Norfolk County Council

NORFOLK HEALTH OVERVIEW AND SCRUTINY COMMITTEE
MINUTES OF THE MEETING HELD AT COUNTY HALL, NORWICH
on 22 February 2018

Present:

Michael Chenery of Horsbrugh (Chairman)	Norfolk County Council
Mrs J Brociek-Coulton	Norwich City Council
Ms E Corlett	Norfolk County Council
Mrs S Fraser	King's Lynn and West Norfolk Borough Council
Mr D Harrison	Norfolk County Council
Mrs B Jones	Norfolk County Council
Mr G Middleton (substitute for Mr F Eage)	Norfolk County Council
Mr R Price	Norfolk County Council
Mrs S Young	Norfolk County Council

Also Present:

Parveen Mercer	Associate Director of Primary Care (Contracting & Performance), Great Yarmouth & Waveney CCG (lead CCG for primary care)
Alison Leather	Director of Quality Assurance, South Norfolk Clinical Commissioning Group (lead CCG for mental health)
Jill Shattock	Director of Integrated Continuing Care, Norfolk Continuing Care Partnership, Norwich CCG
Rachael Peacock	Head of Adult Continuing Care, Norfolk Continuing Care Partnership, Norwich CCG
Steve Ham	Head of Continuing Care Business Support Services, Norfolk Continuing Care Partnership, Norwich CCG
Jeanette Patterson	Continuing Healthcare Lead, Norfolk County Council
Caroline Fairless-Price	Member of the public & service user
Maureen Orr	Democratic Support and Scrutiny Team Manager
Chris Walton	Head of Democratic Services
Tim Shaw	Committee Officer

1. Apologies for Absence

1.1 Apologies for absence were received from Mr F Eagle, Norfolk County Council, Mrs M Fairhead, Great Yarmouth Borough Council, Mr A Grant, Norfolk County Council, Mrs L Hempsall, Broadland District Council, Dr N Legg, South Norfolk District Council and Mr P Wilkinson, Breckland District Council

1.2 The Committee was informed that the vacancies for main member and substitute member from North Norfolk District Council remained to be filled.

2. Minutes

The minutes of the previous meeting held on 11 January 2018 were confirmed by the Committee and signed by the Chairman.

3. Declarations of Interest

There were no declarations of interest.

4. Urgent Business

There were no items of urgent business.

5. Chairman's Announcements

There were no Chairman announcements.

6 Physical health checks for adults with learning disabilities

6.1 The Committee received a suggested approach by Maureen Orr, Democratic Support and Scrutiny Team Manager, to a report on the take-up of physical health checks for adults with learning disabilities in Norfolk.

6.2 The Committee received evidence from Parveen Mercer, Associate Director of Primary Care (Contracting & Performance), Great Yarmouth & Waveney CCG (lead CCG for primary care) and Alison Leather, Director of Quality Assurance, South Norfolk Clinical Commissioning Group (lead CCG for mental health).

6.3 It was pointed out that South Norfolk CCG was the lead CCG for the Norfolk and Waveney Sustainability Transformation Plan (STP) for learning disabilities. Great Yarmouth and Waveney CCG was the lead for primary care.

6.4 The following key points were noted:

- GP practices were encouraged to identify all patients aged 14 who had moderate, severe or profound learning disabilities, or a mild learning disability with other complex health needs. They were asked to maintain a learning disabilities register and to offer individuals an Annual Health Check.
- The Annual Health Checks for patients with learning disabilities were commissioned by local Clinical Commissioning Groups (CCGs). They were distinct from the NHS Health checks for adults aged 40 – 74 years of age that were commissioned by Public Health and Norfolk County Council.
- Annual health checks were only offered to people with disabilities whose GP had registered them as having a learning disability or associated condition. The speakers accepted that the number of people with a learning disability on GP registers was much smaller than the likely true number of people with a

learning disability, although GP registers should include those with the highest need.

- The uptake of Annual Health Checks was monitored by NHS England who had a national target of 50% of those on a GP's learning disabilities register who were offered a health check as having received one. The speakers said that the national target was also that of the CCGs but that both the CCGs and NHS England were aiming to stretch the target to 65%.
- Although the report showed that in 2016/17 there was a marked increase in the number of people with learning disabilities who had received a health check, and that all the CCGs had achieved above the 50% target (with South Norfolk and Great Yarmouth and Waveney close to the stretched target) clear disparities between different areas of Norfolk in terms of patient uptake suggested that much more needed to be done to help people with learning disabilities to receive health checks and thereby reduce the inequalities they faced.
- Members were of the view that the local target should be 100% and that if the CCGs were to aim for anything less than this figure they would doing a disservice to those who needed the health checks.
- Members asked to be provided with additional information about the take-up rate of learning disabilities annual health checks across Norfolk in 2014-15, 2015-16 and 2016-17. Members asked for this information to show the geographic spread of annual health checks by CCG area and by GP Practice. They also requested evidence to show that the CCGs monitored the uptake of mandatory capacity and consent training and awareness training by provider staff.
- The speakers said that in order to increase confidence in the records of those who were eligible for annual checks the CCGs were taking steps to resolve data quality issues, to ensure patient summary care records were updated and visible to all health care professionals and to provide for a two way flow of information from primary and social care.
- It was important for GPs and other trained health professionals to be involved in the actual screening in terms of quality assurance because this was more likely to lead to appropriate referrals and ultimately health gains.
- The speakers said that while there was an additional administrative and training burden involved in GPs and other health professionals providing annual health checks, and this could be a particular concern for GP practices with a comparatively small number of eligible patients, the financial rewards for GPs practices that provided these checks were significant. GP practices were encouraged to undertake a steady stream of annual health checks throughout the year and to not view them as an additional income stream near the end of a financial year.
- One reason for the poorer health of people with learning disabilities was that they often had difficulty in recognising illness, communicating their needs and making timely use of primary health care services. They were also less likely to proactively seek help to address known health concerns.
- There was a lack of awareness/understanding among people with learning disabilities and their carers about annual health checks. The attitudes and perceptions of carers about health checks were as important as those of the patients themselves. Targeted communications campaigns, designed for people with learning disabilities and carers were therefore needed to increase that awareness.
- Communication guides and information for health professionals about learning difficulties were available from MENCAP and other voluntary organisations.

- Members asked for evidence to show how the CCGs had received and taken on board the views of people with learning difficulties in the Transforming Care work.
- Members recognised that Annual Health Check could lead to the detection of potentially treatable conditions and targeted actions to deal with them.
- In reply, the speakers said that before being asked to undertake their first annual health check patients might have already had their health needs assessed and be in receipt of education health care plans. The CCGs worked closely with schools and social care to identify those in need of support.
- The speakers said that they checked to ensure that after undertaking annual health checks patients were provided with care support plans that were suitable to their specific needs.

6.5 The Committee **agreed** to request:

- Evidence to show how the CCGs received the views of people with learning disabilities and took these views into account in the Transforming Care work.
- A quarterly breakdown of numbers of patients who received a learning disabilities health check in 2014-15, 2015-16 & 2016-17 in:-
    - Each of the 5 CCG areas
    - Each GP practice.
- Evidence of the CCGs' monitoring of the uptake of mandatory capacity and consent training and awareness training by provider staff.

6.6 The Committee **agreed to recommend** to the CCGs that the local target for percentage of patients on the GP Learning Disability register who receive a health check should be 100% of those eligible.

6.7 The Committee **agreed** to:

- Write to NHS England (with a copy to the Secretary of State for Health) to:-
    - seek an explanation of the rationale for setting the national target of patients on the GP Learning Disability register who receive a health check at just 50%
    - Express the opinion that the national target should be 100%.

- Ask the CCG representatives to update NHOSC in 6 months' time (i.e. at 6 Sept 2018 meeting) on progress with the 'next steps' referred to in the report (i.e. data cleansing; audit of practices on Learning Disability register completion; increasing LD health check take up; ensuring practices apply the Accessible Information Standard when communicating with LD patients, etc.)

6.8 The opportunity was offered for a Member to visit the Learning Disabilities Transforming Care Board. (Offered to Cllr J Brociek-Coulton during response to a question).

7 Continuing Healthcare

7.1 The Committee received a suggested approach by Maureen Orr, Democratic Support and Scrutiny Team Manager, to an update report from Norwich, North Norfolk, South Norfolk and West Norfolk Clinical Commissioning Groups (the CCGs) on the action they had taken over the past year in response to the Committee's 2017 recommendations on the delivery of NHS Continuing Healthcare (CHC) to patients who were assessed as eligible for NHS CHC under the National Framework for NHS Continuing Health Care (Department of Health).

7.2 The Committee received evidence from Jill Shattock, Director of Integrated Continuing Care, Norfolk Continuing Care Partnership, Norwich CCG, Rachael Peacock, Head of Adult Continuing Care, Norfolk Continuing Care Partnership, Norwich CCG, Steve Ham, Head of Continuing Care Business Support Services, Norfolk Continuing Care Partnership, Norwich CCG and Jeanette Patterson, Continuing Healthcare Lead, Norfolk County Council. The Committee also heard from Caroline Fairless-Price, a member of the public and service user.

7.3 The following key points were noted:

- Continuing healthcare (CHC) policies in Norfolk remained in line with the national framework, practice guidance and directions.
- On 1st November 2017 the CCGs had set up the Norfolk Continuing Care Partnership (NCCP) which had a Strategic Board with Director level membership from all 5 CCGs and Norfolk County Council. The change to NCCP and how it functioned was published on each CCGs website.
- The Board Members were committed to working together and to the implementation of NHOSC's Feb 2017 recommendations which had not yet progressed as far as might be expected.
- The NCCP was taking early action to reduce waiting times between referral and assessment which remained longer than targeted.
- The NCCP intended to implement a new model of working that ensured patients received a package of care that was reviewed regularly by staff familiar with their case, to ensure the care delivered met the patients' assessed clinical needs.
- The NCCP was developing clear programmes of work and ongoing recruitment was taking place.
- The transition to the NCCP had not resulted in staff redundancies.
- Norfolk Continuing Care Partnership and Norfolk County Council were recruiting additional staff to ensure there was sufficient capacity to undertake assessments within the required timescales and to fortify key areas of the service.
- When the recruitment drive was complete there would be 92 members of staff (excluding Great Yarmouth) providing support for CHC in Norfolk. This represented an increase of an additional 17 posts. One of these posts would provide a co-ordinating role with the Complex Cases Review Board.
- The revised staffing figure would include an additional 6 qualified social worker posts. Each social workers would have no more than the benchmarked standard of 50 patients.
- As a result of the change to a NCCP, and the increased staffing, the robustness and consistency of CHC decision making could be expected to improve.
- The partnership model provided a foundation for future integrated working between the NHS and the County Council.
- In response to anecdotal concerns in relation to the service user experience of the CHC process and the time taken to receive a decision, the NCCP intended to explore with Healthwatch Norfolk new mechanisms to seek patients /relatives' feedback with regard to how well they understood CHC processes, and how well they were explained.
- Members considered that the nationally produced easy read version of the CHC guidance (at 17 pages long) was not up to the task and that the NCCP should look at producing its own local version.

7.4 Caroline Fairless-Price, a member of the public and service user, asked if the NCCP would allow the review process to be led by the standards set out in Harwood Care Charter which she said was a useful tool to draw out patient need and explain to patients what could be achieved. She suggested that real time feedback from Continuing Healthcare service users was essential if progress was to be made. It was important for the NCCP to have the information from patients that allowed it be seen to be developing safety net services for patients rather than just a revolving door emergency service.

7.5 In reply, the speakers said that while the Harwood Care Charter represented an important standard of service it was only one of many such standards to which the NCCP and the County Council aimed to operate.

7.6 The Committee **noted** that in the light of the comments made by the service user the Norfolk Continuing Care Partnership (NCCP) representatives undertook to consider ways of introducing real-time feedback from Continuing Healthcare service users.

7.7 The Committee also **noted** that NCCP was a newly formed partnership and that Healthwatch Norfolk had very recently been asked to work with it to improve communication with service users. The Committee **agreed** to ask the NCCP representatives to update Members on progress in 9 months-time.

7.8 The Committee **agreed** to ask the NCCP representatives to update Members on progress in 9 months-time.

8 Norfolk Health Overview and Scrutiny Committee appointment

8.1 The Committee was asked to fill a vacancy for a link member with Norfolk Community Health and Care NHS Trust.

8.2 The Committee **agreed** to appoint Cllr G Middleton as NHOSC link with Norfolk Community Health NHS Trust.

9 Forward work programme

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

9.2 The forward work programme was **agreed** as set out in the agenda papers with the addition of:

‘Ambulance performance and turnaround times’ on 24 May 2018

The report for the ‘Norfolk and Suffolk NHS Foundation Trust – mental health services in Norfolk’ on 5 April 2018 agenda to include information from the Royal College of Psychiatrists about funding of services.

Chairman

The meeting concluded at 1 pm

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