

EPPING FOREST DISTRICT COUNCIL OVERVIEW AND SCRUTINY MINUTES

Committee: Overview and Scrutiny Committee **Date:** Thursday, 5 April 2007

Place: Council Chamber, Civic Offices, High Street, Epping **Time:** 7.30 - 9.58 pm

Members Present: Councillors R Morgan (Chairman) Mrs J H Whitehouse (Vice-Chairman) D Bateman, Mrs H Harding, P House, Mrs P Richardson, R Frankel and Mrs P Smith

Other Councillors: Councillors K Angold-Stephens, Mrs A Cooper, S Murray, Mrs S Perry, Mrs M Sartin, D Stallan, C Whitbread, A Lee and B Sandler

Apologies: Councillors M Cohen, M Colling, G Mohindra and M Woollard

Officers Present: J Scott (Joint Chief Executive), I Willett (Head of Research and Democratic Services), Mrs L MacNeill (Assistant Head of Leisure Services), J Chandler (Sports Development Officer), S Mitchell (PR & Internet Assistant), A Hendry (Democratic Services Officer) and M Jenkins (Democratic Services Assistant)

By Invitation: A Thomas (West Essex Primary Care Trust)

86. WEBCASTING INTRODUCTION

The Chairman made a short address to remind all present that the meeting would be broadcast on the Internet, and that the Council had adopted a protocol for the webcasting of its meetings. The Sub-Committee noted the Council's Protocol for Webcasting of Council and Other Meetings.

87. SUBSTITUTE MEMBERS

It was reported that Councillor R Frankel was substituting for Councillor M Woollard and that Councillor Mrs P Smith was substituting for Councillor M Colling.

88. DECLARATIONS OF INTEREST

a) Pursuant to the Council's Code of Member Conduct, Councillor S Murray declared a personal interest in agenda item 9 (Leisure Task and Finish Panel report) by virtue of being a council representative on the Roding Valley Meadows Local Nature Reserve Management Committee. He declared that his interest was non-prejudicial.

89. MINUTES

That the minutes of the Committee held on 8 March 2007 be taken as read and signed by the Chairman as a correct record.

90. PRESENTATION FROM AIDAN THOMAS - WEST ESSEX PRIMARY CARE TRUST

The Committee received a presentation from Aidan Thomas the Chief Executive of the West Essex Primary Health Care Trust. He introduced a proposed strategy for Healthcare in West Essex. They were hoping to formulate a strategy and were conducting a consultation exercise until 31 May 2007. A copy of the West Essex Primary Care Trust proposed strategy report had been distributed to members previously. Nationally a white paper was being produced for the NHS as a whole.

The Trust were taking a strategic view of local issues, looking at poor access to services and deprived communities, taking into account the higher than average age range of the district. There was a large area of West Essex where public transport was a huge issue, it affected villages and towns, and where getting to a GP or a Hospital was a problem. It was noted that older people tend to use the health service more and that the average age range was higher in the area. Also because of the higher age of patients they tend to stay in hospital for longer periods. This tends to remove older people's ability to look after themselves. However, there are alternatives to hospitalisation such as moving health services into, or closer to, people's homes wherever this is possible and safe.

The Trust is facing a huge population growth in the area and will be working with their partners to demonstrably improve health, well-being and services in the more deprived parts of West Essex. The strategy hopes to meet the government's targets such as an 18-week wait (instead of 20 at present), sexual health, obesity, smoking and cancer.

All three former PCTs in West Essex met the General Practice targets, but it is known that the public still has problems with them. The Trust is trying to make access to GPs easier and to reorganise how the community hospitals etc. are accessed.

As part of the exercise they have asked GPs to closely examine the invoices received from hospitals etc. as they have found that a lot are overpriced, this would enable them to save money immediately.

The consultation on the Strategy runs from 2 April to 31 May 2007 when they hold public meetings, meetings with local groups, patients, carers and other user groups and NHS staff from the wider health community. More information is available on their website: www.westessexpct.nhs.uk

A copy of Mr Thomas' presentation is attached to these minutes for information.

The Committee then took the opportunity to question Mr Thomas.

Q. Are you confident that West Essex PCT and particularly Whipps Cross, is now fit for purpose.

A. It's not as yet, but we are listening to the views of the public, but as yet no formal consultation has taken place, that should begin in October.

Q. Can you expand on the statement you made about moving health services closer to peoples homes.

A. In some cases we can put some services in people's homes. Immediate care teams could do transfusions and nursing at home. We would like to provide other services closer to communities, have closer links with GPs and use their local clinics. There are also local Community Hospitals that could be used – there is a long list of medical care that could be done at homes or at local clinics.

- Q. The West Essex Health Authority has kept to budget but some PCTs have not – will there be financial problems because of this?
- A. The Health Authority for the East of England has temporarily transferred funds from one authority to another to cover the shortfall.
- Q. Can you give examples of services commissioned at present that may be at risk?
- A. There is increasing evidence that people who are overweight and are smokers would have worse outcomes from surgical procedures, so a suggested example was that we link access to non-emergency operations to loss of weight and/or stop smoking.
A second example is the way we use Sidenham House in Harlow, which is currently used for intermediate care, we have similar beds in Ongar, St Margaret's and Saffron Waldon. It has no access to diagnosis and support facilities and is of limited use – this has led to longer stays. We will need to consider the use of Sidenham House.
- Q. With regard to Mental Health services – some services will be withdrawn in our area, what effect will it have.
- A. The Mental Health Trust in Hertfordshire is withdrawing some services. Also, the provider of services at Ashlar House can no longer comply. We could change the use of the wards affected. There are a number of public meetings coming up about this and I would be happy to come back and talk to the committee specifically about our proposals.
- Q. In your document you say there is a need for a review to re-evaluate your care and development plans and the primary care facilities in Nazeing. Can you tell me exactly what this would mean for Nazeing?
- A. There is a list of facilities on Page 28; the list shows key projects the Trust has identified that will go ahead including those in Nazeing.
- Q. Routine screening for breast cancer is to be suspended and be recommenced in August 2008. As this is a vital service could patients be notified when it is to go ahead.
- A. I am not certain of dates and will give a written answer, a review will take place and they will start screening again but unfortunately will not catch up with the backlog.
- Q. If Whipps Cross hospital were to be closed, which other hospital might be the first call for emergencies?
- A. I don't think that Whipps Cross will close – it may be that the A&E department will close, but we do not think that it should. There is still public consultation taking place on this. Closure is not an option we would support.
- Q. Is not an 18 week wait very ambitious?
- A. Yes it is, and the NHS will have to organise itself to achieve it. It should be possible to go through the system without going back to the GP.
- Q. I recently had to wait 13 months for an appointment – 18 weeks seems very ambitious. As for treating people in their own homes would this not lead to closure of hospital beds and would need a long lead in period to implement.
- A. It may lead to reduction in hospital beds, but an 18-week target should mean more beds are available.
- Q. Are you aware that there are inconsistencies between GP practices on giving appointments?

- A. Yes I am aware of that, the PCT checks GPs by using the secret shoppers approach. We need to change our contractual arrangements with the practices.
- Q. I am interested in walk-in centres, in relation to Harlow are they working and how will they develop?
- A. The one in Harlow is partly working; they are based about 100 yards away from the A&E unit. Whipps Cross has a triage arrangement at their A&E. We can improve the Harlow one by moving it closer to their A&E and integrating it with Primary Care.
- Q. Has the PCT thought about maternity services, the Princess Alexandra has problems? Has the PCT thought about the added expectations now being offered by the government to the world at large?
- A. Not as yet, there is a need to include maternity services in our strategy. There are problems locally; the Princess Alexandra reduced services for financial reasons. We have not yet dealt with the changes and will have to deal with them before the end of the consultation period.
- Q. There is talk about establishing at least 4 new medical centres outside hospitals can you indicate what you had in mind.
- A. This goes back to the questions about services coming out of hospitals. I do not want to pre-empt what they will be. Practice based service groups are to look at this and to take the lead on establishing them, as they will need to lead on this as clinicians. They will be medical, not surgical specialists.
- Q. I am not convinced that services in the community are cheaper. Are you confident that you will not be constrained by your budget, especially in relation to the increasing population and do you anticipate additional funding for this new population?
- A. Firstly I am confident that we can afford services in the community. GPs will set their own tariff rate. Population growth gives us a short-term problem as we are funded by per head of population, until the people arrive we will not be funded for them. We will not get any money until they arrive and we can then put it into new buildings etc.
- Q. You have talked about growth in term of the aging population, I did not see anything particularly highlighted for them. Presumably they are included in the whole.
- A. Yes they are. There are sections for what we want to do for older people. You are right there is an aging population and this is a big issue for us.
- Q. I understand that there is a shortage of community staff at present are you confident that you can meet all the needs of the strategy.
- A. There is a shortage of some staff, we will find ways to recruit more, we have done so in the past and will do so in the future.
- Q. Is there a target time for the public to access their own doctors and could you enforce it.
- A. No there isn't a local target, but there is a national target of 48 hours. But we cannot enforce it.

The Chairman thanked Mr Thomas for his presentation and for answering the Committees questions. The Committee would be pleased to welcome him back another day.

91. 2006 - 07 OVERVIEW AND SCRUTINY ANNUAL REPORT

The Committee were asked to endorse and refer the Overview and Scrutiny Annual Report for 2006/07 to the Council for consideration at its next meeting.

RESOLVED:

That the Overview and Scrutiny Annual Report for 2006/07 be endorsed and submitted to the Council for consideration at its next meeting in April 2007.

92. WORK PROGRAMME MONITORING

It was reported that the Chairman and the Vice-Chairman of the Committee met on 22 March 2007 to formulate the 2007/08 OS work plan when they considered the first draft of the plan containing outstanding items from the current year and bids submitted for the new plan.

The Committee agreed that although the proposed item on the role of rural transport in the District would not be put on the new work programme, a letter should be sent to County to put the views of the district to them asking that public transport should be looked at and if possible, improved.

AGREED that a letter be sent to County expressing the Districts disappointment in the current level of public transport for the district.

RESOLVED:

That the Overview and Scrutiny Work Programme for 2007/08 be endorsed.

93. TABLED PAPER - REPORT OF THE CONSTITUTION AND MEMBERS SERVICES STANDING PANEL

The Committee next considered the tabled paper from the Constitution and Members Services Standing Panel. This was their report on Council meetings – regulation of question time and the review of financial regulations, which was to be referred to Council for adoption.

Recommendation 1(c) was debated as the wording was considered ambiguous in that it seemed to say that all questions from each political group should receive a reply, which could extend the Council meeting some time while all the questions were answered.

It was proposed that the recommendations should stand and be referred to Council with a paragraph saying that recommendation 1(c) was discussed by the Committee and it should be considered as guidance and not proscriptive.

RESOLVED:

1. That the report from the Constitution and Members Services on Council Meetings – Regulation of Question Time and Review of Financial Regulations be endorsed and submitted to Council.
2. That a paragraph be inserted in the covering report that O&S discussed paragraph 1(c) and agreed that it should be considered as guidance and not be treated as proscriptive.

94. LEISURE TASK AND FINISH PANEL

The Chairman of the Leisure Task and Finish Panel, Councillor Mrs Heather Harding, introduced the panel's report to the Committee.

The Committee were very happy to endorse the report and agreed that it was a first class report produced by a good Task and Finish Panel.

RESOLVED:

That the Leisure Task and Finish Report be endorsed by the Overview and Scrutiny Committee and be referred up to the next Cabinet meeting for their consideration.

95. OLDER AND DISABLED PERSONS TASK AND FINISH PANEL - FINAL REPORT

The Older and Disabled Persons Task and Finish Panel Chairman, Councillor Mrs Susan Perry, introduced the Panel's report to the Committee. She thanked her Panel members and officers for their assistance and commented that because of the lack of time they could not cover everything in their terms of reference. It was unfortunate that that the Panel could not finish their remit and look at the disabled part of it.

The Committee agreed that it was a very good report, especially the extensive, informative appendices.

RESOLVED:

That the Older People and Disabled People Task and Finish Report be endorsed by the Overview and Scrutiny Committee and be referred up to the next available Cabinet meeting for their consideration.

96. CABINET REVIEW

The Committee considered the Cabinet agenda for its next meeting on 16 April 2007. No new issues were raised.

97. CLOSURE OF THE MEETING

The Chairman of the Committee noted that this was the last meeting of the present municipal year. He took the opportunity to thank all the members and the vice chairman for all their help and support during the year.

The Vice Chairman also took the opportunity to thank the Chairman on behalf of the members for his fair and impartial chairmanship during the past year.

CHAIRMAN

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the best in local healthcare*



West Essex
Primary Care Trust

A Proposed Strategy for Healthcare in West Essex

Aidan Thomas
Chief Executive

The Strategic Context

Nationally

- White papers
 - Our Health, Our Care, Our Say
 - Choosing Health, Making Healthy Choices
- NHS in England Operating Framework

Locally

- Creating a patient led NHS
- Practice Based Commissioning

Strategic local issues

Issues facing people in West Essex:

- poor access to services
- deprived communities
- a higher than average age range
- spend too long in hospital, particularly if they are elderly or suffering from a long term condition.

Strategic local issues

Issues facing people in West Essex:

- are often admitted to hospital when adequately accessible alternatives might prevent this
- a huge population growth
- use an NHS which faces significant challenges
- access some hospitals which are under review for financial and capacity reasons.

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NHS

The Strategy

Sets out our aims to:

- meet the government targets
 - 18 week wait
 - sexual health
 - obesity
 - smoking
 - cancer
- work with our partners to demonstrably improve health and well-being in the more deprived parts of West Essex, and services to those communities

The Strategy

Sets out our aims to:

- move health services into, or closer to, people's homes wherever this is possible and safe
- we will do significantly more to support older people and people with long term conditions at home
- significantly improve access to and scope of primary care.

The Strategy

Sets our aims to:

- reconfigure and develop services to avoid unnecessary emergency admissions
- ensure we stay within budget by:
 - limiting investment to essential developments and those which are demonstrably self funding
 - ensuring we commission services effectively
 - ceasing services which are not cost effective or evidence based.

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The Strategy

Sets out our plans for:

- planning healthcare for the future
- changes to support service delivery
- how we will deliver the strategy.

Next Steps

- Consultation from 2 April to 31 May 2007
- Public meetings
- Meetings with:
 - local groups
 - patients, carers and user groups
 - staff - internal and in the wider health community
- All information on our website www.westessexpct.nhs.uk

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