

**NORFOLK HEALTH OVERVIEW AND SCRUTINY COMMITTEE
MINUTES OF THE MEETING HELD AT COUNTY HALL, NORWICH
ON 17 April 2014**

Present:

Mr C Aldred	Norfolk County Council
Mr D Bradford	Norwich City Council
Mr M Carttiss (Chairman)	Norfolk County Council
Mrs J Chamberlin	Norfolk County Council
Michael Chenery of Horsburgh	Norfolk County Council
Mrs A Claussen-Reynolds	North Norfolk District Council
Mrs M Fairhead	Great Yarmouth Borough Council
Dr N Legg	South Norfolk District Council
Mr E Seward	Norfolk County Council
Mrs M Somerville	Norfolk County Council

Substitute Members Present:

Mr P Balcombe for Mr J Bracey, Broadland District Council

Also Present:

Christopher Cobb	Director of Medicine & Emergency Services, Norfolk and Norwich University Hospitals NHS Foundation Trust
James Elliott	Deputy Chief Executive Officer, NHS Norwich CCG
Matt Broad	General Manager for Norfolk, East of England Ambulance Service NHS Trust Norfolk Area Locality Director, East of England Ambulance Service NHS Trust
Jane Webster	Head of Commissioning, NHS West Norfolk Clinical Commissioning Group
Steve Sheldrake	Team Leader for the Wheelchair Service, Queen Elizabeth Hospital, King's Lynn
Jocelyn Pike	Chief Operating Officer, NHS South Norfolk 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 commissioner)
Tanya Clarke	Operational Manager for Wheelchair Services, Norfolk Community Health and Care
Nina Melville	Service Manager for Specialist Rehabilitation, Norfolk Community Health and Care
Dr Trevor Wang	Family Voice
Maureen Orr	Scrutiny Support Manager (Health)
Tim Shaw	Committee Officer

1 Apologies for Absence

Apologies for absence were received from Mr J Bracey and Mr T Jermy.

2. Minutes

The minutes of the previous meeting held on 27 February 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

5.1 There were no Chairman's Announcements.

6. Ambulance turnaround times at the Norfolk and Norwich Hospital

6.1 The Committee received a suggested approach from the Scrutiny Support Manager (Health) to an update from the Norfolk and Norwich University Hospital NHS Foundation Trust, the East of England Ambulance Service NHS Trust and NHS Norwich Clinical Commissioning Group (CCG) about action underway to improve ambulance turnaround times at the Norfolk and Norwich hospital.

6.2 The Committee received evidence from James Elliott, Deputy Chief Executive Officer, NHS Norwich CCG, Christopher Cobb, Director of Medicine & Emergency Services, Norfolk and Norwich University Hospitals NHS Foundation Trust and Matt Broad, General Manager for Norfolk, East of England Ambulance Service NHS Trust. The Committee also heard from David Russell a Member of the public whom had asked to speak on the matter.

6.3 In the course of discussion, the following key points were made:

- Project Domino (a scheme to improve the urgent care network in central Norfolk) had been successful in reducing delays in ambulance turnaround times at the Norfolk and Norwich hospital and in meeting the increasing demand for Accident and Emergency Services (A&E).
- An urgent care network group of senior managers met on a monthly basis to deal with strategic issues across the urgent care network.
- There was also a capacity planning group which met regularly (usually on a weekly or fortnightly basis) to deal with operational issues.
- The number of patients entering A&E at the Norfolk and Norwich hospital had increased to approximately 100,000 a year from approximately 50,000 patients at the time when the hospital had opened to the public.
- Today, the work of an A&E Department included that of "emergency care"

which had not been the case at the time when the Norfolk and Norwich hospital opened to the public.

- Only by all partners working together was it possible to improve ambulance turnaround times at the Norfolk and Norwich hospital and meet the challenges going forward.
- On an average week between 800 and 850 patients were admitted to the A&E Department at the Norfolk and Norwich hospital. This was the highest total number of patients of any A&E Department in the Eastern region. The next nearest hospital had approximately 300 less patients a week.
- A number of marginal efficiency gains across the whole system had meant that the overall position with regard to ambulance turnaround times at the Norfolk and Norwich hospital had improved significantly since this matter had previously been considered by the Committee.
- The anticipated difficulties in recruiting nurses and consultants to work in the A&E Department at the Norfolk and Norwich hospital had not occurred. Since April 2013, the recruitment of 39 additional nurses and the creation of a 24/7 hospital ambulance liaison officer (Halo) had helped reduce average patient handover times.
- NHS partners had indicated that they would continue to support “Halo” roles, through the work of the CCGs and the urgent care pilot at the Norfolk and Norwich, with support from GPs and community health staff.
- Mr Russell speaking as a member of the public said that it was important for the “halo” system to continue to be funded through the health service commissioning route.
- Mrs Chamberlin praised the work of the ambulance crews operating in Norfolk; she said that she had visited the emergency call centre and joined with an ambulance crew in Diss on a Sunday which had been very worthwhile experiences.
- The witnesses pointed out that guidance was expected to be received from NHS England that the allocation of winter pressure funding which had been first introduced in December 2013 would continue for winter 2014/15.
- The introduction of the seven days a week immediate assessment unit (IAU) had been a success.
- For 2014/15 a 2.6% growth in attendance at the Norfolk and Norwich hospital was predicted. National predictions were that after 2014/15 there would be an expectation of a 15% reduction in attendances at hospital A&E Departments as efforts to refocus on moving people away from using hospital front of house services continued to gain momentum.

6.4 The Committee welcomed the improvement in ambulance turnaround times at the N&N and noted the continuation of Project Domino phase 2.

7 Wheelchair provision by the NHS Central and West Norfolk

7.1 The Committee received a suggested approach from the Scrutiny Support Manager (Health) to an update on the commissioning arrangements for NHS wheelchair services and the performance of the services in central and west Norfolk.

7.2 The Committee received evidence from Jane Webster, Head of Commissioning, NHS West Norfolk Clinical Commissioning Group, Steve Sheldrake, Team Leader for the Wheelchair Service, Queen Elizabeth Hospital, King's Lynn, Jocelyn Pike, Chief Operating Officer, NHS South Norfolk 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 commissioner), Tanya Clarke, Operational Manager for Wheelchair Services, Norfolk Community Health and Care and Nina Melville, Service Manager for Specialist Rehabilitation, Norfolk Community Health and Care. The Committee also heard from Dr Trevor Wang (not a medical doctor) of Family Voice who spoke on behalf of service users.

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

- The witnesses pointed out that responsibility for the commissioning of highly complex specialist wheelchair provision currently rested with NHS England. From 1st April 2015 the CCGs would be responsible for the commissioning of all NHS wheelchair services. NHS England was working with the CCGs to ensure a seamless handover of the service.
- There was no reason why the public should be concerned about the changes in the commissioning arrangements.
- There were currently no issues concerning waiting times for NHS wheelchairs in central and west Norfolk. The service was operating within the requirements set out in the commissioning arrangements.
- The average waiting times at the Norfolk and Norwich hospital for a NHS wheelchair were between six and eight weeks.
- There were clear policies in place for the repair of wheelchairs, the return of wheelchairs of the deceased and for the recycling of wheelchair parts.
- Dr Wang commented that the wheelchair services had not made sufficient progress on the issues that Family Voice had raised when they had previously given evidence to the Committee, particularly concerning the need for user engagement groups to identify problems, test ideas and communicate effectively about customers needs. Where user groups had been set up Family Voice had not been sent the details and invited to take part.
- The Committee considered that this was particularly important for the voice of the child to be heard when it came to highly complex specialist wheelchair provision for children. It was suggested that this could be done by setting up an email user group for the use of those who were unable to attend user group meetings.
- It was considered particularly important for the NHS to address the

specialist wheelchair needs of those children who had been placed in the care of the County Council.

- The witnesses' spoke of mixed success in the setting up of user engagement groups since this matter was discussed by the Committee in October 2013.
- It was pointed out that on 6 March 2014 Norfolk Community Health and Care had held their first service user group. Details about the meeting had been sent to three hundred service users and their carers over a period of one month and five adult service users had attended the meeting. The next user group meeting was due to be held in May 2014.
- The NHS South Norfolk Clinical Commissioning Group encouraged service user participation through its website.
- No service user group had been set up in the west of the county. It was pointed out that the possibility of setting up two user groups in the west of the county including one for children who required specialist wheelchair provision would be examined.

7.4 The Committee agreed that it was imperative that the voice of children, young people and their families should be heard in the planning and provision of wheelchair services. The commissioners and service providers were asked to report back to the Committee in six months time on what more would be done to hear the views of the children, young people and families who used the wheelchair service, in keeping with the spirit of The Children and Families Act 2014.

8 Appointment of a link member with North Norfolk Clinical Commissioning Group

8.1 The Committee agreed to appoint Mr J Bracey as the NHOSC formal link member with the North Norfolk Clinical Commissioning Group.

9 Forward work programme

9.1 The Committee agreed the list of items on the current Forward Work Programme subject to the following changes:

'Changes to Mental Health Services in West Norfolk – consultation by the CCG and Norfolk and Suffolk NHS Foundation Trust on potential (*permanent*) closure of inpatient facilities' – postponed to a later meeting (after May 2014), when the CCG and NSFT will be ready to consult.

'Delayed Discharge from Hospital in Norfolk' – postponed to 10 July 2014.

'Use of the Liverpool Care Pathway in Norfolk's hospitals' – brought forward from 10 July to 29 May 2014 meeting, subject to the hospitals being able to report in May.

'Hospital complaints processing and reporting' – 29 May 2014 – alert all County

Councillors that this subject will be on the NHOSC agenda and that they are welcome to attend.

'Availability in the local NHS of NICE recommended treatments and drugs' – for a future NHOSC meeting (item suggested by Cllr P Balcombe).

- 9.2** In response to a request from Mr Richard Bearman (who was not in attendance at the meeting) the Committee agreed that the Scrutiny Support Manager (Health) should remain in contact with NHS England about developments concerning the possibility of the Walk-in Health Centre moving from its current location in the Castle Mall, Norwich. At the moment it was unclear what might be proposed regarding the future of the walk in centre.

The meeting concluded at 11.45 am

Chairman



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