

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 lead 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 there 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 it 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.