

### Report from Suffolk County Council Health Scrutiny Committee meeting 17 April 2024

WSC represented by Cllr Sue Perry, substituting for Cllr Andrew Martin.

#### YouTube link:

[Suffolk County Council, Health Scrutiny Committee - 17 April 2024 \(youtube.com\)](https://www.youtube.com/watch?v=...)

#### Agenda and reports:

[Health Scrutiny Agenda Pack - 17 April 2024](https://www.suffolkcc.gov.uk/...)

---

## 1. NHS Suffolk and North-East Essex Integrated Care System – Digital, Data and Technology Strategy

The scrutiny focused on implementation of the shared care record across the SNEE area via the Health Information Exchange (HIE). This is a portal system that enables the sharing of electronic patient records across health and social care organisations. So far 126 care providers have been included with 44 in the pipeline. Refer to **Appendix 2** for a diagram. This is a highly complex piece of work, and it was noted that funding is challenging. Some further points to note:

#### Private providers

- The aim is to connect all private providers, including care homes and pharmacies. Integration of pharmacies will take place over the next year. The committee recommended that pharmacy access to repeat prescription information be included.
- There is government money available for integrating private social care providers.
- Standards around confidentiality are in place for private providers covering IT security, staff training etc. There is a requirement for private providers to re-apply every year ensure the continuation of compliance. This will also be incorporated into CQC inspections.

#### Clinician access

- The system is designed for use by clinicians, not the public.
- Clinician access is restricted based on role.

#### Public access and use of apps

- There is a move to make the NHS app the 'front door' of the NHS. The long-term goal is to link the patient portals already provided by some organisation to this app.

- There is a further long-term goal to link health apps to the HIE (3-5 years). Note that currently there are 50,000 apps available from Google.
- Concerns were raised by the committee that not everyone can digitally access the NHS, and that other means of access will still need to be provided - "Digital first, not digital only". Support for digital access could be provided by libraries, East Suffolk Council Digital Champions and the Suffolk Community Foundation Digital Inclusion Budget.
- The committee advised that apps need to be reliable and that this is not always true currently.

### **Other digital initiatives**

Other items included in the report provided to the scrutiny committee were not subject to questioning due to time constraints, including:

- Three projects being run in ICS funded by the Health Technology Adoption and Acceleration Fund (HTAAF):
  - Omnicell Dispensing cabinets (digital dispensing cabinets in the Emergency Department)
  - EndoSign capsule sponge test (oesophageal cancer diagnosis)
  - SiSU Health Station (digital preventative health care comprising a self-service health station to check risk factors such as blood pressure, BMI etc), practitioner portal and app. Can result in signposting or a direct referral to a health care practitioner.
- Implementation of virtual wards.
  - Current capacity: 174 aiming to reach 200 by end of 2025. Ave occupancy: 80%
  - Moving to a single solution across ESNEFT and WSFT.
  - Full out of hours monitoring and escalation support provided (does not use 111/99)
- Digital Primary Care strategy

## **2. Norfolk and Suffolk NHS Foundation Trust (NSFT) mental health services**

- Representatives from NSFT and Suffolk and North-East Essex (SNEE) and Norfolk and Waveney ICBs were present.
- An informal meeting between the trust and the scrutiny took place before the scrutiny committee meeting which I was unable to attend.
- The first Learning from Deaths quarterly report from the new reporting system and data platform was produced at the end of March. Year on year comparisons will be made once sufficient data is available. The long-term aim is to be able to compare nationally.
- A decision is pending on whether to include external verification in the 24/25 internal audit plan or retain an external auditor.
- Work has started on reviewing legacy cases from Apr 2019 to Oct 2023.
- The next phase of work is to engage with staff to embed learning across the Trust.
- Most of the actions from the Learning from Deaths action plan are complete or in train.

### **Working with families / co-production:**

- The new specialist Family Liaison Officers are key to this work. The Learning from Deaths Action Plan Management Group has met twice. Senior managers are committed to meeting with families when something does go wrong. The trust is looking to develop locality-based forums for users and carers.
- The issues with Healthwatch Suffolk's refusal to participate in this group remain unresolved. The trust advised that a meeting between the trust and Healthwatch was imminent. However, Andy Yacoub, CEO of Healthwatch reported that this was the regular quarterly meeting and not a meeting dedicated to resolving these issues.
- In summary, progress is being made but some concerns remain around engagement with families and co-production.

### **For future scrutiny**

- Data on near misses and waiting times.
- Report on the activities of the management group.
- Progress on working collaboratively with HealthWatch.
- Updates on the work of medical examiners and duty of candour
- Role of primary care.

## **3. James Paget University Hospitals NHS Trust Maternity Services**

The committee was generally satisfied with the progress being made by the trust to address issues raised by the CQC. It is of note that at the time of the committee meeting there were no staff vacancies within the service.