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East of England Joint Health Overview and Scrutiny Committee

Agenda for the meeting of the East of England Joint Health Overview and Scrutiny Committee to be held in the Nightingale Room at the Offices of the East of England Strategic Health Authority, Victoria House, Capital Park, Fulbourn, Cambridge CB21 5XB on Tuesday 29 July 2008 starting at 10.00am

(Please note that coffee will be available from 9.30am and that the meeting will need to conclude by 12.30pm as there is another meeting in the room).

Members and officers attending the meeting should note that there is reasonable car parking at Fulbourn.

1. Introductions

2. Apologies, Substitutions and Changes of Membership

3. Declarations - Personal and Prejudicial
- Whip

4. To consider the minutes of the meetings held on

23 June 2008 (informal evidence taking session as the committee was inquorate)
Long Term Conditions and End of Life Care

26 June 2008
Children's Services

3 July 2008
Staying Healthy and Maternity & Newborn

7 July 2008
Planned Care and Mental Health

9 July 2008
Acute services and a review of the overall strategy, finance and workforce issues

5. Communications

6. Chairman's Announcements

7. *"Towards the Best Together – A Clinical Vision for our NHS, now and for the next decade"* - A Strategic Vision for the NHS in the East of England

To consider the draft report (attached) and determine the content of the final report.

8. To set a date for the final meeting of the Committee to consider the Strategic Health Authority's response to the recommendations set out in the report.

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East of England Joint Health Overview & Scrutiny Committee

Minutes of the meeting of the East of England Joint Health Overview & Scrutiny Committee held on 23 June 2008 at the NHS Innovation Centre, Cambridge on 23 June 2008.

NOTE: This meeting was inquorate and the members present decided to hold an informal evidence gathering session.

Present: Councillors, Stephen Male (Bedfordshire CC) Chairman, Susan Barker (Essex CC) (part of meeting), Alan Crystall (Southend BC), Janice Eells (Norfolk CC), Nick Hollinghurst (Hertfordshire CC – representing the East of England Assembly) (part of meeting), Bernard Lloyd (Hertfordshire CC) (part of meeting),

Also Present: – Fiona Abbott (Southend BC), Jane Belman (Cambridgeshire CC), Paul Charlton (Suffolk CC), Katherine Tollett-Cooper (East of England Regional Assembly), Simon Wood, Heather Ballard, Martin Creswell and Ed Garratt, (East of England Strategic Health Authority) together with Diane Newman, (Peterborough ME/CFS), Dawn Whittaker Suffolk, (Beccles ME group), Barbara Robinson (Long Term Conditions group for Suffolk and ME support Group), Jane Massey (Cambridgeshire ME Group), Dr. Steve Laitner (Chairman of the Long Term Condition Panel) and Dee Traue Palliative Consultant at Addenbrookes Hospital and Chairman of the End of Life Care Panel.

1. Apologies: Councillor Lister Wilson (Cambridgeshire CC), Councillor Peter Downes (Cambridgeshire CC), Councillor David Taylor (Luton Borough Council), Councillor Brian Rush (Peterborough City Council), Councillor David Cullen (Hertfordshire County Council).

2. Declarations

Councillor Lesley Salter declared that her husband is a consultant surgeon and clinical director of Southend Hospital and that her daughter practiced as a GP.

Councillor Susan Barker declared that her husband was a GP and that she was the Chair of the Regional housing Panel.

Councillor Nick Hollinghurst declared that he and his wife were landlords of a property in Dunstable, Bedfordshire, which was used by a GP practice as a surgery.

Councillor John Titmuss declared that he was a landlord for five NHS premises.

Councillor Bernard Lloyd declared that his wife was a member of the Hertfordshire Partnership NHS Trust.

3. <u>Long Term Conditions</u>

3.1 The Committee heard from Dr Lassiter, Chairman of the Long Term Conditions Panel. He made a Powerpoint presentation and the Committee was furnished with a copy of the Panel's report. He introduced the key proposals in the strategy in respect of Long Term conditions. They were:

a) Remember that people with Long Term Conditions are people first – "a person with diabetes" – and not "a diabetic".
b) Ensure personal Health Plans for everyone with a long term condition

c) Extent expert patient programmes
d) Improve timely access to specialist advice and diagnostics in primary care
e) Guarantee access to cardiac and pulmonary rehabilitation
f) Ensure comprehensive disease registers are in place for long term conditions
g) Increase the emphasis on self care and pilot patient held budgets
h) Agree and measure a new set of patient outcome and patient experience indicators
i) Ensure all relevant staff have received training on delivering a self care approach.

3.2 The members present questioned Dr Lassiter and the officers of the Strategic Health Authority on the proposals. Members of the public present also made contributions to the debate giving their experience of the treatment they received for ME/CFS. The members concluded that there were a number of issues that would need to be included in the draft of the final report and these are set out below.

3.3 While being broadly supportive of the proposals in respect of Long-Term Conditions the East of England Joint Health Overview & Scrutiny Committee be advised to recommend that:

1. The East of England Strategic Health Authority and each PCT in the East of England needs to establish a baseline of the numbers of patients with each long-term condition, together with data about categorisation or intensity of condition where that is relevant and pertinent to the treatment and care of the patient with the condition.

2. The East of England Strategic Health Authority and each PCT in the East of England needs to establish the service gaps in the volume, nature and range of services it offers in respect of each condition, identifying where the intensity of patients' conditions cannot be treated or where they cannot receive care locally.

3. The East of England Strategic Health Authority the East of England PCTs and the East of England adult social services authorities should set in place appropriate mechanisms for ensuring that patients receive integrated, seamless health and social care which is sufficiently flexible to cope with variations or deterioration in an individual patient's condition.

4. Concerns have been raised with the Committee that some GPs and some PCTs do not recognise the incidence or nature of some conditions (eg. ME) and as such the East of England Strategic Health Authority and its NHS partners should satisfy themselves that that the proposals set under the Long Term Condition section of the strategy will meet the concerns expressed.

5. The East of England Strategic Health Authority press the Government to establish a National Service Framework for ME.

6. The East of England Strategic Health Authority and its workforce partners take steps to improve the understanding of and diagnostic skills in respect of some long-term conditions by GPs, nurse practitioners and other health professionals and to reflect that better understanding in the treatment and care offered to patients with those conditions.

7. The East of England Strategic Health Authority and PCTs in the East of England do more work on separating out the risk factors and the long-term conditions per se and focuses attention on the prevention of the former and the treatment and care of the latter.

8. The East of England Strategic Health Authority and PCTs in the East of England continue to develop processes and strategies for patients to take early responsibility for their own health, for "showing" symptoms early and for their adoption of self-management programmes, including the wider roll-out of the expert patient programmes.

9. The East of England Strategic Health Authority and East of England PCTs identify how many long-term conditions do not have a locally accessible consultant.

10. The East of England Strategic Health Authority and East of England PCTs identify the number and distribution in each locality of consultants in each long-term condition.

11. The East of England Strategic Health Authority and each East of England PCT develop a range of local service information sources in respect of service availability and the availability of patient support services for long-term conditions.

12. The East of England Strategic Health Authority and East of England PCTs focus their attention on implementation and service delivery issues once the strategy has been adopted.

4. **End of Life Care**

4.1 The Committee heard from and Dr Dee Traue, Palliative Consultant at Addenbrookes Hospital and Chairman of the End of Life Care Panel. She made a Powerpoint presentation and the Committee was furnished with a copy of the Panel's report. She introduced the key proposals in the strategy in respect of End of Life Care. They were:

a) Deliver world class standards in choice of place of death.
b) Set and monitor core best practice standards for all end of life providers.
c) Create and extent support services for all families and carers, including bereavement support
d) Ensure needs assessments and advance care planning for all identified as being in their last year of life.
e) Guarantee better access to supportive and palliative care services, particularly out-of-hours
f) Work with the public and partners to raise awareness of end of life issues
g) Establish a Palliative and End of Life Care Board and create managed Palliative and End of Life Care networks.

4.2 The members present questioned Dr Dee Traue and the officers of the Strategic Health Authority on the proposals. The members concluded that there were a number of issues that would need to be included in the draft of the final report and these are set out below.

4.3 While endorsing the Vision and wishing the East of England NHS well in realising its vision in respect of End of Life Care the East of England Joint Health Overview & Scrutiny Committee be advised to recommend that:

1. The East of England Strategic Health Authority and East of England PCTs undertake a gap analysis in respect of areas where the end of life services fall short of the standards set out in the model for end of life care included in the strategy.

2. The East of England Strategic Health Authority and East of England PCTs to address the issue of attitudes towards death and dying through promoting public debate and in personal dealings with dying patients, their carers and relatives

3. In respect of the issue of funding for end of life services the Committee commends the ambition set out in the strategy but is concerned that while there will be savings from a reduction in inappropriate hospital admissions of dying people, there will be increased costs for the concomitant community services. The Committee notes that there will be a need for 24/7 services to be developed and that with the policy shift this will place additional financial pressures on local PCTs. The Committee recognises that there has been additional funding for PCTs but is not yet convinced that there is sufficient transparency in the funding model, nor is the committee yet confident that appropriate transitional funding can be put in place to meet the costs of the new model, especially in the context of PCTs needing to recycle funding savings from reducing inappropriate admissions in the development of the community services.

4. The East of England Strategic Health Authority and East of England PCTs and East of England Local Authorities and the Care Homes they commission from to deliver the choice agenda for dying patients to ensure that people are able to die in homely settings, where that is their choice and in do so ensure that at all times there is dignity in death.

5. The East of England Strategic Health Authority and its workforce training partners develop the skill base of GPs, nurse practitioners and associated professions.

6. The East of England Strategic Health Authority East of England PCTs and East of England Social services authorities ensure that there are appropriate joint commissioning arrangements, and that the funding mechanisms are aligned to deliver such arrangements.

7. The East of England Strategic Health Authority and East of England PCTs ensure that 24/7 services, including access to out-of-hours drugs services, are made available to secure the ambitions of the strategy.

8. The East of England Strategic Health Authority and East of England PCTs give further consideration to the balance between institutional hospice services and hospice at home services and in doing so ensure and secure the funding of this, and associated, voluntary services.

9. The East of England Strategic Health Authority and East of England PCTs in collaboration with national bodies and partners in other regions develop a suite of success measures and desired outcomes which can be developed in mechanisms that demonstrate measurable improvements in services.

5\. Those members present agree to convene in full Committee on 26 June 2008.

East of England Joint Health Overview & Scrutiny Committee

Minutes of the meeting of the East of England Joint Health Overview & Scrutiny Committee held on 26 June 2008 at the Headquarters of the East of England Strategic Health Authority Fulbourne, Cambridge

Present: Councillors, Stephen Male (Bedfordshire CC) Chairman, Ann Naylor (Essex CC) Alan Crystall (Southend BC), Janice Eells (Norfolk CC), Brian Rush (Peterborough City Council), Bernard Lloyd (Hertfordshire CC)

Also Present: – Fiona Abbott (Southend BC), Jane Belman (Cambridgeshire CC), Paul Charlton (Suffolk CC), Katharine Tollett-Cooper (East of England Regional Assembly), Simon Wood, Martin Creswell and Ed Garratt, (East of England Strategic Health Authority), Bert Siong (Luton Borough Council) Natalie Rotherham (Hertfordshire County Council) Nick Hollinghurst (Hertfordshire CC – representing the East of England Assembly).

1. Apologies: Councillor Lister Wilson (Cambridgeshire CC), Councillor Peter Downes (Cambridgeshire CC), Councillor David Taylor (Luton Borough Council), Councillor David Cullen (Hertfordshire County Council) Councillor Susan Barker (Essex County Council) Chris Upton (Chairman of the Children's Services Panel)

2. Declarations

Councillor Alan Crystall declared that he is a member of the Southend Hospital Foundation Trust.

Councillor Bernard Lloyd declared that his wife was a member of the Hertfordshire Partnership NHS Trust.

3. Communications

The Advisor reported that he had received information from Barbara Robinson in respect of the ME groups, which was circulated to the members who were present.

4. Chairman's Announcements

The Chairman explained that copies of the foils used by the presenters would be made available. He also made an announcement about lunch.

5. Children's Health

3.1 In the absence of the Chairman of the Children's Services Panel the Committee heard from two members of the Panel, Linda Sheridan, a consultant in Children's health and Jill Challoner, also a consultant in Children's Health. They introduced the key proposals in the strategy in respect of Children's Health. They were:

a) Ensure children's services are truly designed for children, taking into account all their needs
b) Implement the Child Health Promotion Programme for all
c) Split non-urgent from urgent care by providing more of it in the community, rather than hospitals.

d) Develop new Children's Assessment Units, and review whether every acute hospital needs an inpatient ward
e) Create clinical networks for sub-speciality children's services, including surgery
f) Strengthen Child and Adolescent Mental Health services
g) Ensure the needs of adolescents are properly catered for and there is a seamless transition to adult services.
h) Have common information systems, integrated care and co-located staff to deliver better services for children
i) Create a region wide Children's Services Board to oversee the development of Children's services.

3.2 The members present questioned Linda Sheridan, and, towards the end of the session, Jill Challoner, and the officers of the Strategic Health Authority on the key proposals. The members concluded that there were a number of issues that would need to be included in the draft of the final report and these are set out below.

3.3 While endorsing the vision for Children's Services the Committee believed that there were a number of areas that required further consideration under three main themes. These are set out below

Needs Analysis

a. That the East of England Strategic Health Authority undertakes further work in the form of gap analysis, and benchmarks services on a European, national, regional and local level.

b. That the East of England PCTs undertake local benchmarking and comparative analysis based on the Audit Commission families of authorities.

c. That the East of England Strategic Health Authority undertakes further work to focus policies and services on outcomes, rather than structures and processes.

d. That the East of England Strategic Health Authority and the East of England PCTs should explicitly recognise that children have different medical and social care needs at different ages and that processes for the analysis and diagnosis of children's needs should reflect this view.

Commissioning

e. That the East of England Strategic Health Authority and the East of England PCTs develop improved joint commissioning for Children's Services with Local Authorities in respect of both primary and secondary care. The NHS in the East of England should also work with both the Education and Children's social care services in undertaking that Joint Commissioning.

f. That the East of England PCTs, while recognising that primary care commissioning involves clinicians at the level of the practice based commissioning groups and the PCTs, also involve secondary and tiertiary clinicians in the commissioning of children's services as envisaged by the StHA in its strategy.

g. That the East of England Strategic Health Authority undertakes work to evaluate and monitor the impact and success of the different models of integrated care, rolling out the more successful practices and models across the region.

h. That the East of England Strategic Health Authority and East of England PCTs develop a “Vision for the role of Health in Schools” within the context of relevant partnership arrangements.

Specific Needs

i. That the East of England Strategic Health Authority and the East of England PCTs in delivering the strategy should particularly focus on the needs of looked after children, ensuring that there is service integration across NHS, Children’s Services and Education Services.

j. That within the context of the range of services for children and young people the East of England Strategic Health Authority and the PCTs should secure greater focus on the health needs of children with learning disabilities and their access to NHS services.

k. That the East of England Strategic Health Authority and the PCTs accords end of life services for children sufficient weight and should take steps to ensure that the final strategy should address this issue in greater depth, with appropriate support services for children, their relatives and their siblings.

6. Adjournment

6.1 The Committee adjourned its evidence-taking until 3 July 2008

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East of England Joint Health Overview & Scrutiny Committee

Minutes of the meeting of the East of England Joint Health Overview & Scrutiny Committee held on 3 July 2008 at the Offices of the East of England Strategic Health Authority, capita; Park, Fulbourn, Cambridge.

Present: Councillors, Stephen Male (Bedfordshire CC) Chairman, Alan Crystall (Southend BC), Janice Eells (Norfolk CC), Nick Hollinghurst (Hertfordshire CC – representing the East of England Assembly), Ann Naylor (Essex CC), John Titmuss (Luton Borough Council) Bernard Lloyd (Hertfordshire CC), Brian Rush (Peterborough City Council).

Also Present: – Fiona Abbott (Southend BC), Jane Belman (Cambridgeshire CC), Paul Charlton (Suffolk CC), Katherine Tollett-Cooper (East of England Regional Assembly), Bert Siong (Luton Borough Council), Natalie Rotherham (Hertfordshire CC), Martin Creswell, Ed Garratt, Dr Paul Cosford, Regional Director of Public Health, Dr Pam Hall, Katherine Jackson (East of England Strategic Health Authority) Dr Denis Cox (Chairman of the Staying Healthy Panel) Dr Boon Lim, (Chairman of the Maternity and Newborn Panel).

1. Apologies: Councillor Susan Barker (Essex CC) Councillor Lister Wilson (Cambridgeshire CC), Councillor Peter Downes (Cambridgeshire CC), Councillor David Taylor (Luton Borough Council), Councillor David Cullen (Hertfordshire County Council), Councillor Lesley (Southend BC), Salter Simon Wood (East of England Strategic Health Authority.

2. Declarations

Councillor Nick Hollinghurst declared that he and his wife were landlords of a property in Dunstable, Bedfordshire, which was used by a GP practice as a surgery.

Councillor John Titmuss declared that he was a landlord for five NHS premises.

Councillor Bernard Lloyd declared that his wife was a member of the Hertfordshire Partnership NHS Trust.

Councillor Alan Crystall declared that he was a member of the Southend Hospital Foundation Trust

3. Staying Healthy.

3.1 The Committee heard from Dr Denis Cox (Chairman of the Staying Healthy Panel). He made a Powerpoint presentation and the committee was furnished with copies of the Panel's report. Dr Cox set out the key proposals in respect of staying healthy. They were

a) Ensure we focus on improving health and wellbeing, through better prevention and treatment services for the whole population and wellbeing services targeted to reduce unfairness.
b) Guarantee access to screening and immunisation programmes for all, to detect risk factors, early on-set of disease or prevent disease
c) Offer an assessment for those at risk of heart disease to everyone aged 40-74 and provide lifestyle support and treatment for those who will benefit.
d) Cut the number of smokers by 140,000 and seek to reduce childhood obesity
e) Deliver packages of integrated lifestyle support to targeted groups

f) Create an innovation fund to support new approaches to staying healthy
g) Strengthen Health Partnerships across the local authority, voluntary, private and public sectors
h) Launch Staying Healthy in the Workplace with employers and our own staff
i) Do all we can to fight climate change and reduce its impact on health.

3.2 The Committee heard from the clinicians that were present about how these proposals would be delivered. The members asked questions about a number of the proposals and discussed issues with the clinicians and the officers of the Strategic Health Authority.

3.3 The Committee, while endorsing the vision for the Staying Healthy aims of the strategy believed that there are some areas which need further emphasis or attention. The Committee concurred in the view that Staying Healthy is the cornerstone of the vision and the strategy. It shared the view that healthcare is essential; for a good quality of life but was concerned that it will be unaffordable if the public and public authorities, private employers and others do not tackle the issue of staying healthy. The Committee was very concerned about the levels of obesity, especially in young people and the danger this presents for the increase in the incidence of diabetes. The Committee supports the view that Staying Healthy cuts across and underpins the other themes of the strategy. the committee believed that its final report should make reference to the following issues,

a. That the Strategic Health Authority seeks to secure a better balance between the strategic direction and strategic success factors for Staying Healthy and the specific deliverables set out in the strategy, with more of the former.

b. That the Strategic Health Authority and PCTs divert significant NHS resources to the projects and programmes that address the issues covered in the Staying Healthy theme and that the Strategic Health Authority and local PCTs use their influence to ensure that this is a community, not just an NHS, issue and that local authorities (including district councils), other public authorities as well as private employers embrace the necessity for every person to ensure that they adopt lifestyles that enable them to stay healthy.

c. That the Strategic Health Authority and the PCTs together with their public and private partners support measures for shifting public perceptions to a position where, within a partnership approach with the NHS, individual citizens take responsibility for their own health and that complementary, successful and subliminal messages are developed over the period of the strategy.

d. That the Strategic Health Authority and PCTs recognise the role and explicitly encourage the involvement of Schools and Colleges in the health promotion work to help secure the aims of the Staying Healthy theme.

e. That the Strategic Health Authority and the PCTs provide transparent justification of the “one percent” (of the East of England NHS Budget) commitment to the Staying Healthy programme.

f. That the Strategic Health Authority in responding to the consultation and determining a way forward recognises the need to address the issues of drugs other than alcohol.

g. That the Strategic Health Authority in responding to the consultation and determining a way forward recognises the need to address the issues arising

from sexual health.

h. That the Strategic Health Authority and PCTs recognise the role of statutory and voluntary agencies in their work in community development and similar projects and the opportunities these present for promoting health living.

i. That the Strategic Health Authority, the Local Authority Associations and other public bodies should be promoting a debate on whether local authorities should be taking responsibility for public health.

j. That all public authorities in the East of England should ensure that reports to decision-making forums should explicitly include reference to the health implications of the proposed decision, alongside the current norm for declaration of equal opportunities, legal, finance and sustainability implications.

k. That the Strategic Health Authority and PCTs promote information and education material in the benefits and drawbacks of regular and/or periodic health screening programmes.

l. That in the Strategic Health Authority promulgate advice to PCTs on addressing the needs of the traditionally hard to reach groups and others who find it difficult to access NHS services.

m. That Local Authorities should ensure that School and College Travel Plans should have a health dimension.

n. That the Strategic Health Authority recognises that the coverage of the broadcast media in the East in East England is different in different parts of the region and that the communication and information campaigns should be designed with this in mind.

o. That in considering one of the most fundamental health inequalities, the difference in mortality rates between men and women the Strategic Health Authority rejects the “that’s the way is” approach and develops health promotion and service design arrangements which addresses this differential mortality rate.

4. Maternity & Newborn

4.1 The Committee heard from Dr Boon Lim (Chairman of the Maternity and Newborn Panel). He made a Powerpoint presentation and the committee was furnished with copies of the Panel’s report. Dr Lim set out the key proposals in respect of staying healthy. They were

a) Ensure all 17 Acute Trusts will keep an obstetric unit, with a co-located midwife- led unit.
b) Guarantee one-to-one midwifery care in established labour by recruiting least 160 more midwives
c) Maximise care for ill babies by increasing level 3 intensive care cots, increasing the number of level 1 special care units and reducing the number of level 2 high dependency units.
d) Offer pre-conception care to women with pre-existing health problems and lifestyle issues
e) Increase overall number of NHS IVF cycles against standard criteria
f) Guarantee women direct access to midwives and choice of antenatal care

g) Promote normality of birth and guarantee women choice on where to give birth, based on an assessment of safety for mother and baby
h) Guarantee choice of postnatal care to women, especially those most in need
i) Establish networks covering maternity and neonatal services.

4.2 The Committee heard from Dr Lim about how these proposals would be delivered. The members asked questions about a number of the proposals and discussed issues with Dr Lim and the officers of the Strategic Health Authority.

4.3 While endorsing the Vision for the Maternity and Newborn aims of the Strategy the Committee believed that there were some areas which need further emphasis or attention. The Committee recognised the importance of good maternity and newborn services. It heard evidence that there are proposed changes in the structures to deliver these services. The Committee was concerned that the proposals are not yet sufficiently firm to have been included in this strategy and to have been the subject of, and benefited from, wider public discussion during the consultation process. The Committee believed that there are some omissions and that some different emphases could bring benefits overall. Accordingly the Committee agreed that the following issues would feature in its final report,

a. That the reference to IVF treatments should be more explicit in setting out how the standardisation of the service level and the increase in the number of IVF cycles will operate and that NICE guidance will be supported by PCTs throughout the Strategic Health Authority area.

b. That there should be greater clarity and transparency in the justification of the geographical spread of Level 1, Level 2 and Level 3 baby units and that the Strategic Health Authority should consider whether, notwithstanding whether the arguments may be sound, this service delivery arrangement may be a step too far, bearing in mind the fact that the neo-natal transport system is not yet operating 24/7.

c. That the Strategic Health Authority and the relevant PCTs provides and publishes further information on the numbers of cots in each of the Level 1, Level 2 and Level 3 facilities.

d. That the Strategic Health Authority and the East of England Ambulance and Paramedic Service should take steps to ensure that the neo-natal transport system has the capacity to operate 24/7.

e. That the Strategic Health Authority and the PCTs set in place integrated post-natal services covering the complementary roles of midwives and health visitors

f. That the Strategic Health Authority, the PCTs and the Local Authorities support proposals for developing the scope for Children's Centres to provide antenatal services.

g. That the Strategic Health Authority, the PCTs and the relevant Acute Trusts provide more focus for parents of children with disabilities or abnormalities.

h. That the Strategic Health Authority, the PCTs and the Acute Trusts commission good quality end of life support services for the Maternity and Newborn services.

i. That the proposed actions relating to the high incidence of HIV in newborn babies and their mothers be supported and developed by the relevant PCTs and Acute

trusts.

j. That the Strategic Health Authority, PCTs and Acute trusts focus on alcohol and drugs, in addition to smoking, in developing the pre-conception and ante-natal services, and that Local Authority Children's services make full use of the Common assessment framework to protect the affected babies.

k. That the PCTs and the Local Authorities should focus attention on the vulnerable groups.

l. That the Strategic Health Authority and PCTs address and rectify the omission of the strategy and policy framework for terminations from the strategy.

4.4 The Committee thanked Dr Lim for his presentation.

5. Adjournment

5.1 The Committee adjourned until 7 July 2008. .

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East of England Joint Health Overview & Scrutiny Committee

Minutes of the meeting of the East of England Joint Health Overview & Scrutiny Committee held on 7 July 2008 at the Headquarters of the East of England Strategic Health Authority, Fulbourn Cambridge.

Present: Councillors, Stephen Male (Bedfordshire CC) Chairman, Ann Naylor (Essex CC), Alan Crystall (Southend BC), Janice Eells (Norfolk CC), Nick Hollinghurst (Hertfordshire CC – representing the East of England Assembly), Bernard Lloyd (Hertfordshire CC), Brian Rush (Peterborough Borough Council).

Also Present: – Fiona Abbott (Southend BC), Jane Belman (Cambridgeshire CC), Bert Siong (Luton Borough Council), Natalie Rotherham (Hertfordshire CC), Katherine Tollett-Cooper (East of England Regional Assembly), Simon Wood, Paul Toner, Martin Creswell and Ed Garratt, (East of England Strategic Health Authority) Dr. Gillian Oaker (Chairman of the Mental Health Panel) together with Ms Tanya and Mrs Christine Harrison members of the public and representing ME patients.

1. Apologies: Councillor Lister Wilson (Cambridgeshire CC), Councillor Peter Downes (Cambridgeshire CC), Councillor Lesley Salter (Southend Borough Council), Councillor David Taylor (Luton Borough Council), Councillor David Cullen (Hertfordshire County Council).

2. Declarations

Councillor Nick Hollinghurst declared that he and his wife were landlords of a property in Dunstable, Bedfordshire, which was used by a GP practice as a surgery.

Councillor Alan Crystall declared that he was a member of the Southend hospital Foundation Trust.

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Councillor Janice Eells declared that she was a member of the Older People's Mental Health Board in Norfolk.

Councillor Bernard Lloyd declared that his wife was a member of the Hertfordshire Partnership NHS Trust.

3. Communications

3.1 The Advisor reported that he had received a set of papers from the ME support groups and these would be circulated at the meeting.

4. Mental Health

4.1 The Committee heard from Dr Gillian Oaker (Chairman of the Mental Health Panel). She made a Powerpoint presentation and the committee was furnished with copies of the Mental Health Panel's report. Dr Oaker set out the key proposals in respect of mental health. They were:

a) Recognise the importance of prevention and the need to tackle the stigma associated with mental health problems
b) Ensure mental health services are recovery focused
c) Introduce a maximum wait of 18 weeks for services with shorter guarantees where appropriate
d) Seek to detect dementia earlier

e) Help more people with dementia live at home as long as possible
f) Recruit hundreds of new professionals including at least 350 new psychological therapists; older people's mental health teams; recovery, time and support workers; and carer support workers.
g) Deliver a new deal for carers through an expert carers programme.

4.2 The Committee heard from the Dr Oaker and Paul Toner about how these proposals would be delivered. The members asked questions about a number of the proposals and discussed issues with the clinicians and the officers of the Strategic Health Authority.

4.3 The Committee approached the theme of Mental Health with a particular concern. The Committee expressed the view that people with mental health needs are amongst the vulnerable in society and are amongst those least able to represent their own needs. As such the Committee believes that the NHS and their Local Authority commissioning and voluntary sector provider partners should give specific attention to developing effective and supportive mental health services. The Committee welcomed the emphasis given to mental health in the strategy. However it believed that its final report should address the following issues.

a) Action to be taken by the Strategic Health Authority and the PCTs to establish a database which accurately records, at each decision making level in the NHS in the East of England, the incidence and intensity of each category of mental health disorders.

b) The priority given to developing carers' services and the associated signposting services be endorsed and supported and that the special needs of young carers is recognised and that appropriate support and methods of recognition of their contribution are developed.

c) That the Strategic Health Authority and PCTs review and develop their mental health services for prisoners, over 75% of which have mental health conditions, and where their period of incarceration offers a real opportunity to diagnose and treat their conditions.

d) That the Strategic Health Authority and PCTs review their implementation of NICE guidelines on post-natal priorities especially where patients exhibit symptoms of depression or bi-polar disorder and where the patients can harm themselves or others in their care.

e) That the Strategic Health Authority and the PCTs review their services for children with Mental Health conditions

f) The Strategic Health Authority and the PCTs take steps to secure sustainable long-term funding for mental health workforce development.

g) Action is taken to establish and embed measures of clinical effectiveness that can be monitored and can form the basis of an annual report on progress with meeting the aims set out in the strategy.

h) Action is taken at each policy making and commissioning level within the NHS and the Local Authorities to ensure that their commissioning frameworks are designed to accommodate the movement of patients and clients between the sectors.

i) Each GP surgery (or consortia of surgeries in rural areas) should be encouraged to ensure that at least one GP has a good knowledge of mental health conditions to facilitate referral for diagnosis and assessment.

j) Patients presenting with medically unexplained symptoms should be screened for mental health conditions, while ensuring that no patient with a mental health condition is denied needed medical treatment.

k) The Strategic Health Authority, the PCTs and Local Authorities, together with their workforce development partners, develop opportunities for professional staff to learn from successful protocols and treatments in the East of England and nationally.

l) The Strategic Health Authority and PCTs develop clear and publicly available information on the patient pathways and maximum waiting time guarantees for each mental health condition.

4.4 The Committee thanked Dr Oaker and Mr Toner for their presentation and for their response to Committee's many questions.

5. **PLANNED CARE**

5.1 The Committee heard from Dr Jane McCue (Co-Chairman of the Planned Care Panel). She made a Powerpoint presentation and the committee was furnished with copies of the Planned Care Panel's report. Dr McCue set out the key proposals in respect of Planned Care. They were:

a) Deliver more care closer home, away from acute hospitals
b) Guarantee better access to GPs, dentists and radiotherapy services
c) Provide direct access to specialist advice and diagnostics and more local provision of diagnostics
d) Guarantee a maximum 18 week wait for more of our services including speech therapy, podiatry, orthotics, wheelchair services and orthodontics
e) Ensure that all patients have a full and free choice of where to go for planned care
f) Develop better local support for post-operative recovery
g) Agree, and measure, new clinical, quality of life and experience outcomes
h) Ensure that there is appropriate centralisation for complex care, particularly specialised surgery.

5.2 The Committee heard from the Dr Mc Cue and officers of the Strategic Health Authority about how these proposals would be delivered. The members asked questions about a number of the proposals and discussed issues with the clinicians and the officers of the Strategic Health Authority.

5.3 the Committee while generally endorsing the proposals for Planned Care believed that a number of issues need to be included in their final report. They were:

a) Reference to the Air Ambulance Service, its role and importance, method of funding and payment, clinical governance arrangements, whether voluntary contributions were an adequate funding mechanism.

b) Mechanisms and barriers to separating out elective and emergency surgery. Role of independent treatment centres. What is Impact on hospital revenue streams and on surgeon training.

c) Welcome the streamline models of care

d) Case review & rehabilitation – integration of health and social care spectrum of intermediate care arrangements. Change remit of community beds. Role of community beds/community services to de differentiated across their disparate functions (medical convalescence to social care) needs to be established and properly reflected within the commissioning regime

e). Welcome arrangements for centralisation of complex care – 24/7 senior cover, casework minimisation, cost-effective use of trained staff and expensive equipment

f) In determining access to services need to recognise time and distance especially as affects rural/urban, closeness to other NHS infrastructure (eg London) compared with sparsely populated areas (eg Norfolk)

g) Scope for developing GP computer aided diagnosis and computer based patient self diagnosis. Need to support early reporting of symptoms to GP

h) Support for more GP based screening, diagnosis, testing, and treatment including minor surgery where facilities and skills exist

i) Although there is secondary and tiertiary specialisation, ensuring that the lessons and experiences of that specialisation are reflected in practice-based and PCT commissioning – support for StHA position on this.

j) Support the rolling out national and regional good practice in hospital and community beds and other asset utilisation

k) Support extension of maximum waiting time guarantees to other planned care services and support provision of public information and signposting of the commitments. Establish when the guarantees will be in place and operating.

l) Need to stress joint funding and joint commissioning

m) Recognise that this could be a fundamental change of process informed by choice, locality treatment, minimum length of stays on specialised facilities, local recovery/convalescence

n) Need to address the locations for different specialisations and while this may be a subject of local consultation there is also a need to take a strategic/regional view to ensure that that there is equality of access to services across the region.

5.4 The Committee thanked Dr McCue for her presentation thanked the officers of the Strategic Health Authority for their contribution to the debate and Committee's understanding of the proposals.

6. Adjournment

6.1 The Committee adjourned until 9 July 2008.

East of England Joint Health Overview & Scrutiny Committee

Minutes of the meeting of the East of England Joint Health Overview & Scrutiny Committee held on 9 July 2008 at the Headquarters of the East of England Strategic Health Authority, Fulbourn Cambridge.

Present: Councillors, Stephen Male (Bedfordshire CC) Chairman, Janice Eells (Norfolk CC), Helen Levack (representing the East of England Assembly) (for part of meeting), Bernard Lloyd (Hertfordshire CC), John Titmuss (Luton Borough Council), Lesley Salter (Southend Borough Council)

Also Present: – Councillor Alan Crystall (Southend BC), Fiona Abbott (Southend BC), Jane Belman (Cambridgeshire CC),), Liz Boome (Peterborough Borough Council), Bert Siong (Luton Borough Council), Natalie Rotherham (Hertfordshire CC), Katherine Tollett-Cooper (East of England Regional Assembly), Simon Wood, Alida Farmer, Karen Livingstone and Ed Garratt, (East of England Strategic Health Authority) and Dr Robert Winter (Chairman of the Acute Care Panel).

1. Apologies: Councillor Lister Wilson (Cambridgeshire CC), Councillor Peter Downes (Cambridgeshire CC), Councillor David Taylor (Luton Borough Council), Councillor David Cullen (Hertfordshire County Council) Councillor Brian Rush (Peterborough City Council), Councillor Susan Barker (Essex County Council).

2. Declarations

Councillor Lesley Salter declared that her husband was Medical Director and a consultant at Southend Hospital foundation Trust. .

Councillor Alan Crystall declared that he was a member of the Southend hospital Foundation Trust.

Councillor Bernard Lloyd declared that his wife was a member of the Hertfordshire Partnership NHS Trust.

Councillor Helen Levack declared that she was a part-time medical secretary in the NHS in Suffolk, but did not hold a decision-making role.

3. Communications

3.1 The Advisor reported that there were no communications.

4. Acute Care

4.1 The Committee heard from Dr Robert Winter (Chairman of the Acute Care Panel) who also led for the Strategic Health Authority on Clinical issues. He made a Powerpoint presentation and the committee was furnished with copies of the Acute Care Panel's report. Dr Winter set out the key proposals in respect of mental health. They were:

a) Ensure all 17 Acute trusts will continue to have an A&E department.
b) Make access easier by creating a new memorable telephone number for urgent care and ensuring consistent triage across all services.
c) Create a series of Urgent Care Centres
d) Work towards providing 24/7 access to a fuller range of key acute services

e) Work towards providing key acute services 24/7
f) Create new specialist centres for stroke, primary angioplasty and major trauma.
g) Introduce universal 24/7 coverage of stroke thrombolysis
h) Create clinical networks for specialist services.

4.2 The Committee heard from Dr Winter and Simion Wood of the Strategic Health authority about how these proposals would be delivered. The members asked questions about a number of the proposals and discussed issues with Dr Winter and the officers of the Strategic Health Authority.

4.3 The Committee generally concurred with proposals set out in the strategy and Dr Winter's presentation. It did however believe that there were some points which should be covered in its final report. These were:

a) The Committee agreed with the need to improve the quality of urgent care centres, to move the East of England nearer to best clinical practice

b) The Committee supported the concept of "specialisation where necessary" and the development of clinical networks.

c) The Committee welcomed the development of integrated graduated acute care across the spectrum of primary care, urgent care centres, A&E and specialised units

d) The Committee welcomed the senior clinician involvement in initial assessment arrangements

e) The Committee welcomed the review of pre-hospital critical care. However the Committee believes that where core competencies are vital to the operation of the NHS they should be the subject of integrated governance, clinical standards, management arrangements and funding by the NHS. The Committee believes that where such services are a part of the core NHS service response they should be the subject of a contract with the NHS in the East of England. There needs to be an effective balance between voluntary contributions and mainstream funding.

f) The Committee was concerned that it did not have before it information relating to the timescales and locations of the specialised centres and was not therefore able to make any judgements about the accessibility by patients to these services.

g) The Committee was concerned to hear that the early promise of IT imaging has not yet been fulfilled and believes that such technological advances are essential to the operation of distributed clinical networks where specialists in one medical setting can review patient data and images from doctors in another location. The Committee would support action by the StHA to improve this situation.

h) The Committee welcomes the provision of 24/7 services that are a cost-effective use of expensive medical personnel and skills

i) The Committee believed that the Acute Care proposals should be underpinned by a suite of outcome based objectives indicators and SMART targets

j) The Committee welcomed the reconfiguration of triage and patient pathways to provide a patient focus and perspective

4.3 The Committee thanked Dr Winter, Simon Wood and their colleagues for their presentation.

5. OVERALL STRATEGY, FINANCE and WORKFORCE ISSUES

5.1 Simon Wood Programme Director gave a Powerpoint presentation on how the Strategic Health authority's proposals met the requirements of Lord Darzi's most recent publication on the future of the NHS. He reassured the Committee that all of the main proposals in the most recent Darzi report were already a part of the Authority's proposals.

5.2 The Committee was joined by officers of the Strategic Health Authority, Martin Taylor (Head of Finance) and Stephen Welfare(Head of Workforce). Stephen Welfare explained the approach to developing leadership across the eastern region NHS and that more staff would be needed to leads front line change.

5.3 The Committee considered each of the Principles for progress and agreed that amendments to principles 4 and 6 should be recommended.

5.4 The Committee then heard more detail on the following cross cutting issues
a) Quality & Safety
b) Innovation & Improvement
c) Recording patient and Carer experience of the NHS
d) Workforce and training Issues
e) Information and the use of IT
f) Commissioning & System Management
g) Finance and funding.

5.5 From the evidence it considered, the Committee believed that were are a number of general points it should make about the strategy as a whole. Accordingly the Joint Committee agreed that the following points and issues should feature in its final report,

a. That the Strategic Health Authority should set SMART strategic targets for the Vision as a whole.

b. That the PCTs should respond with implementation plans to achieve the strategic targets set by the Strategic Health Authority again accompanied by SMART targets so that as the strategy is cascaded through the East of England NHS there is a hierarchy of plans and targets.

c. That the Local Authorities should work closely with their local PCTs to secure the aims of each authority's Local Area Agreements, including the strategic targets set referred to in sub-paragraph a) above.

d. That to assure clarity of purpose and to ensure that the proposed Implementation Boards are successful, they should be invited to prepare and submit to the Strategic Health Authority publicly available Annual Reports which monitor and review progress with achieving the SMART targets for each of the themes in the strategy.

e. That the local NHS Bodies work with each other and with their Local Authorities to secure the implementation of health and social services that are client and patient focused, and that there is appropriate interweaving of the initiatives within and between the themes (for example that end of life services also apply to dying babies and their parents).

f. That the Strategic Health Authority and PCTs focus their attention on implementation and service delivery issues once the strategy has been adopted.

g. That the Strategic Health Authority and the PCTs take the necessary steps to support the necessary patient focused IT investment across General Practice, between GPs and the Acute Trusts and across the wider clinical networks

h. The Committee welcomes the fact that all of the Darzi Report Recommendations have already been addressed in *"Towards the best, together"*

i. The Committee agrees with the suggested "principles for progress" to take forward the service design proposals set out in *Towards the best, together* subject to the following suggested amendments
i) Principle 4 – should include reference to a well led, skilled, valued and well-motivated workforce, and
ii) Principle 6 – should include reference to the need for outcomes that deliver measurable and meaningful improvements to be underpinned by a suite of outcome based objectives, indicators and SMART targets

j. The Committee more generally believes that for the proposals in the strategy to be successful it is necessary for there to be within the East of England NHS a well-led, skilled, motivated and valued workforce.

k. The Committee believes that is will be necessary to establish and agree the required quality measures and metrics soon rather later as these will be necessary to progress the publication of quality performance information for patients and NHS management and before quality improvements can be recognised and rewarded. Accordingly the Committee believes that this is an initiative which should be given priority.

l. The Committee believes that it is necessary to have a system for the uplifting of quality in service delivery across each of eight themes and the Committee

welcomes the high priority that will be afforded to this work, especially where it will lead to , for examples, a reduction in the incidence and indeed the risk of acquiring hospital acquired infections.

m. The Committee supports the need to develop a quality and safety culture within the East of England NHS and believes that this can best be secured and developed by the introduction and roll-out of statistical, evidence based, monitoring systems

n. The committee supports the need to improve the understanding, dissemination and roll-out of national and regional best practice and believes that the Strategic Health Authority could in this regard learn much from the approaches and methodologies adopted by other sectors of the economy, including private sector practice and that this is one area where the new Strategic Health Authority responsibilities for innovation could be applied.

o. The Committee supports the Strategic Health Authority proposals for improved, systematic and evidential base for developing and collecting information on patients' experiences of using NHS services and using the findings to improve service design and delivery.

p. The Committee, while it supports the further focus on workforce planning being based on the requirements and the principles set out in the strategy, recommends that this should be rooted in the revised clinical assessment and treatment models and improved patient pathways and further recommends that initiatives and action in this area should be evidentially based.

q. The Committee support the development of information systems, the use of Information Technology and digital technology to gather and analyse patient and outcome data as part of a better evidential base for decision making

r. The Committee supports the development of world class commissioning and recommends that for it to be effective the Strategic Health Authority takes steps to ensure that it is outcome focused, rather than input or process focused.

s. The Committee urges the Strategic Health Authority, as soon as possible, to focus on the implementation of the strategy, especially the financial implications of change which should be taken forward through a rigorous process of business planning

t. The Committee, recognising that much of the change envisaged in the strategy will need to be internally funded by the redirection of resources, recommends that the Strategic Health Authority and local NHS bodies recognise and engage the public in discussions and debate on the possibility that there may need to be the retrenchment, curtailment or closure of some services alongside the development of other services and facilities.

u. The committee would support the Strategic Health Authority in its endeavours to secure a fair share of national funding for the East of England, which is currently c£100 million short of its assessed target allocations for PCTs.

5,6 The chairman thanked all of the officers for their presentations and for answering the Committee's questions.

6. Closure of the meeting

6.1 The Chairman reminded those present that the Committee would meet on **29 July 2008 at the** Strategic Health Authority Headquarters to finalise its report.