

**NORFOLK HEALTH OVERVIEW AND SCRUTINY COMMITTEE
MINUTES OF THE MEETING HELD AT COUNTY HALL, NORWICH
On 16 July 2015**

Present:

Mr C Aldred	Norfolk County Council
Mr R Bearman	Norfolk County Council
Ms S Bogelein	Norwich City Council
Mr M Carttiss (Chairman)	Norfolk County Council
Mrs J Chamberlin	Norfolk County Council
Mrs A Claussen-Reynolds	North Norfolk District Council
Mr D Harrison	Norfolk County Council
Dr N Legg	South Norfolk District Council
Mrs S Matthews	Breckland District Council
Mrs S Weymouth	Great Yarmouth Borough Council
Mrs S Young	Borough Council of King's Lynn and West Norfolk

Substitute Member Present:

Mrs J Virgo Norfolk County Council

Also Present:

Dr Sue Crossman	Chief Officer, West Norfolk Clinical Commissioning Group
Michael Scott	Chief Executive, Norfolk and Suffolk NHS Foundation Trust
Marcus Hayward	West Locality Manager, Norfolk and Suffolk NHS Foundation Trust
Andrea Patman	Head of Commissioning, NHS England Midlands and East (East)
Fiona Theadom	Contract Manager, NHS England Midlands and East (East)
Robert Kybird	Vice Chairman of the NHS Workforce Planning in Norfolk Task and Finish Group.
Chris Walton	Head of Democratic Services
Maureen Orr	Democratic Support and Scrutiny Team Manager
Anne Pickering	Committee Officer

1. Apologies for Absence

Apologies received from Mr B Bremner, Mrs M Wilkinson, Mrs L Hempsall, and Mrs M Somerville.

2. Minutes

The minutes of the previous meeting held on 28 May were confirmed by the Committee and signed by the Chairman.

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. Chairman's Announcements

5.1 The Chairman made no announcements.

6. Development of dementia services in West Norfolk

6.1 The Committee received a suggested approach from the Democratic Support and Scrutiny Team Manager to a report from the NHS West Norfolk Clinical Commissioning Group which presented its engagement plans regarding permanent changes to dementia services following the end of a two year trial period.

6.2 The Committee received evidence from Dr Sue Crossman, Chief Officer, West Norfolk Clinical Commissioning Group and Marcus Hayward, West Locality Manager, Norfolk and Suffolk NHS Foundation Trust.

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

- Following the establishment of the pilot scheme DIST, (Dementia Intensive Support Team) two work streams were identified. Firstly to focus on communicating with service users and families and secondly to work with professionals.
- At the start of the scheme the diagnosis rate for dementia in West Norfolk was 34% which was very low in comparison to the rest of the country. After 1 year, the diagnosis rate had increased to 55%. The rise in the number of diagnoses had meant there was an increase in the need for support which was putting further pressure on services.
It was important to note that despite the increase in diagnosis the number of admissions for dementia had fallen and it was felt this was due to the multi-disciplinary agency approach with organisations working together which was providing service users with greater options.
- In response to a question raised by the Committee, it was explained that there was a protocol in place for carers to claim for travel costs, which could be received in cash or via bank transfer.
Care Co-ordinators were required to inform the carer at first admission about the protocol and then one week later ward staff were required to check that the carer was aware of the protocol and provide necessary forms.
- More robust data collection and transparency was needed within the system to ensure that the claims made specifically by carers could be identified separately to other claims.
- Support for carers was essential; information needed to be provided to the families and carers to make them aware of what support is available in the community. Support also needed to be provided to the voluntary sector organisations that gave a lot of this support.

- Dementia friendly towns in the West of Norfolk were Swaffham and soon to be Downham Market.
- Young people needed to be educated around the issues surrounding dementia, to make them aware and help with understanding. Opportunities should be looked into for the Trust to go into schools to provide this information.
- When there was a delay in finding beds for people, they would be put into a holding situation which would involve the individual being returned to their home with a professional to monitor and keep them safe until a bed could be found.
- The DIST service was available 7 days a week and included the use of non-medical prescribers; it was recognised that this role was highly necessary while GPs were not available, especially at weekends.
- Younger people with dementia were a challenging group to help as most were of working age and often even younger carers were involved and most of the issues were concerning social aspects rather than medical.
- The beds at the Julian Hospital were for specialised care of complex cases that required high level expertise, which could not be provided in all areas. The admission of a patient with dementia was a last resort as it was deemed better for them to remain in their own homes but have the option of beds when required. Homes such as the Paddocks provided community support and offered respite for carers.

6.4 NHOSC **agreed** the following comments:-

- Norfolk and Suffolk NHS Foundation Trust (NSFT) should ensure transparent accounting to allow the payment of west Norfolk carers' claims for travelling expenses to the Julian Hospital to be identified.
- NSFT should engage with schools to ensure that children are informed and educated around the issues surrounding dementia.

NHOSC **agreed** that in relation to changes in dementia services in west Norfolk:-

- Consultation with the committee has been adequate
- The changes to the dementia services in west Norfolk are in the interest of the local health service.

7. **Access to Primary Care Services in Norwich**

- 7.1 The Committee received a suggested approach from the Democratic Support and Scrutiny Team Manager to a report from NHS England Midlands & East (East) regarding plans to maintain and improve access to primary care services in Norwich and surrounding areas.
- 7.2 The Committee received evidence from Andrea Patman, Head of Commissioning, NHS England Midlands and East (East) and from Fiona Theadom, Contract Manager, NHS England Midlands and East (East).
- 7.3 The commissioners from NHS England Midlands & East (East) had been looking at Norwich Practices Ltd's GP registered list service and the Norwich walk-in service.

The commissioning responsibility for maternity and phlebotomy services, was to be passed to the CCG after the end of the current contract in 2016. The GP registered list service and the walk-in service was to be re-procured by NHS England Midlands and East (East) after an engagement process with patients, the public and key stakeholders.

- 7.4 The Chairman invited Mr S Bloomfield Norwich Practices Ltd's business manager to join the speakers at the table.

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

- It was claimed that the Norwich Walk-In Centre offered a lower cost option than the GP out of hour's service; the Committee asked that Mr S Bloomfield would provide any evidence that may be available to support this.
- In response to a question regarding the use of the walk in centre by out of area patients the Committee were informed that a large number were holiday makers especially during the summer months.
- GP recruitment to the Walk-In Centre was an issue, however they had seen an increase in applications since the recent advertisement.
- Members suggested that the title of the forthcoming patient survey in relation to a new contract for services at Norwich Practice's Health Centre should explicitly refer to the 'walk-in centre' as this was the name most people would recognise.
- Parking bays outside the front of the Walk-In Centre had been allocated as Blue Badge spaces and it was felt that this provision was sufficient. In addition there was ongoing discussion with the Castle Mall over the possibility of allowing 1 hour free parking at the Castle Mall carpark for those visiting the walk in centre.
- The rationale behind the Walk-In Centre was the need for improved access to primary care which was multifaceted.
Some people used the Accident and Emergency department at the Norfolk and Norwich University Hospital as their first primary care point, especially at weekends.
It was important for patients to be provided with the correct guidance and information to allow them to access the most appropriate service.

- 7.5 The Committee agreed to endorse the approach that NHS England Midlands & East (East) was taking in regards to the walk-in centre and Norwich Practices Ltd's GP registered list service in Norwich.

8. NHS workforce planning in Norfolk

- 8.1 The Committee received the report from the scrutiny task & finish group on NHS Workforce Planning in Norfolk for approval and endorsement of the recommendations.
- 8.2 The Committee gave thanks to the Vice-Chairman, Robert Kybird and the rest of the working group for their hard work and to Maureen Orr for support given in producing the report.

- 8.3 The Committee commented on the recruitment of GP's; it was noted that the University of East Anglia medical school had a higher percentage of GP trainees than the national average.
- 8.4 The Chairman invited Cllr A Kemp and Mr A Stewart to join the speakers at the table.
- Cllr Kemp gave an update to the third recommendation in the report regarding making arrangements for UEA nursing students to be offered placements in West Norfolk; a meeting had been organised to facilitate this.
 - Mr A Stewart gave an update on the number of GP students enrolled to start at UEA in Sept, currently there were 300.
- 8.5 The Committee discussed the need for planning authorities and NHS organisations to liaise more effectively to ensure that the building of additional homes and care homes could be supported by the current GP surgery in the area. It was discussed that 1 GP was meant to cater for 1800 people, however if a care home was in the area, the residents could occupy 1 GP's entire caseload. The Committee **agreed** that as part of the first recommendation that a planning protocol be added to ensure that the LPAs consult effectively with the NHS.
- 8.6 The Committee **RESOLVED** to approve the task and finish group's report and endorse the recommendations with the following amendment:-

Recommendation 1

That Public Health, Norfolk County Council, takes the lead to co-ordinate liaison between local planning authorities (LPAs) and the local NHS to

- i) create a county wide protocol to ensure that the LPAs consult effectively with the NHS
 - ii) ensure that the NHS has the necessary information to be able to respond, based on evidence of growing needs modelled on the LPA geographic area
- 8.7 The Committee **Agreed** to direct the recommendations to the appropriate organisations /individuals outlined in the report with the addition of:-
- Send the report to the District Planning Authorities for comment.
 - Send to Lord Prior, Parliamentary Under Secretary of State, Department of Health in the first instance with an additional letter from the Chairman congratulating him on his appointment
 - That the Norfolk MPs are contacted once feedback had been received at the October Norfolk Health and Overview Scrutiny Committee meeting.

9. Norfolk Health Overview and Scrutiny Committee appointments

9.1 The Committee received the report from Democratic Support and Scrutiny Team Manager which asked the Committee to appoint members to act as link members with local NHS provider trusts and Clinical Commissioning Groups.

9.2 The following appointments were made:-

Link member appointments:

Mrs J Chamberlin

Norfolk Community Health and Care
NHS Trust

Mr M Chenery of Horsbrugh

Queen Elizabeth Hospital NHS
Foundation Trust

Mrs M Somerville

NHS Great Yarmouth and Waveney
CCG

**Substitute link member
appointments:**

Mr D Harrison
Vacancy
Vacancy

NHS North Norfolk CCG
NHS South Norfolk CCG
NHS Great Yarmouth and
Waveney CCG

Mrs S Young
Mrs S Bogelein

NHS West Norfolk CCG
Norfolk and Suffolk NHS
Foundation Trust

Mrs S Young

Queen Elizabeth Hospital NHS
Foundation Trust

10. Forward work programme

10.1 The proposed forward work programme was agreed subject to additional topics suggested by Committee members.

- 1) Locum/agency doctors – vetting process.
- 2) Provision of mental health services for children.

Chairman

The meeting concluded at



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