

**NORFOLK HEALTH OVERVIEW AND SCRUTINY COMMITTEE
MINUTES OF THE MEETING HELD AT COUNTY HALL, NORWICH
on 2nd September 2021**

Present:

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| Cllr Alison Thomas(Chair) | Norfolk County Council |
| Cllr Daniel Candon | Great Yarmouth Borough Council |
| Cllr Penny Carpenter | Norfolk County Council |
| Cllr Brenda Jones | Norfolk County Council |
| Cllr Alexandra Kemp | Borough Council of King's Lynn and West Norfolk |
| Cllr Julian Kirk | Norfolk County Council |
| Cllr Robert Kybird | Breckland District Council |
| Cllr Nigel Legg | South Norfolk District Council |
| Cllr Richard Price | Norfolk County Council |
| Cllr Sue Prutton | Broadland District council |
| Cllr Robert Savage | Norfolk County Council |
| Cllr Lucy Shires | Norfolk County Council |

Co-Opted Members

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| Cllr Edward Back (substitute for Cllr Colin Hedgley) | Suffolk Health Scrutiny Committee |
| Cllr Keith Robinson | Suffolk Health Scrutiny Committee |

Also Present in person:

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| Marcus Bailey | Chief Operating Officer - East of England Ambulance Service NHS Foundation Trust (item 6) |
| Mark Burgis | Director of Primary & Community Care – Norfolk & Waveney CCG |
| Terry Hicks | Head of Operations Norfolk & Waveney - East of England Ambulance Service NHS Foundation Trust (item 6) |
| Janka Rodziewicz | Chief Executive Officer - OneNorwich Practices (item 7) |
| Maureen Orr | Democratic Support and Scrutiny Team Manager |
| Jonathan Hall | Committee Officer |

Present via video link

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| Cath Byford | Chief Nurse, Norfolk and Waveney CCG |
| John Harris | Head of East of England Ambulance Commissioning Consortium (item 6) |
| Cursty Pepper | Deputy Chief Operating Officer - Norfolk & Norwich University Hospitals NHS Foundation Trust (item 6) |
| Paul Walker | EPRR (Emergency Preparedness, Resilience and Response - Norfolk & Norwich University Hospitals NHS Foundation Trust (item 6) |
| Nicola Cottington | Deputy Chief Operating Officer – James Paget University Hospitals NHS Foundation Trust (item 6) |

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| Denise Smith | Chief Operating Officer – The Queen Elizabeth Hospital NHS Foundation Trust (Item 6) |
| Emma Bugg | Associate Director of Primary Care Network Development Norwich – Norfolk & Waveney CCG (item 7) |
| Dr Joanne Walsh | GP and Partner (Castle Partnership) OneNorwich Practices (item 7) |
| Emma Miller | Senior Services Manager - OneNorwich Practices (Item 7) |
| Emma Frith | Service Manager (outgoing) - OneNorwich Practices (Item 7) |
| Francesca Bullman | Contracts Manager - OneNorwich Practices (Item 7) |
| Nick Guy | Service Manager OneNorwich Practices (item 7) |
| Dr Victoria Holliday | Chair – North Norfolk Coastal Ambulance Response Times Working Party & North Norfolk District Councillor (Item 6) |
| David Russell | Community Engagement Co Ordinnator – Norfolk & Waveney Sector & Ambassador for the East of England Amblulance Service NHS Trust (Item 6) |

1. Apologies for Absence and details of substitutes

- 1.1 Apologies for absence were received from Cllr Robert Kybird, Cllr Colin Hedgley and Cllr Alexandra Kemp. Cllr Edward Back was substituting for Cllr Colin Hedgley.
- 1.2 It was noted that Norwich City Council did not currently have a representative in place but will make an appointment on 9th September 2021.
- 1.3 The Chair advised of a change of membership since the last meeting. Cllr Michael Chenery stood down from the committee following his appointment as the County Council's appointee to the Norfolk & Suffolk NHS Foundation Trust's (NSFT) Council of Governors and NSFT's Constitution does not permit an NHOSC member to hold that role. Cllr Julian Kirk has been appointed to replace Cllr Chenery.

2. Minutes

The minutes of the previous meeting held on 15 July 2021 were confirmed by the Committee and signed by the Chair.

3. Declarations of Interest

- 3.1 Cllr Alison Thomas clarified her position as a member of the Norfolk & Norwich University Hospital Council of Governors. There is nothing in the hospital's constitution to prevent a member of the Health Overview & Scrutiny Committee (HOSC) from being a member of its Council of Governors and nothing within the County Council constitution to prevent it. After having received legal advice, the hospital are satisfied for Cllr Thomas to hold both roles.

4. Urgent Business

- 4.1 There were no items of urgent business.

5. Chair's Announcements

- 5.1 The Chair had no announcements.

6. Ambulance Service

- 6.1** The Committee received a suggested approach by Maureen Orr, Democratic Support and Scrutiny Manager, on how the Committee might like to examine the situation regarding ambulance response and turnaround times in Norfolk and Waveney since October 2020, the issues affecting the East of England Ambulance Service Trust's (EEAST) performance and the actions that had been taken to address them. The Committee received update reports (at appendix A to the suggested approach) on response times and turnaround times at the acute hospitals, detailed data for 4 postcodes of concern (NR23, 25, 26 and 27) as well as how current performance compared with previous years before the pandemic. In addition, the reports also covered the measures taken to improve emergency response to patients with mental health requirements, actions taken to address the issues raised in the CQC report in September 2020 and information on the Educational & Skills Funding Agency's withdrawal of funding for apprenticeship learning. The committee had last considered the Ambulance service in October 2020.
- 6.2** The Committee received evidence in person from Marcus Bailey, Chief Operating Officer of EEAST and Mark Burgis Director of Primary & Community Care for Norfolk and Waveney CCG and via video link from representatives of East of England Ambulance Commissioning Consortium, Norwich & Norwich University Hospital NHS Foundation Trust, James Paget University Hospital and the Queen Elizabeth Hospital NHS Foundation Trusts.
- 6.3** The Committee heard from the following members of the public who had given notice that they wished to speak to the meeting. Each speaker had a maximum of 5 minutes to speak to the committee.
- 6.3.1** **David Russell**, Community Engagement Co Ordinator for Norfolk & Waveney Sector and Ambassador with the EEAST joined the meeting by Microsoft Teams and acknowledged that the Ambulance Service was extremely hard pressed and were providing an excellent service in difficult circumstances. He thought that working with partners including the County Council, that the demand for an ambulance could be reduced if individuals considered whether an ambulance was the correct response for their medical issue.
- 6.3.2** **Dr Victoria Holliday**, Chair of North Norfolk Coastal Ambulance Response Times Working Party also joined the meeting virtually and updated the meeting on how the working party had progressed since its inception in 2019. Whilst overall response times remained much the same, by drilling down into the postcode data (NR23 to NR27) individual areas of concern can be identified. The siting of ambulances was also important as postcode NR22 (Walsingham) testified. Improvements of the service from the working party are best encouraged from the bottom up and working with the community and partners was essential. Notable successes of the working party were the piloting of access to mental health clinicians and the retention of the 2 rapid response vehicles situated at Cromer and North Walsham. The working party was currently working on helping recruitment for more First Responders, ambulance routing for faster travel, adding additional resource to the Wells area as well as helping the CCG to promote the messaging to the public for the forthcoming winter flu season. The working party would like to see additional Rapid Response Vehicles (RRV) deployed in the area to reduce response times. However, it was acknowledged that although these vehicles do not transport patients they were essential, because even if quick turn around times of ambulances happened on

every occasion, response targets would still be difficult to achieve without the use of RRV.

6.4 The following points were noted:

- The Chief Operating Officer outlined the priorities of the new Chief Executive of EEAST. They were to ensure that the cultural journey continued from reactive dealing with issues to sustainability and transformation of the service. This included sustainable finance, performance and staffing and continuing to drive improvements. Covid continued to have a significant direct and indirect impact on both staff and the service.
- The EEAST were already having to escalate their plans for winter demand levels.
- Working with the community, other health partners and educating the public were all key components in improving the service response times.
- Pilots such as the cycle response units had worked well in areas such as Wells next the Sea and many good solutions came from the community who used and experienced the service.
- Hoax calls were not a major issue, however inappropriate calls which need to be redirected to the most appropriate service provider were increasing.
- EEAST undertook to check whether it or its partners had statistics or other information on the extent to which the ambulance service was called upon because of other more appropriate services not being available to patients when they need them and to provide any available statistics or information to NHOSC.
- It was acknowledged that difficulties in obtaining GP appointments was placing extra stress on the service and that greater working with partners such as local GPs and the NHS 111 service was required to ensure demand was reduced to those needing an ambulance. Calls to 111 and 999 are triaged and clinicians were available to call handlers to offset the need to despatch an ambulance.
- Councillors expressed frustration that Primary Care was yet to return to a “business as normal” model and that the ambulance service was being used as a service of last resort. In response the speakers advised Covid was still having a large impact in the practicalities of delivering a pre Covid service and that many people now found the new ways of engaging with Primary Care providers more convenient. However, in some cases emails and online responses now outweighed calls to GP surgeries meaning an adjustment to working practices was required.
- It was recognised that not everyone could or would embrace new methods of engagement with Primary Care. The speakers advised that as services move back to a more pre Covid model, a blend of new and old methods available was desirable. This should reduce demand on the ambulance service. Working with local partners was essential to ensure the most vulnerable and unwell are protected.
- Norfolk was a popular tourist destination which meant that the ambulance service had increased demand in summer and this was being perpetuated by the current “staycation” trend. Primary Care and other health care providers do anticipate this increase in demand and introduced additional services such as summer clinics at James Paget Hospital.
- The ambulance service is recruiting a further six mental health clinicians to add to the existing two to help meet demand. Good work had also been undertaken working with the local police force to deal with mental health issues that arise.
- In response to questions concerning assaults on ambulance staff the speakers advised that the service had 38 trauma practitioners to support

affected staff as well as access to a 24 hour mental health phone line. An additional £500,000 has been invested on top of the existing provision for well being with the EEAST having 4 wellbeing hubs to signpost staff to. All employees had been given a small card to carry with them which provided details of all well being and mental health help available.

- Councillors were pleased to hear that the ambulance service had zero tolerance towards assaults and prosecutions were sought in all assault cases. A trial of wearing body cameras was to be rolled out to deter would be offenders. Callers who abused verbally were cautioned and a red card system was available for frequent offenders. The service was also updating its lone working policy.
- The Chairman commented that not all negativity was from external sources and that poor behaviour from colleagues should also be called out and dealt with. This response needed to be embedded within the DNA of the service.
- Handovers at the acute hospitals are both slick and prompt and EEAST had showcased their approach nationally as a best practice for colleagues across the country to adopt. Delays are caused by capacity levels and the complexities around Covid pathways for admissions. Collaboration across the ICS was essential and at some times early signposting was required to divert ambulances away from areas with extreme pressures.
- A request was made from the committee to receive updated figures on ambulance service hours lost at hospitals while waiting to hand over patients. The last data made available was issued in October 2020. The Chief Operating Officer agreed to send the figures to the Scrutiny Manager.

The Chairman concluded the discussion by acknowledging:

- The challenges to the service are real and the coming winter season may bring more difficulties
- Further public awareness and education was required to ensure people only called for an ambulance when one was required.
- The return to face to face appointments for Primary Care was required to reduce pressure on the service.
- The service had implemented positive steps to help staff wellbeing and that the investment in mental health services for staff was excellent. It was also pleasing to note this help is offered at work so staff do not take their worries and stresses home with them.
- The situation regarding turnaround times was noted and the collaborative working taking place to reduce these. The issue was complicated and multi layered and capacity at the acute hospitals was a key issue.
- The committee whilst mindful of work pressures is unlikely to return to this subject again within 12 months. Future discussion topics for the service would be the apprenticeship programme which was due to be transferred shortly and it would be prudent to allow this to bed in before scrutiny takes place.
- The service was a precious and stretched resource and should be used sparingly, and that all health care providers, partners, stakeholders and the general public had a part to play in helping the ambulance service progress.
- Councillors could help by encouraging members of the public not to call the ambulance service unless absolutely necessary. Equally they could assist residents who are having difficulty accessing the type of primary care consultation that is most appropriate for them.

6.5

The Chairman thanked the NHS representatives for attending and for all the hard work that was being undertaken in very difficult circumstances.

The committee took a short break and reconvened at 11.20am

6.6

7. Vulnerable Adults Primary Care Service, Norwich

7.1 The Committee received a suggested approach by Maureen Orr, Democratic Support and Scrutiny Manager, on how the Committee might like to examine the progress of the new service for vulnerable adults primary care in Norwich. The Committee received a report on the service from NHS Norfolk and Waveney CCG and OneNorwich Practices (at appendix A to the suggested approach) that explained service developments since this new service started in April 2020.

7.2 The following key points were noted:

- The service has a detailed tracking system which ensures all medication, procedures, tests and appointments are fulfilled.
- Patients are moved along the tiers at their own pace until they can move to a permanent primary care provider usually after six months.
- Patients will travel to other towns around Norfolk and Suffolk. Through its Integrated Care Co-ordinator the service had good connections with other service providers and charities across the area which helped it keep track of its patients and their needs.
- Thetford, Great Yarmouth and King's Lynn had been recognised as areas where patients with similar characteristics needed to be served. There were integrated services for patients in those areas but they had been commissioned in a different way. The CCG was in the early stages of evaluating the Norwich service and considering consistency across its area including Waveney.
- The new service has provided greater resilience for the users.
- There was capacity for about 100 people on tier one. Support required for tier two varies greatly so the capacity is not capped. The model goal is to move individuals on to a sustainable Primary Care provider.
- The service is tracked to ensure extra demand is flagged early on in the process so extra resource can be deployed.
- Stringent efforts to maintain contact with the travelling community are made through various sources including voluntary sector, police and Primary Care providers.
- The service addresses a wider range of needs than the previous service so comparisons are difficult but existing users have experienced great benefits in the new service.
- The People from Abroad team are working with the service, voluntary groups, hospitals and charities to help refugees arriving in the county. The service has found the translation service provided by DA Languages to be of a high standard.

7.3 The Chairman concluded the discussion by acknowledging:

- The report was very pleasing and that the new service was moving forward positively. Great support was being shown to vulnerable adults. It is very likely

that more refugees would be arriving soon from areas such as Afghanistan, who will benefit from the service.

- The set up, management and tracking of the new service was working well as individuals moved up and down the tiers.
- It would be desirable to have a consistent vulnerable adults' primary care service across Norfolk and Waveney.

7.4 The Chairman thanked all those who had taken part in the discussion both online and in person.

8 Forward Work Programme

8.1 There was a vacancy for a committee link with The Queen Elizabeth Hospital The Chairman proposed Cllr Julian Kirk, seconded by Cllr Penny Carpenter.

RESOLVED unanimously to appoint Cllr Julian Kirk to the vacant position.

8.2 The Committee received a report from Maureen Orr, Democratic Support and Scrutiny Manager which set out the current forward work programme and briefing details that was agreed subject to the following:

8.3 The Committee agreed additionally for their future work programme:

- There would be a shorter report / follow up of NHS services for patients with sensory impairments in the January 2022 meeting to allow time for a report into access to primary care appointments within a COVID 19 pandemic context.

8.4 The committee agreed additionally for the NHOSC Member Briefing:

- ME / CFS – add data to briefing in December 2021 to reflect connection between Long Covid and ME / CFS. Update on the information provided to GPsto assist with diagnosis of ME/CFS and long Covid..
- Cancer Services – waiting times data to be included in October 2021 briefing together with how implementation of the national guidelines are being fulfilled within Norwich & Waveney CCG. This item would be considered on 4th November meeting for inclusion on a future agenda.
- Drug and alcohol dependency services – information on increases in demand and capacity during the COVID 19 pandemic.
- Mental Health Intensive Care Beds. – Clarification on future situation regarding use of these beds at Hellesdon Hospital. To be included in October 2021 briefing with a view to inclusion in a future committee meeting agenda.

Meeting ended 12.29pm

Cllr Alison Thomas, Chair



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