



Health Overview Select Committee Minutes

Meeting details

Time and date of meeting: 10:00 am, Thursday 15 January 2026

Venue: Council Chamber, County Hall, Martineau Lane Norwich NR1 2DH

Members Present

Name	Role	Representing
Cllr Brenda Jones	Chair	Norfolk County Council
Cllr Lesley Bambridge	Committee Member	Norfolk County Council
Cllr Stuart Dark	Committee Member	Norfolk County Council
Cllr Lucy Galvin	Committee Member	Norwich City Council
Cllr Dr Victoria Holliday	Committee Member	North Norfolk District Council
Cllr Jeanette McMullen	Committee Member	Great Yarmouth Borough Council
Cllr Paul Neale	Committee Member	Norfolk County Council
Cllr Lucy Shires	Committee Member	Norfolk County Council
Cllr Richard Price	Committee Member	Norfolk County Council
Cllr Edward Thompson	Co-Opted Member	Suffolk Health Scrutiny Committee
Cllr Alexandra Kemp	Substitute Member	Borough Council of King's Lynn and West Norfolk
Cllr Deborah Sacks	Substitute Member	South Norfolk District Council
Cllr John Fisher	Substitute Member	Norfolk County Council

Also Present

Name	Role
Hollie Adams	Committee Officer
Dr Shane Gordon	Executive Managing Director, Norfolk and Norwich Hospital (NNUH)
Dr Frankie Swords	Executive Medical Director, Norfolk and Waveney ICB
Alex Stewart	Healthwatch Norfolk
Becky Tye	Democratic Support and Scrutiny Manager
Jonathan Knights	Finance Manager, East Norfolk Medical Practice
Rachel Hacon	Executive Manager, East Norfolk Medical Practice

1. Apologies for absence

- 1.1. Apologies for absence were received from the Vice Chair, Cllr Pallavi Devulapalli, substituted by Cllr Alexandra Kemp, Cllr Robert Savage substituted by Cllr John Fisher, Cllr Peter Wilkinson and Cllr Jusin Cork, substituted by Cllr Deborah Sacks.

- 1.2. Cllr Jeanette McMullen nominated herself for the role of vice-chair, seconded by Cllr Paul Neale. Cllr McMullen was nominated to be Vice-Chair for the meeting.

2. Minutes

- 2.1. The minutes from the meeting held on Thursday 6 November 2025 were agreed as an accurate record of the meeting and signed by the Chair.

3. Declarations of Interest

- 3.1. Cllr Jeanette McMullen declared a non-pecuniary interest as a patient and member of the patient participation group at East Norfolk Medical Practice.
- 3.2. Cllr Alexandra Kemp and Cllr Lesley Bambridge both declared a non-pecuniary interest as Governors at the Queen Elizabeth Hospital.

4. Updates from the Chair

- 4.1. The Chair gave an update about the request made at the meeting on 6 November 2025 to write to the Department for Health and Social Care and the Department for Education raising issues relating to Speech and Language Therapy. The response to this letter was circulated to committee members on 24 December; see appendix A of these minutes.
- 4.2. The Chair updated the Committee about a potential call-in request to the Secretary of State for Health and Social Care about the Integrated Care Board's contract award decision in respect of the Vulnerable Adult Service in Norwich. Further discussion about this would be held under item 9, the Forward Work Programme.

5. Eastern Pathology Alliance (EPA) Weekend Pathology Testing

- 5.1. The Committee received the annexed report (5), which provided an overview of the Eastern Pathology Alliance (EPA) service, focusing on the decision to cease weekend pathology testing for GP Practices within Norfolk and Waveney.
- 5.2. Dr Frankie Swords and Dr Shane Gordon introduced the report and highlighted the following key points:
 - Overall spend on pathology and processing routine samples was increasing.
 - Weekend testing was introduced in 2022 but not awarded through a formal commissioning process. The service was not used across the system in a uniform way and an impact assessment concluded that removing the service would impact on convenience and would not impact on urgent testing. In light of this the service had been stopped.

- Detailed feedback had been received showing there had been a negative impact on people of working age and those who needed a carer or relative to bring them to medical appointments. This went against the aim to make services accessible and close to home.
- A review into removal of the weekend testing service was underway to look at the impact on people, choice, accessibility and demand. Discussions were being held with the Integrated Care Board and it was hoped a way forward could be agreed by the end of February 2026.

5.3. Rachel Hacon, Executive Manager, and Jonathan Knights, Finance Manager, East Norfolk Medical Practice, requested to speak on this item:

- There were concerns about the Integrated Care Board's decision-making process, and whether the impact on deprived communities had been considered.
- The Integrated Care Board had made commitments to deprived communities and to reducing the health inequalities gap. The representatives of East Norfolk Medical Practice felt the decision to remove weekend testing was in contravention of these commitments and impacted on the work which had been done to improve access for those who struggled to or were unwilling to access care.
- The representatives discussed that there was no explanation of how the decision had been made when the service had been cancelled.
- Saturday appointments were well used; they had allowed diabetic care appointments to be run at weekend for patients who worked, improved access for shift workers and benefitted patients who needed support from relatives or carers to attend appointments.
- It was also concerning that the decision had been taken without discussion with patient groups.

5.4. Dr Gorden replied that he recognised the points made and was pleased that positive conversations had been started with the Integrated Care Board about weekend pathology testing. Discussions had been held with laboratory staff about logistics of providing testing at weekend. It was important to ensure patients had best access to care and he noted the feedback that working-age people could find it difficult to access GP appointments during the week.

5.5. The following points were raised and discussed by members of the Committee:

- Paragraph 4 on page 23 of the report spoke about degradation of blood samples after 24 hours; officers were asked whether removal of weekend testing would impact on viability of blood being sent for testing

on a Friday. Dr Gordon replied that blood taken on Friday would also be processed on Friday.

- A Committee Member asked for clarification on data shown in the report. Dr Swords replied that some GP practices took a high number of tests at the weekend and others took few. The numbers did not represent the number of patients as patients could have more than one sample taken.
- There was concern raised that removal of weekend testing was not driven by patient need. Dr Swords confirmed that the decision was financially driven and not focussed on improving access; Equality Impact Assessments were carried out, however, more impact had been seen than anticipated.
- A £12m health centre in South Lynn had been earmarked for a community diagnostic centre but this had not gone ahead. A Committee Member suggested that this should be reviewed. Dr Swords replied that there were 4 community diagnostic centres in Norfolk but financial constraints meant that providing more was challenging.
- A Committee Member noted there was a financial impact of people being off work ill, which they felt could be helped by 7 day a week testing and more community centres. Dr Swords agreed that the wider impact of ill health needed to be considered, including prevention and bringing care closer to communities, as well as improving access to public transport. It was noted that further information on public transport and health impacts had previously been requested by the Committee.
- The impact of removing the weekend testing service on working people was discussed.
- Officers were asked why there had been no consultation with patients and GP practices. Dr Swords replied that the Equality Impact Assessment had implied that the impact would be on choice, however, this assessment had been wrong, and the Integrated Care Board was now carrying out a review into the decision. She agreed that patients should be involved more in decisions like this.
- There was a discussion about the clinical impacts of this decision for people who could not attend appointments during the week, such as reduced monitoring of diabetes and cardiovascular disease. Dr Swords replied that uptake of the weekend testing service had been variable, with some practices not using it at all; the real impact of the cancellation of this service had been higher than identified through the Equality Impact Assessment.
- The Chair asked how the Equality Impact Assessment process could be improved; Dr Swords **agreed** to take this away and provide a

response to Committee Members, including how patients could be better involved in decision making.

- Dr Gordon confirmed that the volume of testing from community and hospitals had increased each year giving lab staff a 35% increase in workload at the weekend. Labs felt that they would be able to provide a sufficient service at weekends.
- The definition of “normal working hours” was challenged; for example, many people in Norfolk worked in the hospitality sector, which had variable working hours.

- 5.6. Cllr Lucy Shires, seconded by Cllr Alexandra Kemp, **proposed** that the committee receive a report to scrutinise the wider impact on working age adults of accessibility to services. The Committee agreed this proposal.
- 5.7. Cllr Lucy Galvin, seconded by Cllr Lucy Shires, **proposed** that the Integrated Care Board work with Healthwatch to look at the Integrated Care Board Equality Impact Assessment process and how it considered the impact on populations and then report back to the Committee. The Committee agreed the proposal.
- 5.8. Cllr Lucy Galvin, seconded by Cllr Paul Neale, **proposed** that a report was brought to committee on the approach taken by the Integrated Care Board to consult with patients and healthcare providers. The Committee agreed the proposal.
- 5.9. Cllr Richard Price, seconded by Cllr Lucy Galvin, **proposed** that HOSC write to Cllr Plant, the Cabinet Member for Highways, Infrastructure and Transport, to ask him to carry out a review of bus travel links to health centres and hospitals and how this could be improved. The Committee agreed the proposal.
- 5.10. Having reviewed and commented on the report, the Health Overview Select Committee **NOTED** the report and made the following recommendations:
- that the committee receive a report to scrutinise the wider impact on working age adults of accessibility to services.
 - that the Integrated Care Board work with Healthwatch to look at the Integrated Care Board Equality Impact Assessment process and how it considered the impact on populations and then report back to the Committee.
 - that a report was brought to committee on the approach taken by Integrated Care Board to consult with patients and healthcare providers.
 - that HOSC write to Cllr Graham Plant, the Cabinet Member for Highways, Infrastructure and Transport, to ask him to carry out a

review of bus travel links to health centres and hospitals and how this could be improved.

6. Palliative and End of Life Care Update

6.1. The Committee received the annexed report (6) which provided a detailed update from the Norfolk and Waveney Integrated Care Board (N&WICB) on palliative end of life care. Additional information was provided from Marie Curie, drawing on findings from their recent public experience study to give further insight into local experiences of palliative and end of life care in Norfolk and Waveney.

6.2. No members of the public requested to speak on this item.

6.3. Dr Frankie Swords introduced the report, highlighting the following key points:

- 1% of the population died each year which was around 12,500 deaths in Norfolk and Waveney. An increasing number of deaths were happening at home.
- A focus was needed on upskilling the generalist workforce so that there was more joined up care available to people. A review had been carried out to understand what services were already available, where, and how they were working; the Marie Curie survey had found provision was inconsistent and variable, especially access to specialist palliative care beds. Deprived areas often had worse access to specialist palliative care.
- Workshops would be held in February 2026 to drive provider engagement; user groups were welcome to attend the workshops
- Work had been done to improve and standardise care and tackle poor integration. So far, kits had been introduced into GP systems to support provision of palliative care services, the number of medicines available out of hours had been increased and workforce training was being provided.

6.4. The following points were raised and discussed by Committee Members:

- There was a gap in services available in North Norfolk. It was important to improve access to families to be with their loved ones in their last days.
- Dr Swords was asked what support was available to help carers provide a good standard of care. Dr Swords spoke about the importance of the work of carers and of improving their recognition. Carers had been invited to the workshops, as well as service users, to provide feedback. “No Barriers Here” training had been rolled out to help healthcare providers to have conversations with people about death.

- The Chair spoke about the importance of a focus on provision of personal care. Dr Swords noted that most people did not want to die in a hospital and agreed that more needed to be done to support people to die at home. A night sitting service was available in West Norfolk, showing the discrepancy in service across the county. The importance of dignity was emphasised.
- Page 48 of the report showed that there was a shortfall in specialist beds in hospices and specialist hospital consultants. Dr Swords replied that it was important to maximise on what was already available and then review what more provision might be needed.
- It was pointed out that providing improved care for people dying at home could have a potential cost benefit. Dr Swords spoke about the current high cost of palliative care caused by specialist care and repeated admission to hospital. Information on potential cost savings of reviewing the palliative care service was shown in appendix A of the report.
- Dr Swords was encouraged to ensure that the findings of the Marie Curie review were involved in the review. Dr Swords confirmed that it would be.
- The involvement of out of hours providers in the review was queried. Dr Swords **agreed** to confirm whether out of hours service providers had been invited to workshops but confirmed that they had been involved in the work carried out so far. It was hoped that specialist palliative care would be involved in the triaging of 111 and 999 calls.
- Dr Swords **agreed** to check that best practice in other areas of the county had been taken into account.
- Drug trials being held in other parts of the country to support carers with anxiety and depression were discussed and it was queried whether NSFT or the Integrated Care Board would be involved with studies like this. Dr Swords replied that the Norfolk and Norwich University Hospital were involved in a study to look at drug efficacy in a wider range of patient cohorts, such as people over 80 or approaching the end of their life.
- Potential impacts on this piece of work of the assisted dying bill were queried. As this was still going through parliament the current focus was on improving the current service. Cllr Shires asked the Integrated Care Board to work with the voluntary sector to co-produce work related to preparing for the assisted dying bill, if it was passed by government.
- A Committee Member asked about funding for the Peddars Way unit. Dr Swords replied that developments such as this were taken from hospital budgets and usually awarded through block contract funding but this may change.

- Dr Swords confirmed that work was being done to make sure that syringe pumps were reused.

6.5 Cllr Lucy Shires, seconded by Cllr Alexandra Kemp, **recommended** that the Committee receive a briefing note from the Integrated Care Board setting out details of the hospice bed expansion plan, assistance available for carers in the palliative care process, place level data including access to palliative care beds, out of hours response times and the core 25 plus outcomes. The Committee agreed the recommendation.

6.6 Having reviewed and commented on the report, the Health Overview Select Committee **NOTED** the report and made the following recommendations:

- That the Committee receive a briefing note from the Integrated Care Board setting out details of the hospice bed expansion plan, assistance available for carers in the palliative care process, place level data including access to palliative care beds, out of hours response times and the core 25 plus outcomes.

7. Norfolk Medicines Support Service

7.1. The Committee received the report which set out the planned closure of the Norfolk Medicines Support Service (NMSS) from 31 March 2026, following a review that found the service's model outdated and not integrated with current NHS systems.

7.2. No members of the public requested to speak on this item.

7.3. Dr Frankie Swords introduced the report, highlighting the following key points:

- The Norfolk Medicines Support Service was commissioned in 2023 and had not changed since this time.
- The service was to assist people and make recommendations, provide compliance aids, and training. The service was found to not be fit for purpose, was not integrated well into the healthcare system, and not in line with modern healthcare principles
- The funding for the service had been removed by Norfolk County Council, and the service would therefore cease.
- A transition plan was being developed with patients, providers and primary care to ensure that all patients currently using the service would be offered a medicines review, an assessment of their needs and assessment of eligibility for other support such as home delivery of medication or compliance aids.
- The detailed transition plan was being developed.

7.4. The following points were raised and discussed by Committee Members:

- 7.5. Dr Swords discussed that many areas in the country did not provide a medicine support service because it could be provided in more effective ways, such as a structured medicines review, and therefore having effective transition plans were important. A Committee Member **asked** that the Equality Impact Assessment carried out into the implications of stopping this service be provided to the committee.
- 7.6. It was confirmed that Norfolk County Council had given notice that the funding for this service would stop at the end of March 2026.
- 7.7. A Committee Member felt that a medicine support service would not be required if the processes in place by primary care professionals were effective.
- 7.8. A Committee Member **asked** if an outline of the overall transition plan could be provided to the committee. Dr Swords agreed to provide this but pointed out that it was an evolving document.
- 7.9. The importance of regular medication reviews was discussed. They would be carried out by a clinical pharmacist alongside carers if appropriate.
- 7.10. It was possible for patients to order dossett boxes online but it was pointed out that not all patients had access to the internet to do so or had the digital literacy to order medications in this way.
- 7.11. There was recognition that structured medicines review were not always as detailed as they should be.
- 7.12. Feedback from provider of the service was that there was a high level of satisfaction, so as good a service or better would need to be provided. Individual assessments of service users would identify ongoing needs and support which could be provided.
- 7.13. There was concern that the assessment of service user needs could highlight new social care needs; and this should be highlighted to social care teams.
- 7.14. It was suggested that this service removal be delayed; the Chair noted that this would not be possible because the Council had removed funding. Dr Swords reassured Members that interim plans would be put in place if needed and if assessment showed that someone required a dossett box this could be arranged.
- 7.15. Cllr Lucy Shires suggested that a full investigation should be carried out into who this change will affect.
- 7.16. Cllr Dr Victoria Holliday suggested that an assessment of capacity of community healthcare providers to pick up the additional work should be carried out.
- 7.17. The Chair, seconded by Cllr Lucy Shires, **proposed** detailed information be provided to the Committee on the planned approach, assessment of

capacity, data on frequency of medicine review schedules, and clarification on the decision-making process at Norfolk County Council to withdraw the funding. With nine votes for and three votes against, the Committee agreed the proposal.

- 7.18. The Chair, seconded by Cllr Lucy Shires, **proposed** that the Committee to highlight this topic to the appropriate committee and share the discussion held today. With nine votes for and three votes against, the Committee agreed the proposal.
- 7.19. The Chair suggested that information be given to residents about the changes.
- 7.20. Having reviewed and commented on the report, the Health Overview Select Committee **NOTED** the report and made the following recommendations:
- That detailed information be provided to the Committee on the planned approach, assessment of capacity, data on frequency of medicine review schedules, and clarification on the decision-making process at Norfolk County Council to withdraw the funding.
 - That the Committee highlight this topic to the appropriate Norfolk County Council committee and share the discussion held today.

8. Appointment of Link Member to Norfolk and Suffolk Foundation Trust

- 8.1. The Committee received the report which requested to appoint a Member to act as a link with the Norfolk and Suffolk Foundation Trust (NSFT).
- 8.2. Cllr Dr Victoria Holliday nominated herself for the role, seconded by Cllr Lucy Shires
- 8.3. The Committee **AGREED** to appoint Cllr Dr Victoria Holliday as the link Member for NSFT for the Select Committee.

9. Forward Work Programme

- 9.1. The Committee received a report from Becky Tye, Democratic Support and Scrutiny Manager, setting out the forward work programme.
- 9.2. Additional reports agreed at today's meeting would be added to the forward work programme; see paragraph 9.7 below
- 9.3. Cllr Lucy Galvin asked that the report on the strategic review of outreach services scheduled for March include data previously requested in respect of the Wellness on Wheels Bus.
- 9.4. The Integrated Care Board's contract award decision for the Vulnerable Adult Service in Norwich was being considered for call in to the Secretary of State for Health and Social Care. The Democratic Support and Scrutiny Manager gave information on the call-in process.

- 9.4.1. The Chair, seconded by Cllr Stuart Dark, **proposed** that the Committee request to receive a report on the matter raised through the call-in request and extend the meeting scheduled for March 2026 or convene an additional meeting to consider the report about the call-in. The Committee agreed this proposal.
- 9.4.2. The Chair **agreed** to find out what would happen to services in the interim period while the call-in was being considered.
- 9.4.3. Concerns were discussed about the decision to change the provider of the walk in centre, health centre and vulnerable adults service, to a non-local provider who had been reported by the BBC as having poor practice and a history of inadequate or requires improvement CQC ratings. It was felt that this would affect public confidence in using the services. The Democratic Support and Scrutiny Manager confirmed that HOSC had a remit to scrutinise the provision, procurement or redesign of health services; it was not in HOSC's remit to scrutinise the outcome of the procurement process if the process had been correctly followed.
- 9.4.4. The Democratic Support and Scrutiny Manager clarified that they and the Chair had been made aware that a request to call in had been submitted; the details of this and the Secretary of State's view were not yet known. It would therefore be prudent for the committee to receive a report on the matter if it was taken forward by the Secretary of State. Information in the call-in would be made part of the report to Committee.
- 9.5. The following briefing papers were agreed:
- briefing paper on the decision-making processes of the Integrated Care Board, covering who made decisions and what legislation was followed.
 - briefing report reviewing how winter demand been dealt with in comparison to previous years and forecasting for the years ahead.
 - briefing on East of England Ambulance Service response times and handover times, and actions to address any issues.
 - information about the over 40s health checks
 - briefing paper about out of hours and 111 services.
- 9.6. It was **suggested** that the scheduled report on autism cover neurodiversity more broadly.
- 9.7. The Committee **AGREED** the Forward Work Programme with the addition of the following reports:
- Report to scrutinise the wider impact on working age adults of accessibility to services.

- Report on the approach taken by Integrated Care Board to consult with patients and healthcare providers.
- Report on the Integrated Care Board Equality Impact Assessment process and its impact on populations
- Report on the matter raised through the call-in and either to extend the meeting scheduled for March 2026 or convene an additional meeting to consider the report about the call-in.

There being no other business, the meeting closed at 13:21

Councillor Brenda Jones

Chair, Health Overview Select Committee

Thank you for your correspondence, received 21 November 2025, regarding Speech and Language Services.

Speech and Language Therapists (SaLTs) break down communication barriers—unlocking learning, inclusion, and opportunity for every child. They play a critical role in early intervention for children and young people. However, we know that too often, children and young people have a long wait to access speech and language therapy. That is why the Department for Education is working closely with the Department of Health and Social Care to improve access to community health services, including speech and language therapy. In partnership with NHS England, the Department has extended the Early Language and Support for Every Child (ELSEC) programme, trialling new ways of working to better identify and support children with Speech, Language and Communication Needs (SLCN) in early years settings and primary schools.

In addition, under the Best Start in Life strategy, the Department continues to invest in evidence-based initiatives such as the Nuffield Early Language Intervention (NELI), which has demonstrated significant impact on oral language and early literacy, particularly for disadvantaged pupils. Funding for NELI will continue for a further 4 academic years until AY28/29.

Furthermore, SaLTs can now also train via a degree apprenticeship, in addition to the undergraduate degree route. This route is now in its fourth year of delivery and offers an alternative pathway to the traditional degree route into a successful career as a speech and language therapist.

Thank you again for sharing your feedback. We hope this helps to alleviate your concerns.

Kind regards,

SEND and Alternative Provision Schools Team

