

MINUTES OF THE JOINT SCRUTINY COMMITTEE MEETING HELD AT THE  
COUNCIL OFFICES, MID SUFFOLK DISTRICT COUNCIL, NEEDHAM MARKET  
ON WEDNESDAY 1 OCTOBER 2014 AT 5.30 PM

PRESENT:

**BABERGH**

**MID SUFFOLK**

Peter Burgoyne  
Bryn Hurren  
David Wood

Rachel Eburne (Chairman)  
Sarah Mansel  
Wendy Marchant  
Derek Osborne  
Jane Storey  
Charles Tilbury

Also present: Councillor Michael Bamford, Councillor Diana Kearsley, Councillor Mary Munson and Annie Topping, Chief Executive of Healthwatch Suffolk.

1 APOLOGIES AND SUBSTITUTIONS

An apology for absence was received from Councillors Jenny Antill, Elizabeth Gibson-Harries, James Long, Mark Newman and Samantha Powell. Councillors Sarah Mansel and Wendy Marchant were substituting for Councillors John Matthissen and Martin Redbond respectively.

2 DECLARATION OF INTERESTS

None declared.

3 MINUTES

**RESOLVED**

**That the Minutes of the meeting held on [23 July 2014](#) be confirmed and signed as a correct record.**

4 PETITIONS

None received.

5 QUESTIONS FROM THE PUBLIC

None received.

6 QUESTIONS FROM MEMBERS

None received.

7 REVIEW OF THE IMPACT OF THE HEALTH AND SOCIAL CARE ACT 2012 ON  
THE DISTRICTS

At its meeting on 26 March 2014, the Committee resolved

*That the scope of a Joint Scrutiny Review to be undertaken on the impact of the Health and Social Care Act 2012 on the communities of Babergh and Mid Suffolk be based on Appendix A to Paper JSC/05/14, subject to input from external partners including public health experts and patient ‘champions.’*

In order to establish the specific areas on which more detailed input from health-care and other professionals could benefit any review, the Councils’ representatives on Suffolk-wide health related bodies had been invited to this meeting. The Chief Executive of the local Healthwatch organisation, which focused on enabling local voices to influence the delivery and design of local services, both currently and in the future, was also present.

Members also had before them [Report JSC/16/14](#), comprising various documents which provided background information to assist in their deliberations. The Committee was asked to consider whether it wished to establish particular areas for review, and if so, to specify how it wished to proceed.

Councillor Michael Bamford, the Councils’ representative on the Suffolk Health and Wellbeing Board, gave an overview of the work of the Board. He said the Board had set four priorities in the Suffolk Health and Wellbeing Strategy:

- Every child has the best start in life
- People have access to a healthy environment and take responsibility for their own health and wellbeing
- Older people have a good quality of life
- People have the opportunity to improve their mental health and wellbeing.

He considered that the District Council representation on the Board was a significant asset to the Districts but that the input they could have on health issues needed wider broadcasting. District Council priorities included economic development, housing and planning including building standards and access to green space to encourage walking and cycling. Also, in addition to its statutory duties, eg Environmental Health, Food Safety, a District Council’s role in relation to health could also include tackling alcohol and drug abuse by promoting and coordinating the help available; signposting people to appropriate charities/organisations who can give support; acting as a public contact point for information re health issues eg dementia.

He said that poor access to services because of the rural nature of the Districts and the lack of transport services was a concern.

Councillor Diana Kearlsey, the Councils’ substitute member on the Board went on to detail some of the key achievements the Health and Wellbeing Board.

Councillor Mary Munson, outlined the work of the Suffolk Health Scrutiny Committee. She said the Committee had scrutinised a wide range of subjects, many of which had been brought back at a later date to look at progress made when concerns had been raised regarding the service provided. Services scrutinised had included: The Five Rivers Vascular Network; Stroke Service; Out of ours Service; Equipment Supply; and the Young People and Children’s Eating Disorder Service.

The Chief Executive of Healthwatch Suffolk, Annie Topping, gave a short presentation on the organisation's role. She said that where appropriate work was aligned with that of the Health Scrutiny Committee and current projects included: GP appointment systems; diabetes/diabetic food care and community support; fathers needs in maternity services; transport; equipment services, vascular services; and mental health assessment and services. Healthwatch were also looking at health in prisons, wheelchair experiences and families' experiences of health and social care. It was important that intelligence was shared and Healthwatch passed on patient's comments to other organisations in order that the information could be used to influence service provision. Their comments were fed back to the Care Quality Commission and Suffolk County Council amongst others. She said that Councillors could help by publicising Healthwatch to the public as many were unaware of the organisation and its role. Comment cards were available and she suggested that these could be carried by Councillors and completed and returned when comments were received. The cards could be returned Freepost and it was by this evidence that changes to service provision could be encouraged.

Members considered the presentations and report and raised the following questions and comments:

- Statistics showed Suffolk as having the worst figures for suicide rate and those killed and injured on rural roads. What could District Councils do about this?

Rurality contributed to both statistics. The Norfolk and Suffolk Foundation Trust had looked at suicide rates, which tended to be a male issue with agricultural workers in a high risk group and work was being undertaken to explore the issue further. Councillors should highlight any issues they became aware of that might help the study.

Rural roads were more dangerous as drivers tended to travel at higher speeds on these less safe roads. ROSPA hosted events promoting road safety and Councillors could highlight these and also voice areas of concern to the Highways Authority/Agency.

Support could also be given to better cycle ways and footpaths.

- There needed to be more awareness of the District Council representation on the Health and Wellbeing Board and how members could contribute to this.
- Was there a link between Mental Health and Young People and homelessness?

Information regarding initiatives in relation to Mental Health and Young People was available the Joint Strategic Needs and Assessment site. There was also a close partnership between the Suffolk Mental Health Team and the Criminal Justice System to try and prevent sufferers ending up in serious trouble when a problem went unnoticed. Close liaison with High Schools was also needed. Young people's mental health needs were now being addressed up to 25 years of age and not 18 years. The Troubled Families initiative was also important in preventing problems continuing through the generations.

- Of the 1500 people who had contacted the Warm Homes scheme 800 had not benefitted from any outcome. Many of these were living in rural areas and in listed buildings who had been told that nothing could be done to help them. How can these people be helped to stay living independently in their own homes?

The Fuels Poverty Group set up by the Joint Scrutiny Committee was currently looking at this issue.

There had been a number of planning regulations preventing installation of sustainable energy schemes, eg solar panels, on listed buildings but work was being undertaken on reviewing these policies.

- Cost was an issue in providing more cycle tracks and footpaths
- Anorexia had been mentioned in the report, how could this issue be helped locally?
- Concern was expressed regarding equipment supply to those being discharged from hospital. A next day service was not satisfactory, particularly if the discharge day was a Friday and delivery was not until the Monday.
- The GP booking system in some areas was horrendous.

This was a wild card and it was not possible to have direct influence. However, by accumulating evidence over time and passing this to the appropriate body, eg NHS England, influence could be brought to bear as it could be used in information management meetings with Health Practices.

- Rural transport was a priority issue. Ways to bring people to doctors' surgeries and health appointments were needed urgently.
- Bus timetables should be displayed at all bus stops and not just on the website. Many people did not have access to a computer.
- People living longer was an issue. This led to more cases of dementia.
- Poor diet, causing health problems, eg obesity, diabetes, was a serious issue

The Committee agreed that some practical ways forward were:

- Health and Wellbeing Board – wider Member involvement was needed in promoting the Board and the work being undertaken. More feedback to Members was also required with better dissemination of information on this and other health areas to assist consensus building.
- Healthwatch – comment cards should be carried by all Councillors and Officers and comments recorded and sent to Healthwatch. Healthwatch should also feedback to the Councils so that Members were aware of concerns raised so that help could be given in building up information relating to particular issues.

- Priority issues were: GP booking system; Troubled Families; Dementia and isolation; and Rural Transport
- The Joint Scrutiny Committee Chairmen would discuss the issues raised and agree options for the Committee to explore further.

**RESOLVED**

**That at the next Joint Scrutiny Committee Chairmen’s meeting consideration be given to the issues raised and options for a specific area(s) for a scrutiny review be brought to the Joint Scrutiny Committee meeting on 26 November for approval.**

8 FOLLOW UP OF JOINT SCRUTINY ITEMS

[Report JSC/17/14](#) informed the Committee of action or progress made on previous recommendations and resolutions.

Further updates were provided on the following:

- Review of Partnership Accountability - the work, together with a review of Member Development, would be completed for the new Council year. Officers were looking at the nature of current appointments and how they tied in with the delivery of the Strategic Priorities.
- Planning Policy Update – it was confirmed that more Working Groups would be convened to deal with further policy development
- Fuel Poverty - a meeting had been held with various officers but no Lead Officer had yet been identified

**RESOLVED**

**That the Joint Committee notes the progress made.**

9 JOINT SCRUTINY COMMITTEE WORK PLAN FOR 2014/15

The Annual Work Plan, [Report JSC/18/14](#) was submitted to Members for approval.

**RESOLVED**

**That the Joint Scrutiny Work Plan for 2014/15 be approved.**

The business of the meeting was concluded at 7.40 p.m.

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Chairman