

**NORFOLK HEALTH OVERVIEW AND SCRUTINY COMMITTEE  
MINUTES OF THE MEETING HELD AT COUNTY HALL, NORWICH  
ON 17<sup>th</sup> July 2014**

**Present:**

Mr C Aldred	Norfolk County Council
Mr J Bracey	Broadland District Council
Mr M Carttiss (Chairman)	Norfolk County Council
Mrs J Chamberlin	Norfolk County Council
Michael Chenery of Horsbrugh	Norfolk County Council
Mrs A Claussen - Reynolds	North Norfolk District Council
Ms D Gihawi	Norfolk County Council
Ms A Kemp	Norfolk County 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

**Substitute Members Present:**

Mrs S Young for Mr A Wright – Kings Lynn and West Norfolk Borough Council

**Also Present:**

Ms Katie Norton	Director of Commissioning, East Anglia Area Team, NHS England
Ms Fiona Theadom	Contract Manager, East Anglia Area Team, NHS England
Chris Walton	Head of Democratic Services, Norfolk County Council
Maureen Orr	Democratic Support and Scrutiny Manager
Karen Haywood	Democratic Support and Scrutiny Manager

**1. Apologies for Absence**

Apologies for absence were received from Mr D Harrison, Mr R Kybird, Mrs M Chapman Allen and Mr A Wright.

**2. Minutes**

The minutes of the previous meeting held on 29<sup>th</sup> May 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 The Chairman welcomed Mrs Charmain Woollard who had joined the committee as the representative from Norwich City Council. He thanked Cllr David Bradford who had been an invaluable member of the Committee serving as the City Council's representative from June 2007 to May 2014.
- 5.2 The Chairman informed members that a 'Dementia Friends' session would be held following the meeting which they would be welcome to attend. He reminded the Committee that 'Dementia Friends' was an initiative to encourage 1 million people nationwide to use their knowledge about dementia in the community and at work.

#### **6. Access to NHS Dentistry**

- 6.1 The Committee received a suggested approach from the Democratic Support and Scrutiny Manager to the report from NHS England (East Anglia Area Team) updating members on the current position regarding access to NHS dentistry in Norfolk.
- 6.2 The Committee received evidence from Katie Norton, Director of Commissioning and Fiona Theadom, Contact Manager from East Anglia Area Team, NHS England.
- 6.3 In the course of discussion, the following key points were made:
  - The Chairman informed the Committee that a written report had been submitted from Nick Stolls (Norfolk Local Dental Committee Secretary).
  - The witnesses informed the Committee that oral health was still one of the key areas where health inequalities were apparent. There were many areas where the Committee could be assured that many of the core primary dental services were effective however there was still work to be undertaken with the Directors of Public Health to raise understanding of the importance of regular dental check-ups, particularly among vulnerable groups.
  - With regard to the Oral Health Needs Assessment the witnesses said that it had taken longer than anticipated to be completed for effective commissioning due to the complexities experienced in East Anglia.
  - The witnesses informed the Committee that the Orthodontic Needs Assessment was being reviewed by the Local Professional Dental network. The Assessment had highlighted those areas that weren't getting good access to orthodontic services.
  - In response to an issue raised by the Committee as to why dental practices were discontinuing the practice of using general anaesthetic in surgeries the witnesses said that national guidance determined that general anaesthetic services should be consultant led. This was something that would be looked at in the whole patient pathway to work with patients

around anxiety management with general anaesthetic services being a last resort.

- The Chairman drew attention to the issue raised in Nick Stolls' report regarding the vacancy at the Norfolk and Norwich Hospital for a part time consultant in restorative dentistry. He recommended that the Committee support the suggestion from the Norfolk Local Dental Committee that the post would be more attractive to prospective candidates if two more sessions could be funded by the Area Team. This was agreed by the Committee.
- Witnesses said that they were not aware of any major problems across Norfolk regarding access to routine dental care. If patients were experiencing problems accessing dental services then NHS England would signpost them to a local dental practice. Access to specialist services was a challenge for East Anglia and there was a need to develop appropriate networks in order to allow such services to flourish.
- The issue of vulnerable groups, such as homeless people, not accessing services was raised. Concerns were also raised that those on lower incomes may be reluctant to access services due to the cost. In response witnesses said that there was a need to understand why people may not access dental care and where charging issues were being highlighted these could be raised when influencing national policies.
- The Committee highlighted the issue of access to dental services in Care Homes. It was recognised that there was a need to ensure that the services provided were fit for purpose for a growing elderly population many of whom had retained their own teeth. Witnesses said that a survey would be undertaken of care homes to understand if the provision in place had had a positive impact on those in care homes.
- It was noted that elected members could have an important role in spreading the message about oral health and prevention through local communities.
- Mr John Caley, a member of the public, spoke to the Committee expressing concerns that more work needed to be undertaken in care homes regarding oral hygiene and in improving the dental care services provided to vulnerable people. In response the witnesses said that they would be improving the proactive care that they provide in care homes and would build this into the care home packs.
- The need to educate parents in the importance of good oral hygiene and of children having regular check-ups was highlighted as was the need to promote the preventative message through healthy eating in schools.
- The Committee supported that suggestion from the witnesses that oral health should be given a priority within the public health agenda in Norfolk.
- The Committee agreed to receive a copy of the Oral Needs Assessment report when it was finalised and that NHS England and the Norfolk Local Dental Committee should be invited to attend a meeting in Spring 2015 if the Committee considered there were issues that still needed addressing,

#### 6.4 The Committee agreed

- To support the suggestion from the Norfolk Local Dental Committee that to make the post of part time consultant in restorative dentistry more attractive to prospective candidates two more sessions could be funded by the Area Team.
- To receive a copy of the Oral Needs Assessment report when it was finalised and that NHS England and the Norfolk Local Dental Committee should be invited to attend a meeting in Spring 2015 if the Committee considered there were issues that still needed addressing,

### 7 **Stroke Services in Norfolk**

7.1 The Committee received the report from the scrutiny task and finish group on Stroke Services in Norfolk.

7.2 In introducing the report Margaret Somerville thanked the members of the working group, the witnesses who gave evidence and the Officers supporting the working group.

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

- The working group had recognised the shortage of stroke specialist staff and staff shortages in other disciplines
- The importance of a fast response by ambulances to patients who had had a stroke was emphasised as was the need to train paramedics to make a quick diagnosis.
- The Committee emphasised the importance of preventing strokes and making people aware and recognising the signs.

7.4 The NHOSC agreed to endorse the working group's report and the actions as outlined in the report.

### 8. **Delayed Discharge from Hospitals in Norfolk**

8.1 The Committee received the report from the scrutiny task and finish group on Delayed Discharge from Hospitals in Norfolk.

8.2 In introducing the report Margaret Somerville thanked those members who had contributed to the work of the working group.

8.3 In the course of the discussion the following key points were made:

- There were often many reasons why patients were being delayed in being discharged from hospital.
- Project Domino at the Norfolk and Norwich Hospital was one of the innovations in the County that had improved service improvements in urgent care and patient flow.
- Funding from the winter pressure fund had been used to fund some of the service improvements so that staff were more prepared to deal with

situations where delayed discharge problems may occur.

- Reference was made to the Better Care Fund and it was noted that while this may be used to reduce pressures it did not provide extra money for the service.
- An issue was raised regarding the number of late discharges at the James Paget Hospital in Great Yarmouth. This would have implications for care cover for elderly people being discharged.

8.4 The NHOSC agreed to endorse the working group's report and the actions as outlined in the report.

## **9 Norfolk Health Overview and Scrutiny Committee Appointments**

9.1 The report from the Democratic Support and Scrutiny Manager was received.

9.2 The Committee agreed to appoint to the following vacancies:

- **Great Yarmouth and Waveney CCG – HOSC link**  
Shirley Weymouth
- **Norwich CCG – HOSC link**  
John Bracey

9.3 **RESOLVED:**

- To nominate link members for Great Yarmouth and Waveney and Norwich CCGs as outlined above.
- To confirm the continuation of the other CCG and provider trust link members in their roles
- Confirm that members of the former liver Re-section Services Joint Committee will attend a meeting regarding implementation of the liver re-section service, which will be their final duty in connection with the joint committee.

## **10 Forward Work Programme**

10.1 The Democratic Support and Scrutiny Manager said that Norfolk Community Health and Care had indicated that they would like to consult with the Committee on an issue regarding the relocation of their services. If the Committee agreed to add this to their forward work programme for the meeting on 4<sup>th</sup> September then consideration of the 'Health and Well Being Strategy 2014-17' could be delayed.

10.2 The Democratic Support and Scrutiny Manager said that Mr Kybird had raised an issue with her regarding the closure of the medical practice in Watton. He said that this had highlighted the wider issue of GP provision in the County.

10.3 The Committee referred to fact that often the problem was wider than the issue of the GP workforce and suggested that the Committee could look at this wider issue at the meeting on 27<sup>th</sup> November.

10.4 The Chairman reminded the Committee that it was important to focus on those

areas where they could have influence however it was important not to be too narrow in what areas they looked at. He suggested that any future work could relate specifically to the NHS recruitment problems in Norfolk for instance in areas such as primary care, midwifery and stroke services.

(The meeting concluded at 11.56am)

#### **Chairman**



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