



East of England All Party Parliamentary Group

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Peter Aldous MP and Daniel Zeichner MP
Rachel Hopkins MP, Jonathan Djanogly MP, Julie Marson MP,
Giles Watling MP, Baroness Janet Cohen
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KEYPOINT MINUTES

COVID-19: Health care services - innovation, integration and improvement

Update on plans for a Children's Hospital and a Cancer Research Hospital for East of England and Focus on the Importance of, and Potential for, Social Care Integration

'Virtual' Meeting on Thursday 16th July 13:00 to 14:30

1. Co-chair's welcome and introductions plus agreement of minutes of last meeting

- Peter welcomed all attendees and speakers and explained that this meeting offers an opportunity for a timely and important discussion about the potential for improvement to the health and social care services in the East of England starting with two sets of speakers on plans for new hospitals to serve the region followed by two other speakers who will focus on the importance and potential of NHS and social care integration.
- The minutes of the last meeting held on the 27th of June have been circulated and were agreed. Peter also pointed out that in response to the letters received from Alok Sharma and Steve Barclay a further letter has been sent.

2. Innovation and improvement – the case for new hospitals

Dr Cathy Walsh, Consultant Psychiatrist and Deputy Medical Director, Cambridgeshire and Peterborough Foundation Trust made the following points regards the proposed new children's hospital (also see slides):

- The East of England is the only region in England that does NOT have a dedicated children's hospital – this is a shocking statistic in itself
- Covid-19 has provided opportunities to collaborate and the plans build on this
- The goal is to integrate hospital care with that given at home and in the community – also deliver integrated mental and physical health treatments and to integrate care with research. Currently hugely stigmatised for children to have their care divided in this way, particularly for those children with mental health needs
- Vision is for a Children's hospital which has at its heart the theme of integration; treating the whole child
- Initially the hospital will serve the 0-19 age group but ultimately the plan is to be available from 0-25

Professor David Rowitch, Department of Paediatrics at University of Cambridge added:

- The hospital will serve the whole region – already available in Norfolk and will become available elsewhere in due course
- The support of MPs so far has been welcome – a new fundraising campaign "A Whole New Way" will be launched shortly
- 75% of the origins of diseases that affect later life are to be found in children – if we can detect and treat early, we have a better chance of curing

Professor Richard Gilbertson, Cancer Research UK, Cambridge Institute made the following points regards the plan for new cancer research hospital:

- 25% of cancers are diagnosed in A&E and all these people invariably have poor outcomes. The NHS Long term plan is to increase the numbers of cases diagnosed at stage 1 and 2 (early) to 75%. These patients do much better 80% survival vs. 20% at later stages.
- To achieve a step change in cancer survival and quality of life, the UK should deploy four strategic pillars - 1. We need to be proactive, not reactive to cancer 2. Integrate all data to treat precisely 3. Ensure the NHS is a partner not passive recipient in scientific advances – it is a solution not a problem 4. Re-invent the patient care pathway
- This is not a pipedream, already collaboration with research has led to earlier diagnosis of oesophageal cancer
- This new kind of cancer hospital for the NHS can deliver the long-term plan with a regional, national and global vision.
- Fully integrated centre for early cancer detection, uniting physicists, chemists and engineers with primary and tertiary NHS specialists and patients to develop and deploy early detection devices.
- Fully integrated centre for AI/ML based precision cancer medicine, uniting computational scientists, imaging specialists, data scientists and mathematicians with NHS specialists and patients to develop and deploy precision cancer medicine approaches.
- Maximal use of IT and telemedicine to manage patients closer to home and unite primary and tertiary care while avoiding the need for patients to disrupt their lives and travel to hospital.
- Diagnose early, save lives, reduce treatment intensity and cost

Dr Andy Williams, Vice President, AstraZeneca

- Life sciences in UK are a £72billion industry with 480,000 jobs. East of England is at the heart of this and is a global leader
- AstraZeneca have already invested £6million in cancer research and intends to work in a public private partnership on plans for the new cancer research hospital
- AstraZeneca has also committed to 100 lab spaces in the new Cambridge Cancer Research Hospital as a unique collaboration to bring the best science and drugs to NHS patients as quickly as possible.

3. Q&A

Questions asked included:

- Given the advances in technology how do we know this hospital will not be a white elephant?
- Will these projects serve all parts of the region? It is important that all people feel they own these assets

Answers given included:

- Hospital design anticipates telemedicine and it will be predicated on using existing networks including primary care. Demand on site will actually reduce
- The NHS is interacting regionally, and we are making the case to DHSC this is a regional resource. Half of all children's cases now have to travel to London specialist hospitals. More local is preferable

4. Integration and improvement – the importance of, and potential for, NHS and social care integration

Cheryl Davenport, Managing Director of EELGA, made the following points:

- What do we actually mean by integration? Spans at least six key themes - integration between NHS Providers, integration between mental health and physical health, integration between health and social care, digital integration, integration between local authorities, integration and personalisation.

- These six themes depend upon mature and exemplary partnerships, collaboration across the public sector (and beyond) and are not yet fully aligned in terms of policy, delivery, or the narrative - nationally, locally or both
- What are the potential asks moving forward?
 - A partnership of equals
 - Future integration policy
 - A medium-term strategy and settlement for social care
 - Changes to hospital discharge policy, assessment processes and pathways post Covid, and a continued focus on integrated approaches to hospital discharge across health and care,
 - The fragility of the care market - a more visible and shared risk during Covid which requires top prioritisation
 - A re-boot of joint commissioning and quality assurance for care providers, with a menu of capacity and capability building support
 - Roles and expectations for the coordination of population-wide vaccination programmes for the NHS and Local Government
 - Digital solutions for Health and Care
 - Vulnerable People/Households – learning from Covid

Melanie Craig, Chief Officer and Executive Lead, Norfolk & Waveney Health and Care Partnership, added:

- We have seen more and better integration between NHS and social care because of CV19 – previously tension when discharging patient to home about who pays for support. That has gone for now
- The importance of community nursing has also become more apparent – and the collaboration with the voluntary and community sector

5. Questions – including on impact of, and response to, Covid-19 on East of England

Questions included:

- What is needed from Government to facilitate this important work – apart from the financial dimension? Will there be a need for legislation?

Answers included:

- We do need parity of esteem between NHS and social care – and the reform of social care.
- Funding of PPE for the NHS was top-sliced from budget but for social care has to come from local authorities – should be top-sliced for all
- In some areas, health devolution is operating at the margins of the 2012 Act which may need to be changed now collaboration is at the heart of NHS and social care
- Data sharing is one issue where legislation may be required

6. Conclusions and Close

- Peter Aldous MP thanked all attendees and in particular all the speakers.
- He said that the lack of a regional children’s hospital was startling and that avoiding long journeys to London for care would be preferable as it is a concern raised with MPs; he was impressed by the fact that Cambridge’s assets are of global significance and said it is imperative to harness this strength for the good of the whole region; he stated that steps towards parity of esteem between NHS and social care were important but the issues would not be solved in a year; and that legislation is likely not least to catch up with what where health and social care has developed since the last
- It was agreed to send a letter to the Health and Social Care Secretary as a constructive outcome of the meeting.
- Finally Peter reminded attendees that next meeting, which will be a joint one with the Innovation Corridor APPG, will take place ‘virtually’ on Tuesday 15th September from 4pm and will focus on

transport priorities - and the annual East of England APPG reception, in conjunction with EELGA, has been put back to Tuesday 23rd February at 4pm in the House of Commons Terrace Pavilion - when we might meet in person!

ATTENDEES:

1. Daniel Zeichner - Co-Chair of the APPG & MP for Cambridge
2. Peter Aldous – Co-Chair of the APPG & MP for Waveney
3. Jerome Mayhew - MP for Broadland
4. Cllr Gagan Mohindra – MP for South West Hertfordshire
5. Will Frost - Parliamentary Researcher, Office of Rt Hon Matt Hancock MP
6. Professor David Rowitch, Department of Paediatrics at University of Cambridge
7. Dr Rob Heuschkel, Consultant Paediatric Gastroenterologist
8. Professor Richard Gilbertson, Cancer Research UK, Cambridge Institute
9. Andy Williams, Vice President, MedImmune, AstraZeneca
10. Dr Cathy Walsh, Consultant Psychiatrist and Deputy Medical Director, Cambridgeshire and Peterborough Foundation Trust
11. Cheryl Davenport, Managing Director of EELGA
12. Melanie Craig, Chief Officer and Executive Lead, Norfolk & Waveney Health and Care Partnership
13. Alan Todd - East of England Regional Policy Lead, Federation of Small Businesses
14. Colin Boyd, Design Director for Major Projects Construction, Bouygues UK
15. Emma Green, Public Affairs Manager, British Sugar
16. Rebecca Stephens, City Manager, City Fibre
17. Roy Elmer, EELGA
18. Adam Thorpe, EELGA
19. Sarah Murray, European Regulation Manager, City of London Corporation
20. Sue Boden, Strategy & Planning Lead, Norfolk County Council
21. Olivia Tyrrell, Political Researcher, DevoConnect (Secretariat)
22. Steve Barwick, Director, DevoConnect (Secretariat)

eeappg@devoconnect.co.uk | www.eastofenglandappg.org.uk | [@EastEnglandAPPG](https://twitter.com/EastEnglandAPPG)



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