

Minutes of the Health Scrutiny Committee Meeting held on 12 October 2016 at 10:06 am in the King Edmund Chamber, Endeavour House, Ipswich.

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

Co-opted members present: Councillors John Bloodworth (Forest Heath District Council), Peter Coleman (Suffolk Coastal District Council), Siân Dawson (Babergh District Council), Paul Hopfensperger (St Edmundsbury Borough Council), Paul Light (Waveney District Council), Derek Osborne (Mid Suffolk District Council) and Hugh Whittall (Ipswich Borough Council).

Also present: Councillors Inga Lockington and Joanna Spicer

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

### **13. Public Participation Session**

The Committee heard from Cllr Carol Bull (St Edmundsbury Borough Council), who spoke about the provision of GP Services in Hopton. She said that in retrospect the issues at Hopton should have been predicted, and they had been exacerbated by NHS bureaucracy and a lack of accountability. She considered that as end users of the service, the community should have been consulted, but the practice "drop-in" sessions, had told patients of, not consulted them on, the preferred options. She agreed that in future, patients would see the benefits of a new health centre in Stanton, but said that the community still needed a prescription delivery service, a Patient Participation Group (PPG) and better parking at Stanton. She said that additional parking arrangements had been made but patients had not been informed, and the prescription delivery service was due to start at the end of the month but arrangements had not yet been publicised. She commented that at least two people on the virtual PPG did not receive the email inviting them to meet face-to-face and as there was no transparency about the membership of the group she did not know about the others. She hoped that in future, the NHS and CCG would recognise that patients are not incidental in service changes, and should be consulted.

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

Apologies for absence were received from Councillor Alison Cackett (Waveney District Council), who was substituted by Councillor Paul Light, Councillor Elizabeth Gibson-Harries (Mid Suffolk District Council) who was substituted by Councillor Derek Osborne, and Councillor Christine Mason (Forest Heath District Council), who was substituted by Councillor John Bloodworth.

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

A non-pecuniary declaration of interest was received from Cllr Peter Coleman as he was a Member of Healthwatch Suffolk.

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

The minutes of the meeting held on 20 July 2016 were confirmed as a correct record and signed by the Chairman.

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

At Agenda Item 5, the Committee considered the responses of West Suffolk Clinical Commissioning Group (the CCG), NHS England and the Hopton and Stanton GP Practice to the recommendations the Committee had made on 20 July 2016, when it considered the provision of GP Services in Hopton and Stanton.

The Committee received written evidence from NHS England and the CCG, and was joined for this meeting by:

Andrea Patman, Head of Primary Care for Suffolk, NHS England  
Stuart Quinton, Suffolk Primary Care Contracts Manager, NHS England  
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  
Rob Freeman, Practice Manager, Hopton and Stanton Surgeries  
Nick Redman, GP, Hopton and Stanton Surgeries  
Lucy Ross, GP, Hopton and Stanton Surgeries

**Recommendations:** The Committee agreed:

1. To thank NHS England, West Suffolk CCG and representatives of the practice for their responses to the recommendations from the previous scrutiny of this topic on 20 July 2016;
2. To acknowledge that actions had been taken as a result of learning from the events at Hopton and Stanton, which would help inform future changes to GP practices in Suffolk;
3. To commend the pack being prepared by West Suffolk CCG for GP practices, which provided them with guidance on public and patient engagement, and to recommend that the NHS England Area Team should share it more widely.
4. To invite the NHS England Area Team to provide a presentation to a future meeting on planning and funding of infrastructure for primary care services;
5. To ask West Suffolk CCG to publish the business case for the future provision of primary care in Stanton;

### **Reasons for recommendations:**

1. The Committee was pleased to receive written information, welcome the witnesses to the meeting and hear about the progress that had been made since the previous meeting. Members commented that the information they had received was encouraging as it indicated that the Practice was moving on and commissioners were learning how best to provide support when changes to primary care were necessary.
2. The Committee heard from a partner at the surgery that the Practice's Senior Partner retired in August 2016 and the remaining Partners had been under the impression that they could continue to use the Hopton surgery, which was based in his house. After 6 weeks it became clear that this wasn't the case. A compromise was reached, which involved converting the common room into a consulting room, but the Practice was then informed that the owner intended to reduce the size of the dispensary, which it considered to be unsafe for continued use. The only alternative left was to relocate provision to Stanton, which by then had to be achieved in about 10 days and involved considerable upheaval on both sites. By extending the GP's working hours and using all available space at Stanton, they had managed to achieve this, but had needed to focus on continuing the provision of services rather than on public engagement. The Partners apologised for this lack of public engagement, but commented that their priority had been to continue to provide the same level of safe medical provision, and any public consultation would have been meaningless as there was no other option available to them. In hindsight, it was clear to them that communication with patients should have been prioritised, and that the Parish Council would have helped them with this.

Partners in the Practice informed the Committee that the Practice had subsequently engaged help from a professional communications consultancy, who had organised drop-in events in the villages. A consultation pack had been produced which provided information on why there was a need to change, the options that were available and details of the services that would be available in future at Stanton. This gave people the opportunity to comment on the proposals, the opportunity to be included on an email list for updates on progress, information on the Patient Participation Group for people who wanted to get involved and postcards to send comments. Thirty people attended the first event in Stanton, 11 signed up to the email list, 9 cards were sent back and 6 people signed up for information on the PPG. Feedback was positive as were comments on the care provided by the surgery.

Forty people attended the Hopton engagement event, 17 signed up to the email list, 16 cards were posted and 6 people registered an interest in the PPG. Most people thought that the service was good and could see the benefit of the new provision, with good access to GPs being the main priority, but were disappointed that it would be further away and concerned about people who did not drive.

The Committee heard that in future the Practice planned to continue these engagement exercises. It intended to start a prescription collection service

in Hopton from the end of October and had arranged for more parking in Stanton. Information about these issues would be posted on the Practice website, and comments and suggestions cards would be provided in the surgery's reception on an on-going basis. The surgery intended to meet with people interested in a face-to-face PPG, and would also discuss plans for a hard copy newsletter with them.

The Committee heard that the practice was awaiting a funding decision about the new site in Stanton and progress with this would depend upon the timing and nature of any funding decision.

The Chief Officer, West Suffolk CCG informed the Committee that the CCG acknowledged the current lack of clarity around responsibilities under joint commissioning, and that taking on full delegated responsibility for primary care commissioning should provide a clearer picture. Members heard that the CCG was talking to other CCGs about their learning from variations to Primary Care provision and was producing an Information Pack about primary care provision alterations, with input from Healthwatch Suffolk, which would include a simple tick list and would bring together the information they had gathered, national good practice and guidance from NHS England.

The Chief Executive of Healthwatch Suffolk, who was invited to speak, commented that although Healthwatch would not be writing to NHS England about this matter, it would call for a case review to capture the learning from it. He commented that although this was not a common occurrence in Suffolk, he was aware that there had recently been other similar cases in other parts of the county.

3. When asked if the Information Pack would be shared more widely with other CCGs, the Communications Officer, West Suffolk CCG confirmed that it would be shared nationally via the CCG Communications Teams and NHS England. The Committee agreed that this would be a very useful exercise.
4. The Committee was concerned about a recent news story which had indicated that 50% of Suffolk GPs were likely to retire in the next 10 years. Members questioned whether this would put pressure not only on recruitment (an issue which the Committee had recently considered) but also on premises, as some GPs' Surgeries were based in small buildings, unsuitable for delivering all the care expected.

Members heard that the NHS Forward View captured these issues, which would be addressed through the primary care infrastructure fund. There were concerns that fewer GPs now wanted to buy into premises, especially those with complicated leases, and NHS England was developing plans to address this.

The Committee agreed that at a future meeting it would like to receive, from the NHS Area Team, a presentation on arrangements for ensuring appropriate infrastructure is in place for the provision of primary care services

5. The Local County Councillor, Cllr Joanna Spicer, addressing the Committee, voiced her concern over the lack of transparency about NHS decision making. She said that no options appraisal or business case had been published and the information provided to patients reported some options as “not viable”, with no indication of a reason. The Chief Officer of West Suffolk CCG, with the agreement of the GP Practice Partners, offered to post the business case on the CCG’s website, and the Committee agreed that this would be helpful in promoting transparency.

**Alternative options:** None considered.

**Declarations of interest:** None received.

**Dispensations:** None reported.

## **18. Ipswich and East Suffolk and West Suffolk CCGs’ current financial position**

At Agenda Item 6, the Committee considered a report on the outcomes from the Ipswich and East Suffolk and West Suffolk CCGs’ (the CCGs) recent consultation on changes to IVF and Marginalised Vulnerable Adults services, which closed in early September, and an update on how the CCGs would meet their financial targets in the current year. The Committee had previously considered these issues on 20 July 2016, when it heard that the CCGs needed to achieve £13m efficiency savings in the current financial year to meet budget targets.

The Committee received written evidence from Ipswich and East Suffolk CCG and West Suffolk CCGs and was joined for this item by:

Ed Garratt, Chief Officer, Ipswich and East Suffolk CCG and West Suffolk CCG  
Isabel Cockayne, Head of Communications, Ipswich and East Suffolk CCG and West Suffolk CCG

Lois Wreathall, Head of Primary Care, West Suffolk CCG

**Recommendations:** The Committee agreed:

1. To note that significant improvement had been made in the CCGs’ financial positions since the last report to the Committee in July 2016, whilst acknowledging that it was only 6 months into the financial year and that further work was required;
2. To ask that the Committee continued to be updated on the financial position of the CCGs as the year progressed.

**Reasons for recommendations:**

1. Members heard that the CCGs had been required to deliver considerable savings in the current financial year, and had been at risk of a deficit of £13m, which they had been working hard to mitigate. At month 6, the prediction for IES CCG was a slight surplus, but WSCCG had a predicted deficit of £1.3m, although the rate of spend was decreasing. It was hoped that the books of both CCGs would be balanced by the end of the year.

The Committee heard that the CCGs were reviewing prescribing and medication, which was good practice medically but also had significant cost reduction potential. Patients were also being encouraged to purchase medicines that were available over the counter, if they could afford to do so

and also to speak to their doctor if prescribed medicines were not being used. Cost savings were being achieved through invoice validation and every contract was being scrutinised for efficiency savings. The CCGs had consulted with the public on potential reductions to IVF provision and the Marginalised and Vulnerable Adults (MVA) Service, and their governing bodies had decided to defer any decision, given that the finances of the CCGs had started to improve. The consultation work had also identified that reductions in the MVA Service would have an effect on other public and voluntary sector services, and the CCGs were working with the Director of Public Health to further develop the strategic plan for services in this area.

2. Members agreed that they would like to be kept up to date on this issue as the year progressed.

**Alternative options:** None considered.

**Declarations of interest:** None received.

**Dispensations:** None reported.

## **19. Ipswich Hospital and Colchester Hospital partnership**

Agenda Item 7 provided the Committee with an opportunity to receive a verbal update on the plans for closer working between Ipswich and Colchester hospitals.

The Committee was joined for this item by:

Nick Hulme, Chief Executive of Ipswich and Colchester Hospitals  
Dr Shane Gordon, Director of Integration, Colchester Hospital University Foundation Trust.

### **Recommendations:**

1. To note the update from Nick Hulme and Dr Shane Gordon on progress with the partnership to date;
2. To delegate authority to the Chairman of the Committee to take forward the establishment of the membership and terms of reference for a Joint Task and Finish Group with Essex Health Overview and Scrutiny Committee, in consultation with the Vice-Chairman and relevant members and officers from Essex County Council;
3. To ask members of the Committee to put forward to the Business Manager (Democratic Services) expressions of interest in serving on the Joint Committee.

### **Reason for recommendation:**

1. The Committee was aware that Colchester and Ipswich Hospitals were working to form a long term partnership and members were reminded that although more money had been made available to hospitals nationally, the effects of inflation, workforce challenges (including the need to move towards a 7 day NHS) and increasing populations were affecting many hospitals, including Ipswich and Colchester, and significant changes to the delivery of

care were inevitable, to ensure services remained sustainable in the long term.

The Committee heard that the relationship between commissioners and providers was good, and focused on making the best use of the funding available for the benefit of the Suffolk health economy. The funding arrangements in place allowed services to innovate and work differently to look at financial control of the whole system.

Members were informed that the partnership was in its very early stages and provided an opportunity to look at what both hospitals currently provide and develop values and principles to underpin service redesign to create efficiencies, with patients at the heart of this work. The management boards of the two hospitals had met together for the first time to begin to discuss options. A work programme to identify and evaluate the benefits and risks had started and learning from other successful and unsuccessful partnership arrangements, both medical and non-medical, was being considered. There was a need to keep up the pace of this work, whilst continuing to focus on maintaining and raising current standards in existing services. It was inevitable that difficult choices would need to be made and appropriate engagement with stakeholders would ensure that the final design balanced the needs of all parties.

Members of the Committee highlighted the need to ensure dialogue was taking place with key stakeholders, such as the East of England Ambulance Service NHS Trust, in the early stages of development of options for service change.

Discussion also took place about the need to manage public perceptions in relation to the potential impact of the partnership on the performance of the two hospitals, and the importance of demonstrating how any proposed changes to services would result in improved clinical outcomes for patients.

2. At its previous meeting, the Committee had received information from the Chief Executive of Ipswich and Colchester Hospitals about the development of NHS Sustainability and Transformation Plans (STPs). The Committee was reminded that the STP footprint for Suffolk covered Ipswich and East Suffolk CCG, West Suffolk CCG and North East Essex, but not Great Yarmouth and Waveney CCG, which was working as part of a footprint with Norfolk CCGs.

The Committee had agreed at its previous meeting to approach Essex Health Overview and Scrutiny Committee about establishing a joint scrutiny committee to consider any issues arising from the STP which had implications for patients across county borders. The Chairman informed members that Essex Health Scrutiny Committee had subsequently considered and agreed this, and it was suggested that the joint scrutiny should be performed on a task and finish basis. The Committee heard that the STP would be submitted to NHS England later in October, and agreed that it was important that the joint Task and Finish Group was in a position to respond quickly during the consultation phase. It therefore agreed to delegate responsibility for establishing the membership and terms of

reference of the group to the Chairman, in consultation with the Vice-Chairman, and appropriate officers.

3. The Committee agreed that the representatives from Suffolk on the joint Task and Finish Group would be the Chairman, the Vice-Chairman and one or two members of the Committee. Members were asked to send expressions of interest in joining the Group to the Business Manager, Democratic Services.

**Alternative options:** None considered.

**Declarations of interest:** None received.

**Dispensations:** None reported.

## **20. Information Bulletin**

The Committee noted the Information Bulletin at Agenda Item 8.

## **21. Forward Work Programme**

At Agenda Item 9, the Committee considered its Forward Work Programme.

**Recommendations:** Members agreed:

1. To seek further information about whether action is being taken to address the impact of parking issues at West Suffolk Hospital and Ipswich Hospital;
2. To suggest that a Task and Finish Group is established to hold a single issue meeting focussing on how the system is planning for Winter Pressures in 2016/17.
3. To ask members of the Committee to put forward to the Business Manager (Democratic Services) expressions of interest in serving on the Winter Pressures Task and Finish Group.

### **Reasons for recommendations:**

1. The Committee heard that a Member had received considerable representation from constituents about issues with parking at West Suffolk Hospital, which were affecting residents in surrounding streets and causing people to miss appointments. Members were aware of similar issues at Ipswich Hospital and agreed that the hospitals should be asked about their plans for the provision of adequate parking on site.
2. The Chairman reminded members that the previous winter a task and finish group had held a meeting with representatives of the health and care sector to discuss the arrangements in place to manage transfers from hospital over the winter period. It was agreed that a Task and Finish Group should be formed again this year, and should meet in the period prior to the next meeting, to enable it to report back to the Committee.
3. It was agreed that the Winter Pressures Task and Finish Group would be chaired by Cllr Adams, and members of the Committee were asked to send expressions of interest in joining the Group to the Business Manager, Democratic Services.

**Alternative options:** None considered.

**Declarations of interest:** None received.

**Dispensations:** None requested.

**22. Urgent Business**

No urgent business was considered.

*The meeting closed at 12:20 pm.*

Chairman

