



Norfolk County Council

Norfolk Health Overview and Scrutiny Committee

Date: **Thursday 8th September 2022**

Time: **10.00am**

Venue: **Council Chamber, County Hall, Martineau Lane, Norwich**

Persons attending the meeting are requested to turn off mobile phones.

Members of the public or interested parties may, at the discretion of the Chair, speak for up to five minutes on a matter relating to the following agenda. A speaker will need to give written notice of their wish to speak to Committee Officer, Jonathan Hall (contact details below) by **no later than 5.00pm on Monday 5th September 2022**. Speaking will be for the purpose of providing the committee with additional information or a different perspective on an item on the agenda, not for the purposes of seeking information from NHS or other organisations that should more properly be pursued through other channels. Relevant NHS or other organisations represented at the meeting will be given an opportunity to respond but will be under no obligation to do so.

Membership

MAIN MEMBER

Cllr Daniel Candon

Cllr Penny Carpenter

Cllr Barry Duffin

Cllr Brenda Jones

Cllr Alexandra Kemp

Cllr Julian Kirk

Cllr Robert Kybird

Cllr Nigel Legg

Cllr Julie Brociek-Coulton

SUBSTITUTE MEMBER

Vacancy

Cllr Carl Annison / Cllr Michael Dalby / Cllr Chris Dawson / Cllr Lana Hemsall / Cllr Jane James

Cllr Carl Annison / Cllr Michael Dalby / Cllr Chris Dawson / Cllr Lana Hemsall / Cllr Jane James

Cllr Emma Corlett
Cllr Michael de Whalley

Cllr Carl Annison / Cllr Michael Dalby / Cllr Chris Dawson / Cllr Lana Hemsall / Cllr Jane James

Cllr Fabian Eagle
Cllr David Bills
Cllr Ian Stutely

REPRESENTING

Great Yarmouth Borough Council

Norfolk County Council

Norfolk County Council

Norfolk County Council
Borough Council of King's Lynn and West Norfolk

Norfolk County Council

Breckland District Council
South Norfolk District Council
Norwich City Council

Cllr Richard Price	Cllr Carl Annison / Cllr Michael Dalby / Cllr Chris Dawson / Cllr Lana Hemsall / Cllr Jane James	Norfolk County Council
Cllr Sue Prutton	Cllr Peter Bulman	Broadland District Council
Cllr Robert Savage	Cllr Carl Annison / Cllr Michael Dalby / Cllr Chris Dawson / Cllr Lana Hemsall / Cllr Jane James	Norfolk County Council
Cllr Lucy Shires	Cllr Robert Colwell	Norfolk County Council
Cllr Emma Spagnola	Cllr Victoria Holliday	North Norfolk District Council
Cllr Alison Thomas	Cllr Carl Annison / Cllr Michael Dalby / Cllr Chris Dawson / Cllr Lana Hemsall / Cllr Jane James	Norfolk County Council
CO-OPTED MEMBER (non voting)	CO-OPTED SUBSTITUTE MEMBER (non voting)	REPRESENTING
Cllr Edward Back	Cllr Colin Hedgley / Cllr Jessica Fleming	Suffolk Health Scrutiny Committee
Cllr Keith Robinson	Cllr Jessica Fleming	Suffolk Health Scrutiny Committee

**For further details and general enquiries about this Agenda
please contact the Committee Officer:**

Jonathan Hall on 01603 223053
or email committees@norfolk.gov.uk

This meeting will be held in public and in person

It will be live streamed on YouTube and members of the public may watch remotely by clicking on the following link: [Norfolk County Council YouTube](#)

However, if you wish to attend in person it would be helpful if you could indicate in advance that it is your intention to do so as public seating will be limited. This can be done by emailing committees@norfolk.gov.uk

The Government has removed all COVID 19 restrictions and moved towards living with COVID-19, just as we live with other respiratory infections. However, to ensure that the meeting is safe we are asking everyone attending to practise good public health and safety behaviours (practising good hand and respiratory hygiene, including wearing face coverings in busy areas at times of high prevalence) and to stay at home when they need to (if they have tested positive for COVID 19; if they have symptoms of a respiratory infection; if they are a close contact of a positive COVID 19 case). This will help make the event safe for all those attending and limit the transmission of respiratory infections including COVID-19.

Agenda

1. **To receive apologies and details of any substitute members attending**

2. **Minutes**

To confirm the minutes of the meeting of the Norfolk Health Overview and Scrutiny Committee held on 14 July 2022

(Page 5)

3. **Members to declare any Interests**

If you have a **Disclosable Pecuniary Interest** in a matter to be considered at the meeting and that interest is on your Register of Interests you must not speak or vote on the matter.

If you have a **Disclosable Pecuniary Interest** in a matter to be considered at the meeting and that interest is not on your Register of Interests you must declare that interest at the meeting and not speak or vote on the matter

In either case you may remain in the room where the meeting is taking place. If you consider that it would be inappropriate in the circumstances to remain in the room, you may leave the room while the matter is dealt with.

If you do not have a Disclosable Pecuniary Interest you may nevertheless have an **Other Interest** in a matter to be discussed if it affects, to a greater extent than others in your division

- Your wellbeing or financial position, or
- that of your family or close friends
- Any body -
 - Exercising functions of a public nature.
 - Directed to charitable purposes; or
 - One of whose principal purposes includes the influence of public opinion or policy (including any political party or trade union);
Of which you are in a position of general control or management.

If that is the case then you must declare such an interest but can speak and vote on the matter.

4. **To receive any items of business which the Chair decides should be considered as a matter of urgency**


5. **Chair's announcements**

- | | | | |
|----|------------------|---|--|
| 6. | 10:10 –
11:00 | Health and care for adults with learning disabilities / autism: Cawston Park Hospital Safeguarding Adults Review (SAR) – progress update | (Page 11) |
| 7. | 11:10 –
11:55 | Examination of the NSFT improvement plan following the Care Quality Commission inspection from November – December 2021 | At the time of publication of the agenda no reports or papers had been received from Norfolk & Suffolk NHS Foundation Trust. |
| 8. | 11:55 –
12:00 | Forward Work Programme | (Page 15) |

Tom McCabe
Head of Paid Service

County Hall
Martineau Lane
Norwich
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Date Agenda Published: 31 August 2022

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NORFOLK HEALTH OVERVIEW AND SCRUTINY COMMITTEE
Minutes of the meeting held at County Hall
on 14th July 2022

Members Present:

Cllr Alison Thomas (Chair)	Norfolk County Council
Cllr Julie Brociek-Coulton	Norwich City Council
Cllr Penny Carpenter	Norfolk County Council
Cllr Brenda Jones	Norfolk County Council
Cllr Alexandra Kemp	Borough Council of King's Lynn and West Norfolk
Cllr Robert Kybird	Breckland District Council
Cllr Nigel Legg	South Norfolk District Council
Cllr Richard Price	Norfolk County Council
Cllr Lucy Shires	Norfolk County Council
Cllr Emma Spagnola	North Norfolk District Council

Co-opted Member (non voting):

Cllr Edward Back	Suffolk Health Scrutiny Committee
Cllr Keith Robinson	Suffolk Health Scrutiny Committee

Substitute Members Present

Cllr Fabian Eagle substituting for Cllr Julian Kirk

Also Present:

Clare Angell (item 7)	Deputy Head of Children, Young People and Maternity Services – Norfolk & Waveney Integrated Care Board
Tricia D'orsi	Director of Nursing - Norfolk & Waveney Integrated Care Board
Alison Furniss (item 7)	Parent Carer Representatives and Board Member – Family Voice Norfolk
Kirsty Gannon (item 7)	Parent Carer Representatives and Board Member – Family Voice Norfolk
Rebecca Hulme (item 7)	Associate Director for Children, Young People and Maternity Services - Norfolk & Waveney Integrated Care Board
Abigail Ife (item 7)	Divisional Operations Manager – James Paget University Hospital Trust
Shepherd Ncube (item 6)	Head of Delegated Primary Care Commissioning - Norfolk & Waveney Integrated Care Board
Joanne Scott (item 7)	Matron, Community Paediatrics Services, Children & Young People Services – James Paget University Hospital Trust
Diane Smith (item 6)	Senior Programme Manager, Mental Health Strategic Commissioning Team - Norfolk & Waveney Integrated Care Board
Amie Swithenbank (item 7)	Interim Head of Children, Young People and Administrative Services – Norfolk Community Health & Care Trust
Mark Walker (item 7)	Operations Director – Specialist Systems Operations and Children's Services - Norfolk Community Health & Care Trust

Online:

Dr Ardyn Ross (item 6)	Practising GP Partner – Norfolk & Waveney Primary Care
Emma Willey (item 6)	Head of Mental Health - Norfolk & Waveney Integrated Care Board

Officers:

1 Apologies for Absence

- 1.1 Apologies for absence were received from Cllr Sue Prutton, Cllr Robert Savage, Cllr Daniel Candon, Cllr Barry Duffin and Cllr Julian Kirk (substitute Cllr Fabian Eagle). Cllr Eagle is both a District and County Councillor but was substituting for the County Council.

2. Minutes

- 2.1 The minutes of the previous meetings held on 12 May 2022 and 28 June 2022 were agreed as an accurate record of the meetings and signed by the Chair.

3. Declarations of Interest

- 3.1 Cllr Spagnola declared that she was a member of Family Voice Norfolk in relation to Item 7.

4. Urgent Business

- 4.1 There were no items of urgent business.

5. Chair's Announcements

- 5.1 The Chair had no announcements.

6 Annual Health Checks for: people aged over 14 with Learning Disabilities, Looked After Children and Adults with Severe Mental Illness in Norfolk and Waveney

- 6.1 The Committee received the annexed report (6) from Dr Liz Chandler, Scrutiny & Research Officer, which provided an update on progress since the briefing to members in March 2021.
- 6.2 The Committee received evidence in person from representatives of Norfolk & Waveney Integrated Care Board, Shepherd Ncube, Head of Delegated Primary Care Commissioning and Diane Smith Senior programme Manager, Mental Health Strategic Commissioning Team and online from Emma Willey head of Mental Health and Dr Ardyn Ross, practising GP Partner.
- 6.3 The reports submitted were taken as read and during the ensuing discussion the following points were noted:
- The committee were pleased to note that proactive home visits to carry out annual health checks were taking place to capture the 2000 individuals whose check was outstanding from quarters 3 and 4.
 - Upskilling of all healthcare professionals that engaged with patients was helping to increase the number of annual checks taking. More work was required in this area but progress was being made.
 - GP practices were moving to a system where checks are spread out over a 12 month period to manage workflows more effectively. The practices were also

- encouraging the families of patients with a learning disability to get in touch to promote the checks and to ensure these were carried out in a timely fashion.
- A birthday card initiative had been introduced where a patient on their fourteenth birthday received a card encouraging them to come for a check and to follow up annually. It was hoped that starting at this age would lead to patients developing the habit of an annual check to continue into adulthood.
 - Working with the voluntary sector had become an important element to help to reach out to all those eligible for an annual health check.
 - Learnings from the short term funded initiatives to help increase the number of checks taking place had been incorporated into the governance structure and were being used to help secure long term funding to ensure the momentum was not lost.
 - Plans were in place to ensure those checks that did not take place last year and were being prioritised did not affect the drive to ensure new patients were contacted and checks undertaken.
 - Young people aged 14 and upwards were encouraged to undertake an annual health check. Prior to that age parents and guardians would be contacted directly.
 - Work had taken place to encourage young people (14 years and upward) which included creating a video, co-produced by the young people themselves to demystify the checks as well as providing information in an easy read format.
 - Care coordinators were being utilised by GP practices to help identify and contact those who had not undertaken a health check.
 - Learning Disability teams had been visiting GP practices to ensure they were as welcoming and reassuring as possible for those attending for the annual health check.
 - Annual Health checks were regularly promoted in primary care webinars and publications to reflect the importance of the checks to primary care staff.
 - Combining the different groups of annual health checks, for example those with an eating disorder and a learning disability, demonstrated to GP practices that undertaking the checks would help support the financial viability of the roles of the mental health practitioners.
 - It was acknowledged that both recovery workers and peer support workers could also engage and undertake checks to aid the workload of the mental health practitioners.
 - There were a number of strands to help increase the number of health checks being undertaken, including drop in services, working with the voluntary sector and using other healthcare professionals. The difficulties for recruitment to new roles was a concern, although these concerns were across the sector in all areas and not just mental health.
 - Some checks if not fully completed were not being signed off if one or more elements of the check had not been completed. However, not all elements were relevant for every patient. It was acknowledged that work was required to analyse the data to reflect those situations and correct them.
 - The longest outstanding annual health check was 3 months and plans were in place with the two providers to increase capacity and ensure the quality of the checks.
 - It was hoped for the future that any strategy meeting for a child would include all healthcare professionals including those that had undertaken the annual health check. However, currently if that wasn't possible other professionals at that meeting would have the knowledge of the patients and the data available from their annual check.

- 6.4 The Chair concluded the discussion summarising that the improvement in Learning Disabilities annual health checks from 49% to 79% was significant and it was hoped that this momentum would continue. The capacity issue around checks for looked after children remained a challenge but the recruitment of the roles by NCHC should be in place in August 2022 which would help increase the number of checks undertaken within the catch up programme. The peripatetic pilot had been successful and it was hoped that more sustainable long term funding could be found for these roles. The Chair thanked colleagues from NHS and ICB for attending.

The committee undertook a comfort break and re convened at 11.20am

7 Children's Neurodevelopmental Disorders - waiting times for assessment & diagnosis

- 7.1 The Committee received the annexed report (7) from Dr Liz Chandler, Scrutiny & Research Officer, which provided an update on waiting times for assessment and diagnosis for neurodevelopment disorders since the last report to the committee in July 2021.
- 7.2 The Committee received evidence in person from representatives of Norfolk & Waveney Integrated Care Board; Clare Angell Deputy Head of Children, Young People and Maternity (CYPM) Services, Rebecca Hulme, Associate Director for Children, Young People and Maternity Services and James Paget University Hospital Trust; Joanne Scott Matron, Community Paediatrics Services, CYP Services, Abigail Ife, Divisional Operations Manager James Paget University Hospital and Norfolk Community Health and Care Trust; Amie Swithenbank Interim Head of Children, Young People and Administrative Services, Mark Walker, Operations Director - Specialist, System Operations and Children's Services and Family Voice Norfolk: Kirsty Gannon, Parent Governor and Alison Furniss, Parent Governor.
- 7.3 The reports submitted were taken as read and during the ensuing discussion the following points were noted:
- It was accepted that the waiting time for diagnoses was longer than was desirable and that every effort was being made to reduce these times. The journey to diagnoses was long and support and guidance was required at every step. Partners and stakeholders alike, including parents were working together to improve matters and there were a number of positive changes taking place.
 - Additional educational needs should be met by schools and colleges regardless of whether or not a pupil had a defined diagnosis.
 - The waiting lists to first assessment had increased over the past 12 months due to the impact that Covid had on schools. This increase was anticipated by the system as early indicating symptoms in children had not been picked up.
 - Waiting times for the James Paget University Hospital were now on par with those levels for Central and West Norfolk.
 - Norfolk Community Care and Health Trust had secured additional funding to help recruit more clinicians although the impact of this is unlikely to be seen until 2023.
 - An additional £1.6m had been secured over the next 3 years to establish a key worker team to support children where a diagnoses of a learning disability and/or autism or where there was a suspected likely diagnoses. The team had been in place since September 2021 and had contacted over 1500 families already. The impact of this was making a real difference for families.
 - A further £300,000 had been secured to provide a pathway for avoidant restrictive food intake disorder (ARFID). This pathway had finished the scoping

stage and work was being undertaken with mental health colleagues on how this pathway would feature in mental health services.

- Funding of £200,000 had also been secured to test initiative models of care. It was acknowledged that the status quo of care pathways could not continue especially in a post pandemic environment.
- The next 12 months would also see the results of a £1m funding requirement to test the results of the assessment framework for diagnoses. It was known that the independent sector did have the ability to undertake assessment but this had not been considered previously by the public sector. These options were now being explored although it was too early to provide results at this stage, confidence was high that this involvement would help reduce waiting times for assessment.
- Measures were in place to talk to educational colleagues to avoid an independent diagnoses not being accepted by schools and colleges particularly as the independent sector was likely to feature more with the additional funding of £1m.
- The key worker team would provide support if an individual was highly likely to be confirmed as neuro divergent, on a waiting list and at risk of admission.
- This was no requirement for an educational psychologist assessment to be undertaken before assessment of an individual could take place, although it was acknowledged that the pathway for assessment was long and varied as the needs of every individual was complex. Diagnoses was life long so pursuing this line of assessment had to be carefully considered.
- Prevention was key to ensuring that help and support was given at the earliest opportunity and that work was taking place not only with schools but with early years providers as well to help identify a child's needs.
- It was acknowledged that since the last CQC and OFSTED reports from 2020 the service was in a very different place and significant measures had been put in place to improve services although there was still some way to go the overall trend was upward.
- The £1m funding to work with the independent sector to reduce diagnoses waits was not recurrent funding. However, once the model had been established any further monies available could quickly be utilised in the same manner.

- 7.4 The Chair concluded the discussion and thanked Clare Angell and her team for their passion and understanding of the challenges that existed and the determination to improve services. It was hoped that the additional funding mentioned and the initiatives to help improve services would reduce waiting times for diagnoses and provide support and guidance to families. Additionally, schools and early years providers could treat the symptoms and make the adjustments needed without having to have a diagnosis. Those who home schooled also required the same level of support and should not be forgotten by the system. Cllr Spagnola indicated that she was happy to work with Clare Angell outside of the committee to provide that additional information and comment.

The Chair recommended that this topic be added to a briefing note to the committee in fifteen months' time at which point the committee could decide whether to add the item again to the forward work programme.

8 Forward Work Programme

- 8.1 The Committee received a report from Peter Randall, Democratic Support and Scrutiny Manager which set out the current forward work programme and briefing details that were agreed subject to the following additions:

Briefing

August 2022

- Update on NHS dentistry services in Norfolk.
- Additional information on provision of training for GP surgeries for menopause services.

October 2022

- Fragmentation of crisis provision in mental health

Date TBC

- Data on numbers and symptoms of those suffering with long COVID.
- Coordination and administration of patients transferred between acute hospitals.

Meeting

November 2022

- NHS dentistry services – access for patients and award of new NHS contracts.

- 8.2 The Chair encouraged members to attend one of the briefing sessions to be given by NSFT which the committee would discuss in September 2022. A letter from the Health Minister had been received regarding dentistry in Norfolk but had yet to be distributed to the committee. The Chair considered that given the circumstances that dentistry was an item that would need to be added to the forward work plan in the near future.

**Alison Thomas Chair
Health and Overview Scrutiny Committee**

The meeting ended at 12.27pm



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**Health and care for adults with learning disabilities / autism:
Cawston Park Hospital Safeguarding Adults Review (SAR) –
progress update**

Suggested approach from Liz Chandler, Scrutiny and Research Officer

The Chair of Norfolk Safeguarding Adults Board (NSAB) has been invited to give a verbal update following Norfolk Safeguarding Adults Board Progress Summit on the Cawston Park Hospital Safeguarding Adults Review (SAR).

1. Purpose of today's meeting

- 1.1 To receive a verbal update from Heather Roach, the independent Chair of NSAB, on its Progress Summit into the Cawston Park SAR which took place on 6 September 2022.

2. Background

- 2.1 The Safeguarding Adults Review (SAR) published a report into the deaths of three patients at Cawston Park Hospital on 9 September 2021. The report followed the deaths of Joanna, "Jon" and Ben, all adults in their 30s, who had learning disabilities and had been patients at Cawston Park Hospital. They died within a 27-month period (April 2018 to July 2020). The report can be viewed via this link: [Joanna, Jon and Ben - published September 2021 | Norfolk Safeguarding Adults Board](#)
- 2.2 The recommendations of the SAR were wide ranging and related to challenges in structures and the whole health and care system. A total of 13 recommendations for system change and learning were made of which four were specific to Norfolk. The full list of recommendations can be viewed via this link: [NHOSC November 2021](#).
- 2.3 To mark a year from the publication of the report and recommendations, the NSAB organised a Progress Summit to review what progress has been made against these recommendations, taking place on the 6th September 2022.

All organisations working on the recommendations have been invited to give updates on the progress, with a focus on three key questions:

- What have you achieved against the recommendations (relevant to the organisation)?
- What actions are still in progress?
- Where are the blockages or challenges to achieving the outcomes of the recommendations?

3.0 Previous reports to NHOSC

- 3.1 At its meeting on 4 November 2021, NHOSC received a report from the NSAB Chair on the plans of the NSAB and local partners around implementation of recommendations in the report of the Cawston Park Hospital SAR. The report can be viewed via this link: [NHOSC November 2021](#).
- 3.2 At this meeting NHOSC asked for scrutiny of the local health and social care partners' joint progress towards implementing the recommendations that are relevant to them to be scoped and added to its forward work programme.
- 3.3 In February 2022 NHOSC received a briefing from the Chair of NSAB with an update on the SAR recommendations was received from the Chair of NSAB.
- 3.4 A scoping document drafted in consultation with the Chair and Vice Chair of NHOSC and the Chair of NSAB was also included for future approval by the committee.
- 3.5 At the NHOSC meeting in March 2022, the committee approved the scoping document originally set out in draft form on the NHOSC briefing in February 2022. The scoping document can be viewed via this link: [NHOSC March 2022](#).
- 3.6 Further updates providing an overview of progress against both the national and local recommendations to date were received from the NSAB Chair in the NHOSC Briefings for April and August 2022.

4.0 Suggested approach

- 4.1 The following 'suggested approach' for this meeting was approved by NHOSC as part of the scoping document approved at the meeting in March 2022. (Previous references to the CCG have been replaced with ICB):

a. What has changed in the way that commissioners check the quality of the services they are commissioning for Norfolk and Waveney patients

- The ICB's process for ongoing checking of quality of service in the hospitals in which Norfolk and Waveney residents with learning disabilities / autism and mental health needs are placed, including checking daily activities, physical healthcare, sleep (including support for use of CPAP), and medication. What processes are in place to escalate concerns where necessary? Evidence of what is done differently since the Cawston Park Hospital review.
- How does the ICB check that the hospitals in which it places patients are taking a family-centred approach to their care and engaging the expertise of their relatives as appropriate?

- How does the ICB liaise with families to check their impression of the quality of care the patient is receiving?
- Throughout the pandemic, infection control measures have been in place which might hinder the ability of the ICB to adequately maintain rigorous checks over the quality of service provided to adults in care. What arrangements were put in place to ensure that effective oversight was maintained throughout.
- What action does the ICB take if the CQC lowers the rating of a facility in which Norfolk and Waveney residents are placed, eg. from 'Good' to 'Requires Improvement' or 'Inadequate'?
- What is Adult Social Care's process for making quality checks in the separate area of longer-term residential care for adults with learning disabilities. How does it draw on lessons from the ICB's experience in the mental healthcare area? What changes has Adult Social Care made to its quality check process since the Cawston Park Hospital review?

b. What has been done towards reducing hospitalisation, distance from home and length of stay

- How many Norfolk and Waveney residents are currently placed in hospitals for adults with learning disabilities / autism and mental health needs? What are the geographic locations; are the hospitals NHS or private; what are their current CQC ratings?
- What is the trend in hospital placement of patients from Norfolk and Waveney in terms of numbers, length of stay and placement close to home?
- The ICB's progress towards more community-based services to help avoid hospitalisation for adults with learning disabilities and mental health needs.
- To what extent are patients from Norfolk and Waveney in the position of 'delayed discharge' from the hospitals in which they are placed?
- How do the ICB and Adult Social Care facilitate timely discharge of patients from hospital? What additional steps have they taken to ensure timely discharges since the Cawston Park Hospital review?

c. What is now done differently when issues around specific facilities / providers become known to the ICB and Adult Social Care commissioners


- When the ICB and / or Adult Social Care have concerns about a facility or a provider in Norfolk and Waveney, or in different parts of

the country in which any of our residents are placed, do they proactively liaise with ICBs, Adult Social Care departments and other agencies across the country who also place people with that facility / provider to alert them to concerns?

- Do the ICB and Adult Social Care alert the CQC to issues which they pick up during their monitoring of facilities and are they satisfied with the way the ICB has handled any such reports since the Cawston Park Hospital SAR? How do the ICB and Adult Social Care monitor the CQC's response to their reports and what action can they take if they are not satisfied with the CQC's response?
- Is there a system to keep track of where managers, clinical staff and support staff from a facility that has been rated 'inadequate' and found to have an unacceptable culture towards patient care go on to work when that facility is closed down? Is there a system to ensure appropriate re-training and support for staff coming from such a facility?
- Is Adult Social Care up-to-date with keeping other local authorities from across the country who place residents in Jeasal Group residential care homes in Norfolk informed about the issues around the overall stability of the provider?

5.0 Action

- 5.1 The committee may wish to consider whether to make comments or recommendations as a result of today's discussion.

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Norfolk Health Overview and Scrutiny Committee

Proposed Forward Work Programme 2022

ACTION REQUIRED

Members are asked to consider the current forward work programme:-

- whether there are topics to be added or deleted, postponed or brought forward;
- to agree the agenda items, briefing items and dates below.

NOTE: These items are provisional only. The OSC reserves the right to reschedule this draft timetable.

<i>Meeting dates</i>	<i>Main agenda items</i>	<i>Notes</i>
8 Sept 2022	<p><u>Health and care for adults with learning disabilities / autism</u> - local health and social care partners' joint action following the recommendations of the Cawston Park Hospital Safeguarding Adults Review.</p> <p><u>Norfolk and Suffolk NHS Foundation Trust</u> – action plan for improvement</p>	
10 November 2022	<u>Access to NHS Dentistry in Norfolk and Waveney</u> – A follow up on actions from the NHOSC meeting held in March 2022	

Information to be provided in the NHOSC Briefing 2022

- Oct 2022 - **Overview of people's health in Norfolk** – annual update from Norfolk County Council Public Health
- **Cawston Park Hospital Safeguarding Adults Review** – update from Norfolk Safeguarding Adults Board on action underway to address the recommendations.
- Date TBC (Feb 23?) - **Prisoner healthcare services** -update on recovery of services from the pandemic.

Primary Care Estates – an update on the primary care estate across Norfolk and Waveney

NHOSC Committee Members have a formal link with the following local healthcare commissioners and providers:-

Norfolk and Waveney CCG	- Chair of NHOSC (substitute Vice Chair of NHOSC)
Queen Elizabeth Hospital, King's Lynn NHS Foundation Trust	- Julian Kirk (substitute Alexandra Kemp)
Norfolk and Suffolk NHS Foundation Trust (mental health trust)	- Brenda Jones (substitute Lucy Shires)
Norfolk and Norwich University Hospitals NHS Foundation Trust	- Dr Nigel Legg
James Paget University Hospitals NHS Foundation Trust	- Daniel Candon
Norfolk Community Health and Care NHS Trust	- Emma Spagnola



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