East of England Joint Health Scrutiny Committee

Minutes of the meeting of the east of England joint Health Scrutiny Committee held at the offices of Essex County Council, Chelmsford, Essex, on 14th May 2008.

Present: Councillors, Stephen Male (Bedfordshire CC) Chairman, Susan Barker (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 BC), Lesley Salter (Southend BC), John Titmuss (Luton BC).

Also Present: Officers – Fiona Abbott (Southend BC), Jane Belman (Cambridgeshire CC), Natalie Rotherham Hertfordshire CC), Paul Charlton (Suffolk CC), Tom Hook and Katherine Tollett-Cooper (East of England Regional Assembly), Simon Wood and Ed Garratt, (East of England Strategic Health Authority).

Apologies: Councillor Lister Wilson (Cambridgeshire CC), Cllr Peter Downes (Cambridgeshire CC).

1. **Minutes of the meeting of the Joint Committee held on 1st February 2008.**

   The Minutes of the meeting of the Joint Committee held on 1st February 2008 were agreed subject to the deletion of the "s" in Councillor Hollinghurst's name in minute 4. Paragraph 7 was also correctly numbered.

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 he was a member of the Hertfordshire Partnership NHS Trust.

   No member declared a whip.

3. **Communications.**

   Two papers from the Department of Health, previously circulated by the Advisor were noted.

   Councillor Lloyd drew the Committee's attention to the circumstances where agreed mediation might be pertinent for the joint Overview & Scrutiny Committee. It was also noted that any agreement on the strategy proposed by the Strategic Health Authority would focus on what would be achieved, while the local strategies proposed by individual PCTs would describe how the aims of the strategy would be secured.

4. Chairman's announcements

There were no such announcements.

5. A Strategic Vision for the NHS in the East of England.

Simon Wood, Project Director for the strategy, introduced the East of England Strategic Health Authority's strategy "*Towards the best together – a clinical vision for our NHS, now and for the next decade*". A copy of his presentation is attached as Appendix A. He was supported by Dr Ed Garratt, Head of Communications and Public involvement for the Strategic Health Authority.

Mr Wood explained that for the first time the NHS in the East of England was debt – free and thus there was an opportunity to bring forward a comprehensive strategy for the NHS in the East of England. There was a 10 year discrepancy in the mortality rates of the rich and the poor in the region. There were 1 million smokers in the region.

Councillor Male asked about the impact of the strategy if people did not want to change their lifestyles. Councillor Hollinghurst thought that people would be grateful for receipt of information about the consequences of their lifestyle and that the information about the benefits of change would percolate through the population. Councillor Lloyd believed that the relative health of the population in the East of England could mean fewer people needing treatment, thereby releasing money for other treatments, help to reach the "hard to reach" communities who had higher rates of poor diets, smoking etc. There was a need to continually campaign to secure the benefits of better health.

Mr Wood indicated that there were shared health issues and that the strategy was based on working in partnership across the NHS system in the East of England. He explained that there were five clinical groups which would give a steer to the Strategic Health Authority Board. The Strategy covered both hospital and related community services. The Strategy built on the eleven pledges in *"Improving Lives, Saving Lives"* adopted by the Strategic Health authority. It also built on the national strategies *"Our NHS, Our Future"* and *"Changing for the Better".*

Mr Wood explained that each element of the strategy would be judged by how well it met the eleven pledges and was also judged against six principles, although not every proposal would need to meet each of the principles,. The principles are:
a) a focus on prevention, health inequalities and timely interventions
b) services focused on the needs of the individual and their carer
c) services localised as much as possible, but centralised where appropriate
d) services that are accessible and integrated, delivered by a flexible and skilled workforce
e) partnership with others where possible, with patients always
f) outcomes that deliver measurable and meaningful improvement.

There was a need to develop a business case and for there to be a programme of cost-effective treatments. The strategy was a clinical vision, prepared by teams of clinicians from across the region. The Strategic Health Authority's role was to ensure that there were proper business cases for each aspect of the strategy. There was always a balance to be secured between prevention and treatment. However the strategy was underpinned by two priorities, staying health and securing mental health.

Mr Wood explained that there were eight clinical pathway groups, each chaired by a clinician. Each group has produced its own report and these would be made available to the Joint Committee. These work streams formed the basis of the principal themes of the strategy:
1. Staying Health

2. Mental Health
3. Maternity and Newborn
4. Children's Services
5. Planned Care
6. Acute Care
7. Long Term Conditions
8. End of Life Care

In setting out the detailed proposals of each of these themes Mr Wood explained that it would be important to set targets, established baseline data and that the targets quantifying objectives were given end dates. The Chairman reiterated the need for SMART targets.

Members raised a number of general concerns in respect of the work streams including in respect of Staying Healthy and Mental Health
a) the need to establish baseline data from which progress in improving health care could be assessed, including the current health of hard to reach groups and other such as prisoners
b) how priorities were set that appeared to exclude some patients from screening programmes – (e.g. the over 74s in respect of heart disease)
c) the benefits of screening programmes leading to early detection of disease or specific conditions
d) the scope for pooling information with contiguous programmes such as the supporting people programme
d) the need to ensure that there is continuum of care across the health and social care spectrum
e) the funding position – especially in respect of the increases in mental health services
f) whether too much was being expected of school, deflecting them from their core function of educating pupils
g) the need to quantify the objectives by developing targets

Mr Wood explained that in setting the strategy it would be up to local PCTs to first consult on the local implications of the strategy and then deliver local services. PCTs will pick up the targets arising from the adoption of the strategy. There would need to be a focus on making better use of existing resources rather than the strategy being delivered by the use of significant additional resources.

Mr Wood briefly ran through the main elements of each of the other themes and members commented on the issues raised:

a) Maternity & Newborn

- there was a need to subsidise smaller maternity units to maintain local access
- how an additional 160 midwives were to be recruited
- the re-designation of some level 2 baby units as level 1 centres with additions to the existing level 3 baby units at the Luton & Dunstable, Addenbrookes and Norwich & Norfolk Hospitals, by upgrading some of the remaining level 2 baby units
- recruitment difficulties and the need to train staff to develop their skills

b) Children's Services

- the need to recruit more paediatric diabetic specialists
- the need to address childhood obesity

- proposals for developing sufficient in-house capacity for children's beds, but proposals for children not to stay in hospital overnight if it is not necessary - possibly leading to fewer paediatric units
- the need for better information and data across the health, social care and education interface

c) Planned Care

- concerns about waiting times and the current 18 week limit
- speech therapy and the need for appropriate funding streams to be set in place

d) Acute Care

- the need for further information on urgent care centres
- more urgent care centres to be included at the front end of accident & emergency departments
- the need to determine the number and distribution of trauma centres together with the co-location of contiguous services
- the number of angioplasty centres, some of which would operate "24/7" together with others that would operate with fewer hours
- the need to determine how many stroke centres were to be provided, bearing in mind that they would need the facilities of a major trauma centre
- the need for a paper for the Committee explaining the technical terms and explaining the nature of the treatments they describe
- the further scope for computer aided diagnosis

e) Long –Term Conditions

- the need for integrated care
- the benefits of delivering treatment closer to home, rather than through the outpatient route

f) End of Life Care

- the need for the proper funding of hospices and tapping the public's goodwill towards the hospice movement
- the scope for developing the hospice at home movement
- the welcome inclusion of the benefits of including and properly addressing the issue of end of life care.

Mr Wood then explained that the Strategic Health authority had already set in place a consultation strategy, had offered to provide speakers for groups of patients or for public meetings and would ensure that the Chairs of the work streams could be made available to the Joint Committee to explain the detail of each theme of the strategy.

The Chairman and the Committee thanked Mr Wood and Dr Garrett for their presentation.

6. Way Forward

The Advisor introduced his paper covering the proposed method of working, dates of future meetings and the locations of future meetings.

The Chairman proposed that the Committee considered two themes on each day over a number of meetings. The Advisor was requested to arrange a programme of

meetings with the following groupings

Meeting 1 – Staying Healthy, Mental health and End of Life Care
Meeting 2 – Maternity & New Born and Children's Services
Meeting 3 – Planned Care and Long-term Condition
Meeting 4 – Acute and Overall consideration of the strategy
Meeting 5 – a final meeting to sign-off the response of the Committee to the Strategic Health Authority

The members concurred in the list of potential witnesses who could be asked to provide written or oral evidence, bearing in mind it was the responsibility of the Strategic Health Authority and its NHS partners to conduct the consultation. The Committee requested that the Advisor invite the East of England Ambulance and Paramedic Trust, the Association of Directors of Children's Services and the Association of Directors of Adult Social Care to give evidence to Committee. .

Members debated potential locations for future meetings and agreed to accept the offer from the Strategic Health authority to meet at their headquarters building at Fulbourn, Cambridgeshire.

At 2.45pm the meeting became inquorate and the Chairman closed the meeting.

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