Norfolk County Council

Norfolk Health Overview and Scrutiny Committee

Date: **Thursday 2 September 2021**

Time: **10.00am**

Venue: **Council Chamber, County Hall, Martineau Lane, Norwich**

Persons attending the meeting are requested to turn off mobile phones.

Members of the public or interested parties may, at the discretion of the Chair, speak for up to five minutes on a matter relating to the following agenda. A speaker will need to give written notice of their wish to speak to Committee Officer, Jonathan Hall (contact details below) by **no later than 5.00pm on Friday 27 August 2021**. Speaking will be for the purpose of providing the committee with additional information or a different perspective on an item on the agenda, not for the purposes of seeking information from NHS or other organisations that should more properly be pursued through other channels. Relevant NHS or other organisations represented at the meeting will be given an opportunity to respond but will be under no obligation to do so.

Membership

MAIN MEMBER	SUBSTITUTE MEMBER	REPRESENTING
Cllr Daniel Candon	*Vacancy*	Great Yarmouth Borough Council
Cllr Penny Carpenter	Cllr Carl Annison / Cllr Michael Dalby / Cllr Chris Dawson / Cllr Lana Hempsall / Cllr Jane James	Norfolk County Council
Cllr Barry Duffin	Cllr Carl Annison / Cllr Michael Dalby / Cllr Chris Dawson / Cllr Lana Hempsall / Cllr Jane James	Norfolk County Council
Cllr Brenda Jones	Cllr Emma Corlett	Norfolk County Council
Cllr Alexandra Kemp	Cllr Anthony Bubb	Borough Council of King's Lynn and West Norfolk
Cllr Julian Kirk	Cllr Carl Annison / Cllr Michael Dalby / Cllr Chris Dawson / Cllr Lana Hempsall / Cllr Jane James	Norfolk County Council
Cllr Robert Kybird	Cllr Fabian Eagle	Breckland District Council
Cllr Nigel Legg	Cllr David Bills	South Norfolk District Council
Vacancy	Cllr Adam Giles	Norwich City Council

Cllr Richard Price	Cllr Carl Annison / Cllr Michael Dalby / Cllr Chris Dawson / Cllr Lana Hempsall / Cllr Jane James	Norfolk County Council
Cllr Sue Prutton	Cllr Peter Bulman	Broadland District Council
Cllr Robert Savage	Cllr Carl Annison / Cllr Michael Dalby / Cllr Chris Dawson / Cllr Lana Hempsall / Cllr Jane James	Norfolk County Council
Cllr Lucy Shires	Cllr Tim Adams	Norfolk County Council
Cllr Emma Spagnola	Cllr Adam Varley	North Norfolk District Council
Cllr Alison Thomas	Cllr Carl Annison / Cllr Michael Dalby / Cllr Chris Dawson / Cllr Lana Hempsall / Cllr Jane James	Norfolk County Council
CO-OPTED MEMBER (non voting)	**CO-OPTED SUBSTITUTE MEMBER** (non voting)	**REPRESENTING**
Cllr Colin Hedgley	Cllr Edward Back / Cllr Jessica Fleming	Suffolk Health Scrutiny Committee
Cllr Keith Robinson	Cllr Jessica Fleming	Suffolk Health Scrutiny Committee

For further details and general enquiries about this Agenda please contact the Committee Officer:
Jonathan Hall on 01603 679437
or email committees@norfolk.gov.uk

Advice for members of the public:
This meeting will be held in public and in person.
It will be live streamed on YouTube and, in view of Covid-19 guidelines, we would encourage members of the public to watch remotely by clicking on the following link: https://youtu.be/skQ6IVK9Mds

However, if you wish to attend in person it would be most helpful if, on this occasion, you could indicate in advance that it is your intention to do so. This can be done by emailing committees@norfolk.gov.uk where we will ask you to provide your name, address and details of how we can contact you (in the event of a Covid-19 outbreak). Please note that public seating will be limited.

Councillors and Officers attending the meeting will be taking a lateral flow test in advance. They will also be required to wear face masks when they are moving around the room but may remove them once seated. We would like to request that anyone attending the meeting does the same to help make the event safe for all those attending. Information about symptom-free testing is available here.

A g e n d a

1. **To receive apologies and details of any substitute members attending**

2. Minutes

To confirm the minutes of the meeting of the Norfolk Health Overview and Scrutiny Committee held on 15 July 2021. (Page 5)

3. Members to declare any Interests

If you have a **Disclosable Pecuniary Interest** in a matter to be considered at the meeting and that interest is on your Register of Interests you must not speak or vote on the matter.

If you have a **Disclosable Pecuniary Interest** in a matter to be considered at the meeting and that interest is not on your Register of Interests you must declare that interest at the meeting and not speak or vote on the matter

In either case you may remain in the room where the meeting is taking place. If you consider that it would be inappropriate in the circumstances to remain in the room, you may leave the room while the matter is dealt with.

If you do not have a Disclosable Pecuniary Interest you may nevertheless have an **Other Interest** in a matter to be discussed if it affects, to a greater extent than others in your division

- Your wellbeing or financial position, or
- that of your family or close friends
- Any body -
    - Exercising functions of a public nature.
    - Directed to charitable purposes; or
    - One of whose principal purposes includes the influence of public opinion or policy (including any political party or trade union);

  Of which you are in a position of general control or management.

If that is the case then you must declare such an interest but can speak and vote on the matter.

4. To receive any items of business which the Chair decides should be considered as a matter of urgency

5. Chair's announcements

6. 10:10 – 11:10 Ambulance service (Page 14)

11:10 – 11:20 BREAK

7.	**11:20 – 12:20**	**Vulnerable adults primary care service, Norwich**	(Page 36)
8.	**12:20 – 12:30**	**Forward work programme**	(Page 51)

Glossary of Terms and Abbreviations (Page 54)

Tom McCabe
Head of Paid Service

County Hall
Martineau Lane
Norwich
NR1 2DH

Date Agenda Published: 24 August 2021

IN TRAN communication for all	If you need this document in large print, audio, Braille, alternative format or in a different language please contact Customer Services on 0344 800 8020 or Text Relay on 18001 0344 800 8020 (textphone) and we will do our best to help.

Norfolk County Council

NORFOLK HEALTH OVERVIEW AND SCRUTINY COMMITTEE
MINUTES OF THE MEETING HELD AT COUNTY HALL, NORWICH
on 15 July 2021

Present:

Cllr Alison Thomas (elected Chair)	Norfolk County Council
Cllr Tim Adams (substitute for Cllr L Shires)	Norfolk County Council
Cllr Daniel Candon	Great Yarmouth Borough Council
Cllr Penny Carpenter	Norfolk County Council
Cllr Michael Chenery of Horsbrugh	Norfolk County Council
Cllr Brenda Jones	Norfolk County Council
Cllr Alexandra Kemp	Borough Council of King's Lynn and West Norfolk
Cllr Robert Kybird	Breckland District Council
Cllr Nigel Legg	South Norfolk District Council
Cllr Richard Price	Norfolk County Council
Cllr Sue Prutton	Broadland District council
Cllr Robert Savage	Norfolk County Council

Co-Opted Members

Cllr Colin Hedgley	Suffolk Health Scrutiny Committee
Cllr Keith Robinson	Suffolk Health Scrutiny Committee

Also Present in person:

Cath Byford	Chief Nurse, Norfolk and Waveney CCG
Sue Herring	Member of the public speaking to the item on access to local NHS services for patients with sensory impairments (item 9)
Alan Hunter	Norfolk Community Health & Care NHS Trust (item 10)
Abigail Ife	Newberry Child Development Centre hosted by James Paget University Hospitals NHS Foundation Trust (item 10)
Joanne Scott	Newberry Child Development Centre hosted by James Paget University Hospitals NHS Foundation Trust (item 10)
Rebecca Hulme	Associate Director - Children, Young People and Maternity, NHS Norfolk and Waveney CCG (item 10)
Karen Haywood	Democratic Services Manager
Maureen Orr	Democratic Support and Scrutiny Team Manager
Jonathan Hall	Committee Officer
Tim Shaw	Committee Officer

Present via video link

Dr Mark Lim	Norfolk and Waveney CCG (item 8)
Maggie Tween	Norfolk and Waveney CCG (item 8)
Erika Denton	Norfolk & Norwich University Hospitals NHS Foundation Trust (item 8)

Mike Saunders	Norfolk & Norwich University Hospitals NHS Foundation Trust (item 8)
Sarah Miller	East of England North Cancer Alliance (item 8)
Linda Hunter	East of England North Cancer Alliance (item 8)
Marie Rogerson	NHS England and NHS Improvement – East of England (item 8)
Dr Jamie Scott	NHS England and NHS Improvement – East of England (item 8)
Sadie Parker	Norfolk & Waveney CCG (item 9)
Fiona Theadom	Norfolk & Waveney CCG (item 9)
Jude Bowler	NHS England & Improvement (commissioners of the British Sign Language interpreting service) (item 9)
Jessamy Kinghorn	NHS England & Improvement (commissioners of the British Sign Language interpreting service) (item 9)
Millie Pateman	DA Languages (providers of the British Sign Language interpreting service) (item 9)
Guilia Cardarello	DA Languages (providers of the British Sign Language interpreting service) (item 9)
Amanda Aylmer	DA Languages (providers of the British Sign Language interpreting service) (item 9)
Nicky Smith	Norfolk Community Health and Care NHS Trust (item 9)
Paul Morris	Norfolk Community Health and Care NHS Trust (item 9)
Jacky Copping	James Paget University Hospitals NHS Foundation Trust (item 9)
Emily Leeks	James Paget University Hospitals NHS Foundation Trust (item 9)
Ali Jennings	East Coast Community Healthcare (item 9)
Nick Wright	East Coast Community Healthcare (item 9)
Teresa Howard	Member of the public speaking to the item on access to local NHS services for patients with sensory impairments (item 9)

1 Election of Chair

1.1 Resolved (unanimously)

That Cllr Alison Thomas be elected Chair of the Committee for the ensuing year.

(Cllr Alison Thomas in the Chair)

2 Election of Vice-Chair

2.1 Resolved (unanimously)

That Cllr Daniel Candon be elected Vice-Chair of the Committee for the ensuing year

3A Apologies for Absence

3.1 Apologies for absence were received from Cllr Barry Duffin, Cllr Lucy Shires and Cllr Emma Spagnola.

3.2 It was noted that Norwich City Council did not currently have a representative in place.

4. Minutes

4.1 The minutes of the previous meeting held on 18 March 2021 were confirmed by the Committee and signed by the Chair.

5. Declarations of Interest

5.1 Cllr Penny Carpenter declared an "other interest" in item 8 as she was a cancer patient, a County Councillor for Cancer UK and on the Cancer Champions Network for the UK.

5.2 Cllr Daniel Candon declared an "other interest" because his work for Cloe Smith MP meant that he had links with various NHS organisations.

5.3 Cllr Alison Thomas declared an "other interest" in item 10 as some years ago one of her children was in receipt of support from services for Children's neurodevelopmental disorders.

6. Urgent Business

6.1 There were no items of urgent business.

7. Chair's Announcements

7.1 The Chair placed on record the Committee's thanks to Cllr Penny Carpenter and Cllr Nigel Legg, for all their work as the previous Chair and vice-chair respectively of the Committee.

7.2 The Chair announced the sad passing of Cllr David Bradford MBE who served on this Committee for many years. David died on 1 May 2021. He represented Crome ward on Norwich City Council from 1978 until 2019 and was a well-liked and much valued member of this Committee from around the time of its inception in the early 2000s until 2014. David was passionate about helping people and, as a wheelchair user himself, he was always an effective champion for disability rights.

7.3 The Committee held a minute's silence to remember David.

8 Cancer Services

8.1 The Committee received a suggested approach by Maureen Orr, Democratic Support and Scrutiny Manager, on how the Committee might like to examine the situation regarding provision of cancer services in Norfolk and Waveney in the light of Covid-19, including cancer screening diagnostic and treatment services. The Committee received update reports on cancer services from NHS Norfolk and Waveney (at appendices A and B to the suggested approach) that explained service developments since this matter was last considered in October 2020.

8.2 The Committee received evidence in person from Cath Byford, Chief Nurse, Norfolk and Waveney CCG and via video link from other representatives of Norfolk and Waveney CCG, representatives of Norfolk and Norwich University hospitals NHS Foundation Trust, East of England North Cancer Alliance (which brought together NHS clinical & other senior leaders and patients / local communities to improve

cancer pathways and outcomes) and NHS England and NHS Improvement – East of England.

8.3 The following key points were noted:

- The speakers said that waiting times for primary care cancer services were expected to recover to pre-pandemic levels by March 2022.
- The speakers main concern was about achieving and maintaining waiting times standards for patient access to none- urgent cancer services.
- It was pointed out that the three acute hospitals for Norfolk and Waveney ran regular publicity campaigns on Face Book and on Twitter to increase communication with those patients who were hard to reach. Healthwatch assisted with these campaigns.
- The public at large received health care messages through specific local media campaigns targeted at encouraging patients to seek help from their GPs.
- The range of options open to patients to interact with GPs had significantly increased since the start of the pandemic, however, some patients remained reluctant to make use of on-line platforms and preferred to phone their GP, particularly where they sought a same day response.
- During the pandemic GP practices had made extensive use of alternatives to in person face to face contact, however, the situation was starting to return to normal.
- The three acute hospitals historically had different approaches to the provision of cancer services. A number of measures were, however, planned to take place over the next 12 months aimed at providing more equitable cancer services throughout the whole of Norfolk and Waveney, that aligned cancer services through the introduction of a single pathway and reduced the disparity in individual hospital waiting times, but these improvements could mean that more patients had to travel greater distances to receive care outside of their locality.
- In reply to questions it was pointed out that since the start of the pandemic the three acute hospitals had struggled to keep pace with the increased demand for breast cancer referrals and the need to meet the standard referral time of no more than two weeks.
- The speakers attributed the delay in responding to patient needs to pandemic related staffing issues and to a significant increase in demand for initial consultation appointments. They said that mitigation measures had been put in place to meet capacity requirements through use of weekend and evening clinics.
- The Chair said that she knew of a constituent who had waited over 5 weeks for an initial consultation and the speakers said that they would take up this matter after the meeting.
- The speakers said that telephone contact was maintained with those people in greatest need throughout the pandemic.
- The speakers pointed out that patient waiting lists were being re-evaluated in terms of priority and that all three acute hospitals had appointed surveillance lead officers to help maintain the required standards for those patients who were in greatest need. These leads were tasked with overseeing the quality of cancer care pathways and they would be willing to follow up outside of the meeting on any specific patient needs that Councillors might have.
- Councillors pointed out that patients were unsure as to the timetable for NHS cancer services returning to normal following the pandemic and that this matter should be the subject of a publicity campaign.

- In reply it was pointed out that the take up of breast screening services was expected to return to normal by the Autumn.
- It was pointed out that during the peak of the pandemic the acute hospitals had used private cancer services according to the availability of such local provision (available mainly in Norwich and King's Lynn). The Committee was assured that while cancer services at the acute hospitals were being re-established the use of private cancer services would be maintained but in different ways.
- Councillors suggested that the measures taken by the NHS to encourage the take up of screening services and to provide follow up for patients who failed to meet appointments for cancer services should be strengthened.
- In reply the speakers said that an NHS study was underway in Norfolk to identify why some patients failed to meet appointments. Following an evaluation, the results of this study would be shared widely with interested parties.
- The possible implementation of text messaging was an additional measure to be explored.
- Cancer patients continued to present themselves though A&E Departments and to be transferred between hospitals where needed.
- Hospital transport was available for those who lacked the means of attending appointments.

8.4 The Committee noted that there would be a single waiting list for cancer services across the Norfolk & Waveney system in due course.

8.5 The Committee agreed that they needed to receive further information on the process for follow-up appointments with people who did not respond to cancer screening invitations.

8.6 The Committee agreed to recommend:

- **That Norfolk & Waveney CCG, Norfolk and Norwich University Hospital NHS Foundation Trust (NNUH) & NHS England & Improvement (NHSE&I) should explore whether more could be done to improve communication with patients to provide for a better service and in particular:**
    - **Inform people that primary care remains open for patients with concerns and that they should come forward.**
    - **Keep patients informed about cancer services waiting times.**

8.7 The Chair thanked those speakers who had attended the meeting for this item.

9 Access to local NHS services for patients with sensory impairments

9.1 The Committee received a briefing report by Maureen Orr, Democratic Support and Scrutiny Manager about Access to local NHS services for patients with sensory impairments

9.2 The Committee received evidence in person from Cath Byford, Chief Nurse, Norfolk and Waveney CCG and via video link from other representatives of Norfolk and Waveney CCG, NHS England & Improvement (commissioners of the British Sign Language interpreting service) and (as the providers of services) from DA Languages (providers of the British Sign Language interpreting service), Norfolk Community Health and Care NHS Trust, James Paget University Hospitals NHS Foundation Trust and East Coast Community Healthcare.

9.3 The Chair pointed out that British Sign Language interpreters were joining the meeting for this item and that they would be visible for people watching on YouTube. The interpreters were secured through the Council's INTRAN contract via Deaf Connexions.

9.4 The Committee heard from the following members of the public who had given notice that they wished to speak to the meeting

(i) **Teresa Howard** joined the meeting by Microsoft Teams and gave examples of where there were delays in waiting times and problems in gaining access to qualified Sign Language Interpreters and particularly in delays for eye tests appointments of more than two weeks.

(ii) **Sue Herring** joined the meeting in person. Her parents were both profoundly Deaf, British Sign Language users in their mid-80s and had faced issues trying to access primary health care in Norfolk since April 2019. Sue Herring shared the impact this had on her brother and herself as children of deaf adults.

9.5 The following key points were noted:

- Speakers from NHSE&I and N&W CCG said that they would welcome an opportunity to meet with members of the public who spoke in the meeting to discuss their individual concerns about BSL interpreting, if they wished.
- Councillors expressed disappointment with a lack of progress since they had last considered the subject in November 2020 particularly around finding new ways to reduce barriers to users of the BSL interpretering service and in expanding training on accessibility.
- It was pointed out that DA Languages (as provider of the BSL interpreting service) would not attempt to take on appointments that they did not consider they could support. This meant that they were unable to meet the requirements of 4% of the 400 appointments that they were asked to take on.
- There were ongoing communication and expectation issues with some of the bodies that made use of the service.
- Issues regarding access to psychological therapies for the small number of BSL users who require them were planned to be discussed with the mental health commissioning team in the next few weeks.
- There had not been the progress in extending accessibility for BSL users that was expected to have been made by this time.
- The contract for a new service described in the report would be launched in the next few weeks and would include the provision of face to face support.
- The speakers pointed out that training and education of all staff within primary care services would form a key component of the mobilisation plans for the new interpreting contract working in collaboration with the new supplier(s) once appointed. There would be an ongoing requirement under the new contract terms for the new supplier to undertake a rolling programme of training in conjunction with the N&W CCG.

9.6 The Committee noted:

- **That NHSE&I and N&W CCG offered to meet with members of the public who spoke at the meeting regarding BSL interpreting, if they wish.**
- **NHOSC councillors and the wider network needed information about how they could report specific individual issues and to whom.**
- **There was disappointment with lack of progress since the subject was last considered by the Committee in November 2020.**

- **The Committee would need to return to the subject soon.**

9.7 The Committee recommended that the CCG and providers should consider mandatory training with regular refreshers for front line staff in the requirements and implementation of the Accessibility Information Standard.

9.8 The Chair placed on record the Committee's thanks to the speakers and members of the public who attended the meeting for this item.

10 Children's neurodevelopmental disorders – waiting times for assessment and diagnosis

10.1 The Committee received a suggested approach by Maureen Orr, Democratic Support and Scrutiny Manager.

10.2 The Committee received evidence in person from Cath Byford, Chief Nurse, Norfolk and Waveney CCG. Alan Hunter, Head of Service (Children) , Norfolk Community Health & Care NHS Trust, Abigail Ife, Divisional Operations Manager Paediatrics, Newberry Child Development Centre hosted by James Paget University Hospitals NHS Foundation Trust, Joanne Scott, Matron, Children's Outpatient Services Newberry Child Development Centre hosted by James Paget University Hospitals NHS Foundation Trust and Rebecca Hulme, Associate Director - Children, Young People and Maternity, NHS Norfolk and Waveney CCG.

10.3 The following key points were noted:

- The Chair placed on record the Committee's thanks to Family Voice for the paper that they had produced for this item.
- There was concern expressed about the effectiveness of private diagnosis for some children with neurodevelopmental disorders and whether this private diagnosis sometimes led to treatment that might not always be necessary.
- Some children were being denied places at two specialist schools in the Norwich area because of delays in receiving an assessment of their condition.
- There were insufficient places at specialist schools for those with the greatest needs.
- The speakers said that access to the right school should not rely on labelling a child with a particular condition.
- The needs of many children could be met in mainstream schools.
- The long waiting times for assessment and diagnosis were a sign of an underfunded service.
- There was a disparity in service provision across the county.
- Three-year funding from the Government (targeted at dealing with the effects of Covid-19) would be used to help meet the backlog of assessments.
- Graduates to the profession usually completed courses in the Autumn. Graduates were then subject to an on the job training period that could take many months before they were fully capable of dealing with assessments and diagnosis on their own.
- There were options for the recruitment of different levels of staffing to deal with backlogs.

10.4 The Committee noted the long waiting times for assessment and disparity in service provision between the east of the county and the central and west areas.

10.5 The Committee supported:

- **Plans for the Family Action service to be a permanent service and would like to see it expanded if possible.**
- **Work to share good practice across the two children's NDD services in Norfolk and Waveney.**

10.6 The Committee noted that Norfolk County Council should do as much as it could to support schools to complete the reports that were necessary for children in the NDD pathways.

10.7 The Committee agreed to return to the subject at a future meeting and to request a short report that:

- **Clarified demand and capacity in the service and the consequent funding gap.**
- **Set out the top priorities for action in the short to medium term**
- **Identified opportunities to improve processes within the pathways (potentially by sharing good practice across the two services).**

10.8 The Chair placed on record the Committee's thanks to the speakers for this item.

11 Norfolk Health Overview and Scrutiny Committee Appointments

11.1 The Committee received a report about the appointment of Councillors to act as links with the CCG and local NHS provider organisations. It was noted that those Councillors who were appointed would be able to attend local NHS organisations meetings in public, in the same way as a member of the public might attend.

11.2 The Committee agreed to the continuation of the current link councillors (one NHOSC Councillor for each local NHS provider organisation) as set out in the report.

11.3 The Committee also agreed to the appointment of the following Councillors to fill vacant link role positions:

(a) James Paget University Hospitals NHS Foundation Trust
Cllr Penny Carpenter
(Substitute – Cllr Daniel Candon)

(b) Norfolk & Suffolk NHS Foundation Trust
Cllr Brenda Jones
(Substitute – Cllr Daniel Candon)

(c) Queen Elizabeth Hospital NHS Foundation Trust
Cllr Michael Chenery of Horsbrugh
(Substitute – Cllr Alexandra Kemp)

12 Forward Work Programme

12.1 The Committee received a report from Maureen Orr, Democratic Support and Scrutiny Manager which set out the current forward work programme that was agreed subject to the following:

12.2 The Committee agreed for their future work programme:

- **There should be an update report to the 2 September 2021 meeting about the Ambulance Service. The report to include information on the implications of the Education and Skills Funding Agency's withdrawal of funding for apprenticeship learning at the East of England Ambulance Service NHS Trust.**
- **A report to a future meeting on the Norfolk & Suffolk NHS Foundation Trust (NSFT) use of out of area beds, including use of older people's beds at the Julian hospital for younger patients.**
- **A report to a future meeting on eating disorders, including the availability of specialist beds.**
- **A report to a future meeting on annual physical health checks for people with learning disabilities that examines the progress that has been made.**
- **A report to a future meeting on access to dentistry in Norfolk and Waveney.**

12.3 The committee agreed for the NHOSC Member Briefing:

- **NSFT – progress in response to Care Quality Commission requirements.**
- **Primary care in King's Lynn – update on progress towards a new surgery in South Lynn.**

Chair

The meeting concluded at 1.45 pm

IN TRAN communication for all

If you need these minutes in large print, audio, Braille, alternative format or in a different language please contact Customer Services on 0344 800 8020 or Text Relay on 18001 0344 800 8020 (textphone) and we will do our best to help.

Item no 6

Norfolk Health Overview and Scrutiny Committee
2 September 2021

Ambulance service

Suggested approach from Maureen Orr
Democratic Support and Scrutiny Manager

The committee will examine ambulance response and turnaround times in Norfolk and Waveney since October 2020, the issues affecting the East of England Ambulance Service NHS Trust's performance and the action being taken to address them.

1. Purpose of today's meeting

1.1 The focus areas for today's meeting are:-

- The action taken by the East of England Ambulance Service NHS Foundation Trust (EEAST) and the wider health and care system in Norfolk & Waveney to address issues that could affect ambulance service performance.

- EEAST's progress in addressing the safeguarding concerns raised in the Care Quality Commission (CQC) report of September 2020, especially in relation to Norfolk and Waveney.

- The implications of the Education and Skills Funding Agency's decision to withdraw funding for apprenticeship learning at EEAST (July 2021).

1.2 EEAST was asked to provide the following information:-

- Ambulance response times in Norfolk & Waveney & turnaround times at the acute hospitals compared to national standards. Including:-
    - Graphs / tables showing response & turnaround performance from Sept 2020 to date.
    - Response time data for the 4 postcodes which are of particular concern:- NR23 – post town Wells-Next-The-Sea; NR25 – post town Holt; NR26 – post town Sheringham; NR27 –post town Cromer.
    - An indication of how current performance compares with previous years before the pandemic.
- Progress and update on plans to improve performance and patient flow.

- Progress on the measures to improve the emergency response to patients with mental health requirements, including:-
    - Data on the effect of those measures.
    - Explanation of why the past concerns about the service for patients with mental health emergencies have persisted for so long and what has been learned.
- Update on action to address the CQC concerns about EEAST (i.e. Sept 2020 CQC report, including safeguarding of patients and staff). To include:-
    - An explanation of the concerns in relation to Norfolk and Waveney
    - Why the concerns persisted for so long
    - What EEAST has learned from the situation and its changes to policies and practices.
- Information on the Education & Skills Funding Agency's withdrawal of funding for apprenticeship learning at EEAST, and how the implications of this action are being managed.
- The new Chief Executive's top priorities for action.
- Anything else EEAST wants to bring to the committee's attention.

EEAST has provided the report at **Appendix A (Page 23)**.

1.3 Representatives from:-

- EEAST
- East of England Ambulance Commissioning Consortium (led by Ipswich and East Suffolk Clinical Commissioning Group)
- Norfolk and Norwich University Hospitals NHS Foundation Trust (NNUH)
- The Queen Elizabeth Hospital NHS Foundation Trust (QEH)
- James Paget University Hospitals NHS Foundation Trust (JPUH)
- Norfolk and Waveney Clinical Commissioning Group (the CCG)

have been asked to attend the meeting to answer councillors' questions.

The East of England Ambulance Commissioning Consortium consists of all the Clinical Commissioning Groups in the region, including Norfolk and Waveney CCG but it is led by managers from Ipswich and East Suffolk CCG, who oversee the contract for the ambulance service across the east of England.

2. Background

2.1 National standards

2.1.1 Ambulance response time standards

The following response time standards for England were introduced in winter 2017 with the Ambulance Response Programme (ARP). The expectation was not for them to be delivered straightaway but for Ambulance Services and wider health system to work towards achieving them.

Call category	National Standard	How long does the ambulance service have to make a decision?	How is this measured?
C1 Calls about people with life-threatening injuries & illnesses	7 minutes mean response time 15 minutes 90th centile response time (i.e. these type of calls will be responded to at least 9 out of 10 times before 15 minutes)	The earliest of:- • The problem is identified • An ambulance response is dispatched • 30 seconds from the call being connected	The first ambulance service-dispatched emergency responder arrives at the scene of the incident There is an additional Category 1 transport standard to ensure that these patients also receive early ambulance transportation
C2 Emergency calls	18 minutes mean response time 40 minutes 90th centile response time (i.e. these type of calls will be responded to at least 9 out of 10 times before 40 minutes)	The earliest of:- • The problem being identified • An ambulance response is dispatched • 240 seconds from the call being connected	If a patient is transported by an emergency vehicle, only the arrival of the transporting vehicle counts. If the patient does not need transport the first ambulance service-dispatched responder at the scene of the incident counts
C3 Urgent calls	120 minutes 90th centile response time (i.e. these type of calls will be responded to at least 9 out of 10 times before 120 minutes		
C4 Less urgent calls	180 minutes 90th centile response time (i.e. these calls will be responded to at least 9 out of 10 times before 180 minutes)		

2.1.2 It is important to note that the ambulance services, and the wider health system within the areas in which they operate, are expected to work towards achieving the national response time standards on average across their areas as a whole. **There is no formal requirement for them to achieve them in each and every locality.**

Certain areas in Norfolk, and particularly North Norfolk (postcodes listed in paragraph 1.2 above), have response times well below the national standard. EEAST and CCG representatives have previously defined the

factors that affect the conveyance of patients to the Norfolk and Norwich hospital as:-

- The coastal territory
- The roads network
- Some unique population characteristics
- Efficiency of circulation in our system.

Health and social care partners have a degree of control in the last of these four factors and NHOSC has been assured in the past that that there will be a focus on continuing local level improvement.

2.1.3 **Ambulance turnaround standards**

The national standards for ambulance turnaround times at hospitals are as follows (to be achieved at every hospital):-

(a) 15 minutes - The time from ambulance arrival on the hospital site to the clinical handover of the patient (also known as 'trolley clear'). **The hospital is responsible for this part.**

(b) 15 minutes - The time from clinical handover of the patient to the ambulance leaving the site (also known as 'ambulance clear'). **The ambulance service is responsible for this part.**

2.2 **REAP levels**

2.2.1 There are 4 REAP (Resource Escalation Action Plan) levels reflecting pressure on the ambulance service:-

REAP level one (green) – steady state
REAP level two (amber) – moderate state
REAP level three (red) – severe
REAP level four (black) – extreme pressure

Patients with urgent and immediately life-threatening conditions are the priority and during periods of high demand those with less serious conditions may be advised that there could be a delayed response or, if it is safe to do so, they should seek alternative care.

2.3 **Previous report to NHOSC, 8 October 2020**

2.3.1 Norfolk Health Overview and Scrutiny Committee (NHOSC) has frequently returned to the subject of the ambulance service. It was last on the agenda on 8 October 2020. The report and minutes of the meeting are available on the County Council website NHOSC 8 Oct 2020 (agenda item 8).

The committee noted there had been some improvement in response and turnaround times in the last few years but also that 2020 had been difficult due to the pandemic.

The specific issues that NHOSC wanted to revisit are set out in paragraph 1.2 above and information is provided in EEAST's report at Appendix A.

2.3.2 At the October 2020 meeting EEAST was asked to provide additional information on the reasons it used the GoodSAM app for alerting local first responders but did not use the local Volunteer Emergency Treatment System (VETS). Information was provided for NHOSC members in the November 2020 NHOSC Briefing, which is available on request from the Democratic Support and Scrutiny Manager maureen.orr@norfolk.gov.uk .

In summary, EEAST explained that GoodSAM was implemented as part of a national initiative in 2019 as it offered a number of specific advantages to the control rooms whose processes focus on rapid dispatch for patients in cardiac arrest. GoodSAM enabled EEAST to automate a rapid deployment method and was integrated into to EEAST's control system (known as CAD), allowing it to efficiently deploy suitably trained and checked responders, whether these were staff, Community First Responders, or accredited GoodSAM users, without the need to manually dial a second number. It had also enabled EEAST to quickly adapt to the COVID situation by, for example, restricting deployment to those who had access to appropriate personal protective equipment and updated information on the treatment of patients in cardiac arrest during the pandemic.

EEAST did not *also* support the VETS system because expanding to different means of manually alerting responders could be potentially confusing and reduce efficiency in the control room given the additional time it would take with a potential duplicate or overlapping response.

EEAST had decided that the coverage GoodSAM provided, in conjunction with its own network of Community First Responders, was currently the most efficient option but it undertook to continue to explore new initiatives that it could integrate with its technology to improve the response to patients.

2.4 **Other local scrutiny**

2.4.1 North Norfolk District Council (NNDC) has concerns about ambulance response times in its area and in January 2020 it formally asked NHOSC to continue monitoring. Response times in the NR25 and NR23 post codes areas were of particular concern.

2.4.2 A North Norfolk Coastal Ambulance Response Times Working Party was established in 2019-20 at the instigation of parish council members. The membership includes representatives from NNDC, EEAST, Norfolk & Waveney CCG, Blakeney Parish Council, Cley Parish Council, Cromer Town Council, High Kelling Parish Council, Holt Town Council, Kelling Parish Council, Morston Parish Council, Stiffkey Parish Council, Sheringham Town Council, Wells Parish Council, Weybourne Parish Council and Wiveton Parish Council. Membership is open to any North Norfolk Town or Parish Council or stakeholder.

On 14 July 2021 the district council Overview and Scrutiny Committee received a report from the Working Party, which is available on their website NNDC Scrutiny Committee 14 July 2021 (agenda item 12). The report stated:-

More needs to be done as response times remain too long in our rural areas. It's difficult to analyse the effectiveness of these measures given the huge impact of the Covid pandemic on the health service in the last 18 months. Overall, there has been little improvement, though response times in the more urban postcodes are better, however with variability.

The Working Party's next steps were:-

- Support EEAST's recruitment of Community First Responders
- Continue campaign for the retention of rapid response vehicles in North Norfolk
- Use parish communication networks to help deflect emergency demand
- Review evaluation of Stroke Ambulance and its role in North Norfolk
- Require provision of postcode level data from the Norfolk & Waveney CCG-EEAST contract
- Consider rolling out this project NNDC-wide

2.5 **Equality and Human Rights Commission findings**

2.5.1 On 28 April 2021 the Equality and Human Rights Commission (EHRC) announced that it had required EEAST to sign a legally-binding agreement stating how it will protect its staff from sexual harassment.

The EHRC had been called in to examine EEAST by the Care Quality Commission (CQC) in 2020 because of concerns around safeguarding of staff and patients from sexual harassment, bullying and other inappropriate behaviour. The EHRC found the trust was unable to show it had carried out all the work deemed necessary to eliminate the risk to staff of sexual harassment. It will now monitor the trust's action plan.

2.6 **Education & Skills Funding Agency – withdrawal of funding**

2.6.1 After an Ofsted inspection of EEAST's training and education for apprenticeships in June 2021 identified an ongoing risk of students being exposed to poor behaviours and feeling less able to raise concerns, the Education & Skills Funding Agency (ESFA) withdrew funding for EEAST's level 3 and 4 apprenticeship learning.

This means that although EEAST will continue to employ apprentices and provide clinical training, its education provision will transfer to another training organisation. As at 13 July 2021 EEAST was working with Health Education England to find new training providers.

2.7 **Leadership changes at EEAST**

2.7.1 The former Chief Executive of EEAST, who had been unwell for some months, stepped down in January 2021. At that point Dr Tom Davis, Medical Director and Deputy Chief Executive, continued as interim chief executive. The new permanent Chief Executive, Tom Abell, started on 2 August 2021.

2.8 Mobile stroke unit trial

2.8.1 In October 2020 EEAST and the NNUH ran a mobile stroke unit as part of a six-week trial. The ambulance was staffed by a consultant and paramedic with a video link with a radiology consultant at the NNUH to ensure a speedy diagnosis and treatment.

Speed is vital for some types of stroke where there is a limited window of opportunity to administer clot-busting thrombolysis treatment. Thrombolysis can make a dramatic difference to a patient's chances of a good recovery and, in suitable cases, the sooner it is given the better. A CT scan and expert analysis is required to identify cases where thrombolysis is the appropriate treatment. It would be harmful in other cases.

The mobile unit was a modified ambulance with a specially trained crew who could give patients a CT scan in the vehicle before administering thrombolysis treatment where appropriate.

2.8.2 NHOSC examined stroke services in detail in 2014. At that time the target for the ambulance service was to get stroke patients to a hyperacute stroke unit within 60 minutes of the 999 call. EEAST had not been meeting the Stroke 60 standard for Norfolk and in some areas the performance was far below standard. For instance, in North Norfolk Stroke 60 was met in just 15.51% of cases.

In 2014 pre-hospital thrombolysis was not thought to be viable for the foreseeable future because of the cost of the service and practicalities of operating a large CT mobile vehicle on Norfolk's roads.

NHOSC recommended that EEAST focused on improving its performance by ensuring that double staffed ambulances were first on scene to a higher proportion of suspected stroke patients and that patients were transported to hospital without delay

2.8.3 The Stroke 60 target was only about patients arriving at a hyperacute stroke unit within 60 minutes. The length of time between arrival and the patient actually receiving thrombolysis was not systematically measured.

With the introduction of new national standards in 2017 (see paragraph 2.1 above), the NHS announced that by 2022 nine out of 10 stroke patients should receive appropriate management (thrombolysis for those who require it, and first CT scan for all other stroke patients) within 180 minutes of making a 999 call. In 2017 that was happening for less than 75% of stroke patients.

2.9 **Army support for EEAST**

2.9.1 In August it was reported that the Department for Health and Social Care had asked the Ministry of Defence to provide support for four ambulance services in England due to high demand and staffing shortages. EEAST was one of the four. Military personnel were to help with logistical tasks such as restocking ambulances and routine patient transfers.

3. Suggested approach

3.1 Members may wish to explore the following areas with the representatives at today's meeting:-

Ambulance response and turnaround times

(a) Response times are rising across all categories of call and turnaround times are in excess of the national standard at all three hospitals. Do the commissioners and the service providers think national targets for ambulance response times and turnaround times can be met in Norfolk and Waveney in the foreseeable future?

(b) There does not appear to have been improvement in the north Norfolk post code area response times. What is the commissioner and EEAST's view of the best way forward?

(c) What were the results of the mobile stroke unit trial? Is it a viable service to help meet the standard of at least 90% of stroke patients in Norfolk and Waveney receiving appropriate treatment within 180 minutes of calling 999?

(d) The North Norfolk Coastal Ambulance Response Times Working Party is continuing to campaign for retention of rapid response vehicles (paramedic cars) in the area. What does EEAST consider to be the most appropriate fleet of vehicles to meet patients' needs?

Response to patients in mental health crisis

(e) Lack of capacity to meet emergency / urgent mental health need in Norfolk and Waveney has had a knock-on effect on the ambulance service in the past. Does EEAST consider that the situation is now significantly improved?

(f) The committee asked for data on the effect of measures to improve the emergency response to patients with mental health requirements. EEAST has explained that the trust has yet to agree a Quality Improvement Plan with set key performance indicators. What kind of indicators will be included?

Effects of Covid 19 on the ambulance service

(g) Ongoing measures required to restrict the spread of Covid 19 may have the effect of slowing down the rate at which hospital emergency departments can treat patients. What more can be done to mitigate the knock-on effect on ambulance turnaround times?

Staff and staffing

(h) Is the position with regard to staffing front-line services (call handlers and those who go out to patients) better or worse now than in previous years?

(i) Given the findings of the last CQC inspection and subsequent action by the Equality and Human Rights Commission (see paragraph 2.5 above) what more has been done to support staff and thereby support the service in Norfolk and Waveney?

(j) What are the implications of the withdrawal of Education & Skills Funding Agency funding on current and future staffing at EEAST?

4. Action

4.1 The committee may wish to consider whether to make comments or recommendations as a result of today's discussion.

IN TRAN communication for all	If you need this document in large print, audio, Braille, alternative format or in a different language please contact Customer Services on 0344 800 8020 or Text Relay on 18001 0344 800 8020 (textphone) and we will do our best to help.

Norfolk & Waveney Ambulance Update: EEAST

September 2021

1. Executive Summary

1.1. EEAST has been making good progress on meeting the actions identified in the CQC report and our Executive team continue to work with our organisational coach and improvement directors to develop a plan for continued and sustained improvement through a transformation framework that will move the Trust out of special measures status as soon as possible. The Trust recognises that improvement will take time and will be built on key foundations of:

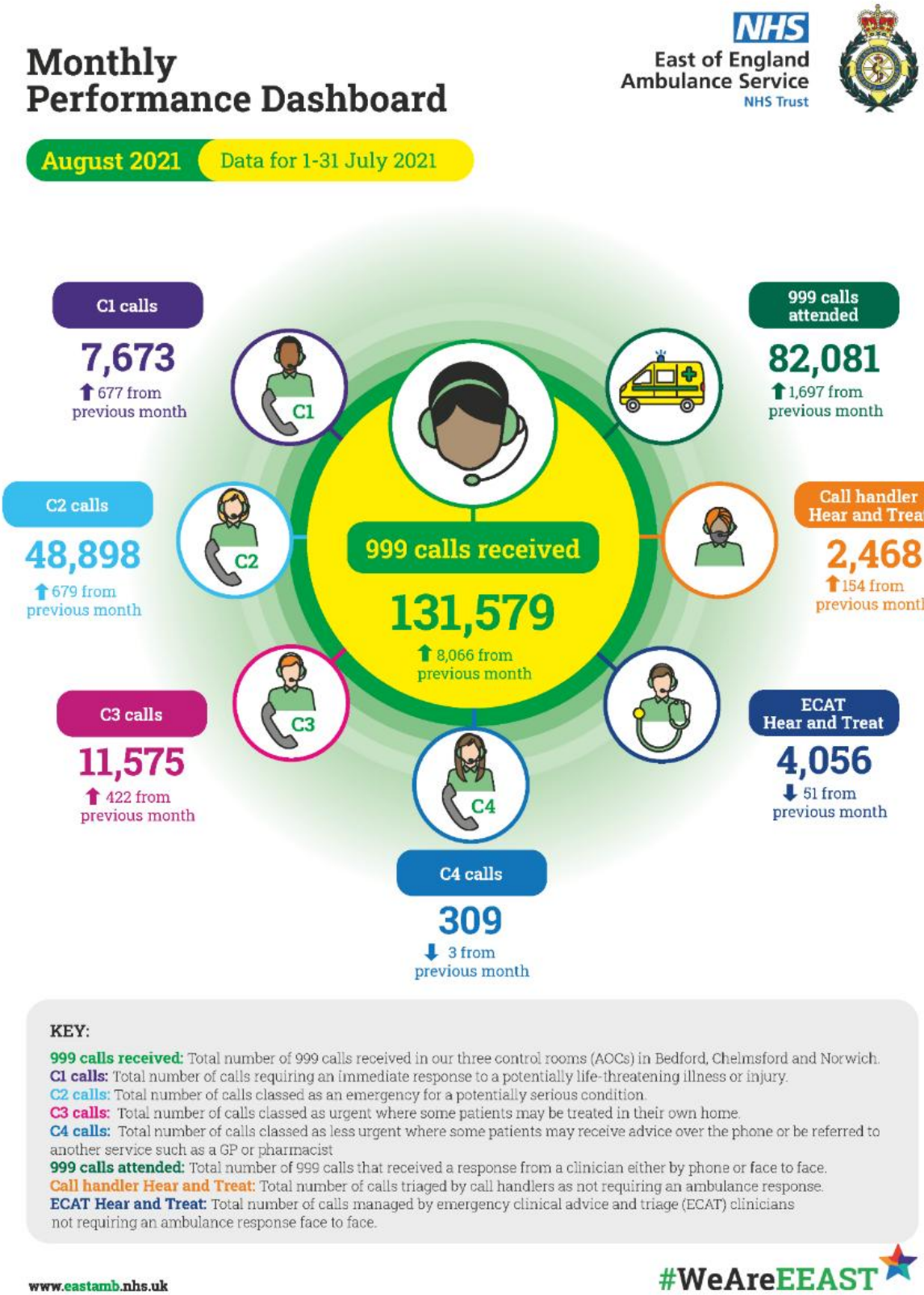
- Culture
- Workforce
- Capacity and capability
- System working
- Measuring impact and performance

1.2. In May, we appointed **Tom Abell** (formerly Deputy Chief Executive at Mid and South Essex NHS Foundation Trust) as our new permanent chief executive. This is an important step in building a stable and successful executive team.

1.3. We have worked with Health Education England to source an alternative education provider for our apprentices since our funding was withdrawn following an inspection by Ofsted.

1.4. We have recently signed a contract with MediPro and are working closely with them to ensure minimal disruption to learners.

2.1 Regionwide Performance Overview



The Trust has experienced an increase in activity, as seen nationally which has increased through May into July. The current pressures are continuing into August, which is seen in activity and staff absence, again as seen by locally and nationally.

National comparison:

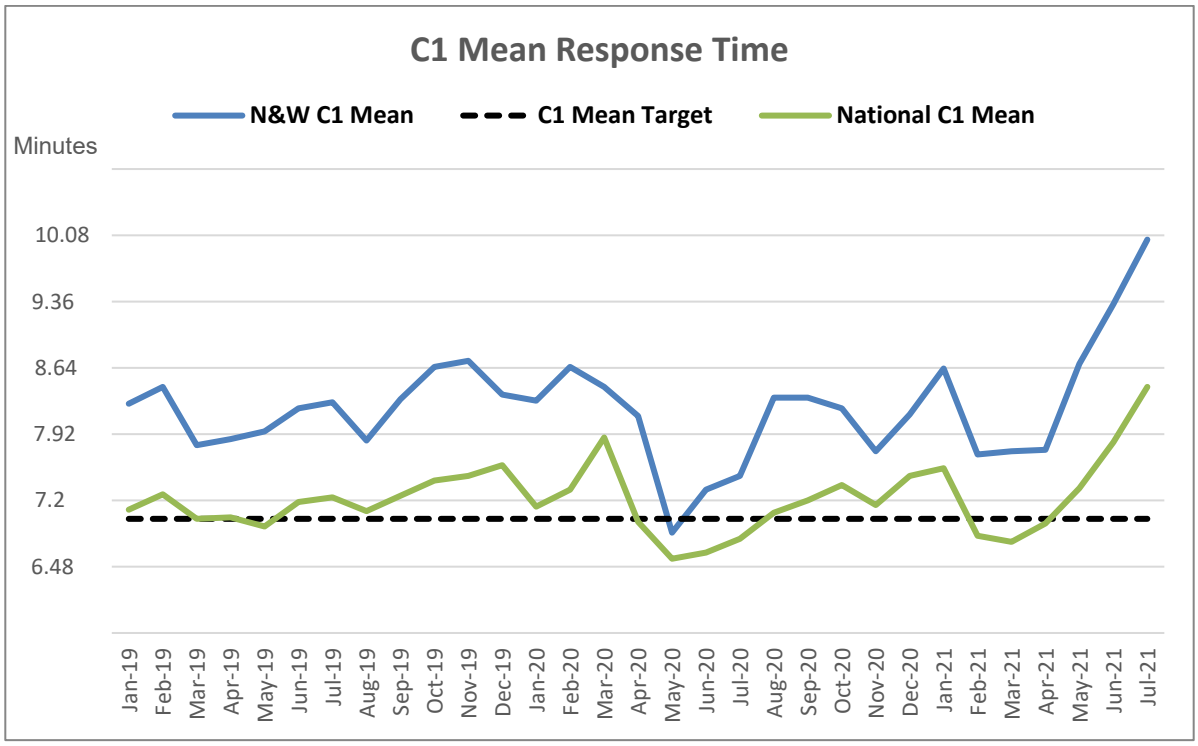
Response Times Ambulance Service		Mean (hour: min:sec)	90th centile (hour: min:sec)
Category 1			
May-21	England	7:25	13:11
May-21	East of England	7:31	14:12
Jun-21	England	7:54	14:01
Jun-21	East of England	8:07	15:15
Jul-21	England	8:33	15:15
Jul-21	East of England	8:44	16:19
Category 2			
May-21	England	24:35	49:58
May-21	East of England	25:31	52:54
Jun-21	England	30:42	3:29
Jun-21	East of England	32:03	6:48
Jul-21	England	41:04	27:44
Jul-21	East of England	38:08	20:44
Category 3			
May-21	England	24:22	19:51
May-21	East of England	23:51	38:22
Jun-21	England	54:40	35:23
Jun-21	East of England	45:46	37:58
Jul-21	England	33:43	20:48
Jul-21	East of England	1:19	13:22
Category 4			
May-21	England	31:44	33:19
May-21	East of England	47:07	31:33
Jun-21	England	30:34	42:57
Jun-21	East of England	29:43	11:21
Jul-21	England	57:40	52:02
Jul-21	East of England	3:24	3:10

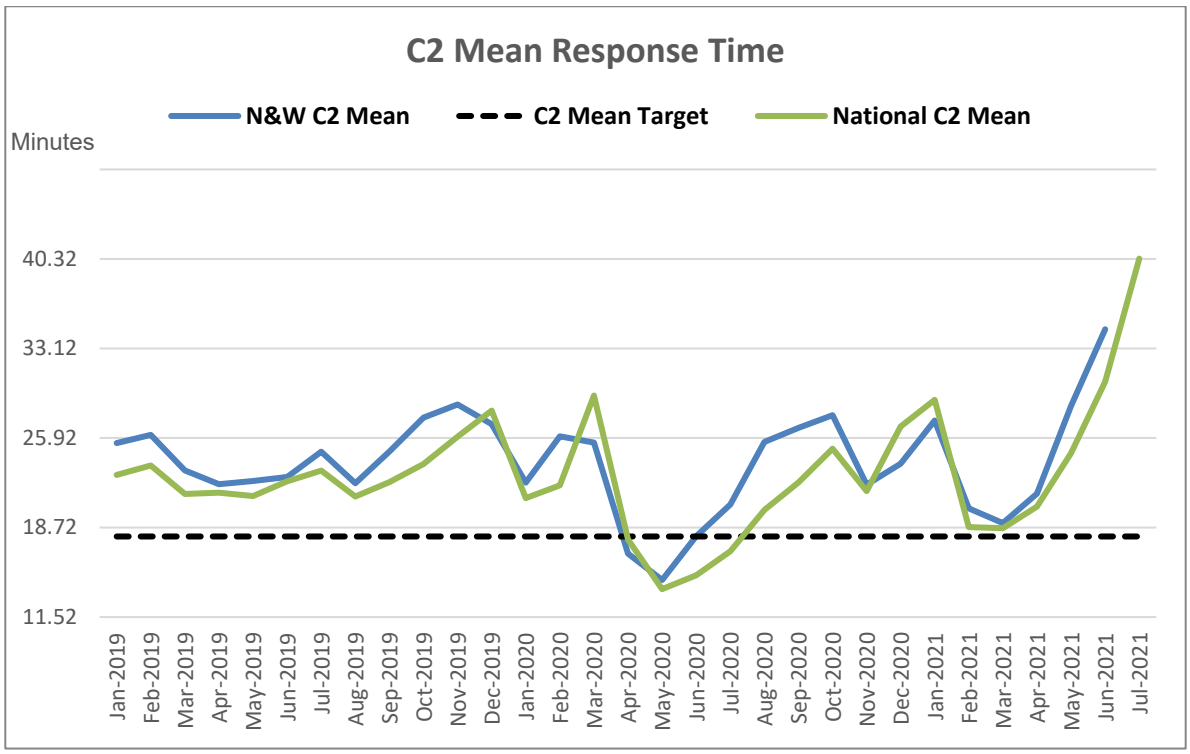
3.1 <u>Local performance overview</u>

3.2 In line with activity in Urgent and Emergency Care across the NHS, there has been a significant increase in demand for services since the end of the national Covid-19 lockdown and the easing of social restrictions.

3.3 The Trust is now operating at REAP 4 (Resource Escalation Action Plan 4). The REAP framework is national and designed to maintain effective and safe operational and clinical response for patients. It is the highest escalation alert for ambulance trusts, this is reflective of a number of ambulance Trusts across the country.

3.4 Response times are rising across all categories of call. Details can be seen in the charts below of Mean Response times to our sickest patients (C1 and C2).

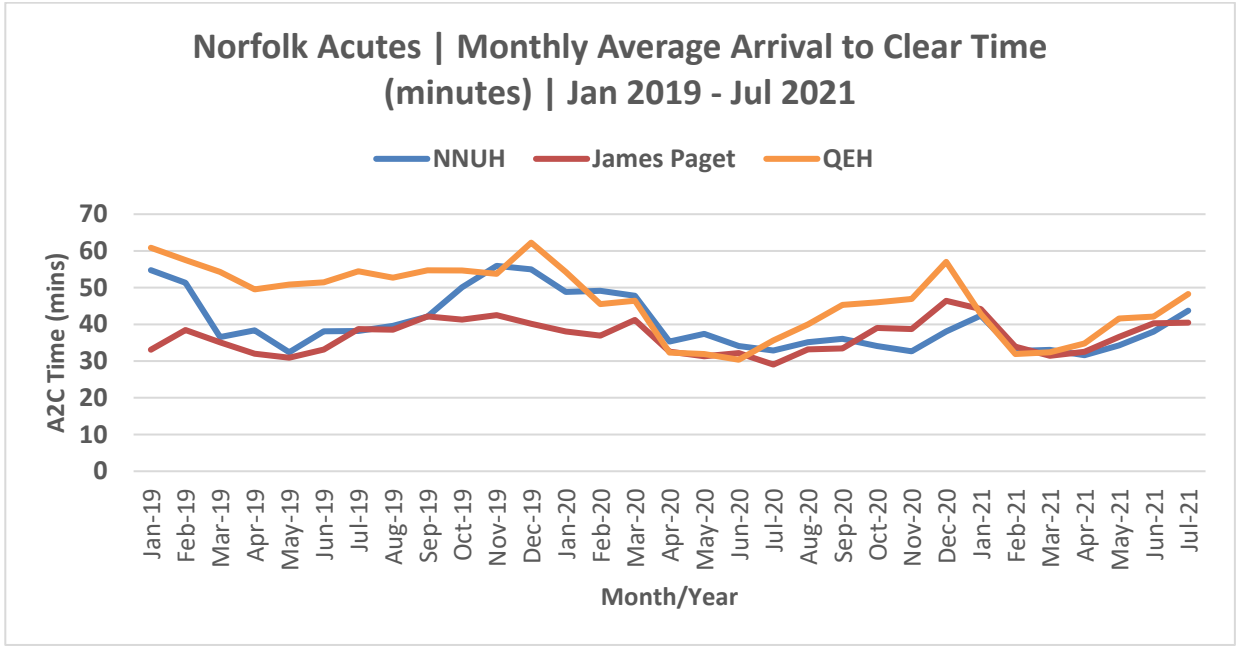




Throughout the Covid-19 pandemic, and particularly during periods of lockdown, there was reduced access to healthcare services. Fewer people were calling ambulances and fewer patients were being admitted to hospital for elective care. We experienced lower call volumes and fewer delays at hospitals.

Patients are now calling us again, but later than they might otherwise. So, our patients are sicker and have more complex care needs. This is true of both physical and mental health.

The impact of increased demand is also being felt at acute trusts where we have seen a corresponding increase in ambulance turnaround times as can be seen in the chart below:

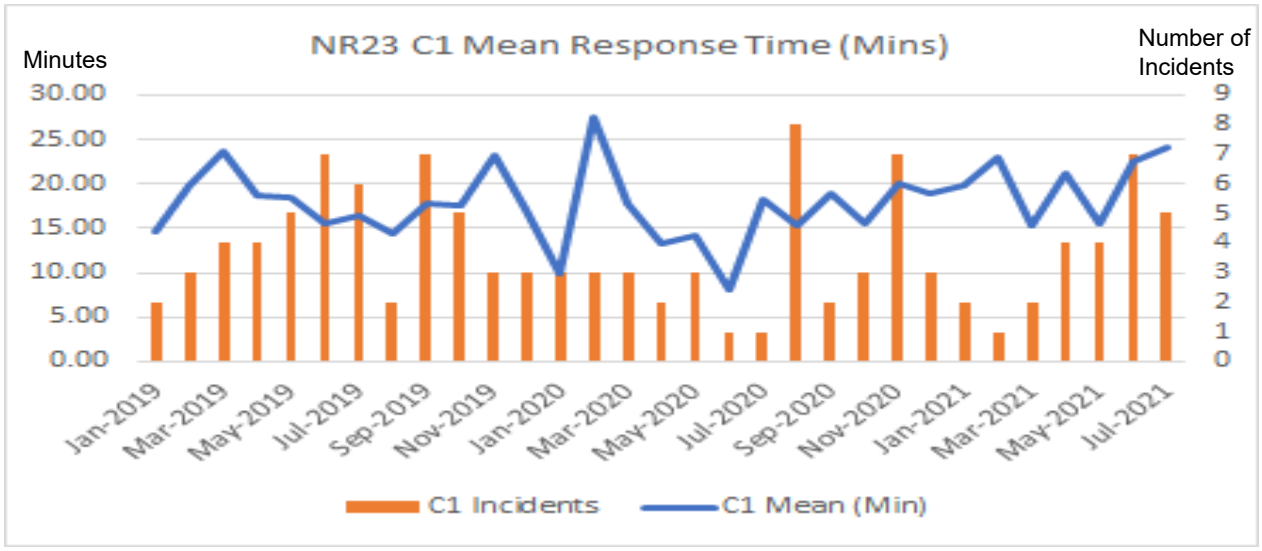


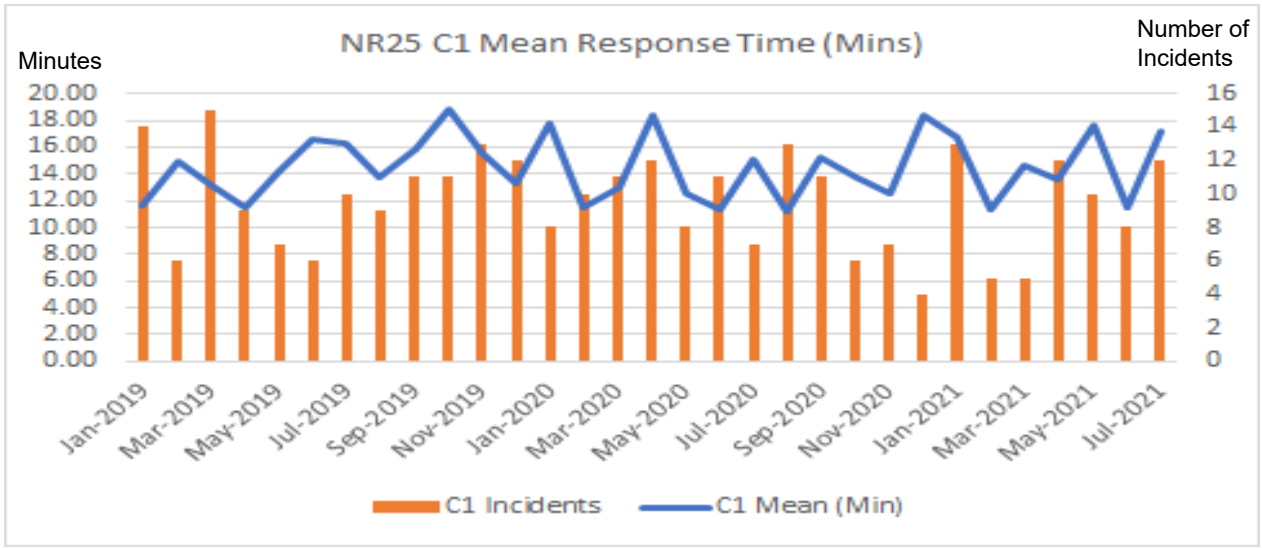
Nationally there has been a rise in hospital attendances and patient handover delays with 6.4% of all handovers taking over 60mins.

We continue to work with partners across the system to try to minimise the turnaround times at hospitals. This includes Hospital Admissions Liaison Officers at each of the acute trusts to facilitate handovers and ensuring that patients receive care in the most appropriate setting for them without being taken to hospital unnecessarily.

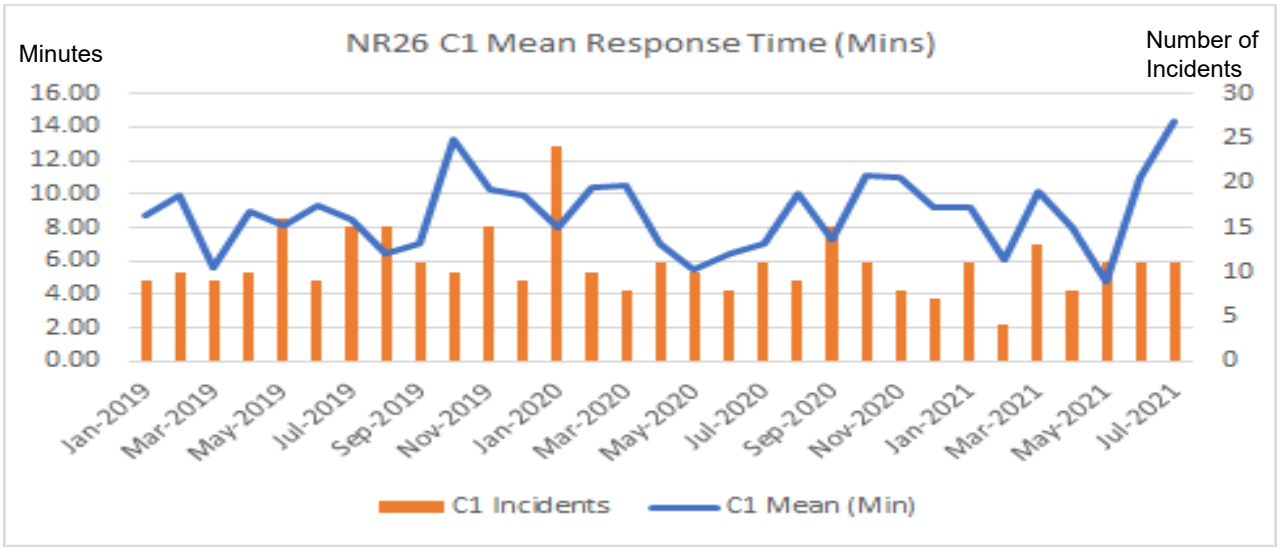
3.5 **Response times vs C1 incidents in each of the four requested postcodes**

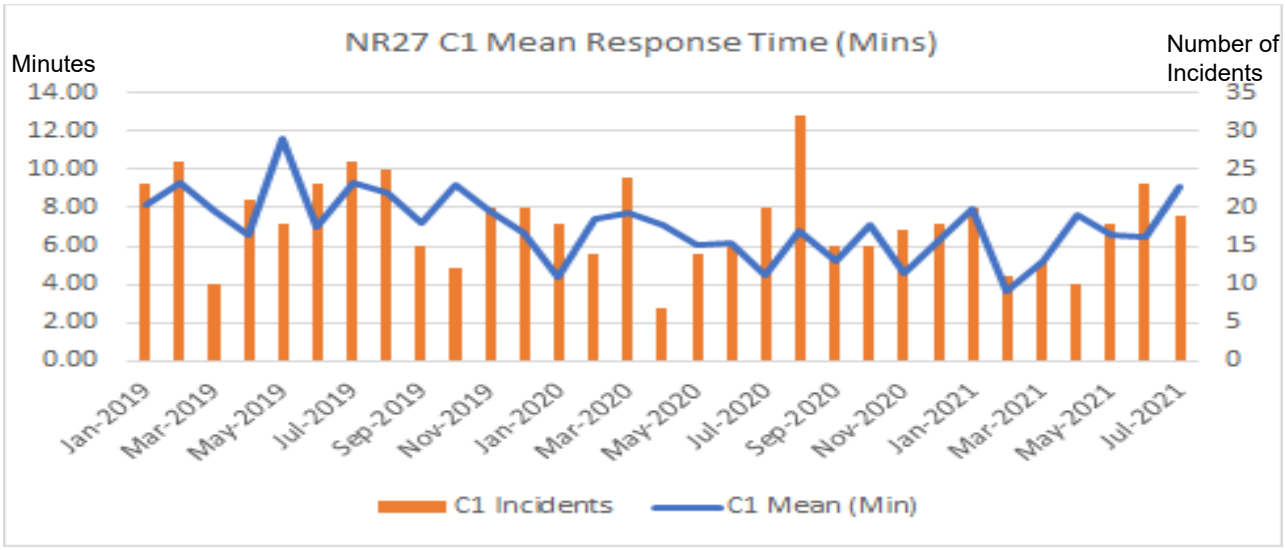
Response times are impacted by multiple factors including how busy we are, hospital handover times and the type of calls that are being handled at any given time. The four charts below show the mean response time for responding to our sickest patients in the four postcodes identified by the Committee as of particular interest.





Note:- NR23 – post town Wells-Next-The-Sea; NR25 – post town Holt; NR26 – post town Sheringham; NR27 – post town Cromer.





We continue to prioritise stations at Cromer, Fakenham and Diss for cover, such that once clear at scene or hospital, ambulances will be sent for cover in order of rural priority.

For the summer period in 2021 there was considerable system planning for the anticipated increase in domestic tourism. Planning to deflect and absorb this actvitiy included:

- Addititional ambulance and responder resources (including cycle response units)
- Increased community responders
- Increased communications via Tourist Board sites and via local groups that take an active interest in rural response times
- Increased access to 999 alternatives or hospital
- Support from St John's Ambulances for first aid at key locations

The regional operational team continue to meet weekly to review performance and planning using data to analyse and identify trends and monthly locality meetings are in place with the CCG, although urgent issues are escalated as necessary. For service planning it is important that we differentiate between temporary issues (such as those driven by weather) and those that are a persistent pattern.

Any changes to the way services are delivered, are developed in collaboration with the local CCG and other stakeholders.

3.6 Late finish programme

Late finishes have a big impact on staff's homelife and wellbeing and we have been trialling a new programme to reduce late finishes (https://ntk.eastamb.nhs.uk/news/trial-aims-to-reduce-late-finishes-for-dsa-and-rrvs.htm).

The trial started in early August in two dispatch groups: West Norfolk and West Hertfordshire. The main expected benefit is a reduction in the frequency and length of late finishes.
Other anticipated benefits include:

- Improvement in road staff well-being due to reduced impact on personal lives.
- Reduced fatigue and, consequently, improved staff safety.
- Reduction in late starts and thus better resource availability at shift start due to:
    - oncoming crews less likely to have to wait for a returning vehicle.
    - fewer crews coming in late for their following shift.
- Time available for off-going crews to ensure vehicle is ready for the next shift.
- Reduced frequency of oncoming crews needing to go Out of Service to restock/refuel or deal with vehicle maintenance issues.
- Associated cost savings in reduced incidental overtime.
- Improved 'Handover to Clear' times.

The trial is still live, but initial feedback has been positive, and we will collate and review the data at the end of the pilot with a view to rolling the programme out in other areas.

3.7 Patient Flow

Over the past year, further initiatives have been put in place, and continue to be developed, to help manage and maintain patient flow through the health system across Norfolk and Waveney. In summary, the initiatives include:

- Access to alternative pathways into hospitals e.g. Same Day Emergency Care and community services (to avoid the Emergency Departments)
- Increased access for crews to the alternative pathways and advice, including revised communications to ensure crews know how to access the Clinical Assessment Service within NHS 111
- Continuation of some telephone support services for crews within secondary care
- Review of the Early Intervention Vehicles to increase utilisation
- Introduction of a Mental Health Early Intervention Vehicle commencing Autumn 2021
- East of England-wide review of the Hospital Arrival Liaison Officer (HALO) role to develop an integrated, system-focused role at each secondary care provider Emergency Department
- 24/7 access to palliative care advice lines for crews
- Access to NFS/home first community hub (daytime) duty social work teams and mental health services (24/7)
- Continuation of the GP streaming services at NNUH and planned extension of the GP streaming model to James Paget University Hospital and Queen Elizabeth Hospital, King's Lynn
- EEAST SOC put in place to support crews and liaise with system partners in terms of ambulance deployment and management across Norfolk and Waveney
- Table top reviews in the form of Multi Agency Discharge Events have taken place to share learning across and inform decision making across Norfolk and Waveney

The Trust recognises the reduction in performance in main standards. This is due to the exceptional impact of covid-related activity, beginning most notably in February 2021 and continuing into the 2021/22 financial year.

The Trust has worked hard to sign post and support patients through our hear and treat along with treating patients at their location of call without transporting to hospitals, which follows through into our preparation for winter.

Patient flow data for July 2021:

July 2021	Hear and Treat	See and Treat	Convey – other	Convey to ED
England	11.5%	32.5%	5.0%	51.0%
East of England	10.1%	32.7%	3.2%	54.0%

3.8 Preparing for Winter

EEAST, along with the rest of the NHS, are anticipating further activity this winter. As the Covid-19 pandemic continues, we work with regional colleagues to prepare for the increase an in patients.

As we plan for increased demand across the winter months, we are:

- Recruiting extra people to work within our Ambulance Operation Centres to take 999 calls or support the dispatch of emergency ambulances.
- Increasing overtime levels for existing and experienced staff.
- Setting contingency plans in place to draw on support from partners within the military and fire and rescue services to assist with our emergency and non-emergency services if required.
- Wherever appropriate, not sending ambulances to non-urgent patients and directing them to more appropriate services. Currently we manage around 10% of our patients through Hear and Treat where self-care advice is given over the phone, and are also directing around 1,500 patients per week to other sources of help. Nationally this is around 11.5% of calls.
- Increasing the use of private ambulance services who work with us.
- Using social media and our other channels to encourage people to use other services where they can, such as 111 and 111 online, pharmacies and their GPs.

3.9 Improving emergency response to patients with mental health needs

Overall, there has been significant progress in terms of progressing joint working and improved communication with mental health, 111 and social care. The Trust and the wider NHS system have taken a number of steps to improve emergency response to patients with mental health needs. These range from systems and processes within the Trust to enable better planning of services, to training for staff. Specifically:

- Establishing a mental health dashboard to identify themes and trends such that service delivery can be planned to better meet the needs of patients. Through this, a trend in dual mental health / alcohol related incidents has been identified. Bespoke training has been put in place for crews to better enable them to identify and source appropriate treatment pathways. In addition, training for better on-scene safety planning, to improve the safety and well-being of crews and patients has also been rolled out.

- Co-production of a mental health patient feedback survey with patients with lived experience of using the 999 service during a mental health crisis. As a result, the Trust's mental health team are rolling out crew and call handler engagement sessions with experts-by-experience to share learning about what it is useful to say and do when a mental health crisis is ongoing.
- Analysis of the dispatch system to measure mental health calls and responses gathering evidence for service changes and improvements. An outcome of this is joint funding (with the CCG) of a pilot mental health response car to be staffed by an EEAST paramedic and a Norfolk and Suffolk NHS Foundation Trust mental health nurse to provide specialist mental and physical health support to patients across Norfolk and Waveney in their own home. The response car will go live in November 2021.
- Ongoing engagement with patients, carers and those delivering specialist services to support learning from lived experience. Learning material from these sessions is co-produced and shared with crews and patient experience teams.
- Training delivered by Mental Health Advanced Practitioners to crews and control room staff including written information prompt guides for crews to use in assessing mental state. Training on appropriate legislation is also given (Mental Capacity and Mental Health Acts).
- Implemented table top reviews with multi-agency professionals to ensure learning points and positive practice can be shared across agencies.

The Trust currently has two Mental Health Advanced Practitioners that are available during working hours to support crews. A recruitment process is in place to recruit six mental health clinicians to offer 24/7 support to control rooms.

The Trust has yet to agree a Quality Improvement Plan with set KPIs. When recruitment is complete this will be actioned.

4.0 Improvement programme

4.1 CQC and Special Measures

At the end of September 2020, the Care Quality Commission (CQC) published an Inspection report into our Trust. Part of that report highlighted the concerns many staff had raised with the CQC about experiencing sexual harassment, bullying and other inappropriate behaviour during their working day.

The Trust continues to make good progress with the actions identified by the CQC report. This progress is checked and challenged by regional NHS England teams, with the CQC and other stakeholders including NHS partners, Healthwatch, union, education and professional bodies.

Of the 171 actions of the CQC report, 63% are complete, with a further 37% rated green or green-amber in terms of confidence in delivery. Areas of lower confidence (amber rating) are few, and relate to delivering to the timescale rather than concerns on the ability to deliver the actions per se. As we move forward, we will focus on measuring success by the confidence we have in the sustainability of the changes we have put in place.

A programme of work called Fit for the Future will ensure that we embed the improvements made in addressing the CQC's concerns. The five areas of focus for this work will be:

- Improving our culture
- Workforce Development
- System Partnership
- Capability and Capacity
- Evidencing our impact

In May, we appointed Tom Abell as our new permanent chief executive. Tom took up his position at the start of August. This is an important step in building a stable and successful executive team.

The Executive team continue to work with our organisational coach and improvement directors. Together, we are delivering a plan for continued improvement through a transformation framework to move out of special measures status as soon as possible.

Dedicated funding is being negotiated to support and strengthen key areas such as Freedom To Speak Up and communications. Over 200 staff have spoken to our Freedom to Speak Up Guardian. There have been more than 700 sessions with advice and support provided to managers and staff. Behind this, a huge number of other actions have taken place, but we know there is more to be done to embed and sustain change.

4.2 Equality and Human Rights Commission

The Trust has finalised an action plan with the EHRC with agreement on the actions and measures secured. Importantly, the actions have been underway whilst our agreement with the EHRC under Section 23 of the Equality Act 2006 has been finalised. The actions are included and monitored through our Quality Improvement Plan. There are clear monitoring points with the Commission to provide them with assurance on our progress.

4.3 Ofsted

An Ofsted team visited EEAST in June to inspect our apprenticeship education and training programmes. The focus of this monitoring visit was on safeguarding. Two Inspectors visited Newmarket Training Centre and undertook a detailed review.

Whilst Ofsted recognised that we have made improvements in addressing concerns raised by the Care Quality Commission in 2020, they identified an ongoing risk to our apprenticeship students being exposed to poor behaviour and felt less able to raise concerns. The outcome of the review was ‘Insufficient Progress’.

As a result of this inspection the Education and Skills Funding Agency (ESFA) terminated our education provider contract.

Since then, we have been working closely with Health Education England to source an alternative provider and have recently signed a contract with the education provider MediPro.

We are working closely with MediPro to ensure minimal disruption to learners and we have a specific performance team who lead on workforce planning that will take steps to mitigate any risks caused by the outcome of this.

To address the issues raised by the CQC, the Trust has invested in a culture programme and campaign to tackle poor behaviour and encourage all learners and staff to raise any concerns. We have also provided additional support for managers to ask about – and challenge - behaviour in the workplace

Additionally, the Trust has taken a number of actions to address the specific concerns of Ofsted, including:

- Reviewing and strengthening processes for mandatory safeguarding training to ensure learner and staff knowledge of safeguarding is recorded, updated and monitored
- Putting checks in place to make sure all relevant staff and students in the future complete safeguarding training
- Using data more effectively and intelligently to identify if different staff groups are having a different experience at work, rather than relying on general survey data

- Reviewing and learning from issues around how education and training at the Trust is managed and delivered, including working with Health Education England.

5.0 Conclusion

5.1 EEAST has a new chief executive in place and is making progress towards meeting the requirements of the Care Quality Commission and the Equality and Human Rights Commission. We have also moved swiftly to prevent disruption to students caused by withdrawing of our training funding following our Ofsted report.

5.2 Operational demand and pressure remain, with mitigating actions being undertaken in accordance with our escalation plans. We have experienced a surge in demand over summer, which was experienced by other ambulance services and the NHS in general. Our staff have stepped to offer additional shifts and we have worked closely with NHS and other colleagues to identify causes for ambulance delays and find innovative ways to deal with them.

5.3 Our work on progressing to the next stage of our improvement journey has commenced, this focusses on solid foundations in 5 key areas. These underpin how we can move forward sustainably.

Item no 7

Norfolk Health Overview and Scrutiny Committee
2 September 2021

Vulnerable adults' primary care service, Norwich – progress report

Suggested approach from Maureen Orr, Democratic Support and Scrutiny Team Manager

Examination of progress of the vulnerable adults' primary care service, Norwich, which was introduced on the 1st April 2020 replacing the former City Reach Health Services and providing health and care support to populations including:-

- Homeless or at risk of homelessness, including those with no recourse to public funds
- Sex workers
- Asylum seekers and refugees
- Gypsy, traveller and Roma, excluding those in settled communities
- Prisoners on release

1. Purpose of today's meeting

1.1 To examine the success of the new vulnerable adults' primary care service, particularly in light of the effect of the Covid 19 pandemic on these most vulnerable patients and on the ways in which primary care can safely be provided.

1.2 The commissioners Norfolk and Waveney CCG and the providers OneNorwich Practices have been asked to supply:-

- A full description of the new vulnerable adults' service, including the Memorandum of Understanding between partners in the service.
- Information on how the service has been operating during the Covid 19 pandemic and plans for how it will operate post-pandemic.
- Workload and capacity information:-
    - Numbers of patients using the Inclusion Health Hub and in the Inclusion Health tier of the service model compared to numbers using the former City Reach Health Services
    - Details of how patients in the Inclusion Health tier are distributed across the seven participating GP practices.
    - Information on staff vacancies in the current service.
- Performance information – details of the performance indicators in place and how the service has performed so far.
- Feedback on the service - patient and partner comments:-
    - Number of complaints from patients and the subject areas
    - Information on any partner concerns about the operation of the new service model
    - Information on how both of the above have been addressed.

- Details of how the change to the service delivery model for this cohort of patients has affected:-
    - their level of attendance at Norwich's NHS Walk-In Centre
    - the level of referrals to the Special Allocation Service.
- Details of how long patients stay, on average, within the special support area of the new model and the numbers who have moved on into mainstream primary care services since the new model began.
- Any other relevant information about the service.

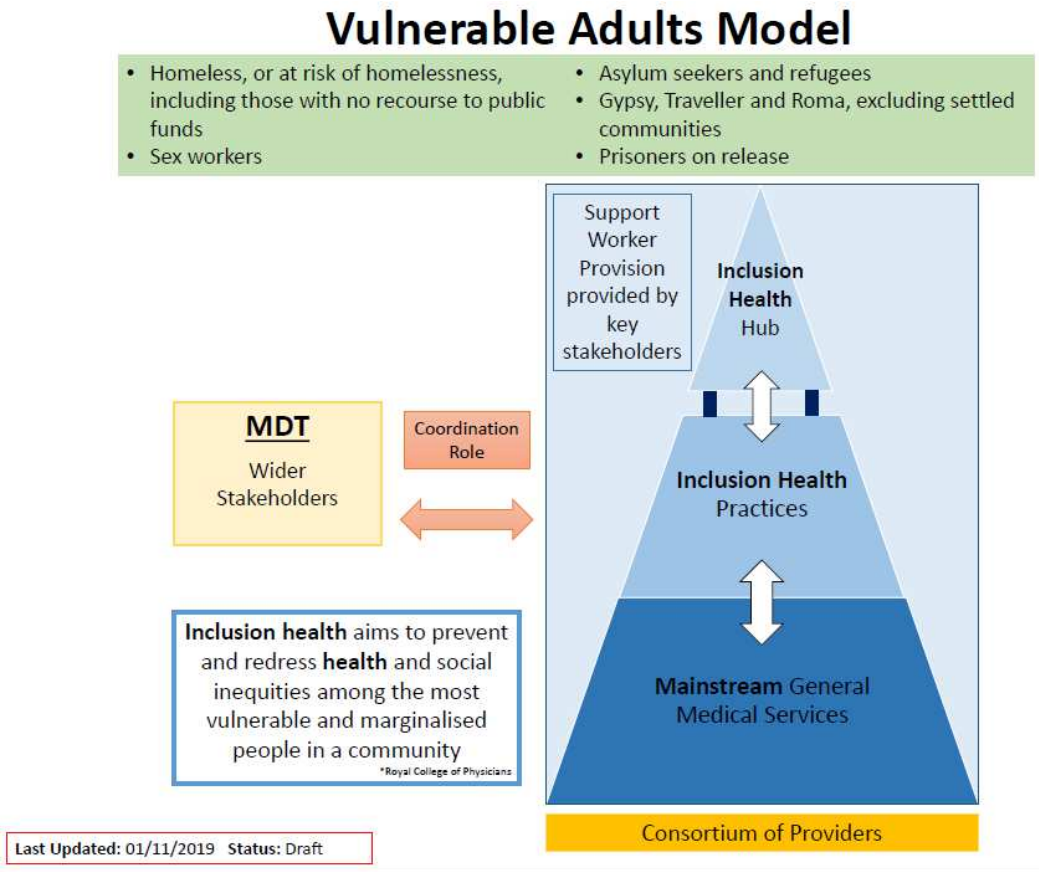
The CCG and OneNorwich Practices' report is attached at **Appendix A (page 40)** and representatives will attend to answer Members' questions.

2. Background

2.1. Norfolk Health Overview and Scrutiny Committee (NHOSC) received a report about City Reach Health Services (CRHS) in October 2019. The report is available on website via the following link NHOSC 10 October 2019(Item 7).

NHOSC had put the subject on its agenda because the CRHS had been seriously short-staffed for a period of time and Members were concerned about the safety of the service as a result.

The committee heard that the intention was to replace the City Reach service, which was provided by Norfolk Community Health and Care NHS Trust (NCH&C) with a new integrated model of care, which would be provided by seven local GP practices. Details were provided in the report to 10 October 2019 NHOSC but a diagram of the new model is included below:-



2.2 It was envisaged that the new model would be more easily staffed and patients within it were more likely to move on from needing special support to using mainstream primary care services where a wider range of health services would be available to them.

2.3 The former CRHS service had been commissioned by NHS England and NHS Improvement Specialised Commissioning and was monitored with the help of the local Clinical Commissioning Group. The new model was to start from April 2020 and was to be commissioned by Norfolk and Waveney CCG.

A Partnership Board including key stakeholders from services that also work with the vulnerable adult cohort in Norwich was to be established to oversee the effectiveness and delivery of the new service model.

2.4 In October 2019 NHOSC asked the commissioners to provide information on:-

- Exactly how the new service model would address issues experienced in the current service
- Evidence of engagement / involvement of patients in the design of the new service model
- Evidence of an Equality Impact Assessment of the change in service model.

This was provided in the NHOSC Briefing in December 2019; copies are available from the Democratic Support and Scrutiny Manager maureen.orr@norfolk.gov.uk

2.5 The commissioners did not consider the change from the City Reach service to the Vulnerable Adults service was a substantial variation in the provision of service (in the sense of the 2013 health scrutiny Regulations).

2.6 After the onset of the Covid 19 pandemic NHOSC agreed to revisit the subject to examine how effectively the new service model was operating for this very vulnerable patient cohort.

3. Suggested approach

3.1 NHOSC may wish to discuss the following areas with the CCG and One Norwich Practices:-

(a) Does the CCG consider that the new service is delivering better primary care to vulnerable adults than the previous service?

(b) As key performance indicators are not being reported during the pandemic, how are OneNorwich Practices and the CCG evaluating the success of the service?

(c) How does the service perform in terms of delivering routine primary care to patients, such as diabetes checks, health checks, vaccinations and screening services?

(d) Is there any information on whether patients continue to engage with mainstream primary care in the longer term (beyond 3 months) after step down from the Inclusion Health Practices?

(e) In the absence of a Memorandum of Understanding with partners are the CCG and OneNorwich Practices satisfied that the relevant statutory, community, voluntary and third sector organisations are playing their part to support the service?

(f) What additional support services will come online when the Under One Roof building is refurbished in October 2021?

(g) What kind of patient engagement activities are planned now that Covid 19 restrictions have eased?

4. Action

4.1 Following the discussions with representatives at today's meeting, Members may wish to consider whether:-

(a) To make comments or recommendations as a result of today's discussion.

And / or

(b) To ask for further information or updates at a future meeting or in the NHOSC Briefing

Or

(c) The committee's scrutiny of this subject is now complete.

IN TRAN communication for all	If you need this report in large print, audio, Braille, alternative format or in a different language please contact Customer Services on 0344 800 8020 or Text Relay on 18001 0344 800 8020 (textphone) and we will do our best to help.

COMMISSIONER & PROVIDER JOINT REPORT

This report has been produced by Norfolk and Waveney Clinical Commissioning Group (N&WCCG) in collaboration with OneNorwich Practices, provider of the new Vulnerable Adults Primary Care Services since April 2020. It provides:

1. A full description of the new Vulnerable Adults Service (VAS)
2. Information on operating arrangements during the pandemic and beyond
3. Workload and capacity information
4. Performance data
5. Stakeholder feedback
6. Details of the impact of the revised delivery model
7. Information on patient movement between the different tiers of the model
8. Additional information on the service

1. Overview of the Vulnerable Adults Service

"Inclusion health aims to prevent and redress the health and social inequalities amongst the most vulnerable and marginalised people in a community" (Royal College of Physicians)

Following co-design sessions with service users and multi-agency engagement, N&WCCG commissioned the new Vulnerable Adults Service to provide enhanced primary care support to people with a complex range of needs. The new delivery model, which went live on 1st April 2020, is composed of 3 separate elements:

- An inclusion heath hub
- Inclusion health practices
- An asylum seeker and refugee service

This new integrated model has been specifically designed to meet the needs of the target population for the service, which includes:

- People who are homeless or at risk of homelessness, including those with no recourse to public funds
- Sex workers
- Asylum seekers and refugees
- Gypsies, travellers and Roma (excluding those in settled communities)
- Prisoners on release

The aim of the new model is to improve individual outcomes, reduce health inequalities and, ultimately, support people to engage with mainstream services. This will be achieved through the provision of a clinically safe and resilient service offer which ensures that patients are registered with a GP practice, supported with their medical and psycho-social needs, have equitable access to health checks, screening and immunisations and appropriate support from relevant statutory, community, voluntary and third sector organisations.

The model is regularly reviewed to further improve the scope and effectiveness of the services available. A multi-agency partnership group oversaw the service transition from Norfolk Community Health and Care NHS Trust (NCH&C) to OneNorwich Practices (ONP) between April – July 2020. Since then, strategic and operational oversight has been maintained by regular meetings between the key delivery partners ONP and St Martins (representing the wider Pathways Consortium). All involved services work together for the benefit of the patient.

The development of a Memorandum of Understanding between service delivery partners has been delayed due to the focus on the Covid response but will be progressed alongside the establishment of the VAS Partnership Board (see **next steps** in section 8).

The Inclusion Hub

The Inclusion Hub is hosted by St Martins at Under One Roof (The Excel Centre) in Norwich and the clinical service is delivered by OneNorwich Practices. The Hub provides **intensive** (tier 1) primary care support for those individuals with the highest level of needs and most chaotic behaviour and/or lifestyles. Patients are registered with Norwich Practices Health Centre. The aim is to stabilise patients over a period of 6 months by supporting them into settled accommodation and/or treatment services and helping them to manage their medication and any long term conditions so that they can be safely "stepped down" to one of the Inclusion Health practices for ongoing enhanced primary care support.

The hub is co-located with St Martins, the Pathways team and Project Adder (see glossary). There are extensive plans for the building to be re-furbished starting in October 2021 when more support services will come online.

The service provides access to GP or nurse appointments between 9am-5pm Monday to Friday (excluding bank holidays) and the reception team are specially trained to support this group of patients. Patient information is held as a defined caseload on SystmOne (the clinical IT system), permitting access to the summary care record.

There is also a dedicated full time Integrated Care Coordinator (ICC) role who provides support to the weekly multi-disciplinary team (MDT) meetings, links with the inclusion health practices, co-ordinates the social care and adult safeguarding care plans and makes appropriate onward referrals to address the wider determinants of health. They also track patients journeys between the tiers.

St Martin's Pathways team (including an Advanced Nurse Practitioner, mental health nurse and Housing First support worker) are on site to provide advice, support and training opportunities for patients to help them to live independently in the community. They also offer outreach clinics provided by specialist services (mental health and substance misuse) and active engagement with the acute hospital.

Effective working relationships have been established with the Magdalene Group who have supported sex workers and victims of sexual exploitation and coercion to register with the hub and receive support with contraception, sexual health and access to Covid vaccinations.

A clinical lead is in post to provide governance, oversight, clinical supervision, prescribing support and clinical administration and the operational lead manages day to day activity. There is a Standard Operating Procedure (SOP) in place.

Inclusion Health Practices

There are currently 7 Norwich GP practices who provide **enhanced** (tier 2) primary care support for patients. These are:

- Gurney Surgery
- Lakenham Surgery
- Norwich Practices Health Centre
- Oak Street Medical Practice
- Prospect Medical Practice
- St Stephens Gate Medical Practice
- Wensum Valley Medical Practice

This element of the service offer includes drop-in appointments, longer appointment times, extended health assessments and access to Long Term Condition checks. Appointments are available between 8am and 6pm Monday to Friday as well as evenings and weekends via the Extended Hours and Improved Access schemes.

When patients are “stepped down” from the Hub to a Health Inclusion Practice, they receive ongoing support from the tier 1 Support Worker and Integrated Care Coordinator for approximately 6 weeks to help them manage the transition and settle in at the new surgery. Regular meetings take place between the Hub and Inclusion Health Practices to review caseloads and ensure that patients are receiving the appropriate level of support and any risks are identified and mitigated.

If an individual’s needs subsequently escalate, then additional outreach support is available from the Hub on a short-term basis, or they can be “stepped up” again to access ongoing intensive support.

Once a patient has stabilised, is engaging with treatment and other appropriate services and no longer requires an enhanced level of primary care support, they are supported to transition to mainstream GP provision. This process is approved and overseen by the clinical lead at the Inclusion Health practice.

(Non-Syrian) Asylum seeker and refugee service

Eight Norwich practices have signed up to deliver this service in partnership with the People from Abroad Team (PfAT). It ensures that these patients can access enhanced advice and support on health matters and other non-clinical issues (such as the completion of paperwork, housing and safeguarding) from specialist nurses and support workers.

There are currently 146 asylum seekers registered with practices in Norwich who are all engaged with PfAT and the Asylum Seeker Nurse.

When the PfAT are notified by SERCO of newly dispersed asylum seekers in Norwich, the specialist nurse undertakes an initial health assessment and the person/family are supported to register at a GP practice and access dentistry and optometry. A health orientation is completed, and ongoing social and welfare needs are supported. The team also provide help with housing, benefits, children's services, education and VCSE support. The community asylum seekers nurse also provides expert advice and guidance, education to practices in asylum seeker and refugee healthcare and advice on screening/immunisations etc. Medical management is the responsibility of the registered practice.

A new asylum seeker and refugee mental health pathway has recently been set up with Norfolk and Suffolk NHS Foundation Trust (our community Mental Health provider) to provide specialist psychiatric support and trauma therapy for this patient group.

2. Operating arrangements during the Covid-19 pandemic and beyond

Despite going into a national "lockdown" on 23rd March 2020, the transition of patients from City Reach Health Service to the Inclusion Hub continued and the new service delivery model went live on 1st April 2020 as planned. A comprehensive risk assessment process was completed which covered all aspects of the transition, project implementation and service delivery which included mitigating actions. This has remained under constant review as national guidance changes.

As with all health and care services, the Covid-19 pandemic has had an impact on the operational delivery of the Vulnerable Adults Service. Throughout the pandemic, the detailed Standard Operating Procedure (SOP) has been regularly reviewed and service provision has been adapted as necessary to operate safely and effectively in the interest of service users and staff. MS Teams has been used for the weekly multi-disciplinary team meetings to ensure that all professionals are involved in the support planning and shared care for any unstable patients. This includes a review of patient needs, arranging appointments with a clinician and making onward referrals as necessary to provide additional support. Technology has also been used for case conferences for patients and to engage with key stakeholders on the development of the service offer.

Staff have remained on site, but, as with other practices, a "total triage" model and controlled access policy had to be introduced. Patients arriving unannounced at the Inclusion Hub have been able to speak to someone via a hatch.

The implementation of national guidance to ensure a Covid-safe environment meant that the planned drop-in service was unable to operate, but the Inclusion Hub has introduced "on the day" emergency appointments to provide flexibility and respond to urgent need. Pre-bookable face to face consultations and new patient registrations have continued, but appointment times have been extended to allow sufficient time for PPE to be donned and doffed and for the rooms to be cleaned which has reduced the number of appointments available each day. The specialist outreach clinics at the inclusion hub have also continued to operate during the pandemic via a booking system.

Video conferencing is in use and patients have been encouraged to contact the Hub by phone for any routine health issues. Recognising that many patients are digitally excluded, arrangements were made with the Ark (a drop-in day centre for homeless people providing showers, food and clothing) to provide support to people without access to a telephone or technology so that they were able to contact the service and attend virtual appointments.

Support workers were not permitted to accompany patients to hospital appointments or court hearings due to restrictions in these settings, although this has been arranged in exceptional circumstances for the most complex patients. With the easing of the restrictions, this facility has now been reinstated.

The planned process for the transfer of patient care from the Hub to the Inclusion Health Practices involved the support worker accompanying the individual and introducing them to the practice but was not possible due to Covid restrictions. This has also now been reinstated.

Patient engagement activity has also been impacted due to the closure of many venues and restrictions around the number of people who can meet. The operational lead is now progressing this area of work.

Recruitment plans for a practice nurse have also been affected, with potential employees being reluctant to change roles or employers during the pandemic. This vacancy is being covered by regular OneNorwich Practices bank staff for health checks, phlebotomy and wound care.

Working with St Martins and the Pathways team, the Vulnerable Adults Service supported the local registration of homeless people from across the county who were accommodated in hotels and Bed and Breakfast accommodation in Norwich as part of the “everybody in” national initiative. This ensured that medication was prescribed safely in collaboration with Change Grow Live (our alcohol and drug behaviour change service).

3. Workload and capacity information

Prior to the start of the new delivery model there were 635 patients registered with the City Reach Health Service (CRHS). As part of the transition arrangements, Norfolk Community Health and Care (NCH&C) undertook a data cleansing exercise which included the removal of patients who had registered with a GP practices, moved away, were in prison or had died.

This caseload review resulted in 119 asylum seekers (who were already registered with other GP practices) being transferred to the People from Abroad Team and asylum seeker community nurse’s caseload. 26 patients at the Little Plumstead inpatient unit remained active to NCH&C and are supported by their outreach service under a different contract. The remaining 250 patients were transitioned to the (tier 1) Inclusion Hub in the Vulnerable Adults Service.

From April 2020, each of the 250 cases transferred to the Inclusion Hub were subject to a multi-disciplinary review and either remained with the tier 1 service or were supported to transition to a tier 2 Inclusion Health Practice or tier 3 “mainstream” General Practice according to their needs. This was supported by a

Clinical Pharmacist from the Medicines Optimisation Team who undertook medication reviews for those patients moving between the tiers. All the patients who were "stepped down" into lower levels of support were provided with details for contacting the Hub if they experienced any issues or felt that they needed additional support. Practices are also able to refer patients to the VAS for more intensive support should their needs escalate.

Those patients who were "stepped down" to one of the Inclusion Health Practices (tier 2) or transferred to mainstream primary care (tier 3) contacted after 6-8 weeks for a welfare check. They were followed up again after 3 months.

There are currently 88 patients supported by the Inclusion Hub and, since August 2020, 47 patients been supported to move on to tier 2 support and registered with one of the Inclusion Health Practices.

The table below details the number of tier 2 patients by GP practice.

Practice	**Number of Patients**
Gurney Surgery	9
Lakenham Surgery	6
Norwich Practices Health Centre	5
Oak Street Medical Practice	9
Prospect Medical Practice	9
St Stephens Gare Medical Practice	9
Wensum Valley Medical Practice	0
Total	**47**

Staff Vacancies

The table below provides an overview of the Inclusion Hub staffing establishment and current vacancy information.

Role	**Weekly Hours**	**Staff in post as at 16.8.21**
Clinical Lead	10	Yes
Service Manager	37.5	Yes
GP	30	22 hours (8 hours covered by regular locums)
Practice Nurse	12	Covered by regular locums
Asylum Seeker Nurse	37.5	Yes
Support Worker	67.5	Yes
Integrated Care Coordinator	37.5	Yes
Receptionist	60	Yes

The practice nurse role is currently vacant, but appropriately skilled bank staff (a nursing associate and a locum practice nurse) are in place and delivering the required functionality for patients. Within the Hub there are 2 employed GPs with experience of working with health inclusion groups* and the third post is provided by a pool of locum GPs from OneNorwich Practices. The clinical lead is an Advanced Nurse Practitioner and provides prescribing cover.

*This includes people who are socially excluded, typically experience multiple overlapping risk factors for poor health (such as poverty, violence and complex trauma), experience stigma and discrimination and are not consistently accounted for in electronic records

Recruitment is underway for a GP within an interest in Inclusion health for 8 hours per week and a Practice Nurse who is fully qualified in long term condition management. GP fellowships are also being explored as an alternative.

4. Performance

Due to the impact of Covid-19 on service delivery across the system, it has not always been appropriate to transition patients from the Hub to the Inclusion Health Practices within the required 6-month timescale outlined the service specification.

The transfer of patients to tier 2 practices has taken place during COVID, but with a longer transition period and support worker input. Now that restrictions have eased and warm handover arrangements have been re-instated, the service lead and team will work towards meeting the intended 6-month timescale.

Key Performance Indicators

Due to their priority focus on the Covid response, Commissioners have taken a different approach to contract management, which has been replicated with many services, working closely with providers to ensure that patient and staff are kept safe and essential service delivery is maintained.

Prioritising other areas of activity such as the vaccine delivery programme and frontline service delivery, the CCG have not actively pursued the reporting of the VAS KPIs during the pandemic, but data on patient movement between the tiers is provided below.

Reason for move		**Number of Patients**
Tier 2 transition		47
Discharged due to moving OOA		35
Discharged due to prison sentence		19
Discharged due to non-engagement for 6 months plus		13
Total		**114**
New registrations		**Number of Patients**
2020-2021	Q1	88
2020-2021	Q2	23

2020-2021	Q3	29
2020-2021	Q4	32
2021-2022	Q1	13
Total		**185**

Patients who returned from tier 2 back to tier 1		**Number of Patients**
2020-2021	Q2	6
2020-2021	Q3	6
2020-2021	Q4	1
2021-2022	Q1	0
Total		**13**

5. Stakeholder feedback

Since the start of the service in April 2020, there have been no complaints made by service users or concerns raised by delivery partners and/or other stakeholders. The following feedback has been received:

"A little thank you for grace and to you and your team for all the directions you have provided, I now have a place - A little bedsit in Bungay. My greatest thanks to you all.

In a thank you card from a service user

I have found the Vulnerable Adults Service to be invaluable. They work collaboratively with other services to reduce inequalities in health and improve the health outcomes for the most vulnerable patients, who usually have complex needs and need a multi-agency approach.
I have approached the Integrated Care Coordinator on several occasions in relation to information and advice regarding possible referrals and joint working. He has always responded to any questions I have in a professional and timely manner and is a very knowledgeable ICC. There are three Tier 2 patients that we are both working with and this integrated working will hopefully assist with fewer hospital admissions, better adherence to treatment along with increased health literacy and improved self-care.

Mel Read - ICC for the Central Norwich Neighbourhood

"The development of a service for vulnerable adults which has close links to primary care / GP practices is greatly welcomed. Previously, practices looked after these patients with complex needs with little available support and often felt responsible and alone in trying to reach them / engage them and work with them. The service has enabled practices to easily access, via contact with the Integrated Care Coordinator), the additional resources Norwich has to help in the ongoing care and try to progress the holistic approach to manage these people better. Knowing we can feed in patients and we can also take back or receive patients from the hub with an informed handover has alleviated a lot of the anxieties as well as now knowing we are not alone in trying to track them. Although this service is in its infancy, I see it has great potential for improving patient care. The vaccine programme has also shown that it is really important to work across services and have an integrated approach to managing these patients and their needs. Flexibility and trust are needed and hopefully we can show that the joined up working between practices and the "hub" is beneficial for all involved.

Dr Joanne Walsh, Castle Partnership, Norwich

A short video has been produced to provide patient feedback on the new model which will be shared in advance of the NHOSC meeting on 2nd September 2021.

6. <u>Impact of the revised delivery model</u>

Due to serious staff shortages in the previous City Reach Health Service, the hours of operation had to be reduced raising concerns that this generated additional demand at the Walk in Centre in Norwich.

When the service transferred to OneNorwich Practices in April 2020, patient information continued to be held on the NCH&C SystmOne module pending the set-up of a dedicated SystmOne unit for the Inclusion Hub. For this reason, reporting is only available from August 2020 when the patients were transferred to the new IT system.

Between August 2020 and May 2021, 20 Inclusion Hub patients have attended a total of 26 appointments at the Walk in Centre in Norwich.

As outlined below, the reasons for these attendances vary, but the appointments mainly fall outside the Hub operating hours (i.e. evenings and weekends).

- Blood tests
- Dressing changes
- Acute injuries
- Removal of stitches
- Acute infection to wounds
- Foreign body removal
- Toothache
- Acute medication requests

Since the Inclusion Hub has been in operation, no patients have been referred to the Special Allocation Scheme (SAS).

7. Patient movement between the tiers of the model

Please refer to the table in section 4. With patient safety and wellbeing of paramount importance, movement between the tiers has been hampered by the pandemic. As restrictions ease, it is intended that the length of stay with the Inclusion Hub will be closer to the 6-month target outlined in the service specification.

8. Additional information

Duty to Report
In accordance with national policy, the Inclusion Hub and associated practices continue to operate free from a 'duty to report' asylum seekers and refugees and those without recourse to public funds.

Home Visiting
A standard operating procedure (SOP) is in place to offer this service where there is identified need.

Clinical Governance
The service undertakes weekly safety huddles and monthly clinical government meetings to discuss those patients most at risk and to review all new policies and procedures, prescribing audits and any significant events.

Covid Vaccinations
The VAS Clinical Lead has supported several programmes to ensure that Health Inclusion groups have had the opportunity to access vaccinations. This has involved working with a Norwich PCN clinical pharmacist to provide vaccinations at a number of hostels/hotels and at the Inclusion Hub.

The Hub is key member of the Vaccine Inequalities Oversight Group and provides input to support equitable access of the roving vaccination model ensuring that all health inclusion groups are considered.

Specifically, the Hub has provided 89 first doses and 81 second doses to current patients over the last 6 months, including homeless patients and sex workers, all of whom are at considerable risk of COVID. This means 70% of patients registered with the VAS have received both doses. This work continues and progress is being closely monitored.

Next Steps

1. **Service Evaluation** – to inform future commissioning decisions
2. **Partnership Board for Health Inclusion Groups** – This will include relevant colleagues from VSCE, primary care, substance misuse and mental health organisations to oversee the delivery and effectiveness of the new service model and inform future service developments. It will be underpinned by a Memorandum of Understanding between service delivery partners. The ambition is to have an initial meeting of the Partnership Board in October 2021, following a stakeholder mapping exercise and a review of existing meeting structures.

Policies
Since the inception of new delivery model in April 2020, the Service Manager and Clinical Lead have reviewed, updated or introduced new policies, procedures and guidance in the following areas:

Prescriptions Procedures Protocol
Eligibility and Registration Criteria for Tier 1 Patients
Dependency-forming Medication Protocol
Discharge (Deductions) Procedure
Repeat Prescriptions
Significant Events Policy and Learning Events
Medications and Vaccines ordering and stock checks
Walk in Centre Agreement
Clinical Meetings Terms of Reference
Multi-disciplinary Meetings Terms of Reference
Safeguarding Procedures
Adults at Risk of Abuse and Neglect Policy
Lone Working Policy
Home Visiting Policy
Complaints and Compliments Procedure
Clinical Policies (Chaperoning, Drug Screening etc.)

Norfolk Health Overview and Scrutiny Committee

ACTION REQUIRED

Members are asked to consider the current forward work programme:-

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

Proposed Forward Work Programme 2021-22

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

Meeting dates	*Main agenda items*	*Notes*
04 Nov 2021	Eating disorders – availability of specialist beds – an examination of:- An examination of:- • the sharp increase in the demand for community and specialist services, particularly children's • the rise in acuity of need • steps being taken to meet current needs • measures needed address the root causes Norfolk & Suffolk NHS Foundation Trust (NSFT) – use of out of area beds - including use of older people's beds at the Julian hospital for younger patients.	
20 Jan 2022	Access to local NHS services for patients with sensory impairments – follow up to 15 July 2021 NHOSC Access to NHS dentistry in Norfolk & Waveney	
10 Mar 2022	Prison healthcare – access to physical and mental health services Queen Elizabeth Hospital NHS Foundation Trust – progress report	

Agenda items – dates to be scheduled

May 2022 - Children's neurodevelopmental disorders -waiting times for assessment & diagnosis – follow up to 15 July 2021 NHOSC

- Annual physical health checks for people with learning disabilities – to examine progress.

Information to be provided in the NHOSC Briefing 2021-22

Oct 2021 - **Integrated Care System** – progress briefing on developments:-
  - Development of local, place-based health and social care planning and commissioning.
  - Extent to which various healthcare statistics etc will be available on a district or locality basis to enable understanding of local issues.

- **Cancer services** – response to NHOSC recommendation 15/7/21:-

  That Norfolk & Waveney CCG, Norfolk and Norwich University Hospital NHS Foundation Trust (NNUH) & NHS England & Improvement (NHSE&I) explore whether there could be better communication:-
  - Informing people that primary care is open for patients with concerns and that they should come forward.
  - Keeping patients informed about cancer services waiting times.

Dec 2021 - **Childhood immunisation** - update on take-up rates (follow-up from NHOSC 8/10/20 meeting)

- **Myalgic Encephalomyelitis / Chronic Fatigue Syndrome (ME/CFS)** service – steps taken by the CCG and service provider to comply with new NICE Guidance
  Depending on publication of new NICE Guidance. Publication was expected on 18 August 2021 but NICE announced on 17 August that publication was paused because of issues raised during the pre-publication period with the final guideline. It needed time to consider next steps.

Feb 2022 - **Health and care workforce shortages** – update on local action to address shortages (follow-up from NHOSC 18/3/21 meeting)

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

Norfolk and Waveney CCG	-	Chair of NHOSC (substitute Vice Chair of NHOSC)
Queen Elizabeth Hospital, King's Lynn NHS Foundation Trust	-	*VACANCY* (substitute Alexandra Kemp)
Norfolk and Suffolk NHS Foundation Trust (mental health trust)	-	Brenda Jones (substitute Daniel Candon)
Norfolk and Norwich University Hospitals NHS Foundation Trust	-	Dr Nigel Legg
James Paget University Hospitals NHS Foundation Trust	-	Penny Carpenter (substitute Daniel Candon)
Norfolk Community Health and Care NHS Trust	-	Emma Spagnola

IN TRAN communication for all	If you need this document in large print, audio, Braille, alternative format or in a different language please contact Customer Services on 0344 800 8020 or Text Relay on 18001 0344 800 8020 (textphone) and we will do our best to help.

Norfolk Health Overview and Scrutiny Committee 2 September 2021

Glossary of Terms and Abbreviations

Ardens	A supplier of SystmOne templates
ARP	Ambulance Response Programme
C1, C2, C3, C4	Categories of calls under the Ambulance Response Programme:- C1 – most urgent incident – target to respond in 7 mins from call (average) – includes cardiac arrest, haemorrhage – 10% of calls C2 – second most urgent incident – target to respond in 18 mins from call (average) – includes stroke – 55% of calls C3 – lower acuity incidents including falls – target 90% of C3 calls to be responded to within 2 hours C4 – lowest acuity call – target 90% of C4 calls to be responded to within 3 hours
CCG	Clinical Commissioning Group
CFS	Chronic Fatigue Syndrome
CGL	Change Grow Live
City Reach Health Services (CRHS)	The name of the previous service provided by Norfolk Community Health & Care
CQC	Care Quality Commission – the independent regulator of health and social care in England. Its purpose is to make sure health and social care services provide people with safe, effective, high quality care and encourage care services to improve.
CRHS	City Reach Health Service
DPIA	Data Protection Impact Assessment
ECAT	Emergency Clinical Advice and Triage
ED	Emergency Department
EEAST	East of England Ambulance Service NHS Trust
EEAST SOC	EEAST System Oversight Cell - a smaller version of EEAST's Tactical Operations Cell that focuses on one specific area
EHRC	Equality and Human Rights Commission
EqIA/EIA	Equality Impact Assessment
ESFA	Education and Skills Funding Agency
GMS	General Medical Services – the national standard GP contract
HALO	Hospital Arrival Liaison Officer
Integrated Care Coordinator (ICC)	A role that works with all relevant professionals in the multi-disciplinary team to make sure that the person's care and support is coordinated.
JPUH	James Paget University Hospitals NHS Foundation Trust
KPI	Key performance indicator
LCS	Locally commissioned service
Multi-Disciplinary Team (MDT)	The MDT (Vulnerable Adults Service) comprises staff from the Hub, the team leader of the Pathways Service, the VAS ICC

	and team leader, a CGL (Change, Grow, Live) recovery worker and the NNUH Substance Misuse Nurse. Weekly MDTs are held, and all professionals can add patients of concern to the weekly list in addition to any patient being considered for “step down” to tier 2. All patients are discussed on a 4-6 week cycle as well as
ME	Myalgic Encephalomyelitis
MEAM	Making Every Adult Matter
MJog	A messaging app used by GP practices
Norfolk Community Health & Care (NCHC)	Service provider delivering community-based health and care for all ages, including, but not limited to, therapy, community nursing, end of life care, and specialist nursing.
NEAT	Norwich Escalation & Avoidance Team
NHOSC	Norfolk Health Overview and Scrutiny Committee
NHSE&I EoE	NHS England and NHS Improvement, East of England. One of seven regional teams that support the commissioning services and directly commission some primary care services and specialised services. Formerly two separate organisations, NHS E and NHS I merged in April 2019 with the NHS England Chief Executive taking the helm for both organisations. NHS Improvement, which itself was created in 2015 by the merger of two former organisations, Monitor and the Trust Development Authority, was formerly the regulator of NHS Foundation Trust, other NHS Trusts and independent providers that provided NHS funded care.
NICE	National Institute for Health and Care Excellence
NNDC	North Norfolk District Council
Norfolk & Norwich University Hospital (NNUH)	A teaching hospital which provides a full range of acute clinical services, including specialist services such as oncology and radiotherapy, neonatology, trauma and orthopaedics, plastic surgery, vascular surgery, robotic surgery, bone marrow transplants, interventional radiology, brachytherapy, specialist cardiology, paediatric medicine and surgery.
Norfolk & Suffolk Foundation Trust (NSFT)	Service provides deliver mental health and learning disability care for the local population. Teams of clinicians provide inpatient, community and primary care mental health services, including but not limited to: older people’s mental health, forensic and specialist mental health, children’s mental health.
NSFT	Norfolk and Suffolk NHS Foundation Trust (the mental health trust)
OneNorwich Practices	OneNorwich Practices represents 22 Norwich Practices. It was created to provide strategic leadership and to implement transformational change for General Practice
Pathways	Pathways is a consortium approach by 7 local organisations to address rough sleeping and support people with complex

	needs in Norwich. The Pathways team encompasses a range of specialisms to deliver personalised care and focus advice and support where it is most needed. The staff are employed by the various partner agencies to draw on the skills, training and support resources of each provider.
PCN	Primary Care Network
People from Abroad Team (PfAT)	The PfAT offers a specialist social work service to help support assessments in relation to people who are citizens of other countries; or British citizens who are returning following a period of settled residence abroad. The Asylum Seeker Nurse provides outreach to any practice in the Norwich Primary Care Network to undertake initial health assessments. The role also provides support with the use of interpretation services, recognising trauma and female genital mutilation (FGM). https://communitydirectory.norfolk.gov.uk/Services/10489
Project ADDER	Project ADDER (Addiction, Disruption, Diversion, Enforcement and Recovery) is a nationally funded programme to deliver an intensive, whole-system approach to tackling drug misuse. Greater Norwich is a pilot area.
Primary Care Network (PCN)	Practices working together with community, mental health, social care, pharmacy, hospital and voluntary services in their local area in groups of practices known as primary care networks (PCNs). PCNs are led by clinical directors who may be a GP, general practice nurse, clinical pharmacist or other clinical profession working in general practice.
QEH	The Queen Elizabeth Hospital NHS Foundation Trust
QIA	Quality Impact Assessment
REAP	Resource Escalation Action Plan (2015) – used by ambulance services Reap 1 (green) – steady state Reap 2 (amber) – moderate pressure Reap 3 (red) – severe pressure Reap 4 (black)– extreme pressu
SERCO	Commissioned by the Home Office to provide community accommodation and support services for people while their asylum claim is being processed.
Special Allocation Scheme	Special Allocation Schemes were created to ensure that patients who have been removed from a practice patient list can continue to access healthcare services at an alternative, specific GP practice. Patients are registered on the scheme by the submission of a Violence Reporting Form by a GP practice to NHS England or a CCG with Delegated Authority.
Standard Operating Procedure (SOP)	A set of instructions compiled to help workers carry out routine functions. SOPs aim to achieve efficiency, quality output and uniformity of performance, while reducing miscommunication and failure to comply with regulations.

STP	Sustainability & transformation plan / partnership (later known as the Health and Care Partnership for Norfolk and Waveney or the Integrated Care System)
SystmOne	A clinical system for a one patient, one record model of healthcare
TPP	A healthcare technology provider
TUPE	Transfer of Undertakings (Protection of Employment)
VETS	Volunteer emergency transport system
Vulnerable Adults Service (VAS)	The term used to refer to all tiered services that make up the Vulnerable Adults Service model in Norfolk.
WiC	Walk in centre