

SCRUTINY OF ASPECTS OF THE NHS SOUTH EAST ESSEX STRATEGIC PLAN

Preface

Essex Health Overview and Scrutiny Committee held a workshop in February 2010. Attendees included the Chairmen and Chief Executives of all the Health Authorities. The workshop considered the areas of activity which warranted a closer scrutiny during the coming year with the intention of making recommendations intended to improve service provision based on findings.

One of the areas agreed for closer scrutiny was the NHS South East Essex Strategic Plan. The specific aspects of the plan included:

- The productivity drive
- Mental health pressures and spend
- Public Health
- Provision of community facilities

I was asked by the Chairman of the Area Forum, Councilor Ray Howard, to chair a Task and Finish Group of Area Forum members to undertake this piece of work. We have met on a number of occasions to consider the issues. However, it has to be acknowledged that the current economic climate and ongoing structural changes to the NHS in Essex has made this piece of work very challenging.

I am pleased to present this final report into the findings of the scrutiny. I would also like to thank all those who have given their time to undertake the investigation.

Councillor Elizabeth Hart
Chairman

INTRODUCTION

1st DRAFT

The scoping document which details the Panel's remit is attached at Annex 1.

Membership:

Chairman: Councillor Elizabeth Hart, Essex County Council
Councillor Alan Crystall, Southend on Sea Borough Council
Councillor Malcolm Maddocks, Rochford District Council
Councillor Colin Riley, Essex County Council
Councillor Blaine Robin, Southend on Sea Borough Council
Councillor Marimuthu Velmurugan, Southend on Sea Borough Council
Councillor Pat Weaver - Rochford Hundred Association
Mr John Burridge, Canvey Town Council (Part)
Councillor Graham Butland – HOSC observer
Councillor Ray Howard, Area Forum Chairman – ex officio

Supported by:

Sallyanne Thallon - Area Co-ordinator, South Essex – Essex County Council
Matthew Waldie – Committee Officer, Essex County Council

The Panel considered four aspects of the Strategic Plan all of which are inter-related. In particular, the productivity drive is dependent on the successful reconfiguration of treatment paths to enable the delivery of services in community facilities, thus relieving pressure on hospital admissions and attendances at the Accident and Emergency Department. The four aspects which provided the focus for the scrutiny were:

- The productivity drive
- Mental health pressures and spend
- Public Health
- Provision of community facilities

The Panel approached their task by first considering what the Strategic Plan proposed in relation to the areas for scrutiny. The Plan had been reviewed and changes made since the decision had been made to undertake the scrutiny. This had been necessary in the context of Government announcements in relation to NHS funding. The impact of these announcements for NS South East Essex has been an overall NHS spending rise of 0.1% per year in real terms over 4 years, but with administration budgets reducing by 48%.

NHS budgets had seen significant year on year increases over previous years so the virtually flat budget coupled with pressures of inflation and increased demand on some services meant that there would be an £87.6m shortfall in funding by the end of 2014. Through the Strategic Plan, the NHS Trust had to make changes which would enable more effective use of funds, increased productivity, the design of a more efficient local service and the introduction of innovative ways to deliver services locally to ensure that current service quality and level can be maintained.

THE SCRUTINY PROCESS

The Panel requested from NHS South East Essex an account of how the productivity savings would be achieved. The letter received from Andrew Pike, Chief Executive, is attached at Annex 2. It covered not only the productivity issue but also the impact on the other three issues under scrutiny, mental health pressures and spend, public health and provision of community facilities. It outlined the current and proposed actions to be taken to address the changing context and continue to deliver quality health services.

The wider context for the actions outlined is the current constrained financial situation and the restructuring of health services locally. The programme of service reviews being undertaken by NHS South East Essex is key to successful achievement of budget reductions and also where necessary to provide the capability to re-invest in key areas of activity, in particular dentistry and services for dementia sufferers and their carers. A key question is whether the financial savings and additional expenditure mentioned in the letter remain viable, as, despite one review, the pace of change is significant.

The Strategic Plan actions identified in the letter received from the Chief Executive are those which pertain to the four areas covered by this review. All are key to delivery of the productivity targets and in turn to making the necessary savings to reinvest in mental health services and public health. All also aim to support delivery of services locally through community based health centres or surgeries providing more convenient access to the public.

Letters were sent to relevant organizations offering them the opportunity to submit their views. There was a very limited response (2 replies). These raised issues which, though not directly related to the scope of this scrutiny, will be taken up directly with NHS South East Essex. A list of invitees together with copies are attached for information as ANNEX 3.

The Panel asked a wide range of questions of NHS South East Essex in response to the letter received and the position relating to each of these is set out below. However, the situation of NHS South East Essex has changed considerably since the original remit of the Panel was agreed and this has meant that it has been difficult to discharge them.

1 . Reduce attendance at A&E - The approach is anticipated to deliver £344k gross savings in 2010/11.

NHS South East Essex comment

Partners have worked together to develop treatment centres locally that provide either extended hours or out of hours provision in some cases. The Walk-In centre at St Luke's is providing treatment for a growing number of patients; primary care centres at Canvey Island and in Leigh are also providing local services.

The establishment of an Urgent Care Centre at Southend University Hospitals Trust has been delayed until late spring 2011 at the earliest as the current application was refused by Southend Borough Council Planning Committee. Other options are currently being considered to develop some form of nurse-driven 'filter' that assesses and re-routes minor A & E attenders to other services for this winter.

There has not yet been a reduction in attendances at A & E given the delay in implementation of the Urgent Care Centre, but this will be carefully monitored if some form of filter is introduced.

2 . Reduce emergency admissions - anticipated gross saving in 2010/11 is £1.49 million and over the next three years a total of £4.34 million

NHS South East Essex comment

The intermediate care pathway should begin to impact on emergency hospital admissions from November 1st 2010 when the new step-up intermediate care facility opens at Southend Hospital. Financial agreements are in place with the hospital to deliver the required gross saving, which is freeing up the required resource for wider change within health services.

Current total hospital Chronic Pulmonary Obstructive Disease patient reduction 2010 performance will need to be further researched.

South East Essex PCT is endeavouring to minimize the impact of the preparation for change within the NHS on the transformation agenda for long-term condition management. Much of the provision of services sits within the community healthcare provider who have received support and encouragement during a period of change. The future of these services will soon be clear, and the transition to an acquiring partner will be complete by 1st April, enabling staff to begin to embrace further changes in ways of working.

3 . Musculo Skeletal Community Services - gross savings of £1.2million in 2010/11

NHS South East Essex comment

A 6 month pilot is now in place to test the model, also, the clinical group have begun working on the shoulder pathway.– potential savings have been identified and will be reviewed post pilot. NHS-SEE has identified a % reduction and the current pilot model will test this assumption

4 . Improved referral to treatment times for community services

NHS South East Essex comment

The contract has been awarded to SEPT and we are currently on target to complete by the March 31st deadline.

We acknowledge that wheel chair services are not performing as we would expect however, we have been working closely with our provider to secure improvements in the services. Community health services have developed a unique partnership with Whizz Kids for the supply of children's wheelchairs and feedback from parents has been positive in terms of the quality and speed of provision of wheelchairs for children.

There has also been an improvement in the number of patients who have their wheel chair needs met within 18 weeks of referral; however, there are occasions where patients will wait longer, for example:

- a. A patient may require special adaptation to a chair
- b. Specialist seating
- c. A very complex chair
- d. A specialist made to measure chair

Whilst we endeavour to facilitate the delivery of these as quickly as we can it is not always possible to achieve this within the 18 weeks due to supply.

We have plans to re-procure the wheel chair services through a tendering exercise during 2011.

The PCT strategy is clear in its aspiration to develop integrated services across health & social care and the 3rd sector. During the externalization process of our provider functions the proposals from the potential acquirers have been evaluated against a range of criteria which include their proposals for models of service that will achieve the aspirations of our strategy in terms of integrated working.

In addition we will, over the next 2 years contest each of the community services to ensure to ensure they offer high quality interventions that are effective and offer best value for money. We are already working with GP commissioning consortia leads to agree the plans for contesting services and the integrated models that will offer the best services for our population.

5 . Commission pilot domiciliary dental service for residents who are not mobile/compromised by health issues and can't visit a dentist - additional cost of £1.4million

NHS South East Essex comment

Take up in the first 6 – 9 months was slow as the population / nursing and residential homes became familiar with how to access the service. During 2009/2010 to the present time the service has become well established.

It was initially expected that 40% of patients who are not mobile would be seen via this service (general dentist) and the remainder by the Community Dental Service. During 2009/2010 this changed to 55% of patients requiring a domiciliary service seen under this pilot.

Details of the new services procured and out for procurement are shown below:

1. Rochford (10,000 Units Of Dental Activity UOA)) went live in April 2010 (started 2 months early)
2. Hockley (9000 UOA's) due to start at the end of October 2010. This was due to open in September but the premises were not fully DDA compliant. The practice assures us that all works will be completed this Friday (29th October) when we are expecting to give PCT approval to open.
3. Leigh (23,000 UOAs) commissioned from July 2010. This also includes the provision of an Out of Hour service for the whole of South East Essex with the practice 365 days of the year.
4. Southend (27,000) UOAs) is currently out for procurement.

6 . Implement the recommendations from service reviews - gross savings of £283k in 2010/11

NHS South East Essex comment

Service contracts are now all in place

Cataracts is a service that has been overtraded in previously so now the pathway has been revised to ensure that only patients really needing the treatment get it, in that sense it is a high value clinical treatment much respected by SUHFT

Tonsillectomy, Oral Surgery and Orthodontics are beginning to deliver the savings. Progress is being made on other areas, specific information still to be identified.

7 . Delivering outpatient services locally and reducing outpatient referrals - The gross savings in 2010/11 for GP referrals will be £414k and through better management of care pathways via reviews, £2.87 million.

NHS South East Essex comment

Pathways have been implemented but efficiencies have not yet been quantified, it is too early what they will be to say at the moment.

In relation to how the changing pathway for patients will impact on the viability of hospital based services, as Commissioners we work with partners / providers in the health landscape to ensure the best service for patients is available and this includes working on issues like sustainable service provision and adaptation to changing landscape needs.

8 . Improve services for people with dementia and their carers - gross investment of £600k in 2010/11.

NHS South East Essex comment

£600,000 is the cost of the memory assessment service which will provide diagnosis and intervention for people seeking and with a diagnosis of dementia. This cost was identified at the start of the process and should be sufficient.

As part of the development of the South East Essex dementia strategy a mapping exercise of all services provided by both health and social care has taken place and we are looking at integrating as many services as we can to make savings and avoid duplication.

We have liaised with officers from Essex County Council (both directly and through the work of various workstreams), Links and clinicians to get an understanding of the impact on carers. We have also worked with Rayleigh and Rochford Association of Voluntary Services and Southend Carers Forum

9 . Improved access to psychological therapies

NHS South East Essex comment

We have a Service Development Plan which we have jointly agreed with our provider and stakeholders to configure the services and to bring the service pathway closer to the GPs and we plan to pilot the revised service model from February 2011. We are also enriching the current staffing resource by increasing the skills of the Low Intensity Workers and number of Primary Care Therapists.

We have invested £58,000 in a Medically Unexplained Symptoms project to look at ways we can:

1. Identify and treat diagnosable conditions that present with physical problems
2. Minimize mis-diagnosis and the withdrawal of treatment when a mental health diagnosis presents as somatic symptoms.

The project will also assess how we can train GPs and therapists to deliver services to people with medically unexplained symptoms. We believe that the outcomes of the project will have even wider health service efficiencies resulting from lower healthcare episodes.

10 . Empower people with long term conditions and their carers to manage their conditions and take ownership of their care

NHS South East Essex comment

In terms of self-management of long-term conditions/empowerment of carers, providers are fully engaged and progress is being made. Essex County Council carers' strategy was shared at the South East Essex Leadership Group in June 2010; work since has been undertaken on development of personalized care plans, provision of information and improved case management.

The % of personalized healthcare plans now in place is not known, or the number of patient education courses being commissioned or the take up of courses. This would require further research. The impact on treatment costs is being monitored and would

need long-term monitoring to measure the impact of initiatives as the main indicator is management of crisis over a period of time.

Health colleagues are engaging on the independent living programme. The Care of the Elderly programme is now working on developing fuller collaborative working across health and social care, and on improving use of reablement and rehabilitation to create faster, more intensive support where it is needed to support independent living.

SUMMARY OF ACTIONS AND ISSUES ARISING

No	Strategic Plan Action	Issue
1	Reduce attendance at A&E	Is the reduction in attendance at A&E beginning to be delivered as this plus emergency admissions are key to making the necessary savings?
2	Reduce emergency admissions	Have the pathway redesigns and the availability of treatments locally actually delivered fewer emergency admissions?
3	Musculo Skeletal Community Services	What has been the outcome of the Pilot?
4	Improved referral to treatment times for community services	Have the changes delivered better and faster access to the identified services and have the aspirations in relation to integrated working been delivered?
5	Commission pilot domiciliary dental service for residents who are not mobile/compromised by health issues and can't visit a	Has the take-up of the service been as expected and is the additional cost on target?

	dentist	
6	Implement the recommendations from service reviews	Is the positive trend in relation to savings continuing?
7	Delivering outpatient services locally and reducing outpatient referrals	What have/will be the quantified efficiencies and what percentage of consultants services are actually being delivered via GP surgeries and what is /will be the impact on the viability of the hospital given the significant redirection of funding?
8	Improve services for people with dementia and their carers	To what extent have the necessary specialist multi-disciplinary teams been put in place?
9	Improved access to psychological therapies	How has the freeze on recruitment of therapists impacted on the overall approach?
10	Empower people with long term conditions and their carers to manage their conditions and take ownership of their care	Has the implementation of this action enabled better self management and in turn impacted on the number of emergency admissions to hospital or A&E
11	Overall delivery of the Plan	What steps are being taken to mitigate the impact structural change on savings initiatives.

In view of the current rapid pace of change within the health service, there are significant doubts about the delivery of all aspects of the Strategic Plan under scrutiny. It is thus appropriate that a single recommendation should be applied to the process. This is outlined below.

RECOMMENDATION :

That all referenced aspects of the Strategic Plan are revisited in 12 months time to review progress against identified actions to assess the impact of financial constraints and structural change of the NHS.

**Policy and Scrutiny
Scoping Document**

Committee	South Essex Area Forum NHS SE Essex Strategic Plan Scrutiny Panel	
Topic	Review the deliverability of aspects of the NHS South East Essex Strategic Plan	Ref: AFSSP/SRC/01
Objective	<p>1.To scrutinize aspects of the Strategic Plan including:</p> <ul style="list-style-type: none"> ○ The productivity drive ○ Mental health pressures and spend ○ Public Health ○ Provision of community facilities <p>2. To make recommendations intended to improve service provision based on the findings of the scrutiny.</p>	
Reasons for undertaking review	<p>Essex County Council Health Overview and Scrutiny Committee held a workshop in February 2010 including the Chairmen and Chief Executives of all the Health Authorities. The above issues were identified in discussion and agreed as those which warranted a closer scrutiny.</p>	
Topic suggested by	The Essex Health Overview and Scrutiny Committee	
<p>Method</p> <ul style="list-style-type: none"> ● <i>Initial briefing to define scope</i> ● <i>Task & Finish Group</i> ● <i>Commission</i> ● <i>Full Committee</i> <p>Membership <i>Only complete if Task and Finish Group or Commission</i></p>	<p>Task and Finish Panel comprised of representation from the South Essex Area Forum and the District, Borough Town and Parish Councils within the boundary of NHS SE Essex</p> <p><u>Panel Membership:</u></p> <p>South Essex Area Forum representation: Councillor Elizabeth Hart, Essex County Council (Chairman) Councillor Colin Riley, Essex County Council Councillor Kay Twitchen, Essex County Council</p> <p>Castle Point Borough Council representative tba</p> <p>Councillor Malcolm Maddocks Rochford District Council</p>	

	<p>Southend on Sea Borough Council representatives: Councillor Blaine Robin Councillor Alan Crystall Councillor Marimuthu Velmurugan</p> <p>Councillor Pat Weaver - Rochford Hundred Association</p> <p>Canvey Town Council - tba</p> <p>Councillor Graham Butland – HOSC observer Councillor Ray Howard, Area Forum Chairman – ex officio</p> <p><u>Supported by</u></p> <p>Sallyanne Thallon - Area Co-ordinator, South Essex (ECC) Matthew Waldie – Committee Officer, Essex County Council</p>
<p>Terms of Reference for the Panel</p>	<p>To meet as necessary to:</p> <ol style="list-style-type: none"> 1. Agree the scope of the study and provide ongoing supervision to the scrutiny process 2. Agree a communications strategy for the Scrutiny 3. Establish a detailed view of the issues mitigating the delivery of the NHS SE Essex Strategic Plan supported by a clear evidence base 4. Explore the potential means to enable more effective delivery of the plan 5. Agree basis for witness evidence to be heard 6. Hear evidence from interested organisations 7. Evaluate the evidence and agree and provide a written report to the South Area Forum recommending next steps 8. Produce a final report to the Health and Overview Scrutiny Committee from the South Area Forum identifying remedial actions as necessary 9. Oversee delivery of agreed actions
<p>Issues to be addressed</p>	<p>Within the context of the current financial constraints to consider the ability of NHS SE Essex to deliver strategic priorities in particular;</p> <ol style="list-style-type: none"> 1. The productivity drive in the context of severe financial constraints and the expected savings in management spend. In addition, whether/what should be the focus for the overall delivery of the strategy – e.g. most deprived areas 2. The high spend in relation to Mental Health commissioning compared with patient outcomes 3. How best to target spend in relation to public health to

	<p>have an impact on identified priorities of smoking cessation, obesity, clamidia screening, alcohol and drug intervention and breast and bowel cancer screening</p> <p>4. Delivering better access to community health facilities and addressing the perceived East/West divide and the issue of post code lottery of access to facilities</p>
Sources of Evidence and witnesses	<p>NHS SE Essex Strategic Plan and supporting information and data</p> <p>Evidence from NHS SE Essex officers</p> <p>Stakeholders and Service User Groups – to be identified</p> <p>Essex and Southend LINK</p>
Work Programme	<p>Meeting dates to be agreed but broadly:</p> <p>Scoping and programme approval meeting on 30 July 2010</p> <p>Two further Panel meetings to review progress in August and September</p> <p>Panel session with NHS SE Essex to discuss emerging findings and question October</p> <p>Witness Sessions October</p> <p>Panel meeting to consider draft Final Report October</p> <p>Report to South Essex Area Forum 15 November 2010</p> <p>Report to HOSC December 2010 / January 2011</p>
Indicators of Success	<p>Public reassured that NHS SE Essex will be able to deliver the Strategic plan or that recommendations developed from the scrutiny findings will be implemented to enable that to happen</p>
<p>Meeting the CfPS Objectives</p> <ul style="list-style-type: none"> • <i>Critical Friend Challenge to Executive</i> • <i>Reflect Public voice and concerns</i> 	<p>Holding the NHS to account</p> <p>Yes</p> <p>Yes</p>

<ul style="list-style-type: none"> • <i>Own the scrutiny process</i> • <i>Impact on service delivery</i> 	Yes		
	Yes		
Equality & Diversity	The impact of E&D issues will be taken into account in the review		
Date agreed by Committee	Health Overview and Scrutiny Committee - March 2010		
Future Action	TBC and Agreed		
Chairman	Councillor Elizabeth Hart	Area Co-ordinator	Sallyanne Thallon
Lead Organisation	Essex County Council via the South Essex Area Forum		

Our ref: RP

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Area Co-ordinator South Essex
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Dear Sallyanne

Re: Essex County Council Scrutiny of aspects of the NHS South East Essex Strategic Plan

I refer to your letter dated 9th August 2010 in which you request information regarding the NHS South East Essex strategic plan.

I understand this information will feed into the Essex County Council overview and Scrutiny Committee that has delegated this function to the panel chaired by Councillor Hart reporting to the South Essex Forum.

Our 5 year strategic plan is a comprehensive document that not only identifies efficiencies but also opportunities to improve the quality of service to patient sometimes actually requiring further investment.

Examples of key areas in the strategic plan (second edition – May 2010) are shown below with gross savings or investment as reported to the Strategic Health Authority shown also :

- *Musculo Skeletal Community (Strategic Plan ref PC9)*

Outcomes will include improved patient experience and convenience as a result of increased availability of appropriate assessment and treatment and increased support for self management approaches within a primary / community setting. It is expected a measurement of success will be improved patient satisfaction measured via surveys and ongoing review of patient comments.

Gross saving in 2010/11 - £1.2 million

- *Improved referral to treatment times for community services (Strategic Plan ref PC8)*

A key outcome that will impact on patient experience and satisfaction is that waiting times from referral to delivery of a wheelchair and Podiatry Services will be reduced to < 18 weeks by March 2011.

This improvement in the service to patients will be made within existing resources.

- *Commission pilot Domiciliary Dental Service for residents who are not mobile / compromised by health issues, restricting their mobility and making it difficult to visit a dentist (Strategic Plan ref PC6(ciii))*

Already into the 2nd year of the pilot, data will continue to be collected to inform future commissioning decisions. A key planned outcome is clearly the promotion of good oral health and ability to assess health via a RED / AMBER / GREEN process to inform the oral Health Strategy and future commission intentions.

Gross savings / investment costs / improvement to service – assessed after completion of pilot

- Implement the recommendations from service reviews (Strategic Plan ref PC3 (b))

The aim is to reduce those clinical procedures or treatments that are currently carried out but where there is a low clinical value attached. The ratio of inpatient and day-case procedures will be maintained but the overall number of procedures carried out will be more in line with what is expected of our population.

The new approach to clinical intervention outlined above is part of a package of actions which will achieve savings, for example, it is aligned with the aim to move minor procedures into locality settings based on any willing provider regime (Strategic Plan ref PC3(c)) which in 2010/2011 will save £283,000 gross savings.

- Delivering outpatient services locally and reducing outpatient referrals (Strategic Plan ref PC1)

Key outcomes include working with PBC clusters on how they could develop more local services to meet the needs of patients who previously would have had no safe alternative but to access consultant led services and to encourage shared working between partners and across practices to support the development of primary care alternative referral options. This will require a systematic review of care pathways leading to more pre-consultations and one stop services and earlier discharge to GP's.

Gross savings in 2010/2011 - £414,000 (Strategic Plan action PC1 a)

Gross savings in 2010/2011 - ££2.87 million (Strategic Plan action PC1 b)

- Improve services for people with dementia and their carers (Strategic Plan ref MH5)

A joint dementia strategy is being developed with Essex County Council and Southend Borough Council to improve services for people with dementia in South East Essex in line with the national dementia strategy. A key outcome will be the development of a service framework for services to ensure integration of services across health and local authority sectors and boundaries to help ensure prompt and speedy access to services for patients and their carers when needed.

This development which will improve the quality of service to patients and their carers has required gross investment in 2009/2010 (£600,000)

- Improve access to psychological therapies (IAPT) (Strategic Plan ref MH2)

This action aims to reduce health inequalities by commissioning access to psychological therapies, preventative and early intervention support services. The initial implementation plan has needed to be scaled down to reflect changes in funding and the economic climate however the IAPT project remains a priority and the project has been funded through wider efficiencies.

Gross savings in 2010/2011 - £300,000

- Empower people with long term conditions and their carers to manage their conditions and take ownership for their care (Strategic Plan ref LTC 1)

Patients who are well equipped to care for themselves will generally have a better quality of life it is important the strategic plan identifies outcome designed to identify those who will benefit most from this approach and ensure they receive the care and support needed, physically and psychologically.

This strategic action to enhance quality of service to patients and carers is being delivered via 4 key actions (Strategic Plan actions LTC 1a – LTC 1d) and through existing resources supported by the generic patient survey investment.

- Reduce attendances at A & E (Strategic Plan ref AC1)

There are significant opportunities in the health system to reduce the use of A & E services and bring down the number of patients who need to be admitted to hospital in an emergency. Alternative approaches have been identified, for example establishing an Urgent Care Centre and strengthening primary prevention services targeted at high risk and hard to reach groups.

Gross savings in 2010/2011 - £344,000

- Reduce Emergency Admissions (Strategic Plan ref AC2)

As part of our focus on preventing avoidable ill health we will take action to reduce the number of patients needing to be admitted to hospital in an emergency. Being admitted to hospital in emergency circumstances can be traumatic for patients and their families and in many cases it can be avoided.

By reducing emergency admissions for patients with long term conditions the savings can be significant.

Gross savings in 2010/2011 - £1.49 million

You also requested contact details of NHS South East Essex personnel that work within the mental health, public health and community services areas, as you may wish to invite these leads to a future South Essex Forum Scrutiny Panel chaired by Councillor Hart in October 2010.

The Mental Health Commissioning lead is Ray Boateng - 01702 224645
ray.boateng@see-pct.nhs.uk

You have identified several areas that fall under Public Health (smoking cessation, obesity, chlamydia screening, alcohol, drug intervention, breast and bowel cancer screening) the Director of Public Health is best placed to support the panel and address any questions raised across these varied and specialised areas.

Dr Andrea Atherton, Director of Public Health – andrea.atherton@see-pct.nhs.uk

PA to Dr Atherton - Sharon Furnell - 01702 224648 - sharon.furnell@see-pct.nhs.uk

You also mention in your letter the question of access to community health facilities, Yvonne Campen is leading on the dispersal of Community Healthcare in line with the national agenda and she can be contact on - 01702 226666 – yvonne.campen@see-pct.nhs.uk

I hope this is sufficient information to support the panel who I understand meet on 23rd August 2010. if you require any further information please can you liaise with my Strategy and Partnerships lead Ray Parker who can be contacted on 01702 224674
ray.parker@see-pct.nhs.uk

Best wishes

pp

A handwritten signature in purple ink, appearing to read 'Andrew Pike', written in a cursive style.

Andrew Pike
Chief Executive



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Tel: 01268 882200
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Sallyanne Thallon
By email

Date: 18 November 2010
Our Reference:
Your Reference:

Dear Sallyanne

Re: Essex County Council Scrutiny of aspects of the NHS South East Essex Strategic Plan

Further to your letter re the above I now write with the following comments on behalf of the Borough Council.

We note that as part of NHS SE Essex plan there will be a need to make savings and as such there will be scaling back of substance misuse services and drug and alcohol services. We are aware that these are already very much Cinderella services and historically underfunded when compared with the scale of the problem they are attempting to address.

We note that there are proposals to continue with some targeted investment for alcohol related hospital admissions. However, given the scale and impact of drug and alcohol related admissions and Accident and Emergency admissions we are concerned that this will be insufficient. In particular, we are concerned that outpatient services and services in community settings will not be available or sufficient to support and prevent such admissions.

Yours sincerely

Melanie Harris
Head of Partnerships & Engagement
Designated Officer for Safeguarding Children & Vulnerable Adults
01268 882369 (Direct Line)
mharris@castlepoint.gov.uk

From: Linda Baglow [mailto:Linda.Baglow@Rochford.gov.uk]
Sent: 19 November 2010 15:56
To: Sallyanne Thallon South Essex Area Co-ordinator
Cc: Cllr Malcolm Maddocks; Paul Gowers
Subject: Essex County Council Scrutiny of Aspects of the NHS South East Essex Strategic Plan

Dear Sallyanne

Further to our earlier conversation, please see below a brief response to the request for information from the District Council. This is following a discussion with Cllr Malcolm Maddocks, who as you know, sits on the panel undertaking the scrutiny work.

With regard to the first of the four specific aspects being reviewed, it is felt that this is certainly very appropriate in the current climate, and in particular, giving consideration to how the achievement of the items in the action plan may or may not be affected by the potential cuts in spending that will be required as a result of the spending review and what impact this may have on the broader targets contained with the strategic plan. In addition, with improvements in services being targeted, how will this marry up with a reduced financial and potentially reduced human resource.

With regard to the second aspect in relation to mental health commissioning, Cllr Maddocks I understand is part of the Dementia Sub group and it was felt that it would be more appropriate for a view from this group to be inputted into the review, as they have delved into this area in much greater detail.

With regard to the third aspect, we would certainly agree that it is worthwhile to review how spend is targeted in relation to the various identified priorities, primarily again due to the reduced level of financial resources likely to be available, and therefore needing to ensure even more that the limited finances are targeted in areas that will achieve the best possible outcomes. In addition, Rochford does undertake a certain amount of work in relation to some of the identified priorities, such as smoking cessation and obesity through its leisure development team and the aim of improving healthy lifestyles in the community.

Regards

Jeremy

Head of Community Services
Rochford District Council
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F: 01702 548660
E: jeremy.bourne@rochford.gov.uk
www.rochford.gov.uk

List of those organizations invited to submit their views:

Castlepoint BC

Essex & Southend LINK

Rochford DC

Southend-on-Sea BC

Southend University Hospital NHS Foundation Trust