

Suffolk Health and Wellbeing Board

A committee of Suffolk County Council

Agenda Item 7

Report Title:	Recommendations from Scrutiny
Meeting Date:	7 February 2014
Chairman:	Councillor Tony Goldson, Chairman of Suffolk Health Scrutiny Committee
Board Member Lead(s):	N/A
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Brief summary of report

1. This report provides information about recent scrutiny activity which has led to recommendations being made that are of relevance to the work of the Health and Wellbeing Board.

Action recommended

2. The Board is asked to:-
 - a) receive and note the recommendations from scrutiny detailed in the main body of the report, and
 - b) determine what further action, if any, the Board would wish to take.

Reason for recommendation

3. The Chairman of the Health and Wellbeing Board has requested that recommendations from scrutiny committees which have implications for partners across the Suffolk health system should be reported to the Board on a regular basis, in order that work programmes can be managed, intelligence shared, opportunities for synergy identified and duplication of effort avoided.

Alternative options

4. The Board could choose an alternative mechanism for receiving this information, for example, reviewing published reports and minutes of scrutiny meetings, or representatives attending scrutiny meetings to observe the proceedings.

Who will be affected by this decision?

5. Board members and stakeholders.

Main body of report

Recommendation from the Cambridgeshire, Norfolk and Suffolk Health Scrutiny Committee on the Proposals for Liver Resection Services

6. The National Institute for Clinical Excellence Colorectal Improving Outcomes Guidance (IOG) states that a liver metastases surgical resection service should serve a population base of at least 2 million people, with all surgery taking place at a single specialist surgical centre for patients with liver metastases. Liver metastases occurs when cancer spreads to the liver from another part of the body. The guidance seeks to improve outcomes for patients by introducing a dedicated, multidisciplinary team delivering high quality care in a single specialist surgical centre that will deal with sufficient numbers of patients to maximise clinical expertise.
7. NHS England (East Anglia) has been working on a project to implement a single specialist surgical centre for patients with liver metastases within the boundaries of the Anglia Cancer Network region, which covers people living in Suffolk, Norfolk, Cambridgeshire, and north Bedfordshire.
8. Cambridgeshire, Norfolk and Suffolk health scrutiny committees established a joint scrutiny committee to receive formal consultation on NHS England's proposal to establish the single centre at Addenbrooke's hospital in Cambridge. This type of surgery is currently available at both Addenbrooke's and Norfolk and Norwich hospitals.
9. Suffolk Health Scrutiny Committee members who took part in this scrutiny were Councillors Tony Goldson (Chairman), Sarah Adams, Tony Simmons and Bill Knowles.
10. The scrutiny took place over two public meetings in September and November 2013. The joint committee published its final report on 20 December 2013. A copy is available from: http://committeeminutes.suffolkcc.gov.uk/LoadDocument.aspx?riD=0900271181002e65&qry=c_committee%7e%7eHealth+Scrutiny+Committee.
11. A joint health scrutiny committee has powers to make recommendations directly to the NHS and other bodies, which it has done, and to require a response to its recommendations. A copy of the joint committee's final report was sent to NHS England East Anglia Area Team on 20 December 2013, and a response was received on 14 January 2014. The Area Team has accepted all but one of the joint committee's recommendations.
12. Recommendation 8 of the joint committee's report is addressed to the Health and Wellbeing Boards in Cambridgeshire, Norfolk and Suffolk:-

"To recommend to local authority Health and Wellbeing Boards that work should take place to explore innovative solutions to transport issues for patients and their families/carers who need to access specialised health care services."
13. In scrutinising the proposals, the joint committee considered the views of public and patient representatives and issues relating to access to specialised health services.
14. The Committee felt that the access issues faced by an urban population of 2 million were very different from a population of 2 million spread over rural East Anglia and in this sense, the one-size fits all approach of the IOG was

unhelpful. The Committee noted the recommendations of the External Review Panel report, (the Panel which assessed the bids from the two hospitals to provide the single centre service), regarding the need to take into consideration the transport needs of a rural and elderly population, especially from the remote areas of the region, given the challenges of distance and the limited transport infrastructure.

15. The Committee recognised that this raised a much wider issue about access to health services for the local population, which is relevant to a number of services and across the whole region, not simply the proposal under consideration. The availability of transport solutions would also become increasingly important, as local health services evolve and adapt to meet ongoing financial pressures.
16. The Committee received details of the Norfolk and Suffolk Eligibility Criteria for Non-Emergency Patient Transport Services (September 2011), and information about the Healthcare Travel Costs Scheme which provides those who qualify with help with travel costs to attend hospital. The Committee noted that the provision of non-emergency patient transport was the responsibility of the Clinical Commissioning Groups and that the Healthcare Travel Costs Scheme was administered by the hospitals.
17. The Committee also received examples of public transport journeys to both Addenbrooke's and Norfolk and Norwich Hospitals from randomly chosen locations in the three counties. The Committee noted the complexity of using public transport options to attend either hospital from rural locations in the region and the difficulties this may cause for people without their own transport needing to visit family members in hospital. In particular, the need to attend appointment or visiting times early or late in the day could often require an overnight stay in order to access any public transport options available. The Committee heard that both hospitals had some arrangements in place for family members who needed overnight accommodation. However, it is important that patients and their families receive information about the options and help available to them.
18. The Committee noted a number of comments from patients and members of the public, both evidenced by Healthwatch and individuals, about the importance of family members being able to visit sick relatives, and to provide support at a difficult time.
19. In the light of this, and the range of partners who could potentially bring influence to bear on these issues, the Chairman of the Joint Scrutiny Committee has written to the Chairman of the Health & Wellbeing Board's in all three counties asking if Recommendation 8 could be brought to the attention of the Boards.

Sources of Further Information

The final report of the Cambridgeshire, Norfolk and Suffolk Joint Health Scrutiny Committee on Liver Resection Services can be found at: http://committeeminutes.suffolkcc.gov.uk/LoadDocument.aspx?rID=0900271181002e65&qry=c_committee%7e%7eHealth+Scrutiny+Committee