Middlesbrough Council

Middlesbrough moving forward

**AGENDA ITEM:** 4

## HEALTH SCRUTINY PANEL

## 23 MARCH 2010

# ESTABLISHING THE HEALTH SCRUTINY PANEL WORK PROGRAMME FOR 2010/11

**INTRODUCTION**

1. At the start of each municipal year, the Health Scrutiny Panel is required to consider its work programme for the coming year. A well-researched and informed work programme assists in guiding the work of the Panel in a year and allows the local NHS to understand the sorts of themes that the Panel is interested in considering.

2. There are many sources of information for the Panel to consult, in considering the topics that it would like to explore in the coming year. In addition to support officer research, contact is made with all local NHS organisations, in addition to the Department of Social Care, to ask about the big issues facing the local health and social care economy.

3. Prevailing national policy and policy priorities direct the operation of the local NHS and as such, a significant area of Panel enquiry could be around how current policy priorities are being put into practice in the local area.

**NATIONAL CONTEXT**

4. In exercising the role of Health Scrutiny, it is useful for the Panel to understand what the key NHS policy documents of the day advocate. A crucial NHS document that provides a great deal of guidance for the local NHS is the NHS Operating Framework, which is produced annually[1]. The NHS Operating Framework 2010/11 articulates the NHS' priorities for the year ahead.

5. The 2010/11 Operating Framework, outlines that the five national priorities for the NHS are:

[1] http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_110107

5.1 Improving cleanliness and reducing healthcare associated infections (HCAIs)

5.2 Improving Access through achievement of the 18-week referral to treatment pledge, and improving access to GP services (including at evenings and weekends);

5.3 Keeping adults and children well, improving their health and reducing health inequalities;

5.4 Improving patient experience, and staff satisfaction and engagement;

5.5 Preparing to respond in a state of emergency, such as an outbreak of a new pandemic.

6. This provides some understanding for the Panel about where the focus of the local NHS, and particularly PCTs as local leaders of the NHS, is expected to be.

7. Perhaps one of the most interesting topics for the Panel to consider, which has had a very high public profile recently, is the notion of the local NHS delivering systemic preventative approaches to keep people well. Developing and delivering preventative services is a central theme of another significant document, published by the Department of Health in December 2009, called *NHS 2010-2015: from good to great. Preventative, people centred, productive* (Good to Great). This is appended for the Health Scrutiny Panel's attention and consideration.

*8.* *Good to Great* outlines the Government's vision for how the NHS will look in 2015, and the steps necessary to take in the meantime, to realise that vision.

9. Like every other advanced healthcare system, huge challenges and opportunities face the NHS. *Good to Great* makes it very clear that the NHS, in the Government's view, stands at a critical juncture and progress must be made. *Good to Great* expresses the view that "Standing Still is not an option" (1.18 page 9), if the NHS is going to effectively address the six major challenges faced by all modern healthcare systems. They are:

9.1 Ever higher patient expectations
9.2 An ageing society
9.3 The dawn of the information age
9.4 The changing nature of disease
9.5 Advances in treatment
9.6 Changing workforce

10. In outlining these challenges, and the need to prepare for their impact, *Good to Great* attempts to outline where services are now, compared to where they need to be. It says that "Overall, (NHS) services are not as preventative, people centred and productive as they could be" (1.18, page 9)

11. The challenges outlined above could also be classified as social challenges, which reflect what is happening in wider society. Good to Great also discusses at length the particular economic scenario facing the country, and therefore, the NHS.

12. NHS budgets have risen dramatically in the last decade[2], with 2010/11 confirmed as the last year of relatively generous increases in revenue allocations for PCTs. The average PCT allocation is scheduled to rise by an average 5.5%.

13. NHS Middlesbrough's Revenue Allocation figures are as follows:

| | 2009-10 allocation £000s | 2010-11 allocation £000s | Two year increase £000s | Two Year increase % | 2010-2011 closing DFT % |
|---|---|---|---|---|---|
| NHS Middlesbrough | 257,714 | 271,888 | 27,610 | 11.3% | -0.6% |

**Source: 2009-10 & 2010-11 PCT Revenue Allocations, Department of Health.**

14. *Good to Great* also outlines how frontline NHS services will be protected until 2012/13. Alongside this commitment, the NHS has been set challenging quality and productivity challenges, which requires the delivery of around £15-20billion in efficiency savings over the three year period from April 2011, as well as a highly explicit expectation of an increase in quality.

15. *Good to Great* highlights that that this will mean "widespread change to the way that the NHS will look and feel'.[3] Saying "hospital based care will be re-structured to support this change and concentrate on providing care for sickest patients" [4]

16. Throughout *Good to Great,* a great deal of weight is placed on a need to further develop the NHS as a force for public health and wellbeing, as well as dealing with illness and sickness. In addition, it places a great deal of emphasis of PCTs, as local leaders of the NHS, effectively commissioning and managing the local market, to ensure that the "NHS Pound" goes further.

17. *"Finally High Quality Care for All made it clear that, for the NHS to be sustainable in the 21st century, it needs to focus on improving health as well as treating sickness. This is now not just the right thing to do for patients, but it is also a financial necessity. As the Wanless Report of 2002 showed, the dividend created by an NHS that promotes health, self care and early intervention, and that integrates service around patients, is potentially sizeable, amounting to billions of pounds.*

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2 The rise in budget is estimated to have almost doubled in real terms, since 1999/2000, according to the Kings Fund and Institute of Fiscal Studies. Please see Page 4 of "How cold will it be?" July 2009.
3 (1.28 page 11)
4 (ibid)

18. *The NHS will need to work more effectively with national and local partners, including local authorities and the third sector, to make a stronger contribution to promoting health and to ensure easier access to prevention services. The NHS will also need to think innovatively about how it can engage with other stakeholders, such as life sciences, to achieve these aims."*[5]

19. The local NHS, therefore, has a full agenda to deliver these stated policy aims. The role of the Health Scrutiny Panel is to act as the 'critical friend' towards the local NHS, as it operates within this policy environment to plan and deliver local health services.

20. With the wider national context in mind, there are some specific areas of work that the Health Scrutiny Panel could engage with, to see how the local NHS is responding to the national policy agenda. These are:

20.1 What progress has NHS Middlesbrough made in the World Class Commissioning agenda to become genuine market shapers for local health services, as opposed to paying for what is being provided?

20.2 How is NHS Middlesbrough, and the wider local NHS, preparing for a tighter financial climate post 2010/2011?

20.3 The work done to date by the Strategy Delivery Groups, with the explicit responsibility of delivering the PCT Strategy.

20.4 The extent to which preventative services are becoming a core part of NHS Middlesbrough's Commissioning agenda.

## Establishing the Panel's work programme for 2010/11.

21. Health Scrutiny in Middlesbrough has a strong record of helping to make improvements to how local health services are commissioned and provided, in such fields as Cardiovascular Disease, Emotional Wellbeing & Mental Health and Practice Based Commissioning.

22. As part of developing the work programme, the Panel's support staff conducts a great deal of research around important health issues of the day and the prevailing national policy environment that the local NHS is expected to work within. In addition to that, a vital source of information for the Panel is to canvass the views or organisations operating within the local health and social care economy. On behalf of the Panel, organisations are asked to consider which issues it would be beneficial for Scrutiny to consider and "What are

[5] (Page 13, Para 1.38)

the big issues facing your organisation in the next 12 to 18 months?”. The answers are outline below, by organisation.

## South Tees Hospitals NHS Foundation Trust

23. The Panel is advised that in the view of the Trust the big issues facing the local health and social care economy arise out of the economic downturn, the operating framework for 2010/11 and the actions that are going to have to be taken to control expenditure.

24. Over and above the financial climate, some of the bigger issues that the Trust sees as crucial are arise from:

24.1 The (Lord Darzi led) *NHS Next Steps Review* and some regional work that has been carried out in terms of service reconfiguration – the first effect of which is likely to see changes affecting children’s surgery. The Trust advises that the Panel may wish to discuss this.

24.2 The ramifications of regional discussions about the designation of major trauma centres, which could potentially affect the South Tees Trust, may also be of interest to the Panel.

25. In addition, another big issue is following through on the radiotherapy development at JCUH, which is now beginning to get under way in earnest. The Trust has suggested that Panel members would welcome an opportunity to learn more about the context of the development and what it means for patients.

26. The Trust has also suggested that the topics of Patient Experience at JCUH and the Care of the Dementing Adult would benefit from the attention of Health Scrutiny.

27. The Trust is also aware that the Panel is particularly interested in following the developments within the local NHS around preparing for the tighter NHS funding environment post 2011and would be happy to take part in that debate, at the Panel’s invitation.

# The Department of Social Care

28. Following consultation with the Department of Social Care, the following topics have been raised the Panel’s consideration.

29. The role of Community Matrons in avoiding acute admissions. Community Matrons have been operating in Middlesbrough for about 2 or 3 years. The rationale for establishing these posts was they could provide continuity of care for people with long term conditions, identify the need for, and mobilise other, non NHS, service provision and thereby reduce unplanned acute admissions. It would be useful to explore how successful the model has been, and what the PCT's plans are for the model.

30. The Panel is advised that it would be helpful to explore what the local NHS are doing to improve access to community based therapy service, such as speech and language therapy, physiotherapy and occupational therapy. It is well documented that timely provision of these services can speed up recovery and rehabilitation.

## NHS Middlesbrough

31. The following topics have been suggested as topics which Health Scrutiny may wish to pay particular attention to.

32. The meaning of, and method of implementing, the QIPP[6] programme – what does it mean for the commissioning and delivery of local health care services?

33. The Development of NHS Middlesbrough's Strategy and specifically the progress of the Strategy Delivery Groups, covering areas such as maternity and newborn, child health, staying healthy, planned care, acute care, long term conditions, mental health, end of life care.

34. A&E attendances

35. Out-patient follow ups and how they are offered and managed

36. Community Developments such as PACE, which stands for Patient-centred Clinically Excellent. Essentially, this is the 'care closer to home' agenda.

### Support Officer Research

37. In addition to the issues outlined above, support officer research has also highlighted the topic of *End of Life Care* as a possible subject of study for the Panel. At the *Good to Great* event on 16 February 2010, hosted by the Panel, two of the three speakers outlined the view that end of life care is an area which would benefit from detailed consideration.

38. In addition, it is also an area of significant policy activity for the Department of Health and attention from the *Kings Fund* Think Tank. The topic also has links to the wider, national issue of the ageing population. An ageing population will, over time, make more calls on End of Life Care services. As such, the Panel may wish to consider the matter within that context.

39. The Panel may also wish to revisit previous topics, to establish progress on the implementation of recommendations for previous reviews such as Stroke Services, Cardiovascular Disease, Practice Based Commissioning and Emotional Wellbeing & Mental Health.

40. The Panel may also wish regularly revisit the topic of how the local health and social care economy is preparing for a tighter NHS funding environment post

[6] QIPP – This stands for Quality, Innovation, Productivity and Prevention

April 2011. This could be the subject of periodic seminars hosted by the Panel.

**Establishing the work programme**

41. As is clear from the information outlined above, there are a number of significant issues facing the local health and social care economy in the next five year period. It is hoped that the information outlined above is of assistance to the Health Scrutiny Panel, as it considers the topics it would like to consider in its work programme for 2010/11.

42. The Panel should be clear that the content of the work programme is the Panel's decision and should be very much driven by what the Panel sees as its biggest priorities and which topics it feels it can make the most impact by considering. The above are suggestions from the local health and social care economy for the Panel to consider, as the big topics various organisations are facing.

43. The Panel is also free to consider different ways of working. Not all topics that it considers need to be studied over a series of meetings. The Panel could hold meetings on a 'one off' basis to receive updates on topics of interest, or to hear about developments in national health policy.

44. In addition, the Panel is by no means obligated to always hold meetings in the Town Hall in a traditional committee setting. The Panel can hold meetings wherever it feels would be beneficial and can attend other groups to speak about issues of importance, should it so wish.

45. It is suggested that the Panel structures its work programme to enable it to consider a variety of topics, pursuing more detailed investigations, in addition to holding 'short, sharp' reviews of topics, and hosting seminars on prevailing national policy when appropriate.

46. As such, the Panel is asked to consider which topics it would like to consider in the municipal year 2010/11 and specifically, which topics it would like to consider on a detailed basis and the topics it would like to look at on 'short, sharp basis'. In addition, it is always prudent for the Panel to build in some capacity into the work programme for issues, which may arise during the municipal year.

**BACKGROUND PAPERS**

Appendix 1 – NHS 2010-2015: from good to great. Preventative, people centred, productive.

Appendix 2 – How cold will it be? Prospects for NHS Funding funding 2011-2017

Appendix 3 – The 2009 Health Profile for Middlesbrough (This is the latest available).

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