MINUTES OF A MEETING OF THE SOUTH AREA FORUM NHS SE ESSEX STRATEGIC PLAN SCRUTINY PANEL HELD AT COUNTY HALL, CHELMSFORD ON 29 OCTOBER 2010 AT 3.00 PM

*	Mrs E Hart (Chairman)	*	C Riley
*	G Butland		B Robin
*	A Crystall	*	Mrs K Twitchen
*	R Howard	*	M Velmurugan
*	M Maddocks	*	Ms P Weaver

* Present

Officers in attendance were:

Sallyanne Thallon	-	Area Co-ordinator
Graham Redgwell	-	Governance Officer
Matthew Waldie	-	Committee Officer

13. Apologies and Substitution Notices

Apologies were received from Councillor Robin.

The Chairman noted that John Burridge was no longer Town Clerk, Canvey Island Town Council, as representative for Castle Point.

14. Declarations of Interest

No new declarations of interest were made.

15. Minutes of the previous meeting

The minutes of the 23 August meeting were agreed as a true record and signed by the Chairman.

16. Response from PCT

The Chairman welcomed Andrew Pike, CEO NHS SE Essex, Jackie Brown, Director of Strategy, Productivity & Performance, NHS SE Essex, and Ray Parker, Assistant Director of Strategy and Partnerships, NHS SE Essex.

Jackie Brown gave a brief presentation: *Delivering together: Better health, better care, better value*. A few salient points arose:

- Although overall NHS spending is set to rise by 0.4% in real terms, administration budgets will reduce by 33% nationally and 48% on a local level

- There will be an £87.6m shortfall in funding by the end of 2014 The Trust will have to use its funds more effectively, increase productivity, design a more efficient local service and introduce innovative ways to deliver services locally
- This will be driven forward by the "QIPP" campaign (Quality, Innovation, Productivity & Prevention), which aims to increase productivity and deliver excellent healthcare
- Local priorities in the Strategic Plan include raising general levels of health, particularly of the least healthy, providing services to support an ageing population, and improving the quality and safety of services, and that resources are used productively
- Four areas are enhanced in the latest plan: care of the elderly, musculo-skeletal services, screening and treatment of blood-born viruses, and outreach for vascular health checks
- Certain areas have been cut back: out of 8 planned new Primary Care Centres to become operational 2009-2014, 4 have been deferred until after March 2014; a delay in putting alcohol workers into primary care and in the development of new services provided by community pharmacists; a scaling down of the commitment to tobacco control; and a scaling back on plans for substance misuse services
- Several initiatives are being considered for the next iteration, much of it geared to keeping potential patients out of hospital or as outpatients, encouraging greater communication across health related services.

There followed some discussion about the key areas as outlined by NHS South East Essex, with Mr Pike and his team responding to Members' questions.

a) Musculo Skeletal Community

A six-month pilot is now in place to test the model, and the clinical group have begun working on the shoulder pathway. Potential savings have been identified and will be reviewed post pilot.

Asked if service users have been engaged, the team confirmed that a patient sub group was well established, and active – they are currently working on a patient information leaflet and a patient satisfaction survey.

NHS-SEE has identified a saving in relation to onward referrals to secondary care. The current pilot model will give some indication of the accuracy of this.

b) Improved referral to treatment times for community services

The Panel noted the long waiting times for the provision of wheelchairs. A new contract is about to be announced, with specific target timings between assessment and delivery, which are well below the current averages. The Panel expressed concern about the achievability of these targets. In response, the present poor results were acknowledged, but it was noted that recent collaboration with the provider had led to an improvement in performance, and

they had also received positive feedback from parents in respect of the provision of children's wheelchairs. They have carried out an extensive review and will use users and carers to develop and improve the ongoing working specification.

With regard to the externalisation process, work has already been carried out, to ensure providers will be meeting the necessary standards.

c) Commission pilot domiciliary dentist for residents who are not mobile/compromised by health issues and cannot visit a dentist
This scheme has shown good results: now 55% of patients requiring a domiciliary service are seen (the remainder being covered by the Community Dental Service).

Several new services have been procured and include good out of hours cover. There are no longer waiting lists for domiciliary patients and have agreements will be put into place, requiring providers to monitor specific clinical health improvements.

d) Implement the recommendations from service reviews
These recommendations are to reduce the number of surgical interventions where there is a low clinical value. All contracts are now in place and savings are being delivered in tonsillectomy, oral surgery and orthodontics. Progress is being made in other areas, although specific information is still to be identified.

e) Delivering outpatient services locally and reducing outpatient referrals
Although there has been good overall engagement in this process by local GPs, and expected care pathways have been implemented, it is too early to be able to quantify potential savings at this early stage.

f) Improve services for people with dementia and their carers
In response to a direct question on whether the total identified investment of £600k would be sufficient, Mr Pike confirmed it should be, to fund the memory assessment service, which will provide diagnosis and intervention. As part of the development process, all services provided by both health and social services have been looked at, with a view to integrating as many elements as possible. NHS SE Essex has liaised with various parties, including ECC officers, Links, carers and clinicians, to get a better understanding, and they have also been involved in the work of the countywide Dementia Implementation Group.

g) Improve access to psychological therapies (IAPT)
Although funding for the IAPT continues, it was noted that the initial implementation had been scaled down, with recruitment of therapists frozen and additional out of hours reduced. In response to a query on likely impact of this on delivery, it was pointed out that, although the training programme had been ceased, a Service Development Plan was in place, bringing the service pathway closer to the GPs, increasing the skills of low intensity workers and the number of primary care therapists.

One particular area under investigation is Medically Unexplained Symptoms, where research has shown, a large proportion of apparently physical conditions actually relate to mental problems. The aim is not only to identify conditions accurately, and so treat them appropriately, but also to reduce mis-diagnosis and ensure that the right treatment continues, even when physical symptoms have gone.

h) Empower people and their carers to manage their conditions and take ownership of their care

It was noted that providers are engaged in the process of implementation, but it is still a little early to assess impact on treatment costs, as the main indicator is management of crisis. It was also noted that health colleagues are engaging on the independent living programme, and that the Care of the Elderly Programme is looking to develop collaborative work across health and social care.

i) Reduce attendance at A&E

Efforts have been made by partners to provide more localised services to reduce attendance at A&E. The Walk-in Centre at St Luke's, Southend is increasingly busy, and there are primary care centres at Canvey Island and Leigh. But the establishment of an Urgent Care Centre at Southend University Hospitals Trust has been delayed at least till late spring 2011, and there has been no reduction in A&E attendances as yet.

Mr Pike added that there was a need for A&E to communicate with GPs, as there are many "returners" to A&E, who should really be dealt with by their GP.

j) Reduce emergency admissions

The intermediate care facility opens at Southend Hospital on 1 November – this should impact on emergency admissions. The situation with regard to COPD patients needs further research.

k) Public Health Issues

- Stop Smoking Services. An active team that conducts face to face events. Should achieve target of 50 quits per 1000 smokers
- Breast Screening. A major social marketing campaign is currently underway to encourage attendance at breast screening
- Alcohol. Brief intervention training commissioned, with a view to training all health professionals. Campaigns have run in Castle Point and Rochford; one planned for Southend
- Chlamydia & Sexual Health. Currently looking at targeting those most in need. Also mail campaign, with media and marketing support and outreach

- Healthy Weight. Several programmes currently being run: Let's Get Moving – behavioural intervention to increase levels of physical activity; HENRY (Healthy Eating and Nutrition in the Really Young) – targets pre-school, by training community and health care workers; MEND (Mind, Exercise, Nutrition … Do it!) – targets families with children between 7 and 13. Also the Baby Friendly Initiative – WHO/UNICEF programme to encourage high levels of care for pregnant women and breastfeeding mothers.
- CVD. Programme of NHS healthchecks by GPs on patients aged 40-75, enabling GPs to give advice on lifestyle, treatments, etc to improve CV health in patient.

The Chairman thanked Mr Pike and his team for attending and being so forthcoming with their responses.

18. Date of next meeting

Tuesday 23 November – Provisional day for witness session. *[This was subsequently cancelled.]*

Monday 10 January 2011, at 2.00 pm. Venue: County Hall.

The meeting closed at 4.45 pm.

Chairman