

Norwich City Council
SCRUTINY COMMITTEE
ITEM 6

REPORT for meeting to be held on 17 September 2015

**Update of the representative appointed to the Norfolk Health and Overview
Scrutiny Committee**

Summary: This report outlines outcomes from the July and September meetings of the Norfolk health overview and scrutiny committee. The protocol for the way the council's representative works between the NHOSC and the scrutiny committee is also attached to this report for information.

Conclusions: The council's representative on NHOSC was present at both meetings and will be able to brief members on any further points in relation to the two meetings if necessary.

Recommendation: To note the attached paper; outcomes and actions of the Norfolk health overview and scrutiny committee.

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**A protocol for a good working practice between the City Council
Scrutiny Committee and the Norfolk County Health Overview Committee
adopted by the scrutiny committee at the meeting held on 11 June 2015**

- 1.0 All NHOSC members have the opportunity to suggest items and the chair and the full committee decides whether or not to put them onto the forward work programme. NHOSC has the ability to delegate health scrutiny powers to district councils for review of specific local subjects
- 1.2 Following each meeting members are given a brief note of the outcomes and actions from the meeting to enable them to report back to their councils. At the 26 February 2015 meeting of the city council scrutiny committee it was agreed that regular updates from the NHOSC representatives should be reported back to the scrutiny committee.
- 1.3
- **The representative should make it clear if they are not representing an agreed view of the council or scrutiny committee**
 - **A topic for scrutiny can be placed onto the NHOSC work programme either at a meeting of NHOSC as a member of NHOSC or on behalf of the Norwich scrutiny committee or the council if they have been asked to do so.**
 - **The council's representative on NHOSC may submit relevant reports and recommendations of the scrutiny committee for consideration by NHOSC either if agreed by the chair of the scrutiny committee or by the committee itself or as a result of a request made by the NHOSC chair.**
 - **The council's representative on NHOSC cannot agree on behalf of the Norwich scrutiny committee to carry out a piece of health scrutiny work. It is for the scrutiny committee to decide if it would like to include the matter on its work programme following a report back.**
 - **If the Norwich scrutiny committee wishes to take on an item of the NHOSC work programme, it would need to request this via the representative, through the chair of the NHOSC to seek the appropriate agreement of the county council to delegate health scrutiny powers for that item.**
 - **The council's representative on NHOSC must report back to the scrutiny committee on a regular basis and should liaise with the scrutiny officer on an ongoing basis. Reporting back will be scheduled onto the work programme. The summary of the NHOSC meeting provided by the county council will be attached to the agenda and the representative will give a verbal update and answer questions from the committee.**

Norfolk Health Overview and Scrutiny Committee

ACTION REQUIRED

Members are asked to suggest issues for the forward work programme that they would like to bring to the committee's attention. Members are also asked to consider the current forward work programme:-

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

Proposed Forward Work Programme 2015

<i>Meeting dates</i>	<i>Briefings/Main scrutiny topic/initial review of topics/follow-ups</i>	<i>Administrative business</i>
3 Sept 2015	<p><u>Diabetes Care within Primary Care Services in Norfolk</u> – NHS England Midland and East (East), Central Norfolk Diabetes Network and West Norfolk Clinical Commissioning Group will report on the services delivered in primary care.</p> <p><u>Continuing Health Care</u> – to receive consultation from North Norfolk, South Norfolk, Norwich and West Norfolk CCGs on proposals for policy changes.</p>	
15 Oct 2015	<p><u>Policing and Mental Health Services</u> - an update from the Police & Crime Commissioner for Norfolk, Norfolk and Suffolk NHS Foundation Trust and Norfolk Constabulary (further to the presentation given to NHOSC in October 2014).</p> <p><u>NHS Workforce Planning in Norfolk</u> – responses to NHOSC's recommendations agreed on 16 July 2015.</p>	Subject to approval by NHOSC on 16/7/15
3 Dec 2015	<u>Stroke Services in Norfolk</u> - update (12 months after the responses to stroke recommendations, presented to NHOSC 27 November 2014)	

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

Provisional dates for reports to the Committee / items in the Briefing 2016

3 Sept 2015 – In the NHOSC Briefing – Locum / agency doctors – vetting process.

Date TBC – Provision of mental health services for children (Norwich City Council member to supply further information)

Jan 2016 – Development of Dementia Services in West Norfolk – final consideration of the CCG's proposals (depending on the report on 16 July 2015)

Jan 2016 – Continuing Health Care – final consideration of the four CCGs' proposals (depending on confirmation by NHOSC on 3 Sept 2015)

Feb 2016 - Ambulance response times and turnaround times in hospitals in Norfolk (an update to the East of England Ambulance Service NHS Trust, Norfolk and Norwich University Hospitals NHS Foundation Trust and Clinical Commissioning Group report presented in February 2015)

Apr 2016 – Service in A&E following attempted suicide or self-harm episodes (an update to the report presented in April 2015 by Norfolk and Suffolk NHS Foundation Trust and the three acute hospitals)

NHOSC Scrutiny Task and Finish Groups

Task & finish group	Membership	Progress
NHS Workforce Planning in Norfolk	Cllr Michael Chenery of Horsbrugh Cllr Alexandra Kemp Cllr Nigel Legg Cllr Margaret Somerville (Chairman) Alex Stewart – Healthwatch Norfolk Robert Kybird (co-opted, non voting lay member)	To present a report to NHOSC on 16 July 2015

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

Clinical Commissioning Groups

North Norfolk - M Chenery of Horsbrugh (substitute *Vacancy*)

South Norfolk - Dr N Legg (substitute *Vacancy*)

Gt Yarmouth and Waveney - Mrs J Chamberlin

(substitute *Vacancy*)

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| West Norfolk | - | M Chenery of Horsbrugh
(substitute <i>Vacancy</i>) |
| Norwich | - | Mr Bert Bremner
(substitute Mrs M Somerville) |

NHS Provider Trusts

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| Queen Elizabeth Hospital, King's Lynn NHS Foundation Trust | - | <i>Vacancy</i>
(substitute M Chenery of Horsbrugh) |
| Norfolk and Suffolk NHS Foundation Trust (mental health trust) | - | M Chenery of Horsbrugh
(substitute <i>Vacancy</i>) |
| Norfolk and Norwich University Hospitals NHS Foundation Trust | - | Dr N Legg
(substitute Mrs M Somerville) |
| James Paget University Hospitals NHS Foundation Trust | - | Mr C Aldred
(substitute Mrs M Somerville) |
| Norfolk Community Health and Care NHS Trust | - | <i>Vacancy</i>
(substitute Mrs M Somerville) |

Outcomes and Actions
Norfolk Health Overview and Scrutiny Committee (NHOSC)
16 July 2015

Agenda Item Number	Report Title	Outcomes and Actions	Action By Whom
6.	Development of dementia services in west Norfolk	<p>NHOSC agreed the following comments:-</p> <ul style="list-style-type: none"> Norfolk and Suffolk NHS Foundation Trust (NSFT) should ensure transparent accounting to allow the payment of west Norfolk carers' claims for travelling expenses to the Julian Hospital to be identified. NSFT should engage with schools to ensure that children are informed and educated around the issues surrounding dementia. <p>NHOSC agreed that in relation to changes in dementia services in west Norfolk:-</p> <ul style="list-style-type: none"> Consultation with the committee has been adequate The changes to the dementia services in west Norfolk are in the interest of the local health service. 	Mr M Hayward
7.	Access to primary care services in Norwich	<p>NHOSC was satisfied with the approach that NHS England Midlands and East (East) has taken in relation to the Norwich walk-in centre and Norwich Practices Ltd's GP registered list service.</p> <p>Members suggested that the title of the forthcoming patient survey in relation to a new contract for services at Norwich Practice's Health Centre should explicitly refer to the 'walk-in centre' as this is the name most people would recognise.</p>	

		Mr S Bloomfield, Business Manager, Norwich Practices Ltd, was asked to provide any evidence that may be available that the walk-in centre is able to offer a lower cost service than the GP out of hours service.	Mr S Bloomfield Norwich Practices Ltd.
8.	NHS workforce planning in Norfolk	<p>NHOSC approved the task & finish group's report and endorsed the recommendations with the following amendment:-</p> <p>Recommendation 1 That Public Health, Norfolk County Council, takes the lead to co-ordinate liaison between local planning authorities (LPAs) and the local NHS to</p> <ul style="list-style-type: none"> i) Create a county wide protocol to ensure that the LPAs consult effectively with the NHS ii) Ensure that the NHS has the necessary information to be able to respond, based on evidence of growing needs modelled on the LPA geographic area. <p>NHOSC agreed to direct the recommendations to the appropriate organisations / individuals outlined in the report with the addition of:-</p> <ul style="list-style-type: none"> • Send the report to the District Planning Authorities for comment. • Send to Lord Prior, Parliamentary Under Secretary of State, Department of Health in the first instance with an additional letter from the Chairman congratulating him on his appointment. • That the report is sent to the Norfolk MPs regarding recommendation 4 only after the October NHOSC meeting when the committee will have received responses, including from Lord Prior. 	Maureen Orr

9.	Norfolk Health Overview and Scrutiny Committee appointments	<p>The following appointments were made:-</p> <p>Link member appointments Mrs J Chamberlin – Norfolk Community Health and Care NHS Trust M Chenery of Horsbrugh – Queen Elizabeth Hospital NHS Foundation Trust Mrs M Somerville – NHS Great Yarmouth and Waveney CCG</p> <p>Substitute link member appointments Mr D Harrison – NHS North Norfolk CCG Mrs S Young – NHS West Norfolk CCG Mrs S Bogelein – Norfolk and Suffolk NHS Foundation Trust Mrs S Young – Queen Elizabeth NHS Foundation Trust</p>	Maureen Orr
10.	Forward work programme	<p>The forward work programme was agreed subject to additional topics suggested by members:-</p> <ol style="list-style-type: none"> 1) Locum / agency doctors – vetting process 2) Provision of mental health services for children 	Maureen Orr

Copied to:-

Representatives attending the NHOSC meeting for NHS / other organisations
District Council Members of NHOSC
Member Support Officer - Christine Byles
CCG engagement contacts (x5)
Health and Wellbeing Board support officer – Linda Bainton
Healthwatch Norfolk – Chris MacDonald

Outcomes and Actions
Norfolk Health Overview and Scrutiny Committee (NHOSC)
3 September 2015

Agenda Item Number	Report Title	Outcomes and Actions	Action By Whom
6.	Diabetes care within primary care services in Norfolk	<p>Noted the information supplied 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 than appeared in the National Diabetes Audit 2012-13.</p> <p>Any additional questions from Members about Norfolk Diabetes QOF 2013-14 can be addressed to Dr James Hickling via Maureen Orr. Further information and advice on type 2 diabetes is available on-line:- www.nnuh.nhs.uk/videos/adulthooddiabetes www.nnuh.nhs.uk/podcasts/adulthooddiabetes</p>	
7.	Forward work programme	<p>The forward programme was approved with the following changes:-</p> <p>Policing and Mental Health Services – moved from 15 October 2015 to February 25 February 2015.</p> <p>Children's and Young People's Mental Health – terms of reference approved and item scheduled for 3 December 2015</p> <p>14 January 2016 meeting cancelled.</p> <p>NHOSC made the following appointments:-</p> <p>Great Yarmouth and Waveney CCG substitute link member – Mrs Marlene Fairhead</p>	<p>Maureen Orr</p> <p>Cllr M Fairhead</p>

		South Norfolk CCG substitute link member – Mrs Margaret Somerville	Cllr M Somerville
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Feedback from representative

Dementia services:

The emphasis of the dementia services has changed to focus more on care in the community. The rationale behind that is that community care is more desirable (studies show that long hospital visits of people suffering from dementia has a detrimental effect on their abilities to carry out familiar tasks) and because it saves money. Therefore the fixed beds (used to be 24) for dementia treatment have been closed and replaced by a community care team. The feedback from this transition was largely positive. There are a number of dementia assessment beds left at Julian Hospital in Norwich. This means that family members and carers have to travel quite far in some cases to Norwich. This has been tried to be offset by covering travel costs. Whether that has happened to a satisfactory level has to be proven by NHS England and they will come back to the committee with the numbers.

Generally the dementia diagnosis rate in Norfolk was extremely low. It is now up to 50%, but still only in the middle field.

More information about dementia needs to be taken out into communities, to achieve higher diagnosis rates and generally raise awareness.

As in all areas, there is a lack of suitable staff, especially nurses. One of the issues that was identified was that the nursing courses at UEA are too much focused on academia and there is no more direct route into nursing.

Actions/ recommendations for city council:

- 1. Could members receive an update about progress on Norwich City Council becoming a Dementia Friendly City?**
- 2. Does Norwich City Council have dementia coaches? If not, would that be a desirable qualification for one or more of the employees to achieve (especially useful for frontline services)?**

Update on Timberhill walk-in centre

As you maybe aware, the walk-in centre had to move from Castle Mall to Rouen House. It is expected that services are up and running at Rouen House by the 17th of August. The walk-in centre currently operates under limited opening times (9am-7pm instead of 7am to 9pm). It is not clear yet when it will return to normal opening hours, this will also be subject to answers to the consultation.

The good news is that the walk-in centre will be kept open, it is a relief on the A&E department and seen as very valuable.

Before the upcoming procurement process, there will be a public consultation (online and paper survey).

Actions/recommendations for city council:

- 1. Is it possible to provide a link to this consultation on the Norwich City Council website?**

Task and finish group: workforce planning in Norfolk

Norfolk mental health services have had recruitment issues for quite a while, especially GPs and nurses are difficult to recruit. Part of the problem is that too many graduates enter into the profession of a hospital doctor instead of a GP and a declining funding for GP services.

The good news are that there are attempts to expand the UEA medical school and there will be more places for GP training in East Anglia.

One of the issues that were flagged up is that there is not a good interlinkage between local planning and health bodies. Planning applications of huge developments and care homes should consider the provision of health and therefore a consultation with health bodies by the planning authorities should take place.

Actions/ recommendations for city council:

- 1. Establish a consultation protocol with the health and wellbeing board in the planning application process (I do believe this will also be a formal recommendation from NHOSC).**

General recommendation:

- 1. Include in recommendations of the scrutiny committee where/whom to send to important information we have acquired as part of our scrutiny. This can mean sending reports or specific information to MPs, different departments, charities etc. It could also mean requesting training sessions etc.**