

**NORFOLK HEALTH OVERVIEW AND SCRUTINY COMMITTEE**  
**Minutes of the meeting held at County Hall**  
**on 21 March 2024**

**Members Present:**

Cllr Jeanette McMullen	Great Yarmouth Borough Council
Cllr Lesley Bambridge	Norfolk County Council
Cllr Brenda Jones	Norfolk County Council
Cllr Pallavi Devulapalli	Borough Council of King's Lynn and West Norfolk
Cllr Julian Kirk	Norfolk County Council
Cllr Robert Kybird	Breckland District Council
Cllr Justin Cork	South Norfolk District Council
Cllr Peter Prinsley	Norwich City Council
Cllr Richard Price	Norfolk County Council
Cllr Robert Savage	Norfolk County Council
Cllr Lucy Shires	Norfolk County Council
Cllr Jill Boyle	North Norfolk District Council
Cllr Fran Whymark	Norfolk County Council

**Co-opted Member (non voting):**

Cllr Edward Thompson	Suffolk Health Scrutiny Committee
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**Substitute Members Present**

Cllr Tom FitzPatrick	Norfolk County Council
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**Also Present:**

David White	Interim Chair, OneNorwich Practices
Emma Bugg	Associate Director Primary Care Network Development Norwich, Norfolk & Waveney Integrated Care Board
Sadie Parker	Director of Primary Care, Norfolk & Waveney Integrated Care Board
Karen Watts	Director of Nursing and Quality, Norfolk & Waveney Integrated Care Board
Emily Arbon	Head of Communications and Engagement, Norfolk & Waveney Integrated Care Board
Kristen Hall	Communication and Engagement Manager – Primary Care, Norfolk & Waveney Integrated Care Board
Tracey Bleakley	Chief Executive, Norfolk & Waveney Integrated Care Board
Alex Stewart	Chief Executive Officer, Healthwatch Norfolk
Peter Randall	Democratic Support and Scrutiny Manager
Dr Liz Chandler	Scrutiny and Research Officer
Maisie Coldman	Trainee Committee Officer

**1 Apologies for Absence**

- 1.1 Apologies for absence were received from Cllr Back and Cllr Dark (substituted by Cllr FitzPatrick).

**2. Minutes**

- 2.1 The minutes of the previous meeting held on 18 January 2024 were **agreed** as an accurate record of the meeting.

### **3. Declarations of Interest**

- 3.1 There were no declarations of interest.

### **4. Urgent Business**

- 4.1 There were no items of urgent business.

### **5. Chair's Announcements**

- 5.1 There were no Chair's announcements.

### **6. Holt Medical Practice's Application to close Blakeney Branch Surgery**

- 6.1 The Chair welcomed the six public speakers that had registered to speak on item 6.

- 6.1.1 Duncan Baker MP spoke to the committee, highlighting that the closure of Blakeney Branch Surgery, and the subsequent requirement to travel, would impact the elderly and vulnerable communities, which was the majority of the local population. Mr Baker shared that he had received large amounts of engagement from the community noting the impact that a decision to close the surgery would have and that they did not feel that sufficient mitigation had been put in place.

- 6.1.2 Michael Archer made comments regarding the financial and operational measures which included financial and governance concerns, GP reimbursement and the difference between direct and indirect reimbursement. He also highlighted that NHS payments to Holt Medical Practice (HMP) had increased, and thus argued that HMP had the resources to keep open its three sites. He provided a different view on the issue of attracting new partners, suggesting that the HMP was relatively over-doctored compared to the national average.

- 6.1.3 Andrew Chapman shared anecdotal and historical evidence from his time as a senior partner of HMP with the committee. He highlighted that the CQC inspection in 2018 found no operational or infection issues and that this remained the case when it was reviewed in 2023. HMP temporarily stopped face-to-face consultations at Blakeney Branch Surgery based on non-compliant infection control and inadequate disabled access. It was suggested that a 2021 review of the premises noted that the surgery could be brought up to standards at a moderate cost. He felt that HMP not making changes to the premises went against the infection control and standards they were responsible for meeting.

- 6.1.4 Alexandra Hooper was a patient of HMP. She shared that she wanted patients to be assured that their interests were being considered and that the correct governance and procedures had been followed. She noted the historic service withdrawal in 2017 and 2019 and suggested that because the withdrawal of clinical services that took place during the Covid 19 pandemic remained, there had been a substantial variation of services that ought to have been handled accordingly. It was suggested that the withdrawal of clinical services should have prompted a consultation on this matter. The Integrated Care Board's duties and the NHS Act were referenced, as was the ICB's Joint Forward Plan.

- 6.1.5 Cllr Victoria Holliday referred to the patient demographic, accessibility of the main building and the impact on health and health inequalities as considerations that were noted in the NHS England Policy Manual. The committee heard an overview of the community, including age, disability rates and access to transport, based on the 2021 census data. Cllr Holliday also highlighted the issue with transport and illustrated this by giving examples of potential public transport routes, the time they would take and how much they would cost. The importance of patients, especially those that are elderly or disabled, having access to healthcare was emphasised to the committee. The committee heard a quote from England's Chief Medical Officer who suggested that resources should be directed towards areas of greatest need including rural and coastal areas.
- 6.1.6 Sheelin Cuthbert shared with the committee anecdotal evidence, highlighting the importance of the surgery and the centring of the patient. She also reemphasised the issue with transport in the local area.
- 6.1.7 Many of the speakers requested that the Norfolk Health Overview and Scrutiny Committee (NHOSC) refer the closure of Blakeney Branch Surgery to the Secretary of State. The Chair informed the speakers that any one of them could write to Secretary of State and request that they exercise their power to call in this decision.
- 6.2 Sadie Parker, Director of Primary Care, Norfolk & Waveney Integrated Care Board (N&WICB), introduced the Holt Medical Practice Application to close Blakeney Branch Surgery report.
- 6.2.1 A decision had not been made by the N&WICB on HMP's application that was received in January 2024. Public engagement work was being undertaken, some of which was with the involvement of Healthwatch Norfolk, to ensure engagement was fair and thorough. Included within this work was the N&WICB's Equality Impact Assessment (EIA) which highlighted that further work may be beneficial to the practice's proposed medication collection service. Members of the committee heard that this was why there had been an emphasis on this particular issue and engagement specific to this. N&WICB had attended a public meeting organised by Blakeney Parish Council; the issue raised by the local community was being recorded. The committee heard that the N&WICB would be unable to attend meetings during the pre-election period ahead of the Police Crime Commissioner elections in May 2024.
- 6.2.2 In response to some of the comments made by the public speakers, the committee heard that the report referred to the NHS England Policy Guidance Manual and ICB statutory duties. The committee deciding on the application would be required to bear the content of these in mind and to also consider the wider impacts of any decision. A decision on the application was anticipated to be taken in February 2024, this had been deferred and was rescheduled to be taken on 7 May 2024. The decision would be required to cover the areas set out in the NHS England Policy Guidance Manual.
- 6.2.3 Sadie Parker took the opportunity to respond to comments regarding the governance of the reduction of services at Blakeney Branch Surgery. The service provision at Blakeney Branch Surgery was reduced in 2017 and 2019, and information on the governance arrangements of this has been provided. NHS England was asked and provided support for, those changes and, in addition, the patient participation group was involved. Face-to-face services ceased temporarily during the Covid-19 pandemic, with the support of the commissioner, and was still the current position. This would be concluded alongside the application decision.

- 6.3 Alex Stewart, Chief Executive Officer, of Healthwatch Norfolk (HWN), noted that HWN felt that Holt Medical Practice had undertaken all reasonable consultation that it could. He reiterated the N&WICB's earlier point that the delivery and collection of prescription medication was a concern for the local community. He shared concerns that some of the villages that would be impacted by the closure had no access to public transport. It was highlighted to members that the census information that was referred to by the public speakers had now changed and that the data collected from surveys and petitions had some duplication within it.
- 6.4 The committee received the annexed report (6) from Dr Liz Chandler, Scrutiny and Research Officer, that noted information to aid the examination of the of Holt Medical Practice's application to close its branch surgery at Blakeney.
- 6.5 The following discussion points and clarifications were offered:
- Following a member's comment about the importance of ensuring that the needs of everyone are met and not just the needs of the majority, members were assured that the N&WICB was considering how HMP could meet the needs of the whole population and if this could be achieved through the proposed application. Sadie Parker apologised for the wording in the report that could have suggested that that the needs of the whole population were not being considered.
  - Members generally felt that the access and availability of public transport would be a potential barrier in accessing health care provisions if Blakeney Branch Surgery closed. This was a particular concern for those within the population who had financial constraints, lack of personal transportation, those with mental health issues or those who were in education. The N&WICB was not able to comment on the public transport provision given that this was not within its remit.
  - In response to a question about whether the accessibility of Blakeney Branch Surgery included being able to access transport to attend the surgery and was not limited to the physical building. It was confirmed that the accessibility considerations included transport implications. The N&WICB would be required to consider the impacts of any implications and plan to reduce inequalities. The EIA would also consider this alongside other issues.
  - It was confirmed that the current services offered at Blakeney Surgery were a receptionist, who was on-site daily and patients could collect their prescriptions in the morning. There were no face-to-face appointments: where patients needed to see a GP, and were unable to travel, measures had been put in place. The committee heard that there was a dedicated early visits GP who provided face-to-face appointments for patients who were housebound.
  - The N&WICB was unable to comment on whether closing the Blakeney Branch Surgery would have any adverse effects for patients until a final decision had been made. It was acknowledged that this would be a difficult decision. The decision on the application will be final, but there were ways of challenging this decision including a referral to the Secretary of State and a legal challenge.
  - It was highlighted to members that it was a challenge to offer services in rural areas, especially at a time when general practice more broadly was experiencing issues, including the limited uplift of general practice funding. The

committee heard anecdotal evidence of other practices that were experiencing financial difficulties.

- Tracey Bleakley, Chief Executive of N&WICB, emphasised the importance of the system working together, including with NHOSC, to think about the wider determinants of health, including transport.
- HMP could submit an application and business case to N&WICB to request support to help make improvements. It was noted, however, that N&WICB had limited capital and had to prioritise accordingly.
- It was confirmed that N&WICB could not take away parts of the contract and that it could only discuss practice boundaries.
- A member shared their frustration regarding the limited amount of national NHS funding.
- A member questioned why there were no representatives from Holt Medical Practice present at the meeting.
- Following a member's question, it was clarified that the Blakeney Branch Surgery site was owned by the partnership, and they would decide how it would be used if the surgery were closed.

6.6 The Chair concluded the discussion, highlighting that this was an ongoing piece of work that had high public interest and engagement. Public transport in rural areas was an issue raised by many committee members and was an area that possibly needed more exploration concerning health implications. It was, however, acknowledged that it was reassuring to hear that there was a provision for GP home visits. It was confirmed that HMP was not invited to the meeting and that there could be an opportunity to write to the practice.

## **7. OneNorwich Practices**

7.1 Emma Bugg, Associate Director of Primary Care Network Development Norwich, Norfolk & Waveney Integrated Care Board, introduced the OneNorwich Practices (ONP) report to the committee. The report highlighted the timeline of actions taken and the factors that lead to issues within ONP. The committee also heard the services that the N&WICB commissioned ONP to provide, had been transferred to alternative organisations and thus, these services remained in place.

7.2 David White, Interim Chair, OneNorwich Practices, noted that ONP had worked closely with the N&WICB to manage the transfer of services and ensuring service continuity.

7.3 The committee receive the annexed report (7) from Dr Liz Chandler, Scrutiny and Research Officer, that noted information to aid the examination of what led to the collapse of OneNorwich Practices (ONP) and the recommissioning of services previously provided by ONP.

7.4 The following discussion points and clarifications were offered:

- Following a member's question, it was clarified that there was no formal requirement for annual audits to be conducted as the turnover of ONP was below the threshold. A member felt that the requirement for an audit should be written into contracts that involved public money. David White assured the

committee that the liquidator, who had been complimentary of the joint working between ONP and N&WICB, would look into the finances and escalate any concerns identified.

- Some members felt that those individuals and organisations charged with spending public money on health services should have a higher level of understanding of scrutiny with regard to this funding .
- David White explained to the committee that the role descriptions for a director-level role were not adequate. The Finance Director, for example, has no executive day-to-day management or oversight of ONP's finances. The Non-Executive for Finance of ONP had ambitions to improve the financial reporting and management, establishing a finance and audit sub-committee. In response to a member's question about the financial management of ONP, Mr White explained that there had been discrepancies in financial reporting to the ONP board and subsequently a retrospective review of accounts for the previous three years was undertaken and presented to ONP shareholders.
- It was confirmed that all the services that were the responsibility of the N&WICB had successfully been transferred to other organisations. A caretaker contact arrangement was entered into which meant that there would be no disruption to services and that the estate and staff would remain the same. The committee was assured that N&WICB had regular contact with the new service providers. Members welcomed the successful transfer of services.
- The N&WICB would be arranging an independent review to be undertaken to understand what could be learned. A member questioned why this had not been commissioned yet and in response, the committee heard that the priority was the safe and suitable transition of services. The N&WICB was engaged with NHS England regarding the learning that needed to be undertaken to ensure suitable commissioning. The independent review would still be taking place.
- Following a member's question, it was clarified that the Care Home at Scale service was a requirement of the Norwich Primary Care Network (PCN) and that there was a responsibility to cover this requirement.
- In response to a member's question about the relationship between the PCN and ONP, it was shared that ONP supported the management functions. The staff that supported this had been transferred to the alternative providers and the management functions had been retained by clinical directors that are responsible for the contact. The lead clinical director of PCN was seeking advice on the impact of their financial resilience.
- The committee heard in response to a member's question that there was no separation between the N&WICB and PCN funding streams until 2023. There was a small surplus present in 2021, but this was based on a misunderstanding as a result of the funding streams not being separate.
- A member questioned the recruitment process of directors and non-directors. It was shared that company directors of ONP were recruited through a public appointment process and the remuneration that they received was in line with NHS non-executive directors. The board appointed non-executive directors. The weakness of the general governance of the board was highlighted about

this, and members heard that new governance arrangements were being established before ONP was no longer able to trade.

**Cllr Jones left at 11:52**

- 7.5 Chair concluded the discussion, noting that the transfer of services to new providers had been good and that it was reassuring to hear that the N&WICB were regularly in contact with them. The discussion around the financial and governance arrangements of ONP had been interesting and it was positive that learnings would be taken away from this experience.

**8. Proposed Forward Work Programme 2024/25**

- 8.1 The Committee received a report from Peter Randall, Democratic Support and Scrutiny Manager, which set out the current forward work programme and briefing details. The Committee **agreed** the details for both briefings and future meetings.
- 8.2 The following comments and suggestions for the forward work programme and briefing note were provided by members of the committee:
- Malnutrition was on the forward work programme for July 2024. Members requested that the report include information on both under and over-nutrition and have details on how other factors, such as disabilities, social isolation and drug and alcohol misuse, play into, and/or are affected by, malnutrition.
  - Weight management services, specifically looking at tier 3 and 4 weight management provision.
  - The community Doppler and leg ulcer service..
  - Health implications of transportation access and what services are available. The committee heard that this issue fell into several authority areas and that a briefing note could look into this.
  - Exploration into the current infection and death rates due to Covid-19, as well as service provision for people with long Covid.. A member also requested data on ME and CFS given that the symptoms and treatment are similar to long Covid.
  - An overview of school dental services. It was shared with the committee that the Norfolk County Council (NCC) People and Communities Select Committee had a substantive item on oral health scheduled for a future meeting presented by NCC Public Health.
  - A briefing note to update the committee on ONP's financial deficit and how this will be managed.
  - Explore the data on falls. The Chair noted that work was being done by the Health and Wellbeing Partnership in Broadland and South Norfolk and had been briefly discussed by the Norfolk Health and Wellbeing Board.

**Fran Whymark Chair**  
**Health and Overview Scrutiny Committee**

The meeting ended at 12:34



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