

Minutes of the Health Scrutiny Committee Meeting held on 20 July 2016 at 10:00 am in the King Edmund Chamber, Endeavour House, Ipswich.

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

Co-opted members present: Councillors Alison Cackett (Waveney District Council), Peter Coleman (Suffolk Coastal District Council), Siân Dawson (Babergh District Council), Paul Hopfensperger (St Edmundsbury Borough Council) and Hugh Whittall (Ipswich Borough Council).

Also present: Councillors Tony Goldson and Joanna Spicer.

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

## **1. Election of Vice Chairman**

Councillor Sarah Adams was elected as Vice Chairman for the 2016-2017 municipal year.

## **2. Public Participation Session**

The Committee received applications to speak from two members of the public, both of whom spoke about the closure of Hopton GP Surgery.

Councillor Carol Bull (St Edmundsbury Borough Council) informed Members that although this closure affected 500 patients living in Hopton, a further 1000 patients were affected in the neighbouring villages, with limited transport to Stanton. A petition had been presented to the Health Minister by the local MP and a Community Action Group had been formed to campaign to retain Hopton Surgery. She informed the meeting that the letter from the practice to patients was not sent until after the closure, and then only to some residents in Hopton. The information notices in the village had been erected by the Parish Council (not the practice) and no notices had been erected in the surgery prior to the closure. Cllr Bull said that the surgery had not promoted its Saturday morning surgeries and the prescription delivery service was not running. She said that Healthwatch had tried to facilitate communications between the practice and patients, but she was concerned about NHS England's strategy for the delivery of primary care in rural communities.

Mark Filler (Vice Chairman of Hopton Parish Council) said that the disagreement between the Hopton and Stanton Surgery and local residents was no reflection on the GPs as clinicians, as their services were held in high regard. However the Parish Council was concerned that patients and communities had been let down

and treated badly, and there had been a lack of oversight from the NHS Closure of the surgery and dispensary had occurred after a notice period of one day; although patients had been reassured nothing like this would happen at a public meeting last year. He disputed the implication in the report that this only affected 500 people, as patients in neighbouring villages had not been taken into account, and said that there had been no meaningful consultation, and communication had been reactive at best.

Members heard that Hopton Parish Council had offered to fund a building, and followed up the offer with a proposal sent by email to the practice but that the practice had replied the day before the health scrutiny meeting to say that it was not interested, even though it had previously said that failure to afford a building was its only concern about providing services in Hopton.

The Committee was informed that the Parish Council had not at any point been consulted or engaged, or been invited to contribute to, view or comment on any proposals, and had been unable to be involved in shaping a debate which was fundamental to the community.

### **3. Apologies for Absence and Substitutions**

Apologies for absence were received from Councillors Sarah Adams, Elizabeth Gibson-Harries and Christine Mason.

### **4. Declarations of Interest and Dispensations**

Cllr Peter Coleman declared a non-pecuniary interest in agenda item 9 as he was a member of Norfolk and Suffolk Foundation Trust and Healthwatch Suffolk.

### **5. Minutes of the Previous Meeting**

The minutes of the previous meeting held on 14 April 2016 were approved as a correct record and signed by the Chairman.

### **6. Provision of GP Services in Hopton and Stanton**

At Agenda Item 6, the Committee received information about changes to the provision of primary care services at Hopton and Stanton GP surgeries. It was updated on the developments to date, the current position and the arrangements that had been put in place for ensuring that patients could continue to access the services they required. The Committee was joined for this item by the following witnesses:

Ed Garratt, Chief Officer, Ipswich and East Suffolk CCG and West Suffolk CCG  
Lois Wreathall, Head of Primary Care, West Suffolk CCG  
Isabel Cockayne, Head of Communications, Ipswich and East Suffolk CCG and West Suffolk CCG  
Stuart Quinton, Suffolk Primary Care Contracts Manager, NHS England

The report was introduced by Ed Garratt. Councillor Joanna Spicer (local county councillor) and Amanda Stevens (representing Healthwatch Suffolk) also spoke to the Committee.

### **Recommendations**

The Committee made the following recommendations:

1. To encourage the commissioners and providers of the service to fully consider all the options available for the development of primary care services at Hopton and Stanton, with the involvement of local community leaders and local residents.
2. To request that NHS England and the West Suffolk Clinical Commissioning Group provide a further report to the next meeting of the Committee on 12 October 2016, setting out:
  - a. what steps had been taken by NHS England and West Suffolk CCG to avoid the situation which arose in Hopton and Stanton arising again as a result of any future changes to primary care services;
  - b. clarity about who is responsible for timely and appropriate communications with patients and the local community for any future changes to primary care provision;
  - c. an update on proposals for the future provision of primary care services at Hopton and Stanton, and an explanation of the rationale to support the chosen course of action and rejection of alternative solutions;
  - d. details of how community leaders, the local population and patient groups have been involved in developing these proposals and what further involvement is planned;
3. To recommend to NHS England that the business process flow diagram for the development/improvement of primary care premises should be amended to include steps for the involvement of the local community, stakeholders and potential partners who may have an interest in developing shared accommodation at the early stages of discussions;
4. To recommend that action is taken to develop the Patient Participation Group for the Hopton and Stanton GP Practice;
5. To ask the Business Manager (Democratic Services) to clarify whether the Committee can require representation from the Hopton and Stanton GP practice to provide information for the meeting on 12 October 2016;

### **Reasons for recommendations**

1. Members heard that the CCG had been supporting the practice in developing a business case for submission to NHS England for a new surgery in Hopton. The practice had withdrawn from this bid because the business case was predicated on a full time surgery at Hopton, which was not realistic. The Parish Council, working with a developer, had offered to provide a building to be used by the surgery, but this proposal had recently been rejected as NHSE were not able to fund a practice not open for core hours, and the surgery was unable to cover the financial gap. Questioning by members of the Committee revealed that the practice had not discussed the proposal with the Parish Council, and it was not clear why it had been rejected, as the Parish Council had previously been under the impression the practice was not holding surgeries in Hopton because it did not have an available surgery building. The Committee considered that constructive discussions between the practice, the local community, the CCG and NHS England could resolve some of the uncertainties about the future of primary care services in Hopton.

2.

- a. The Committee heard that many surgeries were in small buildings and not able to deliver all the care expected, and many of them were a cost pressure to the practice, which could be vulnerable as a decreasing number of GPs struggled to deliver their contracted services. It considered it important that lessons should be learnt from the experience in Hopton and Stanton, to avoid a similar situation occurring elsewhere.
- b. Members heard that the practice had been aware for some time that a senior partner planned to retire, and the Hopton premises would subsequently be unavailable to them. This fact was generally known in the local community, but little public information had been provided about what would happen or when. The Parish Council had been advised that the surgery would be available until a solution had been found, however issues around adequate space for staff and infection control were too great to overcome and in late November the practice informed the owners that the practice would vacate the room by 12 December. The initial communication was published by 2 December 2016, but its spread was not wide enough.

The only general communications with the local community had been organised by the Parish Council, who had posted notices in the village and the parish magazine. The CCG subsequently assisted the practice in producing and issuing a press release after the surgery had closed.

The Committee was concerned that the NHS had failed to engage in a meaningful way with patients and the local community, and agreed that it wished to know which organisation was primarily responsible for public engagement over proposed changes to primary care provision. Members were also concerned that co-commissioning of GP services between NHS England and the CCG had resulted in a lack of clarity about responsibility and accountability, and wished to receive information about how the legal duty of the NHS to involve and consult patients and the public would be discharged in future in relation to the planning and development of primary care provision.

- c/d. The Committee heard that the practice had withdrawn from two proposals for the provision of primary care services in Hopton. It had withdrawn a bid to NHS England for new buildings because full time occupation by the practice was not practical, but it was unclear why it had rejected the proposal put forward by the Parish Council. It was also unclear whether the option of sharing the premises with other providers had even been considered. The Committee wished to be informed of developments in the provision of primary care in Hopton and Stanton, and to be reassured that decisions had been taken after full consultation with patient groups and the local community, and consideration of all the available options.

3. Members heard that the business process flow diagram for the development or improvement of primary care premises was very complicated, with 72 steps and 18 points at which a business case could fail. Despite this, the diagram had no provision for public involvement or consultation at any stage. The

Committee recommended that NHS England should amend this guidance to ensure that local stakeholders were appropriately involved.

4. A representative from Healthwatch informed the Committee that she had been assisting the practice to communicate with patients, but was concerned that the Patient Participation Group communicated by email. The Healthwatch representative had been unable to ascertain how many members this virtual group contained, and considered that face to face meetings would be more constructive. The Committee agreed that development of the Patient Participation Group would play an important role in strengthening the practice's engagement with patients and the community.
5. The Committee was concerned that it had been unable to obtain answers to some of its questions because no representative from the GP practice was in attendance to respond. Members asked for clarification on whether they could require GP attendance, with a view to potentially asking a representative of the Hopton and Stanton Practice to attend the next meeting.

**Alternative options:** None considered.

**Declarations of interest:** None received.

**Dispensations:** None requested.

## **7. Sustainability and Transformation Plans**

The Committee received, at Agenda Item 7, information on the background to the requirement for health and care systems to produce Sustainability and Transformation Plans (STPs).

The Committee was joined for this agenda item by Nick Hulme (Chief Executive, Ipswich Hospital and Colchester Hospital NHS Trusts), who had been appointed STP leader for the Suffolk and North East Essex STP Footprint, to brief the Committee on progress with the development of the STP for Suffolk and North East Essex.

Members heard that Waveney was part of the STP for Norfolk and Waveney, and would therefore be a matter for the Great Yarmouth and Waveney Joint Health Scrutiny Committee.

### **Recommendations**

The Committee agreed:

1. To note the information provided, including the scale of the challenge, the need for further work to address the identified financial gap and the requirement for the revised plan to be submitted to NHS England by 16 September 2016;
2. To note the importance of prevention and early intervention in the long term sustainability of health services, and the key leadership role played by the local authorities and the Health and Wellbeing Boards in helping to achieve sustainability for the local NHS in Suffolk;
3. to ask the Chairman to approach the Chairman of Essex Health Overview and Scrutiny Committee with a view to establishing a Joint Health Scrutiny Task and Finish Group for the purposes of reviewing the development of proposals for cross-county border health provision under the Sustainability

and Transformation Planning process and to receive formal consultation on any substantial variations emerging from this work.

### **Reasons for recommendations**

1. The STP leader for the Suffolk and North East Essex Footprint reminded the Committee that there had been enormous medical advances and social changes since the foundation of the NHS. Services were still provided in fundamentally the same way although people were living for longer with more complex health needs, and the system had now become unaffordable and unsustainable.

Members heard that there were significant financial challenges facing the NHS locally and nationally. It was becoming clear that the higher quality services also tended to be more financially efficient to run, and driving up standards was therefore a priority in achieving efficiency savings. Although the focus tended to be on hospitals, only 10% of patients were treated in hospital and so there was a need to apply these principles to primary care as well.

The Committee was informed that these issues had led the NHS to undertake a significant redesign of services, which would be locally led and would lead to some difficult decisions being made about reconfigurations and changes in provision. An initial plan for North Essex and Suffolk had been submitted to NHS England, who had requested more detailed financial plans to be submitted to them by 16 September.

2. Members heard that the NHS had been set up to treat diseases of poverty, but many of the problems it now faced were diseases of affluence. To achieve a sustainable service in the future, it was necessary to reduce the number of people requiring medical services by persuading them to adopt healthier lifestyles and by increasing the focus on prevention and early intervention. Increasing investment in social and mental health care would also facilitate easier and timely discharge of patients from acute medical facilities. Achieving a sustainable service in this way would also require leadership from local authorities, through bodies such as Health and Wellbeing Boards.
3. The STP for Suffolk and North Essex affected the areas covered by both the Suffolk Health Scrutiny Committee and the Essex Health Overview and Scrutiny Committee. Members were aware that the Committee was required to a form joint committee for the purpose of receiving consultation on substantial variations affecting more than one area, and agreed that it would be appropriate to approach the Essex Health Overview and Scrutiny Committee with a view to setting up a joint task and finish group to consider the implication of the Suffolk and North Essex STP for local communities.

**Alternative options:** None considered.

**Declarations of interest:** None received.

**Dispensations:** None requested.

### **8. Ipswich and East Suffolk and West Suffolk CCGs' current financial position**

The Committee received, at Agenda Item 8, a verbal update from Ed Garratt, Chief Officer for Ipswich and East Suffolk and West Suffolk CCGs on the current position of the CCGs' finances. Members heard that although the CCGs were not in debt, they needed to achieve £13m efficiency savings in the current financial year to meet their budget targets. Members were appraised of a public consultation which had been launched on 19 July 2016 to discuss proposals for reduced cycles of fertility treatment and a more focussed service for marginalised and vulnerable adults,

### **Recommendations**

The Committee agreed:

1. to congratulate Ipswich and East Suffolk and West Suffolk CCGs on the approach being taken to engage with the public on the challenges and issues faced;
2. to note that the CCGs would continue to engage with the public and the Committee, at an early stage, on further proposals for changes resulting from the need to make in year savings;
3. to request an update on the outcomes of the engagement exercise on IVF and the Marginalised Vulnerable Adults service;
4. that members of the Committee would seek to promote the CCGs engagement activities and encourage people to respond.

### **Reasons for recommendations**

1. The Committee heard that Ipswich and East Suffolk and West Suffolk CCGs were not currently in deficit but needed to achieve savings of £13m in the current financial year to satisfy a legal obligation to stay within budget. They were considering all lines of expenditure, negotiating with providers to achieve reductions in spend and working to achieve integration of services. As well as engaging with the public on proposals to reduce two services, they wanted to hear patient's views on what their priorities should be.
2. The Committee heard that the savings proposals in the current consultation would not be sufficient to achieve the required in-year efficiencies, and that there would be further proposals for achieving savings which the would require public consultation/engagement and which the Committee may also wish to consider.
3. The Committee heard that no decisions would be made on changes to IVF provision and the Marginalised Vulnerable Adults service until after the consultation closed, and requested that it was kept informed of the outcome from conversations with the public and the CCGs' decisions on these matters.
4. The Committee recognised that local members had a role to play in actively promoting the CCGs' consultations amongst their constituents and encouraging them to give their views.

**Alternative options:** None considered.

**Declarations of interest:** None received.

**Dispensations:** None requested.

The Committee adjourned for lunch at 12:35 pm and reconvened at 1:18 pm

## **9. Public Participation Session**

Prior to the Committee's consideration of agenda item 9, the Chairman agreed to receive a statement from another member of the public. Mr Michael Ninmey spoke about problems that had been experienced in staffing Aldeburgh Minor Injuries Unit, which had subsequently closed. He said that problems with recruitment and retention of staff often related to accommodation issues in areas of very expensive housing, as young people embarking on a career in nursing could not afford to live there.

## **10. Recruitment and retention of nursing staff in the Suffolk health and care industry**

At Agenda Item 9, the Committee considered the recruitment and retention of nursing staff by the NHS and other health and care providers in Suffolk.

The Committee received written evidence from Health Education England, Ipswich and East Suffolk and West Suffolk CCGs, Ipswich Hospital, Norfolk and Suffolk Foundation Trust and the Suffolk Association of Independent Care Providers, and was joined by the following witnesses:

Ross Collett, Head of Norfolk & Suffolk Workforce Partnership, Health Education England

Jo Wood, Deputy Director of HR (Acting), The Ipswich Hospital NHS Trust

Claire Thompson, Associate Director of Nursing (Surgery) The Ipswich Hospital NHS Trust

Ben Askew, HR Business Systems Manager, Norfolk and Suffolk NHS Foundation Trust

Hilary Gibbs, Chair, Suffolk Association of Independent Care Providers (and Residential Home Owner)

Prema Dorai, Nursing Home and Home Care Agency Owner

Ian Turner, Nursing and Residential Home Owner

Izzy Shaw, Suffolk Brokerage

### **Recommendations**

The Committee agreed:

1. to commend the approach being taken across the sector to work together in the wider interests of the local health economy;
2. to request an update at a future meeting on the impact of changes in the funding arrangements for nurse education and training which come into effect on 1 August 2017;
3. to ask for an update from the Suffolk Brokerage on the effectiveness of the "grow your own" scheme and the piloting of nursing assistant roles for a future meeting.

### **Reasons for recommendations**

1. The Committee heard that Health Education England (HEE) currently had responsibility for locally provided training posts for nurses and therapists commissioned through UCS and UEA (although this would be changing from

2017) and was also responsible for continuing education. Local workforce partnerships, organised by HEE, assisted in the direction of resources and the Committee was pleased to note that most of the witnesses present knew each other through partnership working to better manage demand as a collective.

Issues with recruitment and retention of nurses varied across the health and care sector. Retention figures were high at Ipswich hospital compared with the national average, and staff numbers were supported by recruitment of newly qualified, overseas and returning nurses, and by enticing bank staff to take up permanent posts.

NSFT had vacancy rates that were a lot higher in West than in East Suffolk, as it was in competition with trusts in neighbouring counties in the west, and housing was more expensive there. Many staff were close to retirement and this was hard to manage, although the Trust encouraged flexible working after retirement and flexible careers that combined acute and community mental health nursing.

Care homes were run on a much smaller scale, and nursing decisions in that sector tended to be shorter term to manage instantaneous situations. It was harder to recruit nursing staff in rural areas and some homes were de-registering as nursing homes and re-registering as care homes to reduce the requirement for registered nurses. Working in a care home enabled staff to build up long term relationships with patients and most homes had a loyal core of staff, but some staff moved around dependant on pay and conditions. The mentoring requirements for pre-registered nurses meant that they tended to go into acute settings, and home owners commented that a change in regulation to allow groups of homes to have peripatetic mentor nurses would be a useful way to help with recruitment of nurses into care homes.

The Committee was impressed with the way in which organisations were working together, and commended all parties on their cooperation.

2. The Committee heard that from 1 August 2017, bursaries would no longer be available for people wishing to study nursing, who would be able to apply for loans in the same way as other students. This change would be introduced because the fixed number of bursaries available each year had previously defined the availability of nursing degree courses, and there had been more applicants than places. It had been decided that ending the bursary scheme would remove the cap on places and enable institutions to design provision to suit the market. However, some Members were concerned that ending the bursary system could have a negative impact on the number of people applying for nursing degrees (especially mature students) and the Committee agreed that it wished to receive further information on the effect of the funding changes on the number of nurses applying for training courses.
3. Members heard that the Suffolk Brokerage had been working with nursing homes to develop initiatives to upskill support staff, and many trusts were providing apprenticeships in order to increase the numbers of healthcare assistants. It was noted that carers working in care homes were paid the minimum wage, and gaining qualifications would enable them to move up the pay scale and provide them with a more attractive career route. Health

Education England had been working hard to open up other career routes and provide opportunities for carers to undertake in-work training, developing part time routes for people already working in the industry who wished to progress. UCS was looking at work based learning and plugging the skills gap, and UEA was offering masters courses. Many organisations were promoting return to nursing courses and could offer very flexible working arrangements and bank nursing opportunities for people wishing to return to the profession. The Committee agreed that it wished to receive updates on progress with these initiatives at a future meeting.

**Alternative options:** None considered.

**Declarations of interest:** Cllr Peter Coleman declared a non-pecuniary interest in agenda item 9 as he was a member of Norfolk and Suffolk Foundation Trust and Healthwatch Suffolk.

**Dispensations:** None requested.

## **11. Information Bulletin**

The Committee noted the information bulletin at Agenda Item 10.

## **12. Forward Work Programme**

At Agenda Item 11, the Committee considered its Forward Work Programme.

**Decision:** The Committee agreed

1. to request Information Bulletin items on the performance of the liver resection service and the effectiveness of the Suffolk strategy for falls, fractures, fragility care and prevention.
2. To receive a further update on the financial position of the Ipswich and East Suffolk and West Suffolk CCGs at the meeting to be held on 12 October.
3. To receive an update on the status of GP provision at Hopton and Stanton, to include representation from the practice (subject to clarification of whether the Committee can require a provider to attend) and appropriate representation from NHS England.

**Reason for decision:**

1. Members agreed that Information Bulletin items would provide them with a useful basis on which to make a decision about whether these issues should be subject to full scrutiny.
2. The Committee had heard that the savings proposed in the consultation would not be sufficient to achieve the required in-year efficiencies, and that there would be further consultation on potential service reductions. Members wished to receive an update on the CCGs' progress with achieving the savings target.
3. The Committee did not consider that it had been able to understand the full situation at Hopton and Stanton, as it had been unable to receive evidence from the GP practice and some of the questions for NHS England had not been fully addressed. Members agreed that they wished to receive this evidence and also to be updated on developments.

**Alternative options:** None considered

**Declarations of interest:** none received

**Dispensations:** None requested

**13. Urgent Business**

There was no urgent business.

*The meeting closed at 3:02 pm.*

Chairman

