

**NORFOLK HEALTH OVERVIEW AND SCRUTINY COMMITTEE
MINUTES OF THE MEETING HELD AT COUNTY HALL, NORWICH
On 4 September 2014**

Present:

Mr C Aldred	Norfolk County Council
Mr M Carttiss (Chairman)	Norfolk County Council
Mrs J Chamberlin	Norfolk County Council
Michael Chenery of Horsburgh	Norfolk County Council
Mrs A Claussen-Reynolds	North Norfolk District Council
Ms D Gihawi	Norfolk County Council
Mr D Harrison	Norfolk County Council
Mr R Kybird	Breckland District Council
Dr N Legg	South Norfolk District Council
Mrs M Somerville	Norfolk County Council
Mrs S Weymouth	Great Yarmouth Borough Council
Mr A Wright	Norfolk County Council

Substitute Members Present:

Mr P Balcombe for Mr J Bracey, Broadland District Council
Ms S Bogelein for Mrs C Woollard Norwich City Council

Also Present:

James Joyce	County Councillor
Sue Whitaker	County Councillor
Kathryn Ellis	Director of Operations and Strategic Planning, West Norfolk CCG
Jocelyn Pike	Chief Operating Officer, South Norfolk CCG
Anne-Louise Schofield	Assistant Director of Commissioning, Mental Health and Children and Families, South Norfolk CCG
Michael Scott	Chief Executive, Norfolk and Suffolk NHS Foundation Trust
Marcus Hayward	Locality Manager West Norfolk, Norfolk and Suffolk NHS Foundation Trust
Mark Easton	Interim Chief Executive, Norfolk Community Health and Care NHS Trust
Paul Cracknell	Director of Strategy and Transformation, Norfolk Community Health and Care.
Keith Cameron	Chairman, Sheringham Medical Practice, Patient Participation Group
Debbie White	Interim Director of Operations, Norfolk and Suffolk NHS Foundation Trust
Dr Rebecca Horne	Consultant Psychiatrist and Lead Clinician for Central Norfolk, Norfolk and Suffolk NHS Foundation Trust
Veno Sunghuttee	Associate Director of Operations, Norfolk and Suffolk NHS Foundation Trust

Mark Page	Assistant Director -Estates, Facilities & Procurement, Norfolk Community Health and Care NHS Trust
Sam Whitely	Project & Service Quality Manager, Norfolk Community Health and Care NHS Trust
Steve Goddard	Norwich City Council
Alan Murray	Suffolk County 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 J Bracey, Mrs C Woollard and Miss A Kemp

2. Minutes

The minutes of the previous meeting held on 17 July 2014 were confirmed by the Committee and signed by the Chairman.

3. Declarations of Interest

Mr Balcombe declared an “other interest” in that his son was employed by the Norfolk and Suffolk NHS Foundation Trust

4. Urgent Business

There were no items of urgent business.

5. Chairman’s Announcements

- 5.1** The Chairman welcomed Ms Sandra Bogelein who was attending her first meeting of the Committee as a substitute for Mrs Woollard, Norwich City Council.
- 5.2** The Chairman pointed out that a revised agenda had been published for today’s meeting because the item on policing and mental health services in the county had been withdrawn. This was because a witness from the office of the Police and Crime Commissioner was ill and had given her apologies. The Chairman said that an item on policing and mental health in the county would be on the agenda for the following meeting when it was hoped that the Police and Crime Commissioner, whom had given apologies for today’s meeting, would be able to attend together with the person who was currently unwell.
- 5.3** The Chairman said that a response had been received from Katie Norton, Director of Commissioning at NHS England East Anglia Area Team regarding the comments agreed by the Committee on 17 July 2014 regarding Access to NHS Dentistry. The Oral Needs Assessment was expected to be available by the end of September 2014 and details would be provided in the next Member Briefing.

6 Service-wide review of health services in west Norfolk

- 6.1** 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.

6.2 The Committee received evidence from Kathryn Ellis, Director of Operations and Strategic Planning, West Norfolk CCG

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

- The system wide review of services in west Norfolk was being driven by the West Norfolk Health and Social Care Alliance which was a partnership of statutory and non-statutory agencies involved in delivering health and social care in west Norfolk.
- Each of the organisations that made up the Alliance was reviewing and re-shaping the way their staff worked to make better use of their collective expertise and to allow greater flexibility for staff to work with colleagues from other organisations, as well as exploring how to get the best from their collective infrastructure and money.
- Monitor was working closely with the Alliance to ensure that services were redesigned in a way in which they were financially sustainable in the long term.
- This approach, which had already been tested in a series of collaborative pilot projects, was designed to respond more effectively to the current and anticipated future healthcare needs of the west Norfolk area while alleviating pressure on emergency care and preserving services for the future.
- Regular meetings between the partners that made up the Alliance were held to review and bolster the urgent care pathway.
- There were no plans for changes in intermediate care beds in west Norfolk.
- The Queen Elizabeth Hospital was awaiting the outcome of a recent visit by the CQC.
- The Alliance planned to hold three workshop sessions over the next few weeks that would be open to the public.
- The work of the Alliance was published on its own website. It was suggested that a link to the website should be included in the next Member Briefing.
- It was pointed out that articles and adverts about the work of the Alliance appeared regularly in the local news media.

6.3 The Committee noted the current position regarding the system sustainability work and the assurance from West Norfolk CCG that NHOSC would be alerted to any proposed substantial service changes.

7 Changes to Mental Health Services in central Norfolk and west Norfolk

7.1 The Committee received a suggested approach from the Democratic Support and Scrutiny Team Manager to an update from the Clinical Commissioning Groups and Norfolk and Suffolk Foundation Trust concerning mental health services in central and west Norfolk.

7.2 The Committee was shown a short clip of BBC film about dementia care in Norfolk.

7.3 The Committee received evidence (for the central Norfolk CCGs) from Jocelyn Pike, Chief Operating Officer, South Norfolk CCG and Anne-Louise Schofield, Assistant Director of Commissioning, Mental Health and Children and Families, South Norfolk CCG and (for the west Norfolk CCG) from Kathryn Ellis, Director of Operations and Strategic Planning, West Norfolk CCG. The Committee also received evidence from the mental health service providers; Michael Scott, Chief Executive, Norfolk and Suffolk NHS Foundation Trust and Marcus Hayward,

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

- Michael Scott, Chief Executive, Norfolk and Suffolk NHS Foundation Trust said that the number of out of area placements had reduced from around 30 when he took up his appointment as Chief Executive to 7 such placements at the present time. Steps were continuing to be taken to prevent patients having to travel long distances for non-specialist inpatient beds.
- Details about numbers and types of out of area placements had appeared in the local news media and would be made available to Committee Members after the meeting.
- During the last 12 months the Trust had taken on approximately 200 new clinical staff, a net increase during that period of 50 new staff.
- Senior management held regular meetings with the trade unions about ways to improve staff morale.
- There remained significant pressures on inpatient bed numbers.
- The assessment of those requiring specialist out of county placements took place in Norfolk.
- The Committee awaited answers to the information that had been requested, as set out in paragraph 2.2 of the covering report.
- The Trust was working on the possibility of opening 10 new beds at Hellesdon Hospital.
- Benchmarking data showed that the number of suicides in Norfolk and Suffolk was no higher than the average for elsewhere in the country.
- Sue Whitaker, Chair of Adult Social Care Committee, spoke about the reasons why there was a transfer of social workers from Norfolk and Suffolk NHS Foundation Trust to Norfolk County Council.

7.5 The Committee agreed:

That the CCGs and NSFT should be asked to send the information requested in paragraph 2.2 of the covering report to the Democratic Support and Scrutiny Team Manager for circulation to Committee members.

That the Democratic Support and Scrutiny Team Manager should write to the Chair of Adult Social Care Committee proposing a task and finish group consisting of 3 or 4 Members from this Committee and 3 or 4 Members from Adult Social Care Committee to examine the transition of mental health social care from Norfolk and Suffolk NHS Foundation Trust to Norfolk County Council and its impact on service users.

8 Working Protocol with Healthwatch Norfolk

8.1 The Committee received a draft revised working protocol with Healthwatch Norfolk that reflected the new system of governance at Norfolk County Council.

8.2 The Committee agreed:

That the revised wording of the Working Protocol with Healthwatch Norfolk should be as it appeared in the Appendix to the covering report.

That the outcomes of routine meetings between Healthwatch and Committee Chairmen should be reported back to Committees by way of Member Briefings.

9 Forward work programme

9.1 The Committee agreed the list of items on the current Forward Work Programme subject to the following changes:

The addition of 'Policing and Mental Health' for the meeting on 16 October 2014. It was suggested that in addition to the Police and Crime Commissioner and his officer(s) the Norfolk and Suffolk NHS Foundation Trust should be invited to send a representative to attend the meeting.

The Committee appointed Mr Tony Wright as the link member with the Queen Elizabeth Hospital NHS Foundation Trust and Mr Michael Chenery of Horsburgh as the substitute.

10 Proposed relocations of NHS community healthcare services

10.1 The Committee received a suggested approach from the Democratic Support and Scrutiny Team Manager to proposed relocations of NHS community healthcare services in Norfolk as part of a rationalisation of the Norfolk Community Health and Care NHS Trust estate.

10.2 The Committee received a short Powerpoint presentation about the proposed relocations of NHS community healthcare services.

10.3 The Committee received evidence from Mark Easton, Interim Chief Executive, Norfolk Community Health and Care NHS Trust and Paul Cracknell, Director of Strategy and Transformation, Norfolk Community Health and Care NHS Trust. The Committee also heard from Keith Cameron, Chairman, Sheringham Medical Practice, Patient Participation Group who spoke as a member of the public about the proposed relocation of a number of clinics from the Sheringham Practice to Kelling Hospital.

10.4 In the course of discussion, the following key points were made:

- Keith Cameron, Chairman, Sheringham Medical Practice Patient Participation Group, said that there had been little consultation within the Sheringham area about the proposed relocations of NHS community healthcare services. He said that as far as he could ascertain the period of consultation covered a month when a number of leading clinicians had been on two weeks holiday and therefore no clinics were held. He said Sheringham had a high proportion of elderly and vulnerable patients and it seemed that these were the groups of patients who would be most affected by the changes.
- The witnesses said that they did not agree with a suggestion that the proposals would have an impact on the continuity of care for housebound patients nor did they agree with a suggestion that the small amount of additional travelling for patients would cause them hardship and stress and that their continuity of care would be put at risk.
- The witnesses also did not agree with a suggestion that there had been any lack of proper consultation with patients and pointed out that a number of "patient engagements" and "drop in sessions" had been held in order for Norfolk Community Health and Care NHS Trust to receive feedback on the

proposals.

10.5 The Committee agreed:

That Norfolk Community Health and Care NHS Trust's proposed relocations of services were not a substantial variation in service that required consultation with the Committee.

To recommend that Norfolk Community Health and Care NHS Trust should meet with Mr Keith Cameron, and other members of Sheringham Medical Practice Patient Participation Group, to discuss any issues of concern. Mr Cameron was advised to raise any outstanding issues with Healthwatch Norfolk.

The meeting concluded at 13.35 pm

Chairman



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