

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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