

**NORFOLK HEALTH OVERVIEW AND SCRUTINY COMMITTEE
MINUTES OF THE MEETING HELD AT COUNTY HALL, NORWICH
On 3 September 2015**

Present:

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| Mr C Aldred | Norfolk County Council |
| Ms S Bogelein | Norwich City Council |
| Mr B Bremner | Norfolk County Council |
| Mr M Carttiss (Chairman) | Norfolk County Council |
| Mrs J Chamberlin | Norfolk County Council |
| Michael Chenery of Horsbrugh | Norfolk County Council |
| Mr D Harrison | Norfolk County Council |
| Mrs L Hempsall | Broadland District Council |
| Mrs S Matthews | Breckland District Council |
| Mrs S Young | Borough Council of King's Lynn and West Norfolk |

Substitute Member Present:

Mrs J Virgo for Mrs M Somerville Norfolk County Council
Mr N Smith for Mrs A Claussen-Reynolds North Norfolk District Council

Also Present:

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| Professor Mike Sampson | Joint Chairman of the Central Norfolk Integrated Diabetes Management Group and Consultant Diabetologist at the N&N |
| Dr Nigel Thomson | Joint Chairman of Central Norfolk Integrated Diabetes Management Group, Chairman of the Diabetes Facilitator Management Board (and a GP) |
| Candy Jeffries | Cardiovascular Strategic Clinical Network Manager, NHS England Midlands and East (East) |
| Dr Nick Morrish | Consultant Diabetologist and Strategic Clinical Network Diabetes Lead, NHS England Midlands and East (East) |
| Dr James Hickling | Deputy Medical Director and Caldicott Guardian, NHS England Midlands and East (East). (Note-a <i>Caldicott Guardian</i> was a senior person responsible for protecting the confidentiality of patient information). |
| Sarah Johnson | Commissioner for Diabetes, West Norfolk CCG |
| Julie Widdowson | Diabetes Educator, Service Lead, Norfolk Community Health and Care |
| Maureen Orr | Democratic Support and Scrutiny Team Manager |
| Tim Shaw | Committee Officer |

1. Apologies for Absence

Apologies for absence were received from Mr R Bearman, Mrs A Claussen-Reynolds, Dr N Legg, Mrs M Somerville and Mrs S Weymouth. An apology for absence was also received from Mr C Walton (Head of Democratic Services, Norfolk County Council).

2. Minutes

The minutes of the previous meeting held on 16 July 2015 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 new day case theatre complex at the James Paget Hospital

The Chairman said that on 7 August 2015 he was very pleased to have taken up an invitation from the James Paget University Hospitals NHS Foundation Trust to visit the new day case theatre complex at the James Paget Hospital. The trust was justifiably proud of this new state-of-the-art facility. The building was a vertical extension, which added a third floor to part of the hospital. It had increased the total number of theatres at the hospital from 7 to 8, providing increased capacity for day case procedures and emergency operations.

5.2 The Chairman added that this new £8 million complex included three day care theatres, a new day case ward and associated areas. The facilities were very modern and the new theatres provided an ultra-sterile operating environment created by a hi-tech air flow system. Energy costs would be reduced with power supplied from the site's own solar panels. The new complex would bring numerous benefits to both patients and staff at the James Paget Hospital for years to come. Not least they would help to reduce demand on beds and patients' length of stay in hospital.

5.3 Mrs Lana Hemsall

The Chairman welcomed Mrs Lana Hemsall from Broadland District Council to her first meeting of the Committee.

6. Diabetes Care within Primary Care Services in Norfolk

6.1 The Committee received a suggested approach from the Democratic Support and Scrutiny Team Manager to reports on the delivery of diabetes care within Primary Care Services in Norfolk from NHS England Midlands and East (East), West Norfolk Clinical Commissioning Group and a presentation from the Central Norfolk Integrated Diabetes Management Group.

- 6.2 The Committee received evidence from Professor Mike Sampson, Joint Chairman of the Central Norfolk Integrated Diabetes Management Group and Consultant Diabetologist at the N&N, Dr Nigel Thomson, Joint Chairman of Central Norfolk Integrated Diabetes Management Group, Chairman of the Diabetes Facilitator Management Board (and a GP), Candy Jeffries, Cardiovascular Strategic Clinical Network Manager, NHS England Midlands and East (East), Dr Nick Morrish, Consultant Diabetologist and Strategic Clinical Network Diabetes Lead, NHS England Midlands and East (East), Dr James Hickling, Deputy Medical Director and Caldicott Guardian, NHS England Midlands and East (East), Sarah Johnson, Commissioner for Diabetes, West Norfolk CCG and Julie Widdowson, Diabetes Educator, Service Lead, Norfolk Community Health and Care.
- 6.3 The Committee received a detailed presentation from Professor Mike Sampson which can be found on the Committee's website.
- 6.4 In the course of discussion the following key points were made:
- There were an estimated 3.2 million people in England with diabetes of whom 2.8 million had been diagnosed. A further 5 million people in England were at risk of Type 2 diabetes, and by 2030 more than 4 million people in England would have the disease.
 - 90% of people with diabetes had Type 2, and the majority of these cases could be prevented or delayed.
 - Many more people had blood sugar levels above the normal range but not high enough to be diagnosed as having diabetes, a condition which was known as pre-diabetes.
 - North Norfolk CCG and West Norfolk CCG had some of the highest levels of people with diabetes in the UK. To a large extent this was due to the older age profile of the population in these areas of Norfolk.
 - The health and financial burdens of this disease were high and would continue to grow unless more was done to prevent it.
 - The witnesses stressed the importance of health checks which assisted in the detection of any early signs of diabetes so that they could be caught and treated successfully. They said that GPs were able to provide support with lifestyle choice such as how to enjoy healthy foods, how to adjust the diet and how to keep active.
 - The witnesses also said that not enough was being done in society generally to tackle high levels of diabetes which had reached epidemic proportions.
 - It was suggested by Members that a high visibility advertising campaign, better food labelling and more appropriate display of food items in supermarkets would go some way to raise public awareness of the issue. More work needed to be done at a government level to tackle the issue.
 - A successful high visibility media campaign, similar to that which had led to reduced salt levels in food, and the wide range of measures that were continuing to be taken in society to reduce smoking, was needed if high levels of diabetes were to decrease.
 - There was a danger that children born to women with gestational diabetes were more likely to go on to develop type 2 diabetes themselves.
 - As obesity rates in children continued to soar, type 2 diabetes, a disease that was seen primarily in adults over age 45, was becoming more common in young people.

- The diagnosis of diabetes in a child or young person also affected the child's parents, teachers, friends and other carers. It was, therefore, vital that children and young people, and their families, received support that met their needs from diagnosis to transfer to adult services, including support in school settings such as Sure Start Centres.
- Following Public Health England, NHS England and Diabetes UK call for expressions of interest from local partnerships in becoming first wave sites for the NHS Diabetes Prevention programme several nationally recognised pilot diabetes prevention sites had been identified. Unfortunately none of these sites, which would be tasked with implementing and evaluating evidence based approaches to Type 2 diabetes prevention, were situated in Norfolk. However, a similar regional initiative that involved the Norfolk CCGs and their partners working together to deliver behavioural change interventions to prevent Type 2 diabetes in this area, had been given the go ahead. This initiative was welcomed by the Committee.
- The Committee noted that no significant progress had been made with the national system linking diabetic eye screening programmes with GP systems (GPDRS). The witnesses said that this project had been in a state of development for over a decade and was unlikely to progress in the immediate future.
- The Committee also noted the information supplied in the report on increasing prevalence of diabetes and Quality Outcomes Framework (QOF) 2013-14 data showing better delivery of care for people with diabetes in primary care that appeared in the National Diabetes Audit 2012-13.

6.5 It was noted that any additional questions from Members about Norfolk Diabetes QOF 2013-14 could be addressed to Dr James Hickling via Maureen Orr. Further information and advice on type 2 diabetes was available on-line at :-
www.nnuh.nhs.uk/videos/adulthooddiabetes
www.nnuh.nhs.uk/podcasts/adulthooddiabetes

7. Forward work programme

7.1 The forward programme was approved with the following changes:-

Policing and Mental Health Services – moved from 15 October 2015 to February 25 February 2016.

Children's and Young People's Mental Health – terms of reference approved and item scheduled for 3 December 2015.

The 14 January 2016 meeting of the Committee was cancelled.

Members who had items which they wished to have considered for inclusion in the forward work programme were asked to contact Maureen Orr, Democratic Support and Scrutiny Team Manager in the first instance.

7.2 The Committee agreed to make the following appointments:-

Great Yarmouth and Waveney CCG substitute link member – Mrs Marlene Fairhead

South Norfolk CCG substitute link member – Mrs Margaret Somerville

Chairman

The meeting concluded at 12.05 pm



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