

By: Paul Wickenden, Overview, Scrutiny and Localism Manager

To: Health Overview and Scrutiny Committee – 14 May 2010

Subject: Item 6. Forward Work Programme.

1. Background

(1) In previous discussions that the Committee has had about different ways to restructure and refocus the Health Overview and Scrutiny Committee, one of the recurring themes has been that the Committee's meetings should be more focused on adding value to the planning, provision and operation of healthcare in Kent.

(2) At their last meeting, Members of this Committee requested that an opportunity be provided at each meeting to discuss the key issues raised during that meeting and consider whether they would like to request further information. This is being introduced at this meeting as Item 7.

(3) Members also welcomed the opportunity to add their input into the planning of HOSC meetings through suggesting which aspects should have priority as well as supplying additional questions, where enough advance notice of a topic could be given. This has been requested for the June and July meetings.

(4) There will still be topics on occasion which will need to be discussed but for which time will not allow this process to be used.

(5) Following ongoing discussions with members and stakeholders, the following is a suggested outline work programme for the Health overview and Scrutiny Committee to February 2011:

a) 11 June 2010 –

1) Accessing Mental Health Services: Adult and Older People's Inpatient Services (see Appendix A).

b) 23 July 2010 –

1) Diagnostics – Waiting Times (see Appendix B).
2) Update on Health and Transport.

c) 3 September 2010 –

1) Accessing Mental Health Services:
a) Crisis Resolution Home Treatment Teams;
b) Forensic Mental Health Services

- d) 8 October 2010 –
 - 1) Disablement services (prosthetics, orthotics and wheelchairs).
 - 2) Pain Management Services.
 - e) 26 November 2010 –
 - 1) Cancer services: diagnosis and referral to treatment.
 - f) January 2011 –
 - 1) Stroke Care Pathway
 - g) February 2011 –
 - 1) Dentistry
- (6) At the Scrutiny Board of 22 May, it was decided that the parent POSC for the Select Committee topic review shall be the Adult Social Services Policy Overview and Scrutiny Committee and that there will be an opportunity for the Membership to include Members from both be the Adult Social Services Policy Overview and Scrutiny Committee and the Health Overview and Scrutiny Committee.
- (7) This work programme will not preclude additional or alternative items being added to the Agenda as business need determines.

2. Recommendations

- (1) The Committee is asked to approve the Forward Work Programme.

Appendix A

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| Topic | Accessing Mental Health Services: Adult and Older People's Inpatient Services | |
| Date of Meeting | 11 June 2010 | |
| Background | | |
| <p>At the meeting of the HOSC on 26 March and at the subsequent Agenda Planning Meeting, the Future Work Programme of the Committee was discussed.</p> <p>Issues brought up as the possible focus for the meeting on Accessing Mental Health Services touched upon a number of different areas, and could be usefully looked at during the course of separate meetings.</p> <p>Considering the balance between mental health inpatient services and those provided in the community is one area which can be examined in order to gain an understanding what capacity exists within the system and forms the background to some of the services changes currently underway or being planned.</p> <p>It is anticipated that forensic services and accessing emergency mental health services will be considered for inclusion in the Committee's future work programme.</p> <p>On 26 March, there was a briefing for Members on Changes to Older People's Mental Health Provision in West Kent.</p> <p>The intention is that this matter be investigated on the basis of 'health economies' based on the services commissioned by each PCT in turn and involve providers as well as commissioners. The Kent LINK has been invited to nominate an individual or organisation who would be able to represent the views of services users in each part of the county.</p> | | |
| Requests for information submitted to: | | |
| <ul style="list-style-type: none"> • The Kent LINK • Kent Adult Social Services • Kent and Medway NHS Social Care Partnership Trust | <ul style="list-style-type: none"> • NHS Eastern and Coastal Kent • NHS West Kent | |
| Submitted Questions | | |
| <p>For the local NHS:</p> <ol style="list-style-type: none"> 1. What adult mental health inpatient services are commissioned for your resident population under the following headings: <ol style="list-style-type: none"> a. adult mental health; b. older people's mental health; | | |

- c. acute inpatient services;
 - d. other (please specify).
2. For each of the service listed above please give the following:
 - a. Name and location
 - b. Provider
 - c. Number of beds, including occupancy rates, and average number of bed days per patient.
 - d. Staffing
 - e. Route of referral
 - f. Specific details of the types of conditions dealt with by the service.
3. Are any changes to these inpatient services being carried out or being planned?
4. How much do you spend on adult mental health services each year, and how much is spent specifically on inpatient services?
5. How much is this as a proportion of your overall spend and how does this compare to the other Primary Care Trusts across the SEC SHA area?
6. What are your expectations for both of these amounts in coming years?
7. How are community mental health services being developed and how is it anticipated that these will complement or replace inpatient services?
8. What actions are you taking to reduce mental health inpatient admissions?
9. Are any tertiary or Tier 4 adult mental health services commissioned outside of Kent and Medway?
10. How is commissioning of adult mental health services integrated with that of other Primary Care Trusts in Kent and Medway and Kent Adult Social Services?
11. Can you please provide any relevant PALs data relating to adult mental health inpatient services?
12. More broadly, has there been any increase in mental health referrals that are thought to result from the effects of the economic downturn? And if so, is there sufficient capacity to deal with them?

For the Kent LINK:

1. How has the Kent LINK been involved in any ongoing developments regarding adult mental health inpatient and community services?
2. Have any particular issues concerning plans for these services been received by the Kent LINK from members of the public, LINK members, and/or partner organisations?
3. Is the Kent LINK currently carrying out any work in these areas?
4. Would you be able to nominate a LINK member or partner organisation who would be able to attend the meeting on 11 June to represent the views of service users (one for each 'health economy')?

Appendix B

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| Topic | Diagnostics – Waiting Times | |
| Date of Meeting | 23 July 2010 | |
| Background | | |
| <p>A diagnostic test or procedure is one which is used to identify a person's disease or condition and which allows a medical diagnosis to be made. As such they are regarded as a key component of the 18-week referral to treatment pathway. In this context diagnostics covers imaging (such as ultrasound), endoscopy, pathology and the elements of physiological measurement (such as ECGs and audiology assessment).</p> <p>The Department of Health collects and publishes information on the number of patients waiting for imaging, physiological assessments and endoscopies and within this focuses on those waiting longer than 6 weeks and those waiting longer than 13 weeks. In the NHS Operating framework for 2010/11, one of the supporting measures for the 18-week target is the number of patients waiting less than 6 weeks for a diagnostic test.</p> <p>Diagnostic tests are increasingly available in community settings as well as acute hospitals and are carried out by a range of different staff groups.</p> | | |
| Suggested Invitees | | |
| <ul style="list-style-type: none"> • East Kent Health Economy (team representing PCT and Acute sector) • West Kent Health Economy (as above) | <ul style="list-style-type: none"> • LINK • Kent Local Medical Committee | |
| Suggested Questions | | |
| <ol style="list-style-type: none"> 1. How many people resident in your PCT area receive the key diagnostic tests (imaging, physiological assessments and endoscopies) and how long do they wait? 2. How many people have their diagnostic tests carried out in a) acute hospitals b) community and primary care settings? 3. How much is spent on diagnostics? 4. How patients exercise choice when choosing where to have a diagnostic test? 5. Are there any areas of weakness which have been identified and what measures have been put in place to improve the situation? 6. What changes have there been to how and where diagnostic tests are carried out in recent years? 7. Specifically, what plans have been, or are being made, to modernise pathology services across Kent? 8. How are test results communicated to a patient's GP, how long does | | |

this normally take, and are there any specific challenges in this area?

9. Has the reported shortage of molybdenum-99 had any impact on carrying out diagnostics tests in Kent?

Members are invited to name the five questions they feel should have priority and/or suggest additional questions.

This information is requested by: 11 June 2010. Please send to the HOSC Researcher at tristan.godfrey@kent.gov.uk