

**REPORT TO THE MEETING OF THE EXECUTIVE 15 APRIL 2009****PORTFOLIO: OVERALL STRATEGY AND POLICY DIRECTION****REPORT FROM THE CHIEF EXECUTIVE****SUBJECT: NHS SOUTH EAST ESSEX – DRAFT STRATEGIC PLAN 2009-2014****1 DECISION BEING RECOMMENDED**

- 1.1 That, subject to Member comments, the officer response outlined below be endorsed as the Council's formal response to the Draft Strategy.

**2 REASON/S FOR RECOMMENDATION**

- 2.1 The NHS South East Essex (the local Primary Care Trust (PCT)) would welcome a formal response from the Council following the publication of their draft strategy for consultation in January. It provides the Council with an opportunity to input into the formal process and help shape the strategic agenda of the PCT.

**3 OTHER SALIENT INFORMATION**

3.1 Context

The NHS South East Essex launched their draft Strategic Plan 2009-2014 for consultation in late January, with an end date for comment of 10 April. However, they are aware of the date of our Executive meeting and have been advised that our formal comments will be sent post that meeting. In addition, the Chief Executive of the PCT has already made a formal presentation on the Plan to full Council on 26 February, when a number of members raised issues and made comments, and similarly, officers from the PCT have made presentations to each of the Area Committees, when again local issues were raised and comments received. Minutes from these meetings are attached as Appendix 1.

3.2 Officer Comments

In terms of formal response, it is considered that the draft plan represents a welcome step forward in terms of setting out the health agenda across south east Essex. Its development will provide a useful framework against which key decisions can be taken, and its value will grow in importance as resources become tighter. From the District Council's viewpoint, the key issues would appear to centre around:-

- Improving access to services and the facilities available for residents of the District. Where possible, these should be provided as close as possible to the communities they serve and be accessible to those

communities. Communication and information are seen as essential components in this.

- Specifically within the District there are concerns about local GP and NHS Dental care provision. It is important that the strategic planning process is used to improve and enhance provision across the District, but particularly in the communities of Rayleigh, Hockley, Hawkwell and Rochford.
- Responding to the requirements of the growing elderly population in terms of the facilities available, healthcare provision and domestic support.
- Further expansion and innovation in relation to mental health care across the District.

3.3 Whilst the District does not suffer from some of the health problems found in parts of Southend or Castle Point, there are still health issues and inequalities that need to be addressed. These include identifying the reasons for and then working to reduce the differences of up to 11 years in average life expectancy between the various areas within the District, reducing cancer related disease and deaths, and encouraging lifestyle changes such as smoking cessation, healthy eating and exercise. Similarly, that in focussing on specific problems in Southend and Castle Point, it is important for the PCT to pay adequate attention and provide sufficient resources to ensure that health provision across Rochford District continues to move forward and improve. Strong partnership working will be important to delivery.

3.4 In this context, the growing role of the PCT within the Local Strategic Partnership is welcomed, as is their acknowledgement of the importance of inputting into the Local Development Framework process and the town centre action plans, to ensure that any spatial requirements arising out of the strategic planning process are met. Their growing involvement in the Area Committee process is also welcomed, as it provides a useful mechanism through which to engage on local issues with the communities across the District.

3.5 In conclusion however, it will be the delivery of the strategy which is important and on which its success will be judged.

#### **4 RISK IMPLICATIONS**

4.1 There are issues for the PCT associated with the delivery of the strategy. Those for the District Council relate to its role as a local planning authority or, in a partnership context working, with the PCT on specific initiatives. The type and scale of risk will be dependent upon the initiative.

**5 RESOURCE IMPLICATIONS**

- 5.1 At this point in time there are no direct financial implications for the District Council arising out of the draft strategy as such. Those that do occur over a period will probably be in terms of member and officer time in the first instance, although specific initiatives arising through the spatial planning or partnership arenas may have specific resource requirements which will need to be considered in the context of that project.

I confirm that the above recommendation does not depart from Council policy and that appropriate consideration has been given to any budgetary and legal implications.

SMT Lead Officer Signature: \_\_\_\_\_

**Paul Warren**

**Chief Executive**

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**Background Papers:-**

None

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Appendix 1Council – 26 February 2009

Minutes of the meeting of **Council** held on **26 February 2009**

**46 DRAFT STRATEGIC PLAN FOR NHS SOUTH EAST ESSEX 2009-2014**

Council received a presentation from Andrew Pike, Chief Executive of NHS South East Essex, on the Draft Strategic Plan. The presentation included detail on:-

- Areas that had been identified for change following a needs assessment.
- Agreed local priorities.
- The financial aspects of change.
- Proposed public health initiatives and investments.
- Specific challenges over the next five years.

During the presentation, Mr Pike emphasised the importance that is being placed on existing GP practices having the space for growth. There were no firm plans for a single large Primary Care Centre for Rayleigh, current activity being about identifying specific needs. It may be the case that, in the future, there will be scope for developing existing practices and identifying a location for a centre for outreach services. NHS South East Essex was in consultation with the District Council on dovetailing NHS related plans with Council plans relating to Rayleigh, Rochford and Hockley.

Responding to questions, Mr Pike advised that:-

- It was recognised that society could stigmatise aspects of mental health. Approximately £2m expenditure was planned for improvements to psychological therapy. There were linkages between mental health and long term physical ill health.
- The Jones family practice at Hockley was being encouraged to develop a range of services, including phlebotomy. A Board meeting in March will be considering the resourcing of GP Practices where there is a clear desire to provide/re-establish services in-house.
- The Trust would work closely with the Council as the Local Development Framework develops.
- The Trust recognised the value of working with/educating young people on healthy living practices.
- Review activity has identified that customer service issues often arise at the boundary point between services. The next five years will see the

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**Appendix 1**

introduction of electronic patient records, with integrated care being the key to addressing boundary issues. Andrew would be happy to respond to any particular issues being experienced by Councillors in their interaction with the health service.

- The Trust was particularly mindful of the importance of ensuring that improvements to GP Practices and additional resource availability is not overtaken by population growth. Each year will see the setting aside of monies to improve the GP/patient ratio.
- The dementia challenge is significant. £1½m had been identified for a new memory and mental health clinic. The National Dementia Strategy was a positive step forward and the Trust would expect significant improvement in the next five years. There can be concerns about the attitude of some GPs and other health service staff to the subject of dementia, and appropriate training in this area would be of value.
- Whilst approximately 20% of the current GP workforce was over the age of 60, overall the country was generating a high number of newly trained GPs. The Trust was not forecasting a significant reduction. In terms of planning for the impact of retirement, forecasting activity was underway with the Local Medical Committee.
- Negotiations were ongoing with GPs on the subject of longer opening hours for surgeries, including weekends. 72% of local surgeries now offered an average of 2 or 3 additional hours. There were already examples of some quite significant extension to hours and the provision of a Saturday morning service. The Trust had an objective of achieving a second out of hours Primary Care service by 2010.

On behalf of the Council the Leader extended thanks to Mr Pike for his presentation and the contributions of the Trust to the Local Strategic Partnership. It was pleasing to hear about assistance being provided to existing GP practices, notwithstanding that it can be seen that facilities often need improving.

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Appendix 1Central Area Committee – 3 March 2009

Minutes of the meeting of the **Central Area Committee** held on **3 March 2009**

**(1) Draft Strategic Plan for NHS South East Essex 2009/2014**

Council received a presentation from Liesel Park, Assistant Director of Public Health and Health Intelligence (NHS South East Essex) on the Draft Strategic Plan for NHS South East Essex 2009/2014. The presentation covered:-

- The Trust's structure and responsibilities.
- The current position with regard to the health of the local population and finance/resources.
- Proposed actions in terms of investing in improving health, building up the network of GPs, Primary Care and Community Services and organisational arrangements.
- The challenges over the next five years and associated mechanisms for public consultation.

Responding to questions, Liesel advised that:-

- Questions on identifying if the Primary Care Trust could provide specific detail on how the definitions of “rural” and “urban” are determined and the criteria for locating Primary Care Centres would be taken back.
- The current health budget is £471M. The draft Strategic Plan involves an additional £66M.
- Rochford Hospital is part of the South Essex Partnership Trust from which NHS South East Essex Commissions Services. In terms of public perception, the Primary Care Trust is aware of the importance of delivering on proposals. A suggestion that there could a form of “annual report card”, specifying progress made and delivered to the community through a public forum, would be taken back to the PCT as a recommendation.
- Work has been undertaken on facilitating the availability of advice on health and the carrying out of some testing (including blood pressure) by pharmacists at dispensing chemists. Information on the specific situation could be provided.
- Concern that some GP practices are not utilising properly trained or supervised counsellors could be raised with the Mental Health Services Commissioner.

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**Appendix 1**

During discussion reference was made to a concern that the resource provision for “care beds” appeared to favour residents in the Southend and Castle Point areas. In the context of resources within the District, reference was also made to statistics which indicate that Hockley and Rochford had the lowest GP and dentist to public ratio in the South East Essex area. A possibility that larger GP practices may not necessarily result in individuals receiving the levels of service that they would want was mentioned. There could also be concern about how realistic it may be to expect smaller surgeries to continue in the longer term if where there are larger surgeries nearby. It was noted that the Trust was considering the resourcing of GP practices where there was a clear desire by practices to provide/re-establish services in-house.

## Appendix 1

West Area Committee – 12 March 2009

Minutes of the meeting of the **West Area Committee** held on **12 March 2009**

**(2) Draft Strategic Plan for NHS South East Essex 2009-2014**

Ray Parker, Assistant Director of Strategic Planning and Partnerships, delivered a presentation on the Draft Strategic Plan for NHS South East Essex 2009/2014. The presentation covered:-

- An additional £66million being allocated in order to improve health, to build up the network of GP, primary care and community services and to improve the organisation of the NHS.
- The drive to allow patients and carers more say in their care.
- The aspiration to provide a wider range of health services, which are accessible for longer periods and more convenient for patients.
- The provision of care at an earlier stage with the aim of avoiding hospital stays.
- Easier access to mental health care and support.
- Better value: £33million from current spending to go into new services; less spent on outdated buildings, with more spent on care in modern facilities.
- The challenges over the next five years and associated mechanisms for public consultation.
- Ten future proposals, including:-
  - Schemes to stay healthy
  - New 'urgent care centres' for minor injuries and illnesses
  - Innovation in care to avoid hospital stays
  - Shift of spending from hospital to GP, primary care and community services
  - More community services for older people
  - More mental health services, linked to family health services
  - Network of new GP premises, some with x-rays, tests and specialist clinics
  - More NHS dentists



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Appendix 1

- Bigger role for pharmacy
- GP, community services and social care in local 'integrated care organisations'.

In response to a Member enquiry relating to a reference to a new primary care centre for Rayleigh/Hockley/Rochford on page 21 of the strategy, Mr Parker confirmed that the intention was not to move all GPs into one centre. The NHS planned to build up a network of buildings, some already existing, some new, with the aim of ensuring that patients living in urban areas would not have to travel further than 1 mile to access GP services, and patients in rural areas no further than 3 miles. GPs currently in premises in need of modernisation could, however, be invited to move to a new primary care centre.

Responding to a Member observation that it was preferable for any new primary care centre to be close to public transport and close to a town centre, and that the area covered by Rayleigh, Hockley and Rochford was too large to be properly served by such a centre, Ms Hathaway confirmed that no site had yet been selected for a primary care centre; the NHS would first consider all feedback received to the consultation exercise. In response to a supplementary point raised that Rawreth would not be an ideal location for a new primary care centre serving the District, Ms Hathaway agreed that Rawreth was not preferable; the NHS would need to work closely with the District Council in future to try to identify a more suitable location.

Mr Parker advised, in response to concern expressed about problems of communication and administration between different service areas, that proposals within the strategy to better organise the NHS were anticipated to result in improvements in this area.

Responding to a question relating to services relating to the misuse of drugs and alcohol, Mr Parker stressed that the NHS could only work in this area with members of the Local Strategic Partnership. The Drug and Alcohol Reference Group was also looking at these issues.

In response to a Member enquiry relating to single sex wards, Mr Parker advised that there was work currently underway within the NHS on developing action plans for all NHS facilities to offer single sex wards in the future.

Mr Parker confirmed, in response to a further enquiry about quality of care for dementia sufferers, that the strategy contained proposals to enhance general services for dementia, for both young and old, together with support for carers.

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Appendix 1East Area Committee – 19 March 2009

Minutes of the meeting of the **East Area Committee** held on **19 March 2009**

**(2) Draft Strategic Plan for NHS South East Essex 2009-2014**

Margaret Hathaway, Associate Director, Commercial Services, delivered a presentation on the Draft Strategic Plan for NHS South East Essex 2009/2014. The presentation covered:-

- An additional £66million being allocated in order to improve health, to build up the network of GP, primary care and community services and to improve the organisation of the NHS.
- The drive to allow patients and carers more say in their care.
- Joined up health and social care services.
- The provision of enhanced care, including dementia services, for the elderly population.
- The aspiration to provide a wider range of health services, which are accessible for longer periods and more convenient for patients.
- The provision of care at an earlier stage with the aim of avoiding hospital stays.
- Easier access to mental health care and support.
- Better value: £33million from current spending to go into new services; less spent on outdated buildings, with more spent on care in modern facilities.
- The challenges over the next five years and associated mechanisms for public consultation.
- Ten future proposals, including:-
  - Schemes to stay healthy
  - New 'urgent care centres' for minor injuries and illnesses
  - Innovation in care to avoid hospital stays
  - Shift of spending from hospital to GP, primary care and community services
  - More community services for older people
  - More mental health services, linked to family health services

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**Appendix 1**

- Network of new GP premises, some with x-rays, tests and specialist clinics
  - More NHS dentists
  - Bigger role for pharmacy
  - GP, community services and social care in local 'integrated care organisations'.
- The deadline for feedback on the draft strategic plan is 10 April and the final plan would be approved in June 2009.

Responding to questions, Ray and Margaret advised that:-

- The process in place for assessing patients prior to their release from mental health units would be brought back to the Committee.
- The target of dental check-ups for 75% of the population every 2 years was a minimum target and many people would access dental services more frequently.
- Additional funding would be available for long-term conditions, such as diabetes, and the NHS was working closely with partners to promote more active and healthy lifestyles among the population.
- Although it was proposed that GP practices would reduce from 81 to 48, this would not result in fewer GP's. Good quality premises, coupled with an extension to community based services, would be needed to encourage new GPs into the area. A strategy was in place to encourage GPs to operate longer surgery hours.
- No GP practice would be forced to move into one of the purpose built primary care centres. Most surgeries would remain in the area where patients most needed them as long as the surgery premises met both statutory requirements and NHS guidelines. The aim was to ensure that patients living in urban areas would not have to travel further than 1 mile to access GP services, and patients in rural areas no further than 3 miles.
- Whether Social Services or the NHS had the final say in a case where both services were involved was dependent on the circumstances of the case and the patient.
- Two GP practices were currently based in Shoebury Health Centre. Although it would be possible for further GP surgeries to decide to move their practices into the Health Centre, this would be dependent on the needs of the population and local circumstances.
- Tea/coffee facilities would be available in the Leigh Primary Care Centre.