

**NORFOLK HEALTH OVERVIEW AND SCRUTINY COMMITTEE
MINUTES OF THE MEETING HELD AT COUNTY HALL, NORWICH
On 27 November 2014**

Present:

Mr M Carttiss (Chairman)	Norfolk County Council
Michael Chenery of Horsbrugh	Norfolk County Council
Mr D Harrison	Norfolk County Council
Mr R Kybird	Breckland District Council
Dr N Legg	South Norfolk District Council
Mrs M Somerville	Norfolk County Council
Mrs S Weymouth	Great Yarmouth Borough Council
Mrs C Woollard	Norwich City Council
Mr A Wright	King's Lynn and West Norfolk Borough Council

Substitute Member Present:

Mr P Balcombe for Mr J Bracey
Miss J Virgo for Mrs J Chamberlin
Mrs C Walker for Mr B Bremner

Also Present:

James Elliott	for Norfolk System Resilience Group, Deputy Chief Executive of Norwich CCG
Dr Mark Sanderson	Assistant Medical Director, NHS England East Anglia Area Team
Dr Tim Morton	Chairman, Norfolk and Waveney Local Medical Committee
Ross Collett	Head of Norfolk and Suffolk Workforce Partnership, Health Education East of England
Dr Jamie Wyllie	Director of Clinical Transformation, Great Yarmouth and Waveney Clinical Commissioning Group
Dr Kneale Metcalf	Consultant Stroke Physician, Norfolk and Norwich University Hospital NHS Foundation Trust
Dr Raj Shekhar	Stroke Consultant, Queen Elizabeth Hospital NHS Foundation Trust
Dr Hilary Wyllie	Locum Consultant in Stroke Medicine, James Paget University Hospitals NHS Foundation Trust
Daniel Phillips	Clinical Lead (Stroke/TIA), East of England Ambulance Service NHS Trust
Mrs Joyce Bell	Member of the public
Neil Chapman	The Stroke Association
Jane Webster	Head of Commissioning, NHS West Norfolk Clinical Commissioning Group
Steve Sheldrake	Team Leader for the Wheelchair Service, Queen Elizabeth Hospital NHS Foundation Trust
Mick Sanders	Head of Integrated Commissioning, Norwich Clinical Commissioning Group
Sally Child	Head of Child Health Commissioning Support, NHS Anglia Commissioning Support Unit

Carolyn Young	Programme of Care Manager – Trauma, NHS England (specialised wheelchair commissioning)
Mark Catling	Operational Manager for Wheelchair Services, Norfolk Community Health and Care NHS Trust
Nina Melville	Service Manager for Specialist Seating, Rehabilitation Therapies and Prosthetics, Norfolk Community Health and Care NHS Trust
Dr Trevor Wang	Family Voice
Cllr David Bradford	Norwich City Councillor
Chris Walton	Head of Democratic Services
Maureen Orr	Democratic Support and Scrutiny Team Manager
Tim Shaw	Committee Officer

1 Apologies for Absence

Apologies for absence were received from Mr C Aldred, Mr J Bracey, Mr B Bremner, Mrs J Chamberlin and Mrs A Claussen-Reynolds.

2. Minutes

The minutes of the previous meeting held on 16 October 2014 were confirmed by the Committee and signed by the Chairman.

3. Declarations of Interest

There were no declarations of interest.

4. Urgent Business

There were no items of urgent business.

5. Chairman's Announcements

(a) Welcome to Mrs Colleen Walker

The Chairman welcomed to the meeting Mrs Colleen Walker. Mrs Walker was substituting for Mr Bert Bremner, who had replaced Deborah Gihawi on this Committee. Ms Gihawi had stood down from the Committee on being appointed as County Council representative on the Norfolk and Norwich University Hospital NHS Foundation Trust Council of Governors.

(b) Improved Partnerships Between Health and Local Government Award

The Committee joined the Chairman in asking that a congratulatory letter be sent to the Great Yarmouth and Waveney Clinical Commissioning Group on winning the Health Service Journal 2014 award for 'Improved Partnerships Between Health and Local Government'. The award was for the CCG's work with Norfolk and Suffolk County Council social care, the district councils, the voluntary sector and regional health bodies towards the development of a fully integrated care system. The judges had praised 'strong leadership' and said that the area was 'on the cusp of a very complex but positive programme of change'. It was pointed out that the

CCG would formally consult the Great Yarmouth and Waveney Joint Health Scrutiny Committee on its plans for integration in 2015.

(c) Norfolk and Suffolk Workforce Partnership

The Chairman welcomed to the meeting a representative from Norfolk and Suffolk Workforce Partnership, the local branch of Health Education East of England, for the 'NHS Workforce Planning for Norfolk' item which was next on the agenda. This was the first time that someone from the Workforce Partnership had attended a meeting of the Committee. Members' attention was drawn to a briefing about the role of Norfolk and Suffolk Workforce Partnership which was emailed to Members on 20 November 2014 and copies of which had been placed on the table. The briefing note set out the extent of the Workforce Partnership's responsibilities and the basis on which they had voluntarily agreed to attend today's meeting.

6 NHS Workforce Planning for Norfolk

- 6.1** The Committee received a briefing from the Democratic Support and Scrutiny Team Manager on regional and local action to address recruitment difficulties in general practice and other areas of the local NHS.
- 6.2** The Committee received evidence from James Elliott, (Deputy Chief Executive of Norwich CCG) for Central Norfolk System Resilience Group, Dr Mark Sanderson, Assistant Medical Director, NHS England East Anglia Area Team, Dr Tim Morton, Chairman, Norfolk and Waveney Local Medical Committee, and Ross Collett, Head of Norfolk and Suffolk Workforce Partnership, Health Education East of England.
- 6.3** In the course of discussion the following key points were made:
- A recent Breckland District Council scrutiny report had commented that NHOSC might wish to examine the issue of NHS workforce planning with particular regard to GP recruitment and retention practices in the county.
 - The recently formed Central Norfolk System Resilience Group was a forum where local NHS organisations came together to address perceived shared risks to the resilience of local NHS services. This included concerns about workforce availability.
 - The Committee heard that each NHS organisation had responsibility for its own workforce planning, recruitment and training but all were dependent on the supply of suitably educated and qualified individuals.
 - The branch of Health Education England that was responsible for healthcare education and workforce planning in this region was Health Education East of England. Within that organisation was the Norfolk and Suffolk Workforce Partnership which gave evidence to the Committee on a voluntary basis. Certain decisions, including the decision about the numbers of doctors required for the future, were taken at HEE national level. Other decisions, including the decision about future requirements for nurses and therapists, were taken regionally and locally, based on information from NHS provider organisations.
 - The Committee heard about the difficulties that GP practices were experiencing in recruiting GPs to take up substantive positions,(with increasing numbers of trainees wanting to become locums), the action that could be taken to support GP practices and the demographics of the GP workforce in Norfolk.
 - The witnesses asked if more could be done to improve the situation locally

in assisting GP practices to make Norfolk more attractive to GPs as a place to live and work.

- The Committee was informed by the witnesses that in the past Norfolk's stable GP workforce had helped to keep admissions to hospital down but the pressures on GP practices were leading to increasing pressures on the Norfolk and Norwich University Hospital. The witnesses commented that General Practice was not attractive enough to medical students, Norfolk needed to be marketed better as a place for doctors to live and work and the majority of medical schools were focusing more on those wanting to work in hospitals than those wanting to work in general practice, although the University of East Anglia has a good focus on general practice. The witnesses also commented that the construction of large new care homes could significantly add to GP workloads, and it would be helpful for GP practices to be advised on such developments as part of the planning process.

- 6.4** The Committee agreed to establish a scrutiny task and finish group in 2015 (with draft terms of reference to be presented in January 2015) to examine the issue of NHS workforce planning for Norfolk in more detail and to consider the recommendations made by Breckland Council.

7 Stroke Services In Norfolk

- 7.1** The Committee received a suggested approach from the Democratic Support and Scrutiny Team Manager to the Norfolk and Waveney Stroke Network's response to the Committee's 21 recommendations for organisations involved in local stroke care. NHOSC noted the positive response from all the organisations to which recommendations were addressed.

- 7.2** The Committee received evidence from Dr Jamie Wyllie, Director of Clinical Transformation, Great Yarmouth and Waveney Clinical Commissioning Group, Dr Kneale Metcalf, Consultant Stroke Physician, Norfolk and Norwich University Hospital NHS Foundation Trust, Dr Raj Shekhar, Stroke Consultant, Queen Elizabeth Hospital NHS Foundation Trust, Dr Hilary Wyllie, Locum Consultant in Stroke Medicine, James Paget University Hospitals NHS Foundation Trust, Daniel Phillips, Clinical Lead (Stroke/TIA), East of England Ambulance Service NHS Trust, and also heard from Mrs Joyce Bell, member of the public.

- 7.3** In the course of discussion the following key points were made:

- The Queen Elizabeth Hospital had successfully recruited to four new senior positions within the stroke care service and was making use of a 24hr telemedicine advisory service.
- The number of stroke care consultants at the NNUH FT had increased from three consultants at the time of publication of the Committee's report to six consultants at the present day.
- The JPH was having difficulty in recruiting suitably qualified stroke care consultants. It had however provided funding for an additional senior doctor to work within the service.
- In order to become a stroke care consultant required an additional year of medical training.
- In view of the national shortage of stroke care consultants, attempts were being made to integrate their training with that for other hospital consultant roles.
- Ambulance response times were considered to be of crucial importance for those who had suffered from a stroke. In some areas of Norfolk the

Ambulance Service was considering the co-location of its teams with those of the Fire Service.

- Mrs Joyce Bell, a member of the public, spoke on behalf of her husband who had suffered from a stroke for many years. She explained some of the issues that were associated with caring for a relative at home with a stroke related condition. She also stressed the importance of the public being educated as to the early signs of a stroke and of the public needing to have confidence in urgent Ambulance response times when they were most needed.

- 7.4** The Committee agreed that they might need to return to the subject in 12 months to check on the progress that had been made in all areas of stroke care, including the Norfolk Stroke Network's review of the effectiveness of services for six month review, prevention, information and communication.

8 Wheelchair provision by the NHS – central and west Norfolk

- 8.1** The Committee received a suggested approach from the Democratic Support and Scrutiny Team Manager to an update report on NHS wheelchair services in central and west Norfolk.

- 8.2** The Committee received evidence from Jane Webster, Head of Commissioning, NHS West Norfolk Clinical Commission Group, Steve Sheldrake ,Team Leader for the Wheelchair Service, Queen Elizabeth Hospital NHS Foundation Trust, Mick Sanders ,Head of Integrated Commissioning, Norwich Clinical Commissioning Group, Sally Child, Head of Child Health Commissioning Support, NHS Anglia Commissioning Support Unit, Carolyn Young, Programme of Care Manager – Trauma, NHS England (specialised wheelchair commissioning), Mark Catling, Operational Manager for Wheelchair Services, Norfolk Community Health and Care NHS Trust, Nina Melville ,Service Manager for Specialist Seating, Rehabilitation Therapies and Prosthetics, Norfolk Community Health and Care NHS Trust and also heard from Dr Trevor Wang, Family Voice and Cllr David Bradford, Norwich City Council.

- 8.3** In the course of discussion, the following key points were made:
- Responsibility for the commissioning of specialist wheelchair services rested with NHS England and was due to pass to CCGs from April 2015.
 - No significant difficulties with the transfer of responsibility to the CCGs were foreseen by the witnesses.
 - The voices of children, young people and their carers were being listened to both in the school setting and via the answers they gave to an on line “friends and family test” of user opinion.
 - A user group in west Norfolk had been disbanded.
 - Those providing wheelchair services were meeting with wheelchair users in a wide range of locations where groups of service users met up. The venues included community centres, special and mainstream schools, and visits were subject to availability of staff and a request being received from the body concerned.

- 8.4** The Committee noted Family Voice's view that there had been a significant improvement in wheelchair services and service user involvement in the central and west Norfolk areas.

- 8.5** The Committee asked for Family Voice and Cllr David Bradford to be included in the wheelchair services' discussions with service users. Members also concluded

that any future issues about wheelchair services should be raised with Healthwatch. Should Healthwatch be unhappy with the responses that they obtained from wheelchair commissioners / service providers then they would be able to bring any matters of concern to the attention of this Committee.

9 Forward work programme

- 9.1** The Committee agreed its current Forward Work Programme and placed 'Ambulance response times and turnaround times in Norfolk' on its agenda for 26 February 2014. The committee also asked for information on cancer survival rates in Norfolk. It was noted that treatment of people with mental health issues in the county's A&E departments could potentially be added to the Committee's agenda in April 2015.

Chairman



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