

HEALTH SCRUTINY PANEL

A meeting of the Health Scrutiny Panel was held on 16 July 2010.

PRESENT: Councillor Dryden (Chair); Councillors Carter, Davison, Junier, Lancaster and P Rogers.

OFFICERS: J Bennington and J Ord.

**** PRESENT BY INVITATION:** NHS Middlesbrough:
 Julie Armstrong-Wilson, Service Reform Manager
 Malcolm Brydon, Capital Investment Manager
 Sue Greaves, Assistant Director Primary and Community Care
 Anne Greenley, Assistant Director Health Systems Development
 Sarah Marsay, Communications and Engagement Manager
 Martin Phillips, Director of Health Systems Development.

**** ALSO IN ATTENDANCE:** Councillor Taylor.

**** APOLOGIES FOR ABSENCE** were submitted on behalf of Councillors Cole and Purvis.

DECLARATIONS OF INTEREST

Name of Member	Type of Interest	Item / Nature of Interest
Councillor P Rogers	Personal/Non Prejudicial	Agenda item 6 relating to changes to the Cambridge Medical Group and the Woodlands and Acklam Road Surgeries – registered at GP Practice.

** MINUTES

The minutes of the meeting of the Health Scrutiny Panel held on 23 June 2010 were taken as read and approved as a correct record.

DENTAL SERVICES – ACCESS AND PROVISION IN MIDDLESBROUGH

The Scrutiny Support Officer submitted a report the purpose of which was to introduce representatives from NHS Middlesbrough. The report included information received from NHS Middlesbrough in response to a number of questions, which provided an update on the access to, and the provision of Dental Services in Middlesbrough.

The Chair welcomed Martin Phillips, Director of Health Systems Development and Sue Greaves, Assistant Director Primary and Community Care from NHS Middlesbrough who amplified some of the key areas.

Details were provided of the level of need and capacity across Middlesbrough. It was stated that Gresham, Middlehaven and Clairville wards had significantly low levels of access to dental services, despite Gresham and Middlehaven having dental practices between one and two miles and Clairville between 2 and 2.5 miles.

It was confirmed that there were 14 general dental practices in Middlesbrough from which in 2009/2010 NHS Middlesbrough had commissioned 344,000 units of dental activity (UDA) which equated approximately to treatment for 107,500 people or around 77.3% of the population of NHS Middlesbrough.

It was noted that a number of dental practices were participating in the PCT's access programme and offered evening and weekend appointments.

The Panel was advised that NHS Middlesbrough compared well for access, both regionally and nationally as shown in the table in the report submitted. The statistical information identified the total patients seen as a percentage of the population in the previous 24 months, together with a national and Strategic Health Authority rank. Such information showed that as at 31 March 2010 (national rank) NHS Middlesbrough ranked third out of 152 and first out of 12 SHA's.

Specific reference was made to a new dental education and practice facility at Teesside University training 12 dental nursing students and 12 dental therapy students each year. The Panel supported such developments and asked about the extent to which the facilities had or intended to be marketed. In response, it was indicated that although there was still currently a low take-up of access to dental services within the immediate area it was hoped that the location would encourage more people to use the facility.

The Panel suggested that the Executive be advised of the overall current updated position and it be recommended that the Council assist where appropriate in marketing the Dental School and Dental Practice at Teesside University.

AGREED as follows:-

1. That the local NHS representatives be thanked for the information provided.
2. That the Executive be advised of the following:-
 - i) the overall situation highlighting the positive position of Middlesbrough in terms of accessing current dental facilities;
 - ii) the Panel's support of current developments including the establishment of a Dental School and Dental Practice in Teesside University;
 - iii) the Panel's recommendation that the Council assists where appropriate in publicising and marketing the facilities referred to in (ii) above.

END OF LIFE CARE REVIEW – NHS MIDDLESBROUGH

The Scrutiny Support Officer submitted a report the purpose of which was to introduce representatives from NHS Middlesbrough to provide information pertaining to the Panel's End Of Life Care (EOLC) scrutiny review.

The Chair welcomed Anne Greenley, Assistant Director Health Systems Development and Julie Armstrong-Wilson, Service Reform Manager, NHS Middlesbrough.

Appendix 1 of the report submitted provided detailed information, which had been received, from NHS Middlesbrough in response to a number of questions regarding their understanding of EOLC services in Middlesbrough.

In terms of the number of deaths occurring each year it was reported that the public health profile data which was available up to 2007 showed that the number of deaths had fallen from 1,439 in 2005 to 1,362 in 2007. The major causes of death in 2007 were circulatory disease (31.1%), cancer (29.1%), respiratory (15.2%), and other (24.7%).

Statistical information was provided regarding the place of death of males (M) and females (F) between 2004 – 2007 which showed the following: -

Hospital	62.1 % (M)	57.3 % (F)
At Home	22.8 % (M)	19.7 % (F)
Resident Home	4 % (M)	8.7 % (F)
Hospice	3.8 % (F)	3.2 % (M)

Nursing Home	3.7 % (M)	8.1 % (F)
Elsewhere	2.5 % (M)	1.2 % (F)
Psychiatric Hospital	1.2 % (M)	1.8 % (F)

In relation to the budgetary provision it was noted that although it was not possible to identify what was spent on treating EOL patients across all settings, particularly hospitals, as there were no designated procedure codes to capture EOL care, information was provided on specific categories as follows:-

Hospices	£410 million
South Tees Hospitals NHS Foundation Trust	£54 million
Prescribing	£91 million
Total	£555 million (2010/2011).

EOLC was delivered across a variety of areas of service provision. Community facilities included community hospital beds; Macmillan nursing team including a Macmillan nurse for care homes; community matrons; district nurses; and care home provision. The continuing care team ensured that there was a robust process in place to facilitate rapid discharge from the Acute provider. Services were also delivered by Teesside Hospice and the Marie Curie Service.

EOLC was also delivered in the Acute Trust and supported by the Macmillan team/palliative care team including palliative care consultant and the clinical matron for end of life and bereavement services.

Reference was made to a pilot project over the next two years, which involved the appointment of a Macmillan nurse post to facilitate palliative discharge. There had also been the development of end of life care beds within the Acute Hospital.

The Panel was advised that where possible the NHS was endeavouring to facilitate an individual's preferred priorities of care, and where this had been identified as home all efforts were being made for this to be achieved.

As a Commissioner, NHS Tees had developed a strategic plan, within which there were 8 clinical teams, each theme having key initiatives. The key initiatives for EOLC related to the provision of information and advice, training and awareness and community provision.

A Strategic Delivery Group was responsible for overseeing the development of the initiatives focussing on:-

- a) single point of contact;
- b) increased access to bereavement support;
- c) expand sitting service and carers support;
- d) expand community nursing (24 hour support);
- e) support of hospice care;
- f) expand community specialist team;
- g) mandatory training for care home staff;
- h) Gold Star Framework (GSF) training for nursing and care homes;
- i) implementation of Advanced Care Plans;
- j) communication skills training.

For the provider the principle focus would be with all services involved in the delivery of palliative/ EOLC, for example, district nursing, Macmillan nursing service, palliative care services and the Hospice.

Reference was made to current research in particular the document, 'A Good Death' which highlighted that around 15% of people would wish to die in a hospice and around 60% would like to die at home. In order to facilitate those persons wishing to die at home there was a significant amount of education and training required for generalist services. The training requirements were reported as advanced care planning, GSF, Liverpool care pathway (last days of life), syringe driver training, palliative care guidelines and communication skills. Such areas were all identified

in the regional charter, under a time plan for care and support, all of which had been identified as part of the work programme for 2010/2014.

It was noted that there was currently a Macmillan nursing service that covered South of Tees which included access to occupational therapy and a community consultant and also included a Macmillan Nurse for care homes. Reference was also made to the Marie Curie service and the rapid response service, which was accessible in the community. Members were also informed of Teesside Hospice, which had a 10-bedded inpatient unit and the availability of community nursing beds at Carter Bequest Hospital.

The Acute Trust provided an acute palliative care consultant and palliative care team, which included Macmillan nurses, Macmillan palliative discharge nurse and a clinical matron for EOLC and bereavement support.

It was acknowledged that EOLC did not always require specialist provision but was about equipping generalist services with the knowledge and skill to deliver good quality EOLC.

In terms of available information and publicity material it was confirmed that information booklets had recently been developed and included the following topics:-

- when someone is dying;
- what to do when someone is dying;
- the process of grief and loss;
- what to tell the children;
- a bereavement information leaflet for children.

The booklets had been sent to the patient and carer focus group and a range of professionals for proof reading and comment prior to printing.

Support and advice was also available from the district nursing service and the hospice.

Members were advised that there had been activity regarding raising public awareness on the subject of death and dying through the consultation process and the development of the Regional Charter and the development of the Compassionate Communities Project led by Teesside University and NHS Tees Public Health. It was also noted that Teesside University was also part of the national pilot, researching communication skills locally for EOLC, the evaluation from which would be presented to the Strategic Development Group (SDG) in September 2010.

An indication was given as to what NHS Middlesbrough expected commissioned providers to do to ensure that sufficient time and notice was given to people when approaching end of life for their wishes to be put into practice which included the following: -

- a) NHS Middlesbrough expected all patients who were on the end of life pathway to have a 'preferred priorities of care' patients document completed. Training had been provided to professionals across health and social care including the independent sector to enable this.
- b) All patients who were at the end of life (6 – 12 months of life) to be identified on a palliative care register in general practice and the carers had their needs identified and assessed as required.
- c) Commissioners expected that all patients who were at the end of life were identified on a palliative register in general practice. It was noted that this should include GSF, Preferred Priorities of Care, EOLC pathway (last days of life); prescribing flow charts and syringe drivers, access to medication, pharmacy, local support services and out of hours services.

In terms of the progress achieved regarding the implementation of the principles in the document, 'A Good Death' information was outlined in the briefing paper in respect of the following:-

- a) there had been investment in training and education for the independent providers in GSF with 8 care homes in Middlesbrough in 2009/2010 and a further 8 care homes in 2010/2011 which had joined the programme;
- b) Teesside University had also developed a certificate level course for end of life care and care homes;
- c) Tees Valley Alliance was providing EOLC training for domiciliary providers, and care homes at the Further Education colleges across Tees;
- d) reference was made to Advance Care planning training for Tees to equip the workforce to deliver good quality EOLC and facilitate preferred priorities of care;
- e) Teesside University was also undertaking a pilot project funded by the SHA for the development of compassionate communities;
- f) Information booklets had been developed to support the patient, carer and professionals;
- g) following an audit by Teesside University on the use of the palliative care register in general practice across the Tees subsequent recommendations supported the development of the information booklets and standardisation and consistency within practices regarding the equity of access and the frequency of the GSF meetings;
- h) all practices and care homes with nursing received literature and prescribed formularies for palliative care, including the elderly mentally frail liaison team, and the CHC team;
- i) all developments had progressed due to partnership working across the patch but it was acknowledged that there was still significant work to be undertaken.

In terms of liaison between organisations reference was made to an end of life questionnaire which had recently been circulated to all practices across Tees which would help inform commissioners and providers of the current process and identify areas of good practice and areas where there was need for greater collaborative working.

Confirmation was given that EOLC skills were required for all frontline practitioners whether they were in health, social care or the independent sector. The key to success was considered to be the standardisation of training and education to ensure that a moving workforce had transferable skills and that the skills acquired were recognised by all organisations involved in the delivery of EOLC. The SDG was promoting the National EOLC e-learning training programme for all providers to supplement learning.

In terms of future development the SDG would be focussing on the following:-

- the development of a 24 hour advice line;
- Bereavement information packs;
- GSF for care homes;
- GSF in general practice;
- access to medication;
- preferred priorities of care;
- end of life care training for care homes and domiciliary providers;
- e learning for end of life care;
- communication skills;
- review core services, community nurses, sitting service, hospice and specialist end of life care.

The local NHS representatives drew the Panel's attention to work being undertaken by the SDG for EOLC across the Tees and in particular referred to the provision of basic awareness training and also that provided by Teesside Alliance. Specific reference was made to the number of care homes in Middlesbrough which had or were currently included in the national GSF programme leaving only four care homes which had not undertaken such training.

An indication was given of the main principles of the GSF for Care Homes to improve the quality of care for people approaching EOLC; improving collaboration with GPs/Primary Care Teams and Specialist Palliative Care Teams; and reducing admissions to hospital in the last stages of life. Further information regarding the GSF programme was made available at the meeting.

In terms of the Last Days of Life as part of the EOLC pathway the aim was to ensure that the same standard of care was provided in whatever setting.

In response to Members' questions regarding EOLC training in relation to residential homes it was indicated that whilst the main focus of attention was on care homes there was appropriate training for domiciliary providers. It was recognised that there was scope for more training in residential homes by means of the GSF, which ensured that staff, had the required skills where necessary.

The Panel's attention was drawn to developments around the national strategy relating to Preferred Priorities of Care (PPC) document for patients who were on the end of life programme. Training had been provided to professionals across health and social care to assist patients to go through the document. It was intended that discussions take place on a PPC at an earlier stage of the process. The aim of the PPC was to help patients prepare for the future and an opportunity to express a preference for care at the end of life. It was recognised that it was a changing document as a patient's view may change over time.

Reference was also made to other information booklets copies of which were made available at the meeting.

In response to Members' questions, the local NHS representatives gave an indication of the current reporting arrangements with the four Council Social Care Departments across the Tees and referred to the specific links with Middlesbrough and the Head of Older People and Physical Disabilities.

In commenting on the various EOLC pathways the difficulties were acknowledged in that it was not always possible to predict certain conditions. An indication was given of the measures taken to ensure equity of access to services and in particular to the setting up of a Palliative Care Register in general practice.

Members referred to current arrangements whereby services were grouped by the category of illness and not necessarily by age, sometimes young people mixing with older people. The potential difficulties of such a situation were acknowledged with services mainly categorised between children and adults.

AGREED as follows:-

1. That the local NHS representatives be thanked for the information provided which would be incorporated into the overall review.
2. That the local NHS representatives be invited to a further meeting together with Officers of the Council's Social Care Department.
3. That in accordance with normal practice a copy of the Panel's Final Report be forwarded to all participants in the scrutiny review.
4. That further information be provided to the Panel in due course after September 2010 regarding the feedback on the information booklets as outlined.

CAMBRIDGE MEDICAL GROUP – WOODLANDS AND ACKLAM ROAD SURGERIES – RELOCATION

The Panel considered information received from NHS Middlesbrough regarding the proposed relocation of the Cambridge Medical Group and the Woodlands and Acklam Road, Middlesbrough surgeries to new premises, located on the site of Acklam Hall, Hall Drive, Acklam, Middlesbrough.

The Chair welcomed Malcolm Brydon, Capital Investment Manager and Sarah Marsay, Communication and Engagement Manager, NHS Middlesbrough.

Reference was made to the Consultation Plans outlining activity to inform and engage with patients and local people as part of the formal 13 week Consultation period from 5 July to 13 October 2010.

It was intended that the move from outdated buildings to new premises would increase and enhance facilities available to patients and staff; improve access for the disabled; and allow the development and expansion of the Practices into the future to deliver a wider range of services. Copies of the plans for purpose new built premises, with the option of integration with complementary services, on the site of Acklam Hall, Hall Drive (main entrance), Acklam, were made available at the meeting.

In response to Members' questions regarding travel access, in particular by bus, the local NHS representatives indicated that as part of the current process further discussions would be undertaken with regard to travel plans in particular what was currently provided and future requirements. Reference was made to the lack of car parking at the current general practices.

In relation to the geographical base of the Practice population it was confirmed that the majority of patients were from West Middlesbrough and in particular the Acklam area.

In terms of the Acklam Hall development it was noted that the GP practice was only one element of the overall proposals. There had been ongoing discussions for some time involving the PCT and the GPs concerned in order to find appropriate relocation. Since the identification of the Acklam Hall site there had been numerous meetings on a regular basis and also involving the Council regarding the subsequent disposal of the site and English Heritage given that Acklam Hall was a Grade 1 Listed Building.

In commenting on the proposals Members expressed concerns regarding transport difficulties to the new location and gave an indication that the original proposals for a new community centre and health centre facility in the Ayresome Ward would not be proceeding as initially intended. It was considered that a GP practice should be established in order to serve the people within the Ward who were currently patients of the practices to be relocated. The Panel was advised of discussions that had taken place over many years with the West Middlesbrough Neighbourhood Trust and current proposals of providing some accommodation on a sessional basis for health services within the Ayresome Ward.

Members were reminded that in accordance with prevailing legislation the Panel had powers for the scrutiny of health services but no powers relating to the planning and development framework. One of the main areas for consideration of the relocation proposals would be whether the plans met local health need.

AGREED

1. That the local NHS representatives be thanked for the information provided.
2. That the formal Consultation Plan be endorsed.
3. That further information be sought regarding the proposed relocation of the Cambridge Medical Group and the Woodlands and Acklam Road, Middlesbrough surgeries to new premises and that representatives of the proposed Developer, GP Practices, and NHS Middlesbrough be invited to a subsequent meeting of the Panel.

OVERVIEW AND SCRUTINY UPDATE

In a report of the Chair of the Health Scrutiny Panel, Members were advised of the key matters considered and action taken arising from the meeting of the Overview and Scrutiny Board held on 29 June 2010.

NOTED

ANY OTHER BUSINESS – SOUTH TEES NHS HOSPITAL FOUNDATION TRUST – HEALTH SEMINAR – WHITE PAPER – REGIONAL HEALTH SCRUTINY

The Chair referred to a number of current issues.

Subsequent to the Panel's scrutiny review it was confirmed there had been no increase in car parking charges at James Cook University Hospital and a decision had been taken for meetings of the Board of the South Tees NHS Hospital Foundation Trust to be now held in public.

Members were reminded that arrangements had been made for the Panel to host a Health Seminar on 10 September 2010 on the Government's recent White Paper and its implications for the local NHS.

The Panel was advised that a meeting of the Physical Health Workstream of the North East Regional Health Scrutiny Project, Health of the Ex-Service Community would be held on 28 July 2010. Members were reminded that three workstreams had been established as part of the project and Middlesbrough had been asked to lead on Physical Health issues.

NOTED