

Minutes of the meeting of the **Health Scrutiny Committee** held on Wednesday 14 October 2015 at 10:30am in the King Edmund Chamber, Endeavour House, Ipswich.

Present: Councillors Michael Ladd (Chairman), Sarah Adams, Terry Clements, Patricia O'Brien and Bert Poole.

Co-opted members: Councillors David Bimson (Forest Heath District Council), Peter Coleman (Suffolk Coastal District Council) and Elizabeth Gibson-Harries (Mid Suffolk District Council).

Also present: Councillors Alan Murray, Tony Goldson and Inga Lockington

Supporting officers present: Theresa Harden (Business Manager (Democratic Services)) and Katherine Bailey (Democratic Services Officer).

12. **Public Participation Session**

At Agenda Item 1, Mr Michael Nimney spoke to the Committee, reflecting on commitments made in 2005 by the then Secretary of State in relation to the provision of step-up and step-down care provision in Felixstowe.

13. **Election of Vice Chairman**

The election of Vice Chairman had been deferred from the previous meeting. The Committee unanimously elected Councillor Sarah Adams as Vice Chairman for the 2015-2016 municipal year.

14. **Apologies for Absence and Substitution**

Apologies for absence were received from Cllr Alison Cackett (Waveney District Council), Cllr Siân Dawson (Babergh District Council), Cllr Tim Marks (St Edmundsbury Borough Council) and Cllr Hugh Whittall (Ipswich Borough Council)

15. **Declarations of Interests and Dispensations**

Councillor Peter Coleman declared a non-pecuniary interest in Agenda Item 6 as he was a member of Healthwatch Suffolk.

16. **Minutes of the Previous Meeting**

The minutes of the meeting held on Tuesday 7 July 2015 were confirmed as a correct record and signed by the Chairman.

17. **Planning for winter pressures in 2015/16**

At Agenda Item 5, the Committee considered how the Ipswich and East Suffolk and West Suffolk health and care systems were planning for the winter of 2015/16, and how current issues relating to delayed patient transfers at Ipswich and West Suffolk Hospitals were being addressed.

For this agenda item, the Committee was joined by the following witnesses:

Clinical Commissioning

Julian Herbert, Chief Officer, Ipswich and East CCG and West Suffolk CCG

Richard Watson, IESCCG Chief Redesign Officer

Simon Arthur, GP in Newmarket and Governing Body member, WSCCG

Sandie Robinson, Associate Director of Redesign, WSCCG

Hospitals

Nick Hulme Chief Executive, Ipswich Hospital NHS Trust

Neill Moloney, Chief Operating Officer, Ipswich Hospital NHS Trust

Jon Green, Chief Operating Officer, West Suffolk Hospital

SCC Adult and Community Services

Anna McCreadie, Director of Adult and Community Services

Cathy Craig, Assistant Director, Social Work Services

Evelyn Wheeler, Assistant Director, Commissioning and Market Development, Adult and Community Services

Witnesses were invited to comment on the written evidence provided and members had an opportunity to ask questions and comment on what they had heard.

Recommendations: The Committee agreed:

- a) To commend all parties on the work being done to build on the lessons learnt in previous years, to prepare for the forthcoming winter and ensure that services are in a position to respond in a proactive way to additional pressures which may arise in the coming months;
- b) To recommend that all parties should work towards agreeing a process for hospitals to record delayed transfers in a consistent, system-wide manner, and in line with forthcoming revised Department of Health Guidance, whilst minimising the time and resources required to undertake this activity.
- c) To ask local councillors to help promote the message in their local communities about the need to enrol for flu vaccinations (where appropriate) and to take precautions to avoid passing on minor illnesses, for example when visiting frail and vulnerable friends and relatives.

- d) To form a Task and Finish Group to keep a watching brief on how the health and care system in Suffolk is coping over the winter period and to maintain an on-going dialogue with health and care partners on any issues arising.

Reasons for Recommendations:

- a) The Committee heard that the winter of 2014/15 had been difficult nationally, as there had been unprecedented levels of respiratory illness and the flu vaccination was not effective. However local services had fared well, although it was important not to be complacent. High levels of ill health in winter caused system wide pressures and, although these were often manifested in the acute hospitals, it was important for all parties to work together to address them. The Committee was provided with detailed information about the measures that were being introduced across the health and care service in Suffolk to address potential problems over the forthcoming winter, and was advised that these had two main aims:
 - i. To support patients in their own homes as far as possible, to ensure that the only patients taken into hospital are those that need to be there; and
 - ii. To enable the safe, effective and timely discharge of patients from hospital.
- b) Members commented that in preparing for this meeting, it had been very hard to draw conclusions from the hospital data on delayed transfers of care that was published by the Department of Health. The Committee heard that the Government had recently produced new guidance on recording delayed transfers of care, which should enable more consistency. However, the Committee was also concerned about the amount of staff time across the system that was taken up in generating and agreeing this data and whether any value was added from this activity. The Committee recommended that health and social care services should work towards achieving an efficient and effective data recording process.
- c) The Committee heard that many more elderly people in Suffolk than previously were being supported in their own communities, and that these people often had very complex health needs. It was important that people had flu jabs where appropriate, and that visitors to vulnerable people, care homes and hospitals were aware of the need to protect them by taking precautions such as not visiting when suffering from minor illnesses. The Committee agreed that this message should be disseminated as widely as possible, and felt that local councillors had an important role to play in promoting this within their local community.
- d) As the Committee was not due to meet again until 21 January 2016, members considered that a Task and Finish Group would be an effective and efficient forum to allow for ongoing dialogue between

health scrutiny and the Suffolk health and care system as the winter progressed.

Alternative options: None considered

Declarations of interest: None declared

Dispensations: None received

18. **Effectiveness of the Suffolk Health and Wellbeing Board**

At Agenda Item 6, the Committee was provided with an opportunity to review the work of the Suffolk Health and Wellbeing Board and consider its effectiveness in delivering better health outcomes for the people of Suffolk. In order to examine this in more detail, the Chairman and Vice Chairman had previously agreed to focus on two “key measures” from the Joint Health and Wellbeing Strategy for Suffolk. Members therefore received a report from the Director of Public Health which explained, in the context of its consideration of these two key measures, how the Board’s decisions were taken forward and what impact they were having.

For its consideration of this matter, the Committee was joined by the following witnesses:

Councillor Alan Murray, Chairman of the Health and Wellbeing Board
Julian Herbert, Chief Officer, Ipswich and East CCG and West Suffolk CCG and Vice-Chairman of the Health and Wellbeing Board
Tessa Lindfield, Director of Public Health, Suffolk County Council

Witnesses were invited to comment on the written evidence provided and members had an opportunity to ask questions and comment on what they had heard.

Recommendations: The Committee:

- a) Recognised that the work of the Health and Wellbeing Board was a complex process, and that the outcomes of many of its strategies would not be known for many years, although some were already delivering positive results. The Committee complimented all parties on the effective way in which they were collaborating to find ways of delivering improved health outcomes for the people of Suffolk.
- b) Recognised that the Health and Wellbeing Board was including the views of customers and patients in its discussions, but supported the proposal that it should look at ways of increasing their voice.
- c) Noted the comments made by a number of those present, who considered that there was potential for the Health and Wellbeing Board to strengthen its leadership role in the Suffolk Health and Wellbeing agenda.
- d) Recommended that all organisations represented on the Health and Wellbeing Board should give their full support to the Programme Office that supports the work of the Board.

Reasons for Recommendations:

- a) The Committee heard that Health and Wellbeing Board meetings are well attended at a high level. Partner organisations are aware that many of the solutions to the problems they encounter are outside their immediate sphere of influence. For example, policing issues could be associated with domestic and family problems, and illnesses in the community could potentially be reduced if all housing was warm and dry. The Board brought organisations together to find strategic ways to resolve health and wellbeing issues by working in partnership. The Committee noted that measuring the impact of the Board in the short-term was difficult as a number of the solutions are long-term and the impact of changes made now may not be seen for years to come.
- b) The Committee heard that the Health and Wellbeing Board regularly discussed issues with patients and stakeholders and Healthwatch Suffolk had a statutory seat on the Board, to represent the views of the public and patients. Members considered that this was an important issue and that the Board should continue to consider new ways in which it could bring the voice of customers to its discussions.
- c) The Committee noted that the Board had no executive powers of decision making and its effectiveness was therefore dependent upon the willingness of its members to co-operate and to work together in partnership. The Committee noted comments that oversight of health and care services from many national bodies (i.e. the Department of Health, Monitor, NHS England, the Trust Development Authority) meant there was no single body providing leadership, which could lead to differing priorities locally. Several of the witnesses present commented that there was an opportunity for the Health and Wellbeing Board to continue to develop its role for providing whole system leadership at a local level.
- d) The Committee heard that that much of the effectiveness of the Health and Wellbeing Board was due to activity which took place between the formal meetings, and that the “engine room” of the Health and Wellbeing Board was the Programme Office. However, it noted that the officers supporting the Programme Office were undertaking this role as part of their substantive roles. The Committee agreed that it was important that the Programme Office was fully supported by all organisations to ensure that the Board’s work was well-planned and its decisions were effectively implemented.

Alternative options: None considered

Declarations of interest: None declared

Dispensations: None received

19. **Suffolk Health Scrutiny Committee Appointments**

At Agenda Item 7, the Committee appointed observers to attend NHS public board meetings in Suffolk.

The following members agreed to attend NHS Trust Board meetings as observers, and to report back to the Committee any issues which may require the Committee's attention:

Ipswich and East Suffolk CCG	Cllr Sarah Adams
West Suffolk CCG	Cllr Terry Clements
HealthEast CCG	Cllr Michael Ladd
Norfolk and Suffolk NHS Foundation Trust	Cllr Bert Poole
West Suffolk Hospital	Cllr Terry Clements
Ipswich Hospital	Cllr Sarah Adams
James Paget Hospital	Cllr Bert Poole
East of England Ambulance Service NHS Trust	Cllr Elisabeth Gibson-Harries

20. **Information Bulletin**

The Committee received the Information Bulletin at Agenda Item 8. Matters arising from the Information Bulletin were discussed under the Forward Work Programme.

21. **Forward Work Programme**

The Committee considered its Forward Work Programme and agreed that at the next meeting it would discuss:

- a) progress with the development of the Children and Adolescent Mental Health Services Transformation Plan; and
- b) the quality and capacity of residential and nursing care homes in Suffolk.

Members agreed to ask for an Information Bulletin item on the progress NSFT was making towards achieving its Quality Improvement Plan.

The Committee agreed to nominate Councillors Elizabeth Gibson-Harries, Sarah Adams and David Bimson to the Task and Finish Group to monitor issues with winter pressures, and also agreed to invite representation from Healthwatch.

The Committee also agreed to invite members of the Education and Children's Services Scrutiny Committee to attend the next meeting (when the Committee would be considering progress with the development of the Children and Adolescent Mental Health Services Transformation Plan), and also to approach the Education and Children's Services Scrutiny Committee with a view to formally establishing a joint Task and Finish Group on children's health and wellbeing in early 2016. It was noted that Councillors Colman, Poole and Adams would be willing to be nominated to this joint Task and Finish Group.

22. **Urgent Business**

The Committee did not consider any urgent business.

The meeting closed at 1:00 pm.

Chairman

