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. <u>Long Term Conditions</u>

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. **<u>End of Life Care</u>**

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.