

**NORFOLK HEALTH OVERVIEW AND SCRUTINY COMMITTEE
MINUTES OF THE MEETING HELD AT COUNTY HALL, NORWICH
on 11 January 2018**

Present:

Michael Chenery of Horsbrugh (Chairman)	Norfolk County Council
Mrs J Brociek-Coulton	Norwich City Council
Ms E Corlett	Norfolk County Council
Mr F Eagle	Norfolk County Council
Mrs S Fraser	King's Lynn and West Norfolk Borough Council
Mr A Grant	Norfolk County Council
Mr D Harrison	Norfolk County Council
Mrs L Hempsall	Broadland District Council
Dr N Legg	South Norfolk District Council
Mr R Price	Norfolk County Council
Mr P Wilkinson	Breckland District Council
Mrs S Young	Norfolk County Council

Also Present:

Roberta Fuller	Deputy Chief Operating Officer, Norfolk and Norwich University Hospitals NHS Foundation Trust
Sam Cayford	Healthy Living Manager, South Norfolk Council
Melanie Craig	Chief Officer, Great Yarmouth and Waveney CCG
Tracy McLean	Head of Children, Young People and Maternity Services for Norfolk and Waveney, hosted by Great Yarmouth & Waveney CCG
Alan Hunter	Head of Service (Children), Norfolk Community Health and Care NHS Trust
Roisin Fallon-Williams	Norfolk Community Health and Care NHS Trust
Roy Reynolds	Member of North Norfolk District Council attending as an observer
Maureen Orr	Democratic Support and Scrutiny Team Manager
Chris Walton	Head of Democratic Services
Tim Shaw	Committee Officer

1. Apologies for Absence

Apologies for absence were received from Mrs M Fairhead, Great Yarmouth Borough Council and Mrs B Jones, Norfolk County Council.

The Committee was informed that a replacement Member and substitute for Mr Glyn Williams (who had resigned from North Norfolk District Council due to ill health) would be appointed to NHOSC when the District Council next met on 21st February 2018. In the meantime, Mr Roy Reynolds, a Member of North Norfolk District Council, was in attendance at today's NHOSC as an observer (sitting in the public seating area).

2. Minutes

The minutes of the previous meeting held on 14 December 2017 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

5.1 Visit to the new Older People's Emergency Department at the Norfolk and Norwich Hospital

The Chairman reminded Members that they were invited to see the new Older People's Emergency Department at the Norfolk and Norwich Hospital on Friday 26 January 2018 from 3.00 to 4.00pm. The visit would start with a presentation and opportunity to ask questions about the new service, followed by a tour of the department. Up to 10 Members could take part in the visit and so far 6 Members had booked a place. If any other Members wanted to take part then they were asked to contact Maureen Orr.

5.2 Visits to NSFT mental health facilities in central and west Norfolk

The Chairman reminded Members that the NSFT had offered dates in March 2018 for Members to visit its facilities in central and west Norfolk. Members who wanted to attend and had not already contacted Maureen Orr were asked to do so.

6 Delayed discharges / transfers of care – the District Direct pilot

6.1 The Committee received a suggested approach by Maureen Orr, Democratic Support and Scrutiny Team Manager, to a report on District Direct which was being piloted by five district councils (South Norfolk, North Norfolk, Breckland, Broadland and Norwich) and the Norfolk and Norwich Hospital to support patient discharge and its effect on delayed discharges / transfers of care.

6.2 The Committee received evidence from Roberta Fuller, Deputy Chief Operating Officer, Norfolk and Norwich University Hospitals NHS Foundation Trust and Sam Cayford, Healthy Living Manager, South Norfolk Council.

6.3 The following key points were noted:

- District Direct was the name given to a pilot scheme that involved five district council officers (from South Norfolk, North Norfolk, Breckland, Broadland and Norwich) each being seconded for one day per week to work within the NNUH integrated discharge team to support patients to return home.
- The district officers had experience in dealing with homelessness, housing adaptations and benefits and were familiar with a wide range of measures to support patients' return to their own homes.
- The speakers explained how District Direct contributed to the overall array of hospital discharge services and answered questions about the wide range of NNUH discharge services that were available.
- It was noted that District Direct was one of several schemes that the NNUH was participating in to support hospital discharge across Norfolk and to enable people to return to or stay in their own homes. Examples, mentioned in the report, included Home First crisis homecare, Healthy Homes Project and Hospital Care at Home.
- It was hoped that the District Direct pilot could be rolled out to the Queen Elizabeth and James Paget Hospitals, community hospitals, mental health inpatients and prison release.
- The speakers said that NHS England had chosen to use the District Direct pilot as a case study of best practice and would be sharing details of the pilot nationally.
- The District Councils had funded the pilot scheme from its inception in September 2017 until December 2017.
- In December 2017 the NNUH had taken on the funding of the pilot scheme in order to maintain the momentum of the initiative until the end of the current financial year by which time it was hoped that more sustainable funding could be secured.
- The pilot had saved 385 bed days over 17 weeks (5-day week) leading to a saving of £77,000.
- It was estimated that over the course of a year (7-day week) District Direct could lead to a saving of £330,690.
- The pilot had halved average length of stay in older people's beds.
- The overall length of patient stay in hospital had been reduced by 42%.
- It was pointed out that many delayed discharges involved the kinds of housing related issues that were not dealt with quickly enough in the past.
- The speakers said that a detailed evaluation of the pilot scheme would be undertaken in February 2018. The results of the evaluation would be shared widely with interested parties (including the County Council) with a view to securing long-term funding for extending the scheme to 7 days a week with a focus on A&E as well as on hospital wards. The speakers said that a seven day scheme would provide for a more consistent service that better met NNUH requirements.

6.4 Members commented that:-

- On the evidence that they had so far received the continuation of District Direct appeared to be desirable.
- A robust evaluation of the cost effectiveness of the pilot would be necessary to make the business case for it to become a core service and be extended to 7 day working with a focus on A&E as well as on hospital wards.

- The evaluation study should include examples of effective practice in certain District Council areas, which others might wish to implement.

6.5 The Committee **agreed** to receive information on the evaluation of the District Direct pilot in the NHOSC Briefing. Depending on the evaluation findings, NHOSC might wish to revisit the subject at a future meeting.

7 Children's autism services (central & west Norfolk) – assessment and diagnosis

7.1 The Committee received a suggested approach by Maureen Orr, Democratic Support and Scrutiny Team Manager, to an update report from NHS commissioners and providers on action to reduce waiting times.

7.2 The Committee received evidence from Melanie Craig, Chief Officer, Great Yarmouth and Waveney CCG, Tracy McLean, Head of Children, Young People and Maternity Services for Norfolk and Waveney, hosted by Great Yarmouth & Waveney CCG, Alan Hunter, Head of Service (Children), Norfolk Community Health and Care NHS Trust and Roisin Fallon-Williams, Norfolk Community Health and Care NHS Trust

7.3 The following key points were noted:

- In September 2017, as a result of the identification of increased demand and unacceptably long waiting times for diagnostic assessment for Autism Spectrum Disorder (ASD), the four Norfolk CCGs (which excluded Great Yarmouth and Waveney) had agreed £250,000 of additional investment that was being used to increase staffing capacity within the service.
- Details regarding the additional posts could be found at paragraph 3 of the report, at pages 31 and 32 of the agenda. Norfolk Community Health and Care (NCHC) had received approval to commence recruitment to these posts which were either advertised/subject to interview or already filled.
- The main threat to the achievement of reduced waiting times for assessment and diagnosis of children's ASD in central and west Norfolk was identified as lack of staffing and staff absence due to failure to recruit, sickness, maternity leave or resignation.
- It was noted that the table at paragraph 5.4 of the report (on page 33 of the agenda) demonstrated a significant reduction in numbers of children waiting over 52 weeks.
- It was anticipated that by 1st May 2018, the agreed trajectory (set out in the report) for improvement in waiting times for assessment for autistic spectrum disorders would mean that no child waited more than 52 weeks for assessment to commence; provided the predicted staffing was available.
- By 1st May 2019 it was anticipated that no child would be waiting more than 18 weeks.
- There was senior level oversight of progress against the agreed waiting times trajectory and decisions about funding were taken by the Joint Commissioning Committee which included all the CCGs.
- The speakers said that a single waiting list had been introduced for all patients. All referrals were triaged on the basis of clinical need, however, Looked After Children received preferential access because of their state of vulnerability and complex needs. Looked After Children (LAC) on the ASD pathway were tracked on the number of weeks waited to date and number of weeks on the pathway whilst undergoing assessments.

- Children who were excluded from school were also tracked on the system and prioritised because of their vulnerability and complex needs.
- Of all those referred to the service for an assessment, 75% -80% were diagnosed with ASD. The families of those who were not diagnosed with ASD were signposted to other means of support such as that available from Autism Anglia and through the work of schools and children's services. By the time of their diagnosis the requirements of many of these children were already well known about for other reasons.
- All the families who had been waiting over 52 weeks, with no appointment booked for assessment to commence, had been offered a place on a Positive Behaviour Support Programme (PBSP). Some families decided not to take up a place on a PBSP as they considered they had already developed the necessary skills.
- Healthwatch Norfolk was gathering experiences from parents/carers of children/young people (18 and under) with ASD (or possible ASD) who were trying to access help and support from health and social care services. The information that was being collected included experiences with the diagnostic services and post diagnostic support services across the county and would be shared widely when the study had been completed.

7.4 The Committee **agreed** to ask Norfolk Community Health and Care NHS Trust to provide details about the number of over 52 week waiters with no appointment booked for assessment to commence who had taken up the offer of a place on a Positive Behaviour Support Programme.

7.5 The Committee also **agreed** to receive an update in the NHOSC Briefing (internal briefing) on progress against the agreed trajectory for improvement in waiting times for assessment for autistic spectrum disorders.

8 Forward work programme

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

8.2 The forward work programme was **agreed** as set out in the agenda papers with the addition of Maternity services to be added to NHOSC's Forward Work Programme for 12 July 2018.

It was noted that the situation regarding provision of Speech and Language Drop in Sessions at Angel Road Children's Centre, Norwich, would be followed up in advance of the SLT item on 5 April 2018 agenda.

8.3 The Committee asked for information on the following items to be included in the NHOSC Briefing:-

- Community Pharmacy and the effects of the shortage / high cost of medicines, and the types of medicines affected.
- Sexual Health Services in Norfolk.
- Evaluation of the District Direct pilot (see minute 6 above)

Chairman

The meeting concluded at 12.30 pm



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