

AGENDA ITEM:

HEALTH SCRUTINY PANEL

10 JUNE 2011

**HEALTH SCRUTINY
WORK PROGRAMME 2011/12**

PURPOSE OF THE REPORT

1. To invite the Health Scrutiny Panel to consider the topics it would like to consider as part of its work programme for 2011/12.
2. To present the Health Scrutiny Panel with a range of topics that research has indicated would be of value to the local health and social care economy, for the Panel to consider during 2011/12.
3. To invite the Health Scrutiny Panel to agree its work programme for the 2011/12 municipal year.

RECOMMENDATIONS

4. That the Health Scrutiny Panel notes the content of this briefing paper.
5. That the Health Scrutiny agrees a work programme for 2011/12.

CONSIDERATION OF REPORT

The Role & Basis for Health Scrutiny

6. Middlesbrough Council, along with every other top tier local authority in England, has had Health Scrutiny powers since January 2003. The powers of Health Scrutiny are essentially two-fold.
7. Firstly, the Health Scrutiny Powers place a statutory obligation on the local NHS to consult with Health Scrutiny specifically, whenever there are proposals to significantly develop or change health service provision or configuration. This particular aspect was originally provided for under section

7 of the Health & Social Care Act 2001, before being re-stated in section 244 of the NHS Act 2006. Whilst major components of the Health & Social Care Bill are currently being reassessed by the Government, it is expected that the NHS duty to consult with Health Scrutiny specifically over significant proposals for change, will remain a central element of the governance and local accountability mechanisms of local health services.

8. The Health Scrutiny Panel has had significant involvement with this sort of Health Scrutiny work, forming part of a wider joint scrutiny committee with neighbouring local authorities on numerous occasions, to consider proposals for change to hospital and ambulance services.
9. When considering proposals for service development or change, there are essentially two options open to Health Scrutiny Committees. They can, after considering the evidence, agree with the proposals and recommend their implementation. Alternatively, if the Health Scrutiny Committee does not accept the proposals, it has the power to refer the matter to the Secretary of State for a decision.
10. The second aspect of Health Scrutiny is more proactive and provides for Health Scrutiny bodies to investigate any topic of importance for the health or health services of the local community. Health Scrutiny in Middlesbrough has used this proactive element extensively in recent years to investigate such topics as Cardiovascular Disease, Emotional Wellbeing and End of Life Care. The Health Scrutiny Panel compiles detailed reports, outlining the evidence it has received and makes recommendations for service development, if they are felt necessary. NHS organisations are obliged to respond to those reports and those reports have a strong record of influencing the planning and development of NHS services in Middlesbrough.
11. It is against this backdrop that Health Scrutiny operates. At the start of every municipal year, one of the Health Scrutiny Panel's first tasks is to consider and agree its work programme for the coming year. The work programme identifies the Panel's priorities for consideration in the coming year, which can then govern the Panel's operation for the coming year.
12. Aside from specific topics that the Panel may wish to study during the following year, there are a number of issues pertaining to health services which the Panel would be prudent to keep under review and observe developments. The Panel could well consider those issues in special briefings, as and when circumstances require. Such topics that the Panel will be required to keep under review are:

Health and Social care Bill

13. As Members of the Panel will be aware, a central element of the Government's public service reforms centre on the NHS, which are detailed in the Health & Social Care Bill. The Bill is currently before Parliament, although the Government is also holding a 'listening exercise', where comments are sought to influence and shape the final appearance, thrust and content of the

Bill. At the time of writing, what changes will be made is far from certain, with the detailed consideration of comments being co-ordinated by the NHS Future Forum. It is understood that the Government has asked the NHS Future Forum to submit its report by the end of June 2011.

14. At this stage, it is very much about waiting to see what comes out of the Listening exercise and what elements of the Health & Social Care Bill are retained, are amended or are dropped. Once more becomes clear, the Panel's secretariat will ensure that the Panel is made aware at the earliest opportunity and the Panel may wish to speak with local NHS colleagues about the local implications of formalised national policy. This topic is very much something that the Panel will be responding to 'as and when' there are developments. As such, the Panel is advised to keep a watching brief on the topic.

Transforming Community Services

15. The management of Community Services was recently transferred to the South Tees Hospitals NHS Foundation Trust, so it now manages hospital and community based services. This took effect on 1 April 2011. The transfer of personnel, services and ensuring the effective liaison between hospital and community based services is quite a task. As such, it may be useful for the Scrutiny Panel to consider how well the transfer has gone. Specifically, the Panel could explore whether any problems were encountered and how the Foundation Trust sees the development of Community Services in the future, with a particular reference to the relationship between hospital based and community based services. Linked to this topic, it has been suggested by the Department of Social Care that the Panel may also wish to consider how a reduction in bed numbers at James Cook University Hospital will impact upon the operation and capacity of Community Services.

The development of Commissioning Consortia

16. A central element of the Health Reforms and probably the highest profile one thus far, relates to the eventual abolition of PCTs and the transition towards GP led Commissioning Consortia. Whilst parts of the Health & Social Care Bill will probably be altered, following the listening exercise, it is very difficult to envisage the concept of GP led Commissioning Consortia being dropped from the reform programme.
17. As such, a valid topic of enquiry as the year progresses would be to consider the extent to which expertise and management capacity is being maintained by PCTs, who still have a crucial job to do, despite their eventual abolition. At the same time, emerging GP led Commissioning Consortia are presumably requiring increasing levels of management support from PCTs. It may be useful for the Panel to establish how this process is being managed. Related to this issue, the following questions could also be considered:
 - 17.1 How is the Quality Innovation, Productivity & Prevention (QIPP) programme going to be delivered across Middlesbrough/Tees?

- 17.2 There seems to be a wide-ranging acceptance that the NHS needs to make efficiency savings of at least 4% per annum, for the next four years¹. Is there a set of schemes being developed to deliver this?
- 17.3 What progress is being made in developing the role and capacity of the GP led Commissioning Consortia?
- 17.4 What progress has been made in developing the Shadow Local Health & Wellbeing Board?

Possible topics for detailed investigation

18. Historically, the Health Scrutiny Panel has structured its work programmes in such a way that it is able to consider some topics in a 'short, sharp' manner and some topics in a more detailed and in depth manner.
19. Following extensive research by support staff and conversations with senior representatives of the local health and social care economy, the following topics have been identified as important issues facing Middlesbrough. As such, the following topics are suggested to the Panel as areas of work that the Panel could consider in some detail and influence the debate about how those issues are tackled in Middlesbrough.

Nutrition & Feeding Assistance in Hospitals

20. During 2010/11, the Health Scrutiny Panel, along with colleagues in Redcar & Cleveland Borough Council, was asked to consider the performance of the South Tees Hospitals NHS Foundation Trust, by the Care Quality Commission during a routine review of the Trust. In the debate that took place, it emerged that a number of Elected Members had received anecdotal feedback from constituents that patients requiring assistance during meal times were not always offered that assistance. In turn, there was a concern that if patients were not eating appropriately, their recovery could be compromised.
21. Around the same time, the Parliamentary & Health Service Ombudsman published a report entitled *Care & Compassion?*² This report highlighted ten cases of poor care for people aged 65 or over. The report received a considerable amount of publicity at the time of publication. Members noted that one of the case studies centred on the case of 'Mrs R', where Mrs R's daughter complained that her mother had not been offered assistance in eating and as a result missed meals. The family considered that the only way Mrs R would eat would be if her family fed her.
22. A more recent news story has highlighted that this remains an issue for the NHS.³ On 26 May 2011, it became clear that three Hospital Trusts had been

¹ <http://www.bbc.co.uk/news/health-13242722>

² <http://www.ombudsman.org.uk/care-and-compassion>

³ <http://www.bbc.co.uk/news/health-13545780>

criticised for the way it cared for older people, including being critical of their access to appropriate food and water to aid their recovery. It is worth stressing that none of the hospitals criticised by the Care Quality Commission are local to the North East, although the story demonstrates that it remains an issue for the local NHS to be mindful of.

23. Following the publicity given to this topic and the anecdotal responses that Members had contributed, the Panel felt that this topic would be worthwhile one to consider during 2011/12. As such, the topic of nutrition and feeding assistance in Hospital is suggested as a topic for the Panel to investigate during 2011/12. The Panel could establish current practice at James Cook University Hospital, hear patients' perspectives and consider whether any improvements could be made for future service provision.

The role of the NHS in Safeguarding Vulnerable People

24. During previous reviews, the Health Scrutiny function has touched upon the topic of how the NHS, when dealing with a patient's physical complaint(s), also takes account and provides for their wider social and mental wellbeing. This was particularly considered during a review into Dementia services, when questions were asked about how someone with Dementia would be cared for, when they were an inpatient for any given physical health complaint.
25. The Panel felt that the NHS's role in safeguarding vulnerable people, when they are receiving care for physical complaints, would be worthy of detailed consideration and exploration. Specifically, the Panel expressed an interest in understanding how NHS organisations see their role in the safeguarding of Vulnerable Adults and Children and learning about how they go about carrying out that duty. The Panel would also be able to seek the views of the relevant parts of Middlesbrough Council and could consider whether, on the strength of the evidence available, recommendations would be necessary to develop current practice.

The Management of Back Pain in Middlesbrough

26. Towards the end of the 2010/11 Municipal Year, the Health Scrutiny Panel considered the topic of Back Pain in Middlesbrough and how well it is managed. The Panel heard evidence from specialist clinical staff from James Cook University Hospital, as well as North Tees Hospital and the Mayor about how well services are currently managed and what services are offered to those suffering from Back Pain. Given the proximity to the Local Government Elections, it was only possible for the Panel to consider the matter fairly briefly. Now that the Local Government Elections have been held, the Panel would now have more time to cover the matter in greater depth. It could seek the views of Patient Groups, interested charities, leisure providers, the developing Commissioning Consortia as well as those currently responsible for the commissioning of services.

The Procurement of Prescription Medicines

27. Towards the end of the 2010/11 Municipal year, the Health Scrutiny Panel received a letter from a Middlesbrough resident, who suffers from epilepsy. The resident was highlighting that generic drugs can often be bought by NHS Commissioners, rather than branded drugs, for reasons of efficiency and cost reduction. It was suggested that the Panel might be interested in exploring whether those generic drugs offer the same clinical outcomes, as well as lower purchase prices. Whilst the Panel should be mindful that it is not qualified to speak on technical pharmaceutical matters, it could certainly make relevant enquiries with specialist staff within the local NHS and seek appropriate assurances.

Heart Disease in the South Asian Community

28. The Health Scrutiny Panel has previously considered the topic of Cardiovascular Disease and its prevalence in Middlesbrough. At the start of May, the BBC Asian Network aired a radio documentary entitled the *Asian Death Wish*. It explored, in some detail, the issue of Heart Disease (and Diabetes) within the South Asian Community. It highlighted how traditional diets, a lack of exercise and genetic factors make those in the South Asian⁴ Community more susceptible to Heart problems than the general population and less likely to recover from Heart Problems than the general population. Further, people of South Asian origin begin to suffer from heart problems (such as heart attacks), on average, 10 to 20 years than their ethnic European counterparts.
29. According to the Office of National Statistics' Population Estimates, published on 18 May 2011, people whose ethnic origin is South Asian, make up 6-6.5% of the Middlesbrough population⁵. As such, the issue is one of importance for Middlesbrough and the planning & provision of local health services. It is suggested that the Panel could obtain more detailed data about the South Asian Community's susceptibility to heart problems, and explore whether service provision and configuration currently takes appropriate cognisance of that issue. Further, it could consider what could be done in the future to provide the South Asian Community with the assistance it requires.

Designation of James Cook University Hospital as a Trauma Centre

30. In February 2010, the National Audit Office published a report entitled *Major Trauma Care in England*. In that report, Major trauma is described as "serious and often multiple injuries where there is a strong possibility of death or disability". That report highlighted a number of concerns around the quality of trauma services in England and called for better co-ordination of trauma services, the development of trauma networks and better recording of outcome related data about trauma services. The National Audit Office also considered that

⁴ In this context, 'South Asian' refers to people of Pakistani, Indian or Bangladeshi origin

⁵ Data obtained from http://www.statistics.gov.uk/downloads/theme_population/lad-tables-2009.xls

'it is not feasible, nor efficient to expect all hospitals to have the facilities and skills to provide effective specialist treatment, 24 hours a day, seven days a week when the number of cases of major trauma is relatively small. To deliver improved value for money, major trauma services need to be better co-ordinated and organised across the patient pathway'⁶

31. As such, the North East now has two specialist major trauma centres, with one of those being James Cook University Hospital in Middlesbrough.
32. It has been suggested to the Panel by the South Tees Hospitals NHS Foundation Trust, that the Panel may wish to consider this topic as part of its work programme for 2011/12. Specifically, the Panel may wish to consider what the designation as a major trauma centre means for James Cook University Hospital, what it means for service configuration within Middlesbrough and what advantages it brings for the people of Middlesbrough. The Panel may also be interested in considering what the future ramifications of its major trauma centre status may be for James Cook University Hospital.

Items for Progress Reports at periodic intervals in 2011

33. It is likely that during 2011/12, it will be necessary for the Health Scrutiny function to receive periodic updates on items of previous work. The Panel has previously completed work on the following areas of policy. It is expected that the Panel will receive updates every three to six months. Those updates will be programmed onto appropriate agendas.

- The Health of the Ex-service community (Regional Scrutiny Work)
- End of Life Care
- Dementia
- The Middlesbrough Children's & Young People's Trust
- Children's Centres – knowledge of local births

Next Steps

34. It is now for the Panel to consider how it would like to structure its work programme for the coming year. Custom and Practice would suggest that within a municipal year, the Panel would be able to accommodate two in depth reviews, along with a number of update/progress reports. Anymore than two in depth reviews may be too much for the Panel to get through in municipal year, on the basis of it meeting every three to four weeks.
35. As such, the Panel is free to identify the topics of most interest to it. The above list are suggestions, derived from officer research and liaising with partners, although the Panel is perfectly entitled to choose some entirely different topics.

⁶ Please see paragraph 19, Executive Summary, Major Trauma Care in England, 5 February 2010. Report by the Comptroller & Auditor General. HC 213, Session 2009-10. Please see www.nao.org.uk

36. The Panel, therefore, is asked to consider its priorities for the next year and identify the areas of policy it would like to focus upon. Once the Panel has outlined its work programme priorities, support officers will develop a detailed work programme outlining how the Panel's priorities will be met. The Panel is asked to note that it is also prudent to build in a degree of spare capacity into the work programme, in case issues arise during the year which require attention.

BACKGROUND PAPERS

Please see:

- Major Trauma Care in England, 5 February 2010. Report by the Comptroller & Auditor General. HC 213, Session 2009-10. Please see www.nao.org.uk
- http://www.statistics.gov.uk/downloads/theme_population/lad-tables-2009.xls
- <http://www.ombudsman.org.uk/care-and-compassion>

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