



FULL COUNCIL

Wednesday, 23 March 2022

Subject	Cabinet Members' Report and Outside Bodies Representatives' Report to Council
Report by	Councillor Steve Gallant Leader of the Council

Is the report Open or Exempt?	OPEN
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Category of Exempt Information and reason why it is NOT in the public interest to disclose the exempt information.	Not applicable.
Wards Affected:	All Wards
Purpose of Report:	To receive the Cabinet Members' Report and the Outside Bodies Representatives' Report to Council, for information.
Options:	Not applicable.

Cabinet Members' Reports to Council

Cabinet Member:	Councillor Craig Rivett – Deputy Leader and Cabinet Member with responsibility for Economic Development
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Business Festival

The East Suffolk Business Festival 2022 ran from 7th – 18th February and was an incredible two-weeks looking at new digital business support programmes, digital tech demos, information on local digital projects and a wide range of workshops, webinars and learning seminars – with 53 events in total!

Throughout the festival we have been releasing recorded events, podcasts and pre-recorded webinars via our East Suffolk Business Festival YouTube playlist – now providing over 20-hours of free to access business support, advice and guidance that businesses can watch at any time.

Throughout the festival we have directly supported (as of 7th March) 1,513 businesses and we are still counting! The Economic Development Team will be developing a 6-week long social media campaign to continue promoting the recorded content to businesses.

Welcome Back Fund

The Economic Development Team have been delivering a series of pilot interventions to help bring back visitors safely and encourage residents to explore our local high streets following funding through the ERDF Welcome Back Fund. The series of pilot interventions have included:

East Suffolk Digital Trails & Experiences: We will be using a digital platform provider, Go Jauntly, to deliver digital trails throughout East Suffolk via a mobile app that will engage visitors and residents and encourage them to explore our towns through the promotion of walking routes and trails. It will also seek to promote each towns individual character and assets to support an increase in town centre footfall. 2 to 3 trails for each of our key 12 towns have been developed and will be launched in Spring 2022. A full marketing plan is now being developed.

East Suffolk Click It Local: Click It Local is an ethical alternative to Amazon that enables shoppers to buy from any independent shop from the local high street or local business all in one place, with one payment, and have it delivered straight to their door on the same day (or next day depending on the time ordered). Since launching in December 2021, as of February 2022 there were 35 live stores plus an addition 23 signed-up and waiting to go live. In February 2022 there had also been a total of 433 orders, totalling a total revenue to local businesses of £8,304.

East Suffolk Town Celebrations: we have procured First Light Festival to deliver a series of 'celebration markets'. Each pilot market event will be specific and original to each town, reflecting stand out businesses and key characteristics. Four markets will taking place between December and March 2022 in: Saxmundham, Beccles, Lowestoft and Leiston. With an additional two markets in Southwold and Halesworth taking place from April onwards following securing additional funding. In addition to this, the programme also includes a consultancy package of support to advise town councils and local business groups on best practice for event development, feasibility work to assess the types of events that their town could support and what marketing could help to encourage greater footfall into their town centres to support recovery. Masterclasses, workshops and 1-to-1 support has been delivered to four towns to date and a tool kit will be delivered to the towns in April 2022.

East Suffolk Town Guides: Previously East Suffolk commissioned a local design and marketing partnership to develop 'Pocket Guides' for a number of towns. We will be completing the set of handy pocket-sized guides so that all of our towns are covered

East Suffolk Think Local Campaign: this campaign will look to extend the Shop Local Stay Safe campaign previously launched in October 2020 further and specifically have a focus on shopping and dining local throughout the build up to Christmas 2021 and the rest of the Autumn and Winter months of 2021 – 2022. The campaign has been a great success and many businesses have been really keen to get involved.

Survey of East Suffolk town centre businesses: the survey will be used to analyse the impact Covid-19 has had on our town centre businesses and use the data driven results to inform future interventions. All surveys have been completed by businesses and consumers and a report for each town and the entire district will be developed by the end of March.

East Suffolk Economic Growth Plan refresh: we are updating the East Suffolk Economic Growth Plan to reflect the changes to our local economy and the change to our local priorities. A draft is now being reviewed and we anticipate taking this to Cabinet in May 2022.

East Suffolk Visitor Economy Strategy: the development of the new plan will look to analyse the impact Covid-19 and other changes to our economy has had on our tourism & visitor economy sub-sectors and identify key programmes that East Suffolk Council can deliver that meet the economic strategic priorities identified for the sector. This will be completed by end of March and taken to cabinet in the following months.

REAF

Renaissance of the East Anglian Fisheries (REAF) is a sector led, unincorporated organisation established to ensure a sustainable and profitable future for the fishing industry in Norfolk, Suffolk, and Essex.

East Suffolk Council remains the accountable body for REAF, providing leadership and administrative support to the REAF Steering Group and Interim Programme Manager. Over the last twelve months, REAF has engaged extensively with industry, government, and funders to secure resources establish REAF's growing reputation as a leading representative of the fisheries and seafood sector.

REAF's immediate goals are to incorporate as a Community Interest Company, extend industry representation, and build the organisational framework by which it can deliver its objectives. Two fishers from east Suffolk are expected to join the REAF CIC Board.

Outside Bodies Representatives' Reports

Faulconberg Educational Trust	
Representative:	Councillor Caroline Topping
Contact Details:	caroline.topping@easstsuffolk.gov.uk Tel: 07825 421117

Since the COVID 19 lockdown in March 2020 the trust has continued to conduct its business by email. We continue to receive requests from parents who need assistance with the supplying of laptops for their children, school uniform (the uniform parts which have specific logo's on can be extremely expensive).

Corton Poor Lands Trust and Alms Houses	
Representative:	Councillor Paul Ashdown
Contact Details:	Paul.ashdown@eastsuffolk.gov.uk Tel: 07824 821545

Corton Poor Lands Trust manages the allotments in Corton and all plots are well used and well maintained. Fred Taylor has decided to stand down as chairman of both the trusts that look after the allotments and Alms Houses, after many years of service and we all thank him for his hard work over this time.

We have at present two vacancies in the Alms Houses, one is under offer and the other is needing a major refurbishment prior to a new occupancy. The trust has just had several of the bungalows fitted with new windows and doors and the project should be completed by the end of the month. We have also appointed a new relief warden and she seems to be settling in well. The defibrillator that was funded by my locality budget has now been fitted to the outside wall of the wardens house and I have received a letter of thanks from the charity. They hope to have a photo session with some of the residents soon.

Suffolk Health Scrutiny Committee	
Representative:	Councillor Edward Back
Contact Details:	Edward.back@eastsuffolk.gov.uk Tel: 07824 865678

Since my election as a Member of Suffolk County Council and appointment as a representative of East Suffolk Council on the Suffolk Health Scrutiny Committee, I have attended two meetings on 7 July 2021 (as a substitute for Cllr. Keith Robinson in his capacity as a County Councillor) and on 13 October 2021 as a co-opted member representing East Suffolk Council. A further meeting of the Committee was held on 26th January 2022, which I was unable to attend as I was self-isolating having tested positive for Covid.

Meeting held on 7 July 2021

The main item on the agenda covered the following topic:-

Current priorities and challenges for the NHS in Suffolk

The Committee received an overview of the complex landscape in which the NHS and partner organisations operated in Suffolk. This was not formal scrutiny but provided Members with an understanding of the evolving priorities and challenges faced by the County's systems, as well as an opportunity to explore some of the major health and social care issues.

The Committee received a joint presentation from Dr Mark Lim, Interim Director, Clinical Services and Clinical Transformation, Norfolk and Waveney Clinical Commissioning Group and Richard Watson, Deputy Chief Executive and Director of Strategy and Transformation, Ipswich and East Suffolk, West Suffolk and North East Essex CCG's. The presentation included the following main points: The role of Primary Care Networks (PCNs) in England and in Suffolk was explained, including how staff sharing and co-production are encouraged, and how work with local authority provided social care and the voluntary and community services is promoted through these network arrangements. The Health & Social Care White Paper will grant Integrated Care Systems (ICS) statutory status, absorb CCGs into relevant ICS frameworks, review current ICS boundaries, mandate health and social care partnerships within the ICS, and offer greater involvement for Health & Wellbeing Boards. The governance of the new ICS bodies was also briefly discussed. The main challenges facing services currently include health inequalities, mental health services and the role of the Norfolk & Suffolk Foundation Trust (NSFT), elective care and long waiting lists, cancer care, urgent care complicated by Covid safety provisions, workforce challenges and long Covid.

The Committee decided to focus attention on the primary care system and how this system is prepared for the pressures that are mounting from pandemic related issues. The aim of the agenda item was for the Committee to be briefed on the operation of the NHS in Suffolk and the current priorities and challenges for the two systems (Suffolk and North East Essex and Norfolk and Waveney). Members were provided with an overview of the work of the CCGs and heard they were about to go through further legislative change and geographic boundary review, under the Health and Care White Paper 2021, which aimed to legally mandate Integrated Care Systems (ICS) with effect from April 2022. The Committee heard of the complexities of funding for each geographic area and how historically Suffolk had been underfunded. The need for changes in procurement and contract management were discussed, to enable services to work together to meet local needs through longer contracts and a more streamlined process with a focus on outcomes. Members were informed about the proposed functions and membership for new NHS ICS bodies, and that there was flexibility to develop partnerships at local level. Discussions were taking place with NHS England/Improvement to consider what future commissioning arrangements might look like

for each of the directly commissioned functions currently the responsibility of NHS England (Specialised Commissioning for Mental Health, Learning Disabilities and Autism, Specialised Commissioning for acute services, health and justice, dental, general practice, pharmacy, optometry and aspects of public health).

Members heard about key challenges for both systems including health inequalities, mental health, recovery of elective services, urgent care, workforce 3 challenges and development of alliance working, which had been exacerbated by COVID-19. Members also heard about the significant work taking place to address these challenges.

The Committee was informed of the development of Primary Care Networks (groups of GPs working together at scale), and that recruitment was taking place to provide wider skill sets to support groups of GP practices (such as physiotherapists and mental health practitioners). Members discussed how GP federations were coping with a surge in demand since COVID-19 and considered the way consultant referrals were working between acute hospitals and GP practices. The Committee learnt of increased low level mental health problems due to the pandemic and how support was being given through the GP's mental health champions programme. Support to care homes was also highlighted. Members heard that it was up to each PCN to decide what was required for their area and how resources should be used and each PCN was developing slightly differently with differing specialisms. Members also learnt of the current difficulties with digital access and the need to connect together different parts of NHS and social care IT systems to enable patient records to be shared across all the networks for a more seamless service.

Meeting held on 13 October 2021

The main item on the agenda covered the following topic:-

The provision of GP Services in Suffolk

A report was received on the current issues affecting capacity and demand within general practice in Suffolk. The following witnesses attended the meeting: Maddie Baker-Woods, Chief Operating Officer for NHS Ipswich and East Suffolk CCG, Sadie Parker, AD for Primary Care, NHS Norfolk and Waveney CCG, Ben Hogston, Locality Lead for GYW, NHS Norfolk and Waveney CCG, Dr Peter Smye, Suffolk Local Medical Council, Dr Luke Morgan, Debenham Group Practice, Tania Farrow, Chief Officer, Suffolk Local Pharmaceutical Committee and Andy Yacoub, Chief Executive of Healthwatch. The Committee received a presentation from the CCGs and heard that primary care continued to experience additional demand due to population growth and complexity of conditions. Members heard about the impact of COVID-19 on general practice, with elective care being paused at the beginning of the pandemic, people presenting later, and reduced capacity due to social distancing and infection control requirements. The Committee:

(a) agreed that there was significant evidence to demonstrate that the business model for general practice was no longer fit for purpose and was effectively constraining innovation and adaptation to meet new challenges, whilst acknowledging this was a national issue and not something the Committee was likely to be able to influence;

(b) expressed support for Norfolk and Waveney CCGs campaign to raise public awareness of the range of qualified professionals now involved in providing health services at their local GP practice;

(c) commended the proposal of Suffolk and North East Essex CCGs to deliver a similar campaign of awareness raising within their population;

(d) recommended to the CCG Boards that these campaigns should take a two pronged approach aimed at developing public trust in multi-disciplinary services and managing patient expectations of primary care across the CCG area, and also asking practices to undertake communications with their own practice population about “who’s who” at the practice and what services they can deliver;

(e) recommended to CCG Boards that a piece of work should be instigated with their relevant system leads to seek to identify some quick ways to improve referral pathways which would eliminate double handling, bureaucracy, delays and inefficiencies (for example, self-referral for some specific pathways where this was deemed appropriate);

(f) recommended to CCG Boards that consideration should be given to what support could be offered to practices currently experiencing extremely high/unmanageable telephone call volumes, and

(g) requested the following information bulletin items:-

(i) information about the model and services available at the Riverside Clinic in Ipswich, which was suggested as an example of good practice;

(ii) details of the nurse practitioner role within general practice including information about training and types of treatment being delivered.

The Committee heard that 90% of health care was provided in primary care, the number of contacts had nearly doubled and that an average practice had around 10,000 patients and was responsible for around 20,000 prescriptions. Members were informed that general practice was commissioned and funded on a per capita basis based on the practice registered patient list. It was up to the practice how it used the funding received, as long as the requirements of their contract for the provision of services was met. Therefore, it followed that a larger practice, with a large but relatively healthy patient list, may find itself on a firmer financial footing than a smaller practice with a poorly population. A practice was usually formed as a partnership for the purposes of contractual arrangements and employment of staff. A partnership with several partners meant that risk was shared more widely. However, GPs were leaving the service to move to other opportunities, and many were retiring. Practices were finding it difficult to recruit newly qualified professionals to become partners, potentially due to the financial risk involved and reduced financial incentive, as well as wider opportunities to work across a range of settings and broaden experience within the health and care sector. The Committee noted that practice premises were often owned by a third party and rented by the practice, or they were owned by the practice. Over time, many surgery buildings had become in need of capital investment, too small, or no longer fit for purpose. Members recognised the need for national legislative change to address some of the disincentives inherent in the current business model, to encourage more newly qualified medics into general practice.

The Committee was informed that capacity was being increased within general practice through the introduction of a number of new clinical roles, such as nurse practitioners, who could help with specific problems thereby freeing up limited GP appointment time to see those patients who needed to see a GP. Members were aware that patients often wanted to see their GP and may feel like they were getting a “lesser service” by being directed to another professional within the practice. The Committee learnt that a communications campaign was already being undertaken in Norfolk and Waveney to engage residents about the new roles in general practice and about the role of triage in determining how the practice could help with a particular medical issue. Members considered communication of this information was critical in gaining patient trust and understanding of the support available to them.

Members heard of plans to raise public awareness about the different types of roles and services available in GP practices across Suffolk and North East Essex, in a similar way to Norfolk and Waveney. The Committee learnt that the campaign would be supported by Healthwatch Suffolk who would co-produce what the campaign should look like.

The Committee considered that campaigns to raise public awareness should focus on developing greater public awareness of the types of treatment the various professionals could offer within general practice. The Committee noted, for example, that there was a misperception that every patient should have access to a named GP and that some of these myths needed also to be addressed. Members suggested that moving away from the terminology “GP surgery” to use other terminology such as “medical hub” might help with this. Secondly, members considered it was important that practices should be encouraged to provide information to their own practice populations about the types of service people could access at a local level, with the incentive that to raise public awareness of “who is who” within the practice may help them to help themselves in terms of the expectations of their patients.

The Committee considered complexities with referral routes and heard some examples of inefficiencies in the systems used for referrals, for example, between primary and acute services. There were over 100 referral routes for GPs to refer patients into other services. Members of the Committee questioned whether GPs were having to deal with unnecessary referrals, for example where an acute consultant wished to refer to another acute service, such as for diagnostic procedures, rather than refer the patient direct, the referral went back to the GP to then pass back to the hospital. The Committee considered there was merit in seeking to triage people whose issues were purely administrative (i.e. following up on waiting lists or test results) freeing up valuable GP time to see patients. It was noted that for some conditions, primary care did not actually add value to the patient experience, but was purely a mechanism for accessing a referral into an acute service and it was suggested there may be some opportunities to introduce self referral pathways to alleviate double handling of patients.

The Committee received an overview of the work undertaken by Healthwatch to gather patient views on their experience of using GP services. Members noted patients reported concerns about access to services and mixed experiences of using the telephone and on-line options. Some members of the Committee reported experiences of lengthy waits and not receiving calls back. The Committee heard of increasing levels of abuse of practice staff by patients who were frustrated in their attempts to access services or because they did not

understand why they were asked questions by the practice staff as part of triage. Members were also informed that conflict resolution was provided as part of the training for staff. The Committee considered the issues of telephone systems not coping with the volume of calls and discussed the possibility of using a shared system to pick up calls from other practices at peak demand and share capacity across the system. Members considered that this was a possible solution but acknowledged that practices were individual businesses and the infrastructure currently in place did not support this solution. The Committee was concerned that patients may simply give up trying if they could not get through and recommended thought needed to be given to how this could be avoided.

The Committee considered the move towards a health hub model and heard of the success of the Two Rivers Medical Centre in Ipswich. Members discussed the difficulty of where to locate hubs and that this model of service could impact upon patient access in more rural areas. The issue of how hubs were funded and how to attract GP's to them was also considered. The Committee wished to receive further information on this model of delivery.

The Committee heard of the use of nurse practitioners, who had a wide range of skills and were considered a valuable resource for primary care, as they could assist with GP's workload. Members questioned the role of prescribing nurses within general practice and concurred that it would be useful for a description of the nurse practitioner role to be circulated to the Committee.

Appendices

Appendices:
None.

Background reference papers:
None.