Norfolk County Council

Norfolk Health Overview and Scrutiny Committee

Date: **Thursday 10 October 2019**

Time: **2.00pm**

Venue: **Council Chamber, County Hall, Norwich**

Persons attending the meeting are requested to turn off mobile phones.

Those members of the public or interested parties who have indicated to the Committee Officer, Hollie Adams (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. Speaking will be for the purpose of providing the committee with additional information or a different perspective on an item on the agenda, not for the purposes of seeking information from NHS or other organisations that should more properly be pursued through other channels. Relevant NHS or other organisations represented at the meeting will be given an opportunity to respond but will be under no obligation to do so.

Membership

MAIN MEMBER	SUBSTITUTE MEMBER	REPRESENTING
Cllr Penny Carpenter	Cllr Roy Brame / Cllr Ian Mackie / Cllr Graham Middleton / Cllr Thomas Smith / Cllr Alison Thomas	Norfolk County Council
Cllr Michael Chenery of Horsbrugh	Cllr Roy Brame / Cllr Ian Mackie / Cllr Graham Middleton / Cllr Thomas Smith / Cllr Alison Thomas	Norfolk County Council
Cllr Fabian Eagle	Cllr Roy Brame / Cllr Ian Mackie / Cllr Graham Middleton / Cllr Thomas Smith / Cllr Alison Thomas	Norfolk County Council
Cllr Emma Flaxman-Taylor	*Vacancy*	Great Yarmouth Borough Council
Cllr David Harrison	Cllr Tim Adams	Norfolk County Council
Cllr Brenda Jones	Cllr Julie Brociek-Coulton / Cllr Emma Corlett	Norfolk County Council
Cllr Chris Jones	Cllr Julie Brociek-Coulton / Cllr Emma Corlett	Norfolk County Council
Cllr Alexandra Kemp	Cllr Anthony Bubb	Borough Council of King's Lynn and West Norfolk
Cllr Robert Kybird	Cllr Susan Dowling	Breckland District Council
Cllr Nigel Legg	Cllr David Bills	South Norfolk District Council
Cllr Richard Price	Cllr Roy Brame / Cllr Ian Mackie / Cllr Graham Middleton	Norfolk County Council

	/ Cllr Thomas Smith / Cllr Alison Thomas	
Cllr Sue Prutton	Cllr Peter Bulman	Broadland District Council
Cllr Jane Sarmezey	Cllr Matthew Fulton-McAlister	Norwich City Council
Cllr Emma Spagnola	Cllr Wendy Fredericks	North Norfolk District Council
Cllr Sheila Young	Cllr Roy Brame / Cllr Ian Mackie / Cllr Graham Middleton / Cllr Thomas Smith / Cllr Alison Thomas	Norfolk County Council

For further details and general enquiries about this Agenda please contact the Committee Officer:
Hollie Adams on 01603 223029
or email committees@norfolk.gov.uk

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A g e n d a

1. Election of Chairman

The Chairman to be elected from the County Council Members on the Committee.

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

3. Minutes

To confirm the minutes of the meeting of the Norfolk Health Overview and Scrutiny Committee held on 5 September 2019. (Page 5)

4. 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, to a greater extent than others in your division

- Your wellbeing or financial position, or
- that of your family or close friends
- Any body -
    - Exercising functions of a public nature.
    - Directed to charitable purposes; or
    - One of whose principal purposes includes the influence of public opinion or policy (including any political party or trade union);

  Of which you are in a position of general control or management.

If that is the case then you must declare such an interest but can speak and vote on the matter.

5.		**To receive any items of business which the Chairman decides should be considered as a matter of urgency**	
6.		**Chairman's announcements**	
7.	**14:10 – 14:45**	**City Reach service**	(Page 14)
8.	**14:45 – 15:35**	**Children's speech and language therapy** (central and west Norfolk)	(Page 24)
	15:35 - 15:45	**Break**	
9.	**15:45 – 16:35**	**Adult autism diagnosis with pre and post diagnosis support – Autism Service Norfolk**	(Page 44)
10.	**16:35 – 16:45**	**Forward work programme**	(Page 58)

Glossary of Terms and Abbreviations (Page 61)

Chris Walton
Head of Democratic Services

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Date Agenda Published: 2 October 2019

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Norfolk County Council

NORFOLK HEALTH OVERVIEW AND SCRUTINY COMMITTEE
Minutes of the meeting held in the Council Chamber, County Hall
on 5 September 2019 at 10am

Members Present:

Cllr Nigel Legg - Vice-Chairman (Chairing)	South Norfolk District Council
Cllr Penny Carpenter	Norfolk County Council
Cllr Michael Chenery of Horsbrugh	Norfolk County Council
Cllr Emma Flaxman-Taylor	Great Yarmouth Borough Council
Cllr David Harrison	Norfolk County Council
Cllr Brenda Jones	Norfolk County Council
Cllr Chris Jones	Norfolk County Council
Cllr Alexandra Kemp	Borough Council of King's Lynn and West Norfolk
Cllr Robert Kybird	Breckland District Council
Cllr Richard Price	Norfolk County Council
Cllr Sue Prutton	Broadland District Council
Cllr Jane Sarmezey	Norwich City Council
Cllr Emma Spagnola	North Norfolk District Council
Cllr Sheila Young	Norfolk County Council

Also Present:

Dr Caroline Barry	Palliative Care Consultant, Norfolk and Norwich University Hospitals NHS Foundation Trust
Cath Byford	Chief Nurse, the NHS Clinical Commissioning Groups for Norfolk and Waveney
Mark Burgis	Locality Director, Norwich, South Norfolk, North Norfolk, Norfolk and Waveney CCGs
Nick Cason	General Manager for Waveney and West Norfolk, East of England Ambulance Service NHS Trust
Craig Chalmers	Director of Community Social Work, Adult Social Services
Janice Dane	Assistant Director Early Help and Prevention, Adult Social Services
Tracey Dryhurst	Team Lead Psychological & Spiritual Services, The Priscilla Bacon Centre for Specialist Palliative Care, Norfolk Community Health and Care NHS Trust
Niki Ellis	Service Lead, West Palliative
Pam Fenner	Clinical Advisor Palliative and End of Life Care, Chair of Norfolk and Waveney Palliative Care Collaborative, Norwich CCG
Prof. Nancy Fontaine	Chief Nurse, Norfolk and Norwich University Hospitals NHS Foundation Trust
Cllr Wendy Fredericks	Substitute Member for North Norfolk District Council
Tracey Greatrex	Acting Head for Palliative Care, Norfolk Community Health and Care NHS Trust
Parveen Mercer	Associate Director of Primary Care (Contracting & Performance), Great Yarmouth and Waveney CCG
Grainne Murray	Palliative Care Social Worker, Norfolk and Norwich University Hospital NHS Foundation Trust
Julie Noble	Palliative Care Nurse, Norfolk and Norwich University Hospitals NHS Foundation Trust
Cursty Pepper	Urgent & Emergency Care Director, Norfolk and Norwich University Hospitals NHS Foundation Trust

Gita Prasad	Assistant Director of Strategic Commissioning, NHS Norwich Clinical Commissioning Group
David Russell	Cromer Town Council
Jane Shuttler	Volunteer representing Dying Matters and the carers' voice
Alex Stewart	Healthwatch Norfolk
Patrick Thompson	Member of the public
Nickie Watts	Contracts Officer, STP
Angela Wilson	Deputy Director of Operations and Waveney Primary Care Network
Maureen Orr	Democratic Support and Scrutiny Team Manager
Chris Walton	Head of Democratic Services
Hollie Adams	Committee Officer

1 Apologies for Absence

1.1 Apologies were received from Cllr Fabian Eagle

2. Minutes

2.1 The minutes of the previous meeting held on 25 July 2019 were agreed as an accurate record and signed by the Chairman

3. Declarations of Interest

3.1 The following interests were declared:

- Cllr David Harrison declared a non-pecuniary interest as his daughter was a lecturer in and worked as a paramedic
- Cllr Emma Spagnola declared a non-pecuniary interest as her husband worked with autistic adults
- Cllr Penny Carpenter declared a non-pecuniary interest related to item 6 as she was known to the chair of East Coast Hospice. She also declared a non-pecuniary interest as a former appointee on the STP, James Paget Hospital Trust and Health and Wellbeing Board, from which she had recently stood down
- Cllr Emma Flaxman-Taylor declared a non-pecuniary interest as she knew the Chair of East Coast Hospice and was a Governor at James Paget Hospital Trust
- Cllr Jane Sarmezey declared a non-pecuniary interest as she worked for Norfolk County Council with children with disabilities

4. Urgent Business

4.1 There were no items of urgent business.

5. Chairman's Announcements

5.1 The Chairman had no announcements

6. Access to palliative care and end of life care

6.1 The Committee received the report examining the progress made by NHS commissioner and provider partners to improve palliative and end of life care services for adults in Norfolk.

6.2 Dr Thompson addressed the Committee:

- He noted that the STP (Sustainability and Transformation Partnership) had begun to set up an end of life care strategy and a plan of delivery for the coming years built on the national six ambitions for end of life and palliative care; however, he was concerned about provision in the Great Yarmouth and Waveney area.
- He noted the plans to provide 24 new beds at the planned hospice opposite the Norfolk and Norwich Hospital.
- Dr Thompson also felt that there had not been effective communication across organisations in Great Yarmouth and Waveney. He asked for an update on what had been discussed between East Coast Healthcare and the Clinical Commissioning Group (CCG), measures being monitored, and reassurance that the timescales in place were practical. He also asked for clarification on some wording within the report about the availability of night-sits within the Hospice at Home service.
- The Chairman thanked Dr Thompson for speaking and noted that his points could be raised during discussion by the Committee.

6.3 The following points were discussed and noted:

- A Member queried progress since the Queen Elizabeth Hospital CQC (Care Quality Commission) report published on the 24 July 2019, which showed care had deteriorated, there was no stable leadership team and palliative care was not seen as a priority; Officers reported that the hospital had been invited to be involved with development of the strategy; a mapping exercise had taken place in West Norfolk to identify gaps in provision and an action would be developed involving the Queen Elizabeth Hospital and other partners
- Bed capacity and qualified staffing at The Norfolk Hospice, Tapping House had increased; they would support the Queen Elizabeth Hospital by attending ward rounds and offering guidance on how best to provide care to patients approaching end of life.
- The Chief Nurse, NHS Clinical Commissioning Groups for Norfolk and Waveney, reported that Officers attended monthly oversight and assurance groups to support scrutiny of the improvement programme
- A new Director of Nursing role had been introduced which would include looking at how concerns in West Norfolk around end of life and palliative care could be addressed across the system
- The Chief Nurse, NHS Clinical Commissioning Groups for Norfolk and Waveney, reported that since the Committee last discussed this topic, Hospice at Home was now available across all of Norfolk. An equivalent service was available in Yarmouth and Waveney due to the contracting arrangements
- The Palliative Care Consultant, Norfolk and Norwich NHS Foundation Trust, reported on the processes being put in place to support people to die at home where this was their choice and to protect paramedics when making decisions to allow this to happen. This process was already in place in Cambridge, and the approach was supported by the Royal Colleges with national recognition
- It was clarified that a speciality middle grade doctor already in post at Queen Elizabeth Hospital would progress to consultant level over the next 2 years
- A Member asked about speed of certification of death if someone died at home; the Clinical Advisor Palliative and End of Life Care, Chair of Norfolk and Waveney Palliative Care Collaborative, Norwich CCG, reported that a number of community nurses across Norfolk and Waveney were now trained to verify deaths, which allowed certain practical steps to happen. A doctor was required to certify death.
- The Team Lead Psychological & Spiritual Services, The Priscilla Bacon Centre for Specialist Palliative Care, Norfolk Community Health & Care NHS Trust, reported that psychological bereavement support would begin in September 2019; voluntary

and statutory services would map gaps in service provision and ways to meet them. There had been positive representation from the Norfolk and Suffolk Foundation Trust in this piece of work and in strategy development over the past year.

- A Member asked for clarification around provision of syringe pumps; the Acting Head for Palliative Care, Norfolk Community Health and Care NHS Trust, clarified that these could be re-ordered quickly, and supply was updated regularly. The hospice at home team had these in their stock
- A Member asked about GP involvement in strategy development; the Clinical Advisor, Palliative and End of Life Care, Chair of Norfolk & Waveney Palliative Care Collaborative, Norwich CCG, reported that three GPs were involved in strategy development and McMillan GPs were being recruited. The strategy would be translated into outcomes for primary care networks
- The Chairman asked about work to improve discharge for end of life patients; the Palliative Care Nurse, Norfolk and Norwich NHS Foundation Trust, reported that getting care packages for patients in a timely manner could be a struggle. Since the Committee last considered this topic there was now a dedicated team to assess the needs of patients in a timely manner; all patients facing end of life were asked their preferred place to be at the end of their life
- The Palliative Care Social Worker, Norfolk and Norwich University Hospital NHS Foundation Trust, reported on the difficulties she had experienced finding care that patients wanted due to the unavailability of space at care homes and home care services. She felt that the availability of care for patients at home was not enough at that time
- The Palliative Care Social Worker noted that providing palliative care at home and care at home by different agencies was not as efficient as it could be if provided by the same agency or carers
- The Chief Nurse, NHS Clinical Commissioning Groups for Norfolk and Waveney acknowledged the challenge across Norfolk and Waveney in residential, nursing home and care staff capacity which needed addressing through health and social care; a new post was being developed to look at care provider quality and resilience to help prevent care homes closing
- The Palliative Care Social Worker, Norfolk and Norwich University Hospital NHS Foundation Trust, felt that the care system was not ready for patients with more complex needs; the Chief Nurse, NHS Clinical Commissioning Groups for Norfolk and Waveney, **agreed** to meet with the Palliative Care Social Worker regarding the issues she had raised.
- Fast track mechanisms were in place to support patients to be discharged, funded by the NHS; Officers recognised that this could be improved, and that care agencies could work better together across residential care and home-based palliative and end of life care
- A Member asked about the issues raised previously by Committee regarding mismatch of services between social care and the NHS; the Director of Community Social Work, Adult Social Care, reported that joint posts were being created to ensure joint assessments were carried out and to look at how the the NHS, care homes and residential care could be helped with complexities in the system.
- The Clinical Advisor Palliative and End of Life Care, Chair of Norfolk and Waveney Palliative Care Collaborative, Norwich CCG, confirmed there was a lack of care home beds and staff across the County; the education and employment working group was looking at how work with volunteers could be developed to support carers, and map and address gaps in provision
- A Member noted the lack of choice for those at end of life in the Yarmouth area; The Chief Nurse, NHS Clinical Commissioning Groups for Norfolk and Waveney, reported that Norfolk and Suffolk County Council had both ringfenced money, with EU match funding, for care workforce development opportunities

6.4 The Committee:

(a) **ASKED** Norfolk & Waveney STP Palliative and End of Life Care Collaborative Group partners to return to NHOSC with a progress update in 6 months' time (i.e. at 19 March 2020 meeting).

(b) **AGREED** that the Queen Elizabeth Hospital should be approached to arrange an NHOSC Member visit to better understand the action underway to improve end of life care

7. Physical health checks for adults with learning disabilities

7.1.1 The committee received the report giving detail on progress on work to improve the take-up of physical health checks for adults with learning disabilities in Norfolk and the quality of health checks received.

7.1.2 The Associate Director of Primary Care (Contracting & Performance), Great Yarmouth and Waveney CCG (Clinical Commissioning Group), introduced the report

- Officers were confident that the figures presented in the paper were correct as data cleansing work had been carried out with GPs
- Work was being carried out with Local Authority partners to match Local Authority and GP learning disability registers through looking at anonymised data; permission would be sought to use identifiable data to further refine the data.
- The target to achieve health checks for 55% of people with a learning disability had been achieved across the 5 CCGs; a new target of 75% had been set and the Associate Director of Primary Care (Contracting & Performance), Great Yarmouth and Waveney CCG, was confident that the CCGs were on target to meet this for the end of the year 2019-20
- For practices struggling to achieve the target of health checks, their primary care network would be responsible for supporting them with providing health checks
- The Associate Director of Primary Care (Contracting & Performance), Great Yarmouth and Waveney CCG, noted the disparity in quality of health checks. Work was being done to address this including looking at feedback from patients

7.2 The Chief Executive of Healthwatch Norfolk spoke to the Committee:

- Healthwatch Norfolk had worked in collaboration with the CCG. They had sought funding from various sources for initiatives to support the work, however, as Healthwatch was a statutory organisation certain funding streams were not available to them, and they had not been successful in securing additional funding for this project. Their support had therefore been rescoped to be cost neutral. One small funding bid had been achieved, which had enabled work with Opening Doors
- Healthwatch were gathering feedback on the health checks and literature, and were involved in training staff and volunteers in care homes across Norfolk
- Fundamental concerns and complaints had been received about the quality of some annual health checks, which had been quickly investigated by the CCG
- The key points of focus identified by Healthwatch were: quality of checks; making reasonable adjustments; GPs and CCGs adhering to the accessible information standard and; ensuring people were effectively engaged with, especially around the 5-year plan

7.3 The following points were discussed and noted

- the difference in performance across surgeries was noted; the Associate Director of Primary Care (Contracting & Performance), Great Yarmouth and Waveney CCG, reported that low performing surgeries were being worked with to improve performance. Work would be done with primary care networks around the

performance of surgeries in their networks in the future

- Better performing practices were being asked to share best practice
- A Member asked for information on how people with learning disabilities, their families and carers had been involved in producing the new literature about health checks; the Associate Director of Primary Care (Contracting & Performance), Great Yarmouth and Waveney CCG replied that the learning disability literature packs had been produced within the Essex and Suffolk area in conjunction with people with learning disabilities, their families and carers. Opening Doors and people with learning disabilities in Norfolk had looked at the literature to make some small changes before it was sent out to practices electronically; it would be piloted for 12 months.
- The disparity in data on surgeries' Learning Disability Registers across quarters was queried; the Associate Director of Primary Care (Contracting & Performance), Great Yarmouth and Waveney CCG, clarified that a drop would be seen in some areas due to the data cleansing exercise. Overall, the public health and Local Authority data matched closely and once permission to use identifiable data was received, accuracy could be increased further; A Member suggested that a yearly total of people registered would be useful on future reports
- The Associate Director of Primary Care (Contracting & Performance), Great Yarmouth and Waveney CCG, clarified that the list of physical checks included in the learning disabilities health check was a national specification and was a guide; the practice should ask the questions appropriate to each patient, based on their medical background and needs
- The Chief Nurse, NHS Clinical Commissioning Groups for Norfolk and Waveney, gave information on the national "learning from deaths programme" which aimed to review reasons for deaths of people with learning disabilities and translate this into better ways of working
- Providers and commissioners would be reviewed differently by NHS England, with considerable requirements around the care of people with learning disabilities and autism; it was believed that there was national under-reporting of people with learning disabilities so there was likely to be emphasis on ensuring the learning disability register was correct
- The STOMP (stopping over medication of people with a learning disability, autism or both) programme would be carried out in Norfolk, with proper regard for individuals' needs.
- The Chief Nurse, NHS Clinical Commissioning Groups for Norfolk and Waveney, confirmed that if the CCGs merged, data would be presented across the whole five CCG area, however, could be presented at lower levels also, for example practice, individual locality , Norfolk or Waveney level
- In response to questions, the Associate Director of Primary Care (Contracting & Performance), Great Yarmouth and Waveney CCG, confirmed there were some concerns with performance and engagement in West Norfolk; Officers had attended practice managers' meetings and looking at what further could be done in this area
- it was clarified that the CCG could not legally withhold payments from GP practices until they fully complied with data recording and the spacing of learning disability annual health checks equitably across the full financial year.

7.4 The Committee **REQUESTED** progress updates to be provided via the NHOSC Briefing, including total numbers of patients registered and health checks delivered at each GP practice.

7.5 The Committee had a break from 11:50 until 12:00

8. Ambulance response and turnaround times in Norfolk

8.1.1 The Committee received the report examining action to improve ambulance response and turnaround times since February 2019 and preparations for winter 2019-20

8.1.2 The Locality Director, Norwich, South Norfolk, North Norfolk, Norfolk and Waveney CCGs (Clinical Commissioning Groups), introduced the report and highlighted that ambulance delays were reducing this year despite rising demand.

8.1.3 The Assistant Director Early Help and Prevention, Adult Social Services, spoke about the Swifts service

- this was a preventative, 24/7 service provided by Norfolk County Council; it was made up of four teams of two people based across all of Norfolk.
- Approximately 35% of calls were to people who had fallen, and it was estimated that 6000 calls to the emergency services had been prevented

8.2 David Russell from Cromer Council spoke to the Committee

- Mr Russell asked questions about the support for staff in control rooms helping callers with mental health issues, and the access to mental health practitioners when calling the emergency services
- He queried the booklet for Community First Responders "understanding mental health conditions", which he as a First Responder, had not yet seen
- The Chairman clarified that speakers at the Norfolk Health Overview and Scrutiny Committee were expected to make statements rather than ask questions, however, he noted that these issues would likely be covered in the Committee's discussion

8.3 The following points were discussed and noted

- A Member noted that the performance overview table showed ambulance delays at Norfolk's hospitals had worsened in recent months and did not meet national standards. The General Manager for Waveney and West Norfolk, East of England Ambulance Service NHS Trust, clarified that measures were RAG (red, amber, green) rated against a trajectory for improvement towards achieving the standards set by the national Ambulance Response Programme. The trajectory was based on work with commissioners and the independent service review to identify achievable measures. He acknowledged that a decrease had been seen over the previous 4 months however an improving trend had been seen over the previous 12-15 months, with the greatest improvement in targets related to cardiac, stroke and sepsis patients.
- It was acknowledged that access through mental health pathways required improvement; improvements had been seen with NSFT (Norfolk and Suffolk Foundation Trust) pathways and crisis resolution home treatment teams would soon be available for patients out of hours.
- The General Manager for Waveney and West Norfolk, East of England Ambulance Service NHS Trust, reported that mental health professionals co-located in the police control room had been effective and therefore consideration was being given to developing appropriate, similar support in the ambulance control room. Potentially this could be done through access to the mental health professionals in the police control room.
- The General Manager for Waveney and West Norfolk, East of England Ambulance Service NHS Trust, confirmed there were some difficulties with the Queen Elizabeth Hospital related to handover arrangements. Meetings were being held with the new team at the QEH related to this, and with West Norfolk CCG to look at lessons learned from the Norfolk and Norwich University hospital to develop practice at the QEH in preparation for the busy winter period

- The General Manager for Waveney and West Norfolk, East of England Ambulance Service NHS Trust, confirmed that queues at A&E required additional staffing resource to mitigate the backlog but that there were no penalties incurred
- The HALO service was now commissioned 24hrs a day in central Norfolk and facilitated a smoother handover of patients; they were not commissioned at the Queen Elizabeth Hospital due to the lower volume of patients coming through A&E, but they were on duty there on an ad-hoc basis.
- Many pathways were now in place at the Norfolk and Norwich University Hospital to divert patients away from the main A&E such as the Older People's Emergency Department, but such pathways were not yet in place at the Queen Elizabeth Hospital
- A new ambulance fleet had been purchased and staff were being trained on use of the new equipment; this would ensure fleet provision was not a concern over winter
- A Member asked about the possibility of expanding Swifts to support reducing hospital admissions. There were no plans at that time to increase provision; funding was not available. Swifts aimed to reduce hospital admissions as well as expedite discharges. An improved telephone recording service had been purchased to accurately identify how many calls were missed
- A Member referred to a member of the public in their constituency with suspected stroke who had been advised to drive to hospital by the control room; the General Manager for Waveney and West Norfolk, East of England Ambulance Service NHS Trust, clarified that this was not the response he would expect for a patient with suspected stroke; this patient would be prioritised second after those with cardiac arrest for an ambulance. Staff should only suggest alternative methods of transport to hospital for people further down the priority list if an ambulance was not available
- A Member asked if the causes of falls was analysed; the Assistant Director Early Help and Prevention, Adult Social Services, confirmed that upon visit by Swifts, the causes of falls were analysed, and advice given on how to avoid future incidents, including follow up calls
- Career structure in the service was queried; the General Manager for Waveney and West Norfolk, East of England Ambulance Service NHS Trust, replied that retention had been looked at by developing the career path for staff; senior roles had been developed such as senior paramedics with mentor responsibility, director of control room, management roles and roles working alongside the CCG and acute hospitals.
- The General Manager for Waveney and West Norfolk, East of England Ambulance Service NHS Trust, confirmed that a lot of time could be spent on scene with patients, if A&E was not appropriate, looking at a better alternative for them; the NEAT (Norfolk Escalation Avoidance Team) trial involved a social worker in the control room to support patients with complex care needs not needing A&E to identify how best to meet their needs
- The Chairman asked what hospitals were doing to speed up handover; the Urgent & Emergency Care Director, Norfolk and Norwich University Hospitals NHS Foundation Trust, replied that the rapid access service had a team to conduct initial assessments of patients and send them to the right area of A&E with a 15-minute handover target. After 15 minutes, there was a target to assess the patient again, and move them to the appropriate area of the hospital, or elsewhere with the support of community therapy
- There were still issues with flow out of A&E however the hospital worked towards the 4-hour standard, reaching 80.2% of patients processed in 4 hours in August 2019. The Locality Director, Norwich, South Norfolk, North Norfolk, Norfolk and Waveney CCGs confirmed that the whole health and social care system had a role in working towards the 4-hour standard.
- the number of patients who spent 6 hours in A&E was also monitored and was reducing monthly

- Delay in moving patients on from A&E could be caused by waiting for tests to be carried out, waiting for test results or for consultants to be available, engaging with providers and wider health professionals or waiting for a bed. The A&E department had rapid access to diagnostic tests and tried not to over-investigate patients within the department.

8.4 The Committee:

(a) **REQUESTED** Information on waiting times at the N&N A&E to be provided, including numbers of patients waiting up to 6 hours.

(b) **ASKED** the East of England Ambulance Service NHS Trust (EEAST), Norfolk and Norwich University Hospitals NHS Foundation Trust (NNUH), Norfolk & Waveney CCGs and Adult Social Care representatives to return to NHOSC with a progress update in a year's time.

(c) **AGREED** that a date in 2020 will be arranged for NHOSC Members' follow-up visit the NNUH Older People's Emergency Department. (The original visit was in January 2018).

9. Forward work programme

9.1 The Committee reviewed the forward work programme

9.2 Members were asked to inform the Democratic Support and Scrutiny Team Manager if they wished to attend the visit to Samphire Ward in Kings Lynn on Friday 13 September 2019

9.3 The Committee **AGREED** the following:

- Additions to the NHOSC agenda:
  - **19 March 2020** – 'Access to palliative and end of life care' – progress update
  - **September 2020** – 'Ambulance response and turnaround times' – progress update
- Information to be included the NHOSC Briefing
  - Progress updates on 'Physical health checks for adults with learning disabilities' to be provided via the NHOSC Briefing (dates to be arranged)
  - Information regarding the Milestone service for women with mental health issues and the situation with regard to out of area placements.
- Visits would be arranged
  - The Queen Elizabeth Hospital, King's Lynn
  - Norfolk and Norwich Hospital – Older People's Emergency Department
- Appointments
  - Cllr Brenda Jones as link member with Norwich Clinical Commissioning Group
  - Cllr David Harrison as link member with Norfolk and Suffolk NHS Foundation Trust

The meeting ended at 12:57

Chairman

Norfolk Health Overview and Scrutiny Committee
10 October 2019
Item no 7

City Reach Health Services

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

Examination of the City Reach Health Services, based in Norwich, which provide health and care support to populations including:-

- Homeless including those living on the street, temporary accommodation and hostels, or sofa surfing
- Asylum seekers / Refugees / People without recourse to public funds (single and families)
- Travellers
- Families in temporary accommodation

1. Purpose of today's meeting

1.1 The focus areas are:-

- To examine the service currently provided by City Reach Health Services in comparison to the commissioned service level.

- To examine how the service provider, Norfolk Community Health and Care NHS Trust, and commissioner, NHS England and NHS Improvement East of England (NHSE&I EoE) Specialised Commissioning, supported by the local NHS Clinical Commissioning Group, are addressing staffing shortfalls that have affected the service.

1.2 The commissioners NHSE&I EoE has been asked to provide:-

- A full description of what the NCH&C City Reach Health Services (CRHS) is commissioned to provide (including clarification about the difference between this service and others which operate from the same premises)
- The location of the service and the geographical area it covers
- The pathway(s) into the service and out of the service
- Workload – statistics showing the current workload; the trend; comparison between commissioned capacity and actual numbers using the service
- Staffing – numbers of staff; types of staff; numbers & types of vacancies and duration of vacancies
- Arrangements to address the service's staffing difficulties, - short, medium and longer term
- Subject areas and numbers of serious incidents and complaints recorded in the service over the past 2 years

The commissioners' report is attached at **Appendix A** and representatives from NHSE&I EoE will attend to answer Members' questions, supported by representatives from Norwich CCG, who have been involved in the commissioning of CRHS.

A representative from the provider Norfolk Community Health and Care NHS Trust (NCH&C) will also be in attendance to answer Members' questions.

2. Background

2.1. Members of Norfolk Health Overview and Scrutiny Committee (NHOSC) first raised concerns about the CRHS in May 2019. These included concerns that:-

(a) The service was seriously under-staffed and had been for some time, including lack of cover for prescribing
(b) Non-registered professional staff were working beyond their scope
(c) Safety of the service was therefore compromised
(d) Senior management had been slow to address the problem
(e) NCH&C was about to hand back the contract.

2.2 At its meeting on 25 July 2019 NHOSC confirmed the subject would be scheduled for today's meeting.

3. Suggested approach

3.1 After the NHS England & Improvement representatives have presented their report, the committee may wish to discuss the following areas with them and the representatives from the CCGs and NCH&C:-

(a) Do the commissioners consider that the service is currently staffed to providing safe and adequate services for its patient cohort and will be able to do so until the proposed new model of care for Vulnerable Adults is introduced in April 2020?

(b) Are staff who are qualified to prescribe medicines on duty and available during all the services' opening hours?

(c) Are there contingency plans for the staffing of the service should the current recruitment process not be successful in securing a GP?

(d) Are local GP practices fully supportive of the proposed new model of care for Vulnerable Adults, which appears to involve them providing more support for the patient groups who currently use CHRS?

4. Action

4.1 Following the discussions with representatives at today's meeting, Members may wish to consider whether:-

(a) To make comments or recommendations as a result of today's discussion.

And / or

(b) To ask for further information or updates at a future meeting or in the NHOSC Briefing

Or

(c) The committee's scrutiny of this subject is now complete.

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NHS

Great Yarmouth and Waveney
North Norfolk, South Norfolk
Norwich, West Norfolk
Clinical Commissioning Groups

Briefing for Norfolk Health Overview and Scrutiny Committee

1. City Reach Health Services

City Reach Health Service (CRHS) provides health care and support to populations including:-

- Homeless including those living on the street, temporary accommodation and hostels, or sofa surfing.
- Asylum seekers / Refugees / People without recourse to public funds (single and families)
- Travellers
- Families in temporary accommodation

A more detailed description of the services provided to these populations is included in Appendix 1.

CRHS is based at the Under One Roof premises in Norwich and also provides outreach. Other services are provided from the same premises including specialist mental health, specialist hepatitis C clinics and social care. Support is also available to patients to access other statutory and voluntary services such as housing and benefits advice.

The intended outcomes of the service are:-

- Provision of health & care services to those who find it difficult to access such care.
- Appropriate use of mainstream health and social care services for the populations described above.
- Provision of proactive health intervention and health screening with access to resources and pathways to non-statutory and statutory services to address the social, housing and welfare needs of populations described above.
- Improved health outcomes and wellbeing, and reduced health inequalities for the populations described above.
- An expert organisation, knowledgeable on best practice, leading locally on health policy for marginalised and vulnerable groups and contributing to regional and national forums. A local resource for advice and education for health and social care professionals including other services and students.

The service is commissioned to open Monday to Friday, 0900 to 1700 and to provide 5.5 GP sessions (1 session = 3 hours) per week.

CRHS is different to the Special Allocation Service (SAS). Information on the SAS can be found at Appendix 2.

Norfolk Community Health & Care NHS Trust (NCH&C) provides CRHS. The contracting mechanism is via the National Standard Contract between (NHS England and NHS Improvement – NHSE&I) Specialised Commissioning and NCH&C which covers a range of services. The contract value for CRHS in 2019/20 is £473,000 and the contract is due to end 31st March 2020. The contract was monitored on a monthly basis and since 2017 has included CCG primary care team and more recently CCG quality representatives.

2. Challenges to the service

The following are the challenges which have faced the service in recent times:-

- Recruitment has always been a challenge due to the populations served. During 2018/19 the service was having difficulties recruiting individuals with appropriate clinical expertise and this escalated in March 2019, resulting in:-
    - Reduction in clinical patient facing time available with patients being supported by the Walk in Centre if required
    - Use of Advanced Nurse Practitioners to support the service specifically around prescribing demands
- There were no responses to GP recruitment on the first 2 attempts. On the third attempt one GP has been short listed and will have an interview in September 2019.
- The complexity of the needs of the patients has increased, and CRHS staff did not have the specialist knowledge and expertise to respond.
- The chaotic lifestyles of the patients means the service has to be flexible in its response which is difficult when the service is not fully staffed. In July 2019, there were 1293 contacts with the service and 147 contacts (10.2%) did not attend (DNA) their appointment
- The number of patients defined as homeless that remain with the service for longer than 12 months has increased substantially. In some circumstances this is appropriate but individuals who are more stable and who could transfer to a mainstream GP Practice chose not to as they believe they will not get the same level of support in future or can't as the GP Practice do not feel able to support them. At time of writing, there were 356 patients defined as homeless on the CRHS caseload.
- Patients may be on the CRHS caseload but are also registered at a GP Practice which includes Practices as far afield as Sheffield. This introduces risk if the individual is accessing both mainstream GP Practice and CRHS. It also means funding is potentially going to GP Practices where CRHS are providing the service.

Although the service was facing significant challenge there have been no formal complaints in the last 2 years and low level issues have been able to be addressed locally.

The CQC recently visited the service on an informal basis following concerns about GP prescribing practices and an issue regarding the sharps bin outside the premises. With regards to the latter, the CCG Quality team liaised closely with CQC prior to their inspection confirming the action being taken by the Trust to identify an alternative resource to provide the service. Based on this, CQC were assured and have no imminent plans to carry out a full inspection of the service.

CRHS have engaged with Norfolk & Norwich University Hospitals NHS Foundation Trust (NNUH) Emergency Department and the Walk in Centre (WIC) particularly to highlight when there were service capacity issues and to ask whether they had felt an impact because of this. Neither the NNUH nor the WIC highlighted issues for them.

3. Action undertaken

- NHSE&I established weekly meetings with NCH&C. NHS Norwich CCG representatives (quality, contracting and commissioning) also attended.
    - Staffing levels were reviewed at these meetings
    - Potential areas for additional resource and support outside of NCH&C were identified. Norwich CCG communicated with local GP Practices on the need and this identified 2 GPs who were able to offer a session a fortnight which ceased in August.
    - Assurance was sought weekly that patients' wellbeing was not at risk and that NCH&C undertook all it could to deliver a service at times of low staff availability and vacancies including a flexible approach to deploying existing and bank staff.
- NCH&C have been able to secure additional clinical and management support. This includes:-
    - Appointment of a senior clinical lead and enhanced clinical oversight of the service at Trust director level.
    - 3 GP Honorary contracts are being processed and expected to be in place by 30th September 2019, however this will not build commitment to the service, with some staff only working 1 session per week.
    - A Locum GP is able to continue 2 days per week until the end of October 2019.

    - NCH&C Associate Clinical Director is involved and supporting with prescribing and clinical supervision.
    - Active recruitment is underway for additional GP cover, an operational manager and clinical pharmacy support.
- To support the complex needs of the patients, Change Grow Live provide a substance misuse service at the CRHS base. The Norfolk & Norwich University Hospitals NHS Foundation Trust (NNUH) substance misuse team also now regularly attend the service.
- Introduction of text messaging as a reminder before and after a missed appointment is leading to a reduction in DNA appointments.
- CRHS has developed closer working relationships with 111 and the Walk in Centre in Norwich to ensure patients get the right care, particularly when the CRHS service was not available.
- Continued multi-disciplinary discussion with the High Impact User service (as there are patients in common) to understand the drivers behind the attendances and what support is available.
- A review of CRHS governance structure has led to more frequent meetings being established to discuss service levels, case complexity and prescribing matters.
- Issues have been escalated to both NCCG Governing Body and NCH&C Board on a regular basis.

4. Current position

As a result of the above actions the staffing position is improved – please see Appendix 3 for the latest position. Clinical cover is back in line with commissioned levels and available every weekday. CRHS is open 0900-1700 Monday to Friday and able to provide a safe service to the populations it serves.

CRHS has not been able to meet all intended outcomes due to the above challenges it has faced but the service is highly valued by Norwich GP Practices, and by the patients who use it and it offers holistic care to many who would otherwise struggle to receive clinical support. However, the situation remains fragile and a more sustainable service is required.

5. NHS Norwich CCG Vulnerable Adult Group

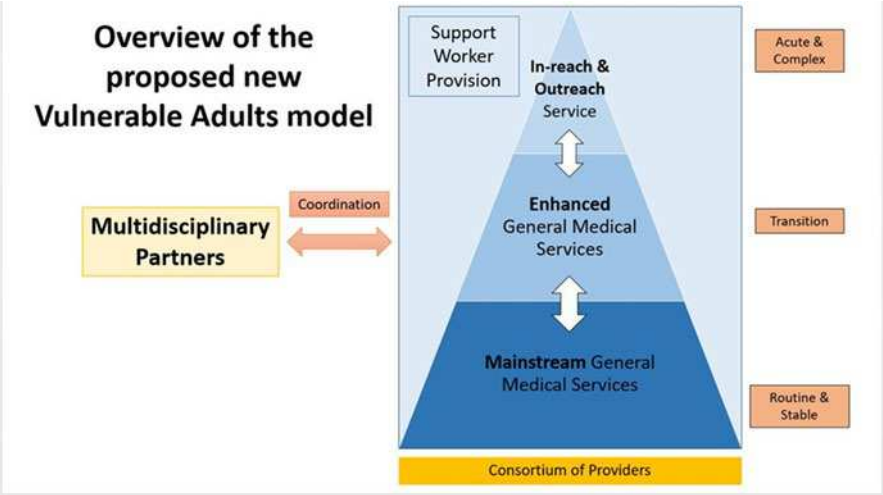
This Group was established in October 2018 and is a sub group to the Norwich Local Delivery Group. The population scope of the group is the same as those served by CRHS with the addition of prisoners on release. The group aims are to understand services available to Vulnerable Adults in the Norwich area; to identify gaps in service and identify ways to address them through an integrated single Norwich offer so demand could be managed collectively and risk, knowledge and good practice could be shared across organisations.

With the challenges at CRHS, and the continued fragility of the service, the Group made a recommendation to include the services offered through CRHS to Vulnerable Adults in the wider integrated model. NCCG agreed with NHSE&I, that the commissioner responsibility for the care pathway and services offered by CRHS transfers to local commissioners from April 2020.

The overall aim of the new model will be for individuals to receive as much care in mainstream services as possible whilst enabling a more bespoke and intensive approach to be put in place when this is not suitable.

GPs, Nurses, Healthcare Assistant and Clinical Pharmacists will form part of the enhanced service offer. Multidisciplinary partners include the People From Abroad team and the Pathways Consortium. (Please see Appendix 2 for further information on these partners.)

Below is a diagram depicting the proposed new model of care:-



An academic study of the service was undertaken by the University of East Anglia in late 2018 and the recommendations from the study are being adopted in the planning for the new model. Guidance including the Faculty of Inclusion Health Standards and from the Royal College of Nursing, Vulnerable Adults project engagement work and recent learning from CRHS have also informed the model.

The project lead has also visited the service in Great Yarmouth & Waveney and this was helpful in shaping the model. Commissioners are also seeking an update on the experience of our colleagues in Ipswich as they have implemented a similar service.

The new model of care will be different to the existing CRHS as follows:-

- All Vulnerable Adults presenting in Norwich will be supported to register at a Norwich GP Practice – at the moment this does not happen for all so they remain on the caseload of CRHS. The new model should offer a more resilient and robust GP service delivery model from a number of GP practices
- All Vulnerable Adults will be supported by the new model of care to step down through the tiered model. Wherever possible, they will be supported to access mainstream General Medical Services. The new model of care will also support an individual to step back up into a tier which can offer additional support if that individual has an escalation of chaos, complexity or becomes acutely unwell – at the moment individuals remain on a caseload at CRHS indefinitely, regardless of their level of acuity and complexity and regardless of their housing status. This creates an unsustainable caseload. There is currently no mechanism in place to support transition from CRHS to mainstream General Medical Services.
- The new model of care will be delivered as a consortium overseen by a Partnership Board; this will ensure shared ownership, shared vision, shared expected outcomes and strategic oversight across the providers and fits well within an Integrated Care System (ICS) – at the moment CRHS is delivered by NCH&C as a standalone service and integration is informal.
- The new model of care will be delivered by a range of partners including a number of GP Practices. This will provide resilience and sustainability for the service.
- The new model of care proposes to employ an Integrated Care Co-ordinator. This role will be dedicated to supporting the Vulnerable Adults Service but work as part of the wider Norwich Integrated Care Co-ordinator Team. The role will be key in linking up the service and individuals supported by it to the wider health, social, housing, benefit and voluntary care system – this role does not exist in the existing CRHS.

Timescales are tight to get new service provision in place by April 2020 but planning is on track to achieve this.

Appendix 1 - Further information on the CRHS commissioned service:-

- **Homeless** - CRHS receive direct referrals from day centres, outreach teams, the Big Issue, the Police and other statutory and non-statutory services. However, the main referral route is via self-referral or through word of mouth. Referrals also through targeted street outreach and outreach at appropriate venues by support workers and nurses.

- **Hostel Beds -** The Direct Access hostel in Norwich, Bishopbridge House (BBH), refers all new residents to CRHS on the day they move in to the hostel. CRHS provides 2 outreach clinics at BBH each week providing initial health assessments and on-going support. However, new residents can be seen the same day at the CRHS clinical base if urgent. Similar arrangements are in place for other hostels, including bail hostels. Referrals are accepted via the probation service for residents of bail hostels. Services are also provided into The Ark and the Dry House.

- **Asylum Seekers / Refugee / No recourse to public funds (Single and Families) -** CRHS is delegated the responsibility of being the local commissioners' health lead for Asylum seekers receiving direct notification from the UK Borders Agency (UKBA) and accommodation provider of all newly arriving dispersed Asylum Seekers. Referrals are therefore received directly from the UKBA on the day or after dispersal. CRHS enables local commissioners to meet the access timescales set by the UKBA to be met. These timescales are set against relevant criteria related to a range of health conditions.

- **Travellers (Single and Families) –** The service will support Travellers on unauthorised encampments. CRHS may be notified by the Norfolk and Suffolk Gypsy, Roma and Traveller Service.

- **Families in temporary accommodation and Refuges -** CRHS maintains regular contact with local refuges and supports local GP Practices to meet the needs of those placed in this accommodation.

Appendix 2 – Further information on other services in the Norwich area

Special Allocation Scheme
This Special Allocation Scheme (SAS) service is commissioned by the Norfolk and Waveney CCGs under their delegated authority for primary care services and is entirely separate from CRHS services.

There are instances when practices have to deal with patients who are difficult, challenging, aggressive and abusive, as well as in some cases, violent (physically or verbally). In order to protect GPs and practice staff and to allow them to carry out their roles, designated service providers are commissioned to provide services to patients by prior appointment and at specific locations and times as detailed in individually agreed contracts. Patients are allocated to SAS following a process of immediate removal as a result of an incident that was reported to the police.

Since April 2019, the service has been provided at sites across Norfolk and Waveney in King's Lynn, Norwich and Gt Yarmouth/Lowestoft by Essex Partnership University NHS Foundation Trust. The contract is in place for 3 years with a year's extension possible.

The service was previously provided by 3 GP practices in those locations; in Norwich they use the same premises that CRHS currently operate out of.

Syrian Refugees / Asylum Seekers – People from Abroad Team
Syrian refugees who are resettled in Norwich under the Syrian Vulnerable Persons Resettlement Scheme get registered at a GP surgery local to the property in which they have been housed. Support Workers from the People from Abroad Team help refugees to register and to orientate themselves with local services, including dental services.

Asylum seekers are dispersed in Norwich by the Home Office under Section 95 and Section 4 of the Immigration and Asylum Act 1999. Support Workers from CRHS help asylum seekers get registered with a practice near to where they are housed and help orientate them to local services. A CRHS nurse undertakes initial screening and health assessments of asylum seekers.

Pathways Consortium
St Martins is the lead partner in the Pathways consortium. Pathways is an innovative service supporting rough sleepers and people with complex needs in Norwich, delivered from hubs around the city. Seven local organisations have joined together to form this collaborative project which uses the combined strength of its members to offer a pioneering model of support. The Pathways principle is that there is 'no wrong door' for people to access the help they need. Personalised support is focused around each individual, by qualified and experienced Pathways team members, to encourage a positive outcome for each person. The Pathways service uses the Making Every Adult Matter approach. The service undertakes several street outreach sessions each week, either early in the morning or late at night, engaging directly with rough sleepers to inform them of Pathways services and anything else they can access in the Norwich area.

The partners involved in the project are CRHS, Shelter, YMCA Norfolk, The Salvation Army, Future Projects and The Feed. NCHC employ 3 staff who work for the Pathways Consortium. 3 staff are currently hosted within the CRHS service.

The Pathways service is commissioned by Norwich City Council. Norwich CCG is a commissioning partner.

Appendix 3

City Reach Staffing – Sept 2019						
Provision	**Service**	**Sub service**	**Staff Type**	**Current Vacancies as at 5/9/19**	**Base Contract WTE**	**Total WTE**
P0004	CRHS	City Reach	GP		0.39	0.39
P0004	CRHS	City Reach	GP		0.18	0.18
P0004	CRHS	City Reach	GP	0.18		
P0004	CRHS	Pathways/Homeless outreach	Nurse		1.00	1.00
P0004	CRHS	Outreach support worker	Support worker		0.80	0.80
P0004	CRHS	Asylum seeker service	Support worker		0.80	0.80
P0004	CRHS	Asylum seeker service	Nurse		0.61	0.61
P0004	CRHS	Pathways/Homeless outreach	Nurse		1.00	1.00
P0004	CRHS	City Reach	Nurse		0.80	0.80
P0004	CRHS	City Reach	Nurse		1.00	1.00
P0004	CRHS	City Reach	Nurse		0.27	0.27
P0004	CRHS	City Reach/Dry house	Nurse	1.00	0.20	0.20
P0004	CRHS	City Reach	A&C		0.80	0.80
P0004	CRHS	City Reach	A&C		1.00	1.00
P0004	CRHS	City Reach	A&C		1.00	1.00
Total				**1.18**	**9.85**	**9.85**

Children's speech and language therapy

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

An update report from commissioners on access to and waiting times for children's integrated speech and language therapy (SLT) in central and west Norfolk.

1. Purpose of today's meeting

1.1 The focus for today's meeting is the progress made by the central and west Norfolk SLT service following a 30% uplift in its funding which began in April 2019.

1.2 To enable Norfolk Health Overview and Scrutiny Committee (NHOSC) to scrutinise the subject the Clinical Commissioning Groups (CCGs) and Norfolk County Council Children's Services have been asked to provide the following information:-

(a) An update on progress since the start of additional investment in the SLT service (central & west Norfolk), i.e. progress with outstanding actions from the action plan arising from the independent review of the service in 2018.

(b) Information on the role of other services around speech and language therapy (i.e. public health national programme; health visitor work; early years and family support service from 15 sure start hubs; Virtual Sensory Support School working in conjunction with ECCH around SLT screening tools).

(c) A special needs schools' perspective on the subject, i.e.
- How much do the special schools in Norfolk spend on buying in SLT services and who are the providers?
- To what extent do children in their schools receive SLT services from the ECCH service commissioned by the NHS and Norfolk County Council?
- Do the special schools think that the SLT service provided by ECCH meets the requirements of their pupils? If not, what are the issues?
- How do the special schools work with both ECCH and other SLT services (i.e. those bought in by the school and those privately funded by parents) to provide a coherent approach for the child.

The commissioners have provided the progress report at **Appendix A**. Representatives from the commissioners and special schools will attend to answer Members' questions.

1.3 At previous meetings NHOSC has received information from Family Voice and SENsational Families Group both of which represent parent carers of children with speech, language and communication needs, on people's experience of accessing and using SLT. The focus at this meeting is on the service's progress since receiving an uplift in funding in April 2019.

Family Voice conducted a survey of parent / carers views on children's SLT from 21 May to 19 July 2019 and produced a report for NHOSC. The full report on the outcome of the survey is available at https://www.familyvoice.org.uk/wp-content/uploads/2019/09/FV-5-min-Focus-on-SALT-2019.pdf. The key findings and recommendations for improvement are attached at **Appendix B**.

2. Background

2.1 Commissioned services in Norfolk and Waveney

2.1.1 Speech and Language Therapy (SLT) services in Norfolk are commissioned under two separate contracts:-

- An integrated speech and language therapy service commissioned jointly by 4 of the 5 CCGs in Norfolk (all except for Great Yarmouth and Waveney Clinical Commissioning Group (CCG)) and Norfolk County Council Children's Services. The commissioners have a Section 75 agreement pooled fund which covers the contract until 2021. The service area for the Norfolk County Council educational element of the contract is Norfolk-wide, including Great Yarmouth, but the health element is for central and west Norfolk only.
  (This service is the subject of today's meeting)

- A speech and language therapy service commissioned by Great Yarmouth and Waveney CCG for its own area under a contract running until 2020 and providing the health element of the service for Great Yarmouth and Waveney.
  (Not the subject of today's meeting)

The contract holder in both cases is East Coast Community Healthcare (ECCH).

2.2 Previous reports to NHOSC

2.2.1 Norfolk Health Overview and Scrutiny Committee (NHOSC) originally added SLT to its forward work programme in February 2017 following concerns about waiting times. The committee has previously received the following reports (agenda papers and minutes are available via the following links):-

7 September 2017 (item 6) - the commissioners acknowledged that the change to an integrated (health and education) service model in central Norfolk had been challenging but that the service was bedding in and performance was improving.

12 July 2018 (item 7) – at this stage there had been an independent review of the central and west Norfolk SLT service by Better Communication CIC (community interest company) but the final recommendations were not yet available. The committee heard that the level of funding resources available for the SLT service was struggling to keep pace with demand.

28 February 2019 (item 7) – on this occasion NHOSC received information about the service's progress against the action plan from the 2018 independent review and heard that the central and west Norfolk SLT service would receive a 30% uplift in funding (i.e. an additional £510,093 per annum) from 1 April 2019. Areas identified for additional investment included support for families of pre-school children with complex needs, an improved service offer for schools; additional SLT workforce capacity and adoption of a county-wide menu of screening tools. The committee asked the service commissioners to report back to NHOSC 6 months after the start of additional investment in the service and asked for a special needs schools' perspective to be sought.

At each of the meetings the committee noted a degree of dissatisfaction from service user family representative groups about the central and west Norfolk SLT service model and the way it has been implemented.

3. Suggested approach

3.1 After the commissioning representatives have presented their report, Members may wish to discuss the following areas:-

(a) The commissioners have worked with the provider to adjust key performance indicators(KPI) to address issues raised in the independent review. One of these was the need to shift away from KPIs that measured waiting times to first assessment and to introduce more valuable indicators on how soon children can access treatment and how well expected outcomes are met. Business Intelligence data reporting against the new performance indicators will be available by quarter three (Oct – Dec 2019).

How do the commissioners and provider intend to measure how well expected SLT outcomes are met?

(b) It is understood that aim of the new performance indicators is to stop inappropriate prioritisation of new referrals over children already in the service, which means that performance against the 18 week referral to treatment standard will drop.

Is it still the aim of the commissioners that the service will, in time, meet an 18 week waiting time standard (i.e. 95% of children and young people receiving their first SLT intervention within 18 weeks of referral)?

(c) The commissioners' report at Appendix A mentions simplification of the referral process to SLT and that all referrals now need to demonstrate evidence of a persistent speech, language, communication need. School

and pre school children will be screened and receive one cycle of intervention, which will establish whether there is a persistent need prior to referral.

Who carries out the screening of school and pre school children and how is it done? (i.e. face-to-face or via the telephone?)

(d) What effect has the introduction of screening of referrals had on the numbers who progress to receiving the SLT service?

(e) The action plan from the 2018 independent review included review of how services are provided to schools. Engagement work with schools has now been completed and the learning has been included in the commissioners' report at Appendix A (Educate Norfolk section).

What changes will be made as a result of this work?

4. Action

4.1 Following the discussions with representatives at today's meeting, Members may wish to consider whether:-

(a) To make comments or recommendations as a result of today's discussion.

And / or

(b) To ask for further information or updates at a future meeting or in the NHOSC Briefing

Or

(c) The committee's scrutiny of this subject is now complete.

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Health Overview and Scrutiny Panel - Update Report for 10th October 2019

In February 2019, colleagues attended the Norfolk Health Overview and Scrutiny Committee (HOSC) meeting to provide an update on the action plan, information about the uplift in investment into the service and respond to additional queries from elected members. The committee asked to be updated on progress at their next meeting in October 2019.

The commissioners have provided the following information:-

Norfolk's Integrated Children and Young People Speech and Language Therapy (SLT) Service contract (excluding Great Yarmouth and Waveney)

Presented by:
1. Michael Bateman
2. Clare Angell

The purpose of this paper is to;

(a) Provide an update on progress since the start of additional investment in the SLT service (central & west Norfolk), i.e. progress with outstanding actions from the action plan arising from the independent review of the service in 2018 (Appendix 2)
(b) Information on the role of other services around speech and language therapy (i.e. public health national programme; health visitor work; early years and family support service from 15 sure start hubs; Virtual Sensory Support School working in conjunction with East Coast Community Healthcare (ECCH) around SLT screening tools).
(c) A special needs schools' perspective on the subject, i.e.

- How much do the special schools in Norfolk spend on buying in SLT services and who are the providers?
- To what extent do children in their schools receive SLT services from the ECCH service commissioned by the NHS and Norfolk County Council (NCC)?
- Do the special schools think that the SLT service provided by ECCH meets the requirements of their pupils? If not, what are the issues?
- How do the special schools work with both ECCH and other SLT services (i.e. those bought in by the school and those privately funded by parents) to provide a coherent approach for the child.

Authors:
Clare Angell, Senior Commissioning Manager for Children, Young People & Maternity Norfolk and Waveney
Michael Bateman, SEND & AP Transformation Lead NCC Children's Services

1 Progress since February 2019

The meeting in February 2019 highlighted a necessity for commissioners to develop and strengthen relationships with stakeholders invested in improving speech, language and communication need (SLCN) services across Norfolk but in particular, parents of children with complex needs. A recommendation of the independent review was to build confidence with stakeholders and while the newly established stakeholder group was building relationships across the health and social care system, there was a perceived disregard for a cohort of parents who did not feel heard. Parallel to this, and with the proposed changes to the commissioned service provided by East Coast Community Healthcare (ECCH), there was an urgency in building similar relationships with the education sector across Norfolk. These two areas; engagement with parents and alignment with education, alongside reviewing the

clinical pathways for particular groups of young people became the priorities for the next six months.

The list below reflects what was captured at the HOSC meeting and during parent engagement sessions and the subsequent actions undertaken to address them;

You said:

1. Waiting times to commence treatment was taking too long
2. You expected more intensive therapy for your children
3. Our service offer for children with autistic spectrum disorder (ASD) and Down's syndrome was insufficient
4. We were not listening and/or responding to the concerns raised by parents
5. Support in schools was not as you expected
6. The language and terminology that the provider used was not helpful
7. The referral process and drop in sessions were too complicated
8. You did not always understand what the short and long term goals and outcomes were and how you can support your child to reach them
9. You did not understand why a service was not offered for your child
10. It took too long to re-assess your child after he/she had been discharged
11. The pathways for the neuro-developmental and speech and language pathways are complicated
12. Commissioners did not appear to understand the concern of parents represented at the meeting

What we did:

1. Combined three waiting lists into one to ensure those with an identified need would be seen quicker. This will result in a longer (albeit temporary) delay for new referrals to be assessed but will ensure that those children with an assessed need, will be seen sooner. See section 2.1 for more information
2. Reviewed the resources and support available in education to provide universal and targeted support for your child and formulated a response, this is outlined in section 1.1
3. Liaised with the Royal College of Speech and Language Therapy, Norfolk Community Health & Care (NCHC), East Coast Community Healthcare and Worcestershire Community Trust to understand best practice and developed an improvement programme for pathways (section 1.1)
4. Arranged and attended coffee morning and stakeholder sessions with SENsational Families, Family Voice, SENDIASS, Helping Hands and Autism Anglia. Conducted a separate Single Point of Contact questionnaire to understand patient experience. Tracked patient journeys to identify gaps in provision across the neuro developmental service and speech and language therapy service and followed up on progress with providers.
5. Attended all primary and secondary EDUCATENORFOLK locality briefings to work on improving resource and support in education. Conducted school surveys to undertake mapping exercise across Norfolk (section 1.1).
6. Changed the terminology in a co-production exercise with SENsational families. The word discharge will no longer be used and will be replaced with 'transfer of care'
7. ECCH have simplified the referral process and are working with Action 4 Children, the new early childhood and family service to enable better identification and prevention to families of children under five. We will continue to review the format of drop-ins and make best use of the wider workforce supporting children who are younger than five.
8. Following the co-production exercise with members of SENsational Families, the provider will change what is communicated to parents. This includes; describing the short and long term goals and outcomes, describing who will undertake the work,

describing what the input looks like, next steps, information about link therapists and who to raise concerns with. Education partners have engaged in discussion and acknowledged the importance of their role in ensuring children with SCLN reach optimal outcomes.

9. Changed the content of letters to parents following a referral (ECCH), to explain what happens next
10. Worked to ensure pathway descriptions are shared – this is ongoing
11. Engaged/listened and responded over the last six months to develop and strengthen the relationship and better understand the problem.
12. We will not know the outcome of the ELKLAN bid until autumn 2019.

1.1 Commissioner response

Pathways:

Through discussions with parent carer groups, there is a perceived gap in the service commissioned with ECCH. Children with a diagnosis of autism and no associated learning difficulty, children who are selective talkers and children who have Down's syndrome do not receive input from a specialist therapist unless there is an underlying speech and language disorder. Following advice from the Royal College of Speech and Language Therapy (RCSLT), a visit to Worcestershire Health Trust Speech and Language Therapy service was undertaken in August 2019. A key line of enquiry for commissioners was to determine whether bespoke clinical diagnosis SLT pathways would be appropriate in addressing these needs. The learning from that visit is outlined below;

i. Worcestershire Health Trust is considered to be a gold standard service in England who have provided guidance to the 10 year Bercow report and RCSLT
ii. They deliver a needs led service, regardless of diagnosis. All children and young people with autism are supported with the speech and communication needs to determine what intervention is necessary and appropriate. Children who are selective talkers may require psychological and/or SLT input and the provider will support individuals to implement the Maggie Johnson programme, a nationally accredited intervention for this group of young people. The focus of support for children with Down's syndrome should be the appropriateness of their educational placement and ensuring that the school or setting is able to provide targeted interventions. Developmentally, children have to be at a certain stage in order to have the functional ability to learn new linguistic skills. Better access to training, facilitated by the provider or otherwise, would better support these children.
iii. Specialised SLT services, such as Hearing Impairment Units, do not exist in Worcestershire and any child with a SLCN would be supported within the core service offer
iv. The speech and language service is underpinned by the premise that in order to develop speech and language skills, a child needs to be able to generalise their learnt skills in their everyday environments. This means that the most effective way of supporting children is to upskill professionals who are able to support them to do so.
v. Worcestershire Health Trust prides itself on the 300 Communication Teaching Assistants in schools who are supported to coordinate and deliver (where appropriate) targeted speech and language interventions for pupils.

In conclusion, while the trust is much further ahead in achieving a Balanced™ system of SLCN support, they have been able to demonstrate that upskilling a wider workforce and empowering parents and professionals to support children and young people is achieving expected outcomes. As a result, a paper for commissioners is being drafted for consideration in the autumn to look at how we can replicate the service in Worcestershire.

Educate Norfolk

In developing a service specification for SLT, it was always the intention for schools and settings to be offered training and support but the level of demand in referrals made this difficult to deliver. In order to fully realise the benefits of a Balanced™ system of support for SLCN, it is imperative that universal services, schools and settings are resourced and skilled appropriately to deliver interventions. This helps the child to embed their skills in their natural environment.

We attended all five locality meetings with local authority maintained schools across primary and secondary phases. The presentation sought to explain the changes to the NHS service and describe the Balanced™ model and schools were asked what resource they would 'protect' to deliver interventions and to describe their existing resource and presenting issues. Further to this, each school was given the opportunity to respond to a school survey, which re-emphasised the messages received during each meeting. The learning was as follows;

1. Capacity and resource in schools is variable and largely influenced by school leadership teams and funding
2. This resource included examples such as dedicated SLT input, Early Talkboost packages and ELKLAN trained teachers
3. When asked what worked well about the current model, the following responses were given; drop in services, ease of referral process, efficient call back response, access to advice and liaison with named therapists
4. When asked what worked less well we heard about the challenge of long waiting lists, lack of monitoring of progress and outcomes, the re-referral process and the absence of link therapists in some areas
5. School would commit to protecting time for teachers and teaching assistants to access training, would be willing sign posters of services and hosts for workshops. There was a firm belief that improved resource in Early Years' services and support and resources for schools would partly solve the demand for input.

1.2 Information on the role of other services in Norfolk around speech and language therapy

The Independent review also highlighted the importance of a system wide offer for children and young people to develop speech, language and communication beyond the therapy delivered by East Coast Community Healthcare. National campaigns launched this year such as Chat, Play, Read by the Department of Health and Hungry Little Minds by the Department of Education, aims to help parents understand that they have a big impact on their child's learning and that reading, playing and chatting with them is a simple thing they can do to help them develop. Children learn best when supported by their families, and community based activities with access to support when they need it.

Over the next six months, the Norfolk Stakeholder group will be hosting workshops to engage with all providers of SLCN activities in Norfolk in order to fully understand the scope of support available to children and their families. These activities may be funded through universal services, charitable and/or grant funding or nationally funded programmes such as Department of health.

Beyond early education settings and nurseries, families are able to access support for SLCN, set out below;

Description of support	How to access it?	Who provides it?	What can I expect?
Screening and support with emerging SLCN	Via Health Visitor (Healthy Child Programme) or Early Child and Family Service centre	Cambridgeshire Community Service Action for Children	Access to advice and screening for your child and signposting for ongoing support

Support with reading/learning words and numbers Bounce and Rhyme	Local Libraries	Norfolk County Council library service	Families can drop in/book classes at their local library and learning creative ways to support language development
Baby signing classes to support language development	Tiny talk classes (self-referral) at various community settings	Independent or Early Child and Family Service	Parents (with their child) use music and sign to develop communication skills in weekly classes
Once upon a time language skills classes SLT music groups Little box of big emotions classes	Early child and family service	Action for Children with NCC Library service	Access to advice and structured support for your child and signposting for ongoing support
Activity ideas for 0-5 year olds	Online	Hungry Little Minds campaign Small Talk ICAN Just One Norfolk	Free resources that any parent can use with their child and access to additional information and support

This list is not exhaustive.

2. Uplift

In February, we advised members of the additional recurrent funding to the speech and language therapy service and informed you on impending decisions regarding how that investment would be spent during 2019/20. East Coast Community Healthcare developed a range of proposals for commissioners, who in early spring agreed the priorities for the next financial year. The detail of these proposals is provided in Appendix two.

A project management approach to monitoring the impact of these proposals has been developed and will be led by the provider who will provide updates to commissioners at the monthly contract meetings. We expect to realise the benefits from January 2020.

2.1 Key messages

Recruitment of additional therapists:

Recruitment of additional therapists will be central to the success of the proposed changes to services. Two rounds of recruitment yielded 13.7 WTE appointments, 10.4 being new therapists to the service. This is particularly positive for Norfolk during a period of significant recruitment activity within the region with both Suffolk and Cambridgeshire's services seeking to fill a large number of new therapy posts. Both of these services failed to fully recruit.

Development and implementation of the link therapist

The development and implementation of school link therapists was a key recommendation in the independent review. From September schools will have a named link therapist. The therapist will support the school with advice about screening tools, activities and approaches to use, information about training and queries about children and young people on the caseload and possible new or re-referrals.

Schools will have up to six visits per year depending on their level of need. The level of need is determined using a combination of information from the existing caseload, predicted demand identified using the data produced during the Independent Review and the results of a SENCo survey that started in July.

The SENCo survey sought to establish schools expectations from link visits and liaison, confidence in; identifying children with SLCN, the screening tools that the school uses with any children they have concerns about, staff confidence of school in using those screening tools and providing intervention to support different aspects of speech, language and communication need, number with need (universal, targeted and specialist), previous training accessed and other training needs.

Changes to the referral process

From the start of September referral processes have been simplified and more appropriately reflect the responsibilities of all those working with children to support the development of their speech, language and communication as described in the Balanced System approach. From this date all referrals for speech and language therapy will need to demonstrate evidence of a persistent speech, language, communication need. For all schools and pre-school settings this will be evidenced through the use of a speech and language screen and one cycle of intervention prior to referral. For those children who stammer or have a need identified by a secondary care health professional e.g. paediatrician or dietician a paper or e-referral will be possible.

For those under five who do not attend a pre-school, families will be able to attend a community based Drop-in Let's Talk session where they will be able to access early communication screening and advice. These events build upon the successful model of drop-in sessions previously run by the provider. The session will be supervised by a speech and language therapist and the screens conducted by one of the services trained clinical support workers.

Provider performance

Since the last report the commissioners have been working with the provider to adjust the key performance indicators to address the issues raised in the independent review. Members will recall that a key recommendation of the review was to 'shift' away from restrictive key performance indicators that measured waiting times to first assessment and completed waits rather than more valuable indicators on how soon children could access treatment and how well expected outcomes were being met. The principal impact of this change is waiting lists being managed on the basis of assessed need and not inappropriately prioritising new referrals. As a result, the caseload (children referred for a first assessment and children already known to the service requiring reassessment) are now being managed on one list. This approach will ensure that all children will be treated equally and according to need.

A predictable impact of this is that the number of children being included in the reported performance has increased (as the majority of demand upon the provider is activity with existing referrals rather than new children) and performance against the national 18 week wait standard will drop. We continue to expect the full impact of the revised service arrangements to be realised over a six to nine month period.

- For April to July this year, 84% of new children and young people with an identified and persistent SLCN received their first intervention within 18 weeks of referral to the SaLT service.
- For the same time period, the number of completed waits within 29 weeks for children with an identified need was 94%

Commissioners continue to hold the provider to account through contract management processes. Business Intelligence data reporting will reflect the revised performance indicators in time for quarter three. The provider is pleased to report that since July, there has only been one formal complaint received and twenty one compliments regarding the speech and language therapy service.

Appendix three shows a change in activity data for the drop in sessions between January 2018 and June 2019.

3 Special Schools update

Norfolk special school head teachers have been involved in the ongoing development of the speech and language therapy service through representation within the stakeholder group. The head teacher of Fred Nicholson special school (Dereham) is the nominated representative of the Norfolk Association of Special School Head Teachers (NASSH).

The involvement of NASSH within the group followed on from a discussion between ECCH and all special school head teachers in 2018 when aspects of the new model were set out.

In preparation for this latest update to the Health Overview & Scrutiny Committee, three special school head teachers were asked for their views regarding the current speech therapy service. A summary of their views are set out below and due to the type of children's needs that each school provides for these views can be considered as a fair reflection across all special schools in Norfolk; Fred Nicholson School (Dereham), The Clare School (Norwich), Chapel Green School (Old Buckenham).

	How much do the special schools in Norfolk spend on buying in SLT services and who are the providers?	
Chapel Green	One therapist 1 ½ day a week (via ECCH) To fully meet needs there would need to be further provision, in particular due to increase in pupil numbers since move to new school site from 63 to 104.	• Efficient service that has replaced OT and sensory integration • Would like to have enough funds to employ a communication assistant • School employs a resource assistant who works with Speech and Language therapist
Fred Nicholson	One therapist 1 ½ day a week (via ECCH) To fully meet needs there would need to be further provision, in particular due to increase in pupil numbers from 130 to 151.	• All students have communication issues and need some level of intervention • School funds an interaction team (Higher Level Teaching Assistants & TAs) to implement the targets from observations by the speech therapist; increase in team would fully meet needs
The Clare School	One therapist 1 day a week (via ECCH)	• Large caseload particularly because of the number of young people with feeding plans – 45 feeding plans

	To what extent do children in their schools receive SLT services from the ECCH service commissioned by the NHS and Norfolk County Council?
Chapel Green	All children in the school are on the speech therapy list but only a 1/3 are part of a live caseload, with the remaining children part of a monitoring and guidance programme. Speech Therapist helps to upskill all staff.
Fred Nicholson	All children have a communication need in the school and would benefit from increased direct input from a speech therapist. There are 151 pupils in total

	and the standard allocation of 1 ½ days does not enable all observation reports completed within the allocated time.
The Clare School	Speech Therapist writes individual plans for pupils and also provide training for school staff; enabling school staff to implement therapy plans.

	Do you think that the SLT service provided by ECCH meets the requirements of their pupils?
Chapel Green	A good quality service due to the skills of the speech therapist and the stability provided through a consistent therapist (2 years currently). To fully meet all pupil needs there wold need to be an increase in therapy time available. There is a need to ensure skills within speech therapy are developed across the school staff, which provides its own resourcing issues.
Fred Nicholson	A good quality service, however, the overall impact is limited by therapist capacity. A need to have an accredited qualification for staff in school so staff could be upskilled to effectively deliver speech therapy plans.
The Clare School	A good quality service via ECCH, however, there is an ongoing need to ensure that all school staff have the ability to implement plans fully.

In addition to the responses to the specific questions, above, there were a number of other issues and themes that emerged from our discussions with special school head teachers.

A key theme was the fact that the quality of the speech therapy service was enabled through the continuity of the individual therapist, getting to know the cohort of pupils and also developing professional relationships across the teaching and non-teaching staff within the school. If an increase in speech therapy availability was possible a key development would be increasing contact time with school staff to enable more training and staff development. The implementation of speech therapy plans via school staff is a key feature of the delivery of provision.

Further capacity from therapists would also lead to further quality assurance of the implementation of therapy plans and, for those children with feeding issues, greater capacity can ensure this element of support is provided too.

4. Conclusion:

To conclude, the three areas of work over the last six months provide assurance that the direction of travel for service improvement is the right one. The Balanced™ system is the right model for Norfolk and with the right resource and training, we can more effectively improve patient experience for children and families. There are a wealth of resources available, beyond the specialist therapy provider, to help raise awareness of Speech, language and communication needs and information and tools. As commissioners, we are confident that we will achieve a better service and the provider is more equipped to support and be supported in the Norfolk system.

The action plan, relating to the recommendations of the review is provided in Appendix one.

Appendix One – Action plan

Recommendation	Actions	Timeframe / Deadline	Status at Feb 19	Status at Jun 19	Narrative
R1.1	Develop either a standalone strategy or as a theme within the joint Norfolk Area-wide SEND Strategy	Sep-19	Complete	Complete	Standalone strategy has been developed. Representation includes ECCH, schools, Cambridge Community Services, NCC (SEN, Early Years, Children's with Disabilities team), Parent carer groups, Action for Children, Book Trust, Norwich Opportunity Area
R2	Develop Stakeholder Communication and Engagement Plan with current / proposed contract to reboot / bring system back on board and include meaningful involvement in redesign. Commissioners will communicate with stakeholders to embed learning and understanding of the service	Oct-18	On track	Complete	Contract uplift for the 30% funding of £510,093 has been progressed with a set of measurable deliverables in place to track outcomes and benefits. Various elements of digital work around Early Years and there is other portals for digital Comms including the Norfolk Local Offer/Just one Norfolk/ Norfolk Directory.
R2	Issue communication outlining the outcome of review/next steps to stakeholders involved in IR	Nov-18	Complete	Complete	The outcomes of the review have been published on the Local Offer with a targeted communications issued via direct emails and e-Newsletters and continued in the spring through stakeholder engagement.
R2	Establish a SLCN stakeholder group with system-wide representation	Sep-18	Complete	Complete	A key piece of working has been re-engaging with schools in review of the system offer for SLCN with representation from NCC Children's Services leads as best placed to drive at senior level for unlocking engagement directly with education. Work continues to build confidence and partnership working.
R2	Re-modelling of complex and special school offer within existing resources	Jan-19 Start of Spring Term	On track	On track	Additional outreach resource support to bolster support at complex needs schools. Wider review of whole range of services as part of review / redesign is considered as part of the SEND and AP Transformation programme agreed by Members
R2	Map demand and capacity with ECCH to review resources and identify gaps	Oct-18	Complete	Complete	An implementation plan is in place from April 2019 with a set of measurable deliverables to track outcomes and benefits.
R2	Develop single point of contact for groups of schools and settings (Link Therapists)	Mar-19	On track	On track	Link therapist roles being rolled out to clusters of schools across Norfolk. Current vacancy in South Norfolk area. Stakeholder group has commenced engagement work with SENCO's to review how we improve partnership working between education and health
R2	Review how services are provided to schools	Sep-18	On track	Complete	Progressing as expected. A key outcome of the review included extra resource within our additional and targeted provision e.g. schools and this has been part of the implementation plan. Engagement work with schools completed. Work will continue outside of this project as part of the wider SEND and AP Transformation programme

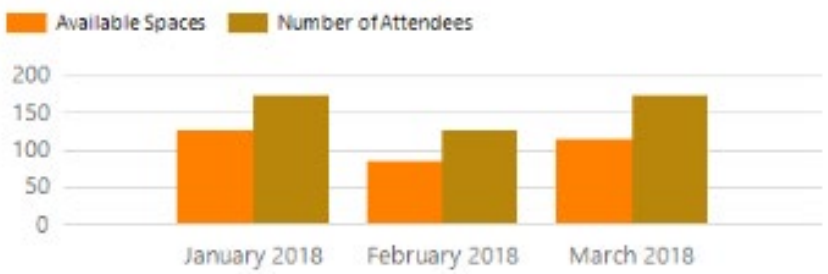
Appendix two – Uplift Implementation

Code	Input	Milestones		Benefits
ECCH01	Parent/Carer workshops for all new referrals	May-19	Workshops planned (dates, venues, content, who) to start 3rd week Sept. Pre dated referrals if first few sessions are under utilised	Increase in confidence in parents as communicative partners
		Jun-19	Content of staff training completed	Increase in reach for general advice sessions % target (outcome 1, level 2)
			All stakeholder communication anticipating change in drop-ins, paperwork and dates for market place events	Increase in high quality information being developed for families
		Jul-19	Whole team meeting staff training over two days	Increase in communication friendly environments within the home
			2nd all stakeholder communication	
		Sep-19	Start of month 3rd all stakeholder communication	
			Workshops commence 16th	
		Oct-19	Benefits realisation	
ECCH02	Support to implement introduction and on-going use of Norfolk menu of SLCN screens	May-19	Menu of screens commercially available and intervention agreed	Increase in services where staff have access to appropriate information
			ECCH school and preschool speech screen revised	Reduction in referrals declined for input
		Jun-19	1st all stakeholder communication	Decrease in number of children who require screening by ECCH (graduated approach)
		Jul-19	First market place event	
			Phonological awareness intervention to be developed and trialled (T Woods)	
			ECCH early language intervention tool for Year R upwards to be developed	
		Sep-19	2nd all stakeholder communication	
			2nd market place event	
		Nov-19	3rd all stakeholder communication	
			3rd market place event	
ECCH03	Revised drop-in service and referral processes that reflects use of the Norfolk menu of SLCN screens	May-19	Revised S1 templates, letters and process map	Increase in workforce capacity
		Jun-19	Internal communications - ECCA	
			Triage guidelines completed	
			Advice line roster completed	
			Clinical Support Worker WellComm training	
		Jul-19	New referral dates added to website	Increase in number of children identified as needing specialist intervention are receiving support from provider
			E referral testing	
			Drop-in communications to preschool referrers	
			ECCH staff training 15 &16th July	
			New clinical support worker in post	
		Aug-19	30/8 last SAT	
		Sep-19	2nd Advice line starts	
			New format drop-in starts	
			New referral process (including e-referral)	
		Oct-19	3rd all stakeholder communication	Increase in number of children with specialist SLCN having appropriate support in place – Improved access for children e.g. stammer

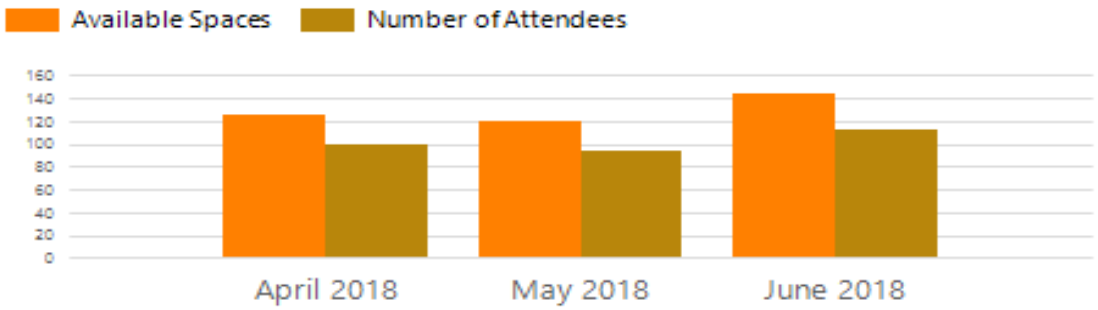
Code	Input	Milestones		Benefits
ECCH04	Support for families of preschool children with complex needs	May-19	0.15 wte increase band 4 ACF 31.5.19 Rachel Littlewood	Increase in high quality information being developed for families
		Jul-19	Information/resource pack completed for families at the end of home visit	Increase in communication friendly environments within the home
			New family needs assessment and recording template (S1) completed for use at first home visit	
		Pre-requisites ECCH01 & 03		
		Sep-19	First referrals	
		Oct-19	First complex needs workshop	
			First home visits	
		Dec-19	First groups start	
ECCH05	Increased core SLT capacity to support Named Therapist/cluster working	May-19	Locality team mini clusters confirmed	Increase in number of schools confident and competent to deliver some elements of specialist programmes
			Interviews for band 5 & 6	Reduction in declined referrals
			Stakeholder communication - SENCO expect contact from SLT in July to agree preferred day for visit	
			SENCO network briefing	Increase in reach to schools for specialist advice
		Jun-19	Individual named therapist assigned to clusters	Increase of high quality interventions in place for children and young people with identified need
			Named therapists contact SENCO	
		Aug-19	New staff induction 16th August	
		30-Aug	Last SATS to be replaced by paper referral	
ECCH06	Increase the core Speech and Language Therapist capacity to deliver specialist support and interventions at a local level including second opinions	May-19	Band 5 & 6 interviews	Increase in parents of children with SLCN offered specific additional support
		Jul-19	ECCH03 - whole team meeting 3rd & 17th staff training	Increase in workforce capacity
		Aug-19	16th induction of new staff	Increase in reach for specialist advice for children with identified need
			SATS stop and replaced by paper triage	Increase in number of children with specialist SLCN having appropriate support in place
				Increase in confidence of parents as communicative partners for their children with specialist SLCN

Appendix three – Provision and take-up of spaces at Drop-in sessions January 2018 – June 2019

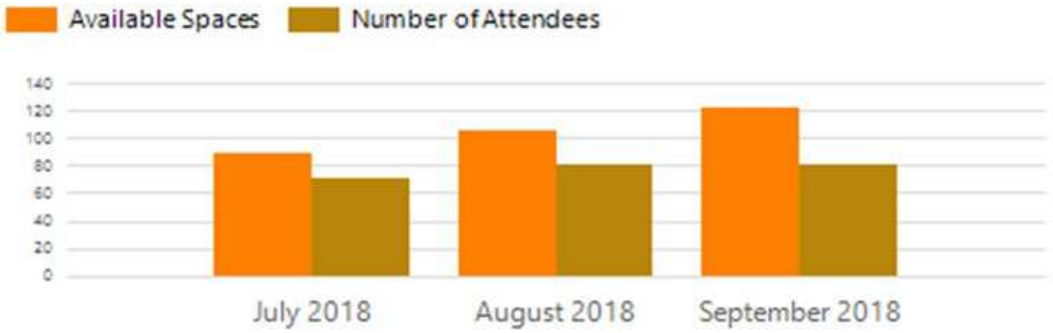
Quarter 4 2017/18



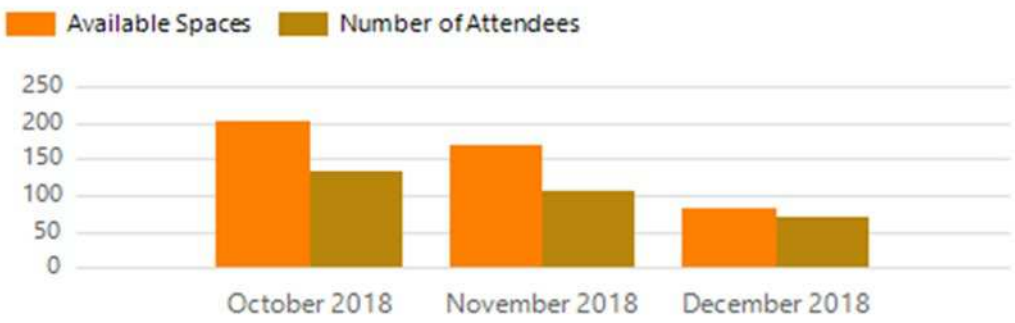
Quarter 1 2018/19



Quarter 2 2018/19



Quarter 3 2018-19



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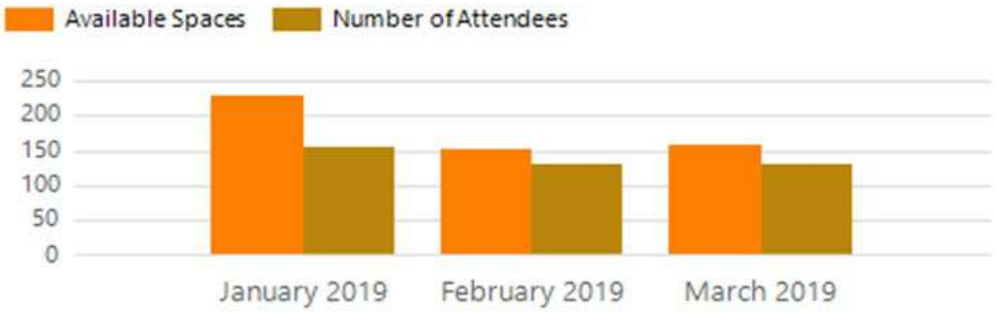
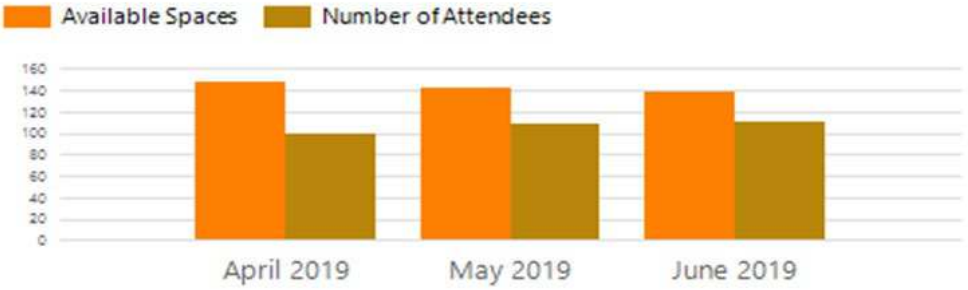


Quarter 1 2019-20



Extracts from the report of Family Voice Norfolk's parent / carer survey (21 May – 19 July 2019)

Extract 1 – Introduction and Key Findings

family voice norfolk
together improving services

Family Voice Norfolk Consultation on Access to Speech and Language Therapy Services for Norfolk County Council Health Overview Scrutiny Committee on 10th October 2019

Consultation

Parent carers of children and young people with Special Educational Needs and/or Disabilities (SEND) were consulted via an online survey to inform this report. This report will be presented to the Health Overview Scrutiny Committee (HOSC) on 10th October 2019.

Background

Family Voice Norfolk (FVN) is a collective of parent carers from nearly 900 families across Norfolk and represents over 1,100 children and young people with SEND. FVN has been the strategic voice of parent carers working in partnership with Norfolk County Council (NCC) and the five clinical commissioning groups (CCGs) since 2006. It is funded through a direct DfE grant (administered through Contact), by NCC and the five CCGs.

Parent carers were invited to complete a questionnaire online and had the opportunity to write comments on their experiences of access to Speech and Language Therapy (SALT) services. The survey ran from 21st May to 19th July 2019. FVN received 119 responses.

A list of acronyms and abbreviations can be found at the end of this report.

Key findings

- Overall there has been some improvement in the SALT services that children and young people are receiving and their parent carers are reporting greater satisfaction with the ECCH service than previously;
- Waiting times to access SALT services are still far too long;
- Communication between ECCH therapists and parent carers needs to improve;
- Some schools are not providing follow-on therapies either due to lack of qualified staff or lack of resources;

- Norfolk needs a jointly-commissioned service that provides a seamless service between health and education services;
- There is a perception that funding is still not adequate to meet the needs of children and young people within Norfolk who require SALT services to meet their potential.

Extract 2 - Key Recommendations for Improvement

Many of the recommendations from this report reiterate the *Bercow: Ten Years On* report that was published in March 2018 and updated this year. They mirror the five key areas that still require urgent action nationally.

Supporting long-term speech and language needs

- Reducing waiting times for children and young people to access SALT services;
- Improving communication with parent carers so that they are
  – adequately updated on how long they should expect to wait and how to follow up if they
  have not received any correspondence within a reasonable time period;
  – receiving regular information and feedback on progress;
  – provided with proactive advice, strategies, training and ideas to help their child or young
  person;
- Providing sufficient and regular sessions to meet the needs of the child or young person;
- Enabling the therapist and the child or young person to establish a good and consistent relationship;
- Ensuring early intervention with pre-school children to alleviate potential issues later in life;
- Providing appropriate communication aids to allow development of speech and language.

Vulnerable groups

- Providing interventions for children and young people with ASD to enable them to reach their potential.

Professional development of those working with children and young people

- Ensuring that schools have sufficient and appropriately-trained teaching assistants so that children and young people can receive SALT services to meet their individual needs;

Incentivising schools

- Ensuring schools continue with the SALT sessions once SALT services from ECCH finish;

Joint commissioning

- There needs to be adequate accountability, through jointly commissioned services, so that once ECCH have agreed a programme for a child or young person, the communication aids and training for them and their parent carers are actually provided;
- Schools need to receive adequate funding to ensure that the balanced model provides the correct level of services for children and young people.

As one parent told us:

"The new changes sound promising but ONLY if schools are given the funding to access training and are made accountable for a child's SALT needs of they are discharged from ECCH and the care transferred to the school. We have been here before when the service first started and whilst the model is good it needs to be fully funded and workable as too many children are falling through the gaps. Clear pathways for ASD, DS, Social communication need to be made. I know this is happening but so many children [are] not getting ANY help."

Norfolk Health Overview and Scrutiny Committee
10 October 2019
Item no 9

Adult autism diagnosis with pre and post diagnosis support – Autism Service Norfolk

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

This report provides information about Autism Service Norfolk, the service for assessment and diagnosis of autistic spectrum disorders (ASD) for adults in Norfolk and suggests an approach to scrutiny.

Autism Service Norfolk is commissioned by Norfolk County Council at a cost of £200,000, with the five Norfolk CCGs jointly part funding the service with a contribution of £100,000. Norfolk County Council is the lead commissioner and Norfolk Community Health and Care NHS Trust is the provider. The service provides a gateway for diagnosis of autism for adults aged 18 plus without a learning disability, registered with a Norfolk GP.

1. Purpose of today's meeting

1.1 The commissioners and provider of the Autism Service Norfolk were asked to provide specific information to enable Norfolk Health Overview and Scrutiny Committee (NHOSC) to examine adults' access to assessment and diagnosis of autistic spectrum disorder:-

- A description of the current commissioned autism diagnosis services for adults across Norfolk - which provider(s) hold the contract(s); when did it start; when will it finish; who commissioned it and the proportion of funding from each party; the commissioned capacity; description of the service and types of staff involved; location bases and geographic spread.
- Workload – current workload; the trend; comparison between commissioned capacity and actual numbers of referrals for autism diagnosis.
- Staffing – numbers of staff; types of staff; numbers of vacancies
- Waiting times – from referral to assessment to diagnosis; numbers on the waiting list
- Key performance indicators – current performance & trends
- Complaints / user feedback – numbers; themes; user satisfaction survey feedback if any.

Their report is attached at **Appendix A**.

2. Background

2.1 What is autism?

2.1.1 In *My Autism, Our Lives, Our Norfolk,* the Norfolk all-age autism strategy, the definition is:-

> *A lifelong condition that affects how a person communicates with and relates to other people. It also affects how a person makes sense of the world around them.*
> Source: National Autistic Society

It explains that:-

Autism is not a learning disability or a mental illness. Autistic people can, however, have additional needs including learning disabilities and health conditions just like anyone else. Autistic people with additional needs are far less equipped to deal with their condition and may require more support than non-autistic people. Autism is a lifelong condition and individuals will have unique needs. Some people can live independently while others require specialist care.

A link to the strategy is included in paragraph 2.5.1 below.

2.1.2 Clinicians use diagnostic manuals for diagnosis of various diseases and conditions. The International Classification of Diseases (ICD 10) is commonly used in the UK and there is also the American Diagnostic and Statistical Manual (DSM 5)[1].

In DSM 5 the definition of autism changed. This took effect in May 2013. The previous DSM 4 categories of autistic disorder, asperger syndrome, childhood disintegrated disorder and pervasive developmental disorder – not otherwise specified (PDD-NOS) are all part of the Autism Spectrum Disorder (ASD) and no longer defined as separate conditions.

In addition, in May 2019 the World Health Organisation proposed updates to ICD 10 to classify autism spectrum disorder with the same two categories as DCM 5 difficulties in interactions and social communication and by a range of restricted interests and a range of restricted, repetitive and inflexible patterns of behaviour and interests. ICD 11 will come into effect in 1st January 2022.

2.1.3 Language is important as it embodies and can change attitudes towards autism. *My Autism, Our Lives, Our Norfolk*, uses the term **autistic people**. This is because the autistic members of the Norfolk Autism Partnership Board (NAPB) confirmed that they prefer the term 'autistic people' rather than 'people with autism'. In their view the term 'person with autism' implies that autism is an illness, or a disorder, and it therefore discounts the possibility that autism is just an alternative but valid way of being. 'Autistic person' acknowledges an acceptance of autism as part of an individual's identity.

2.2 Prevalence of autistic adults in Norfolk

[1] Source - https://www.autism.org.uk/about/diagnosis/criteria-changes.aspx

2.2.1 The current prevalence of autistic people among the general population is approximately 1%. The following data comes from estimated figures from the draft Joint Strategic Needs Assessment (JSNA) 2018 (as quoted in the Autism Strategic Update to the Health and Wellbeing Board, 10 July 2019; link to the report available at paragraph 2.5.1 below):-

- There were an estimated 5080 adults (aged 16-64) with ASD in Norfolk in 2017, projected to rise slightly up to 5211 by 2035 (Projecting Adult Needs and Service Information (PANSI) 2016)

- There were an estimated 2039 older adults (aged 65+) with ASD in Norfolk in 2017, projected to rise considerably to 2826 by 2035 (Projecting Older People Population Information (POPPI) 2016)

- As of April 2018, Norfolk County Council was supporting 503 autistic adults. 123 of these were recorded as having Asperger's Syndrome and 91 as having autism. Separately, 57 had a mental illness listed as their primary diagnosis alongside their record as being autistic.

2.3. **Why is it important to diagnose ASD in adults?**

2.3.1 The NHS website sets out ways in which an ASD diagnosis may help adults:-

- understand why you might find some things harder than other people
- explain to others why you see and feel the world in a different way
- get support at college, university or work
- get some financial benefits

2.4 **Previous reports to Norfolk Health Overview and Scrutiny Committee (NHOSC)**

2.4.1. During 2017 and 2018 NHOSC looked at children's access to assessment and diagnosis of autism in central and west Norfolk. Given the long waiting times that had affected the children's service and concern about the situation of autistic adults who, for lack of strong advocacy on their behalf when they were children or for whatever other reasons, did not received a diagnosis before the age of 18, NHOSC agreed to examine the service for diagnosis of autism in adults and added the subject to its forward work programme on 28 February 2019.

2.4.2 The last report to NHOSC in relation to autistic adults was on 11 October 2012 when the committee received a report on local progress in relation to the statutory guidance 'Fulfilling and Rewarding Lives: Evaluating Progress'. The report and minutes of the meeting are available on the County Council website:- NHOSC 11 October 2012 (agenda item 8).

At that stage the committee noted that a stakeholder steering group for adult autism services was being established. It also noted that there were certain minimum achievements for adult autism services that Autism Anglia hoped to see in Norfolk, two of which were:-

- Clear diagnostic and post diagnostic pathways.

- Information that is easily available and in an accessible format, on the pathways to diagnosis for any adult who is thought to have an ASC (autistic spectrum condition), whether it is Asperger syndrome or another ASC. It should be remembered that some adults may have received a diagnosis of some kind during childhood which should have been or included one of ASC.

2.5 **Reports to the Health and Wellbeing Board – Norfolk and Waveney**

2.5.1 The last report to the Health and Wellbeing Board (HWB) was an 'Autism Strategic Update' from the Executive Director Adult Social Services on 10 July 2019. It covered the Norfolk All-Age Autism Partnership Board's (NAPB) progress in putting in place a Norfolk autism strategy and to support the implementation of the Autism Act (2009) National Autism Guidance (2016) and Strategy 'Think Autism'.

The report and the Norfolk All-Age Autism Strategy *My Autism, Our Lives, Our Norfolk,* which was coproduced by autistic people, is available on the County Council website:- HWB 10 July 2019 (agenda item 13).

2.5.2 'Diagnosis and Support' is one of the priority areas for action in *My Autism, Our Lives, Our Norfolk*. It sets out the partnership's aims (covering both children's and adults diagnosis and support):-

- The NAPB will ensure leadership is provided to coordinate more awareness of ASD diagnostic services, the process and procedures involved, and openly share this with families/carers when accessing the service.

- Neurodevelopmental diagnosis pathways to be reviewed alongside autism diagnosis pathways.

- Ensure the appropriate identification and management of demand avoidance to prevent an escalation to pathological demand avoidance. Ensure appropriate assessment and guidance is in place.

- As part of any future modelling and support pathways scope out and include access to appropriate psychological support and make reasonable adjustments to mental health and emotional wellbeing services.

- Reduce the current waiting lists for an assessment in line with NICE guidance to 18 weeks for children, young people.

- To develop diagnostic pathways in line with NICE guidance. This will include access to multidisciplinary assessment of needs that can support the development of skills and opportunities to promote independence, as well as improved health and wellbeing outcomes.

- Pre-diagnosis screening to be developed to identify immediate needs or risks that can be supported and that may prevent them from increasing. Where appropriate, this will include support to parents/carers.

- Ensure support to navigate the health and social care system so that all autistic people get the right support from the service that is best placed to meet their additional needs. This service will consider the specific nature of their autism, the impact it has on their life and how this can interact with other disabilities or conditions they may have. This will be considered during the assessment process of autism as identified within the NICE Guidelines.

- To influence and support the development of a local register for monitoring and support to maintain positive health and wellbeing, including access to primary care. Primary care will be made aware of all diagnoses of autism made.

- Improve the recording and reporting in both children's and adult ASD pathways of diagnosis and support. An ASD partnership dashboard which excludes personal identifiable information will be made available as part of the local datasets and reporting.

- Improve links with the liaison and diversion teams, police and mental health services and those at risk of accessing community justice system and homeless services.

- Continual review and monitoring of the ASD pathways.

- Reduce waiting times in line with NICE guidelines and Quality Standards.

- Ensure consistency in waiting areas, particularly in providing a quiet space.

- Produce letters that provide more information about how long an appointment will last, what will go on during the time and, where possible, a photo of the people involved in order to manage anxieties.

- Work to make sure appointments can be offered outside of school hours or at weekends to manage routines and a right to an education.

- The adult diagnosis service must ensure it works for older people who report obstacles to receiving a diagnosis, such as problems in being identified, not being able to provide a developmental history and additional health problems.

- All professionals within the diagnosis pathway must ensure it takes into consider people who are able to mask their autism and listen to the experiences of family/carers.

2.6 **Autism Service Norfolk**

2.6.1 It was noted in a previous report to the HWB on 13 February 2019 that the adult diagnostic service currently diagnosed Asperger syndrome only. The service commissioned from April 2019 has changed from Asperger Service Norfolk to Autism Service Norfolk that takes consideration of the change from ICD 10 to 11 from May 19 that comes into effect in January 2022 (as explained in paragraph 2.1,2).

2.7 **NICE standards**

2.7.1 The National Institute for Health and Care Excellence's (NICE) Quality Standard 51 *Autism* (Jan 2014) and Clinical Guideline 142 *Autism spectrum disorder in adults: diagnosis and management* are available on its website:-

NICE QS51
The Quality Standard says that people who are possibly autistic who are referred to an autism team for a diagnostic assessment should:

- Have the diagnostic assessment started within 3 months of their referral.
- Also be assessed for coexisting physical health conditions and mental health problems

NICE CG142
As well as providing guidance on how assessments in adults should be done the detailed clinical guidance covers the settings in which the assessment should be delivered and the duration and pacing of the process.

3. Suggested approach

3.1 After the service commissioners and provider have presented their report, Members may wish to explore the following areas:-

(a) The commissioners' report includes a trajectory to reduce numbers on the waiting list for assessment for diagnosis over a period of 1 year after the staff team is fully in place (Appendix A, paragraph 9). When are the current vacant posts expected to be filled?

(b) The commissioner's report confirms that even if the vacant posts in the service are filled and the trajectory to reduce the waiting list in the first year is fully achieved, individuals' waiting times from referral to start of assessment will still be longer than 18 weeks. Are the commissioners aiming to meet the NICE quality standard in the longer term?

(c) The key performance indicators related to individuals' waiting time for diagnosis, which are set out in Appendix A paragraph 6, focus on the wait from referral to first appointment. Given that the average diagnosis will on average require 4 sessions with a clinician, should there be a performance indicator to encourage the process from first appointment to diagnosis to proceed at an appropriate pace?

(d) Do the commissioners have, or intend to collect, data on what proportion of adults referred for assessment in Norfolk proceed beyond the initial assessment stage and receive comprehensive assessment?

(e) Given the changes to the definition of autism set out in paragraph 2.1.2, what are the implications for people who have in the past received diagnoses that will no longer be given in future (e.g. Aspergers) in terms of access to support?

(f) What are the minimum and maximum levels of support offered to an individual by the Autism Service Norfolk after a diagnosis has been made?

(g) What support is offered to individuals undergoing the assessment process before diagnosis?

4. Action

4.1 Following the discussions with representatives at today's meeting, Members may wish to consider whether:-

(a) To make comments or recommendations as a result of today's discussions.

And / or

(b) To ask for further information or progress updates at a future meeting or in the NHOSC Briefing.

Or

(c) The committee's scrutiny of this subject is now complete.

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Adult Autism Diagnosis with Pre and Post Diagnosis Support– Autism Service Norfolk

The Norfolk Health and Overview and Scrutiny Committee asked that the report should provide information against the headings below for adult autism diagnosis services in Norfolk.

1. A description of the current service

1.1 Autism Service Norfolk offers a gateway for diagnosis of autism for adults without a learning disability, who are registered with a Norfolk GP, people are able to self-refer into the service.

1.2 The Autism Assessment is delivered in a clinical setting in Norwich, with home visits offered as an exception to meet need and prevent barriers to the service.

1.3 The service has been commissioned to offer group pre-diagnostic support session and up to three sessions of post diagnostic support. Norfolk Community Health and Care (NCH&C) are currently recruiting to the posts that will enable this to happen, but at the time of reporting to Health Overview and Scrutiny Committee this is not yet up and running. Planning indicates this will happen early in 2020.

1.4 Autism Service Norfolk are working with Norfolk County Council to open access and deliver the autism training which has been coproduced by the Norfolk Autism Partnership Board (NAPB) Workforce Development Group. This will mean that Autism Service Norfolk will be offering e-learning and one-day face to face training for both people referred and their families/carers.

1.5 The service covers the whole of Norfolk, there are separate arrangements in place for Waveney, managed by the Clinical Commissioning Group (CCG).

2. The commissioning arrangements

2.1 Norfolk County Council is the lead commissioner for the Autism Service Norfolk. The total contract value is £200k. The contract is equally funded by Norfolk County Council and the Clinical Commissioning Groups.

3. The current workload

3.1 The rate of referral to the autism diagnostic service has increased since its launch in 2010. Analysis on the referral rates and trajectory concludes that any modelling for future demand over the next two years should be positioned at a rate of 30 new referrals per month will go through screening and require an assessment per month.

4. Current Staffing

4.1 From the 1st April 2019 Autism Service Norfolk was commissioned to deliver the service with 5.6 full time equivalent (fte) staffing, including a new speech and language therapy post and a new clinical psychology post in the structure. Whilst the contract started in April, NCH&C are still recruiting to these posts.

4.2 The commissioned staff team is:

Role	Commissioned	In Post?
Administrator	0.6 fte	0.3fte in post
Support worker	1.2 fte	No Recruitment underway
Assistant Psychologist	1.0 fte	Yes
SLT	1.0 fte	Appointed not started
Clinical Psychologist	1.8 fte	0.8fte in post Recruitment underway

5. Waiting times

5.1 In August 2019, 441 people were on the waiting list.

5.2 Waiting times are from referral to start of assessment:

- The average time on the waiting list was 72 weeks.
- The longest wait for a diagnostic assessment 208 weeks.
- Over the past 6 months, individuals identified as requiring a priority assessment were seen within an average of 46 weeks.

5.2 Waiting times from assessment to diagnosis is currently unknown, as the information is not recorded in a way that is currently available (see section 6.2).

6. Key performance indicators

6.1 Key performance indicators agreed within the contract are as follows:

Measure	Target
Maximum 18 week wait from referral to first diagnostic appointment	Percentage to be phased based on agreed waiting list trajectory. Aim is to be 90% in the future
Maximum 12 week wait from return of screening tool to first diagnostic appointment	Percentage to be phased based on agreed waiting list trajectory. Aim is to be 95% in the future
Did not attend rate	Below 3%
Screening tool conversion rate: (number of people positive on the screening tool who have a positive diagnosis)	To be agreed
Waiting list	Reduction in line with agreed trajectory

6.2 NCH&C are making improvements to their paper-based recording to provide the KPI's agreed. In addition, NCH&C are moving from a paper-based to an electronic system to manage the new service. This new system will be designed to produce the data required for these KPIs.

6.3 The KPIs are the measures that have contractual consequences. In addition to the KPIs there is a set of contractual information that are required to understand and manage service performance and inform the delivery of the improvement plan. While KPIs other than the waiting list are not currently reported, the expectation is immediate reporting will follow post improvements to the paper-based system (see section 6.2). This will include:

- Monthly referral numbers
- Number of people waiting for initial screening
- Number of people waiting, broken down into different time
- Number of people who did not complete their initial screening
- Number of people leaving the service
- Number of people who have completed the initial screening and are awaiting assessment
- Percentage of people who have completed pre diagnosis support
- Percentage of people who have completed post diagnostic support.
- Number of positive autism diagnoses
- Number of negative autism diagnoses
- Time to complete from first diagnostic appointment to completion of diagnosis.

7. Complaints and feedback

7.1 The NAPB took the decision to coproduce an all-age strategy, expanding on the national vision. The coproduced local autism strategy *My Autism, Our Lives, Our Norfolk* was approved at the Health and Wellbeing Board in July 2019 and cabinet in August 2019. It will be launched in early October 2019 with an engagement tool and information on how to join the Board.

7.2 The waiting times and experience of diagnosis is such a priority of the autistic community that it has been identified as one of nine priorities in the local autism strategy *My Autism, Our Lives, Our Norfolk.* The NAPB has set up a working group to focus on improving the local offer.

7.3 The NAPB Diagnosis Working Group has concluded that the diagnosis pathways across Norfolk for both children and adults is not transparent or clear and the working group has prioritised working with commissioners and providers to improve this.

7.4 The NAPB Diagnosis Working Group and commissioners have listened to concerns raised by autistic people through one to one conversations. The working group has then discussed these concerns and made recommendations to the partnership to take action. For example autistic people told commissioners they find pre diagnostic group support difficult to engage with. Others felt that three sessions of follow up support was enough. In response the NAPB ran a focus group on pre and post diagnosis support sessions to understand what people want. This will be used to work with the provider to help shape their delivery and inform future service models. The Diagnosis Working Group has also prompted the provider to engage with people who use their service, to help shape the pre and post support offering using the same questions used at the NAPB forum.

7.5 Members of the NAPB Diagnosis Working Group were asked to share their experience as part of this report. This is set out in the box below.

The Partnership Board Diagnosis Working group has been on a co productive journey, to understand roles, responsibilities, the remit of the group and its joint goals.

The group had a clear vision to provide transparent pathways for diagnosis and support. However, these were very complex and due to a period of services changing difficult to map out and keep track of.

The Partnership Board Diagnosis working group provides a co-productive space to discuss what is working well, what isn't working so well and what next steps will be taken and ensure autistic people and their families/carers are involved from the start of the project or change programme. We continue to work together to ensure coproduction across the partnership and enable autistic people and their parents/carers to engage in ways that are meaningful to them.

7.6 NCH&C have received two complaints about Autism Service Norfolk's waiting times. The Clinical Commissioning Group has received a formal complaint about waiting times. Compliments have not been recorded in a formal capacity.

The Norfolk Health and Overview and Scrutiny Committee posed the following specific questions:

8. What specific changes did the service provider implement when the Asperger Service Norfolk was replaced by the Autism Service Norfolk from 1 April 2019?

8.1 From the 1st April 2019 NCH&C was commissioned to deliver the new Autism Service Norfolk. The new contract includes additional clinical posts to support autism assessment.

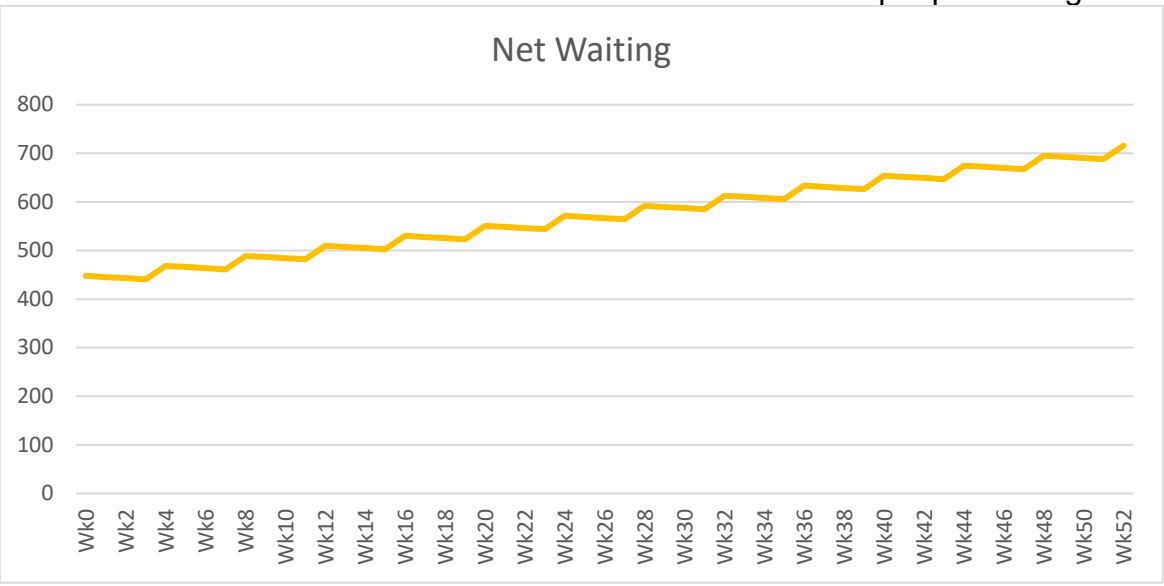
8.2 The new contract is clearer than previous contracts about the support that should be offered before and autism diagnosis, including an offer of a group session before diagnosis and up to three one to one support sessions following a diagnosis.

8.3 As part of the change, to address the service changes Commissioners and NCH&C have developed an immediate improvement plan. The actions include:

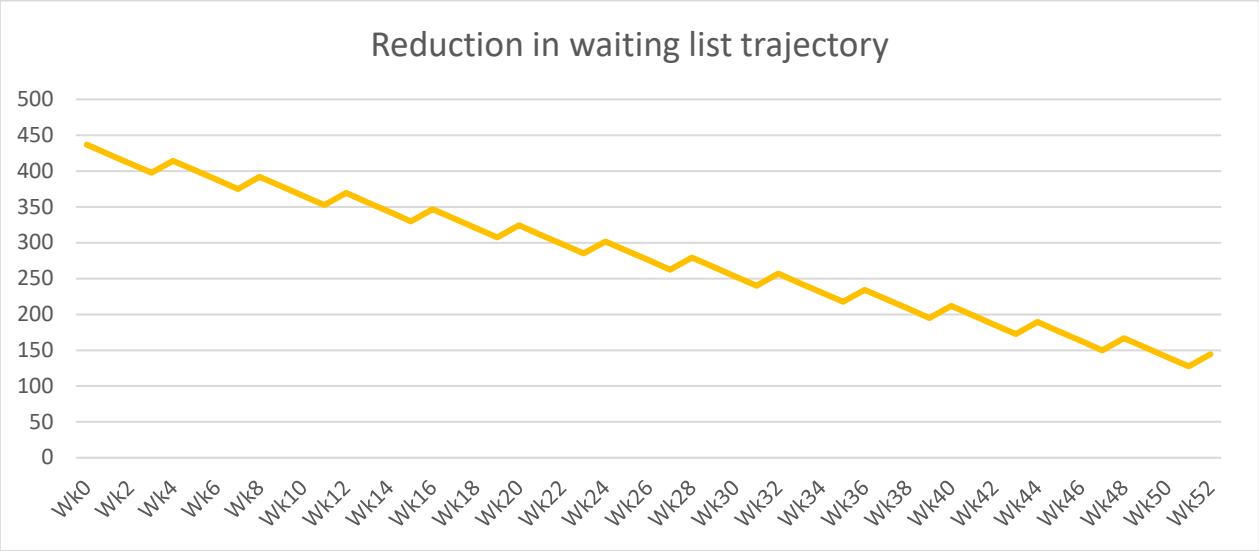
- NCH&C will use money not spent as a result of vacancies on additional temporary clinical capacity to focus on the waiting list.
- Reviewing processes and procedures to ensure efficient methods of working.
- Moving from paper based recording to an electronic system that enables better tracking and reporting.

9. What effect has the introduction of 'Autism Service Norfolk' had on adults' waiting times for assessment and diagnosis?

9.1 We modelled the forecast waiting list, based on the staff in place under the old contract (i.e. before the start of the new contract with NCH&C). This modelled a starting waiting list of 450 and assumed 30 new referrals a month. This model showed that after 12 months there would have been over 700 people waiting.



9.2 The same modelling criteria were applied to the staff team specified in the new Autism Service Norfolk contract. This shows that when the staff team are fully in place the waiting list will reduce to 150 over 12 months



10. Do the commissioners and provider have a planned and agreed trajectory for when waiting times in Norfolk that will meet NICE Quality Standards? (i.e. no more than 3 months from referral to the beginning of assessment).

10.1 Initially the County Council and Norfolk Community Health and Care are using the trajectory shown in the graph above to track waiting times and measure contractual performance. This sees a reduction to 150 over 12 months.

10.2 This represents a significant improvement in the previous position, however, it does not reduce waiting times to 12 nor 18 weeks.

10.3 The County Council and the Clinical Commissioning Groups are working to explore ways of reducing the waiting list faster to ensure that waiting times can be met. This will be done in partnership with the NAPB Diagnosis Working Group and includes benchmarking local provision against regional and national best practice. Options and funding requirements are still being explored.

10.4 This compares against a national picture, where in 2018 the autism self-assessment reported that the national median wait for autism assessment exceeded 30 weeks.

11. NICE QS51 advises that assessment for possible autism should begin within 3 months of referral. NICE CG142 advises on requirements for initial assessment and comprehensive assessment. What proportion of adults referred for assessment in Norfolk proceed beyond the initial assessment stage?

11.1 Whilst exceeding the Quality Standard timeline, in relation to the clinical delivery model Service Norfolk adheres to the NICE clinical guideline for autism diagnosis and management

12. From the point of referral how long on average does it take to complete a comprehensive assessment and receive a diagnosis as an autistic adult in Norfolk?

12.1 The current waiting times are set out in section five above. Under the new contract, whilst waiting for assessment people will be offered a pre-support advice session. We anticipate this will be place from January 2020.

12.2 The waiting list trajectories have been modelled based on assumptions developed by the clinicians delivering the service. This assumes that an average diagnosis will require 4 sessions with a clinician.

Norfolk Health Overview and Scrutiny Committee

ACTION REQUIRED
Members are asked to suggest issues for the forward work programme that they would like to bring to the committee's attention. Members are also asked to consider the current forward work programme:-

- whether there are topics to be added or deleted, postponed or brought forward;
- to agree the briefings, scrutiny topics and dates below.

Proposed Forward Work Programme 2019

Meeting dates	*Briefings/Main scrutiny topic/initial review of topics/follow-ups*	*Administrative business*
28 Nov 2019	Access to NHS dentistry – progress since report to NHOSC on 11 April 2019 Eating disorder services – progress since report to NHOSC on 11 April 2019	
23 Jan 2020	The Queen Elizabeth Hospital NHS foundation Trust – response to the Care Quality Commission report – progress report	
19 Mar 2020	Norfolk and Suffolk NHS Foundation Trust – response to the CQC report Access to palliative and end of life care – update on progress since Sept 2019	

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 2019

6 monthly updates in 2019-20 - dates to be confirmed (in the NHOSC Briefing)	- Progress updates on 'Physical health checks for adults with learning disabilities'
July 2020 (Agenda item)	- Local action to address health and care workforce shortages – update

September 2020 (Agenda item)	-	Ambulance response and turnaround times in Norfolk - update since Sept 2019

Other activities

Visit to be arranged *(before 20 Jan 2020)*	-	The Queen Elizabeth Hospital, King's Lynn
Visit to be arranged *(in 2020)*	-	Follow-up visit to the Older People's Emergency Department (OPED), Norfolk and Norwich hospital to be arranged after expansion works are completed in 2019-20.

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

Clinical Commissioning Groups

North Norfolk	-	Emma Spagnola (substitute David Harrison)
South Norfolk	-	Dr Nigel Legg (substitute Robert Kybird)
Gt Yarmouth and Waveney	-	Emma Flaxman-Taylor
West Norfolk	-	Michael Chenery of Horsbrugh (substitute Sheila Young)
Norwich	-	Brenda Jones

Norfolk and Waveney Joint Strategic Commissioning Committee

Link	-	*Vacancy*
Substitute for meetings held in west and north Norfolk	-	Michael Chenery of Horsbrugh
Substitute for meetings held in east and south Norfolk	-	Dr Nigel Legg

NHS Provider Trusts

Queen Elizabeth Hospital, King's Lynn NHS Foundation Trust	-	Sheila Young

		(substitute Michael Chenery of Horsbrugh)
Norfolk and Suffolk NHS Foundation Trust (mental health trust)	-	David Harrison (substitute Brenda Jones)
Norfolk and Norwich University Hospitals NHS Foundation Trust	-	Dr Nigel Legg (substitute David Harrison)
James Paget University Hospitals NHS Foundation Trust	-	Emma Flaxman-Taylor
Norfolk Community Health and Care NHS Trust	-	Emma Spagnola

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Norfolk Health Overview and Scrutiny Committee 10 October 2019

Glossary of Terms and Abbreviations

A&C	Admin and clerical (staff)
ASC	Autism Spectrum Conditions
ASD	Autistic Spectrum Disorders
BBH	Bishopbridge House – direct access hostel in Norwich
CCG	Clinical Commissioning Group
CG	Clinical Guidance
CIC	Community Interest Company
CRHS	City Reach Health Service
DfE	Department for Education
DNA	Did not attend
DS	Down's Syndrome
DSM	Diagnostic Statistical Manual
ECCH	East Coast Community Healthcare
ELKLAN	A speech and language therapy training provide, established in 1999
FVN	Family Voice Norfolk – a collective of parent carers from nearly 900 families across Norfolk, representing over 1,100 children and young people with SEND
HWB (H&WB)	Health and Wellbeing Board
ICD	International Classification of Diseases
IR	Independent Review
JSNA	Joint Strategic Needs Assessment
KPI	Key performance indicator
NAPB	Norfolk Autism Partnership Board
NASSH	Norfolk Association of Special School Head Teachers
NCC	Norfolk County Council
NCCG	Norwich Clinical Commissioning Group
NCH&C (NCHC)	Norfolk Community Health and Care NHS Trust
NHOSC	Norfolk Health Overview and Scrutiny Committee
NHSE&I EoE	NHS England and NHS Improvement, East of England. One of seven regional teams that support the commissioning services and directly commission some primary care services and specialised services. Formerly two separate organisations, NHS E and NHS I merged in April 2019 with the NHS England Chief Executive taking the helm for both organisations. NHS Improvement, which itself was created in 2015 by the merger of two former organisations, Monitor and the Trust

	Development Authority, was formerly the regulator of NHS Foundation Trust, other NHS Trusts and independent providers that provided NHS funded care.
NICE	National Institute for Health and Care Excellence
NNUH	Norfolk and Norwich University Hospitals NHS Foundation Trust
OPED	Older People's Emergency Department
OSC	Overview and Scrutiny Committee
OT	Occupational Therapy
PANSI	Projecting Adult Needs and Service Information
POPPI	Projecting Older People Population Information
PPD-NOS	Pervasive personality disorder – not otherwise specified
QS	Quality standard - – National Institute for Health and Care Excellence quality standards are a set of specific, concise statements and associated measures. They set out aspirational, but achievable, markers of high-quality, cost-effective patient care, covering the treatment and prevention of different diseases and conditions. They are based on guidance and advice from NICE and other organisations using NICE-accredited processes.
RCSLT	Royal College of Speech and Language Therapy
SAS	Special allocation service – primary care service for patients who are difficult, challenging, aggressive and abusive and, in some cases, violent (physically or verbally). Patients are allocated to SAS following a process of immediate removal as a result of an incident that was reported to the police
SEN	Special Educational Needs
SENCo	Special Educational Needs Co-ordinator
SEND & AP	Special educational needs and/or disabilities & alternative provision
SENDIASS	Special Educational Needs and Disabilities Information Advice and Support Service
SLCN	Speech language and communication need
SLT / SALT / S&LT	Speech and language therapy
TA	Teaching Assistant
UKBA	United Kingdom Borders Agency
WIC	Walk in centre
WTE	Whole time equivalent