**Notes of the East of England Regional Health Scrutiny Conference 20 November 2009 held at Newmarket Racecourse.**

**Role of the Strategic Health Authority – Simon Wood, Programme Director: Service Reconfiguration**

1. The East of England SHA is one of 10 SHAs nationally. It has a budget of £8.8billion and serves a population of 5.6million across 6 counties, through 40 NHS organisations.

2. The SHA sets the strategic direction for NHS organisations in the region and is responsible for organisational and workforce development and performance management of Trusts and PCTs (but not Foundation Trusts, which report to Monitor).

3. SHA is working to deliver 'Towards the best, together', its 10 year vision for improving services in the East of England. The Plan was scrutinised by a regional Joint Health Overview and Scrutiny Committee in 2008, which refined and enhanced the vision.

4. The economic position means that the NHS has to change to deliver high quality services more cost effectively. There will be a faster pace of change. Health Scrutiny and the NHS should be discussing how to deal with forthcoming change and how to prioritise items which Health Scrutiny Committees will want to look at in detail.

5. The SHA is focused on delivering 'Towards the best, together'. It is also proposing a change to learning disabilities services across the region, on which it did not consult in 2008. There will be regional consultation in 2010, for which a regional Joint Health Overview and Scrutiny may need to be formed.

**Primary Care Trusts moving towards world class commissioning – Andrew Pike, Chief Executive Officer, South East Essex PCT**

6. Primary Care Trusts are the local leaders of the NHS. They are primarily commissioning bodies that aim to achieve the best value and quality of service for users and tax payers.

7. PCTs are looking to commission more services that give a better outcome for a lower average spend and less services that give a poor outcome for a higher average spend. That means they should decommission services that have poorer outcomes. These services are sometimes popular with local people and decommissioning can be difficult.

8. The economic position means that the NHS can expect no extra money to cover inflation. The challenge is to manage demand, make significant quality and efficiency improvements, transfer services to

new settings and change providers where appropriate. The pace of change will increase over the next few years.

9. In addition to the traditional service variation consultations PCTs would like health scrutiny committees to be involved with the need assessment process, service design discussions and scrutiny of joint commissioning arrangements.

**Priorities and Role of the Specialised Commissioning Group – Trevor Myers, Chief Operating Officer**

10. The SCG is a formal sub-committee of all 14 PCTs in the East of England and commissions specialist services for the region. It seeks the greatest health gain for the relatively few in number.

11. The SCG is not a department of, nor does it take instruction from the SHA.

12. The SCG is mandated to undertake consultation on behalf of PCT members and engages with regional health scrutiny in this respect. It also regards HOSC members as key stakeholders as well as scrutineers. It would like relatively speedy responses from health scrutiny and a sense of engagement.

13. Specialised service portfolio includes areas of mental health, tertiary cardiac services, specialised children's services (including neonatal care), neurosciences, renal dialysis, and others.

14. Specialised services require a planning population of greater than 1 million people.

15. There are cost pressures on specialised commissioning, e.g:-

- Expected increase in neonatal intensive care activity is 20% to 2020.
- The cost of specialised cancer treatment is expected to increase by 64% to £18m in 2020.
- Predicted year on year growth of 1% in high secure mental health services and 2% in medium-low services.

16. Strategic vision for 2015 includes having patients more involved in the planning and development of services for the longer term and having more choice in how and where they access services. This includes more local specialised care for the out-patient phase of their treatment particularly.

**How can health scrutiny make a difference? Panel question and answer session.**

17. Health Overview and Scrutiny Committees need to define what they can and cannot do so that local people are clear about their role and the local NHS is clear about the things that the Committee will want to look at in detail.

18. Maybe the NHS should consider having more locally elected people on its Trust Boards and involved in Practice Based Commissioning.

19. Non Executive Directors on Trust Boards overview how the money is spent for better patient services. Their role is parallel to HOSC Members and there may be opportunities to work together. Both should act as a critical friend to the local NHS.

20. In the government's eyes, PCTs are the local leaders of the NHS. Some PCTs have combined with the Local Authority. Alternatives are more joint commissioning or more joint teams all of which can be used to achieve better quality services at lower management cost.

21. Management costs have gone up during the transitional period of transfer of Foundation Trusts to Monitor. The transfer has gone about half way, but when it is completed it is likely that the SHA costs will reduce.

22. Quality has been defined in the NHS for the first time in terms of clinical outcomes, patient safety and patient experience.

23. In Essex some HOSC responsibilities are devolved to local area forum, but they report back to the County HOSC for final decisions.

24. One of the roles of the HOSC should be to highlight NHS good practice.

25. With the extent of change that is expected in the NHS HOSCs will need to prioritise the changes that they wish to look at. They will not be able to look at everything.

26. In Hertfordshire health scrutiny and the local NHS have a concordat that helps them prioritise the scrutiny / consultation workload.

27. Although Foundation Trusts do not report to the SHA, PCTs have the power to prevent from doing things that are contrary to the PCTs local vision and strategy.

28. Health Scrutiny needs to discuss with the local NHS the amount of change that is coming up and the areas that it wishes to address.