

**NORFOLK HEALTH OVERVIEW AND SCRUTINY COMMITTEE**  
**Minutes of the meeting held in the Council Chamber, County Hall**  
**on 5 September 2019 at 10am**

**Members Present:**

Cllr Nigel Legg - Vice-Chairman (Chairing)	South Norfolk District Council
Cllr Penny Carpenter	Norfolk County Council
Cllr Michael Chenery of Horsbrugh	Norfolk County Council
Cllr Emma Flaxman-Taylor	Great Yarmouth Borough Council
Cllr David Harrison	Norfolk County Council
Cllr Brenda Jones	Norfolk County Council
Cllr Chris Jones	Norfolk County Council
Cllr Alexandra Kemp	Borough Council of King's Lynn and West Norfolk
Cllr Robert Kybird	Breckland District Council
Cllr Richard Price	Norfolk County Council
Cllr Sue Prutton	Broadland District Council
Cllr Jane Sarmezey	Norwich City Council
Cllr Emma Spagnola	North Norfolk District Council
Cllr Sheila Young	Norfolk County Council

**Also Present:**

Dr Caroline Barry	Palliative Care Consultant, Norfolk and Norwich University Hospitals NHS Foundation Trust
Cath Byford	Chief Nurse, the NHS Clinical Commissioning Groups for Norfolk and Waveney
Mark Burgis	Locality Director, Norwich, South Norfolk, North Norfolk, Norfolk and Waveney CCGs
Nick Cason	General Manager for Waveney and West Norfolk, East of England Ambulance Service NHS Trust
Craig Chalmers	Director of Community Social Work, Adult Social Services
Janice Dane	Assistant Director Early Help and Prevention, Adult Social Services
Tracey Dryhurst	Team Lead Psychological & Spiritual Services, The Priscilla Bacon Centre for Specialist Palliative Care, Norfolk Community Health and Care NHS Trust
Niki Ellis	Service Lead, West Palliative
Pam Fenner	Clinical Advisor Palliative and End of Life Care, Chair of Norfolk and Waveney Palliative Care Collaborative, Norwich CCG
Prof. Nancy Fontaine	Chief Nurse, Norfolk and Norwich University Hospitals NHS Foundation Trust
Cllr Wendy Fredericks	Substitute Member for North Norfolk District Council
Tracey Greatrex	Acting Head for Palliative Care, Norfolk Community Health and Care NHS Trust
Parveen Mercer	Associate Director of Primary Care (Contracting & Performance), Great Yarmouth and Waveney CCG
Grainne Murray	Palliative Care Social Worker, Norfolk and Norwich University Hospital NHS Foundation Trust
Julie Noble	Palliative Care Nurse, Norfolk and Norwich University Hospitals NHS Foundation Trust
Cursty Pepper	Urgent & Emergency Care Director, Norfolk and Norwich University Hospitals NHS Foundation Trust

Gita Prasad	Assistant Director of Strategic Commissioning, NHS Norwich Clinical Commissioning Group
David Russell	Cromer Town Council
Jane Shuttler	Volunteer representing Dying Matters and the carers' voice
Alex Stewart	Healthwatch Norfolk
Patrick Thompson	Member of the public
Nickie Watts	Contracts Officer, STP
Angela Wilson	Deputy Director of Operations and Waveney Primary Care Network
Maureen Orr	Democratic Support and Scrutiny Team Manager
Chris Walton	Head of Democratic Services
Hollie Adams	Committee Officer

## **1 Apologies for Absence**

- 1.1 Apologies were received from Cllr Fabian Eagle

## **2. Minutes**

- 2.1 The minutes of the previous meeting held on 25 July 2019 were agreed as an accurate record and signed by the Chairman

## **3. Declarations of Interest**

- 3.1 The following interests were declared:
- Cllr David Harrison declared a non-pecuniary interest as his daughter was a lecturer in and worked as a paramedic
  - Cllr Emma Spagnola declared a non-pecuniary interest as her husband worked with autistic adults
  - Cllr Penny Carpenter declared a non-pecuniary interest related to item 6 as she was known to the chair of East Coast Hospice. She also declared a non-pecuniary interest as a former appointee on the STP, James Paget Hospital Trust and Health and Wellbeing Board, from which she had recently stood down
  - Cllr Emma Flaxman-Taylor declared a non-pecuniary interest as she knew the Chair of East Coast Hospice and was a Governor at James Paget Hospital Trust
  - Cllr Jane Sarmezey declared a non-pecuniary interest as she worked for Norfolk County Council with children with disabilities

## **4. Urgent Business**

- 4.1 There were no items of urgent business.

## **5. Chairman's Announcements**

- 5.1 The Chairman had no announcements

## **6. Access to palliative care and end of life care**

- 6.1 The Committee received the report examining the progress made by NHS commissioner and provider partners to improve palliative and end of life care services for adults in Norfolk.

6.2 Dr Thompson addressed the Committee:

- He noted that the STP (Sustainability and Transformation Partnership) had begun to set up an end of life care strategy and a plan of delivery for the coming years built on the national six ambitions for end of life and palliative care; however, he was concerned about provision in the Great Yarmouth and Waveney area.
- He noted the plans to provide 24 new beds at the planned hospice opposite the Norfolk and Norwich Hospital.
- Dr Thompson also felt that there had not been effective communication across organisations in Great Yarmouth and Waveney. He asked for an update on what had been discussed between East Coast Healthcare and the Clinical Commissioning Group (CCG), measures being monitored, and reassurance that the timescales in place were practical. He also asked for clarification on some wording within the report about the availability of night-sits within the Hospice at Home service.
- The Chairman thanked Dr Thompson for speaking and noted that his points could be raised during discussion by the Committee.

6.3 The following points were discussed and noted:

- A Member queried progress since the Queen Elizabeth Hospital CQC (Care Quality Commission) report published on the 24 July 2019, which showed care had deteriorated, there was no stable leadership team and palliative care was not seen as a priority; Officers reported that the hospital had been invited to be involved with development of the strategy; a mapping exercise had taken place in West Norfolk to identify gaps in provision and an action would be developed involving the Queen Elizabeth Hospital and other partners
- Bed capacity and qualified staffing at The Norfolk Hospice, Tapping House had increased; they would support the Queen Elizabeth Hospital by attending ward rounds and offering guidance on how best to provide care to patients approaching end of life.
- The Chief Nurse, NHS Clinical Commissioning Groups for Norfolk and Waveney, reported that Officers attended monthly oversight and assurance groups to support scrutiny of the improvement programme
- A new Director of Nursing role had been introduced which would include looking at how concerns in West Norfolk around end of life and palliative care could be addressed across the system
- The Chief Nurse, NHS Clinical Commissioning Groups for Norfolk and Waveney, reported that since the Committee last discussed this topic, Hospice at Home was now available across all of Norfolk. An equivalent service was available in Yarmouth and Waveney due to the contracting arrangements
- The Palliative Care Consultant, Norfolk and Norwich NHS Foundation Trust, reported on the processes being put in place to support people to die at home where this was their choice and to protect paramedics when making decisions to allow this to happen. This process was already in place in Cambridge, and the approach was supported by the Royal Colleges with national recognition
- It was clarified that a speciality middle grade doctor already in post at Queen Elizabeth Hospital would progress to consultant level over the next 2 years
- A Member asked about speed of certification of death if someone died at home; the Clinical Advisor Palliative and End of Life Care, Chair of Norfolk and Waveney Palliative Care Collaborative, Norwich CCG, reported that a number of community nurses across Norfolk and Waveney were now trained to verify deaths, which allowed certain practical steps to happen. A doctor was required to certify death.
- The Team Lead Psychological & Spiritual Services, The Priscilla Bacon Centre for Specialist Palliative Care, Norfolk Community Health & Care NHS Trust, reported that psychological bereavement support would begin in September 2019; voluntary

and statutory services would map gaps in service provision and ways to meet them. There had been positive representation from the Norfolk and Suffolk Foundation Trust in this piece of work and in strategy development over the past year.

- A Member asked for clarification around provision of syringe pumps; the Acting Head for Palliative Care, Norfolk Community Health and Care NHS Trust, clarified that these could be re-ordered quickly, and supply was updated regularly. The hospice at home team had these in their stock
- A Member asked about GP involvement in strategy development; the Clinical Advisor, Palliative and End of Life Care, Chair of Norfolk & Waveney Palliative Care Collaborative, Norwich CCG, reported that three GPs were involved in strategy development and McMillan GPs were being recruited. The strategy would be translated into outcomes for primary care networks
- The Chairman asked about work to improve discharge for end of life patients; the Palliative Care Nurse, Norfolk and Norwich NHS Foundation Trust, reported that getting care packages for patients in a timely manner could be a struggle. Since the Committee last considered this topic there was now a dedicated team to assess the needs of patients in a timely manner; all patients facing end of life were asked their preferred place to be at the end of their life
- The Palliative Care Social Worker, Norfolk and Norwich University Hospital NHS Foundation Trust, reported on the difficulties she had experienced finding care that patients wanted due to the unavailability of space at care homes and home care services. She felt that the availability of care for patients at home was not enough at that time
- The Palliative Care Social Worker noted that providing palliative care at home and care at home by different agencies was not as efficient as it could be if provided by the same agency or carers
- The Chief Nurse, NHS Clinical Commissioning Groups for Norfolk and Waveney acknowledged the challenge across Norfolk and Waveney in residential, nursing home and care staff capacity which needed addressing through health and social care; a new post was being developed to look at care provider quality and resilience to help prevent care homes closing
- The Palliative Care Social Worker, Norfolk and Norwich University Hospital NHS Foundation Trust, felt that the care system was not ready for patients with more complex needs; the Chief Nurse, NHS Clinical Commissioning Groups for Norfolk and Waveney, **agreed** to meet with the Palliative Care Social Worker regarding the issues she had raised.
- Fast track mechanisms were in place to support patients to be discharged, funded by the NHS; Officers recognised that this could be improved, and that care agencies could work better together across residential care and home-based palliative and end of life care
- A Member asked about the issues raised previously by Committee regarding mismatch of services between social care and the NHS; the Director of Community Social Work, Adult Social Care, reported that joint posts were being created to ensure joint assessments were carried out and to look at how the the NHS, care homes and residential care could be helped with complexities in the system.
- The Clinical Advisor Palliative and End of Life Care, Chair of Norfolk and Waveney Palliative Care Collaborative, Norwich CCG, confirmed there was a lack of care home beds and staff across the County; the education and employment working group was looking at how work with volunteers could be developed to support carers, and map and address gaps in provision
- A Member noted the lack of choice for those at end of life in the Yarmouth area; The Chief Nurse, NHS Clinical Commissioning Groups for Norfolk and Waveney, reported that Norfolk and Suffolk County Council had both ringfenced money, with EU match funding, for care workforce development opportunities

- 6.4 The Committee:
- (a) **ASKED** Norfolk & Waveney STP Palliative and End of Life Care Collaborative Group partners to return to NHOSC with a progress update in 6 months' time (i.e. at 19 March 2020 meeting).
  - (b) **AGREED** that the Queen Elizabeth Hospital should be approached to arrange an NHOSC Member visit to better understand the action underway to improve end of life care

## 7. Physical health checks for adults with learning disabilities

- 7.1.1 The committee received the report giving detail on progress on work to improve the take-up of physical health checks for adults with learning disabilities in Norfolk and the quality of health checks received.
- 7.1.2 The Associate Director of Primary Care (Contracting & Performance), Great Yarmouth and Waveney CCG (Clinical Commissioning Group), introduced the report
- Officers were confident that the figures presented in the paper were correct as data cleansing work had been carried out with GPs
  - Work was being carried out with Local Authority partners to match Local Authority and GP learning disability registers through looking at anonymised data; permission would be sought to use identifiable data to further refine the data.
  - The target to achieve health checks for 55% of people with a learning disability had been achieved across the 5 CCGs; a new target of 75% had been set and the Associate Director of Primary Care (Contracting & Performance), Great Yarmouth and Waveney CCG, was confident that the CCGs were on target to meet this for the end of the year 2019-20
  - For practices struggling to achieve the target of health checks, their primary care network would be responsible for supporting them with providing health checks
  - The Associate Director of Primary Care (Contracting & Performance), Great Yarmouth and Waveney CCG, noted the disparity in quality of health checks. Work was being done to address this including looking at feedback from patients
- 7.2 The Chief Executive of Healthwatch Norfolk spoke to the Committee:
- Healthwatch Norfolk had worked in collaboration with the CCG. They had sought funding from various sources for initiatives to support the work, however, as Healthwatch was a statutory organisation certain funding streams were not available to them, and they had not been successful in securing additional funding for this project. Their support had therefore been rescoped to be cost neutral. One small funding bid had been achieved, which had enabled work with Opening Doors
  - Healthwatch were gathering feedback on the health checks and literature, and were involved in training staff and volunteers in care homes across Norfolk
  - Fundamental concerns and complaints had been received about the quality of some annual health checks, which had been quickly investigated by the CCG
  - The key points of focus identified by Healthwatch were: quality of checks; making reasonable adjustments; GPs and CCGs adhering to the accessible information standard and; ensuring people were effectively engaged with, especially around the 5-year plan
- 7.3 The following points were discussed and noted
- the difference in performance across surgeries was noted; the Associate Director of Primary Care (Contracting & Performance), Great Yarmouth and Waveney CCG, reported that low performing surgeries were being worked with to improve performance. Work would be done with primary care networks around the

performance of surgeries in their networks in the future

- Better performing practices were being asked to share best practice
- A Member asked for information on how people with learning disabilities, their families and carers had been involved in producing the new literature about health checks; the Associate Director of Primary Care (Contracting & Performance), Great Yarmouth and Waveney CCG replied that the learning disability literature packs had been produced within the Essex and Suffolk area in conjunction with people with learning disabilities, their families and carers. Opening Doors and people with learning disabilities in Norfolk had looked at the literature to make some small changes before it was sent out to practices electronically; it would be piloted for 12 months.
- The disparity in data on surgeries' Learning Disability Registers across quarters was queried; the Associate Director of Primary Care (Contracting & Performance), Great Yarmouth and Waveney CCG, clarified that a drop would be seen in some areas due to the data cleansing exercise. Overall, the public health and Local Authority data matched closely and once permission to use identifiable data was received, accuracy could be increased further; A Member suggested that a yearly total of people registered would be useful on future reports
- The Associate Director of Primary Care (Contracting & Performance), Great Yarmouth and Waveney CCG, clarified that the list of physical checks included in the learning disabilities health check was a national specification and was a guide; the practice should ask the questions appropriate to each patient, based on their medical background and needs
- The Chief Nurse, NHS Clinical Commissioning Groups for Norfolk and Waveney, gave information on the national "learning from deaths programme" which aimed to review reasons for deaths of people with learning disabilities and translate this into better ways of working
- Providers and commissioners would be reviewed differently by NHS England, with considerable requirements around the care of people with learning disabilities and autism; it was believed that there was national under-reporting of people with learning disabilities so there was likely to be emphasis on ensuring the learning disability register was correct
- The STOMP (stopping over medication of people with a learning disability, autism or both) programme would be carried out in Norfolk, with proper regard for individuals' needs.
- The Chief Nurse, NHS Clinical Commissioning Groups for Norfolk and Waveney, confirmed that if the CCGs merged, data would be presented across the whole five CCG area, however, could be presented at lower levels also, for example practice, individual locality , Norfolk or Waveney level
- In response to questions, the Associate Director of Primary Care (Contracting & Performance), Great Yarmouth and Waveney CCG, confirmed there were some concerns with performance and engagement in West Norfolk; Officers had attended practice managers' meetings and looking at what further could be done in this area
- it was clarified that the CCG could not legally withhold payments from GP practices until they fully complied with data recording and the spacing of learning disability annual health checks equitably across the full financial year.

7.4 The Committee **REQUESTED** progress updates to be provided via the NHOSC Briefing, including total numbers of patients registered and health checks delivered at each GP practice.

7.5 The Committee had a break from 11:50 until 12:00

## 8. Ambulance response and turnaround times in Norfolk

- 8.1.1 The Committee received the report examining action to improve ambulance response and turnaround times since February 2019 and preparations for winter 2019-20
- 8.1.2 The Locality Director, Norwich, South Norfolk, North Norfolk, Norfolk and Waveney CCGs (Clinical Commissioning Groups), introduced the report and highlighted that ambulance delays were reducing this year despite rising demand.
- 8.1.3 The Assistant Director Early Help and Prevention, Adult Social Services, spoke about the Swifts service
- this was a preventative, 24/7 service provided by Norfolk County Council; it was made up of four teams of two people based across all of Norfolk.
  - Approximately 35% of calls were to people who had fallen, and it was estimated that 6000 calls to the emergency services had been prevented
- 8.2 David Russell from Cromer Council spoke to the Committee
- Mr Russell asked questions about the support for staff in control rooms helping callers with mental health issues, and the access to mental health practitioners when calling the emergency services
  - He queried the booklet for Community First Responders “understanding mental health conditions”, which he as a First Responder, had not yet seen
  - The Chairman clarified that speakers at the Norfolk Health Overview and Scrutiny Committee were expected to make statements rather than ask questions, however, he noted that these issues would likely be covered in the Committee’s discussion
- 8.3 The following points were discussed and noted
- A Member noted that the performance overview table showed ambulance delays at Norfolk’s hospitals had worsened in recent months and did not meet national standards. The General Manager for Waveney and West Norfolk, East of England Ambulance Service NHS Trust, clarified that measures were RAG (red, amber, green) rated against a trajectory for improvement towards achieving the standards set by the national Ambulance Response Programme. The trajectory was based on work with commissioners and the independent service review to identify achievable measures. He acknowledged that a decrease had been seen over the previous 4 months however an improving trend had been seen over the previous 12-15 months, with the greatest improvement in targets related to cardiac, stroke and sepsis patients.
  - It was acknowledged that access through mental health pathways required improvement; improvements had been seen with NSFT (Norfolk and Suffolk Foundation Trust) pathways and crisis resolution home treatment teams would soon be available for patients out of hours.
  - The General Manager for Waveney and West Norfolk, East of England Ambulance Service NHS Trust, reported that mental health professionals co-located in the police control room had been effective and therefore consideration was being given to developing appropriate, similar support in the ambulance control room. Potentially this could be done through access to the mental health professionals in the police control room.
  - The General Manager for Waveney and West Norfolk, East of England Ambulance Service NHS Trust, confirmed there were some difficulties with the Queen Elizabeth Hospital related to handover arrangements. Meetings were being held with the new team at the QEH related to this, and with West Norfolk CCG to look at lessons learned from the Norfolk and Norwich University hospital to develop practice at the QEH in preparation for the busy winter period

- The General Manager for Waveney and West Norfolk, East of England Ambulance Service NHS Trust, confirmed that queues at A&E required additional staffing resource to mitigate the backlog but that there were no penalties incurred
- The HALO service was now commissioned 24hrs a day in central Norfolk and facilitated a smoother handover of patients; they were not commissioned at the Queen Elizabeth Hospital due to the lower volume of patients coming through A&E, but they were on duty there on an ad-hoc basis.
- Many pathways were now in place at the Norfolk and Norwich University Hospital to divert patients away from the main A&E such as the Older People's Emergency Department, but such pathways were not yet in place at the Queen Elizabeth Hospital
- A new ambulance fleet had been purchased and staff were being trained on use of the new equipment; this would ensure fleet provision was not a concern over winter
- A Member asked about the possibility of expanding Swifts to support reducing hospital admissions. There were no plans at that time to increase provision; funding was not available. Swifts aimed to reduce hospital admissions as well as expedite discharges. An improved telephone recording service had been purchased to accurately identify how many calls were missed
- A Member referred to a member of the public in their constituency with suspected stroke who had been advised to drive to hospital by the control room; the General Manager for Waveney and West Norfolk, East of England Ambulance Service NHS Trust, clarified that this was not the response he would expect for a patient with suspected stroke; this patient would be prioritised second after those with cardiac arrest for an ambulance. Staff should only suggest alternative methods of transport to hospital for people further down the priority list if an ambulance was not available
- A Member asked if the causes of falls was analysed; the Assistant Director Early Help and Prevention, Adult Social Services, confirmed that upon visit by Swifts, the causes of falls were analysed, and advice given on how to avoid future incidents, including follow up calls
- Career structure in the service was queried; the General Manager for Waveney and West Norfolk, East of England Ambulance Service NHS Trust, replied that retention had been looked at by developing the career path for staff; senior roles had been developed such as senior paramedics with mentor responsibility, director of control room, management roles and roles working alongside the CCG and acute hospitals.
- The General Manager for Waveney and West Norfolk, East of England Ambulance Service NHS Trust, confirmed that a lot of time could be spent on scene with patients, if A&E was not appropriate, looking at a better alternative for them; the NEAT (Norfolk Escalation Avoidance Team) trial involved a social worker in the control room to support patients with complex care needs not needing A&E to identify how best to meet their needs
- The Chairman asked what hospitals were doing to speed up handover; the Urgent & Emergency Care Director, Norfolk and Norwich University Hospitals NHS Foundation Trust, replied that the rapid access service had a team to conduct initial assessments of patients and send them to the right area of A&E with a 15-minute handover target. After 15 minutes, there was a target to assess the patient again, and move them to the appropriate area of the hospital, or elsewhere with the support of community therapy
- There were still issues with flow out of A&E however the hospital worked towards the 4-hour standard, reaching 80.2% of patients processed in 4 hours in August 2019. The Locality Director, Norwich, South Norfolk, North Norfolk, Norfolk and Waveney CCGs confirmed that the whole health and social care system had a role in working towards the 4-hour standard.
- the number of patients who spent 6 hours in A&E was also monitored and was reducing monthly

- Delay in moving patients on from A&E could be caused by waiting for tests to be carried out, waiting for test results or for consultants to be available, engaging with providers and wider health professionals or waiting for a bed. The A&E department had rapid access to diagnostic tests and tried not to over-investigate patients within the department.

#### 8.4 The Committee:

- REQUESTED** Information on waiting times at the N&N A&E to be provided, including numbers of patients waiting up to 6 hours.
- ASKED** the East of England Ambulance Service NHS Trust (EEAST), Norfolk and Norwich University Hospitals NHS Foundation Trust (NNUH), Norfolk & Waveney CCGs and Adult Social Care representatives to return to NHOSC with a progress update in a year's time.
- AGREED** that a date in 2020 will be arranged for NHOSC Members' follow-up visit the NNUH Older People's Emergency Department. (The original visit was in January 2018).

### 9. Forward work programme

9.1 The Committee reviewed the forward work programme

9.2 Members were asked to inform the Democratic Support and Scrutiny Team Manager if they wished to attend the visit to Samphire Ward in Kings Lynn on Friday 13 September 2019

9.3 The Committee **AGREED** the following:

- Additions to the NHOSC agenda:
  - **19 March 2020** – 'Access to palliative and end of life care' – progress update
  - **September 2020** – 'Ambulance response and turnaround times' – progress update
- Information to be included the NHOSC Briefing
  - Progress updates on 'Physical health checks for adults with learning disabilities' to be provided via the NHOSC Briefing (dates to be arranged)
  - Information regarding the Milestone service for women with mental health issues and the situation with regard to out of area placements.
- Visits would be arranged
  - The Queen Elizabeth Hospital, King's Lynn
  - Norfolk and Norwich Hospital – Older People's Emergency Department
- Appointments
  - Cllr Brenda Jones as link member with Norwich Clinical Commissioning Group
  - Cllr David Harrison as link member with Norfolk and Suffolk NHS Foundation Trust

The meeting ended at 12:57

**Chairman**