

Norfolk Health Overview and Scrutiny Committee

Date: **Thursday, 06 September 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	Mr G Carpenter	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
Mr F O'Neill	Mr R Foulger	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
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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 12 July 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 10.10-11.15 **New model of care for Norwich** **Page 13**
 Appendix A (Page 19) - consultation by Norwich Clinical Commissioning Group

 Break at the Chairman's Discretion **Page**

7	11.25-12-25	Physical health checks for adults with learning disabilities Appendix A (Page 45) - Report by the Clinical Commissioning Groups	Page 39
8	12.25-12.30	Norfolk Health Overview and Scrutiny Committee appointments Appointment of Members to link roles	Page 51
9	12.30-12.40	Forward work programme To agree the committee's forward work programme	Page 53
		Glossary of terms and abbreviations	Page 57

Chris Walton
Head of Democratic Services
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Date Agenda Published: 28 August 2018



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**NORFOLK HEALTH OVERVIEW AND SCRUTINY COMMITTEE
MINUTES OF THE MEETING HELD AT COUNTY HALL, NORWICH
on 12 July 2018**

Present:

Michael Chenery of Horsbrugh (Chairman)	Norfolk County Council
Mrs A Claussen-Reynolds	North Norfolk District Council
Miss K Clipsham (substitute for Ms E Corlett)	Norfolk County Council
Mr F Eagle	Norfolk County Council
Mr D Fullman	Norwich City Council
Mrs S Fraser	Borough Council of King's Lynn and West Norfolk
Mr D Harrison	Norfolk County 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
Mrs S Young	Norfolk County Council

Also Present:

Tracy McLean	Head of Children, Young People and Maternity Services for Norfolk and Waveney (hosted by Great Yarmouth and Waveney CCG)
Rebecca Hulme	Chief Nurse and Director of Children, Young People and Maternity, Great Yarmouth and Waveney CCG
Prof Erika Denton	Associate Medical Director, Norfolk and Norwich University Hospitals NHS Foundation Trust
Lesley Deacon	Head of Midwifery & Associate Chief Nurse for Gynaecology & Paediatrics, The Queen Elizabeth Hospital NHS Foundation Trust
Louise Bassett	Local Maternity System (LMS) Programme Manager, attended for the maternity item
Jonathan Williams	Chief Executive, East Coast Community Healthcare
Louise Barrett	Deputy Director Health Improvement & Children's Services, East Coast Community Healthcare
Michael Bateman	Head of Education High Needs SEND Service, Norfolk County Council
Lorraine DeVere	Family Voice Norfolk

Maxine Webb	SENsational Families
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 Ms E Corlett, Ms E Flaxman-Taylor, Mrs L Hemsall and Mr P Wilkinson.

2. Minutes

- 2.1 The minutes of the previous meeting held on 24 May 2018 were confirmed by the Committee and signed by the Chairman.

3. Declarations of Interest

- 3.1 There were no declarations of interest.

4. Urgent Business

- 4.1 There were no items of urgent business.

5. Chairman's Announcements-Norfolk Community Health and Care NHS Trust

- 5.1 The Chairman informed the Committee that Norfolk Community Health and Care NHS Trust had been rated 'Outstanding' by the Care Quality Commission and was the first stand-alone NHS community services trust in England to receive the 'outstanding' rating. This was an excellent achievement and Members asked that their congratulations be sent to the Trust and to its former Chief Executive, Roisin Fallon-Williams.

6 Maternity Services

- 6.1 The Committee received a suggested approach by Maureen Orr, Democratic Support and Scrutiny Team Manager, about how the Committee might like to examine local progress towards national ambitions for improvement of maternity services by 2020.
- 6.2 The Committee received evidence from Tracy McLean, Head of Children, Young People and Maternity Services for Norfolk and Waveney (hosted by Great Yarmouth and Waveney CCG), Rebecca Hulme, Chief Nurse and Director of Children, Young People and Maternity, Great Yarmouth and Waveney CCG, Prof Erika Denton, Associate Medical Director, Norfolk and Norwich University Hospitals NHS Foundation Trust, Lesley Deacon, Head of Midwifery & Associate Chief Nurse for Gynaecology & Paediatrics, Queen Elizabeth Hospital NHS Foundation Trust and Debbie Bassett, Local Maternity System (LMS) Programme Manager.

- 6.3** The Committee heard that the Norfolk and Waveney Local Maternity System (LMS) recognised 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'.
- 6.4** Some of the key challenges facing the LMS that were discussed during the meeting were identified as: -
- The geographical factors which restricted women's access to the maternity service such as travel times between locations and poor road networks.
 - The NNUH was frequently working at full capacity and historically had struggled to accept in-utero transfers from across the region.
 - The Queen Elizabeth Hospital (QEH) and the James Paget Hospital (JPUH) had experienced problems recruiting suitable doctors.
 - The Homebirth Service at QEH was newly established.
 - Numerous workforce challenges ahead for the recruitment of nurses and midwives as well as doctors.
 - Engaging all three hospitals in the development and implementation of the NHS Improvement Maternity and Neonatal Quality Improvement programme.
 - Issues linked to reducing smoking in pregnancy and weight reduction.
 - Ensuring that the mental health needs of new parents were not overlooked by health and social care professionals and that these problems were appropriately supported and treated. The Committee heard that this was being done by 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.
 - Appropriate handling of the feed-back from patients on a range of issues linked to the Friends and Family Test. The Committee heard that the scores for all three hospitals were currently rated good. The feed-back had shown mainly good experiences of care in the delivery suite and Maternity Led Birthing Units.
 - Other challenges for maternity services were linked to: the achievement of national targets for still births by 2025, the level of support required during antenatal care, the level of support required for home births and providing all pregnant women with a personalised care plan, based on an LMS wide standard plan, that was localised to each hospital and then personalised to each woman and her partner.
- 6.5** The Committee was informed that the Local Maternity System (LMS) had published the Sustainability Transformation Partnership (STP) Delivery Plan for LMS for Norfolk and Waveney (now referred to as the Operational Plan) on the In Good Health (STP) section of Healthwatch Norfolk's website see: <https://www.healthwatchnorfolk.co.uk/ingoodhealth/stp-reports-and-papers/>
- 6.6** The STP delivery plan was broken down into eight workstreams which were set out in the report, each led by one of the heads of midwifery with representation from all three hospitals at the workstream meetings. The Committee heard that specific progress against the delivery plan and towards maternity services transformation was monitored by the LMS board. The Heads of Midwifery and the project manager met on a fortnightly basis to review progress and resolve and discuss any issues arising within the workstreams.
- 6.7** The Committee also heard that a consultant midwife had been taken on to work across all three trusts and that a new Bereavement Midwife role had been created at the NNUH to support families who experienced baby loss. Earlier in the year, the hospital signed up to the National Bereavement Care Pathway (NBCP) for

pregnancy and baby loss backed by Sands (Stillbirth and neonatal death charity). This pioneering project aimed to improve the overall quality of bereavement care for parents and families whose baby had died before, during or shortly after birth. The new role had been taken up by a member of staff whom worked across gynaecology, midwifery services and also linked with the Neonatal Intensive Care Unit to support women and families who had experienced baby loss. The bereavement pathway also included miscarriage, termination for fetal abnormalities and baby loss up to first year of life.

6.8 In response to questions the LMS representatives said that the average ratio of midwives : caseload across the county is around 1:30, Norfolk is in line with other parts of the country in terms of rates of caesarean sections, the local maternity units often operate at above 90% of capacity and the LMS will be looking at capacity requirements.

6.9 The Committee noted:

- **Members would be provided with details of the feedback given to the LMS by service users when this became available from the speakers.**
- **Maternity services were not included in the latest CQC inspection at the NNUH but a follow-up to the 2017 inspection was expected in due course. Details of the outcome of the follow-up inspection would be provided to Members by the Democratic Support and Scrutiny Team Manager via the NHOSC Briefing when available.**

7 Children's Speech and Language Therapy

7.1 The Committee received a suggested approach by Maureen Orr, Democratic Support and Scrutiny Team Manager, to an update report from commissioners on access to and waiting times for children's speech and language therapy (SLT) in Norfolk.

7.2 The Committee received evidence from Tracy McLean, Head of Children, Young People and Maternity Services for Norfolk and Waveney (hosted by Great Yarmouth and Waveney CCG), Rebecca Hulme, Chief Nurse and Director of Children, Young People and Maternity, Great Yarmouth and Waveney CCG, Jonathan Williams, Chief Executive, East Coast Community Healthcare and Louise Barrett, Deputy Director Health Improvement & Children's Services, East Coast Community Healthcare. The Committee also heard from Lorraine De Vere, Family Voice Norfolk (an organisation that included parents of children with a range of disabilities that could be consulted on family issues) and Maxine Webb, SENSational Families who gave an overview of the responses that they had received to a survey of parents that they had conducted about SLT generally since Sept (including stakeholder group meetings) and their experience of the independent review process.

7.3 The speakers informed the Committee that Speech and Language Therapy (SLT) services in Norfolk were commissioned under two separate contracts. The first contract was to provide 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 had a Section 75 Agreement pooled fund which covered the contract from 4 April 2016 to 31 May 2020. The service area for the Norfolk County Council educational element of the contract was Norfolk-wide, including Great Yarmouth, but the health element was for central and west Norfolk

only. The second contract was for 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 was East Coast Community Healthcare (ECCH) who were represented at the meeting.

7.4 The Commissioners of SLT services for Norfolk, including the central, west and Great Yarmouth areas, reported to the Committee on the following issues:-

- The outcome of the Better Communication CIC independent review of the central and west Norfolk SLT service. The recommendations of the review were interim at this stage and were to be finalised within a few weeks.
- Progress on establishing a stakeholder group and a task and finish group that included representation from the NHS and the County Council to address issues of concern to parents and any changes to the service that had been made as a result. The task and finish group would examine how head teachers and social workers could be given an opportunity to put forward their views on how the service should be developed.
- Changes in the current staffing workload, including types of vacancies and the trend since the report to NHOSC in September 2017. This information included a comparison between the commissioned capacity and actual numbers of referrals. Detailed figures were set out in the report.
- Waiting times from referral to first intervention; and waiting times for those children who were referred back into the system for review after having been discharged.
- Key performance indicators (KPIs) - current performance against KPIs and trend in performance since the last report to NHOSC.
- Complaints / user feedback – numbers of complaints; complaint themes; user satisfaction survey feedback since the last report to NHOSC.
- Information about the take-up of drop in sessions at venues across the county.
- It was noted that East Coast Community Healthcare (ECCH) had in the past paid for eight children to receive additional enhanced services from independent therapists but this option was no longer available.
- In response to questions it was confirmed that the principle point of access to the ECCH service was via a telephone appointment for a family member or a referring professional (unless the family attended a drop-in session). Often this led on to ECCH accepting the referral. The telephone conversation enabled the therapist to understand the issues and concerns and offer initial advice and support before the first face-to-face appointment. Sometimes concerns could be satisfied during the initial telephone conversation.
- The commissioners confirmed that service user families' representatives (including Family voice Norfolk) would be included in the stakeholder group for SLT which would be established by the autumn.
- The level of funding resources available for the SLT service was struggling to keep pace with demand. The NHS and Children's Services had to very carefully consider the outcome of the independent review and the level of resources that could be provided for SLT against other priorities, and find new ways of working.

7.5 The Committee noted:

- **The comments that SENSational Families had collected from families would be provided to Committee Members via the NHOSC Briefing.**

- The Commissioners of SLT services for Norfolk would provide an update on the outcome of the independent review of the integrated SLT service (central & west Norfolk) when it was finalised, along with details of the agreed actions / changes arising from it. Members would receive this information via the NHOSC Briefing.
- Children's Services would examine the situation regarding specific cases at the Wherry School, which were raised during the meeting by the Vice-Chairman, Cllr Legg.

8 Norfolk Health Overview and Scrutiny Committee Appointments

8.1 This item was deferred to the next meeting of the Committee.

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 Committee agreed the Forward Work Programme with the following additions:-

For the agenda on 18 October 2018:-

- Access to palliative and end of life care – examination of NICE and other guidance on what should be provided and comparison with the services available in Norfolk.
- Norfolk and Norwich University Hospitals NHS Foundation Trust – response to the Care Quality Commission report; including discussion on capacity of the hospital.

For the NHOSC Briefing:-

- Children's autism services (central & west Norfolk) – assessment and diagnosis – update on progress since January 2018.
- Gender dysphoria – services for young people
- Children's speech and language therapy – outcome of the independent review of the integrated service in central and west Norfolk.

9.3 It was noted that Great Yarmouth and Waveney Joint Health Scrutiny Committee would be examining the myalgic encephalomyelitis (ME/CFS) service, which was commissioned jointly across Norfolk and Suffolk, on 26 October 2016. At the request of the NHOSC, the report would be circulated to Members for information.

Chairman

The meeting concluded at 1 pm



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**New model of care for Norwich – consultation by Norwich Clinical
Commissioning Group**

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

To receive consultation from Norwich Clinical Commissioning Group on its vision for a new model of care delivered by integrated community primary care teams.

1. Background

- 1.1 In May 2018, via the Norfolk Health Overview and Scrutiny Committee (NHOSC) Briefing, Members received notification that Norwich CCG wished to consult the committee on a new model of care for Norwich delivered by integrated community primary care teams. The CCG set out its full engagement plan as follows:-

Stage One – Consultation and Roadshows to set the strategic ‘vision’ and what it will mean for our patient population.

Stage Two – The ‘doing’ stage – identifying the areas for change and ensuring there is a detailed plan for involvement, engagement and consultation, where needed, for each proposed change.

Stage Three – Conveying to the public all the changes and what’s next for health commissioning and primary/community care services.

NHOSC agreed to receive consultation at stage one of the CCG’s plan at today’s meeting.

2. Stage one consultation

- 2.1 The CCG embarked on stage one with the launch of a twelve-week public consultation on 23 July 2018. A link to the consultation document was emailed to Members of NHOSC on 24 July, with details of six roadshow events, three of which were to be held before the date of today’s meeting. Lead clinicians and commissioners have been present at the roadshows to answer questions and address concerns of people attending.
- 2.2 The consultation document, which is attached at **Appendix A**, has been available on Norwich CCG’s website since 23 July and has been promoted on GP surgery screens, in the local press, through

stakeholder email distribution and via social media outlets and partners. The CCG has targeted specific cohorts of patients such as those with long term health conditions through support groups which they attend. Healthwatch Norfolk and Norfolk County Council have also asked to promote the consultation on the CCG's behalf. An Easy Read version of the document is also available.

- 2.3 The stage one consultation will close on 12 October 2018. Norwich CCG's Governing Body will receive the feedback at its 27 November 2018 meeting and will decide on the way forward for stage two of the process.
- 2.4 The CCG is proposing to have an Alliance Agreement to work in closer partnership with a number of organisations including NHS providers, voluntary sector, independent and public sector organisations to delivery health and wellbeing services. To understand how the alliance could work, Members may find it useful to look at the NHS Standard contract Template Alliance Agreement for Virtual MCP / PACS models, which is available on the NHS England website:-
<https://www.england.nhs.uk/wp-content/uploads/2017/08/3b.-170802-Alliance-Agreement.pdf>

MCPs (multispeciality community providers) and PACs (integrated primary and acute care systems) are two of the potential new models of care proposed by the NHS Five Year Forward View in October 2014
<https://www.england.nhs.uk/wp-content/uploads/2014/10/5yfv-web.pdf>.

3.0 Purpose of today's meeting

- 3.1 Today's meeting gives NHOSC an opportunity to respond to Norwich CCG's stage one consultation and comment on its vision for community primary care services.
- 3.2 The CCG has made clear that it will consult, where needed, for each change proposed in stage two of the process. This would include consultation with NHOSC on proposals for substantial changes to services as experienced by patients.
- 3.3 Representatives from Norwich CCG will attend today's meeting to present the stage one consultation, explain the case for change and answer Members' questions about the proposals.
- 3.4 The consultation document poses 10 specific questions. Members are free to respond individually to the CCG but may also wish to consider answering some of the specific questions as a committee:-
 - 1. Are there any services that you think could be part of proposals for an alliance?
 - 2. How do you think other local health and care services can be transformed (changed) to work together?

3. Do you think that organisations working together as an alliance will improve the care and support you receive when you need it?
4. Would you like to see more services delivered close to you home as described in the scenarios?
5. If yes, are there any particular services you would like to see delivered more locally that you may currently have to travel to hospital for?
6. Are we right to encourage people to have healthier lifestyles and be more involved in the management of their long term conditions as described in the scenarios?
7. Should individuals be expected to take more responsibility for their own health and care where they are able to?
8. If so, in what ways?
9. Please choose the five statements which are most important to you as we develop our alliance:-
 - a. We should make the most effective use of existing health & care social care resources and assets
 - b. My care should be accessible, flexible and based on my needs
 - c. We should support people to remain independent in their own homes
 - d. We should focus on preventing ill health and promoting self-care
 - e. We should treat all of a person's needs, not just the illness – i.e. we should understand and address issues relating to housing, loneliness and other social aspects
 - f. We should not medicalise a social issue
 - g. We should always send the right professional to deal with an issue
 - h. We should encourage personal responsibility for health and wellbeing
 - i. We should avoid making a long term decision in a crisis
 - j. We should encourage services and organisations to work better together
 - k. We should tackle health inequalities (i.e. where some parts of the Norwich population have better health than others) and address differences in care)
 - l. We should ensure that patients receive the right care, in the right place, at the right time
10. Is there anything else you would like to tell us about both the work we have done so far and the Norwich New Model of Care?

The CCG will also welcome any other comments the NHOSC wishes to make.

4.0 Suggested approach

- 4.1 After the CCG representatives have presented the consultation Members may wish to discuss the following areas:-

Forming the Alliance:-

- (a) How will the CCG decide which organisations will be part of the Alliance, particularly in respect of voluntary sector and independent organisations?
- (b) Will the Alliance be a time limited arrangement and will there be a mechanism for organisations to leave and others to join?
- (c) To what extent will new service contracts need to be put in place to enable the Alliance to function?
- (d) Does the proposal to form an Alliance have the backing of all the NHS and other organisations that will be needed for the kind of service delivery shown in the consultation document?

Quality of services:-

- (e) Is it expected that additional staff will be recruited for the 3 or 4 neighbourhood teams or that they will be drawn from existing services (acute hospital, community NHS, mental health, social services etc.)?
- (f) Who will have overall responsibility for holding the partners in the Alliance to account for the quality of service jointly provided?
- (g) The CCG says that it sees the planned new model of care as a continuation of what has already been happening over the past five years. What differences from the current services would it expect patients to notice?
- (h) The new model of care aims to involve hospital specialists in provision of out of hospital care but there appears to be no mention of them in the scenarios outlined. To what extent are hospital specialists expected to be involved?
- (i) The consultation has been running for nearly 7 weeks. What kind of response has the CCG received from the public so far in terms of the numbers responding and the comments they have made.

Location of services:-

- (j) The consultation document mentions that the ultimate vision is to have staff from NHS services (including GPs, nurses, community health, mental health and hospital specialists) working together in 3 or 4 integrated neighbourhood teams. What is that likely to mean for the geographic location of services compared to the present situation, particularly in respect of GP primary care?

Next steps

- (k) It is understood that the CCG Governing Body will receive the stage one consultation feedback at its meeting on 27 November 2018 and that the intention is for an Alliance Agreement to be in place in 2019. When does the CCG estimate that specific changes to services under stage two of the process will be proposed and consulted upon?

4.0 Action

4.1 NHOSC may wish to consider whether to:-

- (a) Respond to specific questions in the consultation document (listed at item 3.4 above)
- (b) Make other comments for the CCG to take into account during the stage one consultation process.
- (c) Ask for the CCG's assurance that NHOSC will receive early notification of changes to service which may be proposed during stage two of its progress towards a new model of care, so that Members can consider whether they are substantial changes on which NHOSC may wish to be consulted.



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Norwich
Clinical Commissioning Group

Improving Health and Wellbeing
A new model of care for Norwich



What it could mean for you

A consultation 23 July to 12 October 2018

Foreword

Tracy Williams Clinical Chair, NHS Norwich CCG

We all have a part to play in improving health and wellbeing

When NHS Norwich CCG was formed in 2013, we promised to deliver “an improvement in our population’s health and wellbeing through affordable, integrated, individualised, high quality health and care; available to all that need it and primarily delivered through integrated community primary care teams”

For the last 5 years, that’s exactly what we’ve done through our two key work programmes outlined below.

Our vision going forward is to deliver a new model of care for you by building on these two key work programmes. We will do this by having something called an Alliance Agreement. This means we will work closer, and in partnership with a number of organisations including NHS providers, voluntary sector, independent and public sector organisations to deliver health and wellbeing services. We will tell you more about how this could work later in the document and what it could mean for you in our scenarios.

The CCG as you may be aware is made up of 23 member practices whose patient population covers a large geographical spread including parts of Broadland and south Norfolk councils, more information can be found on our website <https://www.norwichccg.nhs.uk/about-us/member-practices>.

What we have done so far

Our prevention and health improvement project

Delivered in partnership with Public Health, Norwich City and Broadland District Councils, our Healthy Norwich programme has delivered a variety of projects to tackle inequalities to improve the lives of individuals and communities.

To date we have:

- promoted healthy weight and lifestyles and smoking cessation
- targeted affordable warmth
- championed smoke-free spaces for our children
- tested the benefits of a ‘social’ prescription for non-medical issues with our GPs
- devised a sugarsmart campaign
- introduced a ‘Breastfeeding Friendly’ GP Practice scheme

We have also used the Healthy Norwich grants programme to fund lots of new and exciting schemes such as training barbers in mental health first aid so they can help support their local community.

This approach is evidenced through a number of our scenarios later in the document such as Rosemary, Sean and James. We show how it works in our pilots and how it **could** work if rolled out after consulting with you and evaluating the success of each project.



Our integration and transformation project

We have worked with our local health, social care and voluntary sector partners to develop some new services that you may have heard about. Why not take a look at Iris on page 7 and see what could happen if she falls ill.



By working together better, we can make it easier for people to access services and, wherever possible, keep them safe and well at home and prevent avoidable hospital admissions and placements into residential care.

We want to provide timely and effective advice and support for your physical and mental health needs so that you can live as independently as possible for as long as possible and help you to achieve your goals. It's about what matters to you – not what's the matter with you.



This is our “hospital at home service” which has supported 1329 individual patients (who were at risk of a hospital admission) to stay safe and well at home since April 2016.



Our Norwich Escalation Avoidance Team (NEAT), a multi-agency response to urgent and unplanned health and care needs, has coordinated a package of care and support for over 1350 people since June 2017 when the pilot launched.

You can see how this might work for Lois (page 8) as well as Emmanuel (page 14).

We also want to provide support for the many family and friends who are carers and are also working with local GPs, provider organisations and residents to improve the quality of care in care homes in Norwich. We will be sharing the findings of our patient insight interviews later in the year.

Your opinions matter – We have produced this document to tell you about the improvements that we have already made and outline what we would like to do next to build on what's already been achieved.

We hope to see you at one of our roadshows, but if you aren't able to come along, please tell us what you think by answering the questions at the end of this document.



Tracy Williams, Clinical Chair.

Next Steps

There's lots more we want to do. Based on the success of NEAT, we are working with our health (including mental health) and care colleagues and the voluntary sector to see how we can improve our planned care services. We are also working with our GPs to develop a more proactive approach to supporting patients with long term health conditions and specialist or complex needs and people who find it difficult to engage with services. We have tried to show how this could work through all nine of our scenarios.

We would also like to see what other types of care could be delivered closer to home.

Why are we doing this now?

There has been a lot of publicity about the pressures faced by the NHS and our social care partners. This is not just about the amount of money that is available, but also linked to the difficulty in recruiting and retaining staff. People are living longer, our population is getting older and the type of care that people want and need is changing. This means that our health and social care services need to change too. There is also an increasing number of informal carers who require support.

But this is not the only reason. You have told us (through patient research both locally and nationally) that you would like to see named doctors, nurses and health professionals on a consistent basis. We also know that you only want to tell your story once and this means that we need to improve the sharing of relevant information between all the organisations involved in your care.

We want to make sure that people receive the right care, in the right place, at the right time. See how Sandy could benefit (page 11).

What are we proposing to do?

Our New Model of Care aims to bring together local GP surgeries, nurses, community health and mental health services, social care, hospital specialists and voluntary sector organisations to provide joined up (integrated) out of hospital care (like we have described in the scenarios in this document and on the display boards if you visit one of our roadshows).

How would we do this?

NHS services (including mental health), Norfolk County Council and our voluntary sector partners are working together to deliver the best advice, care and support that we can with the resources (money and staff) that are available.

Our ultimate vision is to have staff from all these different organisations working together in 3 or 4 integrated neighbourhood teams.

We also want to create a service which supports our care and nursing home residents and staff as part of a co-ordinated system with regular planned visits.

To do this, we want to formalise our existing joint working arrangements with an alliance agreement, with a shared vision and a clear plan of how, when and which services are brought together to benefit our local population.

We hope to have the first Alliance Agreement in place during 2019.

But that's not the whole story...

As well as all the work that we're doing to improve health and wellbeing, there are lots of things that **you** can do too. We want to help you stay healthy and live as independently as possible by:

- Connecting you with your local community
- providing health and wellbeing information and advice
- Helping you to stay independent by providing care and support
- Supporting people living with complex needs
- Encouraging self-care and the self-management of long term conditions

If we all work together, we can use our existing resources as effectively as possible to improve the services you receive, deliver them closer to home and help more people by providing the right advice, support and care. See how this could work for Chloe (page 6) and Susan (page 13).

When will these changes happen?

There is no big bang planned! We see this as the continuation of what has already happened over the last five years. We will continue to work together to develop and test new ways of working before rolling them out to the wider population.

Scenarios

We have produced some examples (nine scenarios) to describe how local services could be delivered in a more joined up way in the future. We would like you to tell us what you think of our ideas and to see if we have missed anything. You, as the user of NHS and social care services are the expert by experience.

Finally

We will continue to involve patients, carers and stakeholders in our plans for service development and improvement. This could include workshops, patient insight interviews, surveys and further consultations in line with our statutory duties. Information on how to get involved as we go forward will be available through a number of sources;

- You can join our Community Involvement Panel
- Look out for information on our engagement and consultation pages <https://www.norwichccg.nhs.uk/>

We will let the local media know and ask them to advertise our current involvement opportunities.

Consultation roadshows

The CCG will be holding a series of roadshows across the area and we hope you will drop in to find out more information about our new model of care. Full details of the venue, dates and times can be found on the inside back page.

Our scenarios

Over the next few pages you will see nine scenarios outlining what services could look like under our new model of care. These proposals are not set in stone and you now have an opportunity to tell us what you think.

At the end of the document we will ask you some questions about what you have read and the scenarios. Please do take the time to answer as you have an opportunity to influence local health and care services for local people.

So let's find out a bit more about –

Page 6 Chloe

Page 7 Iris

Page 8 Iris and Lois

Page 9 James

Page 10 Rosemary

Page 11 Sandy

Page 12 Sean

Page 13 Susan

Page 14 Emmanuel

Chloe



Chloe is excited about an upcoming football tournament at school. She drinks a lot of fizzy drinks given to her by her Mum and Dad.



Chloe sees a film about being sugar smart.



Chloe asks her Mum and Dad to not buy fizzy drinks anymore and she switches to water.



Chloe's Mum & Dad are asked not to smoke at the football tournament as it's a smokefree zone.



Chloe's mum and dad visit their local pharmacy and they sign up to the Norfolk stop smoking service.



Chloe's check-up shows improvements in her asthma and weight loss.

Iris



Iris develops breathing problems (she has several other illnesses).



Iris takes her medicines but she feels very ill and wants help urgently.



Iris phones the doctors.



The GP realises Iris might end up in hospital, so asks the NEAT to put a package of care and support in place.



NEAT arrange for NHS, social care and voluntary groups to rally round.



Iris is able to stay at home and recover.

Iris and Lois



Iris meets Lois in the Specialist Respiratory Clinic waiting room.



Lois tells Iris about the break-up with her boyfriend and that she feels 'fed up'.



Iris tells Lois about the Social Prescribing Scheme through her GP and how they helped her.



Lois speaks on phone with GP receptionist and the receptionist makes a referral.



Lois meets with 'Key Worker' and discusses her issues.



Lois is now engaged in activities such as gardening and receives help about her drinking.

James



James is depressed having lost his father.



James discusses this with his GP at the surgery.



James contacts the Wellbeing Service.



At a check-up appointment James says he's starting to feel better.



James attends a small support group in the evenings.



James' employers are supportive and allow him reduced hours when returning to work.

Rosemary



Rosemary has a number of long term conditions.



She attends a health-check offered by her GP Practice.



The GP makes a number of referrals including to Slimming World.



She also joins Keep Fit groups.



Rosemary plays Walking Netball.



Her check-up shows improvements in her overall health and wellbeing.

Sandy



Sandy receives a letter inviting her for a cervical smear test and ignores it.



She moves to Norwich, and at a new patient health check the nurse notices she has never had a cervical smear test and offers to book one for her.



Sandy says she doesn't need one and, when asked, she reluctantly says she is lesbian and in a same sex relationship.



The nurse discusses with Sandy the importance of having regular smear tests for all women regardless of their sexual preferences.



Sandy is reassured her medical records are confidential and won't record any information she does not want shared.



Sandy visits the reception desk and books her cervical smear test.

Sean



Sean visits his local barber who is part of the 12th man barber scheme. His barber convinces Sean to visit his GP practice.



Sean makes an appointment with the GP/nurse practitioner and they talk about his low self-esteem and how they can build up his confidence.



He is referred to three organisations who offer support and work on building self-esteem.



Sean attends Menshed, All to Play For and the Mind over Marathon projects.

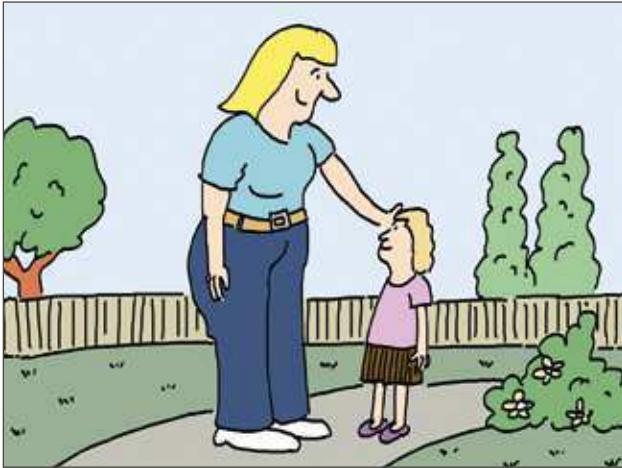


Sean visits his GP/nurse practitioner and says he is feeling much better, more confident and has made new friends.



He has started looking for jobs.

Susan



Susan with her daughter aged 3.



She has a low income and has to use a food bank.



She and her daughter are overweight and she has debts including rent arrears.



Her Health Visitor notices marks on her arms. Susan breaks down. The health visitor makes a number of referrals.



Susan enjoys the support from the classes and also gets free hours of nursery care.



The Social Prescribing Worker refers Susan for help with budgeting and making offers to her creditors.

Emmanuel



Emmanuel's wife notices he is experiencing some memory loss.



He admitted he noticed it too but was scared to mention it.



He admits that once when driving home he couldn't remember the way.



Their doctor carries out some short and simple tests with Emmanuel and refers him for a more comprehensive assessment. He talks to Emmanuel and his wife about dementia.



The doctor also gives Emmanuel and his wife the details of a number of agencies and support.



Emmanuel and his wife leave the surgery feeling apprehensive but relieved to have finally told someone their concerns and to know there are services and support for them both.

Questions

We have some questions for you based on what you have read and the scenarios. There is no wrong answer, we just want you to tell us if we are on the right track.

The Alliance approach will be a new single way of working in partnership by bringing together local GP practices, nurses, community health and mental health services, social care, hospital specialists and voluntary sector organisations and others to provide joined up (integrated) out of hospital health and care.

Thank you for taking the time to read this document and letting us have your views.





Questions

1. Are there any services that you think could be part of proposals for an alliance? If yes please tell us below

2. How do you think other local health and care services can be transformed (changed) to work together.

3. Do you think that organisations working together as an alliance will improve the care and support you receive when you need it?
☐ Yes ☐ No ☐ Not sure
4. Would you like to see more services delivered closer to your home as described in the scenarios?
☐ Yes ☐ No ☐ Not sure
5. If yes, are there any particular services you would like to see delivered more locally that you may currently have to travel to hospital for?

6. Are we right to encourage people to have healthier lifestyles and be more involved in the management of their long term conditions as described in the scenarios.
☐ Yes ☐ No ☐ Not sure
7. Should individuals be expected to take more responsibility for their own health and care where they are able to?
☐ Yes ☐ No ☐ Not sure
8. If so, in what ways?

9. Please tick the five statements which are most important to you as we develop our alliance
☐ We should make the most effective use of existing health & social care resources and assets
☐ My care should be accessible, flexible, and based on my needs
☐ We should support people to remain independent in their own homes
☐ We should focus on preventing ill health and promoting self-care
☐ We should treat all of a person's needs, not just the illness – i.e. we should understand and address issues relating to housing, loneliness and other social aspects
☐ We should not medicalise a social issue
☐ We should always send the right professional to deal with an issue
☐ We should encourage personal responsibility for health and wellbeing
☐ We should avoid making a long term decision in a crisis
☐ We should encourage services and organisations to work better together
☐ We should tackle health inequalities (i.e. where some parts of the Norwich population have better health than others) and address differences in care
☐ We should ensure that patients receive the right care, in the right place, at the right time
10. Is there anything else you would like to tell us about both the work that we have done so far and our proposals for the Norwich New Model of Care?



Equalities questionnaire

Norwich CCG has a legal duty to make sure it involves patients from all backgrounds in surveys about services. We do this by asking for the information below. You do not have to answer any or all of the questions below (just answer the ones you are comfortable with), but it does help us show we are meeting our statutory duty.

Gender

Are you?

☐ Male ☐ Female ☐ Transgender

Do you have a disability or long term condition?

☐ Yes ☐ No

Age

Are you?

☐ 10-17 ☐ 18-24 ☐ 25-34 ☐ 35-44

☐ 45-54 ☐ 55-64 ☐ 65-74 ☐ 75+

Ethnicity

Which of these groups do you consider you belong to?

White

☐ British
☐ Irish
☐ Any other White background

Mixed

☐ White and Black Caribbean
☐ White and Black African
☐ White and Asian
☐ Any other Mixed background

Asian or Asian British

☐ Indian
☐ Pakistani
☐ Bangladeshi
☐ Any other Asian background

Black or Black British

☐ Caribbean
☐ African
☐ Any other Black background

Chinese or other ethnic group

☐ Chinese
☐ Any other background

☐ Prefer not to say

Religion or belief

What religion, religious denomination or body do you belong to?

☐ None
☐ Church of England
☐ Roman Catholic
☐ Other Christian
☐ Muslim
☐ Buddhist
☐ Sikh
☐ Jewish
☐ Hindu
☐ Pagan
☐ Any other religion, please write in

☐ Prefer not to say

Sexual orientation

Are you?

☐ Heterosexual
☐ Gay
☐ Lesbian
☐ Bisexual
☐ Non Binary / Pan Sexual
☐ Prefer not to say

Consultation roadshows

Tuesday 7th August 2018

9.30am to 12midday
St Mary's Church Hall
Hutchinson Road
West Earlham
Norwich NR5 8LB

Saturday 8th September 2018

12.30pm – 4pm
Dussindale Community Centre
Pound Lane
Norwich
NR7 0SR

Thursday 16th August 2018

5pm – 8pm
Wensum Sports Centre
169 King Street
Norwich
NR2 1QW

Tuesday 11th September 2018

12 midday to 3pm
Taverham & Drayton Children's Centre
School Road
Norwich
NR8 6EP

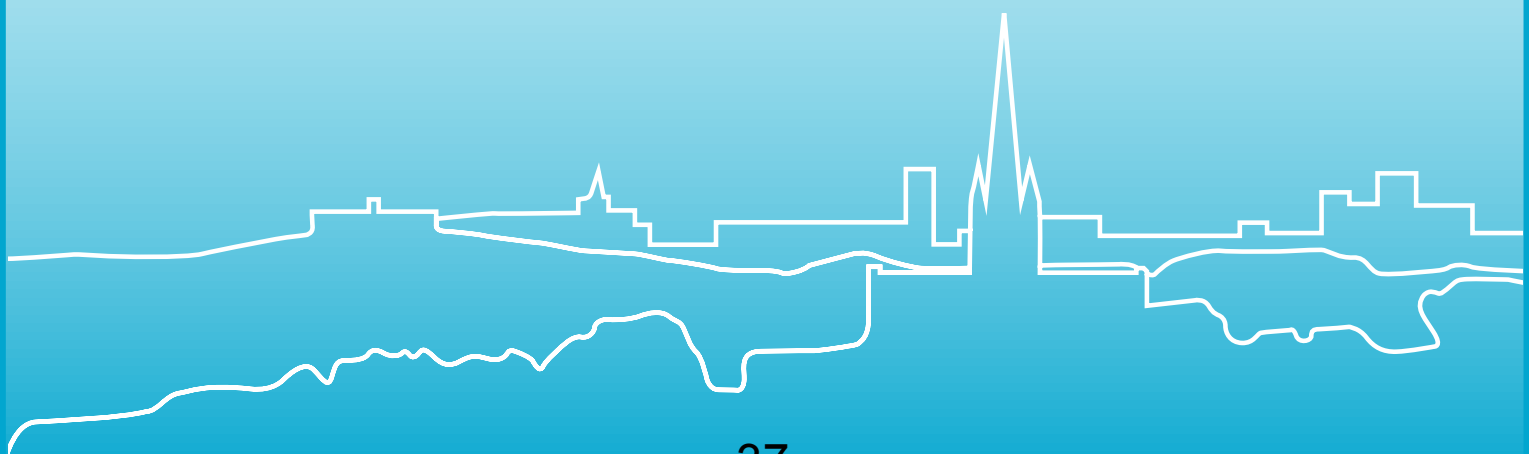
Monday 20th August 2018

10am to 12midday
Mile Cross Phoenix Children's Centre
132a Mile Cross Road
Norwich
NR3 2LD

Date to be confirmed

Costessey Centre
Longwater Lane
Norwich
NR8 8AH

**For more information or to confirm details please visit
www.norwichccg.nhs.uk/**





If you want to speak to someone or request
the form in another format, please call
Laura McCartney-Gray on 01603 751638
laura.mccartney-gray@nhs.net

Please return the form in the prepaid envelope supplied or alternatively to
Freepost RTJE-GXBZ-CSJR
NHS Norwich CCG
Room 202
City Hall
St Peters Street
Norwich
NR2 1NH

Physical health checks for adults with learning disabilities

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

Progress on work to improve the take-up of physical health checks for adults with learning disabilities in Norfolk.

1. Background

- 1.1 On 22 February 2018 Norfolk Health Overview and Scrutiny Committee (NHOSC) received a report from South Norfolk CCG (lead CCG for mental health in Norfolk and Waveney) and Great Yarmouth and Waveney CCG (lead for primary care) on the extent to which Annual Health Checks for people with learning disabilities are offered and taken up across Norfolk. The report is available on the County Council [website](#).

The following national data was provided for context:-

- Nationally the average age of death for people with a learning disability:
 - 67.5 for people with a mild learning disability
 - 64 for people with a moderate learning disability
 - 59 for people with a severe learning disability
 - 46 for people with profound and multiple learning disabilities
 - Nationally 38% of people with a learning disability die from avoidable causes, compared with 9% of the general population
 - Research suggests that there are a number of health conditions that people with a learning disability are more likely to experience, including:
 - being underweight or overweight
 - dementia
 - epilepsy
 - respiratory disease.
- 1.2 NHOSC originally added the subject to its Forward Work Programme at the suggestion of the Health and Wellbeing Board which had noted lower life expectancy for people with learning disabilities and considered it would be useful to understand the level of physical health checks for adults with learning disabilities and what was being done about those people not coming forward for checks.

- 1.3 Physical health checks for people with learning disabilities are delivered by GP practices. The practices are encouraged to identify all patients aged 14 and over with learning disabilities, to maintain a learning disabilities register and to offer the checks to individuals annually. The service is classed as an 'Enhanced Service' and practices can decide whether or not they wish to enter into a contract to deliver it.
- 1.4 During the health check the GP or practice nurse will carry out the following for the patient:-
- a general physical examination, including checking their weight, heart rate, blood pressure and taking blood and urine samples
 - assessing the patient's behaviour, including asking questions about their lifestyle, and mental health
 - a check for epilepsy
 - a check on any prescribed medicines the patient is currently taking
 - a check on whether any chronic illnesses, such as asthma or diabetes, are being well managed
 - a review of any arrangements with other health professionals, such as physiotherapists or speech therapists

The health check can pick up symptoms of previously undiagnosed illness / conditions for which the GP can then provide treatment / referral to secondary services, or advice to improve the individual's health and wellbeing.

If the person's learning disability has a specific cause, the GP or practice nurse can do extra tests for particular health risks. For people with Down's syndrome, for example, they may do a test to see whether their thyroid is working properly.

The Annual Health Check is also a good opportunity to review any transitional arrangements that take place when a patient turns 18.

The GP or practice nurse will also provide the patient with any relevant health information, such as advice on healthy eating, exercise, contraception or stop smoking support.

- 1.4 In February 2018 NHOSC learned that all GP practices in Norfolk were signed up to learning disabilities health checks programme but there were significant difficulties with the quality of the data in respect of the numbers of people on the learning disabilities registers and the numbers receiving the health checks. The committee heard that the CCGs were working with GP practices to audit the data and resolve the issues. NHOSC asked them to report back on progress in six months' time.
- 1.5 NHOSC also heard in February 2018 that the national target was for 50% of patients on the GP learning disabilities register to receive an annual health check and that the Norfolk CCGs aimed to stretch the target to 65%. NHOSC felt that both the national and local targets were unambitious and wrote to NHS England with the view that the target should be 100%.

- 1.6 The Clinical Lead, Improving Health & Quality, Learning Disability Programme, NHS England responded on 20 April 2018 informing the committee that the national target was for 75% of people on the GP learning disabilities register to be receiving an annual health check by 2020. He also said that 50% of people on GP registers nationally had had an annual health check in 2016-17 and that latest data showed a 17% improvement on the same time last year. He acknowledged that more needed to be done and summarised two key national ambitions to:-

- Increase the identification of children, young people and adults with a learning disability on GP registers by 10% year on year
- Improve the uptake and quality of Annual Health Checks – by end of March 2020 75% of people aged 14 years and older on the register will have had an annual health check (bear in mind that the register will include a % of under 14 years olds).

The NHS England letter was circulated to Members with the NHOSC Briefing in May 2018.

- 1.7 After the February meeting the CCGs provided a quarterly breakdown of numbers of patients who received a learning disabilities health check in 2014-15, 2015-16 and 2016-17 in each of the five CCG areas and in each GP practice together with evidence of engagement of people with learning disabilities in the Norfolk and Waveney Transforming Care Programme (the national programme to enable more people with learning disabilities to live in the community, with the right support, and close to home).

These details were circulated to NHOSC Members by email on 4 April 2018.

NHOSC also asked for evidence of the CCGs' monitoring of the uptake of capacity and consent training and awareness training by the primary care staff who deliver annual health checks to people with learning disabilities. The CCGs have provided details of training in the report for today's meeting.

2. Purpose of today's meeting

- 2.1 The CCGs have been asked to report to the committee on progress since February 2018 covering:-

- The latest situation on take-up of Learning Disability (LD) health checks (data showing the numbers of people on GP LD registers and the numbers receiving a health check, with a breakdown by CCG area)
- Progress with the 'next steps' that were referred to in the CCGs' February report
 - Data cleansing including looking at data recording within primary care

- Audit practices on Learning Disability (LD) Register completion and methods
 - Work with practices to increase LD health checks take up with the aim of delivering the stretched target
 - Ensure two-way flow of information from primary and social care
 - Patient summary care records re updated and visible to all health care professionals
 - Look at methods of communicating with Learning Disability patients and ensure practices apply Accessing Information Standard
 - Primary Care Commissioning Board to monitor quarterly performance data on Learning Disability health checks take up.
- 2.2 The five CCGs have provided the report at **Appendix A** and representatives will attend to answer Members' questions. The representatives are able to answer on behalf of all the CCGs in Norfolk.
- 3. Suggested approach**
- 3.1 After the CCG representatives have presented their report, the committee may wish to discuss the following areas:-

Quality of the data

- (a) In February 2018 it was clear that the data on numbers of people with learning disabilities on GP registers were unreliable, which undermined the credibility of the information presented about how many people with learning disabilities were actually receiving the annual health checks to which they were entitled. NHOSC also heard that this problem was national, not just in Norfolk, and that work to audit and improve the data was underway.

It is understood that in this year's national NHS clinical coding changes there have been more changes to the LD health check codes, which may have made the CCGs' data cleansing job more complicated and comparisons with previous years more difficult.

How much more reliable is the Norfolk and Waveney data now than when the CCGs attended in February?

- (b) Is the data quality sufficient for the CCGs to monitor whether the NHS England's ambition for increasing the identification of children, young people and adults with a learning disability on GP registers by 10% year on year is being met?

Delivery of LD health checks

- (c) The CCGs previously told NHOSC that they could encourage GP practices to aim for delivery of LD annual health checks to 100% of patients who are eligible for them but could not require them to

deliver it. The national target is now for 75% of patients on GPs LD registers to receive health checks by 2020. The 2017/18 figures are well below that level in all the Norfolk CCG areas. What percentages are the five CCGs aiming for in 2018/19?

Quality of health checks

- (d) One of the CCGs' priorities for the next 6 months is to work with practices to further improve the quality of health checks that are being provided and ensure consistency across Norfolk and Waveney. How will the quality and consistency be monitored in the longer term?
- (e) What progress has there been to ensure that health care professionals delivering LD health checks are able to view and update patient summary care records.

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



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



Briefing for Norfolk Health Overview and Scrutiny Committee

Physical health checks for people over the age of 14 with learning disabilities in Norfolk and Waveney

1. Introduction

Norfolk Health Overview and Scrutiny Committee (NHOSC) have requested an update on progress with physical health checks for adults and children aged 14 or over with learning disabilities in Norfolk and Waveney since it was discussed at their meeting on 22 February 2018.

2. Background

The provision of health checks for adults and children aged 14 or over with learning disabilities is commissioned from general practice as a Directed Enhanced Service (DES). This is commissioned by NHS England and delivered within general practice and is funded by the CCGs under their delegated commissioning responsibilities. Health checks are available for patients aged 14 and over that have moderate to severe learning disabilities. All patients on the GP practices' learning disability registers are entitled to and should be invited to receive an annual health check. The health check supports the prevention and early identification of disease and other health related conditions.

It is predicted that there are over 16,500 adults in Norfolk that have a learning disability, of which 12,000 are of working age. Of these it is predicted that there are around 3,500 adults that have a moderate to severe learning disability. There are approximately 4,500 adults and children with learning disabilities who could require some form of support. (Norfolk JSNA Briefing document 'adults with learning disabilities' James Henry, Analyst, Norfolk County Council, 16 May 2018.)

There is significant evidence and studies that show people with learning disabilities have poorer health outcomes and lower life expectancy than the general population, and at least 50% of patients have at least one long term health condition. Therefore the importance of delivering a programme of health checks that allow for reasonable adjustments to be made to meet the individual needs of people with learning disabilities is critical to reducing the health inequalities

known to exist. People with a learning disability can have a higher risk of physical health problems including constipation, type 2 diabetes and obesity amongst others.

The health check programme for adults with learning disabilities commissioned through the directed enhanced service has two components:

- Annual health check for patients with learning disabilities,
- Completeness of the GP learning disability register,

In order to improve the accuracy of the GP practice learning disability register, practices must liaise with local authorities to identify which of their registered patients are known to the local authority and vice versa. The benefit of this sharing of information and ensuring that the GP practice register is up to date is that this reduces the likelihood of patients being omitted from the GP practice register and not being invited for an annual health check.

The health check has a minimum requirement to address the patient's physical and mental health, including health screening, lifestyle advice, medication accuracy, sexual health and transition arrangements on attaining the age of 18, communication methods, family carer needs and self-care and management.

Following the annual health check a health action plan should be produced that addresses the patients' needs. Best practice would be to do this in conjunction with the patient, family, carer and other agencies involved and a copy given to the patient in a format suitable to their specific needs. Patients' medical records should be updated with the relevant information following the health check.

3. Performance and activity

3.1 Mechanism for monitoring and measuring compliance

The data collection and validation for the delivery of health checks is undertaken by NHS England and compliance is reported on a quarterly basis both at practice level and CCG level. It is noted that as of August 2017, **all** practices across Norfolk and Waveney were signed up to the health checks programme, and are monitored on the delivery of health checks. It is recognised that despite the agreement to deliver the health checks, there is considerable variation between practices and the Norfolk and Waveney CCGs continue to work with practices to improve the data quality of the GP practice learning disability registers and to increase the numbers of health checks undertaken.

In order to do this, we are working with Norfolk and Suffolk County Councils to better align the councils' registers of people with learning disabilities with GP practice learning disability registers. This is an important first step in ensuring that we have a true picture of how many adults there are with learning disabilities in Norfolk and Waveney and therefore how many would be eligible to receive a health check.

This is a genuine challenge for the system which we continue to work on. The GP practice register will include people who have been coded as having a learning disability but who may not be on the local authority register which is people known to local authority services.

3.2 Delivery of the standard

The table below shows the number of health checks for adults with learning disabilities by clinical commissioning group over a two year period.

We recognise that the NHS England data shared at the Norfolk HOSC held in February was incorrect and have explored why this error occurred. NHS England collects data quarterly by extracting data automatically from GP practice clinical systems in order to make payments to practices, however the practices are measured on 31 March annually for their achievement against the standard. Practices therefore schedule the health checks at different points in the year and don't necessarily report at the quarterly checkpoints.

In addition, we know that there are historical problems with how data has been coded by practices, for example previously there were many codes for recording learning disabilities on GP practice clinical systems – this can lead to a false picture of how many people on the GP practice register have a learning disability. Practices are now required to use specific codes as part of this directed enhanced service. There were also errors within the spreadsheet we presented.

The most recent data available is presented in the table below. In order to provide assurance to the HOSC, in future, we will only provide data obtained from the single national data source published annually by NHS Digital to ensure completeness and accuracy. We will not provide information from the quarterly extractions as this is unreliable.

Clinical Commissioning Group	2016/17			2017/18		
	Number of patients on LD register in 2016/17	Number of LD patients who received a health check in 2016/17	% of LD patients who received a health check in 2016/17	Number of patients on LD register in 2017/18	Number of LD patients who received a health check in 2017/18	% of LD patients who received a health check in 2017/18
Great Yarmouth and Waveney	1395	597	42.8%	1395	770	55.2%
North Norfolk	1331	696	52.3%	1331	698	52.4%
Norwich	1681	679	40.4%	1681	739	44.0%
South Norfolk	1309	733	56.0%	1309	756	57.8%
West Norfolk	968	376	38.8%	968	496	51.2%
Total	6684	3081	46.1%	6684	3459	51.8%

4. Progress and actions to date

Since the Health Overview and Scrutiny Committee meeting in February 2018 a working group has been set up with representation from commissioners, provider organisations and primary care. The group has developed an action plan to improve our performance across Norfolk and Waveney around the provision and uptake of health checks for adults and children aged 14 or over with learning disabilities. Some of these initiatives are being tested in single CCG areas and they will be evaluated and rolled out across Norfolk and Waveney as appropriate. These are summarised below:

Action	Update
Increase support from community learning disabilities nurses	<ul style="list-style-type: none"> • A programme has commenced to deliver training to practice nurses • Learning disability nurses have worked with practices to target patients that have not responded to health check invitations • In Great Yarmouth and Waveney GP practices have named contacts within the local learning disabilities teams. They provide direct support, information and advice and how to address any issues that they may be experiencing.
Provide training to GPs and practice staff	<ul style="list-style-type: none"> • Education evening events held for GPs in West Norfolk CCG. • 'Medibite' training sessions for GPs commissioned and delivered in Norwich CCG area • Across Norfolk and Waveney all organisations and professionals involved with people with learning disabilities will receive training around the mental capacity act in relation to an individual's health needs. • Community learning disabilities nurses have delivered training for practice nurses in some areas around the background and process of delivery of health checks.
Information for patients and families	<ul style="list-style-type: none"> • In West Norfolk CCG easy read appointment information is sent out which contains contact information for the learning disability nurses in order to support the recipients who are being invited for the health check. • In other parts of Norfolk and Waveney easy read appointment letters are sent out to people. We know that it is important to ensure that people are

	<p>communicated with in a way that they understand and does not put them off having the health check. We know that standard letters do not always get read by the patients and as a result they therefore are more likely to not attend their appointment.</p> <ul style="list-style-type: none"> • Central Norfolk CCG's have a plan to pilot the blue envelope scheme. Easy read appointment letters are sent in blue envelopes so that when people with learning disabilities receive them they know to open it. • West Norfolk CCG is developing a website for members of the public and surgeries which will include information about how to access services, types of letters and information for a health check. • We plan to undertake work to engage people with a learning disability and their families and their carers around methods of communication. • Awareness raising for people with learning disabilities and their carers • In Norwich CCG Thorpewood Medical Group have a specialist nurse who works on Saturdays and Sundays to see the patients in their own homes or in a quiet setting within the practice at 'non-working times' to help increase the number of health checks. This has demonstrated great success with 65 of their 67 patients having a health check.
Improving data accuracy and data quality	<ul style="list-style-type: none"> • West Norfolk CCGs are investigating the use of the Eclipse system to collate information to identify where over medication is an issue with a view to stopping over medication of people with a learning disability, autism or both • We are working with NCC on a dedicated piece of work to validate the Local authority and GP practice learning disabilities registers across Norfolk and Waveney.

A Norfolk and Waveney wide Learning Disabilities strategy has been developed and includes a section “Being Healthy and Happy” and health checks for adults with learning disabilities are included within this. Health and social care have discussed having a subgroup of the Learning Disabilities Partnership Board to look at the health and wellbeing of people with a learning disability which would include raising the profile and uptake of the annual health checks.

The strategy which was co-produced with service users has been signed off by the Joint Strategic Commissioning Committee and Adult Social Care committee.

A system wide approach is being taken to improve the health and wellbeing of people with a learning disability including increasing the update of the annual health check. Our aspiration is to work with all providers to raise the importance of individuals’ health and wellbeing for whom they provide care and support.

5. What are the main challenges that we need to overcome to improve performance?

Our immediate priorities of action for the next six months are:

- We will work with both county councils and practices to improve the accuracy of GP practice registers of people with learning disabilities and recording data around health checks.
- We will work with practices to further improve the quality of health checks that are being provided and ensure consistency across Norfolk and Waveney.
- We will work on the methods of communicating with patients with learning disabilities and to ensure that practices apply the Accessible Information Standard.

Progress on this work is being monitored by the Primary Care Commissioning Committee of each CCG regularly held in public.

The STP workstream for mental health now includes service for people with learning disabilities.

Sadie Parker
Director of Primary Care, NHS Great Yarmouth and Waveney CCG

Alison Leather
Chief Quality Officer, South and North Norfolk CCG

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 in public every other month, usually in Beccles; meetings start at 1.30pm; next scheduled meeting Thursday 27 September 2018, 1.30 – 5.00pm)

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

James Paget University Hospitals NHS Foundation Trust (meets in public every other month at the hospital; next scheduled meeting Friday 28 September 2018, 9.30am)

NHOSC link – **VACANCY**

Norfolk Community Health and Care NHS Trust (meets in public on the last Wednesday of each month, usually at Woodland House, Bowthorpe Road, Norwich. Next scheduled meeting Wednesday 26 September 2018, 9.30am at Breckland Council, Dereham NR19 1EE)

NHOSC link Substitute - **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

<i>Meeting dates</i>	<i>Briefings/Main scrutiny topic/initial review of topics/follow-ups</i>	<i>Administrative business</i>
18 Oct 2018	<u>Access to palliative and end of life care</u> – examination of NICE and other guidance on what should be provided and comparison with the services available in Norfolk. <u>Norfolk and Norwich University Hospitals NHS Foundation Trust</u> – response to the Care Quality Commission report; including discussion on capacity of the hospital.	
6 Dec 2018	<u>Continuing healthcare</u> – update on progress since 22 February 2018	
17 Jan 2019		
28 Feb 2019	<u>Ambulance response times and turnaround times</u> – report on progress since May 2018 (when EEAST, NNUH and NNCCG attended). QEH to be invited to attend also.	

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

Other activities

- | | | |
|-------------------------|---|--|
| Visit to be arranged | - | Follow-up visit to the Older People's Emergency Department (OPED), Norfolk and Norwich hospital |
| Report to be circulated | - | Great Yarmouth and Waveney Joint Health Scrutiny Committee will be examining the myalgic encephalomyelitis / chronic fatigue syndrome (ME/CFS) |

service on 26 October 2018. The report to be circulated to NHOSC for information.

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	-	<i>Vacancy</i> (substitute <i>Vacancy</i>)
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	-	<i>Vacancy</i> (substitute Mr M Smith-Clare)
Norfolk Community Health and Care NHS Trust	-	Mr G Middleton (substitute <i>Vacancy</i>)



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Norfolk Health Overview and Scrutiny Committee 6 September 2018

Glossary of Terms and Abbreviations

CCG	Clinical Commissioning Group
DES	Direct Enhanced Service Enhanced services require a level of provision above what is required by the GMS (general medical services) contract for general practice. GP practices have the option of entering enhanced service contracts or not. A Direct Enhanced Service is commissioned by NHS England and delivered within local general practice but funded by the local Clinical Commissioning Groups under their delegated commissioning responsibilities.
GP	General Practitioner
JSNA	Joint Strategic Needs Assessment
LD	Learning Difficulties / Disability
MCP	Multi-Speciality Community Provider
NEAT	Norwich Escalation Avoidance Team
NHOSC	Norfolk Health Overview and Scrutiny Committee
PACS	Primary and acute care systems
STP	Norfolk and Waveney Sustainability Transformation Plan

