

**NORFOLK HEALTH OVERVIEW AND SCRUTINY COMMITTEE
MINUTES OF THE MEETING HELD AT COUNTY HALL, NORWICH
On 25 February 2016**

Present:

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
Michael Chenery of Horsburgh	Norfolk County Council
Mr D Harrison	Norfolk County Council
Mrs L Hemsall	Broadland District Council
Dr N Legg	South Norfolk District Council
Mrs M Stone	Norfolk County Council
Mrs S Young	King's Lynn and West Norfolk Borough Council

Substitute Member Present:

Miss J Virgo for Mrs J Chamberlin, Norfolk County Council
Mr A Dearnley for Mr R Bearman, Norfolk County Council

Also Present:

Dr. Hilary Byrne	Chairman, South Norfolk CCG
Antek Lejk	Chief Officer, South Norfolk CCG
Jocelyn Pike	Chief Operating Officer, South Norfolk CCG
Mark Taylor	Chief Officer, North Norfolk CCG
Jo Smithson	Chief Officer, Norwich CCG
Aidan Fallon	Interim Director of Strategy and Transformation, West Norfolk CCG
Rachel Peacock	Head of Continuing Care, Norwich CCG
Rosa Juarez	Continuing Healthcare Project Manager – central CCGs and West Norfolk CCG
Laura McCartney-Gray	Engagement Manager, Norwich CCG
Nick Pryke	Head of Operations – Integrated Services (Norwich), Adult Social Services
Mark Harrison	Chief Executive Officer, Equal Lives
Caroline Fairless-Price	Continuing Healthcare service user
Alex Stewart	Chief Executive, Healthwatch Norfolk
Lisa Neal	South Norfolk Councillor
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 R Bearman and Mrs J Chamberlin
Mrs A Claussen-Reynolds, Mrs S Matthews and Mrs S Weymouth.

An apology for absence was also received from Dr Anoop Dhesi, Chairman, North Norfolk CCG.

2. Minutes

The minutes of the previous meeting held on 3 December 2015 were confirmed by the Committee and signed by the Chairman.

3. Declarations of Interest

3.1 The following declarations of interest were received:

- Ms S Bogelein declared an “other interest” as she was employed as a clinical psychologist with an interest in mental health.
- Mrs L Hemsall declared an “other interest” in that she was a registered disabled person.
- Mrs S Young declared an “other interest” in that she was a member of the West Norfolk Older Persons Forum and the West Norfolk Patient Partnership

4. Urgent Business

4.1 There were no items of urgent business.

5. Chairman’s Announcements.

Letter to the Chief Executive of NHS England regarding Service Increment Funding for Teaching (SIFT) for Norwich Medical School

5.1 The Chairman said that Members would be aware from the latest NHOSC Briefing that he and Mrs Stone had written to Simon Stevens, Chief Executive of NHS England, on 11 December 2015 regarding the issue of progress towards a fairer share of Service Increment Funding for Teaching for Norwich Medical School. This was an outstanding issue from the scrutiny of NHS Workforce Planning in Norfolk and they had written to Simon Stevens on the advice of Ben Gummer MP, Parliamentary Under Secretary of State for Quality.

5.2 The Scrutiny Support Manager had received an acknowledgement from NHS England on 17 February 2016 after sending a follow-up email with a copy of the letter on 15 February 2016. NHS England had said that they had no record of receiving the original letter but that Simon Stevens had now asked the Director of Commissioning Operations’ team to respond on his behalf and that the letter had been forwarded to Ruth Derrett, Locality Director. An assurance had been received from NHS England that this was being treated as a priority.

5.3 Formal Consultation with the Committee

In his introductory remarks to the items on today’s agenda, the Chairman said that NHS Trusts, including Clinical Commissioning Groups (CCGs), were able to decide for themselves whether or not a change of service being considered was of sufficient significance to warrant formal consultation with the Health Overview and Scrutiny Committee, but it was good practice, and in Norfolk almost always happened, to seek early advice from Maureen Orr, Democratic Support and Scrutiny Team Manager, as to whether such plans necessitated formal consultation before implementation. The Committee had the statutory right to determine whether to invite any NHS body to attend a committee meeting to

explain their proposals in public, which was the reason South Norfolk CCG were at this morning's meeting to inform the Committee about changes to its policies and services for 2015-16.

6 South Norfolk Clinical Commissioning Group – changes to policies and services in 2015-16

- 6.1 The Committee received a suggested approach from the Democratic Support and Scrutiny Team Manager to the way in which South Norfolk Clinical Commissioning Group had put forward proposals for changes to its policies and services for in-year implementation in 2015-16.
- 6.2 The Committee received evidence from Dr. Hilary Byrne, Chairman, South Norfolk CCG, Ante Lejk, Chief Officer, South Norfolk CCG and Jocelyn Pike, Chief Operating Officer, South Norfolk CCG.
- 6.3 In the course of discussion the following key points were made:
- The witnesses said that South Norfolk CCG was predicted to have a deficit of approximately £6.6m at the end of the 2015/16 financial year and unless some significant changes were introduced in the way in which the South Norfolk CCG ran its services this figure could rise to £14m (between 4% and 5% of the South Norfolk CCG budget) during the 2016/17 financial year.
 - The Committee was informed that the financial difficulties faced by South Norfolk CCG were by no means unique. All of the Norfolk CCGs, irrespective of their current financial position, were having to consider making unprecedented levels of savings.
 - Members considered the extent to which the Norfolk CCGs could and should make their own commissioning decisions that reflected area differences in populations, geography and affordability, and when they should be working together more formally to common service standards, policies and contracts.
 - The witnesses said that the answer to this question partly depended on how public opinion varied in different areas of the county.
 - Where North Norfolk, Norwich and South Norfolk CCGs did work together with the County Council on joint commissioning then this was done through a joint committee.
 - Over the past three years the length of time patients stayed in the majority of intermediate care beds had reduced from around 30 days to 18 days. This had, in effect, increased bed capacity. The South Norfolk CCG wanted the non-NHS providers of intermediate care also to adopt the model of shorter lengths of stay and going forward this would be reflected in a new re-procurement process.
 - The witnesses said that South Norfolk CCG had now reached an agreement on arrangements for the purchase of beds at All Hallows until March 2016.
 - The witnesses said that the intermediate care beds re-procurement process in south Norfolk was not expected to result in a substantial change in service provision. Representatives of South Norfolk CCG would, however, speak to Maureen Orr, Democratic Support and Scrutiny Team Manager, about how they could keep her informed about their commissioning intentions and plans for services in 2016/17.
 - It was pointed out by a Member of the Committee that South Norfolk District Council had a policy of consulting the NHS on housing development but had found that NHS organisations, such as the South Norfolk CCG, were not taking full advantage of the opportunities that were available to them to

comment on planning applications and to shape the provision of new building development and all that that meant for the planning of future local health services.

- It was pointed out by another Member of the Committee that Broadland District Council would like to engage in discussions with the Norfolk CCGs about a “Handyman Service” that the District Council had put in place to address their responsibilities for undertaking adaptations in the home. (Note: The Committee considered this matter when it considered its forward work programme which is mentioned at minute 10.4).

- 6.4 The Committee noted the South Norfolk CCG representatives’ answers to the questions in the report and their assurance of ongoing active engagement with the Committee.

7 Clinical Commissioning Groups – commissioning intentions and plans for services in 2016-17

- 7.1 The Committee received a suggested approach from the Democratic Support and Scrutiny Team Manager to reports that had been received from NHS North Norfolk, South Norfolk, West Norfolk and Norwich Clinical Commissioning Groups (CCGs) about their commissioning intentions and plans for services in 2016-17.

- 7.2 The Committee received evidence from Mark Taylor, Chief Officer, North Norfolk CCG, Jo Smithson, Chief Officer, Norwich CCG, Ante Lejk, Chief Officer, South Norfolk CCG and Aidan Fallon, Interim Director of Strategy and Transformation, West Norfolk CCG.

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

- The witnesses explained the answers that were included in their written responses to the specific questions set out in the covering report.
- In answering Members questions, the witnesses acknowledged that during 2015/16 some notable differences in commissioning intentions and plans for services had emerged between the Norfolk CCGs and that their priorities had departed from some of the usual NHS practices in the rest of England.
- The witnesses said that the commissioning intentions of the Norfolk CCGs reflected differences in populations, the costs of providing local services, as well as differential access to services and the rural isolation of some Norfolk communities. The Norfolk CCGs, and Norfolk County Council did however work formally in partnership to common service standards, policies and contracts.
- Together with the County Council, North Norfolk, South Norfolk and Norwich CCGs had established a Joint Commissioning Committee to oversee the operation of joint commissioning on issues of common interest.
- Members spoke about how differences in costs for providing health services in different areas of the county could lead to the introduction of a “post code lottery” when it came to the public’s ability to access NHS services.
- The witness from West Norfolk CCG agreed to let the Scrutiny Support Manager have details about what was involved in the Quality Innovation Productivity & Prevention (QIPP) initiative ‘QEH Psychology Provision’ that was mentioned in the West Norfolk CCG work plan at page 45 of the agenda. This information would be included in the Member briefing note.
- The Committee noted that in order to comply with revised NHS planning guidance the Norfolk CCGs had come together to produce a ‘Sustainability

and Transformation Plan (known as the STP)' to cover the period from October 2016 to March 2021; and a plan by organisation for 2016-17.

- The witnesses said that they wished to reassure the Committee as to the robustness of the methodology and governance arrangements that they would put in place in their CCG areas to involve patients and the public in any proposals to change services that might be included within the STP.
- The witnesses also said that they would be happy to discuss issues of consultation on service changes with Maureen Orr, Democratic Support and Scrutiny Team Manager before they decided on what action they would take.

7.4 The Committee noted the CCG representatives' assurances of ongoing active engagement with the Committee.

8. Continuing Healthcare

8.1 The Committee received a suggested approach from the Democratic Support and Scrutiny Team Manager to the joint work of the Norwich, North Norfolk, South Norfolk and West Norfolk Clinical Commissioning Groups and other NHS organisations that had taken place with patient groups to define the proposed new guidelines and policy for the provision of NHS Continuing Healthcare (CHC).

8.2 The Committee received evidence from Rachel Peacock, Head of Continuing Care, Norwich CCG, Rosa Juarez, Continuing Healthcare Project Manager – central CCGs and NHS West Norfolk CCG, Laura McCartney-Gray, Engagement Manager, NHS Norwich CCG, Jo Smithson, Chief Officer Norwich CCG and Nick Pryke, Head of Operations – Integrated Services (Norwich), Adult Social Services.

8.3 The Committee also heard from Mark Harrison, Chief Executive Officer, Equal Lives, Caroline Fairless-Price, a Continuing Healthcare service user and Alex Steward, Chief Executive of Healthwatch Norfolk.

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

- The witnesses said that the approach that was being taken by the four CCGs would be consistent with the latest version of the CHC National Framework.
- Detailed training plans had been prepared for staff and review panel members. The training plans would take account of equality, disability and human rights legislation and the Harwood Care and Support Charter.
- The standardised CHC policy would be implemented when it had been agreed by the governing bodies of all four CCGs.
- Further work on the CHC policy was to be undertaken in conjunction with Adult Social Care.
- The key aim was to inform robust and consistent commissioning decision making and not to reduce costs.
- Members were concerned to ensure that a “24/7 safety net” was provided for patients receiving NHS continuing health care at home to ensure that they were not placed at a high risk of admission to hospital or a nursing home when the agency responsible for their care failed to deliver that care.
- The witnesses said that the quality standards within the new service contracts would help to ensure that the CCGs were able to hold providers to account for the quality of care they provided.
- Rachel Peacock agreed to let Maureen Orr, Democratic Support and Scrutiny Team Manager, have details as to the number of live appeals

against continuing healthcare decisions (i.e. appeals against decisions on eligibility and appeals against decisions on the type of care provided). This information would be included in the Member briefing note.

- Members stressed the importance of a consistent decision making approach for all parties and providers of CHC across all four CCGs.
- The witnesses outlined the practical difficulties with instigating single joint Complex Case Review Panel for the four CCG areas but also said that it might be possible to move in stages towards a single panel.

- 8.5 Mark Harrison of Equal Lives said that he was concerned that patients' needs and the outcomes patients wished to obtain from their CHC assessment could be lost if the change in approach found residential care to be cheaper than home care and the costs of providing NHS care in different areas of the county continued to vary significantly. He said that the standardised CHC policy seemed to be more about finding ways to reduce costs, rather than introducing a clinically driven policy that was concerned with raising care standards.
- 8.6 Caroline Fairless-Price, a continuing healthcare service user, said she was concerned that the four CCGs would experience difficulty in keeping the focus on individual patient needs and providing an equitable provision of care if wide gaps started to develop in the services that were provided by each of the four CCGs. She stressed the importance of the CCGs continuing to focus on the Human Rights Act and other Disability rights legislation as well as the principles contained in the Harwood Care and Support Charter.
- 8.7 Alex Stewart of Healthwatch said that Healthwatch would be undertaking a vigorous evaluation and analysis of the impact of the CHC policy six months after the new policy was implemented. He said that patients and stakeholders would be given an opportunity for feedback as part of that review process.
- 8.8 The Committee **agreed** to return to the subject of Continuing Healthcare in a year's time.

9. Children's mental health services in Norfolk

- 9.1 The Committee received a suggested approach from the Democratic Support and Scrutiny Team Manager about
- 9.2 The Committee **agreed** the areas for scrutiny and the timescales that were set out in the report:
- Stage 1 – 21 July 2016
 - Stage 2 – after a full year of operation under the Local Transformation Plan changes (i.e. in April 2017).

10. Forward work programme

- 10.1 The forward programme was **agreed** with the following additions:-

14 April 2016

IC24's NHS 111 and GP Out of Hours service
Initiatives to address NHS workforce issues in Norfolk

21 July 2016

Norfolk and Suffolk NHS Trust – unexpected deaths

23 February 2017

Continuing healthcare in Norfolk

- 10.2 Regarding a potential proposal to relocate St James Surgery, King's Lynn (which had been raised with the Chairman and the Democratic Support and Scrutiny Team Manager by County Councillor Alexandra Kemp) the Committee **agreed** to await further information from NHS England or West Norfolk CCG before deciding whether this should be included in the forward work programme.
- 10.3 Regarding the 'Policing and Mental Health' item postponed from today's agenda, the Committee **agreed** that it was not necessary for this item to be rescheduled. The Committee did, however, **agree** that Members should receive a copy of the UEA evaluation of the pilot study whereby mental staff worked in the police control room, when the evaluation document was available.
- 10.4 Regarding a potential piece of work by Members of Broadland District Council on the cost : benefit value of the Broadland handyman service (mentioned at minute 6.4), the Committee **agreed** that the Democratic Support and Scrutiny Team Manager could assist by signposting Members to NHS contacts and information, should Broadland District Council decide to go ahead with the work.
- 10.5 Members who had any other 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.

Chairman

The meeting concluded at 13.25 pm



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