

**NORFOLK HEALTH OVERVIEW AND SCRUTINY COMMITTEE
MINUTES OF THE MEETING HELD AT COUNTY HALL, NORWICH
On 26 February 2015**

Present:

Mr J Bracey	Broadland District 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 M Somerville	Norfolk County Council
Mrs S Weymouth	Great Yarmouth Borough Council

Substitute Member Present:

Ms E Morgan for Mr R Bearman, Norfolk County Council
Ms S Bogelein for Mrs C Woollard, Norwich City Council

Also Present:

Matt Broad	Locality Director for Norfolk, Suffolk and Cambridgeshire, East of England Ambulance Service NHS Trust
Mark Burgis	Head of Clinical Pathway Design, North Norfolk Clinical Commissioning Group
Chris Cobb	Director of Medicine and Emergency Services, Norfolk and Norwich University Hospitals NHS Foundation Trust
Sam Revill	Research Manager, Healthwatch Norfolk
David Russell	Member of the public (formerly a member of the LINK ambulance group)
Sharon Roberts	Eastern Regional Manager of Diabetes UK
Suzanne Meredith	Public Health Consultant
Chris Walton	Head of Democratic Services
Maureen Orr	Democratic Support and Scrutiny Team Manager
Tim Shaw	Committee Officer

1 Apologies for Absence

Apologies for absence were received from Mr C Aldred, Mrs A Claussen-Reynolds,

Mr R Bearman, Mr R Kybird, Dr N Legg, Mrs C Woollard and Mr A Wright.

2. Minutes

The minutes of the previous meeting held on 15 January 2015 were confirmed by the Committee and signed by the Chairman.

3. Declarations of Interest

Ms. Elizabeth Morgan declared an “other interest” in that she had been appointed by the County Council to serve on the Norfolk Community Health and Care NHS Trust Council of Governors.

4. Urgent Business

There were no items of urgent business.

5. Chairman’s Announcements: Members’ visit to Norfolk Constabulary control room

- 5.1** The Chairman said that Norfolk Constabulary had offered another opportunity to visit the police control room for Members of NHOSC who were unable to attend previously. The visit was to observe the liaison between mental health staff and police in the control room. The potential dates were:-

Thursday 9 April 2015, 10.00am or 2.00pm
Tuesday 14 April, 2.00pm

- 5.2** The Chairman added that if any more Members of the Committee were interested in visiting this service they should contact Maureen Orr who would circulate the dates by email after this meeting and confirm the one that suited most people.

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 a report from NHS England East Anglia Area Team (EAAT), with input from Norfolk County Council Public Health, on the performance of services commissioned for detection and diagnosis of diabetes and for the long term care of people with diabetes in Norfolk.
- 6.2** It was noted that the officers of NHS England East Anglia Area Team who were currently responsible for the commissioning of primary care were unable to attend today’s meeting and had sent their apologies. They had offered to provide written answers to any questions that the Committee wished to raise with them.
- 6.3** The Committee received a presentation from Sharon Roberts, Eastern Regional Manager of Diabetes UK, who gave the charity’s views about diabetes services in Norfolk. The Committee also heard from Suzanne Meredith, Public Health Consultant, Norfolk County Council who answered questions regarding prevention of diabetes and NHS Health Checks in Norfolk.
- 6.4** In the course of discussion the following key points were made:
- The detailed presentation that was given by Sharon Roberts, Eastern Regional Manager of Diabetes UK, showed that across the full range of care

processes and treatments included in the Diabetes UK audit, North Norfolk and South Norfolk were the 1st and 2nd best performing areas out of 19 areas in the region. West Norfolk was 7th, Norwich was 11th and Great Yarmouth and Waveney was 19th.

- The Chairman said that Great Yarmouth and Waveney CCG area's apparently poor results in the Diabetes UK 2012-13 audit of target care processes and treatments could be raised at the Great Yarmouth and Waveney Joint Health Scrutiny Committee.
- The witnesses explained the reasons why it was important to increase the uptake of NHS Health Checks for diabetes.
- They said that GPs, and those pharmacists who were registered to give diabetes advice, 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. Health checks assisted in the detection of any early signs of diabetes so that they could be caught and treated successfully.
- It was suggested by a Member that a high visibility advertising campaign, such as at a football club, might help raise public awareness of the issue.
- The witnesses said that there were a number of risk factors for diabetes, some of which were preventable, such as weight gain around the middle, high cholesterol levels and high blood pressure.
- Losing weight, stopping smoking and reducing alcohol intake could all help to lower the risk of developing type 2 diabetes mellitus.
- In addition to these individual risk factors, certain ethnic communities and people from lower socioeconomic groups were particularly at risk.
- Factors which influenced someone's risk of type 2 diabetes included: weight, waist circumference, and age, lack of physical activity and whether or not they had a family history of type 2 diabetes.
- The witnesses did, however, say that they were unaware of any research into the links between children with diabetes and if their parents had such a condition but would investigate the matter and let Mrs Orr, the Democratic Support and Scrutiny Team Manager, know the outcome.
- Being overweight or obese was said to be the main contributing factor for type 2 diabetes. In addition, having a large waist circumference increased the risk of developing type 2 diabetes.
- Men were at high risk if they had a waist circumference of 37 inches or above. Women were at high risk if they had a waist circumference of 31.5 inches or above.
- The above classification did not apply to some population groups, such as for example, some South Asian adults. For men in this classification there was a high risk if they had a waist circumference of 35 inches.
- The witnesses said that some medications had been shown to lower the risk of type 2 diabetes amongst particularly high-risk cases, such as those with mental health issues, where lifestyles interventions alone might not be enough. There had also been research into emergence of diabetes as a side effect of certain drugs used for psychiatric disorders.

6.5 The Committee **agreed** that information about links between drugs for mental health issues and diabetes should be circulated to Members.

6.6 The Committee also **agreed** that NHS England East Anglia Area Team (the current commissioners of GP services) should to be invited to attend a future meeting to answer Members' questions at the meeting and not in writing.

6.7 In addition, the Committee **agreed** that representatives from the West Norfolk Clinical Commissioning Group area should be invited to that meeting to discuss

their performance in delivering care processes and treatment targets for diabetes in primary care.

7 Ambulance response times and turnaround times at hospitals in Norfolk

7.1 The Committee received a suggested approach from the Democratic Support and Scrutiny Team Manager to reports on trends in ambulance response and turnaround times in Norfolk, and the action underway to improve performance. The reports were from the East of England Ambulance Service NHS Trust (EEAST), the N&N as the largest hospital in Norfolk, and the North Norfolk CCG as the lead commissioner of the N&N.

7.2 The Committee received evidence from Matt Broad, Locality Director for Norfolk, Suffolk and Cambridgeshire, East of England Ambulance Service NHS Trust (EEAST), Mark Burgis, Head of Clinical Pathway Design, North Norfolk Clinical Commissioning Group, Chris Cobb, Director of Medicine and Emergency Services, Norfolk and Norwich University Hospitals NHS Foundation Trust and Sam Revill, Research Manager, Healthwatch Norfolk. The Committee also heard from David Russell, Member of the public (formerly a member of the LINK ambulance group).

7.3 The Committee received an apology for absence from James Elliott, Deputy Chief Executive, Norwich Clinical Commissioning Group.

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

- The witnesses explained the detailed ambulance response times for Norfolk, set against the agreed trajectories for each CCG, that were included in the report.
- The witnesses also explained performance trends in respect of response times, stroke 60 transport times and turnaround times at the three acute hospitals in Norfolk.
- The witnesses said that EEAST was experiencing high levels of activity. So far this year EEAST had dealt with over 133,000 calls on the 999 service. This was over 6,000 more calls than the commissioned level of activity. This high level of activity had impacted on EEAST's ability to make improvements in its services.
- However, ambulance crew recruitment and training activity was on track and more trainees were now working on the ambulances.
- The witnesses said that as well as increasing the number of ambulance crews EEAST was undertaking a review of its organisational structure to allow for more resources to be transferred to front line services. The review included the introduction of new technology at EEAST's headquarters to help run its operational services.
- Throughout 2014/2015 there had been an unprecedented rise in the demand for A&E services.
- Ambulance arrivals at A&E at the NNUH were currently showing an increase of 8% on the same period in 2013/14.
- The NNUH planned to take on 9 additional junior doctors in a staged approach with 5 to be recruited this year and 4 next year.
- The witnesses said that when ambulance handover delays occurred at the NNUH it was usually as a consequence of reduced flow throughout the hospital and/or a significantly higher than expected demand on the emergency admission areas.
- All the health and social care agencies in Norfolk relied on each other and worked together closely to resolve the issue of ambulance delays at

hospitals.

- Members said that some of the issues concerning ambulance response times appeared to relate to capacity issues at the NNUH.
- Norfolk was geographically challenging for ambulance crews in terms of the county's rural isolation, its road conditions and its elderly population.
- As the geographical conditions in Norfolk were in many ways different from those elsewhere in East Anglia, a Member suggested that ambulance response times might be improved if the county was served by a purely Norfolk Ambulance Service rather than by an East Anglia Ambulance Service.
- The witnesses said during January 2015 there had been no breaches in agreed Red 1 ambulance back up response times and only two breaches of agreed Red 2 back up response times.
- The Red 1 and Red 2 call standards were reported to the Commissioners on a simple pass / fail basis that did not reflect the length of time that a 'failed' response actually took.
- It was pointed out that the Norfolk 111 Service was amongst the top ten performing 111 Services in the country.
- The Committee was informed of the success of the measures included in Project Domino (in the central Norfolk area) together with other commissioning actions to encourage better ambulance response times and turnaround performance.
- Sam Revill, Research Manager, Healthwatch Norfolk, said that research undertaken by Healthwatch Norfolk showed that the public valued the service provided by EEAST. This research indicated that there was a 90% public satisfaction rate with the ambulance service; those who were dissatisfied with the service were mostly concerned about the time that it took for an ambulance to arrive at their home, or about the transfer from the ambulance to the hospital, rather than the service that was provided by ambulance crews.
- David Russell, a Member of the public (formerly a member of the LINK ambulance group), said that EEAST had in his opinion successfully introduced a team of staff known as Hospital Ambulance Liaison Officers (HALO) to support both EEAST and the NNUH in the turnaround of crews as quickly, efficiently and as safely as possible. In reply it was pointed out by the witnesses that the NNUH were entirely supportive of the HALO role, which was funded by winter funding monies only. EEAST had worked in close conjunction with the NNUH and senior trust management to ensure the HALO role developed and became an integrated role for both organisations.
- Mr Russell questioned the lack of information that was available regarding the fines paid by EEAST for breach of contract in relation to ambulance response times and handover times and suggested that this was something that the Committee might wish to pursue.

7.5 It was **agreed** that the Commissioners and East of England Ambulance Service NHS Trust (EEAST) should be asked to provide the following additional information:-

1. How much have EEAST and the acute hospitals in Norfolk paid in penalty fines for breach of contract in relation to ambulance response times and handover times?
2. Which Commissioners have levied the contract penalty fines?
3. What have the Commissioners done with the money that has been paid in fines by EEAST and the acute hospitals in this context?

- 7.6 The Committee **agreed** that this information should be provided in written reports as soon as convenient and would return to the subject in 12 months' time.

8 Forward work programme

- 8.1 It was **agreed** to appoint Mrs Margaret Somerville as substitute NHOSC link member for Norwich Clinical Commissioning Group.

- 8.2 The proposed forward work programme was **agreed** with the following changes:-

'Diabetes care within primary care services in Norfolk' – to be added to the forward work programme for 28 May 2015. NHS England East Anglia Area Team and West Norfolk Clinical Commissioning Group to be invited to attend.

'Ambulance response times and turnaround times in hospitals in Norfolk' to be added to the agenda for February 2016 NHOSC

Chairman

The meeting concluded at 1 pm



If you need these minutes in large print, audio, Braille, alternative format or in a different language please contact Tim Shaw on 0344 8008020 or 0344 8008011 (textphone) and we will do our best to help.