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Scrutiny
Improving Public Services

Commissioning of Services
West Essex PCT

An interim report of a review by a Task & Finish Group
of the Health Overview & Scrutiny Committee

1st draft

May 2009

Essex County Council

Content

Preface

Photo to be included?

I have pleasure in introducing what we hope will be an interim report into the commissioning of health services in West Essex.

A number of pressures precluded the Group from completing its review prior to the June 2009 elections but we consider this to be an important contribution to the work of the Health Overview & Scrutiny Committee in holding the National Health Service to local democratic account.

As a group we were able to identify fifteen questions which were put to the Chief Executive of the West Essex Primary Care Trust. If the Group were to be re-convened we would like to drill further into some of these issues and in particular take evidence from service users.

We were particularly concerned over the three-year time-lag before population growth is reflected in Government funding for the PCT and have recommended that representation be made to Government about this.

We look forward to being able to complete this in-depth review.

Councillor Ray Gooding
Chairman
West Essex PCT Task & Finish Group

Glossary of terminology

A&E	Accident & Emergency
CAMHS	Child & Adolescent Mental Health Services
CMHT	Community Mental Health Team
CWOP	Community Wellbeing and Older People
EAU	Emergency and Accident Unit
EIT	Early Intervention Team
FAIR	Funding Advice and Information Resource
GP	General Practitioner
HOSC	Health Overview and Scrutiny Committee
IAPT	Improving Access to Psychological Therapies
IT	Information Technology
JAR	Joint Area Review
JSNA	Joint Strategic Needs Assessment
LAA	Local Area Agreement
LINks	Local Involvement Networks
NCT	National Childbirth Trust
NHS	National Health Service
PAHT	Princess Alexander Hospital Trust
PALS	Patient Advice and Liaison Service
PBC	Practice Based Commissioning
PCT	Primary Care Trust
PEC	Professional Executive Committee
PSC	Policy and Scrutiny Committee
RAC	Rapid Access Clinics
SHA	Strategic Health Authority
VAEP	Voluntary Action Epping Forest
WCC	World Class Commissioning
WEPCT	West Essex Primary Care Trust
PEC	Professional Executive Committee
PAHT	Princess Alexandra Hospital Trust

Summary

This report details the work so far and the interim recommendations of a task & finish group established by the Health Overview & Scrutiny Committee (HOSC) to review the way in which the West Essex PCT commissions services.

It arose following concerns raised by HOSC regarding the provision of GP services in West Essex relating to housing growth, development and capacity, particularly in light of a recent closure of a branch surgery and proposal to relocate a surgery. The funding situation had also been raised as an issue with a 2% year on year growth in population, but with delays for the funding to follow the patient, putting a strain on resources. HOSC also saw it as a pilot exercise following which it would consider whether a similar review should be undertaken in respect of each of the other four PCTs covering Essex.

Due to a number of problems in co-ordinating available dates on which both Members of the Group and NHS representatives could meet, the work has not progressed as far as initially anticipated. The Group feel strongly that the work should continue following the June 2009 County Council elections but are aware that as a result there could be changes to the HOSC membership. This detailed report is therefore intended to gather all evidence received so far into a single document to make it easier for any new Member(s) to be brought up to speed with this investigation.

The report details:

- The background information supplied by the PCT
- A visit made by two Members to a meeting of the Epping Forest Practice Based Commissioning Group
- The PCT's response to fifteen questions arising from the Group's review of the strategy for delivering health services across West Essex

Whilst the Group were unable to complete their work and recommend that a similar Group be reconvened to complete this important scrutiny activity, they were able to make some interim recommendations covering:

- The time-lag between growth and increased funding for Primary Care Trusts.
- The need for mechanisms for Members to receive information of activity within the PCT and its PBC groups and for this to be fed into HOSC on a regular basis.
- The implications of the Princess Alexandra Hospital not achieving Foundation Status.

These interim findings and recommendations are detailed on the next page. They will form part of the routine monitoring arrangements for all scrutiny recommendations which provides an audit of whether they have been implemented and at a later date the impact they will have made to health services within West Essex.

Findings	Recommendations
Finding 1 There is a three-year time-lag before population growth is reflected in Government funding for the PCT.	**Recommendation 1** The Health Overview & Scrutiny Committee should make representation to Government about the time-lag between growth and increased funding for Primary Care Trusts. ***Owner:*** Chairman of HOSC ***Implementation Review Date:*** September 2009 ***Impact Review Date:*** September 2010
Finding 2 The review had raised a number of issues that require further investigation, including evidence from other organisations to consider issues such as: • Further consideration of the issues arising from the PCT's answers to their questions • A need to gain a better understanding of the PCTs public engagement and therefore for them to speak directly with stakeholders and front-line staff to gather formal evidence. • Accessibility and transport issues, particularly with much of the area being rural. • Evidence from the Strategic Health Authority (SHA) on their scoring process and the SHA's view of the West Essex PCT Strategy.	**Recommendation 2** HOSC should reconvene the Task & Finish Group to complete the investigation which should be undertaken as quickly as possible whilst providing time to take evidence from other organisations. ***Owner:*** Chairman of HOSC ***Implementation Review Date:*** September 2009 ***Impact Review Date:*** September 2010
Finding 3 HOSC, its sub-groups and the Area Forums can only effectively hold the NHS to local democratic account if they are kept fully aware of current activities.	**Recommendation 3** Mechanisms should be put in place for Members to receive information of activity within the PCT and its PBC groups and for this to be fed into HOSC on a regular basis. ***Owner:*** Chairman of HOSC ***Implementation Review Date:*** September 2009 ***Impact Review Date:*** September 2010
Finding 4 HOSC needs to fully understand the implications of the Princess Alexander Hospital not achieving Foundation Status.	**Recommendation 4** HOSC should consider establishing a review of the progress by the Princess Alexander Hospital towards achieving Foundation Status, including the implications of not doing so.

Introduction

This scrutiny review arose following concerns raised by the Health Overview & Scrutiny Committee regarding the provision of GP services in West Essex relating to housing growth, development and capacity, particularly in light of a recent closure of a branch surgery and proposal to relocate a surgery. The funding situation had also been raised as an issue with a 2% year on year growth in population, but with delays for the funding to follow the patient, putting a strain on resources.

At the meeting of the Health Overview & Scrutiny Committee held on 2 April 2008, the Chairman proposed a review to look at the strategic commissioning of primary care services, particularly in light of housing growth, development and capacity to ensure robust plans and infrastructure are in place. In agreeing the proposal HOSC decide to establish a small task & finish group to undertake this review.

The Membership of the Task & Finish Group was:

- R Gooding (Chairman)
- E Godwin (Co-opted Uttlesford District Council Member)
- E Johnson
- E Webster (Co-opted Epping Forest District Council)
- A Naylor

Objective

To review the way in which the West Essex PCT plans for and commissions services to meet projected changes in demands and the impact of reconfiguration or change in provision.

Issues to be addressed

- Population growth
  - New housing
  - Immigration
- Changes to services
  - Reconfiguration, including the Darzi and East of England SHA reviews
  - Retirements & closures of GP surgeries, dental practises (including removal of NHS lists)
- Changes in health needs
  - Demographics – age, numbers of single person dwellings
  - Health map
- Health Inequalities
  - LAA targets
  - Partnership working & pooled budgets
- How the PCT engages with the public over potential service changes

A schedule of meetings can be found in Appendix 1.

It was agreed that the PCT be invited to provide the following briefing information to the Group's first meeting:

- How the PCT is funded
  - Amount per capita
  - Comparison with other parts of the country
  - How growth is funded
- How the cake is currently sliced
- Who commissions and who provides
  - Current and future role of Practise Based Commissioning
- Cross border health flows

This information was intended to help the Group decide how best to drill down into the issues listed in the box shown to the right above.

Background information

The Group received three documents from West Essex Primary Care Trust (PCT). Aidan Thomas, Chief Executive and Alison Cowie, Director of Public Health, West Essex PCT were in attendance at the meeting for this item. Jane Harper-Smith, Schools, Children and Families, ECC, was also present.

Strategy

Mr Thomas advised the Group that the Strategy (WEH/01/08) had been widely consulted upon 18 months prior. It was currently being refreshed as part of World Class Commissioning. More detail was being added in, particularly related to work that had been done on the needs analysis. The updated document would be ready in January 2009. The Strategic Health Authority was responsible for overview of performance and the draft Strategy with updates had been submitted to them and had a positive response. A list of areas where improvements had been made could be supplied. This suggestion was welcomed by the Group.

The Chairman commented that the Strategy was fairly ambitious and questioned whether the PCT was confident that they could achieve the ambitions within it. In response Mr Thomas advised that the refreshed version was even more ambitious and linked in with the East of England Plan. The PCT felt quietly confident about achieving the aims but did acknowledge that there were concerns with funding, particularly in light of recent changes in the economy, whether there were enough resources for some areas and whether the analysis was right. There were some conflicting factors with the current situation that may have also have an effect such as the slowdown of housing growth but the increased usage and pressure on services.

Funding arrangements

The Group expressed concern around the lag in funding for an increase in population in the area and whether the PCT could cope with a sudden push for housing growth. In addition there was concern for those areas where affordable housing was continuing to be built and occupied, leaving people isolated as other services and community facilities were not being put in place due to the slowdown of general building.

Finding 1

There is a three-year time-lag before population growth is reflected in Government funding for the PCT.

It was reported that there was a lag of over three years for funding growth from Government. In West Essex there was around 2% growth year on year. Capacity nears the limit but this is balanced against patterns of care and the facilities in place. The three PCTs prior to the formation of West Essex PCT had all had a good financial record and the current PCT retained that and had scored 'Good' for financial resource management in the Annual Health Check. The PCT reported good working relationships with the local councils ensuring that health impacts for the area were identified at an early stage.

Recommendation 1

The Health Overview & Scrutiny Committee should make representation to Government about the time-lag between growth and increased funding for Primary Care Trusts.

Practice Based Commissioning Groups

The Group was interested to know about the role of the Practice Based Commissioning (PBC) Groups, how it was managed and how postcode lotteries could be avoided with a different PBC Group for each District area. It was acknowledged that this was a difficult issue.

The three localities (Harlow District, Epping Forest District and Uttlesford District) were very different, with some commonalities between Uttlesford and Epping Forest regarding access to services. Harlow and Waltham Abbey both had a younger population with particular issues around teenage pregnancy and heart disease.

The PCT highlighted the issues around what was considered to be equity of services, for example the PCT was doing as the Government asked regarding smoking cessation but the people quitting tended to be in the more affluent areas. The message was not getting through to the group of people that were particularly affected by circulatory disease, such as men in Harlow and therefore different services were required to address those needs. Other issues such as isolation, deprivation and access to services for particular groups of people within the community all meant that services needed to be designed differently to address those needs.

The PCT clarified that the PBC groups were working collectively and were focussed on the population needs. They had been learning from each other but it was noted that the right approach for one area may be different to another. In response to further concerns raised about whether people would receive the same treatment for an illness in different locations, it was explained that in many areas across this country this was not the case. A plan was being worked on across the East of England to create centres of expertise for particular illnesses. Jane Harper-Smith advised the Group that due to the complexities of Essex the aim was to concentrate on quality and equity of outcome rather than equity of input, by defining the target for quality and aiming to meet that.

Members agreed that representatives from the Group should visit one of the PBC meetings (*see page 10)*

Consultation & Monitoring

Members questioned how the PCT planned to market the services and in particular equity of outcome. In response it was explained that the PCT was going to start concentrating on outcomes. It was recognised that this was a different concept and that the PCT would need to become more effective at communication. Some messages were particularly difficult to get across such as a patient's own responsibilities regarding health. The PCT intended to use mosaic information giving details of social and consumer information on households in the area. Social marketing was needed to target the right people with the right messages.

The Chairman asked about the monitoring processes in place. In response the Group was advised that there was a considerable amount of national monitoring and the areas to be monitored would be released in December 2008/January 2009. There was a whole series of outcome measures and each would have indicators to monitor on. Some indicators were shared with the Local Area Agreement and some were specifically about health matters. The Strategic Health Authority monitored the

performance of the PCTs. Board members at the PCT also received a regular performance report with traffic light indicators. In response to a question it was clarified that action could be taken as appropriate on targets on a daily basis. However many of the targets were related to processes. The Annual Public Health Report could also pick out areas for further surveillance and action. It was also pointed out that there were Government core targets such as waiting times, GP access, Smoking Cessation and MRSA.

Responsibilities of NHS West Essex

- primary care services; GPs, dentistry, ophthalmology, pharmacy
- therapy services – speech and language, physiotherapy, hydrotherapy, paediatric, occupational
- four community hospitals which have:
  - a day hospital for older residents
  - inpatient wards for older people
  - a community clinic
  - nursing services; district, school and community matrons
  - community services such as dental, podiatry
  - minor surgery.

In response to a question regarding whether GPs are carrying out regular health checks, it was explained that they were but were not necessarily reaching the right people. If screening and checks were to be done on mass resources would need to be in place. Some areas were involved in pilot screening and if successful, the pilots would be rolled out across the County.

Mr Thomas advised that the draft amended Strategy document could be shared with the Group prior to being finalised if required, if taken on the basis that it was in draft form.

Across west Essex there are:

- 17 clinics and health centres
- 187 GPs
- 101 dentists
- 96 opticians

Improving Health in West Essex

The Group highlighted some key statements within the document (WEH/02/08) for discussion:

- **National Indicators show that Mental health treatment is significantly worse than the national average in all 3 localities in West Essex**

  Concerns were expressed regarding support services for mental health treatment particularly in parts of Uttlesford where there were feelings of isolation. In response it was recognised that historically in Uttlesford there was a poor level of community based service and it was intended that this would be resolved in the refreshed Strategy. It was acknowledged that there were particular problems with transport in the Uttlesford area and it was accepted that support had not been good in that area. However there were plans to expand the day care services and also to provide new counselling services within practices. The PCT was also working on proposals with the Alzheimer Society to expand services in Harlow.

- **Lack of resources for children with mental health needs**

  It was reported that mental health services for children across Essex were under capacity and joint working between the County Council and PCT was being undertaken along with joint commissioning to address this need. There were concerns that packages for support were taking too long to put in place. It was

pointed out that Members of the Health Overview and Scrutiny Committee were about to embark on a review of Child and Adolescent Mental Health Services.

- **Other issues**

  The issue of respite care was also discussed and the need to adhere to an external timeframe to ensure that funding is not withdrawn.

  Consideration was given to the statistics on Sexual Health and a Member picked up on the specific and different needs in Harlow compared to the other areas in West Essex.

  The Group picked up on the need to target men, in particular in Harlow, to address health needs. It was pointed out that in other areas in West Essex such as Epping Forest, there were also concerns regarding the link between educational attainment and health. This would need to be addressed to help improve health.

  The Group discussed the differing take up of breast-feeding in different areas. It was reported that there was a link to later health problems where breast feeding was not taken up. There was also a link between higher take up of breast-feeding in areas where the National Childbirth Trust (NCT) was present such as in Uttlesford, compared to a lower take-up in Harlow where the NCT was not present.

  It was noted that the Joint Strategic Needs Assessment (JSNA) highlighted where there were gaps in addressing needs. They couldn't all be addressed at once but there was joint working towards this.

  A Member commented that there were strong links between the Improving Health in West Essex paper and the PCT's Strategy demonstrating strengths in the documents.

NHS West Essex services include:

- Physiotherapists
- Occupational therapists
- Speech and language therapists
- Podiatry
- Chiropody
- Community dental services
- Health visitors
- District nurses
- School nurses
- Children's services and child protection
- Health promotion
- Older people's services
- Patient Advice and Liaison Service (PALS)
- Inpatient and outpatient services
- Harlow Walk-in Centre
- Young people's information centres
- Cancer support services
- Rehabilitation services
- Endoscopy
- Lead purchaser for mental health services across north Essex
- Condition management programme (working with people who have mental health problems who are on incapacity benefit to get them back into work)

Funding and Commissioning

The Group considered the paper WEH/03/08 on how the PCT is funded, commissioning and cross border health flows.

The Chairman asked the PCT how the distribution of funding is decided and whether it rolls over year on year. In response it was explained that each year an allocation was made to the PCT taking into account growth and inflation. Many of the contracts would simply rollover with inflation and any additional funding for

growth would then be targeted at specific areas for improvement. For example the PCT intended to target men in Harlow and improving life styles. Data on GP practice spending, cost per head and equity of spend and provision would soon be published.

A question was raised regarding the services commissioned by the Practice Based Commissioning (PBC) Groups. In response it was explained that the PCT holds the contract with the Acute Trusts. The impetus was to decrease pressure on institutional services and put services into the community. The PCT felt that the balance of the arrangements between the PCT and PBC Groups was about right.

The Group discussed community transport and whether the PCT would be investing to expand it. In response the PCT acknowledged that in some areas particularly within Uttlesford and Epping Forest, there were problems with access to health services due to the lack of transport. It was possible that the PCT may fund more transport in the future. However they considered it preferable to spend funding on bringing services out to the community.

It was agreed that the list of areas where improvements had been made in West Essex be supplied to the Group.

Visit to Epping Forest PBC

In order to gain a better understanding of Practice Based Commissioning, Councillors Naylor and Webster observed the Epping Forest Practice Based Commissioning (PBC) Group meeting held on 6 February 2009. Detailed notes of this visit can be found in Appendix 2.

It was noted that if it had not been for their attendance at the PBC Group meeting, Members would have been unaware that the Rapid Access Clinic pilot was not currently financially viable as HOSC had not been informed of this initiative.

Members considered that identified funding was needed for such new initiatives. Even where there were examples of PBC Groups introducing good new initiatives they were all working in silos. The concept of pilot schemes was thought to be sensible, but needed to be part of a wider master plan. Also if pilot schemes were unsuccessful that needed to be recognised and the experience shared with other areas.

The Group also felt that with commissioning of services, the PCT needed to ensure that neighbouring areas were looked at to avoid duplication of services. They also considered that the PBC Group was somewhat limited in scope and freedom**.**

Issues raised with the PCT

Prior to its meeting on 30 March 2009, the Group had forwarded the West Essex PCT Chief Executive a list of questions, the answers to which can be found on the following pages. The following supporting papers were also provided to the Group:

- Lord Darzi Next stage Review report
- NHS East of England Towards the best, together
- Improving lives, saving lives consultation document
- West Essex Primary Care Trust original strategy
- Executive Summary of Cancer Reform Strategy

Answer to Question 1

Question 1:
What was the outcome of the Stakeholder Meeting held by the Strategic Health Authority in December and in particular?

- Who was in attendance
- Which aspects of the strategy were welcomed and which were not
- The changes identified to the strategy as a result of the meeting

It was clarified that a panel day had been held by the East of England Strategic Health Authority (SHA) which included representatives from external organisations such as

- the county council
- private organisation
- GP from another PCT

to consider evidence submitted from stakeholders and take a view on the PCTs' strategy, governance arrangements and the World Class Commissioning competencies.

This resulted in a panel report. In some cases scores had been increased from that in the self assessment and no scores had been lowered. West Essex PCT was within the upper third of PCTs and the second highest scorer in the East of England. Although league tables had not officially been produced as the process was not meant to be a competition between PCTs, the *Health Service Journal* had produced league tables of the scores which would be provided to the Group for reference.

The Strategy had been scored as 'Amber' on the basis of some recommended changes being made. The governance arrangements had scored 'Green' and the financial management had scored 'Green'. The draft Strategy had been widely consulted on prior to this process and had been robust enough to survive the process with a few changes and some detail added in. The main changes were summarised as follows:

- The way in which the Strategy was written needed to be amended to give a sharpness of focus and to articulate the vision.
- Clearer detail was required on how priorities would be achieved and the link to spending and financing.
- The financial strategy needed to reflect recent economic changes and potential growth.
- Partnership working particularly with Essex County Council on social care.

With regard to the World Class Commissioning (WCC) competencies the PCT highlighted some strengths and areas for development highlighted by the Panel:

- Clinical engagement was recognised as an area of strength and this was evidenced in the PBC Groups.
- Leading the local health economy and improvements in the health of the local population was also recognised as a strength.
- An area for development was in relation to commercial activities, procurement of services, managing the market and understanding how the market was performing.

The Chairman questioned how the PCT planned to improve the area of procurement, the purchasing market and the link to financial management. In response it was explained that previously the PCT had not been working within a procurement environment with a range of providers. However the availability of suppliers had increased greatly in some areas and legally binding contracts was an

area for development. Regional commercial hubs could give advice on procurement and market analysis and the PCT was also looking to recruit and buy-in expertise. WCC was also about developing new markets. The PCT had some experience of encouraging and developing provision in the market when they had first started looking at the GP led health centre in Loughton as initially there had been no clear provider. The PCT would be looking at finding new ways of commissioning and procuring and growing the market of providers.

Some concerns were raised regarding where providers were building services, whether they would be stable enough for the future. In response it was confirmed that part of the WCC competency was for the PCT to understand the economics and whether it was sustainable. There were innovative good providers particularly within the voluntary sector and the right contracts needed to be in place to provide best value.

It was acknowledged that the PCT would need to be confident that the services were meeting the needs of service users. In response it was confirmed that the PCT would be careful not to change everything at once and a timetable for service review would be produced. In response to a question regarding the PCTs contribution to 'Aiming high for Disabled Children', it was clarified that the PCT had a commitment to the project.

Answer to Question 2

Question 2:
Has the strategy document been revised and reissued since the meeting and if so could copies be made available?

The Strategy had been formally completed and approved by the Board on 26 March 2009. Copies of the final Strategy would be made available and published widely. A summary document of the final Strategy would also be produced as the more public facing document. There was also a rolling programme of presentations on the Strategy to locality groups and the voluntary sector.

Answer to Question 3

Question 3:
Can a list of where improvements have been made in West Essex be provided to the Group as suggested at the last meeting?

The PCT highlighted a number of headline service improvements which had been made over the last couple of years these included:

- Opening of the new building at St Margaret's Hospital
- New GP practice in Nazeing
- New assessment services for older people day unit
- Extended opening hours in 80% of GP practices
- 18 week target was being met
- 'Daphne' and 'Expert' self-help arrangements
- Increased staffing levels in community services
- New stroke unit
- New musclo-skeletal service, Saffron Walden
- Reduced MRSA rates down to one of the lowest levels
- Met smoking target
- Improved A&E service

There were some areas where it was felt that further work was required and these included, the number of older people admitted to hospital when they don't need to be and the pathways for longer-term conditions. Access to services was recognised as always being an issue and although improvements could be made, this would never be fully resolved due to the nature of the rural areas in west Essex and putting in place services that are practical and affordable.

Answer to Question 4

Question 4:
What is the PCT's Policy in respect of consultations required under both sections 4 and 11 of the Health and Social Care Act 2001?

The PCT confirmed that they had a Public and Patient Involvement Policy published on their website, setting out how they work and their responsibilities and this was reviewed by the SHA. The PCT was committed to improving engagement and recognised that in some cases it could be done better. There was very active engagement from some organisations such as LINks (Local Involvement Networks) however the PCT was concerned about the need to engage with young people and those not actively engaging as service users currently. Some examples of where the PCT had responded to public concerns included the new surgery in Stansted and the new surgery in Nazeing. Significant progress on difficult decisions relating to Ongar Memorial Hospital had also been made through engaging closely with the local population.

In response to a question on the latest position with the new Stansted Surgery, it was confirmed that the negotiations on the preferred site in Silver Street were continuing. The current GP practice, whilst the site was recognised as being unsuitable for the long term, had been secured for a further 2 years providing some stability prior to the new surgery being finalised. The District Valuer was working with the PCT on the preferred site option and the County Highways Department would be commenting on access issues. There would then be initial consultation with the Planning Department prior to submitting a planning application. It was noted that there may be issues raised by local people regarding access and parking.

Answer to Question 5

Question 5:
Does the PCT intend to hold a Section 4 consultation in respect of its final version of the 'Strategy for healthcare in west Essex, 2008 to 2012? If not, why have other parts of the country held such consultation processes; e.g. Hertfordshire's Investing In Your Health?

The Group was advised that the PCT had developed their strategy early on and had been based on widespread consultation. The SHA had indicated to the PCT that further consultation was not required. Where detail had been added into the Strategy it was mostly related to the local impact of the East of England SHA Strategy 'Towards the best together' which had also been widely consulted upon.

The Chairman questioned what drives the PCT to undertake a Section 4 or Section 11 consultation. In response it was clarified that the PCT takes legal advice internally about consultation and also checks with the SHA. With particular issues more than the legal requirement of consultation is undertaken where it is felt

necessary for local issues such as the Ongar Memorial Hospital proposals. The process of consultation is issue based.

Answer to Question 6

Question 6:
How does the PCT plan to divest itself of its provider services and has it any intentions of going down the social enterprise route?

The PCT confirmed that they were considering the Social Enterprise route for the provider services with integrated general practice and social care. In response to a question about why consultation was not being undertaken on this process, it was explained that currently no service changes were being proposed. Major changes to service provision would be looked at on a service by service basis in terms of commissioning for service pathways.

Further questions were asked regarding the Department of Health Guidance which talks about consulting on a whole system view. In response the PCT advised the Group that they did not expect the public to see any direct service changes if they were to go down the route of social enterprise, it would be more of an organisational platform. It was also not yet known whether this route would be feasible, there were still a number of issues to consider. Where there were proposals to change a service they would be consulted upon. A further question was raised on service pathways, in response it was confirmed that the PCT was about to commission a diabetes pathway that had been developed with extensive service user involvement. It was commented that consultation should come at an early stage of proposals being developed to ensure meaningful consultation.

Answer to Question 7

Question 7:
What is the financial profile for each of the financial years covering the Strategy and how will the spending profile change over this period?

The PCT advised the Group that a copy of the financial strategy presentation would be provided to the Committee Officer. There were also financial projections in the appendices to the Strategy.

The Group was advised that significant additional investment had been ear-marked for the Strategy focussing on long-term conditions, end of life and cardio-vascular care. There was a risk as to whether population growth in the area would actually happen and therefore the financial profile may look different. Some scenario planning had been undertaken on funding and ensuring delivery of priorities if growth funding in future years is less than predicted. It will be necessary for efficiency savings and disinvestment in other areas as a result.

Answer to Question 8

Question 8:
Please provide a breakdown of the £167m Secondary Care Commissioning budget, clarifying in particular:
- The amount spent on both emergency and planned care
- The amount spent within the County and outside the County

A breakdown of the £167m Secondary Care Commissioning budget was provided:
- Approx £77m on Emergency Care
- £75m on Planned Care
- With the remainder of the budget on other areas such as diagnostics.

- £99m of the spend would be within the County and £67m outside of the County including London, Addenbrooks and Hertfordshire.

It was explained that much of the tertiary care was provided outside of the County and it was felt that this did not present unreasonable access. A section within the full Strategy provided a full breakdown of the proportion of the budget to the main providers.

In response to a question regarding the impact of patient choice, it was confirmed that there had been an increase in use of local private providers such as the Rivers Hospital and Holly House Hospital in particular. There had also been some repatriation of patients from private care back to the NHS. There had also been an increase of over 8% in GP referrals. Questions were raised regarding the impact of the choice system on procurement and how it is managed. The PCT confirmed that they take into account patient choice with overall capacity to ensure the provision is enough and align the planned commissioning as the trend shifts between providers.

Concerns were raised regarding whether mental health related referrals had increased due to the current economic climate. In response it was clarified that there had been a general increase in referrals and there was an expectation that there may be a link between mental health problems and the effects of the recession however this had not specifically been seen yet. Concerns were also raised regarding accessibility to health services particularly in rural areas and the need for public transport access to be addressed when new surgeries are put in place. It was acknowledged that the issue of access comes up frequently and hasn't necessarily always been dealt with in a satisfactory way. The PCT has a responsibility to follow up on the issue of access but it could not be the main priority when looking at suitable health service provision. However the PCT would be mindful of it in future consultations.

Answer to Question 9

Question 9:
How exactly does the PCT intend to contribute to the reviews of acute hospital services across the East of England and north east London and how will it draws the attention of HOSC to any potential substantial variations or developments in services by external providers that may impact on residents within the PCT area?

The PCT stressed that they would not wish to be seen to be running consultations that were not theirs to take a decision on. However they would always try to ensure that they have representation on relevant groups such as the group looking at Stroke services in the East of England and the Cardiac Network.

There were also consultations being run on behalf of the PCTs by the East of England Specialised Commissioning Group and the PCT would ensure that stakeholders were involved in those. It was sometimes the case that the PCT was peripheral to some proposed changes and did not find out before local people, this was the case with some cross border issues.

In terms of Acute Care the PCT was engaged as local hospitals were affected. In response to questions it was explained that the outcome for Whipps Cross Hospital was currently unclear and that there had been a number of improvements at

Princess Alexandra Hospital (PAH). The PCT was in support of the application by PAH for Foundation Trust status. It was recognised that clinical links to hospitals with a speciality were important.

Answer to Question 10

Question 10:
What other planning documents underpin the PCT's Strategy document and could the Group have copies of these?

A number of background documents to the Strategy had been provided to the Committee Officer:

- Lord Darzi Next stage Review report
- NHS East of England Towards the best, together
- Improving lives, saving lives consultation document
- West Essex Primary Care Trust original strategy
- Executive Summary of Cancer Reform Strategy

Answer to Question 11

Question 11:
How does the PCT work with other PCTs within Essex to ensure equity of health care outcomes across the County?

The Group was advised that the PCT worked with other PCTs within Essex in a number of ways. Commissioning of mental health services was undertaken through a host commissioner which was Mid Essex PCT for adult services in north Essex, including West Essex, and for Child and Adolescent Mental Health Services (CAMHS) commissioned by West Essex for the whole of Essex. There were joint working arrangements on issues such as drug and alcohol use and HIV.

Other areas of partnership working included meetings between the Chief Executives of the Essex PCTs with a future plan for the Chairmen of the PCTs to meet. There was also a Workforce Planning Group looking at future models of care and the recruitment and training of health professionals. The PCT also worked with the County Council on a huge range of issues including the Children and Young People Partnerships.

It was highlighted that there were significant differences between areas and for that reason it was the equity of access which was the important factor. The models of service needed to differ in some cases to take into account particular problems in the area.

In response to a question regarding cross border and reciprocal working arrangements, it was explained that where there was a secondary care tariff for services used, this was not an issue. However there were difficulties with services such as community services which were outside of the tariff system. The PCT did have reciprocal agreements with Waltham Forest for example but there were problems when a PCT changed their policy particularly where they were part of a different Region. There were also difficulties within mental health services which did not recognise GP registrations as boundaries to PCT areas. Midwifery was also recognised as another difficult area. However the PCT did assure the Group that where they were aware of particular issues they did aim to resolve them.

Answer to Question 12

Question 12:
What are the plans (including the year on year amounts) for devolving budget management to the 'point where decisions on resources are made' and how will these decisions be open to local democratic accountability?

It was explained that all practices have indicative budgets for commissioning, however the PCT is the only body responsible for commissioning and contracts. Budget monitoring would be moving from quarterly to monthly data through national IT changes and would enable practices to have more influence over the budget. There was some discussion around devolving budgets to PBC groups in the future however there were many considerations and some risks with that option.

Answer to Question 13

Question 13:
The CAMHS Task & Finish Group established by the Children & Young People's Policy & Scrutiny Committee has been informed that:

- The PCTs across North Essex have stopped pooling funds and have ring fenced them for spending within the PCT area, is that so?
- West Essex PCT provides a lower level of investment into CAMHs services than the other two PCTs covering North Essex. Is this so, and if so is it based on a needs assessment or will it increase the inconsistency of access to CAMHs outlined in the current JAR report?

The two statements outlined in the report were confirmed to be incorrect.

The PCT stated that funding would not stop being pooled. However the arrangements for a host commissioner were going to change to Mid Essex PCT for adult mental health services and to West Essex PCT for CAMHS.

The Group were informed that West Essex spends a disproportionately large amount on mental health services, with a spend of more than 20% higher than the predicted figure.

NB This information was amended in the draft report of the CAMHS Task & Finish Group.

Answer to Question 14

Question 14:
Is there an intention of developing a comprehensive strategy for improving mental health services, and if so how will the PCT work with other PCTs in Essex and across borders to develop this?

It was clarified that the need in each PCT area was different and the commissioning plans at PCT level were within the Strategy. However they were commissioned jointly and older people's services were commissioned through the County Council.

Answer to Question 15

Question 15:
How achievable is the target to ensure that adequate NHS dental services are accessible to the entire west Essex population by 2012?

- Where are the current gaps in provision?
- When will the commissioning strategy be published and what consultation is planned on this?

The PCT advised that they had undertaken a large campaign and publicity on NHS dentists with new practices in Epping and Great Dunmow and an increase in capacity at other existing NHS dentists. There would be

further increases in capacity in the future with a pledge to increase access to a target of 63.5% of people having seen an NHS dentist in the last 24 months. Currently the level was 48%. It was considered that the SHA target was likely to be unrealistic and a more realistic target would be 51% as some people choose not to visit a dentist and some choose private dental care. The monitoring was done at a national level and cascaded to PCTs. It was confirmed that the waiting list had been eliminated.

Answer to Question 16

Question 16:
What is the 2008 target for the roll out of Electronic Prescription Services by local pharmacies and what is the current level of achievement?

The PCT agreed to provide the Group with a list of where this service had been implemented. Phase one was almost complete with all but three West Essex pharmacies enabled and over 85% of GP practices using the system. Phase two will focus on pharmacy nomination, electronic cancellation of prescriptions, the use of prescription and dispensing tokens, electronic repeat dispensing and the electronic submission of reimbursement endorsements.

Answer to Question 17

Question 17:
How do you intend to measure the success of the strategy?

The PCT confirmed that the Strategy contained clear milestones and targets. The Operational Plan would also be sent to the Committee Officer for the Group to consider. The detail added into the Strategy had been to ensure it was more measurable. The plan would be monitored by the SHA annually and it would also be taken to the PCT Board on a regular basis.

Findings & Recommendations

Having considered the answers from the PCT to the above questions, the Group's initial conclusions were that the review had raised further issues for examination and that evidence from other organisations would be required to complete the review.

In reaching their conclusion that further work needed to be undertaken, the Group noted the difficulties experienced in agreeing suitable dates for its Members to meet with both the Practise Based Commissioning Group and officers from the Primary Care Trust. It was suggested that if a similar group was reconvened after the June 2009 County Council elections that it should produce a timetable for a rapid series of meetings . This would require a commitment from all parties to turn information round in a speedy manner.

Finding 2

The review had raised a number of issues that require further investigation, including evidence from other organisations .

Recommendation 2

HOSC should reconvene the Task & Finish Group to complete the investigation which should be undertaken as quickly as possible whilst providing time to take evidence from other organisations.

See next page

The Group did however feel able to make a small number of interim recommendations including that detailed on page 6 in respect of the time-lag between growth and funding by the Government.

It is the responsibility of the Health Overview & Scrutiny Committee to hold National Health Services to local democratic account. The Group were aware of the recommendations arising from the December 2008 Health Outlook event and the proposed discussions with the Strategic Health Authority and the Essex PCT Chief Executives.

Finding 3

HOSC, its sub-groups and the Area Forums can only effectively hold the NHS to local democratic account if they are kept fully aware of current activities.

Particular concern was however about the need for HOSC and any appropriate sub-groups and the Area Forum to be kept abreast of the activities both within the PCT and its PBC groups. This was evidenced by Members not being aware of the pilot Rapid Access Clinic - *see page 10 & Appendix 2*

Recommendation 3

Mechanisms should be put in place for Members to receive information of activity within the PCT and its PBC groups and for this to be fed into HOSC on a regular basis.

it was felt that mechanisms should be put in place for Members to receive information from the groups and feed into HOSC as a regular agenda item.

When considering the possibility for future Essex HOSC reviews, Members felt strongly that the implications of whether or not Princess Alexandra Hospital gained Foundation Status needed to be looked at. It was felt that the PCT hadn't shown a real understanding of the implications when questioned at the last meeting and contingency planning would be needed.

Finding 4

HOSC needs to fully understand the implications of the Princess Alexandra Hospital not achieving Foundation Status.

Reviewing the hospital's progress towards Foundation Status was not within the remit of this particular review and Members felt that HOSC should consider how best to scrutinise this issue:

- Undertaking a full committee review
- establishing a separate Task & Finish Group
- extending the remit of this review
- Commissioning work by the West Essex Area Forum

Recommendation 4

HOSC should consider establishing review of the progress by the Princess Alexandra Hospital towards achieving Foundation Status, including the implications of not doing so.

Finally, the Group considered areas of future work which they feel should include:

- Further consideration of the issues arising from the PCT's answers to their questions
- A need to gain a better understanding of the PCTs public engagement and therefore for them to speak directly with stakeholders and front-line staff to gather formal evidence.
- Accessibility and transport issues, particularly with much of the area being rural.
- Evidence from the Strategic Health Authority (SHA) on their scoring process and

the SHA's view of the West Essex PCT Strategy.

Conclusion

Whilst there had been some frustration over the difficulty in arranging meetings and the timescale in obtaining information, the Group considered this to be an essential in-depth review of how the Primary Care Trust plans and commissions its services on behalf of local residents. Much work remains to be done and Members of the Group would encourage the Health Overview & Scrutiny Committee to continue this work following the June 2009 County Council elections.

Appendix 1 - Schedule of Meetings

Date	Issues discussed
23/10/2008	• Scoping the Review • West Essex PCT—Strategy, Improving Health in West Essex and How the PCT is funded and commissioned. **Attendees**: Councillors R Gooding, Dr A Naylor, E Godwin (Uttlesford District Council) and R Morgan (Epping Forest
06/02/2009	• Visit to Epping Forest Practice Based Commissioning Group—see Appendix 2. **Attendees:** Councillors Dr A Naylor and E Webster (Epping
30/03/2009	• Questions to West Essex PCT **Attendees:** Councillors R Gooding, Dr A Naylor, E Godwin (Uttlesford District Council) and E Webster (Epping Forest
13/05/2009	• Notes of visit to Epping Forest PBC Group • Review of Scoping Document • Suggested future issues and outcomes • Draft Report format **Attendees:** Councillors R Gooding, Dr A Naylor, E Johnson

NB: Copies of papers from all meetings can be obtain from:
http://comad.essexcc.gov.uk/meetings_list.asp or
Sophie Campion, Committee Officer at sophie.campion@essex.gov.uk

Appendix 2: Notes of the visit to the Epping Forest PBC Group

Visit to the PCB Core Meeting on 6 Februay 2009 held at St Margaret's Hospital, Epping.

In attendance:

Councillors
Dr A Naylor, Essex County Council
Mrs E Webster, Epping Forest District Council

Officer
David Moses, Head of Member Support & Governance

NB
The Epping Forest PBC Group includes 19 GP Practices and 23 Pharmacies.

The meeting was well attended and representatives of the West Essex locality group of the Essex & Southend LINk were also present.

Issues discussed at the previous meeting (16/01/09)

Mental Health Data Analysis

There had been a presentation by Louise Brown. Public Health Improvement Specialist, West Essex PCT. This had highlighted above average referrals from the River, Forest & Sun Street surgeries which serve the areas of highest deprivation. The item resulted in an action to work on a care pathway and ask GPs what options they have for referrals, (at all levels,' low, medium, high) including time factor/waiting list.

Step Care & Mental Health Commissioning Strategy for West Essex PCT

This item focussed on the WEPCT arrangements for Improving Access to Psychological Therapies (IAPT). Of note from the minutes is:

- Cathi Emery, the IAPT Lead for WEPCTIAPT has identified the need to get people back to work, and an increased need for low-level counselling services. EoE Strategic Health Authority will pay half for setting up these services and PCTs will pay the other half. Uttlesford is about to trial these services, followed by Harlow and then Epping Forest by year 2010.
- In Uttlesford the GPs refer to a central point, with all patients triaged there on to the appropriate place/service. GPs will use a GAD7 form (Generalised, Anxiety Disorder, 7 questions). IAPT will provide for lower level services. Secondary Care will be provided by CMHT (Community Mental Health Team) and EIT (Early Intervention Team) using Stepped Care Approach.
- Epping Forest is different in that it already has its own secondary care psychology service in Loughton, and many surgeries have their own 'in house' psycho.logist. Action Point: (Working Group) Ask GPs what services (all levels, low,' medium, high) they believe they have access to. Get data on issues, pathways being used, and what is wanted.

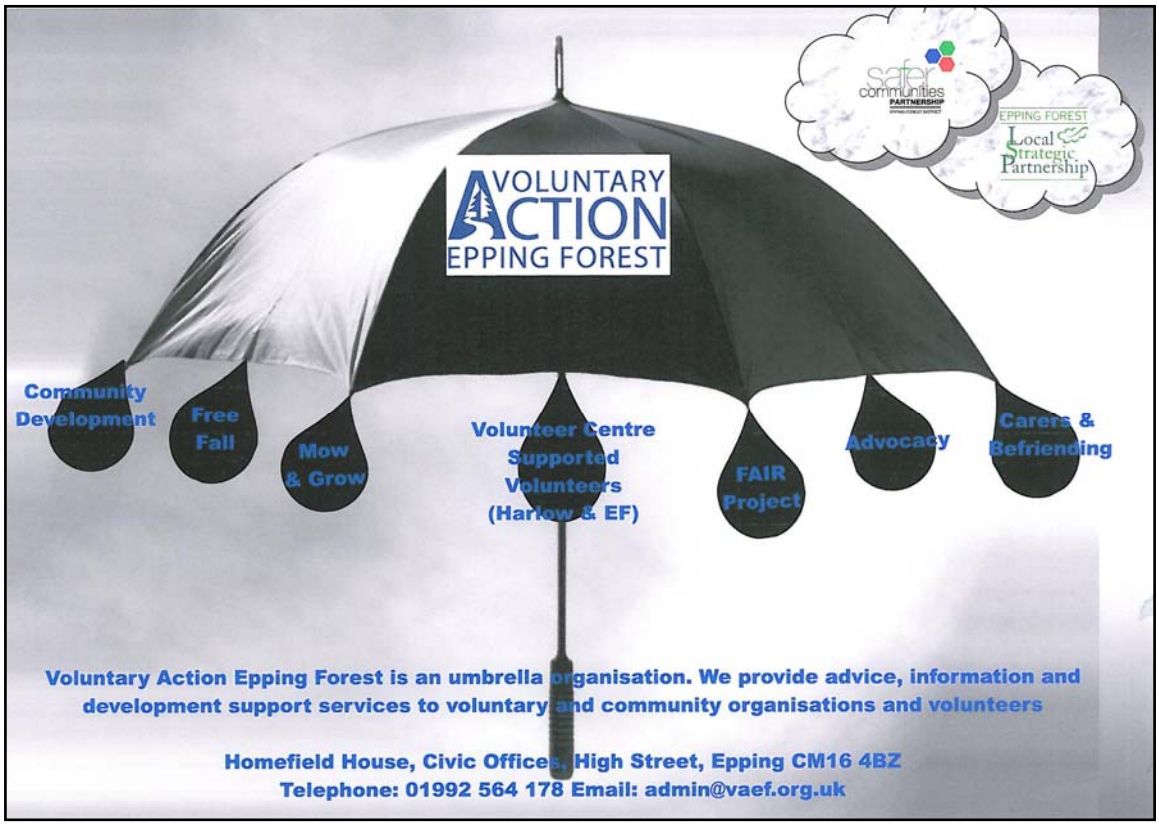
- The Dementia Strategy is due out at the end of March 09 together with a £50,000 budget for Essex. Dementia scoping for Essex has been commissioned to an outside agency."

Agenda for 6 February meeting

1. Apologies
2. Minutes of Last Meeting and Matters arising
3. Nina Givens - Information Officer, FAIR Funding, Advice and Information Resource
4. RAC Evaluation - Anurita Rohilla
5. Business Proposal for Cardiology Pilot - Anurita Rohilla
6. Pain Clinic Update - C. Moss
7. AOB

FAIR Funding Project, Voluntary Action - Epping Forest

Fair funding is one of a number of services provided under the umbrella of Voluntary Action Epping Forest (VAEF):



Whilst the presentation was not particularly relevant to scrutiny of health service delivery, it did raise a number of questions:

- How the HOSC could draw on the knowledge of VAEF members when undertaking scrutiny reviews:
- Potential use by ECC's Adult Care and Schools, Children & Families Services in signposting people to provision within the voluntary sector.
- Possibly scrutiny by CWOP PSC of Signposting to Voluntary Sector Provision
- Potential use of Community Post Offices to signpost services

Rapid Access Clinic (RAC) - Pilot Evaluation

The Rapid Access Clinic (RAC) has been running since April 2008 to date. It was initially a 6 month pilot which was extended following PEC approval.

The RAC focuses on managing adults without life threatening conditions, who have been assessed by the ambulance service or their GP, who do not require secondary care admissions but would benefit from access to diagnostic tests in a hospital setting. Furthermore the original aim of this service was to increase the proportion of patients receiving care in the community, where appropriate and to reduce the number of emergency admissions.

The RAC was developed collaboratively with the ambulance service, multidisciplinary primary care and community teams and social services/agencies with the ultimate aim of caring for people in their homes.

Patients are referred to central service co-ordinator by phone or safe haven fax. (An outline of the original proposed patient pathway is shown on the next page).

The core service has been running from the Orchard Day Unit with strong links with the urgent care team, primary care and community inpatient services as well as external partners including the ambulance service, PAHT service e.g. pharmacy, pathology, x-ray, other transport service and social care providers

The service is open Monday to Friday and run between the hours of 9 am to 5pm (excluding bank holidays).

Objectives

Community focussed rapid access, multidisciplinary assessment for adult patients, identified by any professional and to avoid, where possible, non-elective admission. Single point of referral where patients will receive a multidisciplinary (MOT) assessment working in integrated partnership.

- A maximum number or 4 new patients will be seen per day by the RAC.
- Early access to diagnostics, to maximise day unit resources.
- To manage appropriate follow ups and involvement of community teams.
- To avoid inappropriate emergency admissions.
- Bring care closer to patients home

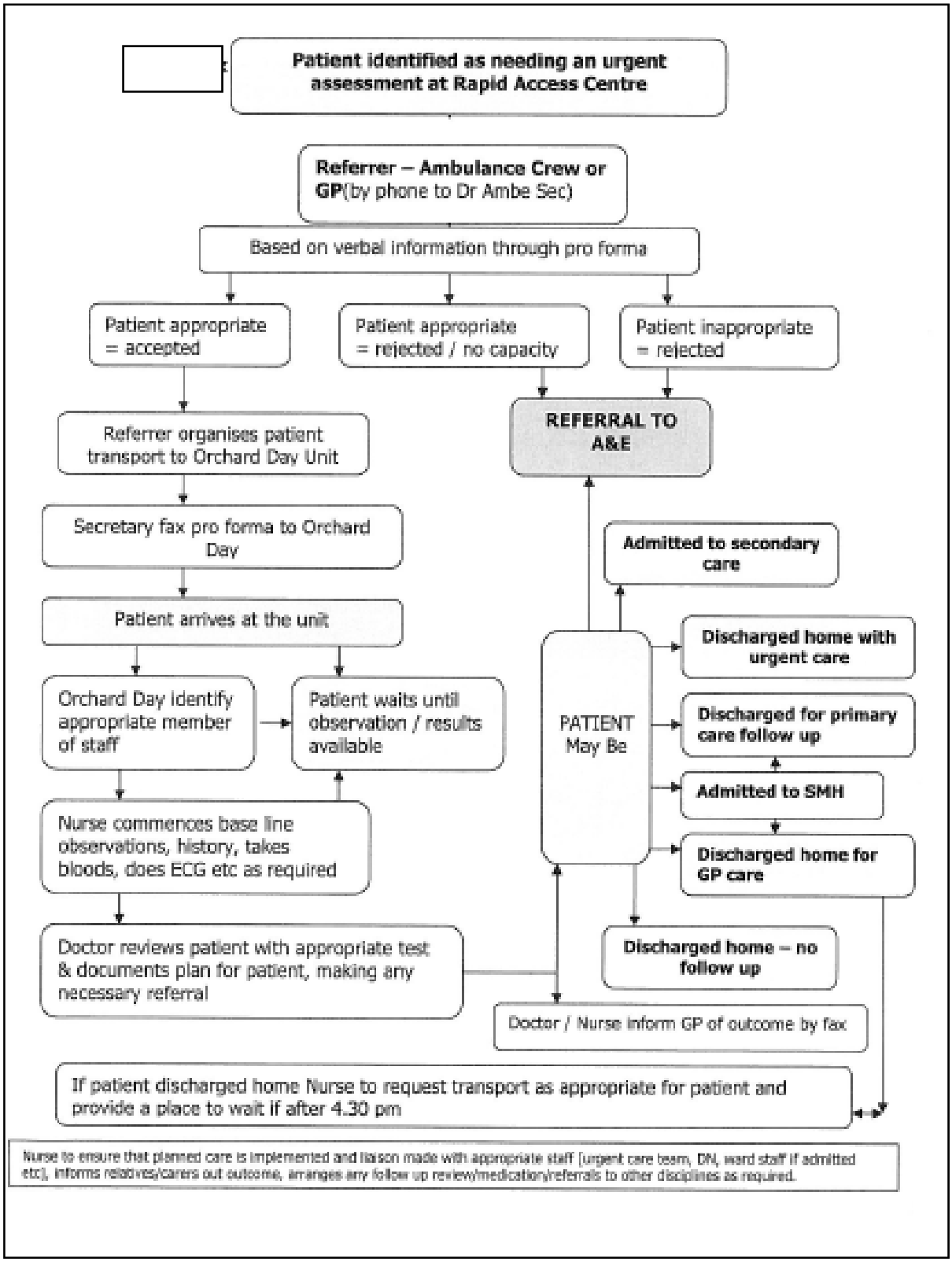
Business Case

A full business case relating to the pilot was presented to the meeting. The original pilot proposal assumed that the RAC would need to reduce Emergency & Accident Unit (EAU) admissions by 40% or 176 cases; during the pilot period the annual equivalent of 127 EAU admissions were avoided. An increase in activity would therefore be required to demonstrate cost effectiveness.

HOSC involvement

There is no record of any consultation with the HOSC in respect of this project. It indicates a potential problem as to how the HOSC can hold the health service to local democratic account if it is not aware of what is going on.

RAC - original proposed patient pathway



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