



East of England
All Party Parliamentary Group

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AGM AND BRIEFING FOR PARLIAMENTARIANS ON LEVELLING UP HEALTH IN THE EAST OF ENGLAND

ROOM O, PORTCULLIS HOUSE. WEDNESDAY 22ND MARCH 2023, 13:00 – 14:00

WRITE UP

Welcome and introductions - Daniel Zeichner MP, Co-Chair

- Daniel welcomed the speakers, Clare Panniker and Tom Abell, as well as Parliamentary colleagues and guests
- He reminded attendees that this is a briefing for Parliamentarians on levelling up health in the East of England and on the region's ambulance service but before that the AGM will be conducted

AGM - Peter Aldous MP, Co-Chair

- Peter gave brief review of 2022 activity (ten meetings including 6 full open ones, three invitation only roundtables and one private meeting with a Minister) and informed attendees meetings in 2023 will focus on affordable housing, physical and digital connectivity, education and skills– the five “low confidence” issues – plus ones on the region's plans to meet the climate change challenge and on innovation)
- He said the Group is going from strength to strength with 2 new Officers, Priti Patel and Lord Jackson and now 2 new partners: City Fibre and the Innovation Corridor UK, which used to run its own APPG and now sees the benefit of working with the East of England APPG
- All current Parliamentary officers were re-elected and the registration form and financial expenditure statement were noted and agreed.

Briefing on Levelling Up Health in the East of England - Clare Panniker, NHS England's Regional Director for the East of England

INTRODUCTION

- NHS England undergoing major restructuring with 30-40% headcount reduction and merger with Health Education England.
- NHS England Region's role is a small part **regulation** on behalf of NHS England and a large part **supporting development of ICBs** which became statutory bodies last July.

- The Region is working closely with Integrated Care Systems to deliver holistic and sustainable solutions to deliver patient care, and in particular to improve outcomes in **population health and tackle inequalities** in outcomes, experience and access.
- ICB partnerships with VCSE and local government very important.
- Recent focus has been on urgent and emergency care but unless get upstream and succeed with **prevention agenda** and broader determinants of health, health services will never get ahead of demand and operational issues will be not be fixed.
- There is some fantastic work going on in ICBs. NHS England is supporting them to develop and to implement the **running cost allowance changes**.
- ICBs are taking on some responsibilities from NHS England from April and getting staff. ICBs will be responsible for **commissioning services locally**. For the East of England Region, primary care, optometry and dentistry commissioning will move to ICBs in April 2023, and some specialised commissioning will move to ICBs in April 2024.

PUBLIC HEALTH

- We have developed a **Public Health surveillance report** for the East of England – this gives us a much clearer picture of the causes of gaps in life expectancy. We are acting to reduce health inequalities across the region.
- We are ensuring that prevention of ill health has a short, medium and long term focus.
- We have established interventions to support **disadvantaged groups** across the region, including on homelessness, alcohol and smoking.

INFRASTRUCTURE

- The government’s commitment to the national building programme for hospitals is also an essential element of addressing patient needs in the Region.
- EoE expect to be massive beneficiary of **new hospital programme** and hope for an announcement soon.
- **Primary care** - Doing baseline and surveying work with ICBs to support estate planning, strategies identification of their primary care estate change and investment requirements to address population health priorities and future service needs. Don’t have off the shelf solutions. Service modernisation required to solve workforce crises.
- **4 Community Diagnostic Centres live** and up and running across East of England, with business cases approved or approved in principle for the other two ICBs.

PRIMARY CARE ACCESS

- We are actively promoting the joint NHS-DHSC primary care access plan within region.
- **Appointment volumes** have grown significantly in EoE (10.96%) compared to pre-Covid 19 baseline period (March 2019).
- We are also committed to providing **face to face appointments** (73.5% of appointments are face to face in Region) and that **waiting times** for an appointment is as short as possible (84% cases less than 14 days waits).
- **User experience** also important to improve.
- **428 GP trainees recruited** in region – up 20% since 2019/2020. International recruitment and training been really successful.

DENTAL

- Believe East of England is the only region not to have a dental school. Interest from universities in the region if DHSC make that decision.
- **Really pushing a growing skill mix** - enabling hygienists and other dental practitioners to undertake more routine treatment work – not everyone needs to see a dentist.
- **New two year foundation scheme** for dentists established – pilot begins in September 2023 aiming to recruit and retain more dentists in the region.
- Lots going on contractually and workforce.

MENTAL HEALTH

- The Region supported the development of a capital bid to develop a bespoke **mental health urgent care department** as a route to avoid long waits and A&E departments. The department became operational on Monday and will provide dynamic care and support for patients presenting with only mental health needs to Basildon Hospital before expanding to cover Broomfield and Southend Hospitals in the future.
- NHSE supported the ICB to develop a series of capital bids to open the Evergreen Unit, an eight bed facility which provides specialist, short-term care for children and young people with severe or complex mental health difficulties. Prior to this the ICB had no **children and young people mental health inpatient beds** meaning all admissions were transferred out of area and away from young people's families.

ELECTIVE

- We continue to work on clearing **78+ week wait** long wait patients which is a national and regional priority. Industrial action has disrupted progress but Trusts have really prioritised keeping surgery going.

URGENT AND EMERGENCY CARE

- 934 patients have benefitted from additional money to increase capacity in post-**discharge** care and support prompt discharge from NHS settings. We are starting to see a reduction in the number of patients with no criteria to reside.
- Over 1000 **virtual ward** places have been set up in region.
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Briefing on East of England Ambulance Service NHS Trust - Tom Abell, Chief Executive

SEE SLIDES [HERE](#)

RESPONSE TIMES

- Acknowledged that response times had been poor during December due to increased demand
- Significant improvement during the first months of 2023, the best times since he had joined EEAST

INVESTMENT

- Pleased that EEAST has been identified nationally as under resourced and it is now expecting a £20m injection of funding
- This should result in a 10% increase in the number of ambulances out on the road

CO-RESPONSE WITH THE FIRE SERVICE

- Explained access to the stack, advanced paramedics in cars and co-response with the fire service to help rural communities
- Fire service support in Bedfordshire had helped to achieve regular response times of 6 minutes in some parts of the county

OTHER

- Updated on culture at Eeast and said it had exited the EHRC programme and had worked with Ofsted to get its training pipeline back into action
- Updated on the BME staff survey and said that it was leading to changes within the service

Questions and answers plus contributions

- Can we widen the availability of innovation in telephony in primary care settings?
- *Claire Panniker (CP) said there will be funding for every practice that doesn't have telephony and more of this will be in primary care plan but it is up to GPs whether to avail themselves of that offer. The region will make it the offer attractive and support.*
- Praised Tom Abell for his work tackling these issues head on and said that there had been a shift at the Trust, especially regarding some of the issues that have previously been faced and been called to attention by MPs. Spoke about the Fire Reform White Paper and the example of North Yorkshire Fire Service as a model for the type of co-response that works effectively in other areas.
- *Tom Abell (TA) explained that Andy Hopkinson (Chief Fire Officer for Bedfordshire) is working through the appropriate national fire mechanisms and went onto say that fire service can respond to C1 emergencies, along with having powers of entry and a community safety programme, which ambulance service can make use of to get safety assessments to prevent falls undertaken within patients' homes.*
- It is understood ICB have "dashboards" to measure key statistics regarding performances: why are these not being made public?
- ICBs feel they have been dumped on for example dentistry with no guidance or support.
- *CP said they will be supported by NHS England. NHSE is not dismantling regional resource immediately and we are working alongside ICBs to support them.*
- Spoke about her experience of spending time on shift with an ambulance crew and asked whether their needed to be further information for staff when contacting community services through their Ipads to help them save time.
- *TA explained that there was a complex patch work of community services and that a one stop hub number had been agreed that will allow all crews to only dial one number, wherever they are based.*
- Asked for further information regarding the partnership with the Fire Service, specifically what the partnership entailed and whether it was appropriate for those with falls to be assisted by a non-clinically trained person.

- *TA explained in more detail and said the fire service would only to be used in extremis ie if fallen person not in serious condition but having to be left for long time; he hoped to set up a further session at a later date with the APPG on co-response with the Fire Service.*
- *Regarding the delays that have been seen handovers (currently 49 minutes on average), what would the realistic goal for handovers to look like?*
- *Spoke on the statistic that if there were 1800 incidents that do not need an ambulance, then how can we be certain that other services are ready to take these on?*
- *TA said that currently EEASt loses 4,500 to 5,000 hours per week to handover delays, the objective will be to get this down to 1500 hours per week.*
- *We do need a dental school.*
- *CP said more support staff are also required. It will be a competitive process between universities for a dental school. NB workforce strategy for health and social care coming out soon.*
- *There is a need to focus on the response times as there is unhappiness about the levels they were at in rural constituencies.*
- *The biggest problem is getting people discharged into social care.*
- *Spoke about the strategic improvements needed to solve the challenges within the region, which he noted is consistently growing in population. Is the region getting the correct level of funding in order for these improvements to be made?*
- *CP said allocations are done on a formulaic basis. if include increase in this year then we are getting disproportionately more.*
- *Are GPs sufficiently factored into new housing schemes? They can end up with one GP for far too many people.*
- *In light of the Casey report, it is clear culture corrupts: regarding the behavioural issues that have been highlighted at East, what can be done to stop the cultural and behavioural issues within the organisation and ensure it is moving to a more inclusive culture.*
- *TA replied that we wanted to be open and honest and to develop our staff in the appropriate manner and to deal with these types of cultural issues. Part of the solution is improved leadership within the service and better professional standards.*

Concluding comments - Peter Aldous MP and Daniel Zeichner MP

- *Said it had been a very welcome and worthwhile meeting*
- *Thanked the speakers, all attendees and Steve Barwick of the Secretariat*
- *Informed attendees the next meeting will be **online** on the issue of affordable housing and will be from 330 to 5pm on Tuesday 23rd May*

ATTENDEES (OTHER THAN SPEAKERS)

Parliamentarians:

- Peter Aldous, Conservative MP for Waveney and Co-chair, East of England APPG
- Duncan Baker, Conservative MP for North Norfolk and PPS to the DHSC Ministerial Team
- Theodore Barclay, Office of Conservative MP Jo Churchill
- Daisy Cooper, Liberal Democrat MP for St Albans and Liberal Democrat Health Spokesperson
- Lord Alan Haselhurst, former Conservative MP for Saffron Walden and Vice Chair, East of England APPG
- Charles Hall, Office of Conservative MP Anna Firth
- Rachel Hopkins, Labour MP for Luton South, Shadow Cabinet and Defence Minister and Vice Chair East of England APPG
- Lord Stewart Jackson, former Conservative MP for Peterborough and Vice Chair, East of England APPG
- Jerome Mayhew, Conservative MP for Broadland and PPS DEFRA
- Ellie Munro, Office of Conservative MP Tom Hunt
- Rt Hon Priti Patel, Conservative MP for Witham and Vice Chair, East of England APPG
- Abigail Peirson and Imogen Ablett, Office of Conservative MP Dean Russell
- Tom Yeldon, Office of Conservative Peter Aldous MP
- Daniel Zeichner, Labour MP for Cambridge and Shadow DEFRA Minister

Non-Parliamentarians:

- Emily Warren-Barratt, Regional Chief of Staff (East of England), NHS England
- Oliver Rogers, Head of Chief Executive's Office, East of England Ambulance Service NHS Trust
- Helen Kennedy, Public Affairs Officer, East of England Ambulance Service NHS Trust
- Dr Sanjiv Ahluwalia, Head of Anglia Ruskin School of Medicine (who is drafting a background paper for an East of England APPG meeting later in the year on health inequalities)
- Steve Barwick, Director, East of England APPG Secretariat

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