

Unconfirmed



Minutes of a Meeting of the **Scrutiny Committee** held in the Deben Conference Room, East Suffolk House, on **Thursday, 16 February 2023 at 6.30pm**

Members of the Committee present:

Councillor Edward Back, Councillor Stuart Bird, Councillor Judy Cloke, Councillor Linda Coulam, Councillor Tony Goldson, Councillor Louise Gooch, Councillor Tracey Green, Councillor Geoff Lynch, Councillor Keith Robinson

Other Members present:

Councillor Peter Byatt, Councillor Tom Daly, Councillor Mary Rudd, Councillor Ed Thompson

Officers present: Ben Bix (Democratic Services Officer), Nick Khan (Strategic Director), Nicole Rickard (Head of Communities), Alli Stone (Democratic Services Officer)

1 Apologies for Absence and Substitutions

Apologies for absence had been received from Councillors Beavan, Deacon, Hedgley and Topping. Councillor Thompson was in attendance as substitute for Councillor Beavan, Councillor Byatt attended as substitute for Councillor Deacon; and Councillor Daly attended as Councillor Topping's substitute.

2 Declarations of Interest

Councillor Green declared a disclosable pecuniary interest due to her employment in agenda item 5, for which a dispensation had been sought. The Chairman verified that on 10 January 2023, the Monitoring Officer had notified Councillor Green, the Chairman and the Clerk that he had granted a dispensation to Cllr Green under Section 33 of the Localism Act 2011, as a member with a disclosable pecuniary interest arising from her employment, to participate and speak on the agenda item but not to vote. The Monitoring Officer reasoned that Cllr Green would be able to provide a valuable insight into the matter for members from her employment, knowledge and experience but should not vote on any recommendation(s) in the report due to her pecuniary interest.

Councillor Goldson declared an Other Registerable Interest (not directly related) as a Public Governor of James Paget University Hospital Trusts.

3 Minutes

Upon the proposition of Councillor Goldson, seconded by Councillor Gooch, the Committee unanimously

RESOLVED

That the Minutes of the Meeting held on 19 January 2023 be approved as a correct record and signed by the Chairman.

4 Matters Arising Update Sheet

The Committee noted the Matters Arising Update Sheet in relation to queries raised at the last ordinary meeting of the Committee.

5 Integrated Care Systems

The Cabinet Member with responsibility for Community Health introduced report **ES/1462** which provided an overview of the purpose and history of the new Integrated Care Systems (ICSs) that covered the East Suffolk district. The report described East Suffolk Councillor and Officer engagement in the new structures, and the alignment between ICS and East Suffolk Council (ESC) priorities. The similarities and differences between the two systems – Norfolk and Waveney ICS (NW) and Suffolk and North East Essex ICS (SNEE) were illustrated at each of the three levels of the structure – system, place and neighbourhood. The challenges around structures, resources, funding and priorities were set out alongside the opportunities associated with the new integrated way of working particularly the increased emphasis on prevention and early intervention. The Cabinet Member cautioned that the new structures were just seven months old and were finding their feet in terms of optimum structures, new delivery partnerships and resource allocation. Consequently, a review of progress of both Integrated Care Bodies after the first 12 or 18 months of operation under the new structures could be a timelier consideration for the Scrutiny Committee in the future.

The Chairman thanked the Cabinet Member for her introduction and opened the questioning by asking whether the lack of coterminosity with existing local government boundaries was a barrier to closer working relationships. Officers acknowledged that whilst the ICSs were finding their feet, there were opportunities for ESC Officers to engage with and influence matters that related to ESC priorities. Engagement opportunities varied between the north and south of the district; in the north of the district, the Health and Wellbeing Board and the Integrated Care Partnership (ICP) met as a single meeting with a shared agenda, and in the south of the district the Integrated Neighbourhood Teams were well established, and the ICS had contributed to the funding of the Integration and Partnerships Manager role. The Strategic Director emphasised that ESC was seen as a good partner on preventative and early intervention work. Turning to Member engagement, the Cabinet Member reflected on past imbalances in how Members had engaged in strategic health matters between the north and south of the district, and that greater emphasis was being placed on rebalancing engagement in the south of the district. In response to Councillors Green and Byatt, the Strategic Director explained that Member participation and engagement was set out in the terms of reference of each body.

Councillor Goldson queried what the benefits for residents and patients would be of the introduction of the ICSs. The Head of Communities described that the intention was for a collaborative approach focused on places and local populations with a shift toward early intervention and prevention, away from organisational autonomy, competition and a separation of commissioners and providers. Locally, there would be alignment with Strategic Plan priorities and the priorities of the eight Community Partnerships, such as mental health support for young people. The ICSs would enable greater opportunities for people to engage with and shape how health services were delivered.

In response to questions from the Chairman, Councillor Lynch and Councillor Gooch regarding how the impact of the ICSs would be measured, the Cabinet Member and Officers clarified that:

- The role of the Integrated Care Board (ICB) was to allocate NHS budgets and commission services for residents within the Integrated Care System area (the functions previously held by clinical commissioning groups - CCGs) and some of the direct commissioning functions of NHS England
- Aspects of the impact of the ICSs on East Suffolk residents would be measured through the priority KPIs set out in the East Suffolk Strategic Plan which included social prescribing and mental health priorities, rather than crisis care
- Integrated Neighbourhood Teams included clinical representation
- Various levels of the two ICS structures received performance monitoring reports – including the Integrated Neighbourhood Teams
- NHS England would measure the overall impact of ICSs through its own suite of KPIs
- The Integrated Care Boards (ICBs) were accountable to NHS England
- External factors such as the impact of the Covid-19 pandemic and the cost of living challenges were likely to manifest themselves in Wider Determinants of Health data over time; and
- Having a ‘seat at the table’ enabled the Council to influence health matters strategically, and it was confirmed that there was a greater willingness within the NHS to work in partnership.

Councillor Goldson expressed his view that there were funding and structural imbalances between the two ICSs which led to a perception that there were inconsistencies in services for patients in the north of the district. Councillor Lynch cautioned that a recent report on funding showed that per capita funding in the north of the district was greater than in the south; Councillor Goldson countered that the north was starting from a lower base. The Chairman invited Officers to clarify matters. The Head of Communities clarified that funding was allocated by the Integrated Care Boards (ICBs) according to the priorities for each area (including the Core 20 Plus 5) and emphasised that the Council’s role was to advocate for funding for its district-wide preventative health priorities. The Cabinet Member concurred that the ICS structures varied between the north and the south of the district and highlighted that the Suffolk and North East Essex System had been established earlier than the Norfolk and Waveney System, and that she had requested greater resource from Suffolk Public Health to support the Norfolk and Waveney ICS.

Councillor Gooch asked firstly which body would review the effectiveness of the introduction of the new structures and secondly, how good practice would be shared between the two ICSs operating within the East Suffolk District. The Strategic Director described how there were review and accountability mechanisms built-in to the governance arrangements of the ICSs through progress monitoring against their 5-year plans and through Board oversight. Secondly, the Head of Communities stressed the benefits of ESC Officers attending meetings of both ICSs to share good practice and highlighted that there was practical evidence of integration through co-location of the Integrated Neighbourhood Team staff in the south of the District e.g. in Leiston.

Councillor Byatt sought assurance that human resources and IT were aligned to enable productive partnership working. Officers explained firstly that two new staff had been recently recruited to increase preventative health capacity using funding in part from the NW ICS. Secondly, whilst there was no single IT system, the benefit of partnership working was manifested in greater sharing of data. Councillor Gooch enquired as to whether the new roles were health specialists and the Head of Communities explained that the skill set for roles were a background in health, wellbeing and leisure, project management and community enabling which aligned to the Council's preventative priorities. Councillor Lynch was cognisant that smoking reduction would be a health prevention priority and asked what the number of smokers were in each of the ICS areas, and what the preventative reduction target was for that cohort. Officers undertook to provide a written response as a Matter Arising to a future meeting of the Committee.

Councillor Green summarised the nature of her work within the Woodbridge Integrated Neighbourhood Team (INT) and expressed her contentment that frontline services had been co-located in the same building which would for example enable a nurse to liaise directly with a social worker on the same site. Councillor Green commended the work of the Integration and Partnerships Manager on developing the 'Connect space' to enable partnership working between the INT, the community and voluntary sector, and health service providers. Overall, there had been an improvement in signposting for patients within the SNEE system. Turning to the success measures, Councillor Green was of the view that indicators around keeping people well at home, and a reduction in referrals would be indicative of the impact of the new systems. Strategically, Councillor Green queried whether there was sufficient Member engagement in the systems. The Cabinet Member responded that engagement in the south of the district was improving from where it had been prior to the establishment of East Suffolk Council but cautioned that there were limitations on representation due to the terms of reference of the Health and Wellbeing Partnership currently. The Strategic Director added that further member engagement would be explored with the ICS system.

Councillors Thompson and Robinson shared anecdotes about their interactions with health services and concurred that there appeared to be different approaches to services according to location. Officers re-stated that each ICS was bespoke for its area and would allocate its funding according to the priorities in its area. The Chairman acknowledged the anecdotes about access to services and queried whether GPs engaged in preventative interventions such as social prescribing, or whether the NHS

saw that role as a role for its partners. Officers responded that there were social prescribing schemes across the District delivered by VCSE partners and that the Ipswich and East Suffolk Alliance in particular had invested significant funding in social prescribing. In addition there were indications that there was a shift in GPs recommending preventative health interventions and that Healthwatch were continually using patient feedback to influence and improvement in GP services. Councillor Coulam was concerned that patients could no longer afford prescriptions due to cost-of-living pressures and asked what support was available to those patients. The Head of Communities empathised and illustrated the role of Financial Inclusion Officers in promoting exemptions and pre-payment certificates to those that were in need of support.

In congruence with Councillor Daly, Officers emphasised the importance of the voluntary sector in delivering preventative health interventions. Social prescribing was delivered in partnership with the Shaw Trust in the south of the District through the Connect for Health contract (and by Citizens Advice East Suffolk in Lowestoft and Access Community Trust in South Waveney), and Suffolk Mind had partnered with the Council on preventative Mental Health support programmes. Early intervention on slips trips and falls awareness and mitigation projects had also benefitted from support from voluntary sector partners.

At the invitation of the Chairman, the Strategic Director summed up by thanking the Committee for its challenging questions and acknowledged that after the election, there would be an opportunity for a Member briefing on ICSs if that was desirable. The Chairman invited the Committee to debate the report. There being no debate, the Committee by assent

RESOLVED

1. That a table setting out the prevalence of smoking in each of the East Suffolk ICS areas alongside the preventative reduction target for that cohort, be reported as a Matter Arising to the next suitable meeting of the Committee; and
2. That the report and the responses to the questions raised by Members, be noted.

6 Scrutiny Committee's Forward Work Programme

The Chairman thanked Members for their attendance and participation in what would be the penultimate meeting of the Committee for the municipal year due to the commencement of the pre-election period on 16 March. The topic for the final ordinary Committee meeting on 2 March 2023 would be a review of democratic accountability within the planning process.

The meeting concluded at 8.31pm

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Chairman