

**NORFOLK HEALTH OVERVIEW AND SCRUTINY COMMITTEE
MINUTES OF THE MEETING HELD AT COUNTY HALL, NORWICH
on 28 February 2019**

Present:

Michael Chenery of Horsbrugh (Chairman)	Norfolk County Council
Mrs A Claussen-Reynolds	North Norfolk District Council
Ms E Corlett	Norfolk County Council
Mr F Eagle	Norfolk County Council
Ms E Flaxman-Taylor	Great Yarmouth Borough Council
Mr D Fullman	Norwich City Council
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 F O'Neill	Broadland District Council
Mr R Price	Norfolk County Council
Mrs S Young	Norfolk County Council

Also Present:

Dorothy Hosein	Interim Chief Executive, East of England Ambulance Service NHS Trust
Terry Hicks	Sector Head for Norfolk, East of England Ambulance Service NHS Trust
Professor Nancy Fontaine	Chief Nurse, Norfolk and Norwich University Hospitals NHS Foundation Trust
Jon Wade	Chief Operating Officer, Queen Elizabeth Hospital NHS Foundation Trust
Mark Burgis	Chief Operating Officer, North Norfolk CCG and Norfolk and Waveney Winter Room Director
David Russell	Cromer Town Council
Rebecca Hulme	Chief Nurse & Director of Children, Young People and Maternity, Great Yarmouth and Waveney CCG
Clare Angell	Senior Commissioning Manager for Children and Young People for Norfolk and Waveney (hosted by Great Yarmouth and Waveney CCG)
Michael Bateman	Head of Education High Needs SEND Service, Norfolk County Council
Jonathan Williams	Chief Executive, East Coast Community Healthcare
Louise Barrett	Deputy Director Health Improvement & Children's Services, East Coast Community Healthcare
Danielle Tebo	SENSational Families Group
Lorraine Devere	Family Voice
Claire Stevens	Member of the public

Chris Stevens	Member of the public
Caroline Sykes	Member of the public
Nicki Price	Member of the public
Maxine Webb	Member of the public
Hayley Huckle	Member of the public
Debra Oldman	SEND Projects Manager, Children's Services
Rachel Gates	Member of the public
Claire Taylor	Member of the public
Carolyn Watts	Member of the public
Natasha Oakley-White	Member of the public
Jonathan Rackham	Member of the public
Ian Turner	Member of the public
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 Mrs S Fraser and Mr P Wilkinson.

2. Minutes

2.1 The minutes of the previous meeting held on 17 January 2019 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

5.1 The Chairman drew the committee's attention to the paragraph regarding public speaking on the Norfolk Health Overview and Scrutiny Committee's agenda cover sheet, which had been expanded to include the purpose of public speaking at the meeting.

6 Ambulance response times and turnaround times in Norfolk

6.1 The Committee received a suggested approach by Maureen Orr, Democratic Support and Scrutiny Team Manager, to a report from the East of England Ambulance Service NHS Trust (EEAST) that provided information on ambulance demand and response times, along with updates on stroke performance, staff and recruitment and an assessment of the success of initiatives taken to help cope with demand during winter 2018-19 so far.

- 6.2** The Committee received evidence from Dorothy Hosein, Interim Chief Executive, East of England Ambulance Service NHS Trust, Terry Hicks, Sector Head for Norfolk, East of England Ambulance Service NHS Trust, Professor Nancy Fontaine, Chief Nurse, Norfolk and Norwich University Hospitals NHS Foundation Trust, Jon Wade, Chief Operating Officer, Queen Elizabeth Hospital NHS Foundation Trust and Mark Burgis, Chief Operating Officer, North Norfolk CCG and Norfolk and Waveney Winter Room Director.
- 6.3** The Committee heard from David Russell, Cromer Town Council, who asked if EEAST statistics for Norfolk and Waveney could be broken down to the local CCG area. He said that EEAST was operating on REAP 3 (highest level of winter pressure for most of winter 2018/19) which meant that plans to invest and improve ambulance services were fraught with difficulties. Mr Russell said that the EEAST Trust Board should look to widen their sources of information by holding public local engagement meetings in the counties in which they delivered emergency care, rather than rely too heavily on statistical information. Mr Russell added that EEAST's area plans did not appear to be reducing the need for A&E transports to the N&N. Also, the use of Hospital Ambulance Liaison Officers (HALOS) did not appear to be having a significant impact on A&E admissions at the N&N. Mr Russell said that mental health professionals should be positioned in the EEAST Emergency Centres. He also said that the impact of social care on patient flow through the acute hospitals should be examined when the Committee next considered the matter.
- 6.4** During discussion the following key points were made:
- Members were informed that the ambulance service was jointly commissioned at a regional level, not on an individual CCG level, by all 19 CCGs in the east of England, including NN & WN CCGs. The co-ordinating commissioner was Ipswich and East Suffolk CCG.
 - The speakers from EEAST agreed to consider what (if any) new opportunities might exist to increase the Trust's visibility and engagement with the public at the local level, including the possibility of attending on an occasional basis Parish and Town Council meetings (when this was at a Council's request). However, the speakers from EEAST added that the prime objective of their communications and engagement strategy had to remain on providing information on the services available to those requiring medical attention, rather than on collecting more public information at additional cost.
 - In response to the proposal of placing mental health practitioners in the EEAST emergency operations centre in the same way as they have been placed in Norfolk Constabulary control room (with funding from the Police and Crime Commissioner's office) the speakers explained the practical difficulties of accessing mental health records across 6 counties.
 - It was important for EEAST to be seen to be delivering long term financial sustainability alongside the drive for continuous improvement.
 - The statistics in the report from EEAST showed that while there was some improvement from the winter of last year, there remained delays across the board in meeting the 15 minute standards for handover of patients at hospitals, which were exaggerated at times of demand pressure and could vary in where they occurred.
 - Members were informed that the EEAST winter plan for 2018/19 was developed using previous planning experience, lessons learnt and system feedback.

- The position at the end of January 2019, with the greatest number of hours lost in delays at the NNUH and a high number lost at the QEH, was reflective of the trend throughout 2018-19.
- The speakers said that a full review of EEAST's forecasting and preparedness for winter 2018/19 would be undertaken to ensure that the lessons learnt from this year were embedded in the winter plan for next year.
- Members said that the review should be in the context of milder weather this winter than in the previous year.
- Members asked what EEAST saw as the function of the ambulance service and the range of activities that they should provide.
- The speakers from EEAST said that they had to operate within the services that they were commissioned to provide.
- EEAST continued to look to learn lessons from best practice elsewhere.
- A safe and responsive service to patients could only be provided through collaborative working at the local level.
- System-wide workshops were in place to identify and support ambulance handover challenges at all Norfolk's acute hospitals.
- The speakers explained the initiatives that the hospitals were taking to improve patient flow and ambulance turnaround, including the introduction of digital improvements and a virtual ward at the NNUH, which had brought forward hospital discharge by an average of 48 hrs.
- The speakers said that EEAST worked with the acute hospitals every day through operational managers and had released an operational manager earlier in the year to support improvements in A&E at the QEH.
- The planned work to redesign the clinical areas of the A&E Dept at the QEH would help speed up ambulance response times at a time when hospital attendances were continuing to show a significant year on year increase.
- The NNUH had established a Clinical Decisions Unit to improve patient flow through emergency departments by moving patients to another area while awaiting the results of investigations and diagnostic tests.
- Although the NNUH had provided 8 additional rapid assessment and treatment cubicles (RATs) staffing had been a challenge and there were processing difficulties. The hospital was working to improve the patient assessment process.
- It was pointed out that EEAST formed a major part of the support network in a mental health emergency and that EEAST planned to make improvements to the pathways for the conveyance of mental health patients to hospital and other facilities.
- The speakers said that the implications for EEAST of changes in Norfolk's demography could be addressed by STP work to provide more services in the community.
- A review of system capacity across the Norfolk STP had identified a significant shortfall in bed capacity that would result in a shortfall of 500 beds across Norfolk by 2023 in a "do nothing" environment.
- The Interim Chief Executive, East of England Ambulance Service NHS Trust, said that she had shared with EEAST staff her commitment to increase workforce numbers and improve retention rates and that she spoke personally to staff who wished to leave the organisation.
- A strong EEAST recruitment and retention plan was in place.
- The Trust had recently devolved the recruitment of patient facing staff, including ambulance practitioner roles, to the local area level.

- The requirement for a “Freedom to Speak Up Guardian” in every NHS trust had helped restore the confidence of staff.
- NNUH staff had not reported issues directly to the CQC for several months. This was attributed to staff being better able to speak up within the hospital’s governance system e.g. via an anonymous email to Directors system.
- The number of serious incidents was greatly reduced in comparison to last year. There were daily discussions between the hospitals and EEAST on issues or incidents causing concern.
- Cases of where a “decline to convey” patients to hospital had subsequently proved to be misplaced were few and far between.
- Some 7% of ambulance calls were dealt with on a “hear and treat” basis, a figure that could be made to rise to 15% of ambulance calls without having a negative effect on performance.

6.5 The Committee noted the information provided in the report and during the discussion at today’s meeting.

6.6 In response to a request by David Russell of Cromer Town Council, Dorothy Hosein, Interim Chief Executive of East of England Ambulance Service NHS Trust (EEAST), agreed to consider what (if any) affordable opportunities were available to EEAST to increase the public visibility and engagement of the Trust at the local level.

6.7 The Committee agreed that the East of England Ambulance Service NHS Trust (EEAST), Norfolk and Norwich University Hospitals NHS Foundation Trust (NNUH), Queen Elizabeth Hospital NHS Foundation Trust (QEH) and CCGs should return to NHOSC in 6 months’ time (i.e. 5 September 2019 meeting) to report on the following:

- Plans to help patient flow in winter 2019-20
- Progress with pathways for mental health patients
- The interface between EEAST and the NHS 111 service

6.8 NHOSC Members were offered the opportunity to ride out with ambulance crews and /or visit EEAST’s emergency operations centre.

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 a follow up report from commissioners on access to and waiting times for children’s integrated speech and language therapy (SLT) in central and west Norfolk.

7.2 The Committee received evidence from Rebecca Hulme, Chief Nurse & Director of Children, Young People and Maternity, Great Yarmouth and Waveney CCG, Clare Angell, Senior Commissioning Manager for Children and Young People for Norfolk and Waveney (hosted by Great Yarmouth and Waveney CCG), Michael Bateman, Head of Education High Needs SEND Service, Norfolk County Council, Jonathan Williams, Chief Executive, East Coast Community Healthcare and Louise Barrett, Deputy Director Health Improvement & Children’s Services, East Coast Community Healthcare.

7.3 The Committee heard from Danielle Tebo, SENSational Families Group, who said that the announcement of a 30% increase in investment in the SLT service was to be welcomed but the extra funding would not meet all the needs of a SLT service that

was recognised to be 45% underfunded. The SENSational Families Group had welcomed an invitation to join the Norfolk Speech Language and Communication Needs Stakeholder Group (which provided a formal dialogue process on how services could develop outside the remit of the commissioned speech and language therapy (SLT) service) but were disappointed at not being made aware of the Group until a month ago. Danielle Tebo said that the SENSational Families Group had carried out a survey of their members experiences. Approximately 50% of respondents had said this was the first time that they had heard about the improvements that were planned for the service and around 30% of respondents had said they did not think the service would improve. Approximately 85% of those who used the drop-in centres were said to be unhappy with the service. The SENSational Families Group was concerned about the current position for Children with Downs Syndrome and Autism. Families who could afford to do so were known to be turning to private speech and language therapy because they did not believe that the NHS could meet all their needs.

7.4 During discussion the following key points were made:

- The speakers said that while there was not enough funding to provide the desired level of provision to children and young people with Speech, Language and Communication Needs (SLCN) in Norfolk the service would receive a 30% (£510,093) uplift in funding effective from April 2019.
- The commissioners said that the assessment of 45% underfunding of the integrated SLT service was based on full fidelity to a combined system model but the service model in Norfolk differed from this. Some of the Special Educational Needs (SEN) funding which was delegated to mainstream schools was being spent on SLT.
- The additional funding would be used to enhance the 'whole service offer' and not to buy-in specific elements of the system from the private sector.
- In response to a question on how the commissioners had decided to extend the existing contract with East Coast Community Health (ECCH) the commissioners responded that they had not extended the contract at this point.
- Members said that the service had not operated with the right level of resources for many years. The Service required a higher priority for funding and more emphasis placed on achieving clinical outcomes, also significantly more Speech and Language Therapists were needed to meet the demands placed on the Service.
- In reply, the speakers said that ECCH was taking all possible steps to source and invest in additional Speech and Language workforce capacity.
- ECCH was not commissioned to provide a social communication service.
- Members spoke about how more could be done to "co-produce" SLT with parents and a wide range of partner organisations.
- Members were informed that the remodelling of the SLT complex and special school offer was taking place within existing resources. Within the ongoing review of funding across the Schools Block (direct funding to individual schools) and the High Needs Block (education funding commissioned by the LA) Childrens Services was considering how delegated and 'top-up' funding could be used to enhance a 'whole service offer'.
- The speakers pointed out the steps that were being taken to rationalise the access routes to the SLT service. They said that Children's Services ensured that head teachers were clear about these routes and about SLT objectives.

- The Norfolk SLCN stakeholder group had commenced a system-wide piece of work to understand whether a single point of contact for SEND was feasible within existing resources. This work would look at how better access to information and advice might resolve challenges for parents seeking progress with support for their child.
- Members pointed out that Children's Centres had in the past helped to identify children with SLT requirements and asked how unmet need would be picked up in future. The commissioners said they were working to improve and simplify access to the service, which also made the level of need more apparent.
- Members were of the view that if more funding could be found to support early intervention, less assessments would be required. They pointed out that the statistics presented to the Committee showed that over the last three years the cost of tribunals in relation to Speech and Language Therapy had risen sharply.
- The speakers confirmed that SLT is an NHS service, free at the point of use. They also confirmed that if SLT is included in a child's Education Health and Care Plan (EHCP) then there is a statutory responsibility to provide it. Members pointed out that many EHCP assessments were not being done within the statutory timescale.
- The speakers said that the SLT service assessed children individually for SLT needs. It was not automatically provided as a result of another diagnosis such as autistic spectrum disorder (ASD) or Down's syndrome. Not all children diagnosed with ASD had a need for SLT but the ECCH representatives confirmed that many children with ASD who required SLT were on the SLT caseload.
- It was pointed out that while the ECCH speech and language service was involved in the ASD assessment and diagnosis pathway ECCH was not commissioned to provide therapy sessions as part of this pathway. The process for the discharge of diagnosed children was a part of the review of the action plan that arose from the independent review of the SLT service.
- It was noted that SENSational Families were critical of ECCH for discharging children with an autism spectrum diagnosis (ASD) immediately after assessment with no therapy, intervention or advice. Parents with children with Down syndrome were discharged immediately or only offered a basic six--week course of therapy, after which they were discharged regardless of the progress made. This had forced families to either seek re-referral or attempt to access speech and language through other means such as personal budgets, through the local authority or through expensive private services.
- A private paediatric speech and language therapist, who did not want to be named, said that they regularly received telephone calls from parents seeking therapy and had to turn them away due to a lack of capacity. These calls showed that many families were prepared to give up a lot to pay for private therapy for their children.
- The commissioners said that £36m was delegated to mainstream schools for special educational needs. Schools decided how to spend this money and some buy in SLT. The service was reviewing how services were provided to schools.
- ECCH confirmed that the SLT service was available to all the complex and special needs schools.

7.5 NHOSC noted the information provided in the report and during the discussion at today's meeting.

7.6 The Committee agreed that central and west Norfolk service commissioners and provider should return to NHOSC in 6 months after the start of additional investment in the service (i.e. attend the meeting on 10 October 2019) to report on progress with the action plan arising from the independent review of the service. It was also agreed that the special needs schools' perspective on the subject should be sought for that meeting.

8 Forward Work Programme

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

8.2 The Forward Work Programme for NHOSC meetings was agreed with the following changes:

- 'Local action to address health and social care workforce shortages' – moved from April to 30 May 2019 meeting.
- 'Eating disorder services (adults' and children's)' – added to the agenda for 11 April 2019
- 'Adult autism – access to diagnosis' – to be scheduled

8.3 The Committee nominated the following Members to attend a Sustainability and Transformation Partnership (STP) Workforce Workstream workshop in Norwich on Weds 10 April 2019, 9.30 – 4.00pm:

- David Fullman
- Brenda Jones
- Graham Middleton

Committee Members were invited to attend the Dying Matters event at the Forum, Norwich on 9 May 2019, 9.00 – 1.00pm.

Chairman

The meeting concluded at 12.50 pm



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