cell.

(h) Monitoring and progress

Members particularly questioned progress made in south and west Essex. It was stressed that an improved 24/7 thrombolysis treatment service was now available at Princess Alexandra Hospital (PAH). PAH had a robust five day Transient ischemic attack (TIA) service (for those with early stroke like symptoms) and were undertaking joint working with Southend Hospital to provide a seven day a week TIA service. Various actions in their respective plans were scheduled either for completion or commencement in October 2011 and improvements should be seen after that date. However, it was acknowledged that a further review and updating of the SEE work plan was needed.

Tough targets had been set in many clinical areas associated with stroke care by the Department of Health which would be closely monitored. There were a number of accelerated stroke indicators (early supported discharge and early reviews being two of them) which had to be reported to the Stroke Network, Strategic Health Authority and PCT Boards on a regular basis.

(i) Conclusion

It was **agreed** that:

(i) the witnesses be invited to give a further update to the Committee in six months time to include a social care update from Chris West, Senior Commissioning and Planning Manager.
(ii) An invitation should also be extended to the Stroke Association; and
(iii) a written update on the SEE workplan be provided in the interim.

52. General update

The Committee received a report (HOSC/25/11) from Graham Redgwell, Governance Officer, advising on local health issues arising since the last meeting and these were **noted**. Members expressed concern that the Quality Accounts produced by Health organisations did not adequately replace a close regulatory inspection. Furthermore, it was felt that there were significant concerns with the structure and processes of the current regulatory regime.

53. Regional Health Chairs Forum

The Committee received a report (HOSC/26/11) from Graham Redgwell, Governance Officer, advising on issues discussed at the last Regional Health Chairs Forum held in June and this was **noted.**

54. Health for North East London (H4NEL)

The Committee received a report (HOSC/27/11) from Graham Redgwell, Governance Officer, updating on the proposals for reorganisation put forward by H4NEL and this was **noted**. As the proposals had not been accepted by all the authorities in the area they had been referred to the Independent Reconfiguration Panel which had held a local enquiry. County Councillors J Knapman and C Pond had attended and made strong representations on improvements required at Queen's Hospital in Romford, and the need for upgraded transport links. Representatives from LINk had also attended.

55. Date and Time of Next Meeting

It was confirmed that the next scheduled meeting of the Committee would be held on Wednesday 14 September 2011, at 10.00 am in Committee Room 1 (please note this is the second Wednesday of the month rather than the usual first Wednesday).

Meeting closed at 11.09 a.m.

Chairman
14 September 2011