

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 tertiary 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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