

# Health Scrutiny Committee

7 July 2021

<b>Agenda Item 6</b>
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## Current priorities and challenges for the NHS in Suffolk

### Summary

1. The primary strength of health scrutiny is in its ability to hold NHS bodies and partner organisations to account for the safe and effective delivery of health services to the population in its area. Whilst this report focuses on the NHS in Suffolk, the drive towards greater integration of health and care means that increasingly decisions about the planning and delivery of services are made in partnership with organisations across the health and care system.
2. This item provides an overview of the landscape in which the NHS in Suffolk operates – a landscape which is already complex and still evolving. It seeks to demonstrate the range of organisations (partnership boards, local authorities, private sector providers, voluntary sector organisation, charities etc) which make up the health and care systems in Suffolk and sets out some of the key priorities and challenges these systems face.

### Objective

3. The objective of this item is to provide members with an opportunity to strengthen their understanding of the landscape in which the NHS and partner organisations operate in Suffolk, how this landscape is evolving and the priorities and challenges faced by systems seeking to deliver the best possible health and care services to Suffolk residents.

### Scrutiny Focus

4. This item has been developed to provide the Committee with the following information:
  - a) How are NHS services commissioned and provided in Suffolk?
  - b) What are main implications of the NHS White Paper “Integration and innovation; working together to improve health and social care for all”?
  - c) What are the key priorities for the NHS in Suffolk in 2021/22?
  - d) What are the key challenges in the short, medium and long-term?
  - e) How are these challenges being addressed?
5. Having received the information, the Committee may wish to:
  - a) seek clarification on the information provided;
  - b) identify issues where further information would be helpful to enable the new Committee to carry out its work;
  - c) identify topics which may warrant scrutiny at a future meeting.

## Contact details

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## Background

6. The landscape in which the NHS operates is complex and evolving. The following paragraphs provide a brief explanation of the key NHS bodies the Health Scrutiny Committee is likely to come into contact with in carrying out its work) and a high-level overview of NHS commissioning arrangements.
7. At a national level NHS England (now working with NHS Improvement) leads the NHS in England and sets national strategy. [The NHS Long Term Plan](#) was published in January 2019 and set out key ambitions for the NHS over the next 10 years.
8. NHS England has seven regional teams that support the commissioning of healthcare services for different parts of the country. The regional teams are responsible for the quality, financial and operational performance of all NHS organisations in their region. They directly commission some services such as primary care including dentistry and some specialised services and are responsible for supporting the development of integrated care systems.
9. Clinical Commissioning Groups (CCGs) commission most of the hospital and community NHS services in the local areas for which they are responsible. CCGs are assured by NHS England. CCGs commission services from a range of providers such as NHS hospital providers, NHS community services providers, GPs, Ambulance Services, Local Authorities, NHS mental health providers, all types of private healthcare providers, the voluntary and community sector and charities.
10. Primary care services provide the first point of contact in the healthcare system, acting as the “front door” of the NHS for patients. Primary care includes general practice (GPs), community pharmacy, dental and optometry (eye health) services.
11. Secondary care services are often referred to as acute services or hospital care and can be planned (elective) such as a cataract operation or urgent and emergency care such as treatment for a fracture following an accident. Secondary care includes inpatient and outpatient medicine and surgery.
12. Tertiary care services refer to highly specialised treatment such as neurosurgery or transplants. “Specialised services” are usually commissioned by NHS England for a large geography of patients and people requiring these services may need to travel some distance to access their nearest specialised centre to receive treatment.
13. Community health services play a key role in keeping people well at home and in community settings close to home and support people to live independently. This includes services such as district nursing, nursing for long term conditions or end of life care. It can also include bedded facilities to support treatment recovery and rehabilitation, although this is less common as more emphasis is put on keeping people well in their own homes with the right level of support.

14. NHS England works with Public Health England and the Department of Health to provide and commission a range of public health services to secure good population health. NHS England is responsible for commissioning a wide range of immunisation programmes and also contributes to the prevention agenda such as through, for example, national screening programmes such as breast and cervical cancer screening. At a local level public health teams within local authorities also commission a range of preventative services such as, for example, some types of sexual and reproductive health services.
15. General Practices (GPs) are small to medium sized businesses whose services are contracted by NHS commissioners to provide generalist medical services in a geographical or population area. Whilst some general practices are run by an individual GP, increasingly practices are run by a partnership and more recently GP practices are working together across a geographical area in networks, pooling their resources such as buildings and staff.
16. NHS England and NHS Improvement directly commission primary dental and secondary dental care for the population of England. Their role is to achieve consistency in the commissioning of dental specialties in England, to reduce inequalities, improve care for patients to ensure they are receiving the best quality of care in the most appropriate setting delivered by professionals with the required skill set.
17. Services to support mental health are commissioned by the NHS and local authorities. For help with some conditions, a referral may be needed from a GP to access certain services. For other less serious or short-term conditions, help can be obtained through a variety of materials, on-line support and local organisations who offer help and support. More specialised mental health services, such as for example, secure services, are commissioned by NHS England at a national level.
18. Clinical Commissioning Groups are responsible for commissioning ambulance services on a regional footprint. CCGs often work collaboratively to commission ambulance services with one CCG in the region taking the role of Co-ordinating Commissioner for the purposes of the NHS national standard contact.
19. There are many areas of service for which commissioning responsibilities are split across a range of commissioning bodies. An example of this is sexual health and reproductive services, for which NHS England, Clinical Commissioning Groups and the Local Authority Public Health teams all commission different aspects of provision. Mental health services are also commissioned across Local Authorities, Clinical Commissioning Groups and NHS England. This can make determining accountability for specific areas of service more complex.

#### Integrated Care Systems

20. Integrated care systems (ICSs) are partnerships that bring together providers and commissioners of NHS services across a geographical area with local authorities and other local partners to collectively plan health and care services to meet the needs of their population. The central aim of ICSs is to integrate care across different organisations and settings, joining up hospital and community-based services, physical and mental health, and health and social care. All parts of England are now covered by one of 42 ICSs. (For Suffolk, these are the Suffolk and North East Essex ICS, and the Norfolk and Waveney Health and Care Partnership).

21. ICSs are intended to bring about major changes in how health and care services are planned, paid for and delivered, and are a key part of the future direction for the NHS as set out in the NHS Long Term Plan. It is hoped they will be a vehicle for achieving greater integration of health and care services; improving population health and reducing inequalities; supporting productivity and sustainability of services; and helping the NHS to support social and economic development.
22. ICSs are part of a fundamental shift in the way the health and care system is organised. Following several decades during which the emphasis was on organisational autonomy, competition and the separation of commissioners and providers, ICSs depend instead on collaboration and a focus on places and local populations as the driving forces for improvement. They have grown out of the former Sustainability and Transformation Partnerships (STPs) – local partnerships formed in 2016 to develop long-term plans for the future of health and care services in their area.
23. Despite being effectively mandated by NHS England and NHS Improvement, ICSs have currently no basis in legislation and no formal powers or accountabilities, although this looks set to change in the forthcoming Health and Care Bill.

#### Health and Care Bill 2021

24. On 11 February 2021, the Department of Health and Social Care published the [White Paper](#) “Integration and innovation: working together to improve health and social care for all”, which sets out legislative proposals for a health and care Bill. The White Paper brings together proposals that build on the recommendations made by NHS England and NHS Improvement in [Integrating care: next steps to building strong and effective integrated care systems across England](#) with additional proposals relating to the Secretary of State’s powers over the system and targeted changes to public health, social care, and quality and safety matters.
25. The White Paper groups proposals under the themes of: working together and supporting integration; stripping out needless bureaucracy; enhancing public confidence and accountability; and additional proposals to support public health, social care, and quality and safety.
26. The proposals amount to a significant reform package and come at a time when the NHS, local authorities and voluntary sector organisations are still battling Covid-19. The legislation will potentially mean a lot of change for commissioning bodies and their staff in particular, with Clinical Commissioning Groups coming to an end and their functions being folded into Integrated Care Systems.

#### **Main body of evidence**

27. The Committee will receive a presentation at the meeting which addresses the key areas for consideration set out in paragraph 3 above.

#### **Supporting information**

The Kings Fund “The Health and Social Care White Paper explained”; Available from: <https://www.kingsfund.org.uk/publications/health-social-care-white-paper-explained> (Accessed 10 May 2021).

Department of Health and Social Care (11 February 2021); Integration and innovation: working together to improve health and social care for all.

NHS England and NHS Improvement (26 November 2020); Integrating care: Next steps to building strong and effective integrated care systems across England.

## **Glossary**

GPs – General Practice

ICS – Integrated Care System

NHS – National Health Service

STPs – Sustainability and Transformation Partnerships

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