

**NORFOLK HEALTH OVERVIEW AND SCRUTINY COMMITTEE
MINUTES OF THE MEETING HELD AT COUNTY HALL, NORWICH
On 28 May 2015**

Present:

Mr C Aldred	Norfolk County Council
Mr B Bremner	Norfolk County Council
Mr M Carttiss (Elected Chairman)	Norfolk County Council
Mrs J Chamberlin	Norfolk County Council
Michael Chenery of Horsbrugh	Norfolk County Council
Mr D Harrison	Norfolk County Council
Dr N Legg	South Norfolk District Council
Mrs S Matthews	Breckland District Council
Mrs M Somerville	Norfolk County Council

Substitute Member Present:

Mrs S Young from King's Lynn and West Norfolk Borough Council

Also Present:

Dr Sue Crossman	Chief Officer, West Norfolk Clinical Commissioning Group
Cllr Alexandra Kemp	County Councillor for Clenchwarton and King's Lynn South
Dr Anoop Dhesi	Chairman, North Norfolk Clinical Commissioning Group
Amanda Cousins	Associate Director of Delivery Improvement and Transformational Change, North East London Commissioning Support Unit
Jane Webster	Head of Commissioning, West Norfolk CCG
Steve Goddard	Norwich City Council
Fennie Gibbs	Healthwatch Norfolk
Becky Judge	Royal College of Nursing
Dr Patrick Thompson	NCH&C Governor
Edward Libbey	Chairman of QEH NHS FT
Mark Harrison	Equal Lives
Caroline Fairless-Price	Norwich Independent Living Group Member
Sally Frow	PA to Caroline Fairless-Price
Chris Coath	Assistant Director (Commissioning), Out of Hospital Care, South Norfolk Clinical Commissioning Group
Ian Monson	Member of Norfolk County Council
Alex Stewart	Healthwatch Norfolk
David Bradford	Norwich City Councillor
Max Bennett	North East London Commissioning Support Unit
Chris Walton	Head of Democratic Services
Maureen Orr	Democratic Support and Scrutiny Team Manager
Tim Shaw	Committee Officer

1(a) Election of Chairman

Resolved (unanimously)

That Mr M R H Carttiss be elected Chairman of the Committee for the ensuing year.

(Mr M R H Carttiss in the Chair)

1(b) Election of Vice-Chairman

Resolved (unanimously)

That Dr N Legg be elected Vice-Chairman of the Committee for the ensuing year.

2 Apologies for Absence

Apologies for absence were received from Mr R Bearman, Mrs A Claussen-Reynolds and Mrs C Woollard.

3. Minutes

The minutes of the previous meeting held on 16 April 2015 were confirmed by the Committee and signed by the Chairman.

4. Declarations of Interest

There were no declarations of interest.

5. Urgent Business

There were no items of urgent business.

6. Chairman's Announcements

6.1 Welcome to Mrs Shirley Matthews from Breckland District Council.

The Chairman welcomed Mrs Shirley Matthews to her first meeting of the Committee. It was noted that Mrs Matthews had been appointed as the Member from Breckland District Council on the Committee.

It was noted that following the elections on 7 May 2015 several other district councils had yet to confirm their appointments.

6.2 Forthcoming Induction Session for New Members

The Chairman said that an induction session for new Members and substitute Members of NHOSC would be held in the Conference Room, South Wing at County Hall on Thursday 2 July 2015 at 2 pm. The session would also be open to all Members of the County Council and all other Members of the Committee who might wish to attend. The Head of Democratic Services and the Democratic Support and Scrutiny Team Manager would provide those attending the induction session with an introduction to health scrutiny law and the local health service context.

6.3 Diabetes care within primary care services in Norfolk

The Chairman said that 'Diabetes care within primary care services in Norfolk' was scheduled as an item for today's meeting but was postponed prior to publication of the agenda because NHS England Midlands and East (East) had not confirmed that they would attend the meeting. The Chairman had agreed to this postponement, after discussion with the Democratic Support and Scrutiny Team Manager, because NHS England Midlands and East (East) was the responsible commissioner of primary care in Norfolk and it was important that they should attend the Committee to answer Members questions. NHS England was scheduled to attend the Committee on 26 February 2015 but on that occasion was unfortunately unable to send a representative on the day. The regional team had been reorganised around that time and was short staffed in some areas. This was unfortunately still the case.

The Chairman added that the Democratic Support and Scrutiny Team Manager had now received an assurance from the Locality Director that NHS England Midlands and East (East) would send a representative to the Committee's meeting on 3 September 2015, should the Committee decide to put 'Diabetes care within primary care services in Norfolk' on its agenda for that meeting. (which was subsequently agreed at item 10 on this agenda). A representative from West Norfolk Clinical Commissioning Group and the Co-Chairman of the Central Norfolk Diabetes Network who were also scheduled to attend today's meeting for the diabetes item would be invited to attend on 3 September 2015.

7 System wide review of health services in West Norfolk

- 7.1** The Committee received a suggested approach from the Democratic Support and Scrutiny Team Manager to a report from NHS West Norfolk Clinical Commissioning Group on the review of health and social care systems in West Norfolk in response to financial pressures, demographic trends and rising demand for healthcare.
- 7.2** The Committee received evidence from Dr Sue Crossman, Chief Officer, West Norfolk Clinical Commissioning Group and Jane Webster, Head of Commissioning, West Norfolk CCG.
- 7.3** In the course of further discussion the following key points were made:
 - The Queen Elizabeth Hospital King's Lynn NHS Foundation Trust (QEH) was placed in special measures in October 2013.
 - In September 2014 the Monitor Contingency Planning Team (CPT) had commenced a five month programme of work to investigate the causes of the financial and clinical sustainability problems in the QEH and the wider West Norfolk health system. By March 2015 the CPT had completed its draft report. This was due to be presented in its final form to the Monitor Board in June 2015 when Monitor was expected to consider the future status of the QEH.
 - The West Norfolk Clinical Commissioning Group and the QEH were expected to publish their joint response to the CPT report at the same time as the Monitor Board was due to consider the CPT report.
 - The joint response would be published on the West Norfolk CCG website and made available in other formats on request.
 - The CCG awaited clarification on a number of important national issues that impacted on its plans for health and social care integration including

conflicting national comments about information sharing and risk aversion.

- Engaging with local people was a key consideration of the recovery programme. A series of drop-in events were continuing to be held to give local people the opportunity to find out more and to feed back on the work that had been done so far.
- In the course of discussion, having given due notice prior to the start of the meeting, and at the discretion of the Chairman, Cllr Alexandra Kemp, County Councillor for Clenchwarton and King's Lynn South, asked of Dr Sue Crossman the following question:

"To improve recovery and well-being, reduce costly out-of-county placements and deliver more local care in a community setting, could the CCG pioneer funding the running of residential care farms in west Norfolk, an area rich in rural tranquillity, and farms looking to diversify, including farms in Clenchwarton and West Winch in this Division?"

Dr Crossman gave the following answer to this question:

- Care farms were of particular benefit to people with low level mental health needs who were in a position to use their personal budgets to increase the number of care choices that were open to them. As such this issue was more a matter for adult social services than it was for the NHS which had to concentrate most of its limited resources on those with more severe mental health needs who would benefit from interventions in a hospital or home setting.
- It was not always possible to avoid making use of out of county placements; the needs of the patient were always the most important considerations.
- The challenges that were faced in west Norfolk included the rural geography of the area and a population that was ageing quicker than the national average.
- The West Norfolk CCG Alliance supported by the QEH were planning to have three or four strategically placed multi-disciplinary hubs from where it would be possible to have health and social organisations provide an integrated mental health care liaison service for those living in west Norfolk. From these hubs it would be possible to carry out crisis assessments and provide a single referral pathway into community services aimed at avoiding unnecessary admissions into acute hospital or care homes.
- The CCG valued having been given the opportunity to keep the Committee informed of developments concerning the review of health and social care systems in west Norfolk.

- 7.4** The Committee noted the West Norfolk Clinical Commissioning Group confirmed that it was not expecting there would be any proposals for major service reconfiguration in west Norfolk at this stage and that it would consult with the Committee on any such proposals that might arise in future. The Committee confirmed that it did not expect the CCG to attend with further reports about the system-wide review unless a 'substantial variation' in service was proposed.

8 Continuing Health Care

- 8.1** The Committee received a suggested approach from the Democratic Support and Scrutiny Team Manager to outline proposals from Norwich, North Norfolk, South Norfolk and West Norfolk Clinical Commissioning Groups for a forthcoming consultation on changes to Continuing Health Care (CHC) policy in their areas.
- 8.2** The Committee received evidence from Dr Anoop Dhesi, Chairman, North Norfolk Clinical Commissioning Group and Amanda Cousins, Associate Director of Delivery Improvement and Transformational Change, North East London

8.3 The evidence that the witnesses presented to the Committee included a detailed PowerPoint presentation. This has been placed on the County Council's NHOSC Committee papers website.

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

- The witnesses said that the four CCGs were looking to provide patients and their families with a comprehensive guide to CHC that explained how the National Framework, and those local policies on CHC over which the four CCGs had discretion, would be taken forward locally. The CCGs would focus their consultation on those elements of CHC where CCGs had discretion because the CCGs were not in a position to consult on the national framework.
- This was in line with good practice elsewhere.
- During the PowerPoint presentation it was pointed out that the four CCGs collectively spent £58m on NHS CHC patients in 2014/15. The four CCGs had a combined total of 1,007 patients at the current time in receipt of NHS CHC funding. The detailed breakdown of the number of patients in receipt of CHC could be found in the PowerPoint presentation.
- In reply to Members' questions the witnesses pointed out that a patient could be discharged from the care of a consultant when their treatment had finished and that there were patients who no longer needed CHC over time or whose circumstances had changed.
- In reply to further questions the witnesses said that the local consultation was not about placing limits on CHC expenditure and that it was not possible to provide the Committee with "yes" or "no" answers to questions as to whether the consultation would result in "less" or "more" money being made available for Continuing Health Care. The eligibility for NHS Continuing Healthcare placed no limits on the settings in which a package of support could be offered or on the type of service delivery.
- Withdrawal of services when people were no longer eligible, and how the NHS could better manage the transition back to local authority or self-funding, were key elements of the consultation.
- Caroline Fairless-Price, a Continuing Healthcare Patient and Norwich Living Group Member, said that it was very difficult for anyone to meet the national criteria used to assess eligibility for continuing healthcare. She said that the group of people receiving CHC had particularly complex needs and required individual solutions to meet their needs. She said that she was concerned that the consultation might be part of a wider agenda about placing caps on health expenditure in the four CCG areas for some of the most vulnerable people in the community. Caroline Fairless-Price went on to point out that the County Council had developed the Harwood Care and Support Charter as a tool to help individuals explain their needs to organisations. In reply, the witnesses said that they would report back to the CCGs the comments that had been made about using the Harwood Care & Support Charter card to open meaningful discussions with those who required help.
- Mark Harrison, Chief Executive of Equal Lives, asked what national benchmarking data was available to show where the Norfolk CCGs' current spending on Continuing Health Care stood in comparison to CCGs in other parts of the country. In reply, the witnesses said that they would be willing to provide Members of the Committee and Mark Harrison with this information.
- The witnesses said that they would be meeting in early June with key patient groups and Local Authority leads to explain the consultation process.

- 8.5** The Committee agreed that, subject to the CCGs' timetable, a consultation document on Continuing Health Care could be circulated to Members of the Committee at the time of the next meeting on 16 July 2015 but that an item would not be included on the agenda for that meeting. Instead 'Continuing Health Care' would be on the agenda for the meeting on 3 September 2015 at which time representatives of the CCG & Commissioning Support Unit would attend. Representations from other interested parties could also be heard at the meeting on 3 September 2015 at which time the Committee was expected to agree its response to the CCGs.

9 Norfolk Health Overview and Scrutiny Committee appointments

- 9.1** The Committee was asked to appoint members to Great Yarmouth and Waveney Joint Health Scrutiny Committee.
- 9.2** The Committee agreed to appoint the following Members to serve on the Great Yarmouth and Waveney Joint Health Scrutiny Committee for 2015/16:

Mr M Carttiss

Mr C Aldred

Vacancy (the Great Yarmouth Borough Council appointee to NHOSC yet to be nominated by the Borough Council).

- 9.3** The Committee also agreed to make the following appointments for 2015/16:-

Formal links with CCGs:-

North Norfolk CCG – M Chenery of Horsbrugh

South Norfolk CCG – Dr N Legg

Great Yarmouth & Waveney CCG – Mrs J Chamberlin

West Norfolk – M Chenery of Horsbrugh

Norwich – Mr B Bremner & substitute Mrs M Somerville

Formal links with NHS Provider Trusts

Queen Elizabeth Hospital, King's Lynn NHS Foundation Trust – substitute link member – M Chenery of Horsbrugh

Norfolk and Suffolk NHS Foundation Trust – M Chenery of Horsbrugh

Norfolk and Norwich University Hospitals NHS Foundation Trust – Dr N Legg; substitute Mrs M Somerville

James Paget University Hospitals NHS Foundation Trust – Mr C Aldred; substitute Mrs M Somerville

Norfolk Community Health and Care NHS Trust – substitute link member – Mrs M Somerville

- 9.4** The Committee agreed to make the remaining appointments at its next meeting on 16 July 2015:-

Link member for:-

Norfolk Community Health & Care NHS Trust

Queen Elizabeth Hospital NHS Foundation Trust

Substitute link members for:-

North Norfolk CCG

South Norfolk CCG

10 Forward work programme

10.1 The forward work programme was agreed with the following amendment:-

'Continuing Health Care' to be removed from 16 July 2015 agenda

The Committee noted that the 'Development of dementia services in West Norfolk' which was on the draft agenda for the meeting on 16 July 2015 was expected to be a consultation from the CCG regarding permanent changes following the trial period in March 2015.

10.2 The Democratic Support and Scrutiny Team Manager agreed to find out and let Members have details about reports in the media of a medical practice moving in Cromer.

Chairman

The meeting concluded at 1:10 pm



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