Norfolk County Council

Norfolk Health Overview and Scrutiny Committee

Date: **Thursday, 12 July 2018**

Time: **10:00**

Venue: **Edwards Room, County Hall, Martineau Lane, Norwich, Norfolk, NR1 2DH**

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

Members of the public or interested parties who have indicated to the Committee Administrator, Timothy Shaw (contact details below), before the meeting that they wish to speak will, at the discretion of the Chairman, be given a maximum of five minutes at the microphone. Others may ask to speak and this again is at the discretion of the Chairman.

Membership

Main Member	Substitute Member	Representing
Mr D Fullman	Mr M Fulton-McAlister	Norwich City Council
Michael Chenery of Horsbrugh	Mr S Eyre/Ms C Bowes	Norfolk County Council
Ms E Corlett	Miss K Clipsham/Mr M Smith-Clare	Norfolk County Council
Mr F Eagle	Mr S Eyre/Ms C Bowes	Norfolk County Council
Ms E Flaxman-Taylor	Vacancy	Great Yarmouth Borough Council
Mrs S Fraser	Mr T Smith	Borough Council of King's Lynn and West Norfolk
Mr G Middleton	Mr S Eyre/Ms C Bowes	Norfolk County Council
Mr D Harrison	Mr T Adams	Norfolk County Council
Mrs L Hempsall	Mr J Emsell	Broadland District Council
Mrs B Jones	Miss K Clipsham/Mr M Smith-Clare	Norfolk County Council
Dr N Legg	Mr C Foulger	South Norfolk District Council
Mr R Price	Mr S Eyre/Ms C Bowes	Norfolk County Council
Mr P Wilkinson	Mr R Richmond	Breckland District Council
Mrs A Claussen-Reynolds	Mr M Knowles	North Norfolk District Council
Mrs S Young	Mr S Eyre/Mrs C Bowes	Norfolk County Council

For further details and general enquiries about this Agenda please contact the Committee Officer:

Tim Shaw on 01603 222948 or email committees@norfolk.gov.uk

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A g e n d a

1		**To receive apologies and details of any substitute members attending**	
2		**NHOSC minutes of 24 May 2018**	**Page 5**
3		**Declarations of Interest** 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 - your well being or financial position - that of your family or close friends - that of a club or society in which you have a management role - that of another public body of which you are a member to a greater extent than others in your ward. If that is the case then you must declare such an interest but can speak and vote on the matter.	
4		**Any items of business the Chairman decides should be considered as a matter of urgency**	
5		**Chairman's Announcements**	
6	**10.10-11.20**	**Maternity services** Delivery of national maternity reforms by the Local Maternity System **Appendix A** (Page 25) - Local Maternity System report	**Page 19**

	11.20-11.30	**Break at the Chairman's Discretion**	**Page**
7	**11.30-12.40**	**Children's speech and language therapy** Progress since 7 September 2017 **Appendix A** (Page 47) - Service commissioner and provider report **Appendix B** (Page 71) - Family Voice report	**Page 43**
8	**12.40-12.45**	**Norfolk Health Overview and Scrutiny Committee appointments** Appointment of Members to link roles	**Page 75**
9	**12.45-12.55**	**Forward work programme**	**Page 77**

Glossary of terms and abbreviations

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Head of Democratic Services
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Norfolk County Council

NORFOLK HEALTH OVERVIEW AND SCRUTINY COMMITTEE
MINUTES OF THE MEETING HELD AT COUNTY HALL, NORWICH
on 24 May 2018

Present:

Michael Chenery of Horsbrugh (Chairman)	Norfolk County Council
Mr T Adams (substitute for Mr D Harrison)	Norfolk County Council
Mrs A Claussen-Reynolds	North Norfolk District Council
Ms E Corlett	Norfolk County Council
Mr F Eagle	Norfolk County Council
Mrs S Fraser	Borough Council of King's Lynn and West Norfolk
Mrs L Hempsall	Broadland District Council
Mrs B Jones	Norfolk County Council
Dr N Legg	South Norfolk District Council
Mr G Middleton	Norfolk County Council
Mr R Price	Norfolk County Council
Mr P Wilkinson	Breckland District Council
Mrs S Young	Norfolk County Council

Also Present:

Alex Stewart	Chief Executive, Healthwatch, Norfolk
Debbie Walters	Interim Contract Manager, Primary Care Dental, NHS England Midlands & East (East)
David Barter	Head of Commissioning, NHS England Midlands and East (East)
Wg Cdr Stewart Geary	RAF Marham
Nick Stolls	Norfolk Local Dental Committee
Terry Hicks	Senior Locality Officer, East of England Ambulance Service NHS Trust
Roberta Fuller	Deputy Chief Operating Officer, Norfolk and Norwich University Hospitals NHS Foundation Trust
Mark Burgis	Chief Operating Officer, North Norfolk CCG (*commissioners of Norfolk and Norwich hospital and one of the 19 CCGs in the region who jointly commission the ambulance service)*
Alexandra Kemp	County Councillor for Clenchwarton and King's Lynn South. She spoke in the meeting at item 8 on the agenda.
David Russell	Cromer Town Council

Maureen Orr	Democratic Support and Scrutiny Team Manager
Greg Insull	Assistant Head of Democratic Services
Tim Shaw	Committee Officer

1 Election of Chairman

1.1 Resolved (unanimously)

That Michael Chenery of Horsbrugh be elected Chairman of the Committee for the ensuing year.

(Michael Chenery of Horsbrugh in the Chair)

2 Election of Vice-Chairman

2.1 Resolved (unanimously)

That Dr N Legg be elected Vice-Chairman of the Committee for the ensuing year

3A Apologies for Absence

3.1 Apologies for absence were received from Mrs J Brociek-Coulton and Mr D Harrison.

3B Mrs Marlene Fairhead

3.2 It was noted that since the publication of the agenda Mrs Marlene Fairhead from Great Yarmouth Borough Council had retired from the Committee and that a replacement member was expected to be in post in time for the next meeting. It was agreed that an email should be sent to Mrs Marlene Fairhead to express Members appreciation and gratitude for her many years of dedicated service as a Member of the Committee.

4. Minutes

4.1 The minutes of the previous meeting held on 5 April 2018 were confirmed by the Committee and signed by the Chairman.

5. Declarations of Interest

5.1 Mr T Adams (attending the Committee as a substitute for Mr D Harrison), declared an “other interest”, as a Member of Cromer Town Council, in the issues that Mr D Russell raised as a Member of Cromer Town Council at minute 9 about ambulance response times and turnaround times in the North Norfolk area.

6. Urgent Business

6.1 There were no items of urgent business.

7. Chairman’s Announcements

7.1 There were no Chairman announcements.

8 Access to NHS Dentistry in West Norfolk

8.1 The Committee received a suggested approach by Maureen Orr, Democratic Support and Scrutiny Team Manager, on how the Committee might like to address issues of public concern about access to NHS dentistry in the west Norfolk area, including for the families of service personnel at RAF Marham. The Committee received reports on this matter from NHS England and East (East) and from the Secretary to the Norfolk Local Dental Committee. In addition, the Committee received a report and a presentation from the Chief Executive of Healthwatch Norfolk that included recommendations for action.

8.2 The Committee received evidence from Alex Stewart, Chief Executive, Healthwatch Norfolk, David Barter, Head of Commissioning, NHS England Midlands and East (East), Debbie Walters, Interim Contract Manager, Primary Care Dental, NHS England Midlands & East (East), Wg. Cdr. Stewart Geary, RAF Marham and Nick Stolls, Norfolk Local Dental Committee. The Committee also heard from Alexandra Kemp, County Councillor for Clenchwarton and King's Lynn South.

8.3 The Committee noted that Healthwatch Norfolk had surveyed access to NHS dental services in West Norfolk for families with children (including families of service personnel). The recommendations from Healthwatch on this matter were contained in a presentation to the Committee from Alex Stewart, Chief Executive, Healthwatch Norfolk which can be found on the Committee pages website. The Chief Executive, Healthwatch Norfolk said that the recommendations and survey data would be shared with a wide range of NHS and Local Authority bodies in Norfolk and beyond.

8.4 The following key points were noted:

- The Chairman said that the subject of access to NHS dentistry in West Norfolk was originally raised with the Committee by the County Council because of an issue with access for families of service personnel at RAF Marham who were not permitted to make use of the MoD provided service.
- The speakers from Healthwatch and RAF Marham informed the Committee that the remote location of the airbase, the transient nature of military personnel, the limited public transport to nearby towns and the unwillingness of dental practices to take on new patients, particularly when they might only be living in the area for a short period of time, made it difficult for families of service personnel from the airbase to find dentists who were willing to take on NHS dental work.
- The speaker from RAF Marham said that even if families of service personnel were permitted to make use of the MoD provided service, there was insufficient capacity at the airbase to meet the demand. As the provision of NHS dental services for civilians was a government responsibility charitable sources did not provide assistance to the families of service personnel in this respect.
- Members said that it was important that in using the Armed Forces Covenant to meet the dental needs of the families of service personnel that this did not place additional pressures on those living in the wider community who were struggling to obtain appointments at local dental practices.
- There was evidence to show that poor access to NHS dental services was not limited to the RAF community or to those living in West Norfolk.

- The barriers to public access to NHS dental services were said by Members to include the availability and cancellation of appointments, long waits, the need to update and keep the pages on the NHS Choices and dental practices websites updated (because they were the public-facing resource for finding NHS services in the local area) and, specifically for those living in remote communities, the need for improved transport links to enable people living in remote communities to visit dental practices.
- Ms Kemp, County Councillor for Clenchwarton and King's Lynn South, said that some older constituents in her division had raised a serious issue regarding a dental practice in King's Lynn where dental preventative work undertaken on the NHS, such as descaling of teeth was being refused, despite numerous requests. In one of these cases she said that the refusal of an appointment with the hygienist had led to severe tooth loss and more costly work being needed later.
- Ms Kemp asked the speakers to what extent there was a deficit of preventative dental work in Norfolk, what was being done to address the issue, what standards existed to protect and improve people's dental health and what evidence there was in West Norfolk that preventative work was carried out in accordance with national guidelines.
- In reply, the Head of Commissioning at NHS England Midlands & East (East) said that East was not aware of any major problems with the quality of NHS dental care in West Norfolk. There were many parts of West Norfolk where the Committee could be assured that the feedback from patients showed that NHS core primary dental services were of a very high quality, however, there was still work to be done to raise public understanding of the importance of regular dental check-ups, particularly among vulnerable groups.
- Members were informed of the various routes open to a patient who wanted to make a complaint about NHS dental work. It was pointed out that the patient should contact the dental surgery's practice manager, to try to resolve the issue with them in the first instance. If the patient would rather not go directly to the practice they could contact NHS England direct, which was responsible for NHS dental services. If they were still not happy with the way the complaint was handled, either by the dental practice or NHS England, they could contact the Parliamentary and Health Service Ombudsman.
- The data provided to the Committee by NHS England Midlands & East (East) showed that the overall performance of dental practices in West Norfolk was not static; waiting times for routine appointments varied significantly between individual dental practices and, while there was only one practice currently taking on NHS patients (as at 4 May 2018), certain parts of West Norfolk were better served than others.
- Rates of access to NHS dentistry in West Norfolk were however low and compared unfavourably with those for the country as a whole.
- The speaker from the local dental committee said that it was becoming increasingly difficult to find dentists who were willing to take on NHS dental work, particularly in rural areas and areas of deprivation.
- Dental practices were independent businesses working in accordance with an NHS dental contract that was determined at the national level. The current NHS dental contract (introduced in 2006) had made it more difficult for patients to access a dental practice.
- Without a right to registration as a NHS patient, patients had no right of treatment at a dental practice unless they were undergoing a course of NHS treatment. In the event of an emergency a patient could call 111 and that service might be able to find a dental practice for the patient but this was far from satisfactory and patients might have to rely on phoning round several

practices and then having to travel many miles to find a practice that had spare capacity.

- Members spoke in support of a suggestion by the speaker from the local dental committee that there should be protected in-hours slots with local dentists to accommodate urgent referrals from NHS 111 and avoid the need for these patients to access out-of-hours services.
- Members also spoke in favour of the re-introduction of a registration scheme for NHS patients as soon as practicably possible.
- In reply, the speakers from NHS England Midlands & East (East) said that trials had been held elsewhere in the country to identify an appropriate registration scheme for NHS dental patients. The results were awaited.
- Members spoke about the difficulties that patients from vulnerable groups, such as those with Special Educational Needs, were having in obtaining access to NHS dental services. In response the speakers agreed to take steps to improve the proactive care that was provided to vulnerable groups of people and build this into their work programmes.
- The speakers said that if patients were experiencing problems accessing dental services then NHS England Midlands & East (East) could signpost them to a local dental practice or to the Community Dental Services that were available in Norfolk.
- It was pointed out that Community Dental Services provided a 'referral' dental service providing specialist care and expertise to vulnerable groups of patients who required specialist treatment or who had found difficulty in accessing high street dentists. Patients could self-refer or be referred by dentists or others.
- The Committee asked to be informed of the locations of Community Dental Services in Norfolk and details about the current waiting lists for their services.
- Access to specialist services was said by the speakers from NHS England Midlands & East (East) to be a challenge across their area as a whole and there was a need to develop appropriate networks in order to allow such services to flourish.
- Members highlighted issues of access to dental services for school aged children. It was pointed out that oral health promotion for early years and school aged children was a County Council Public Health responsibility (i.e. not the subject of the item on today's agenda)
- Members spoke about the implications that increases in charges had on the take up of services and on the reluctance of those on low incomes to access dental services.
- The Committee was informed that the struggle to recruit dentists had been compounded in the past two years because EU/EEA graduates coming to the UK for the first time were waiting many months to obtain an NHS performer number. Without a performer number a dentist could only work on a private basis.
- The speaker from the local dental committee said that since Capita had begun to manage the NHS performers list in April 2016, application waiting times had increased significantly from around 2-3 months to up to 12 months. This meant that while a dentist might be waiting to start work and the NHS funding was available NHS patients were being turned away. The Committee was informed of at least 5 dental practices in Norfolk currently in this position. This was having a financial impact on dental practices which was not helpful to the provision of NHS dentistry in rural and / or deprived areas.
- The Chairman was asked to write to the Public Accounts Committee, which was holding an inquiry into Capita's delivery of primary care support services, submitting information about the financial effects that delays in providing NHS

performer numbers to graduate dentists coming into the UK was having on the provision of dental services to patients in Norfolk and to provide details about the significant increase in undelivered NHS units of dental activity.

8.5 The Committee asked that NHS England Midlands & East (East) should provide details of the locations of all the Community Dental Services in Norfolk and details regarding their waiting lists.

8.6 The Committee supported the recommendations that Healthwatch Norfolk had made to the NHS commissioners:-

- **NHS England to consider patient registration to enable patient records (both military and civilian population) to follow the patient if they were to be moved or be stationed in a new area.**

- **NHS England to consider looking at the current service provision in Norfolk and an updated Oral Health Needs Assessment should be carried out.**

8.7 The Committee also supported the other proposed actions contained in the presentation from Healthwatch and in particular the discussions that were underway with West Norfolk Community Transport regarding possible transport routes for military families, as location/transport was a big issue for many of these people.

8.8 The Committee agreed :-

- **That the Chairman should write to NHS England expressing:-**

    - **The Committee's support for the Norfolk Local Dental Committee's suggestion that NHS England could commission some protected in-hours slots with local dentists to accommodate urgent referrals from NHS 111 and avoid those patients accessing out-of-hours services.**

    - **The Committee's support for the re-introduction of registration of patients with dental practices as soon as practicably possible.**

8.9 The Committee also agreed :-

- **The Chairman should write to the Public Accounts Committee, which was holding an inquiry into Capita's delivery of primary care support services, submitting information about the effect that delays in providing NHS performer numbers to graduate dentists coming into the UK was having on provision of dental services to patients in Norfolk.**

- **To receive updates about progress of NHS dental services in Norfolk, including progress with provision for service personnel's families at RAF Marham, via the NHOSC Briefing so that the Committee could consider whether to put the subject on a future meeting agenda.**

9 Ambulance response times and turnaround times in Norfolk

9.1 The Committee received a briefing report by Maureen Orr, Democratic Support and Scrutiny Team Manager, about an examination of trends in ambulance response and turnaround times in winter 2017-18 and action underway to improve performance.

9.2 The Committee received evidence from Terry Hicks, Senior Locality Officer, East of England Ambulance Service NHS Trust (EEAST), Roberta Fuller, Deputy Chief Operating Officer, Norfolk and Norwich University Hospitals NHS Foundation Trust (NNUH) and Mark Burgis, Chief Operating Officer, North Norfolk CCG (the commissioners of Norfolk and Norwich hospital and one of the 19 CCGs in the region who jointly commission the ambulance service). The Committee also heard from David Russell, Cromer Town Council.

9.3 David Russell, Cromer Town Council, raised the following questions:

For the EEAST
What are the proposals for front line services in north Norfolk

For the Norfolk and Norwich.
The current Older Peoples emergency Department (OPED) had an age restriction of 80. Taking into account that many of the winter admissions were in the 60 to 70 age range. What provision was planned to accommodate this in future.

For the Norfolk Commissioners
Why did the Commissioner decide to close the 18 NHS intermediate care beds when a winter crisis was forecast.

Mental Health patient Conveyance. What is being done to ensure that EEAST front line ambulance crews and the Emergency Operating Centres are given advice and support without undue delays.

Re-investment of fine monies. The EEAST stated in a freedom of information request to our Town Council that for the financial year 2014-2015 they were fined £3,936,342 by the 19 CCG Consortia which was not given back to them by the commissioners to improve services. The question that needs to be asked of the commissioners is what was said by the EEAST correct.

It was agreed that the East of England Ambulance Service NHS Trust (EEAST), Norfolk and Norwich Hospital NHS Foundation Trust (NNUH) and North Norfolk CCG (NNCCG) should provide written answers to the questions raised by the Cromer Town Council representative during the meeting. The response can be found at Appendix A to these minutes.

9.4 The following key points were noted:

- The speaker from EEAST highlighted the range of measures (mentioned at Appendix C to the report) that EEAST was working on to improve ambulance response times and turnaround times in Norfolk following the publication of the Independent Service Review (ISR) commissioned by NHS England and NHS Improvement to determine the level of resources needed by the ambulance service.
- It was pointed out that in response to the review EEAST aimed to recruit and train in excess of 1300 new staff over three years to ensure that it could sustain its current level of staffing as well as grow its capacity by 330 and be able to put in place 160 double staffed ambulances.

- The pressures on EEAST's resources were said to be all year round and no longer a seasonal issue confined to the winter months.
- Over the coming months, as hundreds more staff joined the frontline and EEAST continued to increase ambulance cover, EEAST could be expected to see its performance against national targets improve further.
- Members praised the work of the ambulance crews operating in Norfolk and spoke about how they had joined them for rides out where they had gained very worthwhile experiences. The speaker from EEAST offered Members another opportunity to do so. Members who wished to take up this offer were asked to contact Maureen Orr in the first instance.
- The speakers said that only by all partners working together would it be possible for EEAST to be successful in meeting the challenges in ambulance turnaround times and in dealing with the increased demand for Accident and Emergency Services (A&E).
- The NNUH was the county's largest hospital and consequently the one with the most ambulance arrivals. In reply to questions from the Chairman, the speakers acknowledged that there were also delays in turnaround times at the other two acute hospitals in Norfolk, where ambulance arrivals were far fewer but the difficulties were no less.
- Members said that the need for new pathways for the conveyance of mental health patients to hospital and other facilities remained a key issue to be resolved. In reply the speaker from EEAST said that the independent review had identified that the conveyance of mental health patients was a performance issue rated at "amber"; EEAST would continue to work with Norfolk County Council, Norfolk Constabulary and NSFT to review and identify gaps in the transport pathway.
- In response to questions the speaker from EEAST said the ambulance service was looking at ways to pilot liaison with the mental health service within Commissioning for Quality and Innovation (CQUIN) funding.
- The speaker from the NNUH highlighted the most recent actions (mentioned at Appendix B to the report) that the hospital had taken to assist with ambulance hand-over, including its new Older People's Assessment Service (OPAS) and Older Peoples Ambulatory Care (OPAC) that were being used to speed up and increase access to specialist geriatric intervention.
- The Committee was reminded that the Older Peoples Emergency Department (OPED) was established to assess and treat patients 80 years of age and older but it was hoped that in the future the unit could be resourced to take patients on a needs-related basis rather than specifically age-related. Members of the Committee had visited the Older People's Emergency Department (OPED) and a follow-up visit was to be arranged.
- OPED was said by the speakers to have had a positive impact on bed occupancy and patient experience in 80+ year olds but was not a significant factor in ambulance delays.
- It was noted that subject to the necessary funds being made available there were plans to extend the operating hours of OPED to 12 hrs a day (between the hours of 8 am and 8 pm) and for OPED to be made available to patients aged 70 and older.
- In reply to questions about the importance of extending this facility to those 70+ the speakers said that the most significant demand pressure on the NNUH in the 2017 Christmas and New Year period was from the 70-79 age group.
- Members were informed about plans for further construction work at the NNUH in 2018/19 that would help improve hand over times. This work included a new Clinical Decision Unit, an additional eight Rapid Assessment Treatment Service (RATS) Cubicles and a Dedicated Children's entrance.

- The Committee was informed that the development of additional RATS cubicles at the NNUH was expected to provide a much improved environment to manage the volume of ambulances that were expected at the hospital.
- Members asked for further information to be sought from the NHS Emergency Care Intensive Support Team about RATS and other recommended best practices in emergency care and to be informed of any plans to extend these measures so that they were implemented at all three acute Norfolk hospitals.

9.5 The Committee agreed:

- **The East of England Ambulance Service NHS Trust (EEAST), Norfolk and Norwich Hospital NHS Foundation Trust (NNUH) and North Norfolk CCG (NNCCG) should provide written answers to the questions raised by the Cromer Town Council representative during the meeting.**
- **EEAST, NNUH and NNCCG should return to the Committee in 9 months (i.e. 28 February 2019) with an update on ambulance response and turnaround times in Norfolk.**
- **Information should be sought from the NHS Emergency Care Intensive Support Team about Rapid Assessment Treatment Service (RATS) and other recommended best practice in emergency care and to what extend these measures were being implemented at all three acute hospitals in Norfolk.**

10 Norfolk Health Overview and Scrutiny Committee Appointments

10.1 The Committee received a report about appointments to joint committees and other roles that could be taken on by Members.

The Committee **agreed** the following appointments:

10.2 Great Yarmouth and Waveney Joint Health Scrutiny Committee
NHOSC appointees (Three NHOSC Members)

The appointed member from Great Yarmouth Borough Council
Dr N Legg
Mr R Price

10.3 Clinical Commissioning Group links (One NHOSC Member for each CCG to observe meetings held in public)

(a) North Norfolk CCG

Michael Chenery of Horsbrugh.
(Substitute – Mr D Harrison)

(b) South Norfolk CCG

Dr N Legg
(Substitute – Mr P Wilkinson)

(c) West Norfolk CCG

M Chenery of Horsbrugh
(Substitute – Mrs S Young)

(d) Norwich CCG

Ms E Corlett
(Substitute- Ms B Jones)

10.4 Norfolk and Waveney Joint Strategic Commissioning Committee

M Chenery of Horsbrugh--for meetings held in the west of the county
Dr N Legg—for meetings held in the east of the county

10.5 Provider Trust links (One NHOSC Member for each local NHS provider organisation)

(a) The Queen Elizabeth Hospital NHS Foundation Trust

Mrs S Young
(Substitute – M Chenery of Horsbrugh)

(b) Norfolk and Suffolk NHS Foundation Trust

Michael Chenery of Horsbrugh
(Substitute – Ms B Jones)

(c) Norfolk and Norwich University Hospitals NHS Foundation Trust

Dr N Legg
(Substitute – Mr D Harrison)

(e) Norfolk Community Health and Care NHS Trust

Mr G Middleton
(Substitute- Mrs L Hempsall)

10.6 Agreed that the link member with the James Paget University Hospitals NHS foundation trust and the link member with Great Yarmouth and Waveney CCG would be appointed at a future meeting.

11 Forward Work Programme

11.1 The Committee received a report from Maureen Orr, Democratic Support and Scrutiny Team Manager, that set out the current forward work programme.

11.2 The Committee agreed the forward work programme subject to the following:-

It was pointed out that information about the proposed new model of care for Norwich was included in the latest edition of the NHOSC Briefing. It was noted that Norwich CCG intended to launch a 12 week consultation in July 2018 and agreed that the Committee should receive the consultation on 6 September 2018.

Regarding South Norfolk CCG's response to NHOSC's recommendation on 5 April 2018 that 'The local NHS should reimburse travel costs for families of service users who were placed in out-of-area beds due to unavailability of local beds (i.e. placed out-of-area for non-clinical reasons)', The Committee agreed the following action:-

- **A letter be drafted to the CCGs and NSFT:-**
    - **Asking for an explanation of why it was regarded as fair for NHS policy to treat secondary care mental health patients as equivalent to tertiary care patients, particularly as mental health patients tended to have long stays in secondary care facilities.**
    - **Pointing out that it was a false economy for the NHS to deny financial support to enable visits by the families / friends / carers of mental health patients placed in out-of-area secondary care as it was likely to lead to slower recovery and less effective discharge planning for some.**
    - **Acknowledging that a policy for financial support would need to set parameters, e.g. regarding the distance travelled / cost / number of visits proportionate to the patient's length of stay out-of-area.**
    - **Asking for positive confirmation of whether or not the local CCGs and / or NSFT could use local discretion to digress from the national NHS policy in this respect.**
    - **Asking the CCGs and NSFT to reconsider their response to the recommendation, if any local discretion was available, or to provide the relevant contact for NHOSC to approach at national level.**
- **The draft letter to be circulated to NHOSC members for comment.**
- **The letter to be dispatched by the Chairman before the next meeting if members were in agreement, or the draft to be brought for discussion at the next meeting if not.**

It was noted that Cllr Richard Price would be sending information packs on Myalgic Encephalomyelitis (ME) / Chronic Fatigue Syndrome (CFS) to Maureen Orr for distribution to NHOSC Members and that the subject is on Great Yarmouth and Waveney Joint Health Scrutiny Committee's agenda for October 2018. Health scrutiny's approach to the subject could be further considered after that meeting.

It was pointed out that Cllr Tim East had raised a question at Full Council on 16 April 2018 about housing growth and healthcare provision. NHOSC had already made recommendations on this subject and it was considered doubtful that more could be meaningfully achieved by the Committee re-examining this issue at this time.

Chairman

The meeting concluded at 1 pm

Norfolk Health Overview and Scrutiny Committee 24 May 2018

Item 9 – Ambulance response and turnaround times in Norfolk

Responses to questions raised by David Russell, Cromer Town Council

Question for the East of England Ambulance Service NHS Trust (EEAST)

What are the proposals for front line services in north Norfolk

Response from EEAST

A new 999 contract has been agreed between EEAST and the 19 CCGs which commission services is as a consequence of an Independent Service Review (ISR). This ISR was commissioned by NHS England and NHS Improvement in March 2017, and the report was published in spring 2018. A link to the report can be found here: http://www.eastamb.nhs.uk/EEAST-ISR-Report-March-2018.pdf

The principle finding of the ISR was that EEAST requires more investment in core services to increase its staffing and capacity to improve services to patients. The new 999 contract, agreed between the 19 CCGs and EEAST for the 2018/2019 year, is focussed on delivery of regional aggregate targets at the East of England footprint by the first quarter of 2019/2020. It is not commissioned to deliver targets by CCG or STP.

Underpinning the new contract, is a three year workforce plan, as it takes several years to recruit and train paramedics. At this stage, the Norfolk and Waveney STP footprint is expected to benefit from about 64 additional staff over the three year period. However, a key finding of the ISR was that current rotas are not fit for purpose and contain a number of inefficiencies. These will need to be addressed in tandem with the growth in workforce. We are about to start a period of staff engagement about rotas, as these are very important to staff, and these are not expected to be completed until February 2019. Until we have the final rotas, it is not possible to confirm where staff we will employ in the next three years will be located. Current planning suggests west Norfolk will gain 23 FTE while east Norfolk (which includes North Norfolk) will gain 41 FTE.

Question for the Norfolk and Norwich University Hospitals NHS Foundation Trust (NNUHT)

The current Older Peoples Emergency Department (OPED) has an age restriction of 80. Taking into account that many of the winter admissions were in the 60 to 70 age range. What provision is planned to accommodate this in future?

Response from NNUHT

NNUH, with the support of the Commissioners, is planning to expand the current OPED service to run 08:00 – 20:00, 7 days per week from this coming Winter (October- December 2018). In addition to the OPED extended hours working,

NNUH are looking to expand the current OPAC (Older People's Ambulatory Care) /Short stay OPM (Older People's Medicine) service on Loddon Ward by 12 beds. The timing of this bed expansion depends on the delivery of the current ED (Emergency Department) programme of building works. The expanded area on Loddon ward will focus on delivering a targeted service to 70 year olds and over, and is the next step in the development of the Unit which, at present, is focused on 80 year olds and over.

The longer terms goal is a move to a "needs related" service on the basis of frailty indicators. This is not planned for this financial year, but the changes described above bring us closer to that aim. We had some debate about why we are currently working on the basis of age, rather than needs, at the meeting . I explained to the meeting that stepping up the level of service in terms of age bands is an operational way of expanding the service in a manageable step by step manner which our staff can easily relate to.

Questions for the Norfolk commissioners

Question 1

Why did the Commissioner decide to close the 18 NHS intermediate care beds when a winter crisis was forecast?
Response from North Norfolk CCG (NNCCG)

Whilst we recognise that the 18 beds at Benjamin Court have changed in their use, it is important to recognise that they remain available for patients being discharged from secondary care hospitals. In fact, feedback from the NNUH was that the single most important group of patients (other than stroke patients) which required additional community capacity was for those requiring reablement – the new purpose of Benjamin Court.

Whilst maintaining the 18 beds at Benjamin Court, the CCG has also invested heavily (c£1.5m per annum) in additional care support in the community – under the banner of 'Supported Care'. This has meant that intermediate care capacity in North Norfolk has increased overall from last winter.

Question 2

Mental Health patient conveyance - What is being done to ensure that EEAST front line ambulance crews and the Emergency Operating Centres are given advice and support without undue delays?

Response from NNCCG

Commissioners, EEAST, NSFT and the police are exploring options to improve the emergency response to mental health patients. One of our aims is to reduce the number of ambulances required to transport mental health patients to an emergency

facility. There is also an ongoing review of mental health services in Norfolk and Suffolk which may generate further solutions.

Question 3

Re-investment of fine monies - The EEAST stated in a freedom of information request to our Town Council that for the financial year 2014-2015 they were fined £3,936,342 by the 19 CCG Consortia which was not given back to them by the commissioners to improve services. The question that needs to be asked of the commissioners. Is what was said by the EEAST correct?

Response from NNCCG

There are a variety of contractual levers which can be applied when performance does not meet the required standards. These are contained within provider contracts which are accepted and signed by those organisations; CCGs are required to apply them when it is judged appropriate.

If financial sanctions are applied, then monies are retained by CCGs to reinvest in other parts of the emergency/urgent care systems. This was left to local determination for CCGs to decide how this could be used to best effect. Some was made available to increase Capacity in A&E, and for other initiatives that aimed to reduce unplanned admissions to hospital and to reduce ambulance conveyance to hospital. This includes the Supported Care Service in North Norfolk mentioned above. The CCGs have invested recurring funding into Hospital Ambulance Liaison Officers who play a pivotal role in ensuring a smoother handover of patients at Emergency Departments. Between April 2017 and February 2018 the rise in ambulance conveyance slowed to 0.4% of that on the previous year, and avoidable admissions from primary and community care had reduced by 7.3%.

In addition, the consortium of 19 NHS Clinical Commissioning Groups in the east of England have agreed a six-year contract with the ambulance service, which will see funding rise from the £213.5m spent in 2017/18 to £225m in 2018/19. Subject to activity remaining as predicted, it will then rise again to £240m in 2019/20. This follows increases in funding over the past two years. It has been announced by EEAST that this would provide for an extra 330 staff and 160 ambulances over the next three years across the region.

Maternity services

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

An examination of local progress towards national ambitions for improvement of maternity services by 2020.

1. Background

1.1 Norfolk Health Overview and Scrutiny Committee (NHOSC) added 'Maternity services' to its forward work programme in January 2018. The committee had previously received a briefing about the local maternity system's work towards national ambitions, such as halving the national rates of stillbirth, neonatal deaths, maternal deaths and brain injuries by 2020 and wished to examine the subject in more detail.

1.2 The national priorities were fully set out in 'The National Maternity Review – Better Births – Improving Outcomes of Maternity Services in England. A Five Year Forward View for Maternity Care', published in February 2016:- https://www.england.nhs.uk/wp-content/uploads/2016/02/national-maternity-review-report.pdf

1.3 The January 2018 NHOSC Briefing on Maternity Services included a summary of information taken from the draft 'Sustainability Transformation Plan (STP) Delivery Plan for Local Maternity System for Norfolk and Waveney' (draft version 7). The challenges facing the Local Maternity System were summarised as:-

- The large, mostly rural geographical area the Local Maternity System (LMS) covers and travel times between locations; poor road networks
- The NNUH is frequently working at full capacity and historically has struggled to accept in-utero transfers from across the region
- Queen Elizabeth Hospital (QEH) and James Paget Hospital (JPUH) have experienced problems recruiting suitable doctors
- Newly implemented homebirth service at QEH

The Local Maternity System also recognised numerous workforce challenges ahead for the recruitment of nurses and midwives as well as doctors. The draft Delivery Plan included a workforce strategy to be built around new roles and ways of working, leadership and culture change, staff up-skilling and workforce supply frameworks.

The draft Plan did not identify savings that could be made in maternity services but noted that potential savings could be recognised from:-

a. Reduction in the number of women and their babies being transferred out of area due to lack of capacity at the tertiary (Norfolk and Norwich hospital)
b. Improved utilization of neonatal units across the three sites (NNUH, QEH & JPUH)
c. Improved outcomes for women and babies leading to reduction in litigation costs
d. Reduction in the number of women requiring specialist care due to better lifestyle choices, i.e. reduction in number of women smoking, improved weight management.

There was investment of £96k from NHS England to develop the Local Maternity System (LMS) to respond to 'Better Births', along with £15k allocated by the LMS partners.

The LMS is currently revising 'Sustainability Transformation Plan (STP) Delivery Plan for Local Maternity System for Norfolk and Waveney', which will be published on the STP section of Healthwatch Norfolk's website in due course.

1.4 Details of the latest Care Quality Commission ratings for maternity services in Norfolk are as follows:-

N&N – report published in August 2017 – rating for 'effectiveness' in the maternity service was 'Requires Improvement'
http://www.cqc.org.uk/location/RM102
(Maternity was not included in the CQC's latest inspection from 10 October 2017 to 28 March 2018)

QEH – report published in July 2015 – rating for maternity & gynaecology was 'Requires Improvement'
http://www.cqc.org.uk/provider/RCX/services

JPUH - report published December 2016 – rating for maternity & gynaecology was 'Good'
http://www.cqc.org.uk/location/RGP75

1.5 The last report to NHOSC on 'Midwifery and Maternity Services' was in October 2009 when the focus was on how the local system was implementing the Strategic Health Authority's vision for maternity services. Amongst their key pledges, published in 'Towards the best, together' in 2009 and to be achieved by 2019, were:-

- All women to have a named midwife throughout their pregnancy, who they will be able to contact at any stage

- Increased choice for mothers by providing antenatal care in a range of friendly, accessible community venues
- Choice of place of birth – home birth, midwife-led unit, or obstetric unit.
- Guaranteed one-to-one care in established labour
- Guaranteed choice of postnatal care to women, especially those most in need.

2.0 Purpose of today's meeting

2.1 NHOSC's focus for today is on the NHS maternity services centred around the three acute hospitals and commissioned by NHS Clinical Commissioning Groups.

Norfolk County Council Public Health commissions related services, such as health promotion and health visiting for expectant mothers and in the early weeks, months and years of a child's life. This is delivered by Specialist Community Public Health Nurses as part of the integrated 0-19 Healthy Child Programme. Smoking reduction during pregnancy, improved weight management and reducing rates of teenage pregnancy are also areas of Public Health activity.

These areas, as with all aspects of Public Health, are within Communities Committee's remit and outside the scope of today's meeting.

2.2 The Local Maternity System (NHS) providers, the NNUH, QEH and JPUH, have been asked to provide the following information:-

- Details of what is provided by each of the 3 maternity services in hospital and out in the community (including details of recent reviews, recent developments and those still under development)

- An update on progress with the local maternity transformation outlined in the draft STP delivery plan for maternity services.

- Data on trends in the 3 maternity services over the past 5 financial years (e.g. still births, neonatal deaths, maternal deaths, brain injuries).

- Data on capacity of the services over the past 5 financial years (i.e. on how many occasions have the maternity and neonatal unit services been at capacity and how many patients had to be diverted as a result).

- Data on staffing as at the start of the 2018-19 financial year (i.e. numbers and types of vacancies in the local services).

- Data on local rates of Caesarean sections over the past 5 financial years, with narrative about the changes that that are impacting on the rates of Caesareans.

- Feedback on experiences of using the services.

The providers have also been asked to give their perspective on developing new training routes to allow maternity support workers to become registered midwives faster. The Department of Health and Social Care and Royal College of Midwives announced jointly in March 2018 that 3,000 additional midwives would be trained over 4 years.

The Local Maternity System (LMS) commissioners and providers have supplied the report at **Appendix A** and representatives will attend the meeting to answer Members' questions about delivery of services.

Maternity services in Norfolk and Waveney are commissioned by the 5 Clinical Commissioning Groups (CCGs), with Great Yarmouth and Waveney CCG as the local NHS lead commissioner for children's, young people's and maternity services.

3.0 Suggested approach

3.1 After the Local Maternity System representatives have presented their report, Members may wish to focus on the following areas:-

(a) The option for home births was reinstated in the West Norfolk area in February 2017, having been suspended in 2013 due to staffing challenges. Has it been possible to fully staff this service and make a home birth a viable option for all women who have chosen it in the past year?

(b) NHOSC first received a report on maternity services in February 2005 following concerns over a shortage of midwives in Norfolk. In 2018 recruitment difficulties are being experienced across almost all professions in the NHS. Nevertheless, the national 'Better Births' ambition is for continuity of care with a midwife, who is part of a small team of 4 to 6 midwives, based in the community who knows the woman and family and can provide continuity throughout the pregnancy, birth and postnatally. Is this realistic?

(c) In 2007 the East of England Strategic Health Authority recommended a ratio of 1:30 deliveries as an average caseload for midwives in the region[1]. What is the average ratio currently?

(d) The Norfolk and Waveney STP LMS Delivery Plan (draft version 7), made available to Members with the January 2018 NHOSC

[1] Looking to the Future, Out of Hospital Care report, East of England Strategic Health Authority, 2007.

Briefing, included an ambition to increase the number of women having care provided in low risk settings up to 25% by March 2021, which seems at odds with the increasing trend in rates of Caesarean sections. How does the LMS plan to achieve this ambition?

(e) When does the LMS expect that the Norfolk and Waveney STP LMS Delivery Plan (final version) will be published?

(f) The Lincolnshire STP proposes centralisation of their maternity services, which could increase numbers at the QEH. How has the Norfolk & Waveney LMS taken this into account in its plans?

(g) The LMS report at appendix 1 to Appendix A, states that a Maternity digital maturity assessment at each of the three trusts has been completed. What did it show in terms of gaps in the information the LMS needs to drive the 'Better Births' agenda and the capability for data sharing across the LMS?

(h) The Norfolk and Norwich hospital is one of three tertiary (highly specialist care) units within the East of England. It is therefore particularly important that it never closes but in 2016-18 the maternity unit closed to admissions 13 times and the neonatal unit closed 57 times. How long will it be until the NNUH is resourced to a level that adequately meets routine and specialised demand?

(i) What was the main reason for closing the maternity units to admissions; was it that demand was higher than could reasonably have been predicted or that staffing levels were lower than expected?

4.0 Action

4.1 NHOSC may wish to:-

(a) Make comments or recommendations to the Local Maternity System commissioners or providers, based on discussions at today's meeting.

(b) Decide whether there are aspects of maternity services on which it wishes to receive more information either via the NHOSC Briefing or at a future meeting.

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Briefing to the Norfolk Health Overview and Scrutiny Committee (NHOSC) by the Norfolk and Waveney Local Maternity System (LMS)

1. Background

1.1 The Norfolk Health Overview and Scrutiny Committee has asked for a report focussing on the NHS maternity services centred around the three acute hospitals in Norfolk and Waveney and commissioned by the five Clinical Commissioning Groups (CCGs).

1.2 This report has been produced jointly by NHS Great Yarmouth and Waveney CCG as the lead commissioner for children's, young people's and maternity services and the three acute trusts who work together as the Local Maternity System (LMS).

1.3 In March 2015, Simon Stevens, Chief Executive of NHS England announced a major review of maternity services as part of the NHS Five Year Forward View. The review, chaired by Baroness Julia Cumberledge, recommended seven key priorities that will drive improvement and ensure women and babies receive excellent care wherever they live.

1.4 These key priorities are documented in the National Maternity Review - Better Births - Improving Outcomes of Maternity Services in England. A Five Year Forward View for Maternity Care. https://www.england.nhs.uk/wp-content/uploads/2016/02/national-maternity-review-report.pdf

1.5 The purpose of the LMS is to bring together commissioners, providers and people who use the services to develop and implement a locally owned plan and to implement the recommendations of the review by the end of 2020. Alongside this, the maternity transformation plan needs to include work that will be undertaken to improve the safety of maternity care, so that by 2020 significant progress will have been made to meeting the national ambition of halving the rates of stillbirth, neonatal death, maternal death and brain injuries by 2030.

1.6 We recognise that every woman, every pregnancy, every family is unique. The vision outlined in Better Births is for maternity services:

> 'to become safer, more personalised, kinder, professional and more family friendly; where every woman has access to information to enable her to make decisions about her care; and where she and her baby can access support that is centred around their individual needs and circumstances. And for all staff to be supported to deliver care which is women centred, working in high performing teams, in organisations which are well led and in cultures which promote innovation, continuous learning, and break down organisational and professional - boundaries.'

1.7 The current challenges we face in Norfolk and Waveney are:

- The large, mostly rural geographical area the LMS covers and travel times between locations poor road networks

- The Norfolk and Norwich University Hospital is frequently working at full capacity and historically has struggled to accept in-utero transfers from across the region
- Queen Elizabeth Hospital and James Paget Hospital have experienced problems recruiting suitable doctors

1.8 Our plans set out how we intend to redesign maternity services with our service users so that women, babies and their families receive the type of care they want as well as how we will support staff to deliver such care. The LMS board meet monthly and monitor the implementation of the delivery plan as well as respond to requirements of the national transformation team.

2. Engagement

2.1 Each of the three acute hospitals in Norfolk and Waveney has a Maternity Voices Partnership (MVP). These are volunteer-led groups that act as a bridge between the local maternity system and the women who use services and their families. They are well supported by their respective Heads of Midwifery (HoMs), and although they are managed and operate in different ways, the MVPs offer a network of contacts, including via social media. The Norfolk and Waveney LMS recognised early on the critical importance of engaging with staff, and with women and their families, in the local planning and delivery of the aspirations set out in 'Better Births'.

2.2 So far we have:

- Developed an engagement plan which began the process of highlighting key opportunities to involve staff and service users in any changes over the next five years. This is a live document that continues to be reviewed and refreshed.
- Agreed funding for an MVP link representative has been identified to liaise with the three Norfolk and Waveney MVPs and represent their views as a member of the LMS Board, and provide assurance that all opportunities for wider engagement and consultation are explored.
- Worked with Healthwatch Norfolk who have visited baby and toddler groups to find out what parents and carers think of our maternity services
- Run an online survey to understand how service users view local maternity services now and their aspirations for the future
- Conducted an online survey was developed for staff to gather views about current and future working patterns

2.3 Work is currently underway to look for opportunities to embed specific focused pieces of engagement into the individual workstreams.

3. Update on maternity services transformation - benefits of working in an integrated Local Maternity System (LMS)

3.1 Integrating maternity care as a single system across the Norfolk and Waveney STP footprint is part of the recommendations set out in Better Births.

3.2 The local vision is underpinned by seven themes, which form the basis for the recommendations set out in the body of the report. These are summarised below.

1. **Personalised care**

Improving choice and personalisation of maternity services so that:

All pregnant women will have a personalised care plan. This plan is being developed so that it is based on an LMS wide standard plan that can be localised to each Trust and then personalised to each woman and her partner.

All women can make choices about their maternity care, during pregnancy, birth and postnatally. We will be focussing services in the community, using the Community Hub model where appropriate. This means bringing services together based on the needs of the local community, infrastructure available and pathways commissioned.

2. **Continuity of carer**

Each Trust has developed models for implementing Continuity of Carer. A team of 6-8 midwives known to the woman, supported by a named consultant, will look after women antenatally, during labour and postnatally. It is recognised nationally that this will involve a significant change in how our workforce currently operates. Therefore, we are piloting the models towards the end of 2018 with a view to achieving 20% of women being booked onto this model by March 2019.

3. **Safer care**

Professionals from across Norfolk and Waveney are working together to improve safety by having single, locally agreed guidelines, policies and practises. We are developing strong clinical leadership across the LMS for a joint safety culture supported by local learning systems. As an LMS we are developing a shared system for investigating and learning from incidents, and sharing this learning. Currently each Trust has their own system. Trust are fully engaged in the development and implementation of the NHS Improvement Maternity and Neonatal Quality Improvement programme.

4. **Better postnatal and perinatal mental health care**

We are looking at how postnatal care varies across the LMS and how we can best utilise the support available from midwives, health visitors and midwifery support workers for women and their partners. We will look to standardise our approach whilst maintaining flexibility within services offered.

Work around perinatal mental health has progressed extremely well with the new mother and baby unit due to open early 2019 in Norwich. This has resulted in some excellent

cross professional collaboration and cross LMS working. We are developing joint multi-professional training, shared guidelines and practises as well as developing an entirely new model of supporting women with pre-existing or new perinatal mental health needs. We have analysed what works well locally now and will be looking to extend this across the LMS.

5. **Multi-professional working**

We are improving working relationships between all maternity professionals and with other groups and investing in multi-professional education and training.

There is a commitment across the NHS, independent and voluntary sectors to work together in an open and inclusive way. This provides a real opportunity to shape services differently.

6. **Working across boundaries**

There are now additional opportunities for professionals to work across the LMS as the move to standardise training and guidelines progresses. This means we can now employ highly specialist consultant midwives to oversee safe and effective delivery of our safety plans across the whole maternity system and not just at one particular Trust. Norfolk and Waveney LMS borders with Suffolk and North East Essex, Cambridgeshire and Peterborough and Lincolnshire. Broader opportunities are being developed to work collaboratively with neighbouring LMSs to offer women living on our borders more choice on care options.

7. **A fairer payment system**

There is an opportunity yet to be explored for the units to work together under a single payment system. More details on this area of work will follow as it develops.

4. LMS progress against the STP delivery plan

4.1 The delivery plan is broken down into eight workstreams, each led by one of the heads of midwifery with representation from all three hospitals at the workstream meetings. The progress in monitored by the LMS board. The Heads of Midwifery and the project manager meet on a fortnightly basis to review progress and resolve and discuss any issues arising within the workstreams.

4.2 Progress is being made in all the workstreams. Some of the workstreams will naturally move quicker than others, especially those that require significant system change within the services.

4.3 The workstreams are aligned with the key strategic objectives of the Maternity Services, Public health, STP priorities and CCG directions.

4.4 Specific progress so far against our delivery plan is set out in Appendix 1, which gives a clear roadmap of our progress towards maternity services transformation.

5. Overview of services provided in Norfolk and Waveney

5.1 This section briefly summarises the work of each maternity service, with the following sections setting out data trends.

5.2 James Paget University Hospital

The James Paget University Hospital NHS Foundation Trust maternity service provides care for approximately 2,200 women living across the boundaries between Norfolk and Suffolk extending south towards Southwold and to the bordering Broads villages north of Great Yarmouth. The LMS includes all aspects of the geographical area within Waveney.

In 2017/2018, 2143 babies were delivered to 2118 women. The maternity service delivers antenatal, intrapartum and postnatal care for both consultant led and midwife led cases.

Every woman has a named community midwife which is geographically allocated via the named midwife to each GP surgery system. All women have the option to deliver at home, in the Dolphin Suite (co-located midwifery led birthing unit and in the central delivery suite which is the consultant led unit.

5.3 Norfolk and Norwich University Hospital

The Norfolk and Norwich University Hospitals NHS Foundation Trust maternity services provide care for approximately 6,000 births per year. It is one of three tertiary (highly specialist care) units within the East of England and so takes referrals from other units within region for high risk pregnancies. It has a Level 3 neonatal intensive care unit for complex care, taking babies needing respiratory support (ventilation) weighing less than 1000g and less than 28 weeks gestation. Babies who require surgery may also be referred here.

There are eight community based midwifery teams providing services closer to home, incorporating a homebirth service. Hospital services are provided within consultant led antenatal clinics, a fetal medicine unit and midwifery led antenatal assessment unit. In-patient facilities include 29 postnatal beds, in addition to five transitional care beds and 13 antenatal beds. The delivery suite has 15 birthing rooms including a birthing pool, two obstetric theatres, anaesthetic and recovery rooms, providing a full range of facilities for high dependency care, in addition to the new maternity assessment area for those clients requiring day attendance and review. The co-located Midwifery Led Birthing Unit comprising of four birthing rooms with water birth facilities is also available. Midwives have a commitment to provide one-to-one care to all women in established labour and staffing levels have recently been improved to support this. The Trust is proud to have achieved and maintained level 3 BFI accreditation (The Unicef UK Baby Friendly Initiative supports breastfeeding and parent infant relationships).

5.4 **Queen Elizabeth Hospital**

The Queen Elizabeth provides services for women in West Norfolk, Cambridgeshire and South Lincolnshire. The hospital delivers approximately 2,400 babies a year with a large cohort of women having antenatal and postnatal care by the midwives but not delivering their baby at the unit. The service provides inpatient services at the QEH site as well as outpatient services at QEH, North Cambridgeshire Hospital at Wisbech and community midwifery services across the community area offering acre from GP surgeries, community hospitals and children centres. The QEH offers all choices for delivery, homebirth, an alongside midwifery led unit (Waterlily) and the obstetric run delivery suite.

6. Trends in maternity services

6.1 Clinical outcomes are reported monthly via each unit's maternity dashboard and then reported on an LMS wide dashboard.

6.2 Stillbirths

All units are working towards full implementation of the Saving Babies Lives Care Bundle. The Saving Babies' Lives Care Bundle is a national programme introduced in 2016 to tackle stillbirth and early neonatal death and is a significant driver to deliver the ambition to halve the number of stillbirths. The national ambition is to reduce stillbirth by 50% by 2025 from 4.7 per thousand to 2.3 per thousand.

It brings four elements of care together:

1. Reducing smoking in pregnancy
2. Risk assessment and surveillance in the form of scans for fetal growth restriction
3. Raising awareness and supporting mothers and fathers to monitor and be aware of reduced fetal movements
4. Ensuring all staff are fully trained and assessed as competent in fetal monitoring during labour

All cases of perinatal mortality including intrauterine fetal deaths/stillbirths (post 24 weeks gestation) are reported to MBRRACE (Mothers and Babies: Reducing Risks through Audits and Confidential Enquiries across the UK) and are all included in the annual perinatal mortality report where data is analysed on a Trust level, locality level and national level. The rate is calculated as the rate per 1000 births which is sensitive to the actual rate rather than a number alone. MBRRACE is a national collaborative programme of work involving the surveillance and investigation of maternal deaths, stillbirths and infant deaths. It produces an annual report and demonstrates that variations in rates between Trusts remain, although the variation in stillbirth rate between Trusts delivering similar levels of care is much less marked than previously. The recently introduced perinatal mortality review tool has enabled Trusts to conduct much more rigorous and robust investigations

The table below shows the rate per thousand per Trust per year – please note the numbers are higher at the NNUH due to the complexity of cases it takes being the main tertiary referral unit in region. 2016 data from MBRRACE across the UK shows a rate of 3.93 / 1,000

	2013/14	**2014/15**	**2015/16**	**2016/17**	**2017/18**
James Paget	3.27	3.27	3.43	6.09	3.27
NNUH	3.04	2.69	4.03	3.61	4.87
QEH	1.75	5.2	4.27	3.95	1.33

6.3 Neonatal deaths

A neonatal death is a death of the infant that occurs before the first 28 days of life.

The table below shows the rates per thousand babies born per Trust per year – please note the numbers are higher at the NNUH due to the complexity of cases it takes being the main tertiary referral unit in region. 2016 data from MBRRACE across the UK shows a rate of 1.72 / 1,000

	2013/14	2014/15	2015/16	2016/17	2017/18
James Paget	0	0.47	0	1.40	0.47
Norfolk and Norwich	2.19	2.52	2.18	0.69	0.72
QEH	2.63	1.74	2.57	1.76	0.89

6.4 Stillbirths and neonatal deaths from MBRRACE report for Norfolk and Waveney by Trust

2016 data from MBRRACE across the UK shows a rate of 5.64 / 1,000

Provider	**Number of Births**	**Stillbirth Rate**	**Neonatal Death Rate**	**Stillbirths & Neonatal Deaths**
James Paget				
2015	2,016	3.60	1.05	4.68
2016	2,160	3.82	1.06	4.87
Norfolk and Norwich				
2015	5,769	4.58	2.06	6.57
2016	5.877	4.22	1.99	6.18
Queen Elizabeth				
2015	2,311	3.52	1.41	4.93
2016	2,339	3.75	1.08	4.82

Stillbirths and neonatal deaths from MBRRACE for Norfolk and Waveney LMS

	Number of Births	Stillbirth Rate	Neonatal Death Rate	Stillbirths & Neonatal Deaths
2015	10,257	3.90	1.27	5.17
2016	10,253	3.90	1.27	5.17

6.5 Maternal deaths

A maternal death is defined as a death of a woman either during pregnancy or within 1 year of the end of the pregnancy and they are sub-analysed as direct or indirect deaths. Every maternal death meeting these criteria is reported to MBRRACE and analysis of the case is collated in to the triennial report in to maternal deaths.

In a 5-year period, from April 2013 to March 2018 there were 10 maternal deaths across the three acute Trusts in Norfolk and Waveney. Due to the very small numbers we do not show the breakdown between each unit as it would potentially be possible to identify individual families.

10 in 51,000 births a rate of 0.2/1,000 deliveries.

Data (2013-2015) from MBRRACE UK – Saving lives, Improving Mothers Care 2017 shows a rate of 8.8 per 100,000 across the UK for **two** years (0.09 per 1,000)

Hypoxic Ischemic Encephalopathy (HIE)

HIE is a type of brain damage that occurs when an infant's brain doesn't receive enough oxygen and blood. HIE has 3 grades (I, II and III) with HIE grades II and above now reported to NHS Resolution within 14 days of birth if the diagnosis is possible at that time. This data is not useful as an annual figure since the diagnosis of HIE is often made retrospectively sometimes years after the birth. The table below shows the numbers declared per Trust per year – please note the numbers are higher at the NNUH due to the complexity of cases it takes as the main tertiary referral unit in region.

	2013/14	2014/15	2015/16	2016/17	2017/18
James Paget	Unknown	1	2	1	1
NNUH	13	14	14	17	11
QEH	2	4	4	2	4

6.6 Caesarean sections

The national average caesarean section rate has risen to 28% in 2017. This increase has occurred due to the increase in induction of labour due to the implementation of the growth assessment programme which has had a nationwide impact resulting in many more women being induced for reduced fetal movements or reduced growth of the foetus. It is recognised that an induction of labour makes a caesarean section more likely to occur therefore the correlation is present due to the higher risk. NICE guidance also states that women can request a caesarean section if they wish. All three units have in place a procedure for a pure maternal request caesarean section (i.e. with no clinical indication) in line with NICE guidance. This is where women are provided with a second opinion and referral to a psychiatrist where required. It is rare that this is required as usually with supportive and compassionate care and support this requirement can be negated.

	2013/14	**2014/15**	**2015/16**	**2016/17**	**2017/18**
James Paget	23.4%	23.7%	25.10%	25.6%	29.02%
Norfolk and Norwich	22.81%	23.92%	25.46%	27.32%	31.77%
QEH	25.83%	25.60%	27.08%	25.9%	27.10%

6.7 Induction of labour

The introduction of the growth assessment programme to monitor the growth of babies during pregnancy has resulted in all maternity units across the country seeing an increase in their induction of labour rates as a part of the Saving Babies Lives Care Bundle. The national average induction of labour rate in 2016/17 was 29.4%.

	2013/14	**2014/15**	**2015/16**	**2016/17**	**2017/18**
James Paget	14.9%	22.7%	29%	33.6%	27.78%
NNUH	Not known	27%	27%	31.7%	33.7%
QEH	33.77%	37.54%	36.7%	19.8%	28.98%

6.8 Capacity of services

Number of times maternity unit has closed due to capacity and number of women diverted to another provider (given in brackets)

Closure of the maternity unit is a major decision and involves executive level decision making. Actions have been taken to have robust escalation plans in place in each of the maternity units including guidance around closure and diverting women to another maternity unit.

The NNUH has been working hard to reduce closures of the maternity unit as is demonstrated below. A new dedicated maternity assessment unit (separate from delivery suite, with separate staffing) has been opened this year for women needing urgent review and this has helped to increase the capacity on delivery suite. There are still occasions however when it is necessary for the health of the mother and baby to transfer cases out to other tertiary referral units when our intensive care facilities for either mother of baby are at capacity. Work is ongoing with the regional neonatal clinical network to review capacity of intensive care cots for the severely preterm infant.

	2013/14	2014/15	2015/16	2016/17	2017/18
James Paget	0 (0)	0 (0)	0 (0)	0 (0)	2 (0)
Norfolk and Norwich	Not known	15 (24)	19 (17)	9 (19)	4 (15)
QEH	Not known	Not known	Not known	5	2 (4)

Number of times neonatal unit closed to capacity and number of women or babies diverted to another provider (given in brackets)

The neonatal unit at JPUH does not collect data on closure episodes due specifically to capacity as often capacity will flex according to the specific requirements of each baby admitted and their dependency level.

Data is collected slightly differently across the LMS so currently QEH are showing as hours closed and NNUH are showing as number of occasions closed. Anecdotally, when units are closed, they sometimes re-open before anyone has to be moved and sometimes patients do get refused access or have to be moved out – not every closure = move a patient.

A region wide neonatal and maternal capacity review is planned and is in its very early stages.

	2013/14	2014/15	2015/16	2016/17	2017/18
James Paget	Not known	Not known	Not known	Not known	Not known
NNUH	20	22	46	15	42
QEH	Not known	Not known	Not known	1424 hours closed to the network and 1,094 hours closed to internal maternity unit	1255 hours closed to the network and 633 hours closed to internal maternity unit

7. Staffing

7.1 Vacancy position for each provider as at end May 2018:
Note: WTE (whole time equivalent)

	Midwives	Midwifery Support Workers/Maternity Healthcare Assistant	Consultant O&G
James Paget	8.79 WTE Permanent (5 WTE and 4 part time contacts offered week of 7/6/2018 and will commence on completion of training in Sept/Oct 2018)	2.2 WTE	2 WTE (2 posts offered to candidates on 22/6/2018)
Norfolk and Norwich	2	1.42	0
QEH	8.23 offered to 4 another round of interviews due	7 vacancies 3 positions offered and out for advert for the others	1.34 vacancies Currently out to advert for 1 and interviewing in July for 1

Staffing vacancies are a challenge within Norfolk and Waveney due to our rural location. Staff will often move from one provider to another for promotion, leaving gaps locally that sometimes can't be filled until the cohort of Student Midwives currently training are qualified. This is the case currently which means vacancies will exist until Sept / Oct this

year. By working together as a single maternity system there are opportunities to address workforce vacancies in the future following on from our work on standardising training and guidelines.

8. Feedback on experiences using the services

8.1 All units have different methods and ways of collecting feedback using complaints, compliments, feedback via Maternity voices partnerships (MVP's), social media and the annual maternity survey.

8.2 These are all different for the units however a method of collecting feedback that all units participate in is the Friends and Family Test (FFT). This test asks how likely the woman is to recommend the services to friends and family. Women are asked the question 4 times during her care; 1. Antenatal Care at 36 weeks pregnant; 2. Care in Labour after delivery; 3. Postnatal Care provided within the hospital and 4. Postnatal care in the community. The trusts are benchmarked against response rates, national target is 15%, and also the likely to recommend rate.

8.3 Here are the results for the units for the last three months:

8.3.1 James Paget

	Response Rate			**Likely to Recommend**		
	Feb 18	Mar 18	Apr 18	Feb 18	Mar 18	Apr 18
Antenatal	5.56%	7.78%	6.67%	90%	100%	92%
Labour	5.03%	9.77%	3.18%	100%	100%	100%
Postnatal (hospital)	11.76%	10%	8.82%	100%	100%	93%
Postnatal (Community)	3.24%	5.41%	0.54%	100%	100%	100%

Despite multiple attempts to improve the friends and family (FFT) completion rates at JPUH, the completion rate has not improved. Women have fed back consistently that they do not wish to provide a FFT response so many times during pregnancy care. We have therefore engaged use of social media for feedback form women and their families the rates of which are provided to Trust Board monthly.

As an LMS we have set up a working group to look at the best approach to capturing feedback from women, fathers and families. QEH are the most successful in this area and so we are looking at how we can replicate their methods to improve feedback in the other units.

8.3.2 Norfolk and Norwich University Hospital

The response rate for FFT at the NNUH is shown in numbers and has remained low. NNUH has repeatedly looked at ways to improve, from having forms available in all clinical areas and outpatient clinics to personally handing women the forms to complete and return. We have engaged in other ways to ensure we gain feedback using social media and participating in the national maternity safety thermometer which is a measurement tool for improvement. It allows the team to take a temperature check on a set day per month

on 100% of post-natal mother and babies. It reports on level of harm but also supports improvement in patient care and patient improvement.

	Response Rate			Likely to Recommend		
	Feb 18	Mar 18	Apr 18	Feb 18	Mar 18	Apr 18
Antenatal	7	6	15	71.43%	83.33%	100%
Labour	37	17	13	100%	100%	100%
Postnatal (hospital)	46	25	24	100%	100%	100%
Postnatal (Community)	1	4	8	100%	100%	100%

8.3.3 Queen Elizabeth

	Response Rate			Likely to Recommend		
	Feb 18	Mar 18	Apr 18	Feb 18	Mar 18	Apr 18
Antenatal	42.54%	37.50%	37.26%	98.70%	98.72%	96.20%
Labour	13.77%	11.66%	20.32%	86.96%	94.74%	92.11%
Postnatal (hospital)	39.58%	37.50%	28.57%	100%	100%	95.45%
Postnatal (Community)	Not collected	Not collected	Not collected	100%	100%	98.11%

8.4 **Plans to developing new training routes to allow maternity support workers to become registered midwives faster**

All units employ maternity support workers (MSWs) within their services both at band 2 and band 3 levels. Support workers have a robust training programme to ensure that they have the skills required to support the midwifery workforce. All units also offer opportunities through the apprenticeship scheme. However, there are no new training routes currently in the pipeline for MSWs.

The University of East Anglia have in the past accepted and continue to accept MSWs on to the three year BSc Midwifery Programme, often after they have completed an access to health care course or similar at one of our local providers. There is no fast track route for them as the NMC standards for Midwifery education does not currently allow for any advanced standing to be recognised except for nursing which leads to the 84 week shortened programme.

Once the new NMC midwifery standards for education are in place from the NMC the trailblazer group for midwifery apprenticeships may reactivate and this will enable a set of apprenticeship standards to be produced with the support of employers. This would create a route for MSWs to enter with employer support. Once this is available the School of Health Sciences at UEA can consider in partnership with local employers how to meet demand.

New information just in (29.6.18) suggests that the trailblazer group for midwifery apprenticeships has been revived and is planning to have standards for a midwifery apprenticeship ready for December 2018. There is little information available just yet but

we are following developments as it would be a route for MSWs with Trusts supporting them to follow.

9. Summary

9.1 This report contextualises the current programme of work for the Norfolk and Waveney LMS, taken into account all the Better Births requirements. It shows that we are clearly focused on the key improvements in care identified and expected by the Secretary of State for Health and Social Care.

9.2 The LMS has created an ethos of close working relationships between the three Norfolk based Trusts which is the solid foundation on which improvements and new initiatives in maternity care can be spread and adopted promptly to the benefit of the women, fathers, babies and families we care for.

Debbie Bassett

LMS Project Manager – Norfolk and Waveney Sustainability and Transformation Partnership

On behalf of the Norfolk and Waveney LMS

28 June 2018

APPENDIX 1

NORFOLK AND WAVENEY LMS PROGRESS SUMMARY REPORT

Workstream 1 - Develop Local Maternity System Plan to respond / deliver Better Births

- Complete

Workstream 2 - Safety in the maternity service

- All units are implementing all four aspects of the 'Saving Babies Lives Care Bundle'

1.Reducing smoking in pregnancy

2.Risk assessment and surveillance for foetal growth restriction

3.Raising awareness of reduced foetal movement

4.Effective foetal monitoring during labour

However, work is ongoing in these elements towards continuous improvement leading to better outcomes. There is varying compliance particularly around surveillance for foetal growth restriction due to challenges within the system around scanning capacity. NHS England monitor compliance of all providers annually.

- All units signed up to Maternity and Neonatal collaborative NNUH Wave 1; JPH Wave 2 – started April 2018, QEH Wave 3 – starts 2019
- Review taking place on LMS wide training opportunities in Perinatal Mental Health
- Safety & governance leads from across the LMS are meeting to discuss shared learning to improve safety and apply lessons learned across Norfolk
- Working with neonatal and paediatric colleagues to co-produce pathways of care and protocols for access to specialist neonatal/paediatric services

Workstream 3 - Reduce number of women smoking at time of delivery

- Carbon monoxide monitors are now in use across the LMS to support safety and stop smoking initiatives
- Carbon Monoxide measurement readings are taken at booking & delivery with plans to check levels at each contact with health professionals
- All frontline maternity staff have planned training in a new bespoke training package offered by smoke free Norfolk.
- We are working with colleagues in Public Health and MVPs to review literature and other sources of information in a bid to agree a standard set of approved resources for the LMS.

Workstream 4 - Personalised care

- Preparing to create an LMS wide standard plan that can be localized and personalised to each woman and her partner
- Looking at digital options to create this as part of a patient portal
- Updated our Comms & Engagement plan to include using social media to engage with women, partners and their families
- Employing an LMS MVP lead to support cross LMS participation in work streams

Workstream 5 - Continuity of Carer

- By March 2019 20% of women booked in the LMS will be on a continuity model of care
- Working with Estates and Primary Care on Community Hubs
- Mortality rates for the three units are compared and analysed 6 monthly at LMS Board Meetings
- All units are adopting the Perinatal Mortality Review Tool
- A region wide review of neonatal and cot capacity has commenced following discussions at local levels.
- We are reviewing admissions into Neonatal care of our term babies and sharing learning from each
- Survey of workforce and women and partners to explore needs of our local population

Workstream 6 - Better postnatal and perinatal mental health care

- Developing perinatal mental health services across our region
- Gap analysis on current provision
- Creating a strategic plan to develop and align perinatal mental health services to be effective and equitable across the LMS
- Reviewing and redesigning cross LMS multi professional training
- New Mother and Baby Unit being built at Hellesdon

Workstream 7 - Working together

- Babies Lives' Study Days with smoking cessation training also planned for this year.
- Practise Development Midwives from each of the 3 Trusts are now working together on providing joint training events. Training is being standardised and offered in each of the 3 locations jointly. Shared learning is the theme to support safe, efficient care at all levels.
- Funding gained for our first joint Consultant Midwife post in Normality working across all three providers in the LMS.

Workstream 8 - Digital

- Completed a Maternity digital maturity assessment for each of the three Trusts
- Preparing to roll out an electronic patient portal that can be accessed by clinicians and women and their partners to share in their care and access some elements of the maternity record.
- Developing a team to look at sharing workflows and processes across the digital providers so all clinicians have access to maternity digital records

Children's speech and language therapy

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

An update report from commissioners on access to and waiting times for children's speech and language therapy (SLT) in Norfolk.

1. Background

1.1 Norfolk Health Overview and Scrutiny Committee (NHOSC) added 'Children's speech and language therapy' to its forward work programme in February 2017, following concerns raised by a Member about waiting times.

1.2 Speech and Language Therapy (SLT) services in Norfolk are commissioned under two separate contracts:-

- An integrated speech and language therapy service commissioned jointly by 4 of the 5 CCGs in Norfolk (all except for Great Yarmouth and Waveney Clinical Commissioning Group (CCG)) and Norfolk County Council Children's Services. The commissioners have a Section 75 agreement pooled fund which covers the contract from 4 April 2016 to 31 May 2020. The service area for the Norfolk County Council educational element of the contract is Norfolk-wide, including Great Yarmouth, but the health element is for central and west Norfolk only.
- A speech and language therapy service commissioned by Great Yarmouth and Waveney CCG for its own area under a contract running from 2011 to 2019 and providing the health element of the service for Great Yarmouth and Waveney.

The contract holder in both cases is East Coast Community Healthcare (ECCH).

1.3 On 7 September 2017 representatives from Norwich CCG (representing all the central & west CCGs), Great Yarmouth and Waveney CCG and East Coast Community Healthcare attended NHOSC to answer Members' questions and the Committee heard from Family Voice and several parents. The agenda papers and minutes of the meeting are available on the County Council website through the following link NHOSC 7 Sept 2017 .

1.4 NHOSC heard parents' concerns about the integrated service model in central and west Norfolk and the commissioners' assessment that performance was improving after a challenging start for the new service in April 2016. The key performance indicators for the integrated service showed improvements in waiting times for first

interventions and the speed with which SLT advice was provided for new Education Health and Care Plans (EHCPs). The Committee noted that there were, in effect, two waiting lists for service; one after initial referrals and one for reviews. It also heard that the integrated service commissioners were looking to improve engagement with families through a task and finish group and a Stakeholder Group would be established to bring together providers, commissioners and families.

1.5 NHOSC emphasised that it had no criticism of individual therapists, who were doing a fantastic job, but there were concerns about the length of time children were waiting, both after initial referral and again for review after a course of therapy. There were also concerns about whether the service model was adequate to meet children's needs.

At NHOSC on 7 December 2017 a Member raised a further issue about capacity at the SLT drop-in sessions at Angel Road Children's Centre, Norwich, following reports that families had been turned away.

1.6 The committee asked for an update on the progress of the SLT services across Norfolk, including the initiatives to establish a stakeholder group and task and finish group to resolve issues. This was initially scheduled for 5 April 2018 but on hearing that an independent review of the central and west Norfolk service was scheduled for May 2018 NHOSC agreed to postpone its scrutiny until the results of the review were available.

The review has been completed, with an executive summary having been presented to the commissioners and ECCH on 20 June 2018, but the process will finish with a full final report being presented to the commissioners at the end of July 2018.

2. Purpose of today's meeting

2.1 The commissioners of SLT services for Norfolk, including the central, west and Great Yarmouth areas, have been asked to report to today's meeting with the following information:-

- Outcome of the Better Communication CIC independent review of the central and west Norfolk SLT service.
- Progress on establishing a stakeholder group and a task & finish group to address issues of concern to parents and any changes to the service that have been made as a result.
- Current workload and the trend since the report to NHOSC in September 2017 including comparison between the commissioned capacity and actual numbers of referrals.
- Staffing – current number and types of vacancies.
- Waiting times – from referral to first intervention; and waiting times for those children who are referred back into the system for review after having been discharged.
- Key performance indicators (KPIs) - current performance against KPIs and trend in performance since last report to NHOSC.

- Complaints / user feedback – numbers of complaints; complaint themes; user satisfaction survey feedback since last report to NHOSC.
- Information about the take-up of drop in sessions at venues across the county and the numbers turned away from each session.

2.4 The CCGs and Norfolk County Council Children's Services have provided a report on the integrated SLT service for central and west Norfolk and the health SLT service for Great Yarmouth (attached at **Appendix A**) and representatives will attend to answer Members' questions.

2.5 Family Voice, a local voluntary organisation which aims to improve the lives of disabled and SEN children and their families, was involved with the commissioning of the central and west Norfolk SLT service and in the recent independent review. Family Voice also provided a report to NHOSC on 7 September 2017 which reflected the views of 70 respondents to an online questionnaire during the summer months in 2017.

Family Voice has provided further information for NHOSC, attached at **Appendix B** and a representative will speak to the committee.

2.6 Parent carers from SENsational Families, a small Norfolk based charity offering advice and support to local families who have a child with a disability or special education need (SEN), also attended NHOSC on 7 September 2017 and have been invited to share their views about the progress of the service. A representative will speak to the committee.

3. **Suggested approach**

3.1 After the CCGs' representatives have presented their report(s), Members may wish to discuss the following areas:-

(a) What changes do the commissioners and provider expect to make to the services following the final report of the independent review?

(b) How were families' / stakeholders' views taken into account during the review?

(c) The review of the central and west Norfolk integrated service found that 'as a whole system, there is not sufficient resource to provide the desired level of provision to children and young people with speech, language and communication needs in Norfolk'. Given that this service is for children and early intervention may save greater costs in health and education interventions at a later stage, is there any prospect of releasing additional resources for the service?

(d) The review found the key performance indicators for the central and west Norfolk integrated service need to be adjusted to measure outcomes as well as activity levels? How do the commissioners and ECCH plan to address this?

(e) In response to the question 'Have we the right delivery model in place to meet the needs?' the central and west Norfolk service review noted that 'allocation of resources outside of this contract have led to a series of unintended consequences'. What are these allocations and is the situation resolvable?

(f) The commissioners' report says that a stakeholder group for SLT will be set up in autumn 2018. Will there be representation on that group from Family Voice and / or other parent / carer groups?

4. Action

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

(a) There is further information or progress updates that the committee wishes to receive at a future meeting.

(b) There are comments or recommendations that the committee wishes to make as a result of today's discussions.

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Health Overview and Scrutiny Panel - Update Report for 12th July 2018 for:

- **Norfolk's Integrated Children and Young People Speech and Language Therapy Service**
- **Children and Young People Speech and Language Therapy Health Service commissioned by Great Yarmouth and Waveney CCG (Appendix 4)**

Purpose of the paper, to:
1. Provide an overview on the outcome, findings and recommendations of the independent review of current need and provision for children and young people with speech, language and communication needs in Norfolk including summary of engagement undertaken with service users' views on the Integrated Service.
2. Follow up on the status report to HOSC on 5th April 2018
3. Provide a service update following the HOSC meeting on 7th September 2017.
4. Provide an update on the Children and Young People Speech and Language Therapy Health Service commissioned by Great Yarmouth and Waveney CCG

Authors: The Paper is produced in collaboration between:
Michael Bateman, Head of Education High Needs SEND Service, Norfolk County Council
Rebecca Hulme, Chief Nurse, Director of Children, Young People and Maternity at GYWCCG on behalf the Norfolk's Clinical Commissioning Groups and Lead for children's Health commissioning in Norfolk
Jonathan Williams chief Executive, East Coast Community Healthcare

1. Outcomes of the independent review of current need and provision for children and young people with speech, language and communication needs in Norfolk

The review commenced in March 2018 and concluded early June 2018. Please see Appendix 1 for the methodology of the independent review. An executive summary of the review findings was presented to commissioners and ECCH on 20th June. The Full Final Report will be produced for commissioners by the end of July.

Scope of the independent review

The County Council and NHS Norfolk Clinical Commissioning Groups have commissioned an independent review of current need and provision for children and young people with speech, language and communication needs in Norfolk led by Better Communication CIC, a not-for-profit community interest company.
They support change for children and young people with speech, language and communication needs.

Both commissioners and East Coast Community Healthcare want to ensure the best service possible for Norfolk for the funding available. The scope of the independent review is to identify:

- *Have we the right delivery model in place to meet the needs?*
  a) of the current population?

b) of the predicted population for the remaining duration of the contract?

- *Have we the right workforce; with the right skill mix and full-time equivalents (FTE) in place to meet needs?*
- *Is the resource envelope sufficient?*
- *If not, what are the recommendations:*
  a) to meet needs?
  b) to re-prioritise resource accordingly?
- *Have we the right performance measures in place to provide assurance for quality and improve patient outcomes. If not, how might this be measured?*
- *Recommendations for future service delivery and or amendments to existing service, if necessary.*

Stakeholder Engagement was undertaken as part of the independent review, please see Appendix 2 for further details.

Emerging Themes from the independent review

What are the needs of the population?
The greatest need identified through triangulation of population, demographic data with the evidence based identifies significant speech, language and communication need in Norfolk with the greatest need in Norwich, King's Lynn and West Norfolk and Great Yarmouth. Demand patterns show higher levels of demand from South Norfolk than might be predicted.

Have we the right delivery model in place to meet the needs?
The service specification was ambitious in attempting to provide a whole system approach for SLT in Norfolk. Challenges in terms of service funding, resources and the allocation of resources outside of this contract have led to a series of unintended consequences.

Have we got the right workforce?
The view of the independent review is the workforce has been skill mixed to an extent that the rate of change required on the ground cannot be delivered and sustained. The current staffing model is over-reliant on support staff and the ring-fencing of specialist posts to some low incidence specialisms should be reviewed.

Is the resource envelope sufficient?
The resource to meet need has been analysed in several ways, including a 'bottom-up' analysis based on allocating resource across schools and settings. The financial modelling indicated that there were no efficiencies to be made in the current staffing model. The clear conclusion is that, as a whole system, there is not sufficient resource to provide the desired level of provision to children and young people with speech, language and communication needs in Norfolk.

Have we got the right performance measures?
The KPIs need to be adjusted to reflect a range of measures across the system, measuring at universal, targeted and specialist levels but most importantly going beyond the traditional input measures of activity data. Activity data do not provide any assurance of outcomes.

Recommendations

1. Joint commissioners will develop a strategy for improving Speech, Language and Communication (SLC) across Norfolk (and/or the Sustainability and Transformation Plan (STP)) including Speech, Language and Communication Needs (SLCN) but also recognising the centrality of speech, language and communication for all children and young people
2. Joint commissioners will develop a strong communications plan together with the provider
3. Whilst recognising challenge to budgets from every quarter joint commissioners will consider whether *any* additional resource can be identified within a range of competing priorities
4. Within the ongoing review of funding across the Schools Block (direct funding to individual schools) and the High Needs Block (education funding commissioned by the LA) consideration will be given to how delegated and 'top-up' funding can be used to enhance a 'whole service offer'
5. KPIs should be revised to include impact measures and to drive delivery at a targeted level. This may have an initial impact on initial access times but until there is a strong targeted offer the pressure is unlikely to change
6. Commissioners will consider change management support across the system to deliver the proposed strategy
7. Commissioners will consider a confidence building strategy with stakeholders
8. The route into the service should be simplified. Drop-ins received the most positive feedback therefore it is suggested to consider how these might work better
9. The link therapist model should be reviewed in order to ensure it is what it should be:
    - children with a given school / cluster of settings / locality should expect to see the same person who potentially would also deliver training etc
    - this consolidation of time deals with anxieties expressed around
        - consistency
        - travel time
        - relationship and capacity building
10. Specialists need to be used to ensure that specialist expertise is available when needed as part of a child or young person's journey – it will rarely be the whole story and the place where the child or young person spends most time functionally should be central other than where individual choice suggests otherwise

Key elements for change could include

- Rationalise the access routes to the service
- Consolidate personnel with local areas of the system in such a way as to build local communities of practice
- Increase targeted level interventions
- Increase work on environments
- Strengthen family support

What will happen next?

Recommendations from the review will be discussed between commissioners (NCC and CCGs) and ECCH to agree the scope of any proposed amendments to service provision.

2. Update on agreed actions from Norfolk Health Overview and Scrutiny Panel (NHOSC) on 7th September 2017:

Action: To address the development of a Stakeholder Group

Update: New governance arrangements have been established since Rebecca Hulme, Chief Nurse / Director of Children, Young People and Maternity came into post in July 2017 and with Melanie Craig, Chief Officer at Great Yarmouth and Waveney CCG undertaking a lead for children's commissioning across NHS Norfolk and Waveney CCGs.

The new **Area** SEND Leadership Board has been established and will provide system-wide governance across all areas of SEND including Speech Language and Communication Needs.

A children's integrated commissioning group is in the process of being established and this will include an independent chair and directors/assistant directors for the local authority including education and social care as well as health. This will provide the governance structure for joint commissioning. A stakeholder group for SLT will be set up in the autumn chaired by health. Membership of this group will be determined after the review has concluded.

Additionally, the Norfolk Area SEND Multi Agency (NASMA) Steering Group will provide an established mechanism to ensure the work of the stakeholder group is aligned into the Area SEND Leadership Board

Therefore, SLT service improvement will be overseen in three ways:

- Operational / commissioning performance monitoring discussions
- Reporting to NASMA to update and inform partners and stakeholders on SLT performance improvement / challenges and issues etc
- Escalation to Area SEND Leadership Board where decision making is required regarding overall commission of service

Action: Creation of a Local Offer Task & Finish Group, to include Family Voice Norfolk, to update the front-page information for the ECCH SLT Local Offer and links to the ECCH SLT website.

Update: The Local Offer team have worked with East Coast Community Healthcare and Family Voice Norfolk to improve the information about speech and language on the Local Offer.

The new and improved webpages provide information to support parents and carers who are concerned that their child may have SLCN. These are:

- Children's speech language and communication needs
- Children's speech language and communication support
- Speech and language resources
- Children's speech and language therapy service
- Speech and language therapist

- Independent speech and language therapy

The link to the pages is https://www.norfolk.gov.uk/children-and-families/send-local-offer/health/health-services-in-norfolk/speech-and-language

Communications have also been issued via a range of methods including the newsletters produced by the Local Offer, Family Voice and SENDIASS (Norfolk SEND Partnership, Information Advice & Support Service), targeted communications to early years settings via early year's networks and to schools via the 'e-courier' management information system.

The ECCH website is now aligned to the Local Offer information to help ensure that there is "no wrong door" for any parent or professional wishing to find out more information about the services available and how to access them.

Appendix 1: Methodology of the Independent Review

Task
1. Project liaison
2. Project familiarisation Desktop review of information gathered to date by commissioners, review of specification and sample contract monitoring reports + any other relevant and appropriate documentation
3. Needs assessment - quantitative a. Analysis of population and deprivation data and predicted need b. Triangulation with caseload and SEND data c. Triangulation with workforce, finance and performance data
4. Needs assessment - qualitative Qualitative mapping and analysis of current offer for children and young people
5. Stakeholder engagement: a. telephone interviews with key strategic stakeholders b Online focus groups for parents building on existing parent survey but also aiming to capture views of parents of children without complex need c. confidential survey for therapy staff to contribute as individuals
6. Meetings with SLT service leads to elicit evidence of impact and clarify service processes
7. Analysis and triangulation of data
8. Interim report summarising needs analysis and current service provision and recommendations
9. Recommendation of KPIs to deliver desired outcomes for children and young people
10. Final feedback, report, presentation as appropriate

Appendix 2: Stakeholder Engagement undertaken through the Independent Review

Stakeholder engagement design:

Stakeholder feedback was invited via a number of different routes and methodologies:

1.1. Norfolk County Council made available two online surveys on behalf of the joint commissioners, one for parents and carers and another for professionals in schools and settings and the wider community.
1.2. Better Communication CIC conducted an online survey for all members of the speech and language therapy service
1.3. Two online 'webinars' were offered by Better Communication CIC focused on Early Years and Schools
1.4. Video, online and phone conferencing was used to interview both individuals and groups including representatives from Family Voice and Sensational Families as well as special school head teachers/SENCOs; representatives for the additionally resourced provisions for speech, language and communication and hearing impairment, paediatricians, SEND officers, Designated Clinical/Medical Officer, Commissioners with responsibility for all the areas involved and with wider and specific responsibilities including early years. The Royal College of Speech and Language Therapists was also included as a stakeholder
1.5. Previous reports of stakeholder engagement activities both by commissioners and parent led organisations were also provided to the review team

Stakeholder engagement methodology:
Promotion of the independent review featuring the various opportunities for stakeholders to participate in engagement were promoted through a variety of communication channels and networks including:

- The Local Offer
- Family Information Service
- Norfolk County Council corporate communications
- Family Voice Norfolk and SEND Newsletters
- Partner websites and social media
- Email and face to face sessions with schools and early years through existing networks

The following points should also be noted in relation to engagement during the independent review:

- A full communications plan was implemented during the review. The number of responses received were considered to be an appropriate number given the size and scale of this service/population and comparably higher than recent Norfolk-wide surveys relating to SEND
- Concerns were raised during the review by SENsational Families regarding a perception that the surveys were not promoted fully to families and with a view that this impacted on the number of responses

The survey was open via the Local Offer over a 7-week period initially and then a further extension of 10 days to maximise the opportunity for completion and feedback to be received. Online surveys resulting in participation from:

- 144 parents/carers
- 131 professionals
- The deadlines for the surveys were extended to maximise the number of responses over the half term period. Commissioners are grateful to SENsational Families for removing their own SLT survey, to avoid families being surveyed twice in relation to SLT and would like to thank this key stakeholder group for their contribution to the review along with all other individual/groups that took part.

Stakeholder engagement themes

The following commentary is a synthesis of the key themes which emerged from across the wide range of stakeholders accessed.

The first point to make is that there were consistent and numerous references to excellent individual speech and language therapy team members and managers who are perceived to be 'battling against the odds' to deliver support for children and young people.

Dissatisfaction reported was almost entirely with 'the system' and many examples given referred to service provision that pre-dated the current contract. In fact a consistent theme was one of disappointment that this contract had not delivered its 'early promise' as the outline of the new service was welcomed by the majority of stakeholders interviewed but few felt that it had been able to deliver its potential.

Dissatisfaction was not limited to the speech and language therapy provision. Instances of frustration directed towards Norfolk CC SEND systems were also heard.

Other key themes:

- Access
- Assessment and advice but no therapy or intervention
- Discharge with ongoing needs
- EHCP Processes
- Communication
- Working with schools
- Confusion regarding the 'core' and 'enhanced' offer

Appendix 3: Summary Review of the Integrated SLT for the contract period April 2017 – March 2018 (Year 2)

The Integrated Speech and Language Therapy Service is jointly commissioned by NCC and 4 of Norfolk's CCGs (Norwich, North, South and West Norfolk) for children and young people to the age of 19.

This data relates specially to children and young people whose care is funded by the Integrated Speech and Language Therapy Service contract

Case Load Rate for the Integrated Speech and Language Therapy Service

	Year 1 April 16 to March 17	Year 2 April 17 to March 18
Referrals In	4498	5414
Number of children seen	5652	5893
Caseload snapshot at 31/03	3592	3062

Table 1

The contracted activity relates to delivery of drops-in sessions for pre-school children, early years workforce development sessions and the delivery of Early Bird courses.

KPI	Description	Commissioned Activity	Activity Delivered	Comment
1	Number of drop-in sessions delivered	150	150	
2	Early Years workforce development sessions	50	49	One session was not delivered due to ECCH staff sickness
3b	Contribute to the delivery of NCHC organised Early Bird courses	5	4	Only 4 courses were organised this year

Table 2

Drop- in service

The Drop-in service is available for preschool children to support the early identification children with a speech language and communication need (SLCN) and those who may be at risk of developing one. The sessions are located across the county in a variety of settings to enable children to be seen by a speech therapist on the day at a venue close to home. The drop-in service provides easy access to professionals or families who are concerned about their child's speech, language or communication. Families receive advice, information and strategies to support their child. Where appropriate a child may be referred to a more specialised element of the service.

The contract volume for this element of service in Year 2 was 150 sessions. The full contract volume was delivered and provided 1,320 appointments.

The service is planned three months in advanced and publicised via Cambridgeshire Community Services 0-19 services, ECCH and NCC websites, Children's Centres and the ECCH termly SaLT newsletter. There have been some occasions where sessions have been poorly attended and others that have been oversubscribed. If it becomes clear that the session is full then the child's parent/carer are signposted to the next session. In the very unlikely event that a person attends 2 sessions that are oversubscribed then they will be offered an appointment at home or in the child's preschool setting.

ECCH continues to review the best venues for drop-ins to ensure services are as accessible to as many people as possible. Throughout the course of Year 2 difficulties in access were identified at one of the venues in Kings Lynn. As a result of this from Year 3 Q2 an alternative venue has been secured. There is no flexibility within the contract to increase the overall number or frequency of drop-ins in a particular area due to the knock-on impact on the overall accessibility of the service across the county or lead to a reduction in another service area.

It is anticipated that place of the drop-in service within the whole service model will be subject to review following receipt of the full report from the Independent Review.

The activity for the drop-in service in Year 2 is shown below in Table 3

Locality	Number of places available	Number children turned away	No Drop-ins held	No where children turned away	Number of venues
East	292	19	37	7	5
South	367	24	43	4	9
North	378	27	34	7	11
West	347	22	36	5	12
Totals	1384	85	150	20	37

Table3

The response originally supplied to Cllr Brociek-Coulton regarding Angel Road Children's Centre in Norwich and an incident involving a family being turned away from a session is still applicable (see Annex 1 for response).

Other KPIs reflect the performance against standards associated with key process or throughput rather than volumes of activity i.e.

- waiting times for new referrals to receive their first intervention within 18 weeks;
- waiting times for referrals from the Neonatal Unit;
- assessments to support the completion of an EHCP;
- the setting and achievement of goals within intervention plans;
- attendance at multidisciplinary panels with the ASD assessment pathway;
- new referrals received via the single point of access that are offered a telephone assessment within two weeks.

April 2017 – March 2018 (Year 2)

Waiting Times				
KPI	Description	Performance commissioned %	Performance delivered %	Comment
9	Children and Young People receive their first intervention within 18 weeks of referral	92	93	New referrals represent % of the children actively receiving care or waiting for further review and assessment or therapy programmes
12	Referrals from neonatal unit are assessed face to face within 2 working days	95	93	The performance reflects 5 breaches that were excluded as although a referral had been made the assessment could not be carried out due to either sickness of the baby, delayed transfer from a tertiary centre or extreme prematurity
Education Health and Care Plan Process				
KPI	Description	Performance commissioned %	Performance delivered %	Comment
4a	Compliance with the published Mandatory Timeframe for contributing to reviews for transferring from existing Statements to EHC Needs Assessments for requests received after 4th April 2016	100		Due to agreed processes between NCC and schools for the management of this task it has not possible for this activity to be measured. This KPI will not be relevant in Year 3
4b	Compliance with the published Mandatory	100	66.8	Each EHCP assessment takes 1 day to complete.

	Timeframe for contributing to NEW EHC Needs Assessments as part of the EHCP 20 week process for requests received after 2017			There has been a significant and sustained demand requests for EHCP assessment of needs – 322. This significantly outstrips the budgeted time of 96 days Achievement of this measure is hampered by the non-availability of children for assessment within the school setting for 12 weeks a year due to school holidays.
4c	To support the EHCP process by responding to Norfolk County Council with information already held on the child or young person within 14 calendar days	100	95	There were 222 requests made.
Outcomes				
KPI	Description	Performance commissioned %	Performance delivered %	Comment
10	Percentage of children (where service pathway is subject to EKOS) achieving a good level of development in communication and language. Evidenced at discharge as having met the goals within their intervention plan	60	75	The Numerator for KPI 10 refers to the number of children who have **fully** met their goals at discharge (EKOS (East Kent Outcome System) is an outcome measures system which is embedded in routine planning and closely linked to intervention. A good outcome is considered to be when 70 per cent or more of the target is achieved)

11	Percentage of children (where service pathway is subject to EKOS) achieving a good level of development in communication and language. Evidenced at discharge as having met the goals within their intervention plan	90	92	The Numerator for KPI 11 refers to the number of children who have **partially** (i.e.at least 50%) met their goals at discharge (EKOS (East Kent Outcome System) is an outcome measures system which is embedded in routine planning and closely linked to intervention. A good outcome is considered to be when 70 per cent or more of the target is achieved).
Attendance at multidisciplinary panels with the ASD assessment pathway				
KPI	Description	Performance commissioned %	Performance delivered %	Comment
3a	Attendance at NCH&C hosted ASD assessment panels as per memorandum of understanding	100	97.5	There were 41 panels during the year. One panel was missed due to sickness.
Telephone assessment				
KPI	Description	Performance commissioned %	Performance delivered %	Comment
8	98% of new patient referrals via single point of access are offered telephone	98	85	Overall performance was significantly affected by very weak performance in Q3 (64%). Excluding Q3 performance which was 98%.

	assessment within 2 weeks			Analysis showed capacity for all referrals in Q3 to have had an appointment within timescales however it would appear that referrers who made referrals in the end of term before the Christmas holidays chose telephone appointments with a therapist at the start of the new term which was outside the 2 week standard. It has become clear that the speediest access is not highly valued by referrers and the provider cannot force the referrer to accept a call back appointment within a fixed time frame. As such KPI should move to a MER in Year 3.

Table4

Waiting Lists

It was reported at the 12th September 2017 HOSC meeting that performance against KPI 9 (children and young people receive their first intervention within 18 weeks of referral) was improving. The monthly performance in Year 2 is shown below; cumulative full year performance was 93%.

KPI 9 waiting time for first intervention under 18 weeks

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
%	80.9	89.7	93.5	91.0	94.6	97.1	98.8	95.8	99.2	98.2	93.7	91.4

Table 5

Performance dipped in March due to the loss of 52 new referrals appointments as a result of severe weather. The drop-in capacity in March due to weather and the natural reduction expected in April as a result of school holidays means that it is anticipated that performance will dip further in Q1 and not recover completely until mid Q2.

Many children with speech, language and communication needs (SLCN) will need more than one package of care and may be known to a speech and language therapy service throughout their schooling. The demand arising from those children with an enduring SLCN is greater than new referral. Previously this demand was not measured or reported and therefore had not been accounted for during the procurement process.

Annex 1: Outline of response supplied to Cllr Brociek-Coulton regarding Angel Road Children's Centre in Norwich (16/01/18)

Any shift in the planned arrangements from one venue to another would have an impact elsewhere for other families, so it is understood any changes would have to be based on evidence of needs and with monitoring the patterns, this should support any necessary redirection of provision to reflect the needs in the localities, both in short and long-term trends.

ECCH's data continues to show that whilst these drop in have been oversubscribe for the past couple of sessions they have not routinely been oversubscribed. However, across the whole service we find attendance varies hugely from one drop in to the next, even at the same venue.

ECCH's practice is that anyone who is turned away will be provided with alternative drop-in dates and venues by a member of ECCH's staff, advising that on the rare occasion someone is turned away more than once, a home appointment is typically offered.

Appendix 4: Update from NHS Great Yarmouth and Waveney Clinical Commissioning Group (GYWCCG)

This data relates specially to children and young people whose care is funded by the NHS Great Yarmouth and Waveney Clinical Commissioning Group (GYWCCG) contract

NHS Great Yarmouth and Waveney Clinical Commissioning Group (GYWCCG) currently commissions a SLT service from East Coast Community Healthcare (ECCH). The service covers the GYWCCG area. Currently this is Health funded. The contract is due to expire at the end of March 2019.

The main purpose of the Speech and Language Service is to provide assessment, diagnosis and therapy for young people who have SALT needs as well as practical advice and training for parents, carers, other professionals and school staff as required. The aim is to ensure children with speech, language, communication, eating and drinking needs reach their full potential.

The following is the response to the Norfolk HOSC questions regarding the GYWCCG commissioned SLT Service

1. current workload, & comparison between commissioned capacity & actual number of referrals:

Case Load Rate for the GYWCCG Speech and Language Therapy Service

	Year 1 April 16 to March 17	Year 2 April 17 to March 18
Referrals In	162	562
Number of children seen	536	1017
Caseload snapshot at 31/03	585	505

Table 6

Please note the data for 2016/2017 is only taken from January – March 2017 due to a change in electronic patient systems in January 2017 (therefore data is representative of a 3 month not 12 month period)

2. staffing – current numbers & types of vacancies;
GYWCCG information is included with Appendix 5, Table 10

3. waiting times – from referral to 1st intervention & after referral back into the system for review after having been discharged:
GYWCCG information is included with Appendix 5, Table 11

4. KPI current performance & trend

Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18
94.40%	82.00%	84.20%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%

Table 7

Reporting 31st May 2018, there are a total of 77 children currently waiting for a service, 98.7% are seen with 18 weeks.

5. complaints / user feedback;
GYWCCG information is included with Appendix 6

6. info about take up of drop in sessions & numbers turned away
This is reflected in the data and information is included within Appendix 3

Next Steps

GYWCCG are awaiting the outcome and recommendations of the Norfolk independent review to inform the future commissioning requirements of the SLT Service in the Great Yarmouth and Waveney working with both Norfolk and Suffolk local authorities to ensure a consistent SLT offer for families across the Norfolk and Waveney area.

Appendix 5: Summary Review of Speech and Language Therapy Service Provision across the whole Norfolk geography

This data relates specially to children and young people who live in Norfolk whose care is funded by either the Integrated Contract in Norfolk or the NHS Great Yarmouth and Waveney Clinical Commissioning Group (GYWCCG) contract

Provision across the whole Norfolk geography	End of Year 1 April 2017	End of Year 2 April 2018
Children receiving care	1544	1578
Children known to service waiting assessment	2693	1356

Table 8

By the end of April 2017 to April 2018, the number of children known to service waiting assessment has reduced by 1337 children.

The combined activity total across for two contracts:

Total Referrals, Seen and Caseloads	**2016/17**	**2017/18**
	Total	**Total**
Referrals In	4660	5976
Number of children seen	6188	6910
Caseload snapshot at 31/03	4177	3567

Table 9

Workload and Performance against Contracts, April 2017 – March 2018 across the whole of Norfolk geography

Team	**Staffing whole time equivalent (w.t.e)**		
	Current Staffing	Current Vacancies	Total Staffing
North	13.99	1	14.99
East	13.87	1	14.87
South	12.59	1.6	14.19
West	11.69	0.8	12.49
Total	52.14	4.4	56.54

All vacancies are for qualified Speech and Language Therapists

Table 10

Since summer 2017 ECCH and Commissioners have been working together to better understand this demand and manage it in the context of the service specification. Four different types of wait have been identified.

List 1 Children waiting to be seen for their first assessment who have not previously been known to the service (KPI 9).

List 2 Those children and young people who have had an initial intervention and are awaiting further detailed assessment aligned to specific clinical pathway e.g. eating and drinking, cleft, hearing impairment, complex needs, Developmental Language Delay, AAC, Social Communication Disorder, dysfluency

List 3 Appointments for those children who have completed a package of care and are returning for a further assessment and review.

List 4 Those children waiting for a discrete block of therapy delivered by a Clinical Support Worker or a Speech and Language Therapist.

The ECCH service is delivered through four Locality Teams (North, East, South and West). ECCH has worked hard to reduce the number of children waiting and length of wait for all lists and all localities however there continues to be a variation in the total numbers and the length of wait on Lists 2-4 between the four localities.

Capacity to address all lists across all teams has been increased with the recruitment of 4 new Clinical Support Workers (CSWs) in mid-March.

A particular priority has been placed on the West Locality as proportionally the number and length of waits were longest. Staffs from the North and South Teams have been temporarily relocated to increase the capacity of the West Team. A further post has been Clinical Support Worker has been recruited in the West from July.

The biggest impact of this prioritisation has been a reduction in the number of children waiting but children continue to experience very long waits on List 2, 3 and 4 ranging between 4-12 months depending upon the input required.

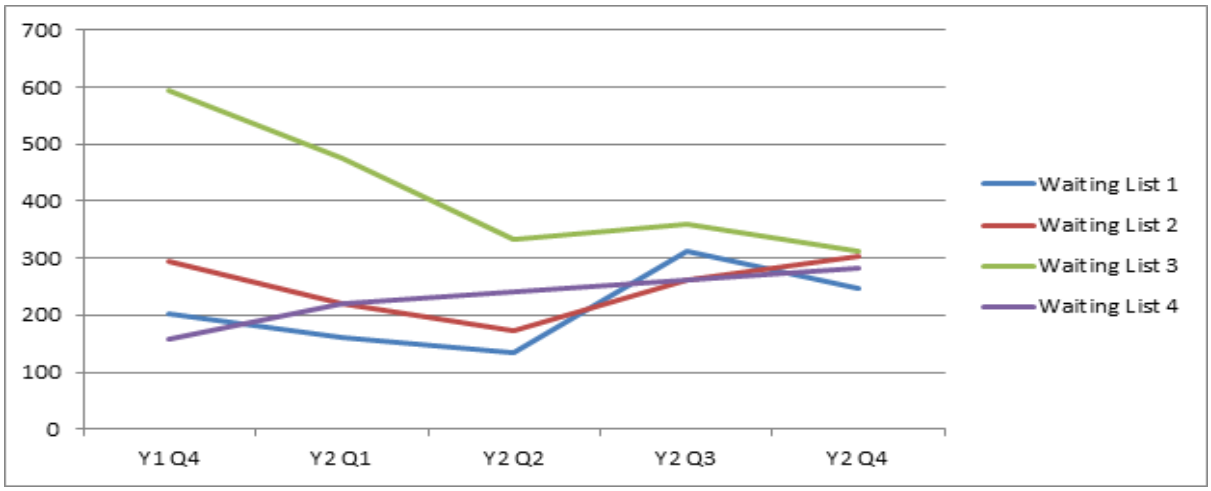

Table 11
Key to Table 11

	List 1	Children waiting to be seen for their first assessment who have not previously been known to the service (KPI 9).
	List 2	Those children and young people who have had an initial intervention and are awaiting further detailed assessment aligned to specific clinical pathway e.g. eating and drinking, cleft, hearing impairment, complex needs, Developmental Language Delay, AAC, Social Communication Disorder, dysfluency
	List 3	Appointments for those children who have completed a package of care and are returning for a further assessment and review.
	List 4	Those children waiting for a discrete block of therapy delivered by a Clinical Support Worker or a Speech and Language Therapist.

Appendix 6: Compliments, Complaints and Stakeholder Feedback

ECCH has received compliments, complaints and stakeholder feedback through formal compliments and complaints, contact with PALS and social media which relate to both of the ECCH SLT contracts.

The combined activity total across for two contracts, was 5976 new referrals and 6910 different children seen in Year 2, April 2017 to March 2018 there were 18 formal complaints and 72 compliments with positive statements being received relating to the service, expertise and support received from individual therapists.

Compliments and feedback are received and collated for the whole of the Speech and Language Therapy Service. Mechanism, such as Family and Friends Test are often received anonymously it is not possible to assign feedback to a specific locality or child.

A summary of the themes arising in the complaints and the actions taken are shown below in Table 8 It is not possible to separately identify the responses received for integrated contract and the GYWCCG contract and that some feedback comes in anonymously. **The responses are for the whole service and is to be considered as such.**

Theme	Number of time this theme arises	Actions taken
Delay in SALT therapy for child	9	• Revised guidelines for staff, informing parents following an initial assessment that their child will be placed on a waiting list rather than receive therapy immediately. • Improved guidance developed to support staff communicating information about potential waiting times.
Waiting times	3	• Revised process for providing drop-in information on our web site, ensuring drop ins are advertised at least one month before taking place
Drop-ins	2	• Referral process for children having already attended a drop-in amended. • Referral information on the website up dated to ensure the different methods of referral are clear Continual service monitoring of demand vs capacity for drop-in clinics, across the service
Communication	3	• Amended process for sending out letters and reports • Website information amended to ensure it is clear that when a child is discharged there

		may be an expectation that they will require further support and how to access this • Revised website information regarding sharing information with private therapists.
Staff attitude	1	• Performance management policy implemented
Clinical Recommendation	1	• Discussion with parent/carer regarding clinical rationale

Table 12

ECCH also received feedback from wide range of stakeholders; they proactively have sought feedback via

- an online survey to parents/carers, health professionals and education professionals;
- a series of listening events (Community as Teachers) held across the county and open to parents/carers, health professionals and education professionals;
- workshop at the Family Voice Norfolk Conference 10th March 2018;
- use of a modified Friends and Family Test

The key learning from the various sources was

- Families value and respect the services they receive; SLT staff are held in high regard;
- Waits for services in general are too long;
- There is low confidence in the design of the packages of care (in so much that they are resource constrained);
- The service advice line and is both highly valued (speed of access to therapist and useful input) and in equal measure believed to be a device to restrict access to services by adding in a further step to the process;
- Communication with settings is unpredictable – each operates differently and no one way will ensure that the right person in the setting receives the information that is being sent;
- There is not confidence in the EHCP process to deliver the right assessment and outcomes for children;
- The lack of a cohesive approach to creating good communication environments in schools fundamentally undermines the strive to implement a balanced system approach;
- SENCos and other staff from educational settings believe that changes to process are cynically designed to restrict access to services;
- The anxiety caused to parents when their child is discharged following a package of care;
- The “listening events” are the most productive way to identify how well things are working for stakeholders and develop shared understanding of the challenges and opportunities in the whole system.

Norfolk CC HOSC 12th July 2018

Family Voice Norfolk Update on Children's and Young People's Speech and Language Therapy Services from ECCH

Background

Family Voice Norfolk (FVN) represents the views of over 770 families with children and young people with special educational needs and/or disabilities across Norfolk, including the Great Yarmouth and Waveney area. FVN has been the strategic voice of parent carers working in partnership with NCC and the CCGs since 2006.

Consultation

Our initial report to HOSC on 7 September 2017 represented the views of more than 70 parents. Since then we have gathered the views and comments of parent carers at our annual Conference on 10 March 2018 and also from our monthly Membership Reports for the last six months (January to June 2018), which our Membership Secretary collates from existing members updating their information and new members telling us about their families for the first time.

FVN has been involved in the Task and Finish group for the SaLT Local Offer page. However, having been identified as a key stakeholder, FVN has not had any involvement with the Stakeholder Group, which was a recommendation from the previous HOSC meeting.

FVN also shared feedback with the independent consultancy Better Communications CIC in May 2018. Discussions at that meeting are not included in this report.

Key Messages

Key messages being raised about ECCH SaLT services are:

- Parents are increasingly concerned about the lack of SaLT resources and provision of services;
- Parents are still concerned that their child's needs are not being met;
- The level of or lack of services that children are receiving is causing worry, stress and anxiety for parents. Many feel that they have no support;
- Parents are still concerned that the current system of six sessions is not adequate to meet the needs of their children. They are not aware that there is an enhanced SaLT service that can be accessed, which is over and above their commissioned core offer of six sessions of therapy (this was agreed after the last HOSC review);

- Parents still want to have confidence that the professionals who deliver the service are compassionate and understanding;
- A number of parents are paying privately for SaLT services in Norfolk as they are unable to access the services that their child requires and do not have confidence that such a service will become available;
- Parents lack assurance that the service is fit for purpose.

There are instances where parents are pleased with SaLT services:

"SaLT is a weekly session";

"SaLT is amazing";

"Our child likes ECCH speech therapist, they visit once a month"

There have been some successes with the ECCH SaLT contract – the under-5s drop-in clinics around the county are reported as being effective for children under 5 with relatively minor speech-therapy needs, although these are most valuable when fewer families attending means that more time can be given to each child. Busier clinics have been reported as being less effective. Families with children with more complex or profound speech-therapy needs are being advised by ECCH not to attend the drop-in clinics but ask for a referral straight away for a full clinical assessment.

How to Improve

FVN request involvement in the SaLT Stakeholder Group.

A new system is needed so that after the initial 6 sessions, the child is not automatically discharged and then has to be referred again.

The SaLT services contract needs to be reviewed and re-designed so that it is fit for purpose.

ECCH were invited to present a workshop on their service at the Family Voice Conference 2018, which they did. These are extracts from Conference feedback reports from parent carers:

- Problems cannot be resolved in 6 sessions.
- 18 week waiting time for referrals – minimum. Then at least a year waiting on a list for therapy. No prioritising for severe cases.
- ECCH don't provide therapy. Having to pay for private SaLT, which is very expensive. ECCH don't have the resources and say their hands are tied.
- Shockingly bad.
- We have already been to mediation and were lied to over SaLT. We have had an annual review and not seen any paperwork/amendment notices yet. We intend to go to tribunal over SaLT/ECCH services, short breaks provision, sensory integration therapy, CAMHs services and transport to school.
- Our child has mild speech impediment. I telephoned ECCH for an assessment and they tried to do the assessment over the PHONE – not face to face. Our child did not recognise the voice on the end of the telephone and refused to speak. I did not know

what was wrong and ECCH then refused him a service – saying he did not meet their criteria. We have paid for private SaLT service for 20-minute sessions per week for over six months. Our child has a speech impediment which is correctable but does require therapy and exercises. Conclusion ECCH are not fit for purpose and NCC and CCGs are failing children in Norfolk by insisting they keep this contract going until 2020.

- We must pay privately for SaLT and Sensory integration therapy as this is not available to us otherwise.
- I found SaLT really bad, felt like the lady could not be bothered, also my child is coming up to his 4th panel which isn't helpful when trying to get help.
- Need more help with SaLT skills.
- Provision and process are ever-changing but rarely better than non-existent and shambolic!!!!!!
- There is an extreme lack of speech and language therapy in Norfolk. Not only no actual "Therapy" being provided to our children, but no support for our parents either – "just left in the dark."
- Referral timescales and actually getting therapy very different.
- Going into complex needs schools – when does this happen? Our child has achieved their last outcome, need next target. When will we get regular intervention? My child needs aren't being met.
- Workshop gave a very basic lesson on what communication is (pointless) only 10 minutes for Q & As. ECCH explained about service but did not complete presentation.

Issues and Concerns from monthly FVN Membership Reports January – June 2018.

- The whole system concerning SaLT is completely flawed.
- EHC plan – SaLT. We have a plan that states intense SaLT programme, SaLT have interpreted this as two assessments in a whole year.
- SaLT – my child has had an assessment, target set, on waiting list for a block of SaLT. So, we are paying privately now.
- Early bird didn't tell you how to deal with things. At Early Bird course someone said how good SaLT was but all we have had are cancelled and changed appointments. Our child is non-verbal.
- We moved here from Poland, it's hard to find things here, what services, help, therapies are here. SaLT is a weekly session.
- My child starts school soon and am worried our child won't cope because of lack of speech and separation anxiety.
- I put on a brave face – all other parents don't understand at school. Reception is lacking services – Speech and SRB unit. Applying for EHC plan.

- My child has delay in speech and language – working with professional on that.
- SaLT is amazing, Dietician amazing, physio service lacking.
- SaLT went into Nursery, but my child didn't interact. My child only understands two key words. Can't string words together. If sentences are said too quickly he can't follow.
- Our child likes ECCH speech therapist, they visit once a month and set up a program of therapy with LSA in school. High school have paid out for EKLAN training to up skill their LSAs who will work twice weekly with our child. My only concern is our child has learning disabilities and speech and language difficulties and we are not convinced 6 sessions will be enough. I don't want our child to have to be referred to service to wait all over again for an assessment and then waiting list for therapy. That would mean our child would only receive one set of therapy an academic year. The whole systems surrounding disabled children is so flawed and so stressfully for parents.

Norfolk Health Overview and Scrutiny Committee appointments

Report by Maureen Orr, Democratic Support and Scrutiny Team Manager

The Committee is asked to appoint Members to link roles with Great Yarmouth and Waveney CCG and James Paget University Hospitals NHS Foundation Trust.

1. Norfolk Health Overview and Scrutiny Committee (NHOSC) link roles

1.1 NHOSC nominates link members to attend CCG Governing Body and NHS provider trust Board meetings held in public in the same way as a member of the public might attend. Their role is to observe the meetings, keep abreast of developments in the organisation and alert NHOSC to any issues that may require the committee's attention.

1.2 The nominated member or a nominated substitute may attend in the capacity of NHOSC link member. It is not essential for NHOSC to nominate substitute CCG links but it may nominate substitutes if it wishes. The CCG meetings are open to the public and other members may therefore attend as members of the public if they wish.

2. Action

2.1 The committee is asked to make appointments to the following link roles:-

Great Yarmouth and Waveney CCG (meets every other month in Beccles; meetings start at 1.30pm; next scheduled meeting Thursday 19 July 2018, 1.30 – 5.00pm)

NHOSC link - ***VACANCY***
(Substitute – ***VACANCY***)

James Paget University Hospitals NHS Foundation Trust (meets every other month at the hospital; next scheduled Friday 27 July 2018, 9.30am)

NHOSC link - ***VACANCY***

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Norfolk Health Overview and Scrutiny Committee

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

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

Proposed Forward Work Programme 2018-19

Meeting dates	*Briefings/Main scrutiny topic/initial review of topics/follow-ups*	*Administrative business*
6 Sept 2018	Physical health checks for adults with learning disabilities – an update on progress since 22 Feb 2018 New model of care for Norwich – consultation by Norwich CCG	
18 Oct 2018		
6 Dec 2018	Continuing healthcare – update on progress since 22 February 2018	
17 Jan 2019		

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

Provisional dates for report to the Committee / items in the Briefing 2019

2018 – In the NHOSC Briefing - updates about progress of NHS dental services in Norfolk, including progress with provision for service personnel's families at RAF Marham, so that the committee can consider whether to put the subject on a future meeting agenda (as agreed by NHOSC 24 May 2018).

28 Feb 2019 – Ambulance response times and turnaround times – report on progress since May 2018 (when EEAST, NNUH and NNCCG attended). QEH to be invited to attend also.

Other activities

To be arranged - Follow-up visit to the Older People's Emergency Department (OPED), Norfolk and Norwich hospital

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

Clinical Commissioning Groups

North Norfolk	-	M Chenery of Horsbrugh (substitute Mr D Harrison)
South Norfolk	-	Dr N Legg (substitute Mr P Wilkinson)
Gt Yarmouth and Waveney	-	***Vacancy*** (substitute ***vacancy***)
West Norfolk	-	M Chenery of Horsbrugh (substitute Mrs S Young)
Norwich	-	Ms E Corlett (substitute Ms B Jones)

Norfolk and Waveney Joint Strategic Commissioning Committee

For meetings held in west Norfolk	-	M Chenery of Horsbrugh
For meetings held in east Norfolk	-	Dr N Legg

NHS Provider Trusts

Queen Elizabeth Hospital, King's Lynn NHS Foundation Trust	-	Mrs S Young (substitute M Chenery of Horsbrugh)
Norfolk and Suffolk NHS Foundation Trust (mental health trust)	-	M Chenery of Horsbrugh (substitute Ms B Jones)
Norfolk and Norwich University Hospitals NHS Foundation Trust	-	Dr N Legg (substitute Mr D Harrison)
James Paget University Hospitals NHS Foundation Trust	-	***Vacancy*** (substitute Mr M Smith-Clare)
Norfolk Community Health and Care NHS Trust	-	Mr G Middleton (substitute Mrs L Hempsall)

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Norfolk Health Overview and Scrutiny Committee 12 July 2018

Glossary of Terms and Abbreviations

AAC	Augmentative and Alternative Communication
AMU	Alongside midwifery unit
ASD	Autistic spectrum disorders
BFI	Baby Friendly Initiative – Unicef initiative supporting breastfeeding and parent infant relationships
CAMHS	Child and Adolescent Mental Health Services
CCG	Clinical Commissioning Group
CIC	Community Interest Company
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.
CSW	Clinical Support Worker
CYP	Children and young people
ECCH	East Coast Community Healthcare
EEAST	East Of England Ambulance Service NHS Trust
EHC	Education Health and Care
EHCP	Education Health and Care Plan
EKOS	East Kent Outcome System – an outcome measures system. A good outcome is considered to be when 70% or more of the target is achieved.
Elklan	A Speech And Language Therapy Training Provider, Established In 1999
FFT	Friends and Family Test
FMU	Fetal medicine unit
FTE	Full time equivalent
FVN	Family Voice Norfolk
GY&WCCG	Great Yarmouth and Waveney Clinical Commissioning Group
HoMs	Heads of Midwifery
HR	Human Resources
IT	Information Technology
HIE	Hypoxic Ischemic Encephalopathy
JPUH/JPH/JP	James Paget University Hospital
KPI	Key Performance Indicator
LA	Local Authority
LMS	Local Maternity System (NHS commissioners and providers of local maternity services)
LSA	Learning Support Assistant
MBRRACE	Mothers and Babies: Reducing Risks through Audits and Confidential Enquiries

MER	Monitoring, evaluation and reporting
NASMA	Norfolk Area SEND Multi Agency
NCC	Norfolk County Council
NCC Review	Neonatal Critical Care Review
NCHC	Norfolk Community Health and Care NHS Trust
NFWI	National Federation of Women's Institutes
NHOSC	Norfolk Health Overview and Scrutiny Committee
NICE	National Institute of Health and Care Excellence
NNCCG	North Norfolk Clinical Commissioning Group
NNUH (N&N, NNUHFT)	Norfolk and Norwich University Hospitals NHS Foundation Trust
NMC	Nursing and Midwifery Council
N&W STP	Norfolk and Waveney Sustainability & Transformation Plan
MSW	Maternity support worker
MVP	Maternity Voices Partnership
OD	Organisational development
O&G	Obstetrics and gynaecology
OU	Obstetrics unit
PALS	Patient Advisory Liaison Service
QEH	Queen Elizabeth Hospital, King's Lynn
SATOD	Smoking at time of delivery
SEN	Special Educational Needs
SENCo	Special Educational Needs Coordinator
SEND	Special Educational Needs and Disabilities
SENDIASS	Special Educational Needs and Disabilities Information, Advice and Support Service
SLCN	Speech, language and communication needs
SLT / SALT / S&LT	Speech and language therapy
SRB	Specialist Resource Base
STP	Sustainability transformation partnership
UEA	University of East Anglia
WTE	Whole time equivalent