Minutes

Overview and Scrutiny Committee

16th November 2011

Councillors	Present	Councillors	Present
P R Barlow	Yes	W J Rose	Yes
C A Cadman	Yes	C Sandbrook	No
Dr R L Evans (Chairman)	Yes	G A Spray	Apologies
S A Howell	Yes	J S Sutton	Yes
D J Louis	No	J R Swift	Apologies
R P Ramage	Yes		

21. **DECLARATIONS OF INTEREST**

INFORMATION: No interests were declared.

In accordance with the Code of Conduct, all councillors remained in the meeting for all the items and took part in the debate and decision thereon.

22. **QUESTION TIME**

INFORMATION: There were no questions asked or statements made.

23. **MINUTES**

DECISION: That the minutes of the meeting of the Overview and Scrutiny Committee held on 12th October 2011 be approved as a correct record and signed by the Chairman.

24. **ANNUAL WORK PROGRAMME 2011-12, SCRUTINY OF TRANSPORT LINKS AND ACCESSIBILITY TO HEALTH SERVICES ACROSS THE DISTRICT**

a. Continuation of the Committee's Scrutiny Consultation

INFORMATION: The Chairman welcomed the following invited speakers:

Dr Paul Davis	Castle Hedingham Surgery Castle Hedingham
Dr Ahmed Mayet	Fern House Surgery, Witham
Dr Bryan Spencer	NHS Mid Essex and Elizabeth Courtauld Surgery, Halstead

Members received a presentation on how health care is changing in Mid Essex. Topics covered included:

- Significant changes through the Health and Social Care Bill including:
  - National Commissioning Board;
  - Public health;
  - Health and Wellbeing Boards;
  - Clinical Commissioning Groups (CCGs).
- Development the North Essex PCT Cluster including:
  - Single CE and Executive Team;
  - Organisational restructure.
- Development of Clinical Commissioning Groups

The invited speakers provided the following information in response to questions raised by members:

- The development of the CCGs and the NHS Quality, Innovation, Productivity, Prevention (QIPP) agenda have a focus on improving services and making better use of our resources;
- The changes in the NHS are likely to lead to more opportunities to manage the health needs of patients in the communities (eg. diabetic care) and to allow hospitals to focus on people with more complex needs. In this way, patients could be freed from the time and expense of travelling to hospitals;
- It was recognised that specialists in hospitals might not wish to visit GP surgeries and that there is a need to balance the cost of their time in doing so. However, there may be cases where services might be delivered differently. Possible examples include information being imparted by a GP or nurse in GP surgeries or telemedicine through a conference call with a specialist rather than by a specialist in hospital;
- A recent example of delivering a new service locally is that of expert group education sessions in diabetes. Education is vital in preventing a worsening of the condition which can reduce health needs and costs of hospital admissions etc.;
- Government investment in the Improving Access to Psychological Therapies (IAPT) programme of providing GP access to cognitive behavioural therapy was cited an example of best practice. The project has been successful in treating a large numbers of patients suffering from depression. Patient waiting times have reduced from being 3 - 4 years to now being around 3 - 4 weeks. GPs now have a choice of not just prescribing anti-depressants. IAPT has additional benefits in getting people back to work and reducing costs on society;
- Efforts are now underway to expand IAPT to patients with smoking related emphysema which it is hoped will lead to a large reduction in hospitals admissions;

- Dr Mayet has a personal long term vision of establishing a joint polyclinic in Witham with clinic rooms that consultants might use;

- Authorisation processes for CCGs will be demanding and will likely be similar to processes used to establish the competency of PCTs to commission services. The CCG for Mid Essex is working toward being ready for the start of consideration under the authorisation process in July 2012. The earliest the CCG could "go live" would be April 2013. Initial authorisation may not be for all services;

- The Joint Strategic Needs Assessment (JNSA) process will continue at both a Mid Essex and County-wide level. The JNSA will involve the local Health and Well-being Board which should lead to a close working relationship with the CCG;

- The National Operating Framework will set out the objectives and outcomes which will need to be delivered by all groups across the NHS in the transition to the new arrangements. This will include a series of national targets eg waiting times. The Framework aims to ensure that all groups are moving in the same direction during the transition;

- Horizon scanning and looking for best practice from other countries are key elements of the innovation strand in the QIPP agenda. A good recent local example is an agreement with Mid Essex hospitals to commission a new spinal injuries service to provide key hole surgery using innovative equipment. The service will greatly reduce the length of stay in hospitals after surgery for patients;

- There is a role for people to have greater responsibility for their own health care (eg. obesity). People also need to be better aware that there is a limited budget to help ensure that the NHS remains a free service at the point of access. For example, some people repeatedly return to GP surgeries because access is free. This placing strains on the system which need to be discouraged;

- Local phlebotomy services are currently control by hospitals. There is currently no capacity to increased the service although this might change with the CCG;

- GPs are seeing an increasing number of people in their surgeries seeking medical evidence to support an appeal following a re-assessment of their incapacity benefits;

- Mental Health and Learning Disabilities are key priorities for the PCT and will remain so in the CCG;

- Care for older people through integrated care teams (including working with local authorities) would also continue to be a priority for the CCG. Care for older people at home will be an essential part of that care. Those teams are expected to accountable to Community Matrons;

- There are significant variations between care homes in the use of hospital services. Work is on-going to compare homes and to flag up those making the greatest use. The aim is to reduce the use of hospital services by those homes. This might allow more home residents avoiding hospital visits and remain in familiar surrounding.

- There appears to be a case for better medicine management in care homes to reduced costs. It is believed that waste of medicines in care homes could as much as £50m nationally;

- It was recognised that patient transport is a significant issue. The PCT, in collaboration with Essex County Council, is undertaking a procurement appraisal to commission a transport service for health and social care patients. It is envisaged that the service will be more responsive to patient needs than current services and avoid patients travelling around rural areas on pick-up routes;

- It was noted that Community Transport and the voluntary sector had an important role in transporting patients to hospital;

- Progress is being made in giving some local GPs full access to patient results through a system know as Order Communications. It is hoped that the system will be established within the next year and avoid the need for some patients to travel to hospital to receive their results;

- Patients regularly express concerns to GPs on car parking at hospitals in terms of a lack of parking spaces and the costs of parking;

- The CCG is required to develop a clear and credible plan for the next 5 years which includes setting out its priorities over the period;

- The integration of health and social care including working with health and well-being board will be important in the years ahead.

The Chairman thanks committee members for their questions. The Chairman particularly thanked Dr Paul David, Dr Ahmed Mayet and Dr Bryan Spencer for their well presented and highly informative contributions which have in turn provide a major contribution to the committee's scrutiny review. The Committee was also grateful for the time all three had taken to attend the Committee's meeting.

b. Scrutiny Report

INFORMATION: Members considered the draft scrutiny report draft by the Member Services Manager and the Health and Well-being Officer. Member made some detailed comments noted by the Member Services Manager.

Members agreed that the report should contain a recommendation that the Council gives consideration to reviewing its available land in the Witham area and to making available any suitable land for use the provision of additional health services in the town.

25. **DECISION PLANNER**

DECISION: That the Decision Planner for the period 17th October 2011 to 29th February be received and noted.

The meeting commenced at 7.15pm and closed at 9.40pm.

Dr R L Evans
Chairman