

**SOUTH EAST ENGLAND REGIONAL ASSEMBLY
REGIONAL HEALTH SUMMIT**
Note of meeting on Friday 28 September 2007 2.00p.m. – 4.00p.m.
Institute of Civil Engineers, Westminster

Present:

Keith Mitchell	Regional Assembly - Chairman
Rolande Anderson	GOSE
Paul Bevan	Regional Assembly
Jim Brathwaite	SEEDA
Odette Cousin	RAISE
Mike Daly	South East Coast Strategic Health Authority
Claire Hamilton	Regional Assembly
Ian Hepburn	Regional Assembly
Keren Jones	SEEDA
James Mapstone	South Central Strategic Health Authority
Candy Morris	South East Coast Strategic Health Authority
Oona Muirhead	SEEDA
Ameeta Rowland	Regional Assembly
Liz Steel	South Central Strategic Health Authority
Nick Woolfenden	Regional Assembly

Apologies:

Pam Alexander	SEEDA
Jacqui Bremner	RAISE
Elizabeth Cartwright	Regional Assembly
Yvonne Doyle	South East Coast Strategic Health Authority
Moira Gibson	Regional Assembly
Oliver Mills	Adult Directors of Social Services

1. Welcome and introduction by the Chairman

1.1 Keith Mitchell welcomed everyone to the meeting.

2. Sub National Review of Economic Development and Regeneration - update

2.1 Rolande Anderson introduced this item and explained that the Assembly, SEEDA and GOSE are collectively contributing to work considering possible new regional structures. There is much in the sub-national review that requires further clarification and the Government will consult on specific aspects later in the year. Members shared concern over the lack of emphasis in the SNR on the important role of social, environmental and economic partners.

2.2 Members also expressed concern about the role of the proposed Parliamentary regional select committees. It was also suggested that this may have implications for other regional bodies, including the NHS.

3. NHS Finance – understanding funding in the region

- 3.1 South Central Strategic Health Authority (SHA) gave a presentation outlining NHS funding in the region. The presentation explained the NHS financial regime, including the complex national formula which determines Primary Care Trusts' (PCT) budgets and the current financial situation for the two SHAs in the region.
- 3.2 Members commented that funding appears to be calculated according to ill-health, rather than preventative measures. South East Coast SHA explained that the formula is based on a proxy of need and care but this does not prescribe how it is spent; some of the funding may be allocated to preventative measures. There is also a small separate budget for public health.
- 3.3 The importance of being able to track the impact of an individual's NHS care throughout their life course was highlighted. This is complex given the movement within and between regions and providers. The NHS Connecting for Health initiative already goes some way to providing a complete picture of an individual's health care. As the initiative develops and new generations are tracked from birth, it should be easier to monitor an individual's life course.

4. Health Service Redesign: Creating an NHS Fit for the Future

- 4.1 South East Coast SHA introduced developments in the 'Creating an NHS Fit for the Future' strategy. Members' attention was drawn to Lord Ara Darzi's national review of the NHS, being conducted on behalf of the Prime Minister. The national review fits neatly with the ongoing Fit for the Future work, with the review being tied into existing work streams where appropriate. Efforts are being made to ensure that engagement around the national review takes account of, and feeds into, existing discussions and consultations.
- 4.2 As part of the NHS review, simultaneous 'deliberative events' were held in each SHA area on 18 September 2007. Staff, patients and members of the public were polled on their opinions of the NHS.
- 4.3 Results from South East Coast SHA's event identified three common concerns about the NHS: cleanliness and infection; access to health services, especially primary care services out of hours; and fair access to treatment and drugs. Members of the Summit were invited to attend both South Central's and South East Coast's next deliberative events as observers.
- 4.4 In discussion, the SHAs emphasised that the NHS is committed to the best provision wherever that may come from, and is no longer working towards targets for private and voluntary and community sector provision.

5. Foundation Trusts

- 5.1 This item was introduced with a presentation from the South Central SHA explaining the role of NHS Foundation Trusts and the timetable for their implementation in the South East. The principle of Foundation Trusts was

introduced in 2004; all NHS Trusts have the opportunity to apply to become a NHS Foundation Trust by 2009.

- 5.2 It was asked how proposed mergers between hospital trusts would be managed, if one was already a Foundation Trust. It was explained that the new merged Trust would achieve Foundation status if both Trusts were found to have met the necessary standards.

6. Health Strategy - update

- 6.1 South Central SHA outlined progress on the Regional Health Strategy since the strategy was brought to the Regional Health Summit in March. A draft for discussion was launched at the Healthy Region Forum on 20 June, with a discussion period until 28 September. A number of consultative opportunities have been taken, including with the Assembly Executive Committee, with Assembly Social and Environmental Partners and with the Environment Agency. There is also ongoing work with RAISE to involve the Voluntary and Community Sector in the Health Strategy.
- 6.2 The final draft of the Regional Health Strategy will be taken to Executive Committee in December, seeking Assembly endorsement. The Health Strategy will be launched on 7 February 2008 at the annual South East Public Health Conference.
- 6.3 Ian Hepburn gave a presentation emphasising the potential role of green infrastructure in developing good health, providing both physical and mental health benefits. Brighton and Hove's Green Infrastructure Network project uses GIS mapping to generate spatial representation of green space access, and assists identification of opportunities for planning to address any disparities.
- 6.4 In discussion, members were particularly concerned about accessibility. Firstly, there is a need to ensure the region's existing 'open space' is accessible. Secondly, there are close links between deprivation and the quality of, and access to, the environment. These links need to be explored more fully.

7. Strengthening the Department of Health's regional presence

- 7.1 South Central SHA introduced this item, explaining that the Department of Health (DH) is reviewing how it operates in the regions, to build on the capacity and capability currently located within the nine Regional Public Health Groups and the Eight Regional Development Centres. It was also reported to be a dynamic issue, with DH having produced further information since that circulated to the Summit for information. The changes were welcomed as bringing vital regional leadership to social care.

Date of next meeting: 22 January 2008