Norfolk County Council
at your service

Norfolk Health Overview and Scrutiny Committee

Date: **Thursday 15 January 2015**

Time: **10.00am**

Venue: **Edwards Room, County Hall, Norwich**

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 C Aldred	Mr P Gilmour	Norfolk County Council
Mr J Bracey	Mr P Balcombe	Broadland District Council
Mrs C Woollard	Ms S Bogelein	Norwich City Council
Mr M Carttiss	Mr N Dixon / Miss J Virgo	Norfolk County Council
Mrs J Chamberlin	Mr N Dixon / Miss J Virgo	Norfolk County Council
Michael Chenery of Horsbrugh	Mr N Dixon / Miss J Virgo	Norfolk County Council
Mrs A Claussen-Reynolds	Mr B Jarvis	North Norfolk District Council
Mr B Bremner	Mrs C Walker	Norfolk County Council
Mr D Harrison	Mr T East	Norfolk County Council
Mr R Bearman	Ms E Morgan	Norfolk County Council
Mr R Kybird	Mrs M Chapman-Allen	Breckland District Council
Dr N Legg	Mr T Blowfield	South Norfolk District Council
Mrs M Somerville	Mr N Dixon / Miss J Virgo	Norfolk County Council
Mrs S Weymouth	*Vacancy*	Great Yarmouth Borough Council
Mr A Wright	Mrs S Young	King's Lynn and West Norfolk Borough Council

For further details and general enquiries about this Agenda please contact the Committee Administrator:

Tim Shaw on 01603 222948
or email timothy.shaw@norfolk.gov.uk

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1. To receive apologies and details of any substitute members attending

2. Minutes

To confirm the minutes of the meeting of the Norfolk Health Overview and Scrutiny Committee held on 27 November 2014. (Page 5)

3. Members to declare any Interests

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. **To receive any items of business which the Chairman decides should be considered as a matter of urgency**

5. **Chairman's announcements**

6. **10.10 – 11.00** **Integration of Health and Social Care Services, Central and West Norfolk**

A progress report from integrated health and social care commissioners and providers followed by a presentation from North Norfolk Clinical Commissioning Group (Page 11)

Appendix A – Integration of Health and Social Care Services, Central and West Norfolk (Page 15)

7. **11.00 – 11.15** **NHS Workforce Planning for Norfolk**

To agree terms of reference and appoint members to a scrutiny task and finish group (Page 21)

8. **11.15 – 11.30** **Forward Work Programme and appointment of substitute link members with NHS Trusts**

To consider and agree the forward work programme and to appoint substitute link members with local NHS Trust Boards (Page 26)

Glossary of Terms and Abbreviations (Page 30)

Chris Walton
Head of Democratic Services

County Hall
Martineau Lane
Norwich
NR1 2DH

Date Agenda Published: 7 January 2015

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Norfolk County Council
at your service

NORFOLK HEALTH OVERVIEW AND SCRUTINY COMMITTEE
MINUTES OF THE MEETING HELD AT COUNTY HALL, NORWICH
On 27 November 2014

Present:

Mr M Carttiss (Chairman)	Norfolk County Council
Michael Chenery of Horsbrugh	Norfolk County Council
Mr D Harrison	Norfolk County Council
Mr R Kybird	Breckland District Council
Dr N Legg	South Norfolk District Council
Mrs M Somerville	Norfolk County Council
Mrs S Weymouth	Great Yarmouth Borough Council
Mrs C Woollard	Norwich City Council
Mr A Wright	King's Lynn and West Norfolk Borough Council

Substitute Member Present:

Mr P Balcombe for Mr J Bracey
Miss J Virgo for Mrs J Chamberlin
Mrs C Walker for Mr B Bremner

Also Present:

James Elliott	for Norfolk System Resilience Group, Deputy Chief Executive of Norwich CCG
Dr Mark Sanderson	Assistant Medical Director, NHS England East Anglia Area Team
Dr Tim Morton	Chairman, Norfolk and Waveney Local Medical Committee
Ross Collett	Head of Norfolk and Suffolk Workforce Partnership, Health Education East of England
Dr Jamie Wyllie	Director of Clinical Transformation, Great Yarmouth and Waveney Clinical Commissioning Group
Dr Kneale Metcalf	Consultant Stroke Physician, Norfolk and Norwich University Hospital NHS Foundation Trust
Dr Raj Shekhar	Stroke Consultant, Queen Elizabeth Hospital NHS Foundation Trust
Dr Hilary Wyllie	Locum Consultant in Stroke Medicine, James Paget University Hospitals NHS Foundation Trust
Daniel Phillips	Clinical Lead (Stroke/TIA), East of England Ambulance Service NHS Trust
Mrs Joyce Bell	Member of the public
Neil Chapman	The Stroke Association
Jane Webster	Head of Commissioning, NHS West Norfolk Clinical Commission Group
Steve Sheldrake	Team Leader for the Wheelchair Service, Queen Elizabeth Hospital NHS Foundation Trust
Mick Sanders	Head of Integrated Commissioning, Norwich Clinical Commissioning Group
Sally Child	Head of Child Health Commissioning Support, NHS Anglia Commissioning Support Unit

Carolyn Young	Programme of Care Manager – Trauma, NHS England (specialised wheelchair commissioning)
Mark Catling	Operational Manager for Wheelchair Services, Norfolk Community Health and Care NHS Trust
Nina Melville	Service Manager for Specialist Seating, Rehabilitation Therapies and Prosthetics, Norfolk Community Health and Care NHS Trust
Dr Trevor Wang	Family Voice
Cllr David Bradford	Norwich City Councillor
Chris Walton	Head of Democratic Services
Maureen Orr	Democratic Support and Scrutiny Team Manager
Tim Shaw	Committee Officer

1 Apologies for Absence

Apologies for absence were received from Mr C Aldred, Mr J Bracey, Mr B Bremner, Mrs J Chamberlin and Mrs A Claussen-Reynolds.

2. Minutes

The minutes of the previous meeting held on 16 October 2014 were confirmed by the Committee and signed by the Chairman.

3. Declarations of Interest

There were no declarations of interest.

4. Urgent Business

There were no items of urgent business.

5. Chairman's Announcements

(a) Welcome to Mrs Colleen Walker

The Chairman welcomed to the meeting Mrs Colleen Walker. Mrs Walker was substituting for Mr Bert Bremner, who had replaced Deborah Gihawi on this Committee. Ms Gihawi had stood down from the Committee on being appointed as County Council representative on the Norfolk and Norwich University Hospital NHS Foundation Trust Council of Governors.

(b) Improved Partnerships Between Health and Local Government Award

The Committee joined the Chairman in asking that a congratulatory letter be sent to the Great Yarmouth and Waveney Clinical Commissioning Group on winning the Health Service Journal 2014 award for 'Improved Partnerships Between Health and Local Government'. The award was for the CCG's work with Norfolk and Suffolk County Council social care, the district councils, the voluntary sector and regional health bodies towards the development of a fully integrated care system. The judges had praised 'strong leadership' and said that the area was 'on the cusp of a very complex but positive programme of change'. It was pointed out that the

CCG would formally consult the Great Yarmouth and Waveney Joint Health Scrutiny Committee on its plans for integration in 2015.

(c) Norfolk and Suffolk Workforce Partnership

The Chairman welcomed to the meeting a representative from Norfolk and Suffolk Workforce Partnership, the local branch of Health Education East of England, for the 'NHS Workforce Planning for Norfolk' item which was next on the agenda. This was the first time that someone from the Workforce Partnership had attended a meeting of the Committee. Members' attention was drawn to a briefing about the role of Norfolk and Suffolk Workforce Partnership which was emailed to Members on 20 November 2014 and copies of which had been placed on the table. The briefing note set out the extent of the Workforce Partnership's responsibilities and the basis on which they had voluntarily agreed to attend today's meeting.

6 NHS Workforce Planning for Norfolk

6.1 The Committee received a briefing from the Democratic Support and Scrutiny Team Manager on regional and local action to address recruitment difficulties in general practice and other areas of the local NHS.

6.2 The Committee received evidence from James Elliott, (Deputy Chief Executive of Norwich CCG) for Central Norfolk System Resilience Group, Dr Mark Sanderson, Assistant Medical Director, NHS England East Anglia Area Team, Dr Tim Morton, Chairman, Norfolk and Waveney Local Medical Committee, and Ross Collett, Head of Norfolk and Suffolk Workforce Partnership, Health Education East of England.

6.3 In the course of discussion the following key points were made:

- A recent Breckland District Council scrutiny report had commented that NHOSC might wish to examine the issue of NHS workforce planning with particular regard to GP recruitment and retention practices in the county.
- The recently formed Central Norfolk System Resilience Group was a forum where local NHS organisations came together to address perceived shared risks to the resilience of local NHS services. This included concerns about workforce availability.
- The Committee heard that each NHS organisation had responsibility for its own workforce planning, recruitment and training but all were dependent on the supply of suitably educated and qualified individuals.
- The branch of Health Education England that was responsible for healthcare education and workforce planning in this region was Health Education East of England. Within that organisation was the Norfolk and Suffolk Workforce Partnership which gave evidence to the Committee on a voluntary basis. Certain decisions, including the decision about the numbers of doctors required for the future, were taken at HEE national level. Other decisions, including the decision about future requirements for nurses and therapists, were taken regionally and locally, based on information from NHS provider organisations.
- The Committee heard about the difficulties that GP practices were experiencing in recruiting GPs to take up substantive positions,(with increasing numbers of trainees wanting to become locums), the action that could be taken to support GP practices and the demographics of the GP workforce in Norfolk.
- The witnesses asked if more could be done to improve the situation locally

in assisting GP practices to make Norfolk more attractive to GPs as a place to live and work.

- The Committee was informed by the witnesses that in the past Norfolk's stable GP workforce had helped to keep admissions to hospital down but the pressures on GP practices were leading to increasing pressures on the Norfolk and Norwich University Hospital. The witnesses commented that General Practice was not attractive enough to medical students, Norfolk needed to be marketed better as a place for doctors to live and work and the majority of medical schools were focusing more on those wanting to work in hospitals than those wanting to work in general practice, although the University of East Anglia has a good focus on general practice. The witnesses also commented that the construction of large new care homes could significantly add to GP workloads, and it would be helpful for GP practices to be advised on such developments as part of the planning process.

6.4 The Committee agreed to establish a scrutiny task and finish group in 2015 (with draft terms of reference to be presented in January 2015) to examine the issue of NHS workforce planning for Norfolk in more detail and to consider the recommendations made by Breckland Council.

7 Stroke Services In Norfolk

7.1 The Committee received a suggested approach from the Democratic Support and Scrutiny Team Manager to the Norfolk and Waveney Stroke Network's response to the Committee's 21 recommendations for organisations involved in local stroke care. NHOSC noted the positive response from all the organisations to which recommendations were addressed.

7.2 The Committee received evidence from Dr Jamie Wyllie, Director of Clinical Transformation, Great Yarmouth and Waveney Clinical Commissioning Group, Dr Kneale Metcalf, Consultant Stroke Physician, Norfolk and Norwich University Hospital NHS Foundation Trust, Dr Raj Shekhar, Stroke Consultant, Queen Elizabeth Hospital NHS Foundation Trust, Dr Hilary Wyllie, Locum Consultant in Stroke Medicine, James Paget University Hospitals NHS Foundation Trust, Daniel Phillips, Clinical Lead (Stroke/TIA), East of England Ambulance Service NHS Trust, and also heard from Mrs Joyce Bell , member of the public.

7.3 In the course of discussion the following key points were made:

- The Queen Elizabeth Hospital had successfully recruited to four new senior positions within the stroke care service and was making use of a 24hr telemedicine advisory service.
- The number of stroke care consultants at the NNUH FT had increased from three consultants at the time of publication of the Committee's report to six consultants at the present day.
- The JPH was having difficulty in recruiting suitably qualified stroke care consultants. It had however provided funding for an additional senior doctor to work within the service.
- In order to become a stoke care consultant required an additional year of medical training.
- In view of the national shortage of stroke care consultants, attempts were being made to integrate their training with that for other hospital consultant roles.
- Ambulance response times were considered to be of crucial importance for those who had suffered from a stroke. In some areas of Norfolk the

Ambulance Service was considering the co-location of its teams with those of the Fire Service.

- Mrs Joyce Bell, a member of the public, spoke on behalf of her husband who had suffered from a stroke for many years. She explained some of the issues that were associated with caring for a relative at home with a stroke related condition. She also stressed the importance of the public being educated as to the early signs of a stroke and of the public needing to have confidence in urgent ambulance response times when they were most needed.

7.4 The Committee agreed that they might need to return to the subject in 12 months to check on the progress that had been made in all areas of stroke care, including the Norfolk Stroke Network's review of the effectiveness of services for six month review, prevention, information and communication.

8 Wheelchair provision by the NHS – central and west Norfolk

8.1 The Committee received a suggested approach from the Democratic Support and Scrutiny Team Manager to an update report on NHS wheelchair services in central and west Norfolk.

8.2 The Committee received evidence from Jane Webster, Head of Commissioning, NHS West Norfolk Clinical Commission Group, Steve Sheldrake ,Team Leader for the Wheelchair Service, Queen Elizabeth Hospital NHS Foundation Trust, Mick Sanders ,Head of Integrated Commissioning, Norwich Clinical Commissioning Group, Sally Child, Head of Child Health Commissioning Support, NHS Anglia Commissioning Support Unit, Carolyn Young, Programme of Care Manager – Trauma, NHS England (specialised wheelchair commissioning), Mark Catling, Operational Manager for Wheelchair Services, Norfolk Community Health and Care NHS Trust, Nina Melville ,Service Manager for Specialist Seating, Rehabilitation Therapies and Prosthetics, Norfolk Community Health and Care NHS Trust and also heard from Dr Trevor Wang, Family Voice and Cllr David Bradford, Norwich City Council.

8.3 In the course of discussion, the following key points were made:

- Responsibility for the commissioning of specialist wheelchair services rested with NHS England and was due to pass to CCGs from April 2015.
- No significant difficulties with the transfer of responsibility to the CCGs were foreseen by the witnesses.
- The voices of children, young people and their carers were being listened to both in the school setting and via the answers they gave to an on line "friends and family test" of user opinion.
- A user group in west Norfolk had been disbanded.
- Those providing wheelchair services were meeting with wheelchair users in a wide range of locations where groups of service users met up. The venues included community centres, special and mainstream schools, and visits were subject to availability of staff and a request being received from the body concerned.

8.4 The Committee noted Family Voice's view that there had been a significant improvement in wheelchair services and service user involvement in the central and west Norfolk areas.

8.5 The Committee asked for Family Voice and Cllr David Bradford to be included in the wheelchair services' discussions with service users. Members also concluded

that any future issues about wheelchair services should be raised with Healthwatch. Should Healthwatch be unhappy with the responses that they obtained from wheelchair commissioners / service providers then they would be able to bring any matters of concern to the attention of this Committee.

9 Forward work programme

9.1 The Committee agreed its current Forward Work Programme and placed 'Ambulance response times and turnaround times in Norfolk' on its agenda for 26 February 2014. The committee also asked for information on cancer survival rates in Norfolk. It was noted that treatment of people with mental health issues in the county's A&E departments could potentially be added to the Committee's agenda in April 2015.

Chairman

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Norfolk Health Overview and Scrutiny Committee
15 January 2015
Item no 6

Integration of health and social care services, central and west Norfolk

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

Progress with integration of health and social care services in central and west Norfolk in 2014-15 and plans for the future.

1. Introduction

1.1 On 16 October 2014 Norfolk Health Overview and Scrutiny Committee (NHOSC) requested an update on the process of integration of health and social care services in Norfolk.

1.2 Great Yarmouth and Waveney CCG has notified the Great Yarmouth and Waveney Joint Health Scrutiny Committee that it intends to hold public consultation on its plans for integrated health and social care starting in March 2015. The Joint Health Scrutiny Committee will be informed and consulted as part of that process and the Great Yarmouth and Waveney area is therefore outside the scope of today's report.

1.3 Members are aware that service integration is a priority for Norfolk Health and Wellbeing Board and that the county has already made significant progress on integrated commissioning and delivery of services in previous years and throughout 2014-15. The West Norfolk CCG area has the same status as the 'Integration Pioneer' areas, of which there are 15 across England. NHOSC will receive consultation about system wide review in west Norfolk, including service integration, later in 2015. Other CCG areas are also forging ahead with integration plans.

1.4 At operational level, Norfolk County Council and Norfolk Community Health and Care NHS Trust (NCH&C) have entered into a formal agreement to create a single management arrangement for social care and community nursing and therapies, to facilitate better integration. NCH&C provide NHS community healthcare services across Norfolk, except for the Great Yarmouth area.

1.5 The mental health social care service returned to the direct management of the County Council on 1 October 2014, ending a contract with the Norfolk and Suffolk Foundation Trust (NSFT) for the provision of the service. Both the Council and NSFT have made a clear commitment to retaining an integrated approach to mental health.

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1.6 To achieve the maximum benefits integration can be considered not just in terms of health and social care but also between different parts of the NHS (e.g. primary care and community care; community care and acute

care; acute care and primary care). Various different models are being tried across the country.

2. Better Care Fund

2.1 In recent years there has been a national process for funding transfers from the NHS to social care authorities under section 256 of the NHS Act 2006. This has been specifically to fund social care services with a health benefit. The funding is held by NHS England but agreement is required between the County Council and the CCGs about its use. The fund for transfer to Norfolk County Council during 2014/15 was £19.152m. From April 2015 this will form a part of the Better Care Fund (BCF) pooled budget.

2.2 The establishment of the Better Care Fund (BCF) for April 2015 onwards has provided a strong national push towards much greater integration. Norfolk's final Plan, submitted to NHS England in October 2014, was approved with two conditions that have now been addressed. Final confirmation of full approval for the Plan is awaited.

The table below shows the Norfolk 2015-16 BCF revenue allocations against CCG areas:-

	£'m
West Norfolk CCG	11.443
South Norfolk CCG	14.020
Norwich CCG	12.245
North Norfolk CCG	11.553
Great Yarmouth & Waveney CCG	7.120
Norfolk BCF total (revenue)	56.381
Norfolk capital allocation	6.08
Norfolk BCF total 2015/16	62.404

2.3 Each CCG area will have a separate pooled BCF fund with the County Council and there are in effect five integration plans for Norfolk within the BCF Plan. Norfolk Health and Wellbeing Board received details of the plans in April 2014.

2.4 It should be noted that £16.295m within the BCF is related to performance. To access this funding within the BCF Norfolk must reduce its total emergency admissions to hospital by at least 3.5% in 2015-16 (i.e. a reduction of 3,289 admissions). Otherwise this element of the funding remains within the CCG budgets.

2.5 During 2014 there were concerns at national and regional level about the effect of the mandatory BCF arrangements on the NHS economy (acute hospital and CCG budgets) should efforts to reduce demand for hospital services not succeed and the 3.5% admission reduction target not be met. The performance related element of the BCF goes some way towards meeting these concerns. Conversely, there have also been concerns from the Association of Directors of Adult Social Care that nationally social care funding has fallen by 26% in the past four years while an extra £2bn has been announced for the NHS in 2015-16.

3. Purpose of today's meeting

3.1 Catherine Underwood, Director of Integrated Commissioning, Debbie Olley, Interim Director of Integrated Care and Laura Clear, Deputy Director Integrated Care and Systems Lead Norfolk County Council / Norfolk Community Health and Care have been invited to update NHOSC on integrated commissioning and operational plans across central and west Norfolk in 2015-16. Their report is attached at Appendix A.

The Director of Integrated Commissioning is responsible for strategic commissioning of community health, social care and housing support services across Norfolk County Council and the Clinical Commissioning Groups. The Interim Director of Integrated Care and Deputy Director Integrated Care and Systems Lead are responsible for the operational delivery of integrated services between Norfolk County Council and Norfolk Community Health and Care NHS Trust.

3.2 Dr Anoop Dhesi, Chairman of North Norfolk CCG has also been invited to give a presentation about the effectiveness of integrated services developed in North Norfolk in 2014-15.

4. Suggested approach

4.1 After hearing from the Norfolk County Council and Norfolk Community Health and Care integration directors and from North Norfolk CCG, Members may wish to explore the following areas with them:-

(a) It is vitally important to the local health and care economy that the plans for NHS integration with social care not only deliver a quality service but also enable the services to meet rising demand within the available resources. Is there any evidence yet that integration can deliver that?

(b) Given the pressure on A&E departments over the Christmas and New Year period how much risk is attached the target of a 3.5% reduction in emergency admissions in 2015?

(c) Is there scope for integration between NHS organisations within Norfolk (e.g. acute care and primary care; acute care and community care; community care and primary care) as well as integration with social care?

(d) Social care is working with 5 different integration plans and 5 separate BCF funds across the 5 CCG areas. Does this present difficulties?

(e) How much does social care expect models of integration with the NHS to vary across the county?

(f) How do the plans for integration deal with the fact that the health service is free at the point of use but social care is means tested?

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Appendix A

Report to Health Overview and Scrutiny Committee

Date: 15 January 2015

Integration of Health and Social Care Services, Central and West Norfolk

Report by Director of Integrated Commissioning & Interim Director of Integrated Care

Summary

Integration in Norfolk

Norfolk has a strong history of integration between health and social care. Norfolk County Council and NHS Norfolk primary care trust (PCT) were partners in Integrated Care Pilots which led to early establishment of multi-disciplinary approaches to working with frail older people in several areas. The County Council and the PCT established integrated commissioning for community health and care which was embedded when the NHS reforms created the 5 clinical commissioning groups. There is a small team of commissioners based at each CCG who work across health and care for the local area, alongside a joint county-wide team.

Such approaches have provided a foundation for bringing together health and care services with the purpose of improving outcomes, experience and efficiency. This paper provides an update on progress in integrating health and care with particular reference to integration in operational services and the Better Care Fund.

1 Operational service integration

1.1 In April 2014 it was agreed that Norfolk County Council (NCC) and Norfolk Community Health and Care (NCHC) would create a joint management structure for the management of co-located teams to deliver an integrated health and social care service for patients who live in the community. A section 75 agreement was agreed to enable health and social care managers to manage a mixture of health and social care staff and enable cross functionality of tasks. This means for instance that health staff will be able to set up simple packages of social care and social care staff will be able to undertake simple monitoring of health care. The section 75 will allow staff to undertake tasks on behalf of the other but not have full responsibility for meeting health or social care needs. NCC and NCHC will retain responsibility for delivering health or social care.

1.2 The section 75 agreement was finalised and signed by NCH&C and NCC, and became operational as of 10th November 2014. The senior management structure has been appointed and work is underway to develop the next phase. Included in the section 75 is a joint operating protocol setting out:

- Key Joint Objectives
- Services in Scope
- Management Structure
- Recruitment and Appointment Arrangements
- Line Management Arrangements
- Supervision, Appraisal and Training

- Budgetary Responsibilities
- Performance Management
- Risk Management and Complaints
- Communications and Meeting Structures
- Estates, IT and Data Sharing.

1.3 The second phase of this project is being planned. This will address the co-location of staff, the creation of joint teams and the possibilities for merging some care pathways, such as occupational therapy. This will also consider what efficiencies can be made to provide a better quality of service to the patient through only having one assessment wherever possible. This will also support the Better Care Fund plan for Norfolk.

2 Mental health services

2.1 In 2008, delivery of mental health social care services was delegated to the mental health trust (now Norfolk and Suffolk Foundation Trust, NSFT) under a section 75 agreement. As the agreement came up for review, there was recognition that the arrangement was not providing the social care service which the Council required and after consideration with the Trust, the County Council decided to end the arrangement. As a consequence, from 1st October 2014 the social care services returned to the direct management of the Council and the staff providing them have been transferred to Council employment. Staff remain co-located, primarily in NSFT premises to support continued collaboration. A joint process is being progressed between the Council and NSFT to ensure the smooth transfer of cases between the organisations, with prioritisation on the basis of client need.

2.2 The Council will be bringing a strong focus on wellbeing, recovery and the promotion of independence, with the expectation of reducing the use of residential care and improving the take up of personal budgets.

2.3 Whilst this development may be seen as moving away from an integrated approach, both the Council and NSFT have confirmed their continued commitment to delivering an integrated service within the new management arrangements. A partnership board has been established to provide leadership to continued joint work in mental health.

3 Better Care Fund

3.1 The Better Care Fund was introduced during the 2013 Spending Round and was initially referred to as the Integration Transformation Fund.

3.2 The BCF is a national initiative aimed at promoting integration of health and care services. It requires Health and Wellbeing Boards (HWBB) to have a Better Care Fund plan for integrated services in their area. Councils and CCGs are to establish a single pooled budget for health and social care services to work more closely together in local areas to deliver the plan agreed by the Health and Wellbeing Board.

3.3 The Better Care Fund programme requires the creation of a pooled fund between the Council and the five Norfolk CCGs of £65m and it is proposed that a separate pooled fund is held between the Council and each CCG.

3.4 It has been noted that Ministers will wish to be assured of how use of the fund will secure improved outcomes and wellbeing for people, with effective protection of social care and integrated activity to reduce emergency and urgent health demand. The fund is seen as building sustainable health and care for the foreseeable future and acting as a catalyst for

agreeing a joint vision for improving outcomes and to build commitment for accelerated change.

3.5 There have been several stages of a national assurance process which the plan has had to pass. The plan has been approved by the HWBB at each stage of its development.

4 Norfolk's Better Care Fund plan

4.1 Norfolk's plan follows the prescribed template.

The plan sets out:

1. A vision for health and care services, setting out how this addresses the local population's needs and the key components of our vision
2. What difference this will make for service users and patients
3. The changes that will be made in the pattern and configuration of services
4. The case for change: what analysis of local need and local services tells us about why we need to make changes
5. A plan of action for delivery of the plan, including milestones for a set of BCF schemes
6. Governance arrangements for the BCF and management oversight arrangements
7. Risk and contingency planning
8. How the BCF aligns with other plans
9. How the national conditions will be addressed
10. Public, patient and provider engagement, with an emphasis on acute providers
11. A detailed description of the schemes which will deliver the plan.

A summary of the schemes against outcomes is attached at appendix 1.

4.2 In addition, there are two spreadsheets which set out the details of the funding – where the pooled fund will be drawn from and where it will be paid to – and the benefits of the schemes.

4.3 The BCF requires four national conditions to be met and the plan sets out how these will be achieved:

1. The protection of social care services
2. 7 day services to support discharge
3. Data sharing
4. Joint assessment and an accountable lead for high risk groups.

4.4 There are five nationally prescribed performance measures for the Better Care Fund:

1. Unplanned admissions to hospital
2. Admissions to residential care
3. Delayed transfers of care
4. Reablement after 91 days
5. Patient satisfaction.

4.5 In addition, Health and Wellbeing Boards are required to set a local indicator. For Norfolk it has been agreed the local indicator is to improve the assessment of dementia.

The full plan can be accessed at http://www.norfolkambition.gov.uk/News/index.htm

5 Financial information

5.1 The national scheme has set out a minimum size of the pooled fund and the contributions to it. For 2015/16, £3.8bn of funding will be distributed nationally via the BCF in locally agreed pooled funds. This funding is made up of:

a) £1.9bn of NHS funding
b) £130m carers' break funding
c) £300m CCG reablement funding
d) £354m capital funding (including £220m Disabled Facilities Grant)
e) £1.1bn that is currently transferred from health to social care (s256 funding).

5.2 Revenue Funding - For Norfolk £56.381m revenue funding will be provided to Clinical Commissioning Groups (CCG) via their base funding allocations. Amounts per CCG were fixed as follows:

a) West Norfolk CCG £11.443m
b) South Norfolk CCG £14.020m
c) Norwich CCG £12.245m
d) North Norfolk CCG £11.553m
e) Great Yarmouth and Waveney CCG £7.120m*

*please note this is just the Norfolk element of the CCG.

5.3 Protection of Social Care - £34.807m has been allocated for the protection of Social Care within the Better Care Fund. £19.152m of this is the funding already transferred (section 256 funding) and £15.655m is made up of a variety of measures to protect social care, support carers, invest in reablement and implement the Care Act.

5.4 In addition there is capital funding anticipated to be around £6m, through the existing Disabled Facilities Grant funding and the existing social care capital grant which will see some increase with a requirement that this supports implementation of the Care Act.

6 Performance pay

6.1 £16.295m within the BCF is related to performance of the fund. Originally this funding was linked to the successful performance against the full key metrics, but this fund is now split between:

a) Payment for performance on total emergency admissions (general and acute non-elective admissions)

   Norfolk has targeted to reduce its total emergency admissions by at least 3.5% during the period 1 January 2015 to 31 December 2015 (the fourth quarter 2014/15 to the third quarter 2015/16) against a baseline of the same period 2013/14 and 2014/15.
   For Norfolk this is a reduction in 3,289 admissions with an associated fund of £4.900m.

b) NHS commissioned out-of-hospital services

   The size of this element of the fund will be dependent on the size of the performance fund relating to reduced emergency admissions above.

As we have £4.9m linked to admissions, we therefore have £11.395m that must be spent by CCGs on 'NHS commissioned out-of-hospital services' as part of the BCF plan.

6.2 If targets are met, the full performance payments is included in the BCF and released to the HWBB to invest in priorities set out in BCF plans. If targets are not met, the fund goes to CCG budgets proportional to the level by which the target is missed, to decide how it will be spent in consultation with the HWBB. It is expected that this fund will compensate CCGS for unplanned emergency admission costs.

7 Risks and issues

7.1 The creation of a pooled fund requires partners to address financial risk. This will be set out within the legal agreement between the Council and CCGs by March 2015.

7.2 The transformation of such complex services carries the risk that intended impact is not realised or that unintended consequences emerge. The BCF plan seeks to make use of evidence on integration and service change, so that good practice is applied. There is no single 'template for success' but the risk is mitigated by following good practice, using project management approaches to implementation, engaging closely with patients and clinicians and close monitoring of impact.

7.3 It is recognised that the target to reduce unplanned admissions by 3.5% will be challenging given the existing increase in demand. The creation of the performance fund has meant that exposure is managed.

7.4 A full risk log is included in the BCF plan.

8 National assurance process

A national assurance process has been put in place, led by the Department of Health. This has required additional scrutiny and challenge over 2014.

At the time of writing this report, the Norfolk BCF plan has been approved, subject to addressing two conditions. These have been addressed and we are awaiting confirmation that these conditions are now complete.

9 Delivering the Better Care Fund

The BCF process has focused the Council and CCGs on forming a clear plan for use of a pooled budget. Building on our history of integrated working and whilst the assurance process has been taking place, implementation of plans has been progressing.

A BCF Programme Group has been established between the Council and CCGs to provide officer management of the delivery, with escalation to the Chief Officer's network of CCG chief executives and the director of adult social services.

An update on the plan is provided to each Health and Wellbeing Board.

Officer Contact:

Catherine Underwood – Director of Integrated Commissioning	Email: Catherine.underwood@nhs.net	Tel: 01603 224378
Debbie Olley – Interim Director of Integrated Care	Email: Debbie.olley@norfolk.gov.uk	Tel: 01603 223960

Appendix 1: Norfolk's schemes and outcomes

Locality Schemes	Norfolk's Better Care Themes														
	Integrated and Coordinated Multi Agency Teams	Risk Stratification	Reablement and Rehabilitation	Self care and Self management	Housing Support	Assistive Technology	Falls Prevention	Urgent Care Programme	Dementia Care	Mental Health Services	End of Life Care	Carer Support services	7 Day Service	Data Sharing	Joint Assessment and Accountable Professional
SN1: Integrated primary care teams, including risk profiling															
SN2: Supporting independence wellbeing and self-care															
SN3: Integrated care for people with dementia															
SN4: Integrated falls prevention															
SN5: Urgent Care Programme															
SN6: Supporting good mental health															
SN7: Good end of life care															
NN1: Predictive Modelling & Complex Need Risk Stratification															
NN2: Integrated Community Care Teams															
NN3: Independence, Self-Care & Self-Management Programme															
NN4: Integrated Falls Management Programme															
NN5: Living Well with Dementia Programme															
NN6: Urgent Care Programme															
NN7: Improving Mental Health outcomes															
WN1: Integrated Care Organisation – further development of the model															
WN2: Integrated Reablement Service															
WN3: Integrating services to reduce hospital admissions to enable discharge															
WN4: Supporting independence and well-being															
WN5: Dementia diagnosis and support model around primary care															
GYW1: Supporting Independence by provision of community based support															
GYW2: Integrated Community health and Social Care teams															
GYW3: Urgent Care Programme															
GYW4: Support for people with dementia and functional mental health problems															
N1: Primary Care															
N2: Community Health & Care Services															
N3: Intermediate Care: Seven day supported discharge and intermediate care															
N4: Community Assets															

Norfolk Health Overview and Scrutiny Committee
15 January 2015
Item no 7

NHS Workforce Planning for Norfolk

Report by Maureen Orr, Democratic Support and Scrutiny Team Manager

The Committee is asked to consider terms of reference for scrutiny of NHS workforce planning for Norfolk and to appoint members to a task and finish group.

1. Introduction

1.1 On 27 November 2014 Norfolk Health Overview and Scrutiny Committee (NHOSC) received a report on NHS Workforce Planning for Norfolk and met with representatives from Central Norfolk System Resilience Group, NHS England East Anglia Area Team, Norfolk and Waveney Local Medical Committee and Norfolk and Suffolk Workforce Partnership.

1.2 The Committee agreed to establish a scrutiny task and finish group to examine the issues in more detail.

1.3 Draft terms of reference for the scrutiny are attached at Appendix A.

2. Action

2.1 NHOSC is asked to:-

(a) Agree the draft terms of reference attached at Appendix A or suggest and agree amendments

(b) Nominate five members to the task and finish group.

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Terms of Reference

Norfolk County Council
Norfolk Health Overview and Scrutiny Committee (NHOSC)
Terms of reference for scrutiny of NHS workforce planning in Norfolk
Scrutiny by Task and finish group
Membership of task and finish group 5 Members of NHOSC 1 co-opted Member of Healthwatch Norfolk (non voting)
Reasons for scrutiny NHOSC is aware of instances of clinical staff shortages that have come to its attention in recent years, where despite adequate funding being available NHS providers have been unable to recruit sufficient paramedics, hospital nurses, midwives, mental health professionals, and stroke consultants. The Committee is also aware of major difficulties in recruiting GPs to work at practices in Norfolk. NHOSC is concerned that:- 1. Clinical staff shortages will ultimately have a detrimental effect on the health service delivered to patients 2. The shortage of GPs may cause a severe knock-on effect by increasing urgent demand on secondary health care services, which will ultimately affect their ability to deliver timely elective services.
Purpose and objectives of study 1. To understand the extent of unfilled clinical vacancies due to recruitment difficulties across primary, community and secondary care in Norfolk. 2. To understand the process of NHS workforce planning from national to local level and to understand where responsibilities lie. 3. To discuss action that is already underway, or that could be taken, to ease clinical workforce shortages in the areas identified at 1. 4. To make recommendations, if appropriate, on actions that could be taken to improve workforce planning and recruitment and retention of clinical healthcare staff.

Issues and questions to be addressed

General

1. Do the System Resilience Groups in east, west and central Norfolk have a complete picture of clinical workforce shortages currently affecting services in Norfolk and likely to affect them in future?
2. What is the assessment of risk posed by clinical workforce shortages in the county?
3. What can be done locally to tackle the risks posed by clinical workforce shortages (community and acute) in the short term and longer term?
4. What is the process through which Health Education England (HEE), HEE East of England and the Norfolk and Suffolk Workforce Partnership gather information on which to plan education of the future workforce, which may need a different mix of skill from the current workforce? Can the process be improved? (e.g. how to include the workforce needs of the private providers and the multidisciplinary needs for integrated health and social care services?)
5. How will current health care education programmes address future workforce requirements?
6. What can councils do to work with the NHS in attracting medical and other clinical staff to live and work in Norfolk?
7. Are there areas of best practice where recruitment has been successful and from which lessons could be learned?
8. What more can be done to improve retention of community and acute medical / clinical workforces and attract people who have left to return to the professions.
9. What would be the best way for local planning authorities to consult with the NHS in respect of major planning applications, planning applications for care and nursing homes, and policy development?
10. Does the group support the recommendation made by Breckland Council:-

    That NHS England, Clinical Commissioning Groups (CCGs) and local practices should be consulted with regards to planning applications to assist with future staffing requirements.

Regarding primary care

11. Why are GPs opting for
    a. locum work in preference to salaried positions
    b. salaried positions in preference to partnership

    and what effect does this have on provision of primary care?
12. Is there an opportunity for CCGs to influence the mix of partners and variety of salaried clinical staff that GP practices seek to recruit to provide better overall cover in primary care?
13. Is there potential for mental health staff, health visitors and social workers to work in practices alongside other clinicians?
14. How can other professions, e.g. pharmacy, be involved in reducing pressure on general practice?
15. What effect do the rules and guidelines for becoming a dispensing practice have on GP recruitment and viability of a practice?
16. Does the group support the recommendation made by Breckland

Council:-

That NHS England reviews the rules and guidelines for becoming a dispensing practice and consider whether they have an impact on the recruitment and retention of GPs.

17. Does the national NHS funding formula disadvantage recruitment of GPs into Norfolk? (e.g. is there sufficient recognition of the needs of older people in the funding formula?)
18. How is NHS England EAAT managing the review of PMS (Personal Medical Services) contracts in Norfolk in view of the GP recruitment difficulties that already exist?
19. Would it be helpful to increase the number of training practices in Norfolk and, if so, what is being done in this respect?
20. What can be done to encourage medical schools to focus more on primary care?
21. What more could be done to encourage postgraduates to take up the available GP training places?
22. What progress has been made following the General Practice Workforce Summit convened by the EAAT on 17 October 2014?
23. What are the issues regarding provision of primary care premises and what could be done to resolve them?

People to speak to

- System Resilience Groups x 3 - Central Norfolk; Great Yarmouth and Waveney; West Norfolk.
- NHS England EAAT
- Norfolk and Waveney Local Medical Committee
- Norfolk and Suffolk Workforce Partnership
- Health Education East of England
- NHS provider organisations x 7
    - East of England Ambulance Service NHS Trust (EEAST)
    - Norfolk and Norwich University Hospital (N&N)
    - The Queen Elizabeth Hospital (QEH)
    - The James Paget University Hospital (JPH)
    - Norfolk and Suffolk NHS Foundation Trust (NSFT)
    - Norfolk Community Health and Care (NCH&C)
    - East Coast Community Healthcare (ECCH)
- University of East Anglia Medical Faculty
- A local planning authority (*suggest the group chooses one of the 7 to talk through the issues)*
- Norfolk County Council:-
    - Interim Lead Human Resources (HR) and Organisational Development (OD) Business Partner for Adult Social Services
    - Lead HR and OD Business Partner for Children's Services
    - Interim Director of Integrated Care

Other sources of information

Health Education England
The Royal Colleges

The British Medical Association
Style and approach • Panel-style meetings with representatives from the organisations listed above. *These may be held at County Hall or at the organisations' premises, as convenient.*
Planned outcomes A report to Norfolk Health Overview and Scrutiny Committee with the Task and Finish Group's findings and recommendations, if appropriate, on what more could be done to improve NHS workforce planning in Norfolk.
Deadlines and timetable It is expected that the task and finish group will report back to Norfolk Health Overview and Scrutiny Committee by July 2015. It is expected that the work can be completed in approximately 6 meetings. Details of the programme will depend on availability of Members, NHS representatives and emerging findings.

Terms of reference agreed by	**Date**
Norfolk Health Overview and Scrutiny Committee	15 January 2015

Forward work programme and appointment of substitute link members with local NHS Trusts and Clinical Commissioning Groups

Report by Maureen Orr, Democratic Support and Scrutiny Team Manager

The Committee is asked to:-

(a) Appoint substitute link members with local NHS Trusts, where vacancies exist.
(b) Consider the current forward work programme and suggest issues for future scrutiny.

1. Substitute link members with local NHS Trusts

1.1 Norfolk Health Overview and Scrutiny Committee appoints link members to attend local NHS provider Trust Board and Governors meetings and Clinical Commissioning Group (CCG) Governing Body meetings. The nominated member or a nominated substitute member may attend in the capacity of NHOSC link member.

1.2 The role of the link member, or nominated substitute, is to attend the NHS body's meetings in public to observe and keep abreast of developments in the Trust or CCG's area and alert NHOSC to any issues that may require the committee's attention.

1.3 The link member holds no formal position with the NHS body whose meetings they attend but is present at the formal request of NHOSC. Any other member of NHOSC may attend NHS meetings in public in a personal capacity if they wish.

1.4 Nominated NHOSC formal link members are listed on the Forward Work Programme paper presented at each meeting (Appendix A). Substitutes have been nominated for some NHS bodies but not for others. It is suggested that NHOSC nominates substitutes where this has not already been done, or where vacancies have arisen:-

Clinical Commissioning Groups

	Link Member	Substitute
North Norfolk	Mr J Bracey	**Vacancy**
Great Yarmouth & Waveney	Mrs S Weymouth	**Vacancy**
West Norfolk	M Chenery of Horsbrugh	**Vacancy**
Norwich	Mr J Bracey	**Vacancy**

NHS Provider Trusts

	Link Member	Substitute
Norfolk & Suffolk NHS Foundation Trust	M Chenery of Horsbrugh	**Vacancy**
James Paget University Hospitals NHS Foundation Trust	Mr C Aldred	**Vacancy**

2. Forward work programme

The current forward work programme is attached at Appendix A.

3. Action

3.1 NHOSC is asked to:-

(a) Nominate substitute link members to the vacancies listed at paragraph 1.4.

(b) Consider the current forward work programme (Appendix A):-

- Whether there are topics to be added, deleted, postponed or brought forward
- To agree the briefings, scrutiny topic and dates.

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Norfolk Health Overview and Scrutiny Committee

Proposed Forward Work Programme 2015

Meeting dates	*Briefings/Main scrutiny topic/initial review of topics/follow-ups*	*Administrative business*
26 Feb 2015	Diabetes – provision of services within primary care Ambulance response times and turnaround times at hospitals in Norfolk – a progress report from the East of England Ambulance Service NHS Trust	
16 Apr 2015	*Service given to patients with Mental Health issues in A&E following attempted suicide or self harm episodes*	*Subject to confirmation by NHOSC on 15 Jan 2015*
28 May 2015	Changes to services arising from system wide review in West Norfolk – consultation with the committee. Changes to mental health services in west Norfolk – consultation with the committee regarding permanent changes following the trial period ending in March 2015. *Consultation on long term plans to maintain and improve access to primary care services in Norwich and surrounding areas – potential consultation by NHS England EAAT in May or July 2015, depending on the outcome of a strategic review by Enable East (starting March 2015)*	*Potential consultation in May or July 2015 depending on decisions by NHS England*

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

Provisional dates for reports to the Committee / items in the Briefing 2015

Oct 2015 - Policing and Mental Health Services - an update from the Police & Crime Commissioner for Norfolk, Norfolk and Suffolk NHS Foundation Trust and Norfolk Constabulary (further to the presentation given to NHOSC in October 2014).

Nov 2015 – Stroke Services in Norfolk – update (12 months after the responses to stroke recommendations, presented to NHOSC 27 November 2014).

2015 – Cancer survival rates in Norfolk (information to be included in the Briefing).

Main Committee Members have a formal link with the following local healthcare commissioners and providers:-

Clinical Commissioning Groups

North Norfolk	-	Mr J Bracey
South Norfolk	-	Dr N Legg (substitute Mr R Kybird)
Gt Yarmouth and Waveney	-	Mrs S Weymouth
West Norfolk	-	M Chenery of Horsbrugh
Norwich	-	Mr J Bracey

NHS Provider Trusts

Queen Elizabeth Hospital, King's Lynn NHS Foundation Trust	-	Mr A Wright (substitute M Chenery of Horsbrugh)
Norfolk and Suffolk NHS Foundation Trust (mental health trust)	-	M Chenery of Horsbrugh
Norfolk and Norwich University Hospitals NHS Foundation Trust	-	Dr N Legg Mrs M Somerville
James Paget University Hospitals NHS Foundation Trust	-	Mr C Aldred
Norfolk Community Health and Care NHS Trust	-	Mrs J Chamberlin (substitute Mrs M Somerville)

Norfolk Health Overview and Scrutiny Committee 15 January 2015

Glossary of Terms and Abbreviations

BCG	Better Care Fund
CCG	Clinical Commissioning Group
EAAT	East Anglia Area Team
ECCH	East Coast Community Healthcare
EEAST	East of England Ambulance Service NHS Trust
GP	General practitioner
HEE	Health Education England
HEEE	Health Education East of England
HR	Human Resources
HWBB	Health and Wellbeing Board
JPUH & JPH	James Paget University Hospital
NCC	Norfolk County Council
NCH&C / NCHC	Norfolk Community Health and Care NHS Trust
NHOSC	Norfolk Health Overview and Scrutiny Committee
NNUH & N&N	Norfolk and Norwich University Hospitals NHS Foundation Trust
NSFT	Norfolk and Suffolk NHS Foundation Trust (mental health trust)
NSWP	Norfolk and Suffolk Workforce Partnership
OSC	Overview and Scrutiny Committee
PCT	Primary Care Trust
QEH	Queen Elizabeth Hospital, King's Lynn