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East of England Joint Health Scrutiny Committee

Agenda for the meeting of the East of England Joint Health Scrutiny Committee to be held at the Offices of the East of England Strategic Health Authority, Fleming Room, Victoria House, Capital Park, Fulbourn, Cambridge CB21 5XB on Wednesday 9th July 2008 starting at 11.00am. (Please note that coffee will be available from 10.30am). Lunch will be provided for members of the Committee and supporting officers.

Members and officers attending the meeting should note that there is reasonable car parking at Fulbourn.

1. Introductions

2. Apologies, Substitutions and Changes of Membership

3. Minutes

a) Note of the informal evidence gathering session of the Joint Committee held on 23rd June 2008

b) Minutes of the meeting of the Joint Committee held on 26th June 2008 (attached).

**4. Declarations - Personal and Prejudicial
- Whip**

5. Communications

6. Chairman's Announcements

Members should note that there will need to be a further meeting to sign off the Committee's response to the East of England Strategic Health Authority.

7. *"Towards the Best Together – A Clinical Vision for our NHS, now and for the next decade"* - A Strategic Vision for the NHS in the East of England

A) Morning Session 11.00am until 1.00pm

a) Presentation by the Chairman of the Acute Care panel

b) Questions and Discussion

c) Issues and further information

B) Afternoon Session 1.45pm until 3.45pm

a) Presentation by the Medical Director and other senior staff in respect of the strategy overall, finance & workforce issues

b) Questions and Discussion

c) Issues and further information

8. Next Steps

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East of England Joint Health Overview & Scrutiny Committee

Minutes of the meeting of the East of England Joint Health Overview & Scrutiny Committee held on 23 June 2008 at the NHS Innovation Centre, Cambridge on 23 June 2008.

NOTE: This meeting was inquorate and the members present decided to hold an informal evidence gathering session.

Present: Councillors, Stephen Male (Bedfordshire CC) Chairman, Susan Barker (Essex CC) (part of meeting), Alan Crystall (Southend BC), Janice Eells (Norfolk CC), Nick Hollinghurst (Hertfordshire CC – representing the East of England Assembly) (part of meeting), Bernard Lloyd (Hertfordshire CC) (part of meeting),

Also Present: – Fiona Abbott (Southend BC), Jane Belman (Cambridgeshire CC), Paul Charlton (Suffolk CC), Katherine Tollett-Cooper (East of England Regional Assembly), Simon Wood, Heather Ballard, Martin Creswell and Ed Garratt, (East of England Strategic Health Authority) together with Diane Newman, (Peterborough ME/CFS), Dawn Whittaker Suffolk, (Beccles ME group), Barbara Robinson (Long Term Conditions group for Suffolk and ME support Group), Jane Massey (Cambridgeshire ME Group), Dr. Steve Laitner (Chairman of the Long Term Condition Panel) and Dee Traue Palliative Consultant at Addenbrookes Hospital and Chairman of the End of Life Care Panel.

1. Apologies: Councillor Lister Wilson (Cambridgeshire CC), Councillor Peter Downes (Cambridgeshire CC), Councillor David Taylor (Luton Borough Council), Councillor Brian Rush (Peterborough City Council), Councillor David Cullen (Hertfordshire County Council).

2. Declarations

Councillor Lesley Salter declared that her husband is a consultant surgeon and clinical director of Southend Hospital and that her daughter practiced as a GP.

Councillor Susan Barker declared that her husband was a GP and that she was the Chair of the Regional housing Panel.

Councillor Nick Hollinghurst declared that he and his wife were landlords of a property in Dunstable, Bedfordshire, which was used by a GP practice as a surgery.

Councillor John Titmuss declared that he was a landlord for five NHS premises.

Councillor Bernard Lloyd declared that his wife was a member of the Hertfordshire Partnership NHS Trust.

3. Long Term Conditions

3.1 The Committee heard from Dr Lassiter, Chairman of the Long Term Conditions Panel. He made a Powerpoint presentation and the Committee was furnished with a copy of the Panel's report. He introduced the key proposals in the strategy in respect of Long Term conditions. They were:

- a) Remember that people with Long Term Conditions are people first – “a person with diabetes” – and not “a diabetic”.
- b) Ensure personal Health Plans for everyone with a long term condition

- c) Extent expert patient programmes
- d) Improve timely access to specialist advice and diagnostics in primary care
- e) Guarantee access to cardiac and pulmonary rehabilitation
- f) Ensure comprehensive disease registers are in place for long term conditions
- g) Increase the emphasis on self care and pilot patient held budgets
- h) Agree and measure a new set of patient outcome and patient experience indicators
- i) Ensure all relevant staff have received training on delivering a self care approach.

3.2 The members present questioned Dr Lassiter and the officers of the Strategic Health Authority on the proposals. Members of the public present also made contributions to the debate giving their experience of the treatment they received for ME/CFS. The members concluded that there were a number of issues that would need to be included in the draft of the final report and these are set out below.

3.3 While being broadly supportive of the proposals in respect of Long-Term Conditions the East of England Joint Health Overview & Scrutiny Committee be advised to recommend that:

1. The East of England Strategic Health Authority and each PCT in the East of England needs to establish a baseline of the numbers of patients with each long-term condition, together with data about categorisation or intensity of condition where that is relevant and pertinent to the treatment and care of the patient with the condition.
2. The East of England Strategic Health Authority and each PCT in the East of England needs to establish the service gaps in the volume, nature and range of services it offers in respect of each condition, identifying where the intensity of patients' conditions cannot be treated or where they cannot receive care locally.
3. The East of England Strategic Health Authority the East of England PCTs and the East of England adult social services authorities should set in place appropriate mechanisms for ensuring that patients receive integrated, seamless health and social care which is sufficiently flexible to cope with variations or deterioration in an individual patient's condition.
4. Concerns have been raised with the Committee that some GPs and some PCTs do not recognise the incidence or nature of some conditions (eg. ME) and as such the East of England Strategic Health Authority and its NHS partners should satisfy themselves that that the proposals set under the Long Term Condition section of the strategy will meet the concerns expressed.
5. The East of England Strategic Health Authority press the Government to establish a National Service Framework for ME.
6. The East of England Strategic Health Authority and its workforce partners take steps to improve the understanding of and diagnostic skills in respect of some long-term conditions by GPs, nurse practitioners and other health professionals and to reflect that better understanding in the treatment and care offered to patients with those conditions.
7. The East of England Strategic Health Authority and PCTs in the East of England do more work on separating out the risk factors and the long-term conditions per se and focuses attention on the prevention of the former and the treatment and care of the latter.

8. The East of England Strategic Health Authority and PCTs in the East of England continue to develop processes and strategies for patients to take early responsibility for their own health, for “showing” symptoms early and for their adoption of self-management programmes, including the wider roll-out of the expert patient programmes.
9. The East of England Strategic Health Authority and East of England PCTs identify how many long-term conditions do not have a locally accessible consultant.
10. The East of England Strategic Health Authority and East of England PCTs identify the number and distribution in each locality of consultants in each long-term condition.
11. The East of England Strategic Health Authority and each East of England PCT develop a range of local service information sources in respect of service availability and the availability of patient support services for long-term conditions.
12. The East of England Strategic Health Authority and East of England PCTs focus their attention on implementation and service delivery issues once the strategy has been adopted.

4. End of Life Care

4.1 The Committee heard from and Dr Dee Traue, Palliative Consultant at Addenbrookes Hospital and Chairman of the End of Life Care Panel. She made a Powerpoint presentation and the Committee was furnished with a copy of the Panel’s report. She introduced the key proposals in the strategy in respect of End of Life Care. They were:

- a) Deliver world class standards in choice of place of death.
- b) Set and monitor core best practice standards for all end of life providers.
- c) Create and extent support services for all families and carers, including bereavement support
- d) Ensure needs assessments and advance care planning for all identified as being in their last year of life.
- e) Guarantee better access to supportive and palliative care services, particularly out-of-hours
- f) Work with the public and partners to raise awareness of end of life issues
- g) Establish a Palliative and End of Life Care Board and create managed Palliative and End of Life Care networks.

4.2 The members present questioned Dr Dee Traue and the officers of the Strategic Health Authority on the proposals. The members concluded that there were a number of issues that would need to be included in the draft of the final report and these are set out below.

4.3 While endorsing the Vision and wishing the East of England NHS well in realising its vision in respect of End of Life Care the East of England Joint Health Overview & Scrutiny Committee be advised to recommend that:

1. The East of England Strategic Health Authority and East of England PCTs undertake a gap analysis in respect of areas where the end of life services fall short of the standards set out in the model for end of life care included in the strategy.

2. The East of England Strategic Health Authority and East of England PCTs to address the issue of attitudes towards death and dying through promoting public debate and in personal dealings with dying patients, their carers and relatives
3. In respect of the issue of funding for end of life services the Committee commends the ambition set out in the strategy but is concerned that while there will be savings from a reduction in inappropriate hospital admissions of dying people, there will be increased costs for the concomitant community services. The Committee notes that there will be a need for 24/7 services to be developed and that with the policy shift this will place additional financial pressures on local PCTs. The Committee recognises that there has been additional funding for PCTs but is not yet convinced that there is sufficient transparency in the funding model, nor is the committee yet confident that appropriate transitional funding can be put in place to meet the costs of the new model, especially in the context of PCTs needing to recycle funding savings from reducing inappropriate admissions in the development of the community services.
4. The East of England Strategic Health Authority and East of England PCTs and East of England Local Authorities and the Care Homes they commission from to deliver the choice agenda for dying patients to ensure that people are able to die in homely settings, where that is their choice and in do so ensure that at all times there is dignity in death.
5. The East of England Strategic Health Authority and its workforce training partners develop the skill base of GPs, nurse practitioners and associated professions.
6. The East of England Strategic Health Authority East of England PCTs and East of England Social services authorities ensure that there are appropriate joint commissioning arrangements, and that the funding mechanisms are aligned to deliver such arrangements.
7. The East of England Strategic Health Authority and East of England PCTs ensure that 24/7 services, including access to out-of-hours drugs services, are made available to secure the ambitions of the strategy.
8. The East of England Strategic Health Authority and East of England PCTs give further consideration to the balance between institutional hospice services and hospice at home services and in doing so ensure and secure the funding of this, and associated, voluntary services.
9. The East of England Strategic Health Authority and East of England PCTs in collaboration with national bodies and partners in other regions develop a suite of success measures and desired outcomes which can be developed in mechanisms that demonstrate measurable improvements in services.
5. Those members present agree to convene in full Committee on 26 June 2008.

East of England Joint Health Overview & Scrutiny Committee

Minutes of the meeting of the East of England Joint Health Overview & Scrutiny Committee held on 26 June 2008 at the Headquarters of the East of England Strategic Health Authority Fulbourne, Cambridge

Present: Councillors, Stephen Male (Bedfordshire CC) Chairman, Ann Naylor (Essex CC) Alan Crystall (Southend BC), Janice Eells (Norfolk CC), Brian Rush (Peterborough City Council), Bernard Lloyd (Hertfordshire CC)

Also Present: – Fiona Abbott (Southend BC), Jane Belman (Cambridgeshire CC), Paul Charlton (Suffolk CC), Katharine Tollett-Cooper (East of England Regional Assembly), Simon Wood, Martin Creswell and Ed Garratt, (East of England Strategic Health Authority), Bert Siong (Luton Borough Council) Natalie Rotherham (Hertfordshire County Council) Nick Hollinghurst (Hertfordshire CC – representing the East of England Assembly).

1. Apologies: Councillor Lister Wilson (Cambridgeshire CC), Councillor Peter Downes (Cambridgeshire CC), Councillor David Taylor (Luton Borough Council), Councillor David Cullen (Hertfordshire County Council) Councillor Susan Barker (Essex County Council) Chris Upton (Chairman of the Children's Services Panel)

2. Declarations

Councillor Alan Crystall declared that he is a member of the Southend Hospital Foundation Trust.

Councillor Bernard Lloyd declared that his wife was a member of the Hertfordshire Partnership NHS Trust.

3. Communications

The Advisor reported that he had received information from Barbara Robinson in respect of the ME groups, which was circulated to the members who were present.

4. Chairman's Announcements

The Chairman explained that copies of the foils used by the presenters would be made available. He also made an announcement about lunch.

5. Children's Health

3.1 In the absence of the Chairman of the Children's Services Panel the Committee heard from two members of the Panel, Linda Sheridan, a consultant in Children's health and Jill Challoner, also a consultant in Children's Health. They introduced the key proposals in the strategy in respect of Children's Health. They were:

- a) Ensure children's services are truly designed for children, taking into account all their needs
- b) Implement the Child Health Promotion Programme for all
- c) Split non-urgent from urgent care by providing more of it in the community, rather than hospitals.

- d) Develop new Children's Assessment Units, and review whether every acute hospital needs an inpatient ward
- e) Create clinical networks for sub-speciality children's services, including surgery
- f) Strengthen Child and Adolescent Mental Health services
- g) Ensure the needs of adolescents are properly catered for and there is a seamless transition to adult services.
- h) Have common information systems, integrated care and co-located staff to deliver better services for children
- i) Create a region wide Children's Services Board to oversee the development of Children's services.

3.2 The members present questioned Linda Sheridan, and, towards the end of the session, Jill Challoner, and the officers of the Strategic Health Authority on the key proposals. The members concluded that there were a number of issues that would need to be included in the draft of the final report and these are set out below.

3.3 While endorsing the vision for Children's Services the Committee believed that there were a number of areas that required further consideration under three main themes. These are set out below

Needs Analysis

- a. That the East of England Strategic Health Authority undertakes further work in the form of gap analysis, and benchmarks services on a European, national, regional and local level.
- b. That the East of England PCTs undertake local benchmarking and comparative analysis based on the Audit Commission families of authorities.
- c. That the East of England Strategic Health Authority undertakes further work to focus policies and services on outcomes, rather than structures and processes.
- d. That the East of England Strategic Health Authority and the East of England PCTs should explicitly recognise that children have different medical and social care needs at different ages and that processes for the analysis and diagnosis of children's needs should reflect this view.

Commissioning

- e. That the East of England Strategic Health Authority and the East of England PCTs develop improved joint commissioning for Children's Services with Local Authorities in respect of both primary and secondary care. The NHS in the East of England should also work with both the Education and Children's social care services in undertaking that Joint Commissioning.
- f. That the East of England PCTs, while recognising that primary care commissioning involves clinicians at the level of the practice based commissioning groups and the PCTs, also involve secondary and tertiary clinicians in the commissioning of children's services as envisaged by the StHA in its strategy.
- g. That the East of England Strategic Health Authority undertakes work to evaluate and monitor the impact and success of the different models of integrated care, rolling out the more successful practices and models across the region.

h. That the East of England Strategic Health Authority and East of England PCTs develop a “Vision for the role of Health in Schools” within the context of relevant partnership arrangements.

Specific Needs

i. That the East of England Strategic Health Authority and the East of England PCTs in delivering the strategy should particularly focus on the needs of looked after children, ensuring that there is service integration across NHS, Children’s Services and Education Services.

j. That within the context of the range of services for children and young people the East of England Strategic Health Authority and the PCTs should secure greater focus on the health needs of children with learning disabilities and their access to NHS services.

k. That the East of England Strategic Health Authority and the PCTs accords end of life services for children sufficient weight and should take steps to ensure that the final strategy should address this issue in greater depth, with appropriate support services for children, their relatives and their siblings.

6. Adjournment

6.1 The Committee adjourned its evidence-taking until 3 July 2008

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