

BABERGH DISTRICT COUNCIL

FROM: Sue Morgan, Scrutiny Officer
Suffolk County Council

REPORT NUMBER: **K149**

TO: OVERVIEW AND SCRUTINY
(COMMUNITY SERVICES)
COMMITTEE

DATE OF MEETING: 23 November 2010

SUFFOLK HEALTH SCRUTINY COMMITTEE

1. **PURPOSE OF REPORT**

- 1.1 This report provides an update on the operation and work of the Suffolk Health Scrutiny Committee from 20 January 2010 to 11 November 2010.
- 1.2 It also provides summary information about potential changes to scrutiny arrangements at the County Council which may impact on the current health scrutiny committee.

2. **RECOMMENDATION**

- 2.1 That the report be noted.

3. **FINANCIAL IMPLICATIONS**

- 3.1 There are no financial implications associated with this report.

4. **RISK MANAGEMENT**

- 4.1 This report describes the Suffolk Health scrutiny arrangements, specific scrutiny reviews will consider risk elements and constraints as part of the review process.

5. **EQUALITY AND DIVERSITY IMPACT**

- 5.1 There are no equality and diversity implications related to this information report.

6. **KEY INFORMATION**

Suffolk Health Scrutiny Committee

- 6.1 The Suffolk Health Scrutiny Committee is one of 8 Scrutiny Committees that the Suffolk County Council has been operating since May 2005. These arrangements for scrutiny have been under review and will be the subject of a report to Suffolk County Council on 2 December 2010.

- 6.2 The County Council's Scrutiny Management Board, which is made up of the chairmen of each of the 8 scrutiny committees, has already considered an outline proposal to replace all 8 scrutiny committees with a single scrutiny committee. This single scrutiny committee would be able to scrutinise topics in its own right, or draw in other members to create specific, smaller, scrutiny task and finish groups.
- 6.3 Councillors who have experienced similar scrutiny working groups have found them an effective form of scrutiny; helping to develop understanding of complex subject areas, talking to people who can 'tell it like it is' and making recommendations that can make a difference.
- 6.4 The following sections provide information about the current arrangements for health scrutiny and a review of the work of the Health Scrutiny Committee since January 2010.

Current Terms of Reference and Membership

- 6.5 The role of the Suffolk Health Scrutiny Committee is to review and scrutinise any matter relating to the planning, provision and operation of all health services in the county.
- 6.6 Eight Councillors from the County, and one from each of the District and Borough Councils sit on the Committee. They have equal status members are able to participate in scrutinising issues of concern within their locality. The current membership of the committee is included at [Appendix A](#).

Forward Work Programme

- 6.7 This is a standing item on each health scrutiny committee agenda. It provides an opportunity for any member of the committee to propose new items for scrutiny, discuss how scrutiny work is done and who will be involved. The Committee can also agree to re-prioritise the work programme to take account of emerging issues.
- 6.8 A member of the Scrutiny Committee can also propose a specific matter for scrutiny by contacting the Chairman of the Health Scrutiny Committee at any time.
- 6.9 Generally the Suffolk Health Scrutiny Committee focuses on strategic issues that potentially affect, and are of interest to, the whole of Suffolk – recent examples include maternity services, ambulance services and out of hours GP services.
- 6.10 Suffolk Health Scrutiny Committee works with Suffolk LINK representatives to identify issues of public concern and also to get information about local people's views and opinions about specific services e.g. local involvement in potential changes to NHS services in the Sudbury area.

6.11 Suffolk LINK (Local Involvement Network) is an organisation which helps local people influence or change the way their local NHS and social care services are planned and delivered. It is made up of individuals and community groups who work together to improve local health and social care services by finding out what people like and dislike about local services, and working with the people who plan and run them to help make them better.

6.12 Priorities for scrutiny identified by the Committee are:

- (a) Ambulance response times
- (b) Emergency Heart Services
- (c) Access to Occupational Therapy Assessments
- (d) Stroke Services

Information Bulletins

6.13 Each scrutiny committee meeting Agenda includes an 'Information Bulletin'. It includes information for members of the Health Scrutiny Committee which are not subject to scrutiny at that meeting. It may include content that the committee has asked for as well as general update information about health services and health scrutiny together with briefing information relating to potential future agenda items.

6.14 The content of the Information Bulletin is not intended to be discussed at the committee meeting but the items included may help to highlight opportunities for engagement with the health sector, such as forthcoming public consultations. Each item includes suitable contact details so that individual councillors can find out more information if they want to.

7. REVIEW OF WORK

7.1 One of the challenges for any scrutiny committee is prioritising what it should scrutinise. For health scrutiny in Suffolk, the committee members set the work programme. In some areas of Suffolk, district and borough council's will invite NHS colleagues to report and present to their respective scrutiny committees to discuss issues of local concern. Health bodies appreciate collaboration across local authority scrutiny arrangements to reduce potential impact on staff, but are generally happy to attend local scrutiny meetings if invited and available.

7.2 The following is a summary of the items scrutinised by the members of the Health Scrutiny Committee from January 2010 to 11 November 2010.

Maternity Services

7.3 At its meeting on 18 March 2010, the Committee received general information about maternity services in Suffolk, including information about current services, policy and future developments. The Committee heard about a range of developments to change and improve maternity services and to ensure that services are tailored to meet the needs of local women.

- 7.4 Members had the opportunity to ask questions of the following people: Dr Penny Newman, GP and Consultant in Public Health, NHS Suffolk; Mr Andrew Leather, Clinical Director of Obstetrics and Gynaecology, Ipswich Hospital Trust; Christine Colbourne, Head of Midwifery, Ipswich Hospital Trust; Dr Michelle Judd, Clinical Director of Women's and Children's Services, West Suffolk Hospital Trust; Patricia Davis, General Manager, Women's and Children's Services, West Suffolk Hospital.
- 7.5 Members were informed that some aspects of service development were still in progress and would take time to have an effect. The Committee also heard that, during 2009, the birth:midwife ratio at both Ipswich and West Suffolk Hospitals was high compared with that recommended by the East of England Strategic Health Authority. At the time of reporting, NHS Suffolk had supported the recruitment of 35 additional midwives, of whom 15 had already been appointed. This was already having a positive impact and by January 2010 the ratio at Ipswich had reduced and the ratio at West Suffolk was also improving.
- 7.6 The Committee was reassured that service levels and quality of care currently provided were not being compromised by staff shortages and requested a further update at its meeting on 11 November 2010.
- 7.7 The Committee was informed that Ipswich Hospital is currently recruiting the final 6 midwives and wished them success. Members noted the progress in service developments and supported the roll out of support to young mothers at Children's Centres, particularly in rural areas.

Child and Adolescent Mental Health Services in Suffolk (CAMHS)

- 7.8 On 18 March 2010 the Committee received information to help members decide whether or not to proceed with a CAMHS scrutiny working party; and to identify specifically what aspects should be scrutinised and how.
- 7.9 People contributing to the discussion on the provision of CAMHS in Suffolk included Carol Carruthers, Assistant Director Commissioning and Partnership, Suffolk County Council and Chairman of CAMHS Strategic Commissioning Board; Julia Rock, CAMHS Modernisation Lead, Suffolk Mental Health Partnership; Simon Pitts, Children and Young People Commissioning and Development Manager, NHS Suffolk; Dr Kate Sillifant, Consultant Psychiatrist, Norfolk and Waveney Mental Health NHS Foundation Trust; Adrian Ilott, Service Manager, Ipswich Hospital NHS Trust; Beverley Price, Regional Officer, National Autistic Society; Andy Goff, CAMHS Service Manager, Norfolk and Waveney Mental Health NHS Foundation Trust and Jeff Stearn of Suffolk LINK.
- 7.10 The Committee noted that there was a great deal of information within the report, however the information did not include any base line data for it to consider to enable it to assess progress when it looked at the issues again.
- 7.11 Councillors Gibson Harries, Bevan-Margetts, Pollard and Goldson were nominated to meet with officers to identify what base line data should be circulated to the Committee; and agreed that an update report on CAMHS be provided to the Committee at its 11 November 2010 meeting.

7.12 The Committee has received further information against issues raised from previous scrutiny of the CAMHS service. Members were pleased to see some improvement in waiting times and have requested further information on progress in relation to the merger with Norfolk and Waveney Mental Health Trust partnership and the impact on child and adolescent mental health services.

Suffolk Mental Health Partnership NHS Trust (SMHPT)

7.13 On 7 September 2010 the Committee considered information about a proposed merger and steps being taken by the Trust towards achieving foundation trust status. Mark Halladay, Chief Executive, Suffolk Mental Health Partnership Trust (SMHPT), Andrew Hopkins, Deputy Chief Executive, Norfolk and Waveney Mental Health Foundation Trust (NWMHFT), Dr Mike Lowe, Medical Director, SMHPT and Tracy Dowling, Director of Strategic Commissioning, NHS Suffolk attended the meeting to answer questions

7.14 The Committee recommended that the NHS organisations ensured that patients and their families were informed that, after the merger, services would remain local and that they were also informed of the additional benefits to come from the merger.

7.15 The Committee noted that the merger would also provide the following benefits to patients: additional specialisms and skills that NWMHFT currently provided to its patients would also be available to Suffolk patients and vice versa; and improvement of clinical governance as it would enable the development of more robust appraisal systems.

Transforming Community Services

7.16 On 7 September 2010 the Committee received information about the actions being taken to transform the way in which community healthcare services are delivered in Suffolk. This arises from a Government requirement that Primary Care Trusts divest their provider services by April 2011. The Committee also recognised that this was work in progress and presented an opportunity for improved health services for the whole of Suffolk.

7.17 The committee noted that the progress against the work plan remained on track. The Committee received evidence from Martin Royal on why the PCT had opted for integration with Ipswich and West Suffolk Hospitals, but views were expressed that the full implications of the proposals for the transfer of community services were still unclear. As such, the Committee considered it appropriate to receive update information on a regular basis until March 2011.

7.18 Appendix B is a copy of the most recent Information Bulletin which includes a summary update on [Transforming Community Services](#) as item 3.

Stroke Services

7.19 On 26 June 2010 the Committee received general information about Stroke Services in Suffolk including the way services are being provided currently and planned improvements to the service.

7.20 Members of the committee focused their scrutiny on:

- (a) Key objectives of the Stroke Strategy for Suffolk.
- (b) Reasons for Suffolk's relatively poor performance in relation to the quality of stroke care.
- (c) Use of commissioning arrangements to ensure a significantly improved stroke service.
- (d) Current action and improvements'.

7.21 People contributing to the scrutiny were: Tracy Dowling, Director of Strategic Commissioning, NHS Suffolk, Gwen Nuttall, Deputy Chief Executive, West Suffolk Hospital, John Watson, Director of Operations, Ipswich Hospital, Wendy Jephcote, Long Term Support Co-ordinator, Suffolk Stroke Association, Elaine Mosen, Communication Support Co-ordinator, Suffolk Stroke Association, Prema Fairburn, Suffolk Association of Independent Care Providers.

7.22 The Committee noted that NHS Suffolk, West Suffolk Hospital and Ipswich Hospital had recognised the low performance in stroke services in Suffolk and that there much ongoing work to address the issues currently underway.

7.23 The Committee had been advised by the Director of Strategic Commissioning NHS Suffolk, that she hoped to see significant improvement by September 2010. However, the Committee considered that the report received at the meeting did not provide the full picture, particularly around the issue of what was happening after stroke patients left hospital. The Committee noted the need to be more specific in the questions it asked when establishing the objectives of the scrutiny to enable it to receive the required information and evidence. The Chairman wanted to have members' input on all areas of interest in order to successfully scope the scrutiny.

7.24 The Committee agreed to:

- (a) consider a report on Stroke Services at its meeting in March 2011;
- (b) include NHS Suffolk, Hospital Trusts, Community and Voluntary sectors and Adult and Community Services Directorate in the scrutiny;
- (c) request members to formulate specific questions and these to be sent to the Chairman and/or the Scrutiny Officer;

East of England Ambulance Trust Services in Suffolk

7.25 On 11 May 2010 the committee considered information on the Ambulance Services. Marcus Bailey, (Suffolk) Operations General Manager and Neil Storey, Associate Director, East of England Ambulance Service attended to answer questions.

- 7.26 The Chairman concluded the item by noting the commitment of the East of England Ambulance Service officers to the continuing improvement of services. However, the Committee wished to see whether continued and significant improvements in the East of England Ambulance Service's performance had been delivered in Suffolk. The Committee offered to work together with the Trust in anyway it could to help the continuing improvement of services.
- 7.27 Members noted the Care Quality Commission (CQC)'s regional ratings for 2008/09 (fair) and 2009/10 (good) provided within the report. Marcus Bailey advised that the trust had made huge strides to become 'excellent' and would continue to do so. The Committee wished to see the full action plan for Suffolk produced by the CQC and accepted Marcus Bailey's invitation for it to be shared with Committee members.
- 7.28 The Committee wished to be advised of the exact number of patients who had not been reached within the 8 minute target response time noting that this information was not within the percentages provided in the report. The Committee also wished to see the impact that rural geographical areas had on meeting these targets.
- 7.29 The Committee asked also for:
- (a) a copy of the Care Quality Commission's (CQC) action plan for Suffolk;
 - (b) numbers of patients in Category A8 min Performance in a line graph format rather than percentages and for this to include details of geographical times; and
 - (c) Dr Pam Chrispin, Clinical Director, East of England Ambulance Services to attend a future meeting to discuss critical care.
- 7.30 A summary of the key findings from the Care Quality Commission inspection of the Trust's action plans was provided to the Committee in the September 2010 Information Bulletin.

Sudbury Health Centre and Hartismere Hospital

- 7.31 On 18 March 2010 the committee received information on progress in relation to concerns expressed by local residents and to previous recommendations made by the Health Scrutiny Committee. Martin Royal, Director of Business Development & External Relations and Mark Marshall, Head of Corporate Development & Infrastructure, NHS Suffolk, attended the meeting.
- 7.32 The committee acknowledged the project work being undertaken and noted the milestones for both Sudbury and Hartismere sites. They asked to be kept fully informed about progress made at key stages to be given a clear timetable in a future information bulletin item.

7.33 Specific points of interest to Babergh DC identified in March 2010 were as follows:

- (a) If the developer, once chosen, identified a possible third option for the site in Sudbury, this would also be considered alongside the Churchfield Road site and the Walnut Tree Hospital site.
- (b) Anne Nicholls from Suffolk LINK advised the committee that although there had been some irritation regarding the delays things were progressing and that she considered that the developers and the PCT would choose the best and most appropriate sites.
- (c) The Sudbury development was the main priority for the PCT and funding did feature in all investment plans.
- (d) GPs in Sudbury shared concerns regarding the integrated GP facility which the Secretary of State had requested and the difficulties in achieving this.

7.34 An update was provided in the Information Bulletin for the September 2010 committee meeting. Key points were:

- (a) NHS Suffolk continues to hold regular Locality Group meetings with the community in Sudbury, including the Town Council. The Transport Review Group produced a report on its activities to date, and will resume at a later stage once a developer has been selected.
- (b) A second issue of the Sudbury newsletter has been produced and distributed to various bodies through the Suffolk Association of Local Councils (SALC). As well as the NHS Suffolk public website.

Out of Hours Care Services

7.35 The Committee had previously recognised that across Suffolk there were concerns about the quality of the care and of the overall provision of service. Adverse media coverage had added weight to those concerns at the time. Members felt that these concerns would best be addressed by an in-depth scrutiny by a group of members of the Health Scrutiny Committee. It's membership included Councillors Trevor Beckwith, Michelle Bevan-Margetts (Chairman), Michael Bond, Peter Collecott, Judy Terry, Susan Vincent and Len Young.

7.36 The working party considered findings drawn from research, and from interviews with both NHS Suffolk officers and with patients and interested members of the public.

7.37 At its meeting in May 2010, the committee accepted the recommendations of the Scrutiny Working Party:

- (a) That performance outturn data set against the Service Level Agreement (SLA) be published monthly.
- (b) That plain English performance information is published regularly to include number of calls received, numbers of people seen, numbers of acute cases.

- (c) That a Compliments and Complaints service is easily available to members of the public and that regular Customer Satisfaction Surveys are undertaken.
- (d) That a clear set of Patient Standards should be published so the public know exactly what to expect from the out of hours service. i.e. How and when to access the service, what callers can expect in terms of advice from, or access to, appropriately trained staff.
- (e) That the opening hours and location of Out of Hours bases be published.
- (f) That Harmoni's performance be brought back to the Health Scrutiny Committee for review in six months time, with particular emphasis placed upon scrutinising how easily and speedily out of hours doctors are able to access vital patient information.

7.38 Dr Janet Massey who was in attendance spoke briefly at the meeting regarding Summary Care Records attended the committee meeting on 11 November 2010 to provide a GP's perspective on how easily out of hours doctors can access vital patient information.

7.39 At the meeting on 11 November 2010 the Committee heard that there is a national problem in recruiting GP's to provide out of hours services and this may be affected by further Government proposals. The Committee made recommendations relating to:

- (a) the provision of full name and qualification of clinicians who attended to patients for the out of hours service on the patient's notes that are sent to the patient's GP practice the following day.
- (b) Suggesting Harmoni looks at providing opportunities for patients to share relevant information direct to Harmoni particularly where they have specialist needs.
- (c) Follow up report in 6 months time to address any specific questions members of the Health Scrutiny Committee may have.

Other information provided to Councillors

7.40 Members of the Health Scrutiny Committee regularly obtain update information in Information Bulletins as part of each agenda. From time to time, members of the committee may also be invited to attend specific briefings or workshops relating to health issues.

7.41 The most recent workshop was held on 1 October with a range of organisations from across Suffolk. The purpose was to discuss the implications of the proposals in consultation documents associated with the Health White Paper with a particular focus on the proposed establishment of Health and Wellbeing Boards and Healthwatch organisations which would affect Suffolk Local Involvement Network and health scrutiny.

7.42 The most recent Information Bulletin is reproduced at [Appendix B](#). It includes items on:

- (a) NHS Suffolk Pharmaceutical Needs Assessment: Consultation
- (b) East of England Ambulance Service NHS Trust – Application to become a Foundation Trust: Consultation
- (c) Transforming Community Services: Summary
- (d) Health Scrutiny Committee Workshop on the NHS White Paper: Summary
- (e) Further Government Consultations on the future of Health Services:
 - “An Information Revolution”
 - “Liberating the NHS: Greater Choice and Control”
- (f) Vision for Better Health and Well Being for People with a Learning Disability and their Families: Consultation
- (g) Suffolk and Norfolk Joint Health Scrutiny Committee: Update
- (h) Caring for Vulnerable Babies: Re-organisation of Neonatal Services in the East of England: Update

8. **CURRENT CHALLENGES**

8.1 The following is a summary of current challenges which will influence the health scrutiny agenda over the next six months:

- (a) Changes to the County Council’s Scrutiny arrangements
- (b) Changes within NHS
- (c) Government legislation relating to public health
- (d) Emerging issues of local public concern in relation to health
- (e) Regional health scrutiny
- (f) Public sector financial situation.

9. **APPENDICES**

Appendix A - Membership as at 11 November 2010

Appendix B – Health Scrutiny Committee Information Bulletin for 11 November 2010.

10. **BACKGROUND PAPERS REFERRED TO:**

All of the Suffolk County Council Health Scrutiny Agendas and papers can be accessed on the following website:

<http://www.suffolk.gov.uk/CouncilAndDemocracy/CommitteesAgendasReportsandMinutes/> and by following the link 'Open the Committee Papers database', or by following the link below

http://apps2.suffolk.gov.uk/cgi-bin/committee_xml.cgi?p=search&search=bool&f21=Agenda&f22=Health%20Scrutiny

Information Bulletin to Health Scrutiny Committee September 2010

http://apps2.suffolk.gov.uk/cgi-bin/committee_xml.cgi?p=doc&id=1_14597&format=doc

**CONTACT: Sue Morgan, Scrutiny Officer
Suffolk County Council**

EMAIL: sue.morgan@suffolk.gov.uk

Membership at 11 November 2010

Conservative Group County Councillors

Councillors Anne Whybrow (Chairman), Peter Beer, Michael Bond, Terry Clements, Tony Goldson, Jane Midwood and Paul West.

Liberal Democrat and Independent Group County Councillors

Councillor Kathy Pollard

Borough/District Councillors

Councillor Trevor Beckwith (St Edmundsbury Borough)

Councillor Christopher Stewart (Ipswich Borough)

Councillor Peter Collecott (Waveney District)

Councillor Elizabeth Gibson-Harries (Mid Suffolk District)

Councillor Susan Vincent (Forest Heath District)

Councillor Colin Walker (Suffolk Coastal District) (Vice Chairman)

Councillor Mary Munson (Babergh District)

Example of an Information Bulletin to the Suffolk Health Scrutiny Committee

Health Scrutiny Committee
11 November 2010
Agenda item

INFORMATION BULLETIN

The following topics have been identified as being of interest to the Committee. Councillors may wish to obtain further information by ringing the person indicated against each item. The Bulletin will be taken in conjunction with the Cabinet Forward Plan and the Committee’s own forward work programme.

| Bulletin item | Subject |
|----------------------|---|
| 1 | NHS Suffolk Pharmaceutical Needs Assessment: Consultation |
| 2 | East of England Ambulance Service NHS Trust – Application to become a Foundation Trust: Consultation |
| 3 | Transforming Community Services: Summary |
| 4 | Health Scrutiny Committee Workshop on the NHS White Paper: Summary |
| 5 | Further Consultations on the future of Health Services: <ul style="list-style-type: none"> • “An Information Revolution” • “Liberating the NHS: Greater Choice and Control” |
| 6 | Vision for Better Health and Well Being for People with a Learning Disability and their Families: Consultation |
| 7 | Suffolk and Norfolk Joint Health Scrutiny Committee: Update |
| 8 | Caring for Vulnerable Babies: Re-organisation of Neonatal Services in the East of England: Update |

1. **NHS Suffolk Pharmaceutical Needs Assessment: Consultation**

NHS Suffolk launched a public consultation on the future of pharmaceutical services on Monday 18 October 2010. The consultation is people’s chance to have a say about the pharmaceutical services offered by community pharmacies and dispensing GP practices in Suffolk.

With community pharmacies and dispensing GP practices playing a vital role in delivering health care services in the county, as a place where people can pick up a prescription, buy some medicine or to get advice about a minor illness, public feedback is important to ensure that the right level of service is being provided.

The Pharmaceutical Needs Assessment (PNA) consultation follows a survey earlier this year which asked people for their views on their local pharmacy. This feedback was used to develop a vision for pharmacy services in the county over the next five years, with 12 recommendations being put forward on how that vision can be achieved.

The recommendations should ensure improved access to pharmaceutical services in the future; however it is important that the people of Suffolk put forward their views.

The recommendations include:

- a) Improving access to services such as emergency hormonal contraception and Chlamydia
- b) Increasing the number of pharmacies offering NHS funded stop smoking advice
- c) Offering additional support to people with long term conditions to better manage their own medicine
- d) Improve access for people with disabilities

The recommendations have been developed by NHS Suffolk together with partners from the Local Pharmaceutical Committee (LPC), Local Medical Committee (LMC), Practice Based Commissioners, local GPs, Suffolk Local Involvement Network (LINK) and patient representatives.

Paul Duell, Local Pharmaceutical Committee Chief Officer said: "Suffolk and Great Yarmouth Local Pharmaceutical Committee (LPC) is delighted to be able to support NHS Suffolk in the creation of this PNA so that future commissioning of pharmacy services is evidence based and addresses patient needs.

"A PNA that rightly places community pharmacy within the NHS Suffolk's overall primary care strategy and delivery plan is very much welcomed and is good for patients."

People can give their views by completing a short six question summary questionnaire and/or a comprehensive questionnaire on all 12 recommendations. The consultation runs from 18 October – 17 December 2010. Questionnaires can be obtained online at www.suffolk.nhs.uk or by calling NHS Suffolk on 01473 770014 to request a copy

For further information contact Jennie Fisher, Community Engagement Manager, NHS Suffolk; Email: jennie.fisher@suffolkpct.nhs.uk; Te: 01473 770009.

2. **East of England Ambulance Service NHS Trust – Application to become a Foundation Trust: Consultation**

The East of England Ambulance Service NHS Trust (EEAST) is applying to become an NHS Foundation Trust. NHS Foundation Trusts give local people a much greater say in their local health services and how they develop.

EEAST serves a population of 5.8 million people in Bedfordshire, Cambridgeshire, Essex, Hertfordshire, Norfolk and Suffolk.

From 4th October until the 31st December 2010 EEAST will be consulting with patients, staff, volunteers, partners and members of the public about its plans and ideas.

The full consultation document and further information about how people can give their views, including details of public meetings, can be found at www.foundationtrust.eastamb.nhs.uk

You can also contact EEAST with ideas, comments and suggestions by emailing ft@eastamb.nhs.uk or by writing to:

Freepost RRRA-UHTH-CZYR,
Foundation Trust Office,
East of England Ambulance Service,
Broomfield, Chelmsford

The broad timeline for the foundation trust application process is as follows:

October – December 2010 Public consultation
November 2011 Seek formal approval from the Secretary of State for Health
Late spring 2012 Anticipated time for becoming a foundation trust

3. **Transforming Community Services: Summary**

Objective: To transfer management of community services currently provided by Suffolk Community Healthcare to other providers by 1 April 2011.

Proposed transfers subject to due diligence by all parties

| | |
|----------------------------|---|
| Universal adult (east) | Ipswich Hospital |
| Universal adult (west) | West Suffolk Hospital |
| Universal children | Suffolk County Council |
| Specialist children | Ipswich Hospital or West Suffolk Hospital |
| Social enterprise | Staff |
| Specialist universal adult | Ipswich Hospital or West Suffolk Hospital |

| | |
|--|---|
| Specialist adult services including: Prisons, echo, retinopathy, Drug and Alcohol Treatment (DAAT) Community dentistry Marginalised and Vulnerable Adults (MVA) | Open tender Other community provider Primary care |
|--|---|

Key milestones

| | |
|--|--|
| 29 Oct | Key Suffolk County Council and NHS Suffolk meeting to agree core content of Section 75 Commissioning and Provider Agreements and Heads of Terms. |
| 10 Nov | Deadline for submissions from Ipswich Hospital, West Suffolk Hospital, Suffolk County Council and social enterprise. |
| w/c 15 Nov | Assessment panels and final proposals for Executive Management Team, then Board. Contingency plan implementation begins, if required |
| w/c 15 Nov | Full and final submission to Co-operation and Competition Panel. |
| 25 & 26 Nov | Ipswich Hospital and West Suffolk Hospital Board meetings to consider due diligence on Suffolk Community Healthcare. |
| 30 Nov | Final business case submission to Strategic Health Authority (Board Paper). |
| 8 Dec | NHS Suffolk Board meeting to make final decisions on transfers. |
| 31 Dec | Draft contracts issued to all potential providers. |
| w/c 13 Dec | Notification to staff at risk of redundancy. |
| 28 Jan | 2 nd draft contracts. |
| 14 Feb | Letter of transfer to all relevant staff (NB this will be brought forward if possible). |
| 28 Feb | Contracts agreed (in line with acute contracting process). |
| 31 Mar | Staff transfer. |
| 01 Sept | Contract start for prison services (Options being reviewed in light of Strategic Health Authority challenge). |
| Monthly meetings: Transformation and Transition Steering Board; Joint Staff Forum; briefing to Practice Based Commissioning. | |

For further information contact Martin Royal, Director of Corporate Services, NHS Suffolk; Tel: 01473 770052 Email: martin.royal@suffolkpct.nhs.uk

4. **Health Scrutiny Committee Workshop on the NHS White Paper: Summary**

On 1 October the Chairman of the Health Scrutiny Committee hosted a workshop for stakeholders to discuss the implications of the Government White Paper "Equity and Excellence: Liberating the NHS", published on 22 July 2010. The workshop brought together councillors, health and social care professionals and representatives from a wide range of voluntary organisations, Suffolk Local Involvement Network, private care providers, advocacy services and user lead organisations in Suffolk to discuss the opportunities and potential stumbling blocks presented by the White Paper proposals. The workshop considered the evolving role of scrutiny, Local Involvement Networks and other mechanisms for public involvement and engagement and how the proposals would provide opportunities for the voices of the public and patients to be heard.

In summary, the key messages from the event included:

- the proposals provide good opportunities for joining health, wellbeing and social care services for better outcomes - and to achieve savings and reduce duplication and waste;
- we need to keep the things we are already doing well in Suffolk and to share examples of good practice;
- there may be a loss of some economies of scale which exist within the current system.
- the proposals provide good opportunities for improving the public/patient voice in health and social care services;
- however, there is a need for clear communication and accurate information about health and care services to be made available in ways that are accessible to everyone;
- the role of HealthWatch needs to be communicated and understandable to local people;
- there were some concerns regarding the impartiality and independence of HealthWatch, with it having a possible role at the decision making table and being contracted/commissioned by the local authority - an organisation whose services it would be scrutinising;
- there seemed to be general support for Health and Wellbeing Boards, but indications were that there would be expectations that these would need to be large to have wide representation.
- there were some concerns about whether the Health and Wellbeing Board could be a decision making body and also have a scrutiny function.

There was a general view that it had been useful to discuss the implications of the White Paper in an informal setting and people were keen to continue discussions and to be involved in developing the arrangements in Suffolk.

A summary of the comments from the workshop was provided as feedback to the County Council's Cabinet at its meeting on 12 October 2010, when it considered its response to White Paper consultation "Liberating the NHS: Local democratic legitimacy in health".

A copy of the Cabinet response, along with a summary of the key themes from the workshop, also available in EasyRead format, can be found at: http://apps2.suffolk.gov.uk/cgi-bin/committee_xml.cgi?p=detail&id=1_14791

For further information, please contact Theresa Harden, Scrutiny Officer; Email: Theresa.Harden@suffolk.gov.uk; Tel: 01473 260855.

5. Further Consultations on the future of Health Services

“An Information Revolution”

The White Paper “*Equity and excellence: Liberating the NHS*” set out a number of proposals for the future of health services, which rely on the availability of information in different ways. One of the key messages that came out of the Health Scrutiny Committee workshop on the white paper was the need for clear communication and accurate information about health and care services, made available in ways that are accessible to people with different communication needs.

“*An Information Revolution: a consultation on proposals*”, published 18 October 2010, is one of a series of documents published subsequent to the White Paper which set out the Government’s agenda to give people more information and control and greater choice about their care. “An Information Revolution” sets out proposals for transforming the way this information is accessed, collected, analysed and used.

The consultation document acknowledges the need for the information revolution to benefit everyone who uses health and adult social care services. Early work on equalities has identified some areas on which there needs to be a focus, such as ensuring there is sufficient support and access to information for people who need it. Questions in the consultation document and the Easy Read version invite comments and suggestions on how this and other equalities challenges should be addressed.

Further details of the consultation and how to respond can be found at: http://www.dh.gov.uk/en/Consultations/Liveconsultations/DH_120080. This consultation will close on 14 January 2011.

“Liberating the NHS: Greater choice and control”

The White Paper sets out the Government’s vision of an NHS that puts patients and the public first - where patients, service users, carers and families have far more influence and choice in the system, and the NHS is more responsive to their needs and wishes.

The proposals envisage a presumption of greater choice and control over care and treatment, choice of any willing healthcare provider, wherever relevant and choice of treatment and healthcare provider becoming the reality in the vast majority of NHS-funded services by no later than 2013/14. The Government is seeking the views of patients, the wider public, healthcare professionals and the NHS about how to take forward these proposals. The consultation asks what sorts of choices people want to make, when they want to make them, what information and support people need to make the right choices, and how to make this happen.

Without the right information, support and infrastructure being in place, the vision of informed, empowered patients making choices over the things that matter to them is unlikely to be achieved.

The proposals for an 'information revolution' described above would ensure that people have the information they need to make informed choices, presented in a way that they can understand. Other things that may help to make choice a reality include:

- a) The arrangements to support choice of any willing provider, such as pricing;
- b) The technology, like "Choose and Book", that people can use to make their choice;
- c) Possible new duties on healthcare providers and professionals; and,
- d) Personal health budgets.

Further details of the proposals and how to respond can be found at: http://www.dh.gov.uk/en/Consultations/Liveconsultations/DH_119651.

This consultation will close on 14 January 2011.

6. **Vision for Better Health and Well Being for People with a Learning Disability and their Families: Consultation**

NHS East of England has launched a consultation on the proposed Vision for Better Health and Well Being for People with a Learning Disability and their Families. The consultation began on 12 October 2010 and will run through to 11 January 2011.

The Vision for Better Health and Well Being for People with a Learning Disability and their Families sets out the proposed aims and commitments for the NHS in the East of England over the next 10 years. The vision focuses on putting people with a learning disability at the centre of their care. Health services must ensure that everyone is treated as a person, not with a learning disability label, supporting them to make informed and personal choices and ensuring that they have equal access and equivalent health outcomes to the rest of the community. People need as good health as possible so that they can live the fullest life they can in the way they choose.

The vision is being consulted on widely with people with a learning disability; family carers; practice based commissioning groups; health organisations; local authorities and other partners through Learning Disability Partnership Boards.

Details of the consultation in both standard and EasyRead formats can be downloaded from the NHS East of England website: http://www.eoe.nhs.uk/page.php?area_id=50

For further information contact Jennie Fisher, Community Engagement Manager, NHS Suffolk; Email: jennie.fisher@suffolkpct.nhs.uk; Te: 01473 770009.

7. **Suffolk and Norfolk Joint Health Scrutiny Committee: Update**

The Joint Committee meets for scrutiny of the health service in the Great Yarmouth and Waveney locality as considered necessary by the Chairman of either Norfolk Health Overview and Scrutiny Committee or the Chairman of Suffolk Health Scrutiny Committee.

Current Suffolk members on the Joint Health Scrutiny Committee for the Waveney and Great Yarmouth area are Councillors Trevor Collecott, Tony Goldson, Susan Vincent, Colin Walker and Anne Whybrow. The Joint Committee is currently chaired by Councillor Michael Carttiss of Norfolk County Council and Councillor Anne Whybrow is the Vice Chairman.

The Joint Committee last met on 22 October 2010 and members considered reports on:

- NHS Specialist Beds for Older People with Mental Health Needs,
- Out of Hours GP services for the Great Yarmouth and Waveney Area,
- Public Consultation on Pharmaceutical Needs Assessment.

Update information was also received relating to the Great Yarmouth and Waveney PCT area on ME/CFS services, transfer of Community Services, outcomes of consultations on NHS White Paper 'Equity and Excellence: Liberating the NHS', Shrublands Health Centre and Greyfriars walk-in Centre.

The next meeting is due to be held at the Jack Payne Community Room, The Cobholm and Lichfield Health and Resource Centre, Pasteur Road, Great Yarmouth, Norfolk on 19 January 2011. The items due for consideration by the joint committee are:

- Progress in establishing a GP consortium for Great Yarmouth and Waveney
- Integrated Urgent Care Strategy (including Out of Hours GP Service) for the Great Yarmouth and Waveney Area
- Pharmaceutical Needs Assessment – Outcome of Public Consultation

Dates for meetings due to take place in April and July 2011 have not yet been confirmed.

For further information contact: Sue Morgan, Scrutiny Team Manager, Suffolk County Council; Email: sue.morgan@suffolk.gov.uk Te: 01473 264512

8. **Caring for Vulnerable Babies: Reorganisation of Neonatal Service in the East of England: Update**

The Committee will recall that the East of England Specialised Commissioning Group (SCG) commenced a review of the units providing care for vulnerable babies in Norfolk, Suffolk and Cambridgeshire in 2008.

Suffolk Health Scrutiny Committee considered a report about this review at a meeting on 11 November 2008 and agreed that scrutiny should be undertaken by a sub-regional health scrutiny committee. Councillors Trevor Beckwith, Kathy Pollard and Michelle Bevan-Margetts were nominated to be Suffolk representatives on the sub-regional Joint Health Overview and Scrutiny Committee (JHOSC), which also included representatives from Norfolk and Cambridgeshire.

In February 2010 an informal meeting of the JHOSC took place to look at the preferred direction of travel for the future of neonatal services. Several recommendations were made about the consultation process and it was agreed that a formal meeting of the JHOSC should be established to consider the proposals once these were finalised.

The first meeting of the time limited project group (including representation from SCG, East of England Perinatal Networks, PCT lead commissioners, Network and regional clinicians and a parent representative) took place in February 2010 and considered the consultation process and issues around maternity flows between Norfolk and Great Yarmouth and Waveney PCT areas.

Since then, the review has experienced some delay; national elections resulted in the need for the project to be put on hold during the purdah period between March and May 2010 and further delay resulted from a need to await the publication of revised guidance on reconfiguration standards, following the election of a new Government.

In July 2010, the new reconfiguration tests were published, stating that any service reconfigurations would have to be able to show:

- support from GP commissioners;
- strengthened public and patient engagement;
- clarity on the clinical evidence base; and
- consistency with current and prospective patient choice.

Work around GP commissioner support is currently ongoing, as this is a new requirement but the project group is confident that the project already meets the other tests.

A further meeting has been scheduled between NHS Norfolk and NHS Great Yarmouth and Waveney, SCG, East of England Perinatal Networks and relevant units to consider outstanding issues in relation to maternity flows.

Members of the JHOSC are due to attend an informal meeting with the Gateway Review Team for the project at Wolfson Court, Cambridge on Wednesday 3 November 2010.

Details of the review of neonatal services can be found on the East of England SCG website at: <http://www.escg.nhs.uk/default.asp?id=107>.

For further information contact Theresa Harden, Scrutiny Officer: Email: Theresa.harden@suffolk.gov.uk: Tel: 01473 260855.

Glossary

DAAT- Drug and Alcohol Action Team

EEAST- East of England Ambulance Service NHS Trust

GP- General Practitioner

JHOSC - Joint Health Overview and Scrutiny Committee

LINKs - Local Involvement Networks

LMC- Local Medical Committee

LPC - Local Pharmaceutical Committee

ME/CFS - Myalgic Encephalomyelitis/Chronic Fatigue Syndrome

MVA - Marginalised Vulnerable Adults

Neonatal – pertaining to the newborn period which, by convention, is the first four weeks after birth.

NHS - National Health Service

PNA - Pharmaceutical Needs Assessment

SGC - Specialised Commissioning Group