

Ipswich Borough Council Strategic Overview and Scrutiny Committee – 30 January 2020

Suffolk Health Scrutiny Committee - Chairman's Update

1. Current representation on the Suffolk Health Scrutiny Committee is:-

Suffolk County Council: Councillors Jessica Fleming (Chairman), Helen Armitage (Vice-Chairman), Stephen Burroughes, Inga Lockington and Keith Robinson.

District and Borough Councils: Councillors Judy Cloke (East Suffolk), Sheila Handley (Ipswich), Margaret Marks (West Suffolk), Mary McLaren (Babergh), Harry Richardson (Mid Suffolk).

2. Since the last update provided to the Strategic Overview and Scrutiny Committee, on 30 August 2018, the Health Scrutiny Committee has met 5 times. A summary of the main scrutiny items considered over this period is set out in the report below. Alongside the main scrutiny items, the Committee also receives a regular information bulletin which is published with the agenda papers for the meetings. The information provides the Committee with updates on a range of health and social care developments. All reports presented to the Committee can be found by visiting the [Health Scrutiny Committee](#) pages on the County Council's website.

[Health Scrutiny Committee 10 October 2018](#)

3. On 10 October 2018, the Committee considered and made recommendations in respect of the following:

NHS Estates Strategy

4. The Committee considered a report on the NHS estate in Suffolk including types of ownership, arrangements for management and how the strategy was changing with the development of the Suffolk and North East Essex Sustainability and Transformation Partnership (STP). The report also considered how NHS bodies were working with partners across the public sector to deliver one public sector estate. The Committee heard evidence from the local Clinical Commissioning Groups (CCGs) and NHS Property Services.
5. The Committee explored issues including the role of NHS Property Services (as a national body) in managing NHS property in Suffolk, governance arrangements, capital funding, and the relationship with primary care estate (which is often privately owned or leased). The Committee heard that historically the management of the NHS estate had been complicated with multiple ownership status and decisions being made at a local level with little knowledge of the wider clinical impact. The Committee was advised that the STP Estates Strategy Group now had oversight of the NHS estate and influenced decision making with the aim to bring benefits across the system.
6. Officers advised that they were working closely with local planning departments with regard to the impact of future housing developments and growth in population and would plan for new GP surgeries where necessary, possibly with the aid of developer funding. The Committee acknowledged that GP surgery provision was not necessarily an estates issue and that the issue of recruitment and retention of staff was a more significant problem.

7. The Committee explored the issue of back-log maintenance and critical back-log maintenance and the need for a collective strategy for this to be reduced. Officers clarified that the back-logs only related to the NHS owned estate. It was noted that NHS Trusts were responsible for the maintenance of hospital sites and the three acute hospitals in Suffolk had their own plans on how to address this.
8. The Committee made recommendations in relation to the need to ensure that funds raised from the disposal of NHS estate within the STP footprint should be retained for capital investment and renewals within the footprint, the need to raise public awareness about how to use NHS services responsibly and the range of services available (eg visit the pharmacy rather than the GP for minor issues), and noted the work taking place to address the current under utilisation of accommodation at Hartismere Hospital. The Committee also requested further information about the proposed sale by West Suffolk Hospital of land at Churchfield Road, Sudbury, and about the current status of community hospitals across Suffolk.

Roles and Relationships between Essex and Suffolk Joint Health Scrutiny Committee and Local Health Scrutiny Committees

9. The Committee considered the working arrangements with Essex Health Overview Policy and Scrutiny Committee in relation to the Suffolk and North Essex STP. The Committee noted the information contained in the report with regard to the proposed working arrangements between the Essex and Suffolk Joint Health Scrutiny Committee and the two “home” Committees and appointed Councillor Sheila Handley as a named substitute for the Joint Committee.
10. Committee Members wanted to ensure that Waveney was represented in relation to the Norfolk and Waveney STP and sought reassurance that nothing was being missed. The Committee recognised the need for Suffolk to work with both Essex and Norfolk as the Integrated Care Systems developed and more services were commissioned and delivered to residents across local authority boundaries.

Information Items

11. The Committee received information bulletins covering the following:
 - Home Care and Support
 - New Anglia Local Enterprise Partnership funding bid
 - Update on Children’s Emotional Health and Wellbeing
 - Update on NSFT progress achieving completion of the tasks in the Care Quality Commission (CQC) Improvement Plan
 - Norfolk and Suffolk NHS Foundation Trust bed closure update

[Health Scrutiny Committee 16 January 2019](#)

12. On 16 January 2019, the Committee considered and made recommendations in respect of the following:

Delivery of Sexual and Reproductive Health Services

13. The Committee received an overview of the arrangements for commissioning and delivery of sexual health services in Suffolk. The Committee noted the system wide work led by SCC Public Health to transform sexual and reproductive health

services in Suffolk and to identify how to work differently in order to increase access to services and improve outcomes and optimise use of the resources available.

14. The local authority, the CCGs and NHS England (NHSE) all had commissioning responsibilities for some sexual health services. It was acknowledged that there was some fragmentation in services and the sexual health transformation programme was undertaking a stock take to map what services were provided and by whom. The Committee also recognised there were differences across Suffolk in terms of which areas had the greatest need.
15. The Committee considered it important that the transformation strategy took into account the aims of the relevant STPs and delivery of integrated healthcare, and vice versa, to ensure a joined-up approach.
16. The Committee heard about the importance of educating young people in order to reduce future sexual health problems and recognised the importance of raising awareness for all age groups around all sexual health issues. The Committee stressed the importance of the school nursing service offer being better publicised to encourage increased participation of young people wishing to access confidential services.

Norfolk and Suffolk NHS Foundation Trust – Response to CQC Inspection

17. The Committee received information on the CQC Inspection Report published on 28 November 2018 for Norfolk and Suffolk Foundation Trust (NSFT), and the actions being taken to address the CQC's findings and recommendations. The Committee was joined by representatives from SCC Adult and Community Services (ACS), CCGs and Norfolk and Suffolk NHS Foundation Trust (NSFT).
18. The Committee heard that NSFT was committed to redressing imbalances in leadership, noting that services had not been clinically led and that the perceived barriers between management and staff needed to be removed. The Committee noted NSFT currently had over 4,000 staff and morale was low. NSFT recognised the need to improve support to staff and embed safety and quality throughout the organisation, making sure all staff were aware of expectations.
19. The Committee noted that staff recruitment and retention was a local and national problem and that NSFT wanted to attract and retain the right people going forward. The Committee recognised the importance of the NSFT raising public awareness of the improvements being made in order to regain public trust and improve staff recruitment and retention.

East Suffolk and North Essex NHS Foundation Trust (ESNEFT) Strategy Development Update

20. The Committee received an update on the development of East Suffolk and North Essex NHS Foundation Trust's (ESNEFT) strategy following the merger of Ipswich and Colchester Hospitals in July 2018.
21. The Committee noted the contents of the report, which set out the Trust's ambitions and objectives, the context and drivers for the development of ESNEFT's strategy, clinical design considerations and principles and timescales for the next steps.

22. The Committee recognised the important role played by outpatient services and that the ESNEFT was working with primary care providers to address demand. The Committee noted the challenges in capacity and that over the next 5 years, unless there was a change in the way in which services were delivered, it was predicted there would be nearly 50,000 more outpatients and 131 additional in-patient beds required by 2024/25. The Committee was advised that even if the money was available to pay for the extra beds the reality was, they would be unable to recruit enough staff.
23. With regard to increasing pressures on beds, the Committee acknowledged the important role played by step-up and step-down facilities such as Blue Bird Lodge in Ipswich and noted that ESNEFT had developed excellent working relationships with ACS and other partners with regard to re enablement and returning home.
24. The Committee was pleased to hear that £7m was being invested in integrating IT services in Suffolk and North Essex and that the use of transformational medical technology would remain central to the development of the Trust.

Information Items

25. The Committee also received information bulletins covering the following:

- Community Hospitals: Beccles Hospital services update
- School Nursing Service
- Variations in prescribing
- Award of ACS and Specialist Palliative Care Contract in Great Yarmouth and Waveney
- Church Field Road Land, Sudbury

Health Scrutiny Committee 24 April 2019

26. On 24 April 2019, the Committee considered and made recommendations in respect of the following:

Progress towards integrating health and social care services in Suffolk's communities

27. The Committee received evidence from the CCGs, SCC ACS and the Chief Executive of ESNEFT.
28. The Committee heard the NHS long-term plan was committed to developing fully integrated community-based health care with multidisciplinary teams and how this work was being taken forward both at an "Alliance" (CCG) level and at a more local "place based" level.
29. The Committee was advised how integrated operational teams would build connections and relationships within their localities, increasing capacity through developing a diverse workforce including physiotherapists, pharmacists, practice nurses, voluntary and community organisations and local authorities.
30. The Committee recognised the importance of accurate local population health data in order to ensure the right services were available in the right place and wished to see this work being expedited.

31. The Committee expressed concern about every locality having the appropriately skilled workforce to draw on within the community in order to deal with complex needs. The Committee was advised that a more flexible workforce was being developed, for example, using rotational posts where postholders would be able to undertake placements in a range of organisations across the sector.
32. The Committee made recommendations about the need for multi-disciplinary teams to ensure there was clarity about lead professional responsibility for a patient, the need for improved communications and awareness raising about the agenda for integration of health and care services and what this means for patients, the importance of expediting work to gather data on local population health, and development of a more flexible workforce.

Delivery of mental health services in Suffolk – next steps

33. The Committee considered a report on the next steps in implementing the Mental Health and Emotional Wellbeing Strategies for East and West Suffolk and Norfolk and Waveney 2019-2029.
34. The Committee was joined for this item by representatives from the CCGs, SCC ACS and SCC Public Health
35. The Committee was advised that in East and West Suffolk the development of Alliances was continuing to evolve. The Committee was advised that this was a significant opportunity to break down barriers within the NHS to help mental health services catch up with physical health services as part of the integration agenda. The Committee heard that East and West Suffolk was looking to develop two 'early adopter' sites in Ipswich and Haverhill in the coming months to test and roll-out new service models.
36. The Committee noted the need to improve consistency in the availability of mental health link workers for primary care services.
37. In recognising the cost implications for family members visiting people placed in out of county mental health services, the Committee requested further information on what financial support was available to help people pay for travel.
38. The Committee made recommendations in respect of the need for clear pathways between mental health services (commissioned by the CCGs and local authority) and drug and alcohol services (which were commissioned by SCC Public Health), the need for GP practices to have access to mental health link workers, and expressed concern at the complexity of agencies involved in the commissioning and delivery of mental health services and the need for clear information about how to make referrals into the system.

Information Items

39. The Committee also received information bulletins covering the following:
 - Update: Co-occurring conditions (Dual Diagnoses) in Suffolk;
 - Emotional Wellbeing Hub
 - Ipswich and East Suffolk and West Suffolk CCGs – Extended Access to GP services
 - Home care and support

- Delayed Transfers of Care (DTOCs) – Ipswich and East and West Suffolk

Health Scrutiny Committee 11 July 2019

40. On 11 July 2019, the Committee welcomed new members Councillors Inga Lockington, Judy Cloke, Margaret Marks, Mary McLaren and Harry Richardson. The Committee appointed Councillor Helen Armitage as Vice-Chairman.

41. The Committee considered and made recommendations in respect of the following:

Home Care Procurement

42. The Committee received a report on the future arrangements for the delivery of home care services in Suffolk setting out actions taken since the last scrutiny review in July 2018, details of the new contract, the procurement process, how the contract would be monitored, the pricing structure, the next steps to mobilisation of the new contract and details of communications plans.

43. The Committee received evidence from representatives of SCC ACS, CCGs, the Suffolk Association of Independent Care Providers and other home care agencies.

44. The Committee highlighted the need for carers working in people's homes to have clear mechanisms in place to escalate any clinical concerns in the most appropriate way, particularly in the event they discovered someone had fallen. The Committee recommended that SCC ACS should put in place a mechanism for monitoring the effectiveness of re-ablement initiatives and that commissioners and providers should look at how they could maximise the opportunities presented by improvements in technology to support care provided in the home. Information updates on a range of topics related to the delivery of home care were requested for future meetings.

Appointments to Joint Committees and observers for NHS Boards

45. The Committee approved updates to the Terms of Reference of the Great Yarmouth and Waveney Joint Health Scrutiny Committee and the Norfolk and Waveney Health Scrutiny Committee for the STP, to reflect the establishment of East Suffolk Council.

46. The Committee confirmed and made appointments to the above Committees, and also to the Essex and Suffolk Joint Health Scrutiny Committee for the Suffolk and North East Essex STP.

47. The Committee also nominated observers to attend NHS meetings in public in an informal capacity, in order that the Committee can keep abreast of developments across the health and care sector in Suffolk.

Information Items

48. The Committee also received information bulletins covering the following:

- Great Yarmouth and Waveney CCG – Partnership working with community pharmacy;
- Ipswich and East and West Suffolk – Healthy Living Pharmacy Programme
- Update – Sexual and Reproductive Health Transformation Programme

- Special Care Dentistry Services – re-procurement of Lot 3 (Suffolk)
- Proposed move of Moorfields Eye Hospital’s City Road services.

Health Scrutiny Committee - 10 October 2019

49. On 10 October 2019 the Committee considered and made recommendations in respect of the following items:-

Provision of Non-Emergency Patient Transport Services

50. The general principle of non-emergency patient transport services is that all patients should make their own arrangements for getting to and from their healthcare appointment unless there is a clearly defined clinical need for transport to be provided by the NHS. This NHS transport in Suffolk is provided by E-Zec Medical. The Committee wished to examine the performance of the contract for the provision of non-emergency patient transport and to hear views of patients and stakeholders about the service they receive.

51. The Committee received evidence from commissioners, representatives of E-Zec Medical, West Suffolk Hospital and HealthWatch Suffolk. The Committee heard there had been a number of concerns about the performance of the service, but that recovery plans were in place and being regularly monitored, and E-Zec would also be putting in place additional staff and vehicles. Having considered the evidence presented, the Committee requested a further report on progress against the recovery plans for its next meeting in January 2020, including progress on mobilisation of additional vehicles and recruitment of staff and performance against KPIs. The Committee also highlighted the need for good communication at all levels to be a top priority.

Update on progress with the transformation of mental health services in Suffolk

52. The Committee received updates from Ipswich and East and West Suffolk CCGs and from Norfolk and Waveney CCGs on the work taking place across the County to transform mental health services. The Committee was pleased to note the report that there had been an improvement in the performance of the Children’s Emotional Wellbeing Hub, in relation to initial contact with the service, and welcomed the work taking place to link mental health practitioners to GP practices. The Committee agreed to undertake a full scrutiny of children’s emotional health and wellbeing services in early 2020.

Update from the Suffolk and North East Essex Joint Health Scrutiny Committee

53. The Committee received an update on the work of this Joint Committee and agreed to nominate Councillors Margaret Marks (West Suffolk) and Stephen Burroughs (SCC) as named substitutes to the Joint Committee.

Information Items

54. The Committee also received information bulletins covering the following:

- NHS England and NHS Improvement – Clinical Waste;
- HEARS Monitoring and Responding Services;
- Home Care and Support Update

- ESNEFT – Power Incident – 9 August 2019
- Mental Health Services in Prisons
- Update on Ophthalmology Transformation in Ipswich and East Suffolk
- NHS Clinical Commissioning Groups in Norfolk and Waveney Merger

Future Work

55. At the time of writing, the next meeting of the Committee is due to take place on 21 January 2020, when the Committee will revisit items on the provision of sexual health and reproductive services and the recommendations made in October 2019 in relation to Non Emergency Patient Transport Services.

56. Other items on the forward work programme include:

- Children’s Emotional Health and Wellbeing Services (0-25yrs);
- East of England Ambulance Service;
- Developments in primary care (GP services) in Suffolk;
- Childhood weight management and Obesity Strategy;
- NHS Dentistry Services;
- Rurality and access to services;

57. Other potential items for consideration/information bulletins include the 111/2 service, end of life care, digitalisation and shared patient records and disabled facilities grants.

Joint Committees

58. The Committee will also be continuing its joint work with neighbouring authorities in Essex and Norfolk on any cross boundary developments taking place under the Sustainability and Transformation Partnerships, including the development of Integrated Care System Five Year Plans and the new East Suffolk and North Essex NHS Foundation Trust Clinical Strategy and will also continue its standing Joint Health Scrutiny Committee for Great Yarmouth and Waveney.

Further information

59. Further information about the work of the [Suffolk Health Scrutiny Committee](#), including full agenda packs and minutes of meetings, is available on the County Council’s website or by contacting Theresa Harden, Business Manager (Democratic Services), Email: Theresa.Harden@suffolk.gov.uk, Tel: 01473 260855