Norfolk County Council

Norfolk Health Overview and Scrutiny Committee

Date: **Thursday 25 July 2019**

Time: **10.00am**

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 Margaret Stone (Chairman)	Cllr David Bills / Cllr Penny Carpenter / Cllr Graham Middleton / Cllr Thomas Smith / Cllr Fran Whymark	Norfolk County Council
Cllr Michael Chenery of Horsbrugh	Cllr David Bills / Cllr Penny Carpenter / Cllr Graham Middleton / Cllr Thomas Smith / Cllr Fran Whymark	Norfolk County Council
Cllr Fabian Eagle	Cllr David Bills / Cllr Penny Carpenter / Cllr Graham Middleton / Cllr Thomas Smith / Cllr Fran Whymark	Norfolk County Council
Cllr Emma Flaxman-Taylor	*Vacancy*	Great Yarmouth Borough Council
Cllr Emma Spagnola	Cllr Wendy Fredericks	North Norfolk District Council
Cllr Alexandra Kemp	Cllr Anthony Bubb	Borough Council of King's Lynn and West Norfolk
Cllr Jane Sarmezey	Cllr Matthew Fulton-McAlister	Norwich City Council
Cllr David Harrison	Cllr Tim Adams	Norfolk County Council
Cllr Sue Prutton	Cllr Peter Bulman	Broadland District 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 Nigel Legg	Cllr David Bills	South Norfolk District Council

Cllr Richard Price	Cllr David Bills / Cllr Penny Carpenter / Cllr Graham Middleton / Cllr Thomas Smith / Cllr Fran Whymark	Norfolk County Council
Vacancy	Cllr Susan Dowling	Breckland District Council
Cllr Sheila Young	Cllr David Bills / Cllr Penny Carpenter / Cllr Graham Middleton / Cllr Thomas Smith / Cllr Fran Whymark	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

Under the Council's protocol on the use of media equipment at meetings held in public, this meeting may be filmed, recorded or photographed. Anyone who wishes to do so must inform the Chairman and ensure that it is done in a manner clearly visible to anyone present. The wishes of any individual not to be recorded or filmed must be appropriately respected.

A g e n d a

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

2. Election of Vice-Chairman

The Vice-Chairman to be elected from the District Council Members on the Committee.

3. Minutes

To confirm the minutes of the meeting of the Norfolk Health Overview and Scrutiny Committee held on 30 May 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.	**10:10 – 11:05**	**Future of primary care (GP) services for residents of Fairstead, King's Lynn** Consultation by Vida Healthcare supported by West Norfolk Clinical Commissioning Group	(Page 15)
8.	**11:05 – 11:55**	**Norfolk and Suffolk NHS Foundation Trust** Response to the Care Quality Commission report – progress update	(Page 55)
	11:55 – 12:05	**Break**	
9.	**12:05 – 12:55**	**Local action to address health and care workforce shortages** Examination of local action to address shortages in the healthcare professional workforce other than the primary care workforce (which was examined on 30 May 2019)	(Page 80)
10.	**12:55 – 13:00**	**Forward work programme**	(Page 100)

To agree the committee's forward work programme

Glossary of Terms and Abbreviations (Page 103)

Chris Walton
Head of Democratic Services

County Hall
Martineau Lane
Norwich
NR1 2DH

Date Agenda Published: 17 July 2019

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Norfolk County Council

NORFOLK HEALTH OVERVIEW AND SCRUTINY COMMITTEE
Minutes of the meeting held on 30 May 2019 at 10am
in the Edwards Room, County Hall

Members Present:

Cllr D Bills	Norfolk County Council
Cllr J Brociek-Coulton	Norfolk County Council
Michael Chenery of Horsbrugh	Norfolk County Council
Cllr D Harrison	Norfolk County Council
Cllr B Jones	Norfolk County Council
Dr N Legg	South Norfolk District Council
Cllr R Price	Norfolk County Council
Cllr E Spagnola	North Norfolk District Council
Cllr M Stone	Norfolk County Council
Cllr S Young	Norfolk County Council.

Also Present:

Sadie Parker	Director of primary Care, Great Yarmouth and Waveney Clinical Commissioning Group
Jayde Robinson	Primary Care Workforce Programme Manager, Great Yarmouth and Waveney Clinical Commissioning Group
Maureen Orr	Democratic Support and Scrutiny Team Manager, Norfolk County Council
Chris Walton	Head of Democratic Services, Norfolk County Council
Hollie Adams	Committee Officer, Norfolk County Council

1. Election of Chairman

1.1.1 Michael Chenery of Horsbrugh nominated Cllr M Stone, who he strongly supported as a candidate for the role, seconded by Cllr S Young. He thanked Maureen Orr, Chris Walton and Tim Shaw for their support during his time as Chairman and welcomed Hollie Adams to the meeting.

1.1.2 Cllr Margaret Stone was **duly elected** as Chairman for the municipal year.

1.2 Cllr Stone in the Chair

1.3 Cllr Stone thanked Michael Chenery of Horsbrugh and was pleased to re-join the Health Overview and Scrutiny Committee, as she had previously been a Member.

1.4 As not all District Councils had appointed their Committee representatives by the time of the meeting, the Chairman deferred election of Vice Chairman until July 2019.

2. Apologies for Absence

2.1 Apologies were received from Cllr F Eagle (Cllr D Bills substituting), Cllr W Fredericks (Cllr E Spagnola substituting), Cllr C Jones (Cllr J Brociek-Coulton substituting), and Cllr P Wilkinson.

2.2 Members of the Committee introduced themselves and their background in health and health scrutiny. The Chairman welcomed the speakers to the meeting.

3. Minutes

3.1 The minutes of the previous meeting held on 11 April 2019 were agreed as an accurate record and signed by the Chairman.

4. Declarations of Interest

4.1.1 Cllr S Young declared a non-pecuniary interest as her husband had a care plan with Norfolk County Council.

4.1.2 Cllr R Price declared a non-pecuniary interest as his wife had myalgic encephalomyelitis and he was involved in campaigning for better treatment of ME/CFS.

5. Urgent Business

5.1 There were no items of urgent business.

6. Chairman's Announcements

6.1 The Chairman had no announcements to give to the Committee.

7. Local action to address health and care workforce shortages

7.1.1 The Committee discussed the report from the Norfolk and Waveney Sustainability Transformation Partnership (STP) workforce workstream with detail on local and national workforce issues and local action to mitigate the effects of national workforce shortages affecting health and care services.

7.1.2 S Parker and J Robinson from Great Yarmouth and Waveney Clinical Commissioning Group (CCG) were present to speak and answer Member questions on the GP general practice workforce aspect of this Item. The Norfolk and Waveney STP Workforce Workstream Lead and Senior Responsible Officer were unable to attend the meeting but could attend on a later date to answer questions regarding issues affecting the wider health and care workforce.

7.1.3 S Parker gave a presentation to the Committee (see appendix A):

- The demand and capacity review identified that GP practices were generally under-capacity and nationally, GP numbers were reducing by 1% per year; it would not be possible to recruit 5000 GPs within the originally planned timeframe. To mitigate this, schemes were in place to retain existing GPs and develop new roles so fewer GPs were needed
- The NHS England scheme to recruit GPs from abroad to Norfolk and Waveney had not delivered as predicted and the expectation of the scheme had been reduced from 88 to 4 GPs. So far, 2 GPs had been recruited via this scheme
- The training hub took into account the training needs of practices across Norfolk and Waveney when developing its work programme for development of new roles and models of care

- A GP wellbeing programme (Schwartz Rounds) was being developed which would be piloted across practices over 2 years from August 2019; evidence showed that this scheme could help support staff retention
- A Physician Associate Fellowship Scheme was being developed; the Physician Associate role was already in place in East Norfolk Medical Practice and had been valuable to the team
- Social media campaigns, leaflets and email campaigns were being used to publicise the schemes and a new website was being developed which would be featured on the STP website

7.2 The following points were discussed and noted:

- Members queried the quality of marketing used to attract GPs to Norfolk; STP staff were working with GPs and primary care networks to support them with staff retention and recruitment. Aspects of Norfolk which would be attractive to would-be job applicants were considered when designing the new website and marketing
- It was suggested that local businesses such as the Norwich Research Park should be included in the promotion of Norfolk as an attractive place to work and live and that Practice Manager development would be an important factor in promoting new models of general practice with the community.
- Information on work with nurses and other professionals working with GPs was requested; the speakers gave information on the Norfolk nursing programme which had a 10-point plan reflecting the national nursing 10-point plan. CCGs were looking at "growing their own" and retaining existing nurses to mitigate the aging nursing workforce. More detailed information could be provided in a future report
- Schemes were in place to develop the wider workforce through primary care networks, for example, developing clinical pharmacists, social prescribing, community paramedics and advanced care practitioners. A £100k bid had been received to develop the role of a GP assistant, to support GPs with some aspects of their work, such as completing paperwork
- The reasons for GPs leaving practice were queried; the speakers clarified that this would be picked up through the needs analysis survey and exit interviews which were being developed, but that stress and issues related to NHS pensions had been highlighted across doctors from all specialisms
- The speakers clarified for the Committee that there was a slight decline forecast in GPs being trained in 2020; work was planned with Health Education England to identify the triggers for non-qualifying GPs, increase the number of trainee GP placements and work with UEA Medial School to give trainee doctors more exposure to general practice
- It was recognised that not all doctors wanted to become GP partners in the early stages of their career and it was therefore important to provide different support at different stages the career
- It was raised as a concern that health authorities were not statutory consultees for planning applications and queried what could be done to encourage CCGs to engage better with planning departments. The speakers replied that the STP had and Estates Workstream and as the CCGs moved towards a single management team the Chief Officer was keen for a system-wide strategic response to be developed in conjunction with local planners.
- Aspirations in place for GPs to engage with patient groups were queried; the speaker replied that engagement with patients and the wider public was important across the system and a more consistent approach would be seen in the future
- Improvements in support and making use of other staff would be important to enable GPs to make changes to their working pattern over time, supporting them

to remain in the profession as their priorities changed

- Close working between the STP and public health was noted as important for educating the public
- Mental health work was suggested as an area for further development; co-locating mental health workers in primary care would be piloted from October 2019
- Concern was raised about the viability of GPs' contract to continue to provide core and discretionary services; the speaker reported that this was taken into account in development of primary care networks which were being designed to integrate all services involved with and around general practice
  Nationally the preferred model was for certain services to be commissioned at scale from the primary care network for a group of practices, while still protecting the nationally negotiated GP core contract; this offered more sustainability and resilience
- The inclusion of telemedicine was queried; the speaker confirmed there was a digital workstream which involved development of online consultations, and possible future video consultations
- The speakers confirmed that the voluntary sector was part of the primary and community care workstream; a voluntary stakeholder board had been set up as part of the STP
- The Chairman thanked Sadie and Jayde for attending and providing information

7.3 The Committee:

- **NOTED** the report
- **AGREED** that representatives from Norfolk and Waveney Sustainability Transformation Partnership (STP) Workforce Workstream would bring a report to a future meeting to discuss action to address shortages in the wider healthcare workforce.

8. Joint Health Scrutiny Committees' terms of reference

8.1 The Committee considered the report proposing minor amendments to the Great Yarmouth and Waveney Joint Health Scrutiny Committee (GY&W JHSC) 'Structure and Terms of Reference' and the draft terms of reference for the potential Norfolk and Waveney Joint Health Scrutiny Committee following establishment of East Suffolk Council on 1 April 2019

8.2 The committee **AGREED** to:

- Approve the amendments to GY&W JHSC Structure and Terms of Reference set out at Appendix A of the report
- Approve the amendment to the potential Norfolk and Waveney Joint Health Scrutiny Committee draft terms of reference set out at Appendix B of the report

9. Norfolk Health Overview and Scrutiny Committee appointments

9.1 The Committee received the report discussing appointment of Members to Great Yarmouth and Waveney Joint Health Scrutiny Committee (GY&W JHSC) and link members with local Clinical Commissioning bodies and NHS provider trusts

9.2.1 The Committee:

(a) **CONFIRMED** Existing appointments to Great Yarmouth and Waveney Joint Health Scrutiny Committee.

(b) **CONFIRMED** existing appointments to clinical commissioning link roles *and*

MADE the following new appointments to clinical commissioning link roles:

- North Norfolk CCG – Cllr Emma Spagnola
- Norwich CCG – Cllr Margaret Stone
- Norfolk and Waveney Joint Strategic Commissioning Committee – Cllr Margaret Stone

(c) **CONFIRMED** existing appointments to provider trust link roles *and* **MADE** the following new appointments were made to provider trust link roles:

- Norfolk Community Health and Care NHS Trust – Cllr David Harrison
- Norfolk and Suffolk NHS Foundation Trust – Cllr Margaret Stone

9.2.2 The Committee **AGREED** to make appointments to remaining vacant roles at a future meeting.

10. Forward Work Plan

10.1 A report on Workforce would be brought back to the 25 July meeting focussing on the wider workforce

10.2 Cllr B Jones requested that information on City Reach services was brought to Committee; the Chairman agreed that this would be investigated further and discussed with Cllr Jones to be brought back in a future report.

10.3 The Chairman thanked all for attending and for their contributions to the meeting

Chairman

The meeting ended at 11.29

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NHS England

General Practice Forward View (GPFV)

Norfolk and Waveney STP Workforce Update

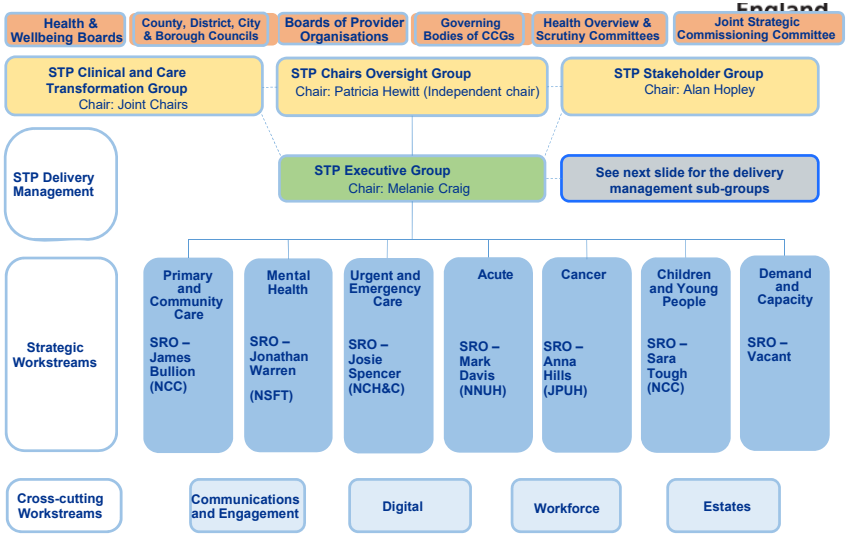
May 2019

www.england.nhs.uk

in good health
The Norfolk and Waveney Health and Care Partnership

Norfolk and Waveney STP governance

in good health
The Norfolk and Waveney Health and Care Partnership



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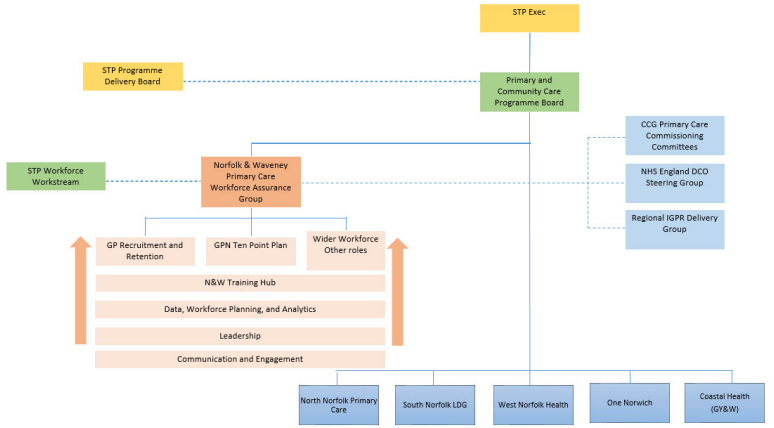
April 2019

Governance & Alignment to Primary Care Strategy

NHS England



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in good health
The Norfolk and Waveney Health and Care Partnership

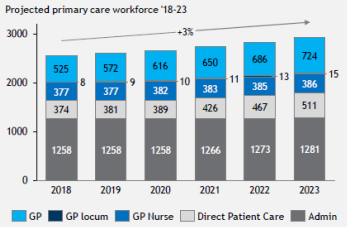
Current Workforce Model

NHS England

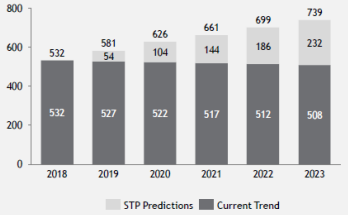
Primary Care

Focus area | GP Workforce is under increasing pressure

STP workforce plan indicates 3% annual increase, GP numbers to rise by 5.5% annually



However GP numbers currently decreasing by 1% annually



Source: NHS Digital GP Workforce Data, March 2018; STP Primary care Workforce projections

www.england.nhs.uk

in good health
The Norfolk and Waveney Health and Care Partnership

GP Journey and GPFV Retention Schemes

GPFV Retention Schemes

Joint Local Retention Scheme targeting trainees in collaboration with Suffolk and NE Essex STP (Pastoral Support – Trainees)

The scheme aims to address the challenge of supporting trainees in their career development and post qualification linking them in with potential employment opportunities with a view to retaining them within the system.

This scheme is designed to build better links and relationships with the training schemes and therefore identify a rolling programme of engagement opportunities to proactively promote primary care in Norfolk and Waveney to trainees.

It provides engagement and liaison with practices and pastoral support to new GPs and their families by providing guidance and helping to embed doctors in work and home life

For more information email: gywccg.nwgpfvretention@nhs.net

GPFV Recruitment Schemes

Joint Recruitment Scheme targeting International GP's with Suffolk and NE Essex STP (IGPR)

The scheme aims to address the challenge of the reducing numbers of GP's in the local system by attracting suitably qualified (both clinically and English language) GP's to the Norfolk and Waveney area, working with them through their relocation, introduction to the NHS and Primary Care, support them through until they are on the NMPL with no conditions and subsequently to retain them within the system.

This scheme is designed to build successful links with the nationally procured recruitment agency, local Norfolk and Waveney practices, Health Education England (HEE) and the International GP and their family. A rolling programme of engagement and proactive promotion of joining primary care in the Norfolk and Waveney area to International GP's is underway
It also provides engagement and liaison with practices and pastoral support to these GPs and their families by providing guidance and helping to embed doctors in work and home life in the UK.
For more information email: gywccg.nwgpfvretention@nhs.net

GPFV Retention Schemes

Careers Start (First 5 years)

The scheme aims to address retention issues by working with the GP Provider Groups to offer a new flexible career approach or 'portfolio career' attractive to newly qualified GPs looking for an alternative to traditional partnership or practice roles. Through the pastoral support and the induction packs, we would aim to sell Norfolk and Waveney as a place to work and live promoting all that the area has to offer. We see this initiative as unique opportunity to provide dedicated professional development support and the opportunity for networking and peer support across a wider area through the GP Provider Group.

For more information email: gywccg.nwgpfvretention@nhs.net

GPFV Retention Schemes

GP Fellowships: Combining HEE opportunities and developing a local scheme (First 5 years and Mid-career)

The aim of this scheme is offering GPs the opportunity to develop skills outside of GP practice with support to pursue higher education in a chosen specialised area which could be clinical or non clinical such as leadership .
How it works
Normally

- 4 Sessions in General Practice as a GP
- 2 Sessions or more working with a specialist host organisation that matches the Fellows area of interest (Could be acute, CCG, GPPO, Mental health, IC24)
- 2 sessions of educational development

Funding support available

- 5k Educational element
- 18.8k study time allowance
- 5k incentive to host organisation

For more information email: gywccg.nwgpfvretention@nhs.net

GPFV Retention Schemes

GP Careers Plus (Wise 5)

The scheme aims to open up opportunities for GPs wanting to work flexibly without the limiting factors such as indemnity arrangements, CPD, appraisal etc. This scheme is designed to retain GPs that would have ordinarily been lost to the system following retirement. It also enables GPs to have an individualised work plan based around their needs and provides much needed capacity to practices that have been unable to recruit.

For more information email: gywccg.nwgpfvretention@nhs.net

New - GPFV Retention Schemes

Norfolk and Waveney – Confidential Coaching and Mentoring Support Service

Akeso is providing a confidential individual structured coaching/mentoring service across Norfolk and Waveney STP.

This service is now offered to our primary care doctors, who feel they might benefit from some time to reflect on issues that they face. These issues may impact their work and personal life – ranging from skills and performance to developmental areas.

Coaching/Mentoring Interventions
Confidential sessions will be facilitated by a trained colleague within the AKESO network. These sessions will support doctors by exploring issues and setting goals. In addition methods of assessing progress is carried out in a non-judgemental way.

This service will also offer onward referral to other agencies as appropriate e.g. GP health service.

Self-Referrals are made through: http://akeso.org.uk/

For further information, please contact office@akeso.org.uk

Norfolk and Waveney Training Hub

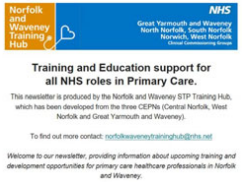
Practical Group. GP Chair Dr Emma Brandon Clinical , operational and management membership including GPPO representatives

Use HEE funding to commissioning training jointly agreed to upskill primary care workforce. Commissioned courses in (linked to local and STP needs), including:

- Mental health
- Dementia
- Minor illness
- Practice manager development
- Nurse diplomas etc.

Commissioned bespoke clinically led leadership workshops:

- "learn, lead thrive"


Norfolk and Waveney Training Hub

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

Training and Education support for all NHS roles in Primary Care.

This newsletter is produced by the Norfolk and Waveney STP Training Hub, which has been developed from the three CEPNs (Central Norfolk, West Norfolk and Great Yarmouth and Waveney).

To find out more contact: norfolkwaveneytraininghub@nhs.net

Welcome to our newsletter, providing information about upcoming training and development opportunities for primary care healthcare professionals in Norfolk and Waveney.

Monthly Newsletters- Details all training opportunities

For more information:

Norfolk and Waveney Training Hub: norfolkwaveneytraininghub@nhs.net

Future GPFV Retention Schemes and Programmes

In Development - GPFV Retention Schemes

GP Wellbeing Programme (Schwartz Rounds)

The Schwartz Rounds programme is to provide a structured forum where all staff, clinical and non-clinical, come together regularly to discuss the emotional and social aspects of working in healthcare. It will support over 100 practices for a two year programme. After this period all practices involved in the programme, will have a paid membership for an additional two years to obtain resources and support when required.

Programme to be launched at GYWCCG area first.
Clinical Lead: Dr Ardyn Ross

For more information email: gywccg.nwgpfvretention@nhs.net

In Development - GPFV Retention Schemes

GPN Careers Plus

Programme to adopt similar approach for GP Careers Plus however tailored to meet the requirements of the nursing workforce demands.

Pilot to be launched to support the wider nursing workforce across Norfolk and Waveney. This will be initially targeted to the GPN demographic for the "retirement" age group.

Trajectories: 20 to be signed up to scheme by March 2020.

Pilot to be launched within Norwich CCG area.

For more information email: gywccg.nwgpfvretention@nhs.net

In Development - GPFV Retention Schemes

N&W LMC Pastoral Support Service

This confidential pastoral support offer will support struggling GP and practice managers as part of the wellbeing programme.

The objective of the service is to support GPs and Practice Managers to find positive solutions where they are encountering challenges in their work or personal lives.

Once the determination of the issue(s) affecting the GP or Practice Manager, a decision will be made as to whether support can be offered by a Pastoral Support Officer or whether to signpost to an appropriate external organisation or profession e.g. Occupational Health, the British Medical Association (BMA), solicitor, Advisory, Conciliation and Arbitration Service (ACAS) or Akeso for Coaching and Mentoring support.

For more information email: gywccg.nwgpfvretention@nhs.net

In Development - GPFV Retention Schemes

Physician Associates Fellowship Scheme

Physician associates (PAs) are generalist healthcare professionals providing medical care who work semi-autonomously.

- The aim of this scheme is offering PAs the opportunity to chance to have varied clinical exposure to enhance their professional maturity. This is facilitated through specialist placement with a secondary organisation alongside work in the primary care setting.

General structure (37.5 hr post)

- 2.5 days in general practice seeing patients
- 2 days in a specialist host organisation that matches the Fellows area of interest (acute, GPPO, Mental health, IC24)
- 0.5 days for education that compliments the PA Fellows interests.

Funding is available to support the general practice and the secondary host.

- **For more information email:** gywccg.nwgpfvretention@nhs.net

In Development - GPFV Retention Schemes

GP Return To Work

The GP Return to Work scheme will support clinical staff that would like some help GP's who have taken a break away from general practice (less than 2 years and is still on the performers list) and would like some help getting back into primary care.

The scheme will provide the pastoral support service required by finding a suitable host practice, plan for any training and support as required.

This would include clinical staff that is on:

- On maternity leave
- Short to long term sick
- GP's on the national performers list, that would like a phased return within primary care.

For more information email: gywccg.nwgpfvretention@nhs.net

In Development – Single Point of Access Site

Future of primary care (GP) services for residents of Fairstead, King's Lynn - consultation

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

The committee will receive consultation from Vida Healthcare supported by West Norfolk Clinical Commissioning Group regarding their preferred option of closure of Fairstead Surgery and expansion of Gayton Road Health Centre and St Augustine's branch surgery.

1.0 Purpose of today's meeting

1.1 Representatives from **Vida Healthcare**, the provider of GP services at Fairstead, King's Lynn, supported by **West Norfolk Clinical Commissioning Group** (WN CCG) will present the proposals for future service, which are currently out to public consultation until 30 August 2019.

A representative of NHS England & NHS Improvement East of England, who were responsible for primary care commissioning in the area until the responsibility transferred to the CCG in April 2017, will also be in attendance. NHS England and the CCGs always worked jointly on GP premises matters.

1.2 Norfolk Health Overview and Scrutiny Committee (NHOSC) will have the opportunity to examine the proposals with the service provider and commissioner and, if it wishes, to make comments or recommendations for them to consider alongside the public and patient responses to the consultation.

1.3 Representatives from **Healthwatch Norfolk**, who are running the consultation on Vida Healthcare's behalf, will also be present to inform the committee about the consultation process and trends in the responses to date.

1.4 The public consultation document is attached at **Appendix A**. The feedback survey asks respondents:-

- What do you think about the preferred option? (e.g. benefits and disadvantages)
- Do you understand how Vida Healthcare intend to continue to look after patients who are currently using Fairstead branch surgery?
- How might the preferred option affect patients using Vida Healthcare GP surgeries in Gayton Road and St Augustine's? (e.g. benefits and disadvantages)
- Do you think that some individuals or groups are more likely to be affected than others?
- How well do you think Vida Healthcare has explored all the options in this consultation?

1.5 Vida Healthcare and the CCG were also asked to provide the following additional information to assist the committee's examination of the proposals:-

1. A map showing the location of Fairstead, Gayton Road and St Augustine's buildings, the extent of the car parks at each one, the location of the large free public car park near Gayton Road Health Centre and the locations of other GP practice surgeries in King's Lynn.
2. Details of approximate costings for the options that have been considered against the viability criteria.
3. Estimates of how many additional visits there would be to Gayton Road and St Augustine's each day as a result of the Fairstead closure, including patients calling in to make appointments, collect prescriptions, drop off samples etc. as well as those attending for appointments with a practitioner.
4. Full details, with quantification, of the expansion envisaged at Gayton Road and St Augustine's (i.e. additional buildings; additional staff & types of staff; additional car parking; additional opening hours at these two sites and additional capacity for home visits?).
5. A provisional timetable for when expansion of Gayton Road and St Augustine's would be implemented in relation to the closure of Fairstead (including details of any planning consents that would be required).
6. Full details of the extent to which public transport and community transport is available to residents of Fairstead estate (i.e. how many buses an hour; bus operating times in comparison to surgery opening times; days and times at which community transport operates; capacity of community transport to serve additional patients; and the costs of transport).
7. Details of arrangements for signposting to any available financial support for transport to primary care for those on low incomes and on benefits.
8. Evidence of consideration of the effect of the proposal on attendance at the QEH hospital A&E along with any proposed action to mitigate increased attendance.

9. Evidence of 'future proofing' the proposal for expansion of Gayton Rd and St Augustine's by considering plans for future housing developments.
10. Evidence of an equality impact assessment in relation to the proposals.
11. Explanation of why previous preparations to build at Fairstead surgery did not come to fruition.

Vida and the CCG's response is attached at **Appendix B** (including appendices 1 – 5).

1.6 Local county and district councillors were notified that the subject would be on today's agenda. A statement from Cllr Gary Howman, Borough Councillor, Fairstead Ward is attached at **Appendix C.** Cllr Thomas Smith, County Councillor for Gaywood South, will speak at the meeting.

2.0 Background information

2.1 NHOSC's role in the consultation process

2.1.1 The Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 require local commissioners and providers of health services to offer consultation with health scrutiny regarding proposals for substantial changes to local services (Regulation 23).

2.1.2 Usual practice is for the health scrutiny committee to receive the consultation document during the public consultation period (if public consultation is being held) to discuss the proposals with the consulting body and, if the committee wishes, make comments to be considered alongside public and patient comments at the end of the consultation period.

2.1.3 If the health scrutiny committee has concerns based on the evidence it has examined, its comments to the consulting body may include recommendations for action.

2.1.4 If the committee does not make recommendations the process may end at this stage.

2.1.5 Where a recommendation has been made and the consulting body disagrees with that recommendation, it must notify the health scrutiny committee. Both must then seek to reach an agreement in relation to the subject of the recommendation.

2.1.6 Ultimately, if agreement cannot be reached and subject to a series of requirements set out in the Regulations, the health scrutiny committee may make a report to the Secretary of State for Health if:-

(a) It is not satisfied that consultation with the committee has been adequate in relation to content or time allowed;
(b) It considers that the proposal would not be in the interests of the local health service.

It is worth noting that any report to the Secretary of State regarding (b) must include a summary of evidence considered by the committee regarding the effect of the proposal on the sustainability or otherwise of the health service. This includes financial sustainability.

2.2 **The consultation and decision-making timeline**

The information provided by WN CCG in Appendix A & B indicates the following timetable:-

30 August 2019	Public consultation closes
October 2019	Healthwatch publishes a report on the findings of the consultation
	Vida Healthcare makes a recommendation to WN CCG
29 November 2019	Vida's recommendation is considered by WNCCG and NHS England and NHS Improvement (NHS E&I) at a meeting of the CCG's Primary Care Commissioning Committee. A final decision is made by WNCCG in collaboration with NHS E&I.

3.0 Suggested approach

3.1 After the Vida and WN CCG representatives have presented the consultation documents (Appendix A) and additional information (Appendix B), and Healthwatch Norfolk has given a brief update on progress of the consultation to date, Members may wish to examine the following areas with them:-

(a) Vida and the CCG consider that all options other than the closure of Fairstead surgery and expansion at Gayton Road and St Augustine's are financially unviable. In Appendix B, 2, they have provided estimated costs of the building, refurbishment and extension options that have been considered for Fairstead surgery in the past along with costs for adding 4 new consulting rooms at Gayton Road and 1 new consulting room at St Augustine's. What is the wider financial context in which West Norfolk CCG and NHS England & Improvement are considering these comparative costs?.

(b) Is there assurance that the planned expansion at Gayton Road Health Centre and the St Augustine's branch surgery would adequately cater for Fairstead patients and include extra capacity to allow for growth?

(c) Is there assurance that the necessary extra capacity would be in place before the closure of Fairstead?

(d) Members are aware that the national shortage of GP and other primary care professionals is a significant challenge for local primary care (as

confirmed in a report to 30 May 2019 NHOSC). To what extent would provision of the service across two sites rather than three ensure sustainable staffing in the future?

4.0 Action

NHOSC is asked to consider whether to make comments or recommendations to Vida Healthcare and the CCG in response to the consultation.

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

Providing primary care services to the patients of Fairstead

Public consultation document

Other formats
If you need this information in another format such as audio tape or computer disk, Braille, large print, high contrast, British Sign Language or translated into another language, please contact Healthwatch Norfolk.

Jei norite, kad šis dokumentas būtų išverstas į lietuvių kalbą, kreipkitės į „Healthwatch Norfolk“

Jeśli chciałbyś przetłumaczyć ten dokument na język polski, skontaktuj się z Healthwatch Norfolk

Healthwatch Norfolk, Suite 6 Elm Farm, Norwich Common, Norfolk, NR18 0SW
enquiries@healthwatchnorfolk.co.uk
Freephone 0808 168 9669

Forward from Dr Leena Deol, Executive Partner, Vida Healthcare

Vida Healthcare, supported by NHS England, NHS Improvement and NHS West Norfolk Clinical Commissioning Group (CCG), provides primary care - GP services – for patients on three sites in King's Lynn. Gayton Road Health Centre is the site of the main surgery and Fairstead and St Augustine's are branch surgery sites. One of these sites, the Fairstead branch surgery, is not fit for purpose. This will not come as a surprise to our staff, our patients or our partners. We have been aware of this issue for some time. Vida Healthcare, however, has a responsibility and a duty of care for patients using services at the Fairstead GP branch surgery. The welfare of Vida Healthcare staff is also very important to us. Therefore, we need to consider making changes to the location where services are provided.

The time is right to have an open and frank conversation with our stakeholders. This is why we are holding a public consultation to formally listen to and gather the views on the location of primary care services provided to patients in the Fairstead area.

I look forward to meeting you at the consultation meetings and hearing your views via the feedback and communication channels.

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Our objectives

Our shared objective is to find ways to provide good quality primary care services for people living in Fairstead and surrounding areas in an environment that is safe, fit for purpose, affordable and supported by NHS England, NHS Improvement and NHS West Norfolk CCG.

When we are considering making changes to how we provide primary care services for patients we want to make sure we understand what impact they would have. We know that making decisions about changing how we provide care for people is important and we take these decisions seriously.

So we would like you to:

- Tell us what you think of the changes that Vida Healthcare are proposing.
- Help us understand what the impact would be on patients using Fairstead branch surgery, Gayton Road Health Centre and St Augustine's branch surgery.
- Share your thoughts about any other options that we might not have considered that would help us meet our objective of providing primary care services for patients in a location that is safe, fit for purpose and affordable whilst meeting the NHS premises requirements.

Setting the scene

The Fairstead estate and surgery building were built in King's Lynn in the 1960's. The population of the Fairstead ward is now just over 7,000 and around a quarter of residents are aged under the age of 15 years[1]. Currently 4,000 patients access services at the Fairstead branch surgery (but not all live in the Fairstead ward) and patients can access care at Fairstead branch surgery, Gayton Road Health Centre and St Augustine's branch surgery.

Currently 4 part-time GPs provide care across the branch surgeries of Fairstead and St Augustine's. Part-time nursing and administrative support is provided. The branch surgeries are supported by the main site at Gayton Road Health Centre as required.

[1] Facts and figures taken from the Norfolk Insight data observatory website [accessed 17th April 2019]

Background work and how we got here

Over a long period of time - 12 years and more – the condition, suitability and viability of the Fairstead branch surgery premises and services has been the focus of attention for staff, local residents and organisations with a stake in the healthcare of the Fairstead community.

Wider engagement with stakeholders has taken place, including for example, with our previous Patient Participation Group (PPG), our patients, local councillors and other local health and social care providers. There is a strong patient interest in this issue which has also attracted attention from the media and our local MP.

Patients have voiced concerns about the potential closure of the Fairstead site and how this might impact local people. Whilst there is not currently a formal PPG, there is a considerable body of local residents, including the Friends of Fairstead Surgery, who have expressed a strong interest in ensuring primary care services continue to be offered at the Fairstead branch surgery site.

Equality of service provision for patients using different Vida Healthcare surgeries

The branch surgery at Fairstead is open to patients from Monday to Friday between 8.00am and 5.30pm. Patients are able to use the Gayton Road Health Centre between 5.30pm and 6.30pm. This is because the Fairstead surgery building is not Care Quality Commission (CQC) compliant and so, over the years, we have had to provide services in what we believe to be the most appropriate environment, which is the safest possible for staff and patients. Some primary care services are already delivered to Fairstead patients at our other two sites. As time passes, it has become very difficult since regulatory standards increase, whilst the environment continues to deteriorate. This means that we do not provide minor surgery at Fairstead branch surgery and we provide limited amounts of the various specialist nursing services, never more than one at a time, at the Fairstead branch surgery.

At Gayton Road Health Centre Vida Healthcare provides a full and enhanced range of services from 7am – 7pm (minimum each day 8am – 6.30pm). These services are provided by teams who work in dedicated areas, such as our nursing suite.

Equality of working environment for staff

At present, despite everybody's best efforts to make an appropriate and comfortable working environment, we are only able to use one nurse room, two doctor consulting rooms and a general consulting room on what needs to be a relatively short term basis at the Fairstead branch surgery.

There is a small administration area and we have all made our best efforts to make the environment comfortable. We are not able to add new equipment to enhance our administrative work, because the system has reached and exceeded its limits in terms of cabling and space. There are no rest facilities and if needed the team have to sit at their desks to eat and drink. There is a kitchen with storage facilities and staff toilets. Staff would like to provide more services but as a result of limited storage they are currently unable to do so. St Augustine's does offer staff a much larger space to work in, with space to rest and eat, a café for patients and staff to use if they wish, plus the nurse and doctor rooms are of a relatively good standard. There is also a training room that we can hire as needed.

Gayton Road Health Centre offers staff a fully equipped and compliant working environment. It has a nursing suite where several nurses and healthcare assistants work together to deliver the full range of primary care services, such as treatment and care, child and adult immunisations (including travel), health checks, diabetic screening, well woman and coronary heart disease checks. These all take place in individual bespoke rooms, allowing the clinician easy access to the space and equipment they need. There is a fully equipped high specification minor operations room where minor surgery takes place. Staff use a dedicated and fully equipped training facility, outdoor and indoor rest facilities including a small kitchen, a comfortable lounge, as well as a separate and smaller meeting area.

The Fairstead branch surgery building has not been compliant with the requirements set down by the Health and Social Care Act since it was registered with the Care Quality Commission (CQC) by Fairstead Surgery Doctors (now part of Vida Healthcare) in 2012. The surgery has not met CQC requirements since this time due to concerns over the safety and suitability of the premises. A further CQC inspection is likely in the near future which could result in enforcement action if the required standards are not met.

Consideration of the risks

We continue to work to limit the risks at the site, however, it is becoming more difficult.

The risks include:

- Possible disability discrimination due to poor accessibility and limited access for some patients (especially users of physical mobility aids);
- Domestic-quality building installations that are at end of their useable and repairable timespans;
- Health and safety risks due to restrictive access on the ground floor and incidents of staff falling on the non-compliant stairs (the kitchen, clinical stock room, vaccines, office, medical records and files are upstairs);

- Deterioration in services the provider can deliver, e.g. GP and other roles are unfilled as clinical staff are now expressing less willingness to work in this environment; some services are unavailable on site due to non-compliance.

There is an urgent need to resolve these issues. There are real concerns that time is rapidly running out to maintain safe, acceptable and appropriate standards of employment and service provision. This also means we are not able to plan our current and future services properly and there is a need to consider options for change.

Pre-consultation conversations

There have been significant discussions involving commissioners, patient group representatives, the landlord of the surgery building, other stakeholders and Vida Healthcare since 2016 which have culminated in a more extensive discussion on how to formally consult with all patients (over the past 12 months).

Consideration of viable options with independent verification

Together with NHS England, NHS Improvement, West Norfolk (CCG) and patient representatives, we have reviewed a number of potential options to check if they are viable, with an intent to formally consult on viable options from May to August 2019.

When considering viability, the following criteria has been used:

- ✓ Provides good value for money
- ✓ Ensures Vida Healthcare can meet their duty of care in providing good quality primary care services, that are safe and effective
- ✓ Meets the requirements set down by NHS England[2], NHS Improvement and the Care Quality Commission
- ✓ Affordable within the budget of the West Norfolk (CCG) [3]
- ✓ Works collectively for all partners involved
- ✓ Follows the NHS Strategy for Sustainability of General Practice (GP Forward View, General Practice Nursing 10 Point Plan, Revised Primary Care Contract)

The options that have been considered against the viability criteria are as follows:

[2] NHS England is responsible for directly commissioning some services including primary care, such as GPs, pharmacists and dentists. Some commissioning responsibility is shared with local Clinical Commissioning Groups.
[3] West Norfolk (CCG) is a clinically-led organisation responsible for planning and buying health and social care for approximately 175,700 patients in West Norfolk

- Do nothing – A do nothing strategy is not supported by Vida Healthcare as it represents a patient and provider risk that cannot be mitigated**.** In doing nothing Vida Healthcare cannot meet its duty of care in providing good quality primary care services that are safe and effective. Not considered viable.

- New building at Fairstead site – This is not viewed as a viable option as it would not offer good value for money and is not in keeping with the focus on general practice resilience and service at scale. There are two other Vida sites in King's Lynn; Gayton Road Health Centre is less than a mile and St Augustine's is less than two miles from Fairstead. Not considered viable.

- Renovation of existing Fairstead building – This would be more expensive than a new build option; patient disruption would be significant and this does not support GP resilience and new ways of working promoted as the way forward for Primary Care. Not considered viable.

- Build / renovate another site to combine both Gayton Road and Fairstead – Preliminary discussions about the possibility of a new large surgery to replace both Gayton Road and Fairstead have been undertaken, however this is not considered operationally appropriate or a financially viable way forward. Not considered viable.

- Closure of Fairstead branch surgery, expansion at Gayton Road Health Centre and St Augustine's branch surgery and offer all Fairstead patients access at either site – There is the ability to expand at Gayton Road Health Centre and St Augustine's. Patients would need to travel to other sites. Walking will continue to be an option for many and both other sites have car parking. Public transport is available and West Norfolk Community Transport can provide door to door transport at a small cost. This is viewed as a timely and cost effective solution which allows for further growth of the patient population. Considered viable.

Our proposal

We have concluded that the best way to continue to provide primary care services to people in Fairstead would be to close the Fairstead branch surgery site, expand at Gayton Road and St Augustine's and allow patients to access either site.

This option will allow us to make sure that the premises are appropriate and sufficient in order to continue to deliver safe, quality primary care services. It will enhance the existing level of service offered with the potential to be even better through:-

1. Use of compliant buildings and latest equipment
2. On site specialist clinicians
3. A recently refurbished and extended nursing suite
4. A fully compliant minor operations room
5. Improved access through longer opening times
6. Improved access by more efficient use of dedicated and fully resourced clinicians

We know that some of our patients go to the Accident & Emergency (A&E) Department at the Queen Elizabeth Hospital when they can't get an appointment with their GP. The preferred option we are proposing will provide better access to a wider range of clinicians at the Gayton Road and St Augustine's sites, so there should be less need for patients to consider using the A&E Department.

Vida Healthcare has always led in the use of technology and will look to be a first adopter of a new online offering which will hopefully be available shortly (another online option is already being piloted by Vida Healthcare at its Downham Market branch surgery which has been very successful and very well received by patients).

The ways in which care was provided historically is not a realistic way forward for the future, for a number of reasons. By looking to change the way we deliver care we can better meet the needs of patients in today's environment. We will be able to ensure that general practice is sustainable for the future.

How to get involved

As an independent statutory champion and charity for people using health and social care services in Norfolk, Healthwatch Norfolk has been asked to assist with the consultation process.

The consultation starts on Thursday 30th May 2019 and will run until Friday 30th August. All residents in the Fairstead area and stakeholders in health and care services are invited to participate, not just those who are patients of the Fairstead GP branch surgery.

There are several ways you can get involved in this consultation. We would very much like to hear your responses to our consultation questions and receive your input and ideas. We are committed to working in partnership with you to come up with the right decision about where to provide primary care services to patients in the Fairstead area.

Our questions

Using the information we have given in combination with your own knowledge and views, we would like your feedback on the following questions:

1. Are you giving feedback as an individual or are you representing someone else (e.g. someone you care for, a friend, group or organisation?
2. What do you think about the preferred option? (e.g. benefits and disadvantages)
3. Do you understand how we intend to continue to look after patients who are currently using the Fairstead branch surgery? If not, what questions do you have?
4. Do you think that some individuals or groups are more likely to be more affected than others? If yes, please say how?
5. How might the preferred option affect patients using Vida Healthcare GP surgeries in Gayton Road and St Augustine's? (e.g. benefits and disadvantages)
6. How well do you think we have explored all the options to this consultation? Are there any other options you would like us to consider?

Consultation feedback survey

You will find a consultation feedback survey in this booklet. Please take a moment to give us your views and return it to Healthwatch Norfolk using the Freepost envelope provided. The survey can also be completed online at https://www.smartsurvey.co.uk/s/FairsteadPrimaryCareConsultation/ or downloaded at www.healthwatchnorfolk.co.uk and emailed to Healthwatch Norfolk at enquiries@healthwatchnorfolk.co.uk .

Consultation workshops

We hope that you will be able to join us at one of our consultation workshops which will be held throughout June, July and August. The meetings will provide an opportunity to:

- Hear a presentation about the preferred option and how we have reached this stage
- Discuss the benefits and disadvantages of the preferred option
- Discuss any other possible options

The times, dates and locations for the meetings are below:

Date	Time	Venue
Tuesday 11th June	10.30 hrs to 12 noon	Fairstead Community Centre Centre Point Fairstead Estate PE30 4SR
Tuesday 9th July	10.30 hrs to 12 noon	Fairstead Community Centre Centre Point Fairstead Estate PE30 4SR
Wednesday 14th August	19.00 hrs to 20.30 hrs	Gayton Road Health Centre Gayton Road King's Lynn Norfolk PE30 4DY

If you would like to come to a consultation meeting, please book your place to help us plan for any access or communication needs you may have. You can do this by calling Healthwatch Norfolk on 0800 168 9669 or booking online by visiting

https://www.eventbrite.com/o/healthwatch-norfolk-21749532408

When you book your place, please tell us about any access or communications needs.

We would like your consultation feedback by Friday 30th August 2019.

How will the final decision be made?

In October 2019 Healthwatch Norfolk will publish an independent report of the consultation findings.

Taking the consultation feedback into account and having regard for all other considerations, Vida Healthcare will make a recommendation to West Norfolk (CCG). The CCG, together with NHS England, NHS Improvement, will consider this recommendation at a meeting of the CCG's Primary Care Commissioning Committee on November 29, 2019.

How will we feed back to you?

If following the consultation a decision is made, Vida Healthcare will hold meetings for staff and patients to tell them the outcome. We will let other interested people know directly by letter or email. We will publicise the results in the local media for the wider audience.

Vida Healthcare will ensure patients and staff are fully supported throughout the process.

Public consultation on the provision of primary care services to the patients of Fairstead

Norfolk Health Overview and Scrutiny Committee meeting July 2019

Background

Vida Healthcare, an NHS partnership which provides primary care services for over 37,000 patients at six west Norfolk health centres, is consulting with patients and the public on the future of primary care (GP) services provided to the residents of the Fairstead estate in King's Lynn.

The consultation began on Thursday, 30 May 2019 and will finish on Friday 30 August 2019, lasting 90+ days. The consultation is being run on behalf of Vida Healthcare by Healthwatch Norfolk and supported by West Norfolk Clinical Commissioning Group (CCG). All residents of the Fairstead area are invited to participate in the consultation; not just those who are registered with the Fairstead surgery.

Vida Healthcare provides primary care (GP) services for patients on three sites in King's Lynn. Gayton Road Health Centre is the site of the main surgery and Fairstead and St Augustine's are branch surgery sites. One of these sites, the Fairstead branch surgery, is not fit for purpose, having not been compliant with the requirements set down by the Health and Social Care Act since it was registered with the Care Quality Commission (CQC) by the then Fairstead Surgery partners in 2012.

As outlined in the consultation document, Vida Healthcare is proposing one preferred option that works collectively for all the partners involved - to expand the Gayton Road Health Centre and the St Augustine's branch surgery, close the Fairstead branch surgery, and offer all Fairstead patients access at one of the other two sites.

Additional information

Vida Healthcare, West Norfolk CCG and NHS England and NHS Improvement [1] have been asked to attend Norfolk Health Overview and Scrutiny Committee (NHOSC) on 25 July 2019 and discuss the proposals outlined in the consultation document.

[1] NHS England and NHS Improvement merged in April 2019

The following additional information has been requested in advance of the meeting and is provided as follows:

1. Map showing the location of Fairstead, Gayton Road and St Augustine's buildings, the extent of the car parks at each one, the location of the large free public car park near Gayton Road Health Centre and the locations of other GP practice surgeries in King's Lynn.

   Please see map attached at Appendix 1.

2. Details of approximate costings for the options that have been considered against the viability criteria.

   The table below illustrates a summary of the options that have been considered and the associated costs. These costs emanated from 2015/16 tenders and 2017 architects opinions.

Option		Source	Capital Cost (incl VAT at20%) Cost exclude any temporary relocation costs and costs outside of building contract	Revenue Cost (Incl VAT at 20%) Estimates subject to DV approval
1	Develop new building at Fairstead	Third party Property Investors (Not consistent sizes)	£1.06m - £2.6m	£0.073m - £0.240m
2	Refurbish and Extend Existing premises	Third party Property Investors (Not consistent sizes)	£1.146m - £1.184m	£0.078m- £0.109m
3	Refurbish and Extend Existing premises	Cambridge based Architect	£1.165m	£0.100m
4	Refurbish Ground floor and	Cambridge based Architect	£0.497m	£0.045m

	create 2 clinical rooms, waiting room , toilets and back office admin area at Fairstead			
5	Create 4 new Consulting rooms at Gayton Road Health Centre	Cambridge based architect	£0.381m	£0.015m
6	Create 1 new Consulting room at St Augustines	Internal budget	£0.010m	£0.002m

Option 1 in the above table, to develop a new building at Fairstead, was the preferred option in an outline business case developed in July 2016. A third party developer indicated a capital cost of £1.423m and revenue costs of £0.129m, which NHS England advised failed substantially against Value for Money Assessment.

3. Estimates of how many additional visits there would be to Gayton Road and St Augustine's each day as a result of the Fairstead closure, including patients calling in to make appointments, collect prescriptions, drop off samples etc, as well as those attending for appointments with a practitioner.

This is difficult to quantify but Vida Healthcare suggest this will be influenced by:

- An increasing number of patient consultations being undertaken by telephone;
- Prescriptions are increasingly being requested and sent to the pharmacy electronically. These can be picked up from a pharmacy of choice;
- Patients can use distance selling pharmacies (on-line) who will deliver medication to patients homes as well as many community pharmacies collecting and delivering medication;
- Patients are now able to book routine GP and nurse appointments during evenings and weekends under the Improved Access programme which provides greater flexibility of appointments;
- An increasing number of Fairstead registered patients are already being seen at Gayton Road Health Centre, please see figures in Appendix 2.
- Vida Healthcare will be piloting online appointments and this is likely to lead to a reduction in the number of face-to-face appointments.

Data extracted from Vida Healthcare's clinical system helps to illustrate this position and can be seen in Appendix 2.

4. Full details, with quantification, of the expansion envisaged at Gayton Road and St Augustine's (i.e. additional buildings; additional staff & types of staff; additional car parking; additional opening hours at these two sites and additional capacity for home visits?).

Buildings/premises

Gayton Road Health Centre (current list size 15,600 patients) has planning permission for four additional consultation rooms and Vida Healthcare is in the final stages of agreeing the lease on an additional consultation room at St Augustine's branch surgery.

St Augustine's branch surgery (current list size 2,000 patients) already has two GP consulting rooms, two treatment rooms and two other consulting rooms which currently provide care for 2,000 patients. Doctors based at Gayton Road Health Centre provided 48% of patient consultations for Fairstead registered patients in the six months to May 31, 2019.

St Augustine's branch surgery, with the additional consultation room, will have three GP consulting rooms, two treatment rooms and two specialist consulting rooms. This will create the capacity for 5,000+ patients. Creating four new rooms at Gayton Road Health Centre will create capacity for an additional 3,000-4,000 patients.

The preferred proposal, as outlined in the consultation document, would therefore create capacity for between 6,000 and 7,000 additional patients across the Gayton Road Health Centre and St Augustine's branch surgery localities. There is also the possibility of further space at St Augustine's branch surgery if required going forward.

Staffing

Vida Healthcare holds a current Silver Investors In People Award. If the preferred option is approved the existing staff based at the Fairstead branch surgery would be transferred to other Vida sites. These staff already work in rotation at Gayton Road Health Centre and St Augustine's branch surgery. GP partners would be relocated to Gayton Road Health Centre and St Augustine's branch surgery. At this time, it is not thought there will be a need to employ additional staff.

Car Parking

Vida Healthcare has already put in place alternative car parking for the majority of its staff working at Gayton Road Health Centre (at its cost) in anticipation of increased

patient demand. There are several vacant spaces throughout the day but as with all car parks there are pressure times. There will be no loss of this additional car parking at Gayton Road Health Centre on completion of any proposed building work. St Augustine's branch surgery has good car parking facilities.

Opening Hours
Gayton Road Health Centre already opens longer than Fairstead branch surgery. Fairstead surgery is open to patients from Monday to Friday between 8am and 5.30pm. Patients are able to use the Gayton Road Health Centre between 5.30pm and 6.30pm. At Gayton Road Health Centre Vida Healthcare provides a full and enhanced range of services from 7am – 7pm (minimum each day 8am – 6.30pm). Opening hours at Gayton Road Health Centre would not change. Opening hours at St Augustine's will not change save that Vida Healthcare anticipates providing GP clinics on a Wednesday afternoon which currently it does not.

Home Visits
Vida Healthcare will continue to operate its existing policy around Home Visits. This policy already applies for patients registered with a Gayton Road Health Centre GP who live on the Fairstead estate. Vida Healthcare is currently reviewing its structure for undertaking home visits to involve other clinicians.

5. A provisional timetable for when expansion of Gayton Road and St Augustine's would be implemented in relation to the closure of Fairstead (including details of any planning consents that would be required).

It is proposed that patients will continue to be seen at Fairstead branch surgery whilst Vida Healthcare progress the developments at Gayton Road Health Centre and St Augustine's branch surgery, provided this can be delivered within an environment that has a manageable and acceptable risk to both patients and staff.

To mitigate this risk the extent of service would slowly move from Fairstead branch surgery to Gayton Road Health Centre and St Augustine's over a period of time. This has a maximum timeline of 18 months, ie to 31 December, 2020.

Gayton Road Health Centre has planning permission to construct the additional rooms (see planning permission – Appendices 3 and 4) and outline business case approval for grant support. Full business case approval cannot be sought until completion of the public consultation. Planning permission expires in December 2020.

Vida Healthcare is currently looking at a potential time table of:

Full business case sign off	December 31, 2019
Go to tender	September 30, 2019*
Appoint contractor	December 31, 2019
Development commences	March 31, 2020
Development completion	January 31, 2021

*Vida Healthcare believes it will need to go to tender ahead of final approval as it is concerned that time will have run out on planning permission and grant approval. It can opt out of progressing to Tender award.

For more information please see planning permission documents at Appendices 3 and 4.

Regarding St Augustine's branch surgery, the terms have been agreed and the documentation is currently with solicitors. Vida Healthcare is currently looking at completion between October and December 2019.

6. Full details of the extent to which public transport and community transport is available to residents of Fairstead estate (i.e. how many buses an hour; bus operating times in comparison to surgery opening times; days and times at which community transport operates; capacity of community transport to serve additional patients; and the costs of transport).

The 42 bus service is operated by Lynx on a circular route from the Fairstead estate to the King's Lynn Transport Interchange. The route includes ten stops in the Fairstead estate and one at the Gayton Road Health Centre. The service runs between 06:42 and 21:27 from Mondays to Saturdays, and between 08:09 and 19:27 on Sundays and public holidays. There are three buses an hour in the daytime Monday to Saturday, and two buses an hour in the evenings and on Sundays and public holidays. The fares are: Single trip: Adult £2.00; 16-19 £1.60; Child £1.40. Return: Adult £3.00; 16-19 £2.40; Child £2.00.

West Norfolk Community Transport operates an on-demand service for residents of King's Lynn. It operates Monday to Friday 08:30 to 16:30. The service collects every half an hour and it needs to be pre-booked. Costs are £2.50 each way. Passengers need to be a member of this service, and there is an optional membership fee of £5.

7. Details of arrangements for signposting to any available financial support for transport to primary care for those on low incomes and on benefits.

Vida Healthcare will work individually with patients who express specific concerns about being able to access services. General information will be provided on accessing transport for people who need assistance, in the locality.

For example – information that can be accessed here: https://www.norfolk.gov.uk/care-support-and-health/support-to-stay-at-home/help-with-transport

8. Evidence of consideration of the effect of the proposal on attendance at the QEH hospital A&E along with any proposed action to mitigate increased attendance.

Vida Healthcare has extracted data from its clinical system which gives a flavour of what has happened over recent periods. This would tend to indicate that providing care to patients registered with a Fairstead based GP by a Gayton Road Health Centre based clinician has not had any negative affect on A&E attendances. Please see data in Appendix 2.

Vida Healthcare believes that some people from Fairstead will seek to go to A&E initially as a reaction to change and this will be managed and reduced on a case by case basis between The Queen Elizabeth Hospital King's Lynn and Vida Healthcare.

9. Evidence of 'future proofing' the proposal for expansion of Gayton Rd & St Augustine's by considering plans for future housing developments.

At a system level work is ongoing through the Norfolk and Waveney Sustainability and Transformation Partnership (STP) to tackle issues affecting primary care such as resilience and workforce. This approach is wholly aligned to the NHS Long Term Plan and we are working closely with our wider partners including our five GP provider organisations to drive new ways of working that will benefit patients by offering improved access to an extended range of services. From 1 July 2019 every GP practice in Norfolk and Waveney became part of a primary care network (PCN). Primary care networks consist of groups of general practices working together with other health and care organisations, such as mental health, community services, social care and the voluntary sector. The aim is to make health and care more personalised and better coordinated, so that people get better support when they need it. Increased investment will fund expanded community 'multidisciplinary teams' aligned with these primary care networks, with additional staff including clinical pharmacists, social prescribing link workers, physiotherapists, physician associates and community paramedics.

Vida Healthcare's preferred option, as detailed in the consultation document, deals with the current and immediate urgent need and it is anticipated will 'future proof' for

the next five years. Vida Healthcare has spoken to the Borough Council of King's Lynn and West Norfolk about proposals for new housing for the next 15 years and has asked them to look also at the expected net new population figure. Historically, Vida Healthcare suspects this area of Norfolk has not attracted a significant number of new residents and need to understand the reason why this would change.

10. Evidence of an equality impact assessment in relation to the proposals.

Please see attached at Appendix 5.

11. Explanation of why previous preparations to build at Fairstead surgery did not come to fruition

NHS premises background

The guiding principles for NHS primary care and community buildings are set out in the Department of Health's document, "Health Building Note 11-01:Facilities for Primary and Community Care Services" and other subsequent guidance. It states that primary and community care buildings should be:

- driven by strategic service and estate planning by commissioners, as informed clients, to avoid overcapacity and under-utilisation;
- informed by consultations with clinicians, stakeholders, the public and relevant statutory bodies during the planning and design process;
- underpinned by the use of generic spaces, as far as possible, to support multi-functional use;
- able to explore the separation of patient/client areas from practitioner admin requirements;
- adaptable to changing service needs and pathways;
- safe, secure, physically accessible and welcoming to the communities they serve;
- supportive of staff development, with an emphasis on appropriate training and learning facilities;
- simply laid out to aid patient/client journeys, minimise staff movements and allow for efficient maintenance; and
- designed to deliver appropriate levels of emergency preparedness and resilience.

All buildings providing services to the public have an obligation to incorporate principles of sustainable development. NHS guidance addresses sustainable development within health and community care facilities by looking at the main issues that should be addressed throughout a building's life. It also explores the reuse of existing buildings and provides advice on possibilities for sustainable refurbishment.

Healthcare schemes are required to use the BREEAM Healthcare methodology to demonstrate that healthcare projects are built with sustainability in mind.

As the mix and range of services to be delivered from primary and community care buildings can change over time, it is important that the accommodation is flexible and adaptable.

Strategies to promote flexibility and adaptability include:

- use generic patient/client contact spaces;
- limit the number of specialist spaces;
- standardise room sizes and position of built-in equipment;
- consider future engineering service requirements at the outset;
- consider flexible and adaptable forms of construction;
- develop a modular approach to planning and construction;
- provide space for future expansion, if relevant.

The planning of primary and social care services ideally reflects the needs of the local population and fits with existing resources available in the locality. Therefore, the range of services and their combinations varies widely from one facility to another so that there is not one typical physical arrangement.

Fairstead outline business case

In 2013 when NHS England took over responsibility for primary care commissioning and contracting, a review of all premises schemes in the pipeline was undertaken. It was recognised that considerable work had been undertaken to date to provide a solution for the practice, recognising that the current surgery was neither compliant nor flexible. The GP partner was advised that the acquisition of the development site by NHS Property Services and their continued involvement in the scheme reflected NHS England's ongoing commitment to the development. It also provided an opportunity to work with the practice to ensure that the scope of the development was fully consistent with the developing primary care strategy being progressed with the Clinical Commissioning Group, and recent changes in the structure of the Practice.

Fairstead merged with Vida Healthcare in January 2014. An initial proposal with three options was submitted in July 2014.

Option 1: Build a new replacement surgery on the land purchased for this purpose by NHS Property services.

Option 2: Build a replacement surgery on land at the front of the QEH hospital site as phase one and relocate the Gayton Road surgery there as phase two.

Option 3: Close the Fairstead surgery and provide all services from Gayton Road Health Centre .

Further detail was requested from the practice and an updated outline business case was submitted in 2016. The QEH proposal was the most costly option and a decision was subsequently taken not to pursue this option.

NHS England engaged an independent expert advisor to carry out the assessment of the outline business case in 2016 in accordance with the above published guidance which included consideration of the following factors:

- proposed price per square metre for build costs;
- the net internal area proposed versus capacity need in the area;
- proposed design of the building including the number of clinical rooms and general layout;
- construction and other development costs compared with other recent new builds approved by NHS England and Improvement;
- future revenue costs for the commissioner arising from the proposed rent;
- whether the proposed build allows for any increase in patient growth; and
- proposed lease term.

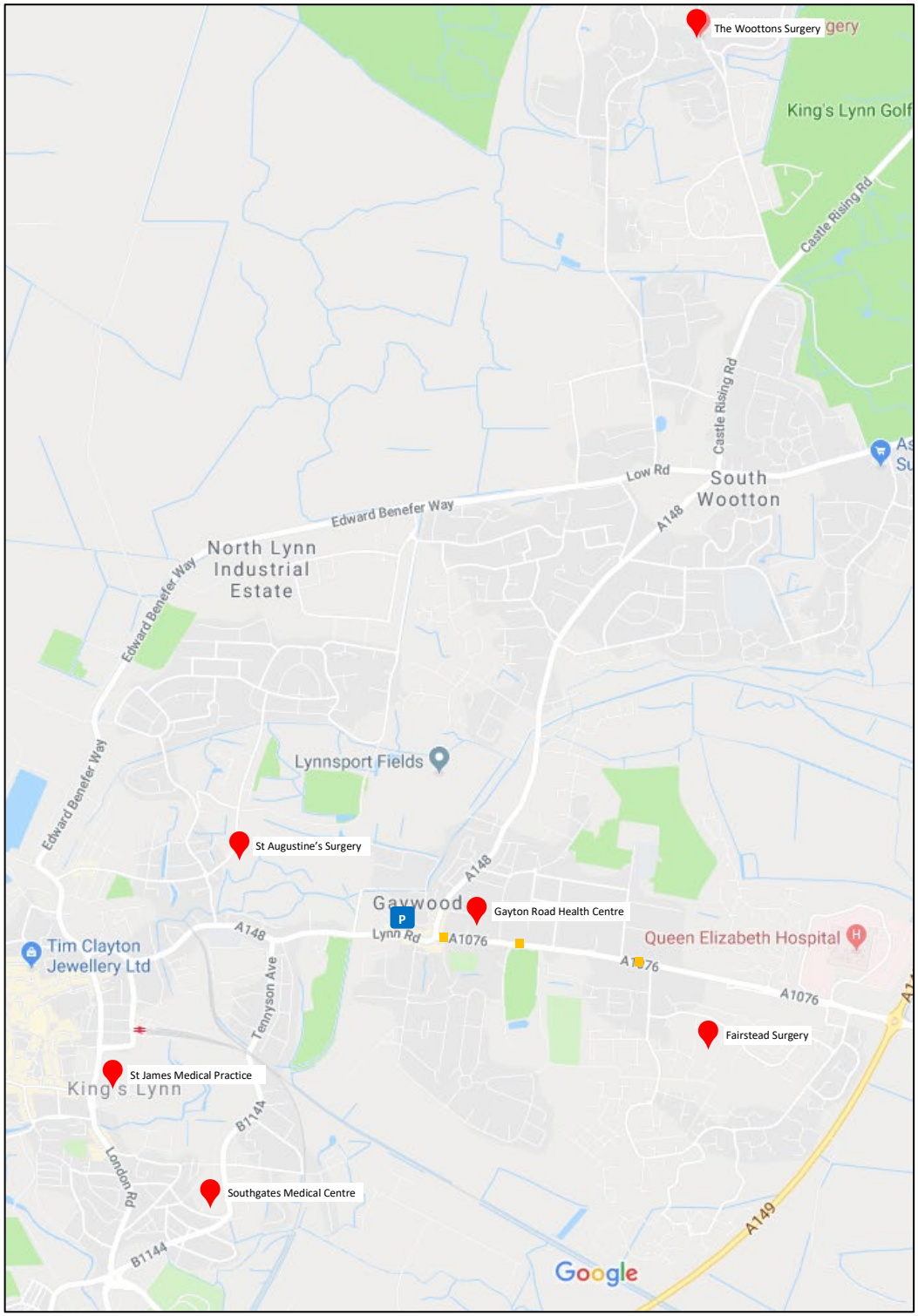
The key concern was that the cost per square metre of the net area was considerably higher than would have been expected taking into account the above factors.

Advice was also given to the practice to liaise closely with the CCG as to whether the proposals fitted with the developing CCG estates strategy at the time. No further premises proposals for Fairstead were received from the practice.
In late 2018, NHS England and NHS Improvement were made aware that NHS Property Services had disposed of the land.

12. The CCG's briefing to NHOSC (Appendix A) mentions that the CCG and NHS England will receive Vida's recommendation for action at a meeting of the CCG's Primary Care Commissioning Committee on 29 November. Will it be the CCG or NHS England / NHS Improvement that makes the final decision about the future of primary care services for residents of Fairstead? At which meeting and on which date will the final decision be made?

In October 2019 Healthwatch Norfolk will publish an independent report of the consultation findings. Taking the consultation feedback into account and having

regard for all other considerations, Vida Healthcare will make a recommendation to West Norfolk CCG. The CCG, together with NHS England and NHS Improvement, will consider this recommendation at a meeting of the CCG's Primary Care Commissioning Committee on 29 November 2019. A final decision will be made by West Norfolk CCG in collaboration with NHS England and NHS Improvement.



KEY

GP Practice

Crossings

Public Parking

Distances from Fairstead Surgery to other GP Practices

From	To	Distance
Fairstead Surgery	Gayton Road Health Centre	0.9 miles
Fairstead Surgery	St Augustine's Surgery	1.7 miles
Fairstead Surgery	St James Medical Practice	2.4 miles
Fairstead Surgery	The Wootton Surgery	3.6 miles
Fairstead Surgery	Southgates Medical Centre	2.2 miles

Parking Spaces

84 (approx) public car parking spaces (spaces are not defined) indicated on map by P

47 patient parking spaces at Gayton Road Health Centre

Comments

A&E Attendances

	Months	Total A & E attendances	Average per month
01.01.2017 -31.12.2017	12	1846	153.8
01.01.2018 -31.12.2018	12	1739	144.9
01.01.2019 - 31.05.2019	5	636	127.2
01.12.2017 - 31.05.2018	6	889	148
01.12.2018 -31.05.2019	6	766	127.7

Consultation with Fairstead Registered Patients

	Months	By GP working at Fairstead Surgery	By GP Working at GRHC	%age at Fairstead	%age at GRHC
01.01.2018 -31.12.2018	12	14433	2923	83	17
01.07.2018 - 31.12.2018	6	5877	2656	69	31
01.12.2018 – 31.05.2019	6	4103	3721	52	48

Source of data Export from System 1 clinical system

Borough Council of
King's Lynn & West Norfolk

ENVIRONMENT AND PLANNING
King's Court, Chapel Street, King's Lynn, Norfolk PE30 1EX
Tel: (01553) 616200
Fax: (01553) 616652
DX: 57825 KING'S LYNN
e-mail: borough.planning@west-norfolk.gov.uk

NOTICE OF DECISION - GRANT OF PLANNING PERMISSION

Vida Healthcare
c/o Frank Shaw Associates
Mr Paul Phelps
Jubilee House
Mill Lane
Sawston
Cambridge
CB223HZ

Reference No: 17/01747/F

Application Registered: 5 October 2017

Parish: King's Lynn

Details: **Single storey extensions to rear of property and to existing courtyard to provide four additional consulting rooms and waiting area at Gayton Road Health Centre Gayton Road Gaywood King's Lynn Norfolk**

The Town and Country Planning Act 1990 (as amended)
The Town and Country Planning (Development Management Procedure) (England) Order 2015

Permission is granted for the carrying out of the development referred to above in accordance with the application and plans submitted **subject to compliance with the following conditions:**

1. The development hereby permitted shall be begun before the expiration of three years from the date of this permission.

2. The development hereby permitted shall be carried out in accordance with the following approved plans; 17524 0100 P01, 17524 0101 P01, 17524 0102 P01 and 17524 0200 P01.

3. Prior to the first use of the extensions hereby approved, the additional parking shall be laid out, demarcated, surfaced and drained in accordance with the approved plan no; 17524 0101 P01 and retained thereafter available for that specific use.

The Reasons being:

1. To comply with Section 91 of the Town and Country Planning Act, 1990, as amended by Section 51 of the Planning and Compulsory Purchase Act, 2004.

2. For the avoidance of doubt and in the interests of proper planning.

3. To ensure the permanent availability of the parking / manoeuvring area, in the interests of highway safety.

Executive Director, Environment and Planning
On behalf of the Council
1 December 2017

Please note that any conditions that may be attached to this decision notice form an integral part of the permission. Failure to comply with any conditions could lead to enforcement action or the need to submit a further formal application.

In accordance with the NPPF, in determining this application for planning permission, the Borough Council has approached it in a positive and proactive way, and where possible has sought solutions to problems to achieve the aim of approving sustainable development. As such the development hereby approved is considered to represent sustainable development.

The case officer who dealt with this application was Mrs Jade Calton, telephone number 01553 616772.

Notes relating to decisions on planning applications:

1. This permission refers only to that under the Town and Country Planning Acts and does not include any consent or approval under any other enactment, byelaw order or regulation.

2. If the applicant is aggrieved by the decision of the local planning authority to refuse permission or approval for the proposed development, or to grant permission or approval subject to conditions, he may appeal to The Planning Inspectorate in accordance with Section 78 of the Town and Country Planning Act 1990. Appeals must be made within 6 months unless subject to an enforcement notice (see below). (Appeals must be made on a form which is available from The Planning Inspectorate, Customer Support Unit, Room 3/15 Eagle Wing, Temple Quay House, 2 The Square, Temple Quay, Bristol BS1 6PN, telephone 0303 4445000). The Secretary of State has power to allow a longer period for the giving of a notice of appeal but he will not normally be prepared to exercise this power unless there are special circumstances which excuse the delay in giving notice of appeal. The Secretary of State is not required to entertain an appeal if it appears to him that permission for the proposed development could not have been granted by the local planning authority, or could not have been so granted otherwise than subject to the conditions imposed by them, having regard to the statutory requirements (*), to the provisions of the development order, and to any directions given under the order. He does not in practice refuse to entertain appeals solely because the decision of the local planning authority is based on a decision given by him.

   Appeal time limits where the same development is subject to an enforcement notice

   - 28 days from the date of the refusal or the expiry of the period which the local planning authority (LPA) had to determine the application, where the enforcement notice is served before the application is submitted;
   - 28 days from the date of the refusal or the expiry of the period which the LPA had to determine the application, where the enforcement notice is served before the decision on the application is reached or the determination period has expired; or
   - 28 days from the date the enforcement notice is served, where the enforcement notice is served after the decision or expiry of the period which the LPA has to reach a decision on the application, unless the effect would be to extend the period beyond the usual time limit for cases not involving an enforcement notice.
   - These time limits apply where an enforcement notice has been served no more than two years before the date of the application or where it is served on or after the date of the application, regardless of whether an appeal was lodged against the enforcement notice and provided the notice is not withdrawn prior to the expiry of the time limits outlined above.

3. If permission to develop land is refused or granted subject to conditions, whether by the local authority or by the Secretary of State of the Environment, and the owner of the land claims that the land has become incapable of reasonably beneficial use in its existing state and cannot be rendered capable of reasonably beneficial use by the carrying out of any development which has or would be permitted, he may serve on the Council or the county district in which the land is situated a purchase notice requiring that council to purchase his interest in the land in accordance with the provisions of Part VI of the Town and Country Planning Act 1990.

4. In certain circumstances, a claim may be made against the local planning authority for compensation where permission is refused or granted subject to conditions by the Secretary of State on appeal or on a reference of the application to him. The circumstances in which such compensation is payable are set out in Section 114 of the Town and Country Planning Act 1990.

   (*) The Statutory requirements are those set out in Section 76(6) of the Town and Country Planning Act 1990 namely section 70 and 72(1) of the Act.

5. Time Limits for Appeals

   Householder planning applications against refusal or to remove/amend conditions = 12 weeks
   Minor Commercial and Advertisement Consent Appeals = 12 weeks
   All other appeals = 6 months

   For more information please see website: http://www.planningportal.gov.uk/planning/appeals

Our ref: 17/01747/F
Planning Officer: Mrs Jade Calton
Council Information Centre: 01553 616200 Option 3
E-mail: borough.planning@west-norfolk.gov.uk

Borough Council of
King's Lynn & West Norfolk

Vida Healthcare
c/o Frank Shaw Associates
Mr Paul Phelps
Jubilee House
Mill Lane
Sawston
Cambridge
CB223HZ

Geoff Hall
Executive Director

Environment and Planning

1 December 2017

Dear Sir / Madam

Decision Date: 1 December 2017
Development : Single storey extensions to rear of property and to existing courtyard to provide four additiona consulting rooms and waiting area
Location: Gayton Road Health Centre Gayton Road Gaywood King's Lynn Norfolk
Applicant: Vida Healthcare

Town & Country Planning Act 1990

PLEASE FIND ATTACHED A COPY OF YOUR PLANNING PERMISSION FOR THE ABOVE PROPOSED DEVELOPMENT. HOWEVER, YOU SHOULD READ THE NOTES BELOW AS FAILURE TO COMPLY WITH CONDITIONS IMPOSED ON THE ATTACHED PLANNING PERMISSION COULD RENDER THE DEVELOPMENT UNAUTHORISED OR REQUIRE THE SUBMISSION OF A FURTHER FORMAL APPLICATION

1. This planning permission is granted in strict accordance with the approved plans. It should be noted that:
a) Any variation from the approved plans following commencement of the development may constitute unauthorised development and may be liable to enforcement action.
b) You or your agent or any other person responsible for implementing this permission should inform the Development Control Section immediately of any proposed variation from the approved plans and ask to be advised as to the best method of resolving the matter. This may require the submission of a new formal application.

2. We have a formal process for discharging conditions which involves completing a form or writing to us with sufficient information to allow us to fully assess the information, and submitting an appropriate fee.
The form can be downloaded from our website at http://www.west-norfolk.gov.uk/Default.aspx?page=24452 or you can request a form to be sent to you. Although there is a national target of 8 weeks to deal with these requests we will endeavour to deal with these sooner, particularly the more straightforward requests.

3. This permission is granted subject to conditions and it is the site owner and the person responsible for the implementation of the development who will be fully responsible for their compliance throughout the development and beyond.

4. If there is a condition that requires work to be carried out or details to be approved prior to the commencement of the development, this is called a "condition precedent". If a condition precedent is not complied with, this may render the whole of the development unauthorised and you may be liable to enforcement action or need to submit a further formal application.

5. If this development involves any works of a building or engineering nature, please note that before any such works are commenced it is the applicant's responsibility to ensure that, in addition to planning permission, any necessary consent under the Building Regulations is also obtained. Advice in respect of Building Regulations can be obtained from CNC Building Control who provide the Building Control service for the Borough of Kings Lynn & West Norfolk. Their telephone number is 0808 168 5041 or enquiries@cncbuildingcontrol.gov.uk and their website is www.cncbuildingcontrol.gov.uk.

6. **If your development results in the need to have a new address then you are advised to do this as soon as the development commences. The application form and fee schedule is available on our website http://www.west-norfolk.gov.uk/default.aspx?page=23895. Alternatively, you can email the Address Management Team at snn@west-norfolk.gov.uk for more information.**

Yours faithfully

Executive Director
Environment and Planning

King's Court, Chapel Street, King's Lynn, Norfolk PE30 1EX
Tel: (01553) 616200; fax: (01553) 691663
DX 57825 KING'S LYNN

Policy/service re-designs

Equality Impact Assessment

Purpose
This assessment reviews the implications of the above policy/service redesign for those people with protected characteristics covered by the Equality Act (2010).

It is intended to demonstrate that in developing this policy/service we have had due regard for our general equality duties to

- Eliminate unfair discrimination
- Promote equality of opportunity
- Promote good relations between those who share a protected characteristic and those who do not.

Please state briefly the aims of the service/document under review

Vida Healthcare, supported by NHS England and NHS Improvement and NHS West Norfolk Clinical Commissioning Group (CCG), provides primary care - GP services – for patients on three sites in King's Lynn. Gayton Road Health Centre is the site of the main surgery and Fairstead and St Augustine's are branch surgery sites. One of these sites, the Fairstead branch surgery, is not fit for purpose.

The Fairstead branch surgery building has not been compliant with the requirements set down by the Health and Social Care Act since it was registered with the Care Quality Commission (CQC) by Fairstead Surgery Doctors (now part of Vida Healthcare) in 2012. The surgery has not met CQC requirements since this time due to concerns over the safety and suitability of the premises. A further CQC inspection is likely in the near future which could result in enforcement action if the required standards are not met.

A consultation process commenced on Thursday 30 May, 2019, with the preferred option being closure of the Fairstead branch surgery with subsequent expansion at Gayton Road Health Centre and St Augustine's branch surgery and an offer to all Fairstead patients of access at either site.

The CCG has commissioned Healthwatch Norfolk to undertake the consultation to ensure there is a fair and transparent approach.

The impact assessment is being completed by the CCG to assess any impact of the potential closure of Fairstead branch surgery on the West Norfolk population.

Is there a known public, patient or staff concern regarding this document? Describe how these concerns have been identified

We are not aware of any concerns regarding this document. However, some patients will have protected characteristics and therefore there may be concerns raised as part of the consultation process which would form part of the decision making process. Healthwatch Norfolk have been asked to assist with the consultation process and in gathering feedback on the proposal.

Describe the results of any internal consultation on this issue, including details of consultation mechanisms:

Whilst there has not been any formal internal consultation there has been significant discussions involving commissioners, patient group representatives, the landlord of the surgery building, other stakeholders and Vida healthcare since 2016 which have culminated in more extensive discussion on how to formally consult with all patients (over the past 12 months). A number of options have been re-visited and reviewed, with an intent to formally consult on viable options from May to August 2019. Part of these early discussions included how to engage with seldom heard groups including those with protected characteristics and for whom English is not their first language.

Describe how the views of any external consultative and community groups have been obtained (letters; meetings; interviews; focus groups; questionnaires; workshops; conferences; other):

A consultation feedback survey is being managed by Healthwatch Norfolk which seeks individual reviews. A range of public consultation dates have been arranged being held through June, July and August. Healthwatch Norfolk will also be running series of ‘pop-up’ events until the end of the consultation period, the dates of which have been announced on their website. Over the 90 day consultation period, Healthwatch Norfolk has been tasked with responsibility for organising all community stakeholder engagement and communications. Healthwatch Norfolk has coordinated all communication activities thus far, including social media advertising, direct marketing through affiliate mailing lists such as Queen Elizabeth Hospital staff, local press and launch of the consultation to patients and staff of Fairstead GP practice, as well as residents of the Fairstead estate.

An online landing page has been set up via the Healthwatch Norfolk website, with links to the consultation document, survey and public workshop registration page. A paid Facebook ad is currently live, the parameters of which have been set to specifically target users within a 10km radius of the Fairstead estate. Healthwatch Norfolk are also promoting completion of the survey through general social media scheduling and by posting on King's Lynn community pages.

Due to the large proportion of elderly, digitally-excluded patients that might be affected by changes to primary care in Fairstead, Healthwatch Norfolk has also ensured that paper copies of the survey are available in premises around the estate, with consultation documents and freepost envelopes attached. Currently, members of the public can pick up surveys in the following locations:

- Fairstead Surgery
- Gayton Road Medical Centre
- Well Pharamcy, Fairstead Estate
- Fairstead Children's Centre
- Golden Fish Bar

Managers at each site have been provided with contact details for Healthwatch Norfolk staff should they wish to order any more copies.

Following discussions with provider stakeholders in the Fairstead area, Healthwatch Norfolk was able to establish that a significant Polish and Lithuanian population live within the catchment of the surgery. With this knowledge in mind, the decision was taken to include a note on the front page of the consultation document – in both Polish and Lithuanian – offering translation of the document and survey. Should any such requests be made, Healthwatch Norfolk will facilitate translation through interpreting service Intran.

Also included in the engagement plan for the consultation is to host a separate event for deaf people in King's Lynn, in partnership with West Norfolk Deaf Association (WNDA). A provisional agreement has been made with WNDA to host the event in July. By making such provisions, Healthwatch Norfolk is aiming to ensure that participation in the consultation process is accessible for as many people as possible.

Alongside printed survey distribution, Healthwatch Norfolk has embarked on a programme of pop-up events in the area. In June the organisation set up a stall outside Well Pharmacy at Centre Point and are scheduled to visit again in July. The engagement team have also visited a parent and toddler group at Fairstead Community Centre, and are continuing to seek further opportunities to reach all

sections of the community elsewhere in Fairstead and the surrounding areas.

Subsequently, a total of 73 local residents have attended the two public meetings and 113 survey responses have been collected. The consultation has also received wide coverage across local print, radio and online media.

Explain in detail the views of the relevant consultative and community groups:

The views of consultative and community groups on the consultation is not yet known. In October 2019 Healthwatch Norfolk will publish an independent report of the consultation findings.

Describe the result/outcome of any external consultation and the way in which the views expressed have influenced the development of the policy/procedure/service:

The process has not yet closed and therefore this is not known. In October 2019 Healthwatch Norfolk will publish an independent report of the consultation findings. Taking the consultation feedback into account and having regard for all other considerations, Vida Healthcare will make a recommendation to West Norfolk CCG. The CCG, together with NHS England and NHS Improvement, will consider this recommendation at a meeting of the CCG's Primary Care Commissioning Committee on 29 November 2019. A final decision will be made by West Norfolk CCG in collaboration with NHS England and NHS Improvement.

If following the consultation a decision is made, Vida Healthcare will hold meetings for staff and patients to tell them the outcome. They will let other interested people know directly by letter or email. The results of the consultation will be publicised in the local media for a wider audience. Vida Healthcare will ensure that patients and staff are fully supported throughout the process.

Equality Impact Assessment

Age

How does this policy relate to age?

Whilst the proposed change doesn't directly relate to age we are aware that older people may be impacted and this will form part of the consultation discussions and wider considerations.

Due to the large proportion of elderly, digitally excluded patients that might be affected by these proposals, Healthwatch Norfolk has ensured that paper copies of the consultation survey are available in premises around the Fairstead estate, with

consultation documents and freepost envelopes attached

Disability

How does this policy relate to disability?

This covers physical disability, sensory impairment, mental health needs and learning disabilities (including autism).

Whilst the proposed change doesn't directly relate to disability we are aware that this may affect some patients. Vida will work individually with patients who express specific concerns about being able to access services. As part of the consultation discussions will be held with disabled patient groups and this will be reflected in the report presented by Healthwatch to inform the decision.

Race and culture

How does this policy relate to race and culture?

The proposed change is not anticipated to have an adverse impact in terms of access to staff/patients/carers of any relevant BME group.

Lesbian, gay and bisexual (LGB) people

How does this policy relate to LGB people?

The proposed changes are not anticipated to have an adverse impact in terms of access to staff/patients/carers from any relevant LGBT group.

Religion or belief

How does this policy relate to religion or belief?

The proposed changes are not anticipated to have an adverse impact in terms of access to staff/patients/carers of any relevant religious group.

Gender reassignment

How does this policy relate to gender reassignment?

The proposed changes are not anticipated to have an adverse impact in terms of

access to staff/patients/carers from any relevant LGBT group.

Gender

How does this policy relate to gender?

The proposed changes are not anticipated to have an adverse impact in terms of access to staff/patients/carers from any relevant gender.

Pregnancy and maternity

How does this policy relate to pregnancy and maternity?

The proposed changes are not anticipated to have an adverse impact in terms of access to staff/patients/carers in terms of pregnancy or maternity

Marriage and civil partnership

How does this policy relate to marriage and civil partnership?

The proposed changes are not anticipated to have an adverse impact in terms of access to staff/patients/carers in terms of marriage or civil partnership

NHOSC – CONSULTATION ON GP SERVICES FOR FAIRSTEAD, KING'S LYNN

Thank you for seeking my views. I am one of the Fairstead area Borough Councillors and strongly oppose Vida Healthcare's plan to close the Fairstead GP surgery. I was staggered to see in their consultation document that every other option is discounted.

Demand on the surgery has only increased in recent years with the big new housing development at King's Reach bringing hundreds of new patients. Closing this vital service would have a devastating impact on residents who would need to travel much further afield to the surgeries at Gayton Road in Gaywood or St Augustine's in North Lynn. Gayton Road is Vida's central surgery and is completely overloaded already with constant complaints about delays in getting appointments and telephones being answered. It also suffers from poor access, being on a very busy road, and has less parking than the Fairstead site. How it can accept thousands more patients is beyond comprehension. The satellite surgery at St Augustine's in North Lynn surgery is over two miles away with no public transport links.

The Fairstead area is adjacent to the Queen Elizabeth Hospital in Kings Lynn. If the surgery closes I predict people will not be prepared to endure the delays at Gayton Road or the travelling to North Lynn. They will present at A & E thus causing more pressure on that already stretched resource.

A large number of current residents came to the Fairstead area when it was being developed in the 1960s and they have grown older with the surgery. They appreciate the personalised care they receive and the quick response to queries and request for appointments. This will all be lost at a bigger, impersonal surgery. There are three older peoples housing schemes near the Fairstead surgery with residents of limited mobility. No thought has been given to how they are supposed to access the alternative surgeries some distance away.

A few years ago funding was secured for a new build but this did not proceed. The suspicion is that instead of investing in the building since then, the surgery has been allowed to deteriorate so a plan for closure is more acceptable. It should be noted that West Norfolk Borough Council offered capital funding in 2018 to build a new surgery on land close to the current surgery but Vida Healthcare and the Clinical Commissioning Group have not reacted positively to this offer.

Vida Healthcare state on page 3 of their consultation document that the Fairstead surgery "has not been compliant with the requirements set down by the Health and Social Care Act since it was registered with the Care Quality Commission in 2012". However, the CQC inspection on 5 February 2015 made no reference to this. It rated the surgery as "good" and was very complimentary about services and patient care. The only negative comment was about "limited space" on the site which is a problem that could easily be overcome by expansion for example, as space exists.

I have been overwhelmed by the strength of public opinion which this matter has provoked. I have spoken to hundreds of residents over the last few months and nobody accepts the need for closure. The Patient Participation Group are running a well organised campaign to save the surgery which has received support from County Councillor Tom Smith, Henry Bellingham MP and other local Borough Councillors. The Patient Group believe there are far better options than closure and are actively promoting these which include expansion, a new build on site or that Vida Healthcare dissolve the Fairstead arrangement and allow the surgery to join one of the new Primary Care Networks.

I hope the Committee will give its support to the campaign to save this vital community service.

Gary Howman
Borough Councillor
Fairstead Ward

Norfolk and Suffolk NHS Foundation Trust – response to the Care Quality Commission report – progress update

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

Follow up to previous scrutiny of Norfolk and Suffolk NHS Foundation Trust (NSFT) and examination of the Trust and commissioners' response to the report of the Care Quality Commission's (CQC) inspection between 3 and 27 September 2018, published on 28 November 2018.

1.0 Purpose of today's meeting

1.1 To follow up on previous scrutiny of NSFT's and commissioners' response to the CQC inspection report published on 28 November 2018 which rated NSFT as 'inadequate' overall.

The key focus areas for today's meeting are:-

(a) NSFT's progress towards meeting the requirements highlighted by the CQC inspection.

(b) The commissioners' and wider health and care system's actions to support NSFT to improve.

1.2 NSFT has been asked to provide a report on their current position in relation to the CQC's main areas of concern, providing supporting data where appropriate:-

- Staffing levels and morale
- Timely access across all services whilst keeping service users safe and in safe environments
- Appropriate care planning and risk assessments alongside the development of a robust safety culture

During previous scrutiny NHOSC has also been concerned about:-

i) Placement of patients in out-of-Trust-area and out-of-Trust inpatient beds and the effect this can have on patients and families.

NSFT has been asked to include latest data to show the trend in such placements since December 2018.

ii) Temporary closure of NSFT beds due to staffing or other issues – 6 short term re-hab beds at St Catherine's Way, Gorleston and Foxglove Ward (9 – 11 beds) at Carlton Court, Carlton Colville.

NSFT has been asked to provide an update on these and any subsequent temporary closures and on the piloting of a new model of care by the Carlton Court team to reduce the numbers of admissions and lengths of stay (i.e. an outreach and in-reach team working closely with carers and care homes, a day treatment service and a more flexible in-patient unit.

In January 2019 NHOSC heard that NSFT would be implementing a new place-based leadership model and asked for a copy of the new staff structure chart. NSFT explained that this would be available after 31 May 2019 and has included it in its report for today's meeting.

NSFT's report is attached at **Appendix A.**

1.3 Representatives from NSFT and representatives from the Norfolk and Waveney CCGs will attend the meeting to answer NHOSC's questions about the commissioning of mental health services and action to improve the provision of services.

As requested by NHOSC in January 2019, a senior NSFT clinician is expected to attend along with management representatives on this occasion.

2.0 Background

2.1 Previous report to NHOSC

2.1.1 The last report NHOSC received on this subject is available through the following link to NHOSC 17 January 2019. At that meeting NHOSC requested additional information as follows:-

1. Details regarding the numbers of patients receiving urgent mental health assessment in their own homes and the numbers brought in to NSFT team bases for urgent assessment in the weeks since the CQC report was published.

2. A copy of its staff structure chart after consultations were complete.

3. Details of the number of occasions where families of patients placed in out-of-area beds due to unavailability of local beds have received help with travelling expenses and the number that have had a carer assessment.

NSFT was also asked to provide data on community care co-ordinator / lead professional and psychiatrist caseloads in each service line, which had not been ready in time for its report to January NHOSC.

NSFT's responses to these requests, which were circulated to Members in the April and May NHOSC Briefings, are attached at **Appendix B**.

2.2 **Developments around mental health services in Norfolk and Waveney**

2.2.1 Norfolk and Waveney Sustainability Transformation Partnership (STP) partners published a new Adult Mental Health Strategy in March 2019 following a review in 2018. NHOSC Members received updates about this and an emerging new mental health service model for children and young people in the July NHOSC Briefing. The children and young people's service work follows a report by Rethink Partners consultancy.

The adults' strategy includes six commitments:-

1. To increase our focus on prevention and wellbeing
2. To make the routes into and through mental health services more clear and easy to understand for everyone
3. To support the management of mental health issues in primary care settings (such as within your GP practice)
4. To provide appropriate support for those people who are in crisis
5. To ensure effective in-patient care for those that need it most (that being beds in hospitals are other care facilities)
6. To ensure the whole system is focused on working in an integrated way to care for patients

The emerging children's and young people's service model will include the following core principles:-

- **0—25 yrs:** any child, young person or young adult up to their 26th birthday will be served by this model.
- **A focus on Thriving:** investing in early prevention and aiming to return those with difficulties to a Thriving state.
- **Working as a single system**, with shared case management, performance management and assessments across providers.
- **Clear access routes** for children, young people, young adults and professionals.
- **Community Based:** serving local communities and building community capacity.
- **Relationship focused:** reducing 'hand offs' and reducing the amount of times children and young people need to tell their story.
- **Multi-agency multi disciplinary teams** that provide support to families, professionals, and universal settings (especially schools).
- **Goal-Focused & Episodic Interventions:** involving children, young people and young adults in setting goals and making

At this stage the STP partners have not fully defined any specific substantial changes to existing services that may arise from the development of the new service models, either in children's and young people's services or in adult services, but they have committed to notifying health scrutiny of any such emerging proposals.

2.2.2 During previous discussions with NSFT and the mental health service commissioners, NHOSC has been interested in progress towards procurement and provision of a community **Wellbeing Hub**. This was one of the measures intended to help reduce admissions to NSFT's inpatient units and consequently reduce out-of-Trust placements. In January 2019 NHOSC was informed that the commissioners expected to have identified a preferred service provider by autumn 2019.

The hub will be based at Churchman House, Bethel Street, Norwich and the commissioners hope the first elements can begin by December 2019, such as a night-time safe place for people in significant distress who are referred in by a health or care professional. The commissioners also intend that a day-time walk-in facility and community café, where people can find emotional support when their anxieties or other mental health problems are escalating, will be up and running at Churchman House by spring 2020.

2.3.3 In December 2017 NHOSC recommended that CCGs should provide funding to enable NSFT to open 15 adult acute beds at Yare Ward, Hellesdon.

The CCGs later responded that this recommendation was partially accepted, that discussion on requirement for additional beds was ongoing and any proposal for additional service funding would need to be considered within the appropriate planning round.

16 adult beds (assessment - rehabilitation and reablement) on Yare Ward are now expected to open from September 2019 onwards.

2.4 Reports of CQC inspection visits to NSFT in 2019

2.4.1 Since NSFT's last report to NHOSC in January 2019 the CQC has published the following reports of unannounced inspection visits:-

Service inspected	Report date	Summary of findings	
		Areas for improvement	**Positive findings**
Specialist community mental health services for children and young people	20/5/19	• Waiting list data was not always accurate. • Poor quality clinical record documentation. • High numbers of vacant posts with an adverse impact on waiting times and staff morale.	• Staff felt positive about recent changes to key leadership posts and action was being taken to improve patients' experience. • Under 14 teams were seeing patients more quickly than when the CQC last inspected and the waiting list was reducing.
Mental health crisis services and health-based places of safety	27/6/19	• The Crisis and Home Treatment Team, Norwich was not consistently providing safe care due to high caseload and shortage of available staff. • The new way of working did not have a clearly defined policy to	• There was evidence of patients being seen face-to-face within the four hour target and where breached safety plans were in place and patients kept informed. • In response to the CQC's concerns regarding Norwich

		give guidance on how to implement the changes • Norwich crisis team did not have an embedded approach to learning from when things went wrong.	services extra support and resources had been provided to address risks. • Some staff felt the board was beginning to listen to staff concerns and the CQC saw action to improve patients' experience.
Community based mental health services for adults of working age	2/7/19	• Variable quality of clinical record documentation and crisis plans not in place for all patients. • Variable quality of letters to GPs • Information not stored on the electronic system in a logical or consistent manner for clinicians to see. • At two of six services visited staff could not provide the number of patients waiting from referral to assessment and assessment to treatment, therefore no assurance that patient risk was known or managed. • Figures held by local teams for numbers of people awaiting assessment and for waiting times were generally higher than the figures held by the Trust, therefore no assurance of management oversight of waiting times. • Some adult community teams still had a high number of vacant post, which impacted on patient waiting times and staff morale.	• Staff felt positive about recent changes to leadership posts, concerns had been listened to and communication had improved in some areas. • In two teams the standard of risk assessment and care plans had improved and there was some proactive management of risk with clients on waiting lists in Norfolk. • Managers used innovative ways of staffing the team in one of the services, so patient risk was managed more effectively. • Managers had identified key areas of priority, plans were emerging and some action had begun. There was a sense of urgency but also recognition of the huge effort and commitment still required to improve the services for adults in the community.

Full details of the recent CQC inspection reports are available on its website:- https://www.cqc.org.uk/provider/RMY/reports

The CQC does not revise ratings for the services following these types of inspection visits.

3.0 Suggested approach

3.1 After the NSFT representatives have introduced their report, the committee may wish to discuss the following areas with them and the commissioning representatives:-

(a) How has NSFT's approach to making the necessary improvements highlighted by the CQC changed with the new leadership at the Trust?

(b) The CQC report (published 28 Nov 2018) highlighted low morale at the Trust and staff's impression of a 'do unto' attitude from senior management and directors. Are the NSFT representatives certain that they have staff support for the actions they are now taking to bring about improvements?

(c) To what extent have the CQC's required improvements to NSFT's services, 'must dos' and 'should dos' already been met?

(d) What are the barriers to fully achieving the necessary improvements?

(e) Poor performance of the Trust's electronic records system, Lorenzo, has previously been identified to NHOSC as a significant challenge for staff morale and patient care. To what extent has this improved?

4.0 Action

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

(a) There is further information or progress updates that the committee wishes to receive at a future meeting or in the NHOSC Briefing.

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

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Norfolk and Suffolk NHS
NHS Foundation Trust

Report To:	Norfolk Health Overview and Scrutiny Committee
Meeting Date:	Thursday 18th July 2019
Title of Report:	NSFT Report to NHOSC
Action Sought:	For Information
Editor / compiler:	Oli Matthews, Head of Strategy and Business Development
Director:	Jonathan Warren, Chief Executive

Introduction

This report provides an update on Norfolk and Suffolk NHS Foundation Trust's progress towards meeting the requirements highlighted by the CQC inspection. It highlights our current position in relation to the CQC's main areas of concern, including:

- Safe environments
- Restrictive interventions
- Appropriate care planning and risk assessments
  Development of a robust safety culture
- Staffing levels and morale
- Access to services

As requested, the report also provides an update on:

- Inappropriate placements of patients in out of Trust beds.
- Bed closures
- The new model of care for older people's services at Carlton Court
- Implementation of the new leadership model

Since our last HOSC report there have been further Board-level changes, including the appointment of Marie Gabriel as Chair, and Jonathan Warren as Chief Executive. Marie is also Chair of our Buddy Trust East London Foundation Trust (ELFT), and Jonathan was previously Director of Nursing at ELFT and Deputy Chief Executive and Chief Nursing Officer at Surrey and Boarders Foundation Trust. This report contains their new high-level strategy for transforming our culture and services and outlines their priorities in achieving the vision of being in the top quarter of mental health trusts nationally by 2023.

1.0 Safe Environments

1.1 Progress continues to be made with improvements to our environments. These include replacement of carpets, furniture and swing doors as appropriate in our inpatient areas. There is increased local ownership and accountability for safety, and the introduction of quality and safety reviews has led to a higher level of engagement and understanding. Ligature risks are assessed and mitigated or removed as necessary, and regular walk-rounds are in place to ensure that any new risks are identified and addressed.

1.2 Samphire Ward at Chatterton House in Kings Lynn opened at the end of June, replacing the previous wards at the Fermoy Unit, which were no longer fit for purpose. The new 16-bed will enable greater safety and a better service user experience, addressing concerns raised by the CQC.

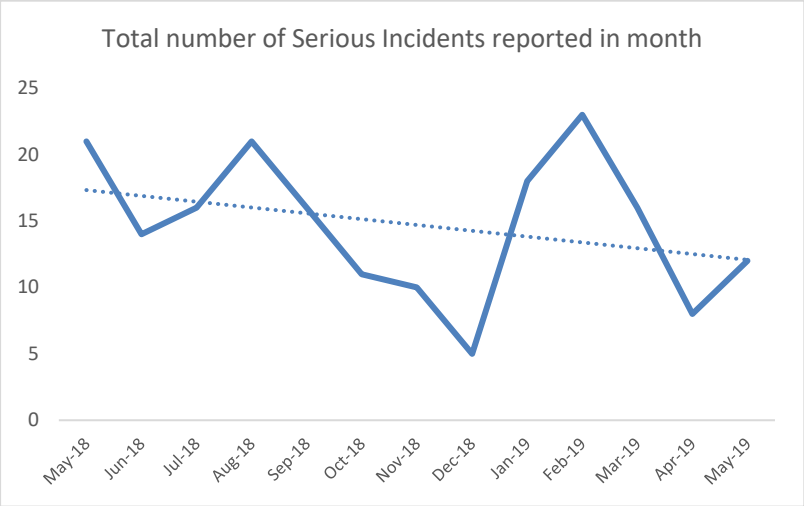
2.0 Restrictive interventions

2.1 Since the last report to HOSC we have maintained our focus on reducing the use of restrictive interventions. Restrictive interventions are audited weekly and reviewed by the Reducing Restrictive Interventions (RRI) Lead.

2.2 Total restraints Trust-wide per 1000 bed days continues to fall. Prone restraint, the use of rapid tranquilization (RT) and seclusion continue around the expected average. These remain high compared to the national average and above our target, but the policy, practice and cultural changes that have been introduced through our Quality Improvement (QI) programme are beginning to have impact.

2.3 Compliance with undertaking observations following RT remains above 80%, and for observations during seclusion above 90%. The RRI lead and wider QI team continue to quality check audits and provide local clinical support direct to ward staff to explore gaps.

2.4 The number of serious incidents reported each month is gradually reducing, as illustrated in the graph below.

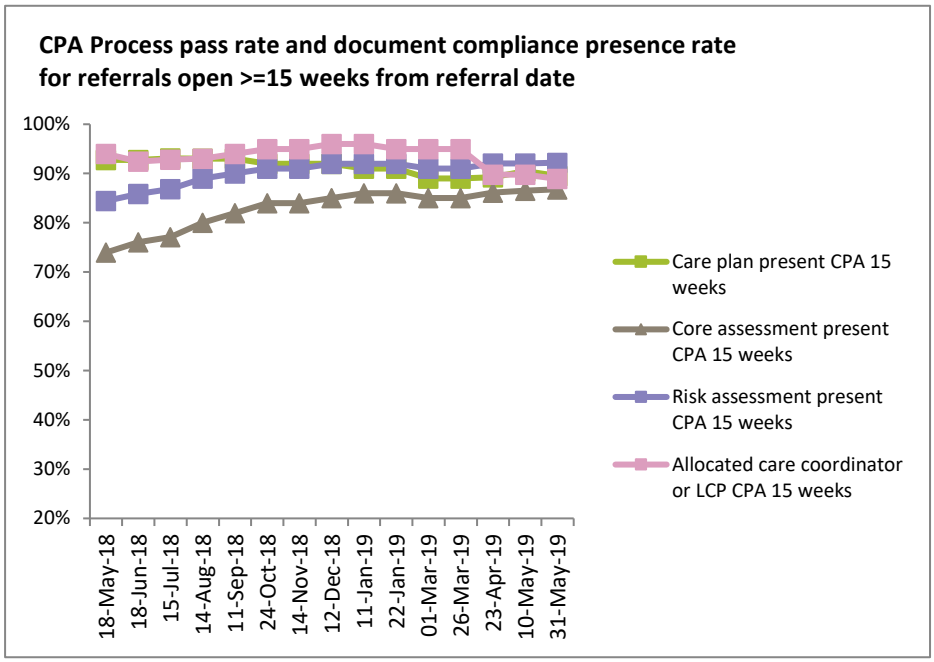


2.5 The RRI lead is targeting the area of blanket restrictions across the Trust working with staff and service users to review and improve decision making to ensure there is a safety focus with a clear rationale. We held our first Experience Based Co-Design (EBCD) conference on 27th June, where staff and service users design services in partnership. The outcome was the agreement to launch 4 projects supported by the QI team, several of which focus on reducing restrictions on service users in our care.

3.0 Care Planning and Risk Assessment

3.1 Core assessment, risk assessments and care planning compliance levels are converging (see graph below). Further improvements are expected, particularly in the core assessment (grey line) since core and risk assessments have been combined within the electronic patient record from this month. This is not a measure of care plan quality as it relates to the electronic footprint reported from our Trusts Electronic Patient Record.

3.2 Additional emphasis has been placed on improving the quality of care plans and ensuring that they are co-produced with service users. In our new Care Group structure, Lead Nurses will be responsible for monitoring, modelling and driving up the quality of care plans in their area.



4.0 Development of a Robust Safety Culture

4.1 Quality and Safety Reviews have been introduced as a means of assessing practice, identifying and addressing areas for improvement and sharing good practice. Review teams comprise a quality and safety lead, peers from similar services elsewhere and an expert by experience. The aim is to engage with teams and give them the opportunity to talk through what works well, and what doesn't. Over 30 reviews have been conducted so far, across adult inpatient and community teams. CRHT and Older People's services are currently being reviewed, and this will be followed by CFYP services (most recently reviewed by the CQC).

4.2 The change in approach from one of inspection, to one of engagement and development has been very well received by staff. There has been very good feedback about the experience and peer reviewers state that they have sought to replicate the good practice they have encountered in their own teams. The number of reviewers is being increased, and training provided in the Art of Engagement, to further enhance the process, and develop capacity to conduct reviews more frequently. This is an example of the change in approach that we have adopted, which we are confident will lead to a change in culture at the Trust and wide-ranging improvement in the safety, quality and consistency of service provision.

4.3 Further changes which will improve the safety culture include the introduction of a Monday morning safety meeting, where Clinical Directors, Service Directors and Executives come together to review the challenges of the previous week and issues and priorities for the week ahead. A similar "safety huddle" approach is being rolled out across the Trust to ensure that issues are identified, owned, shared and addressed as teams.

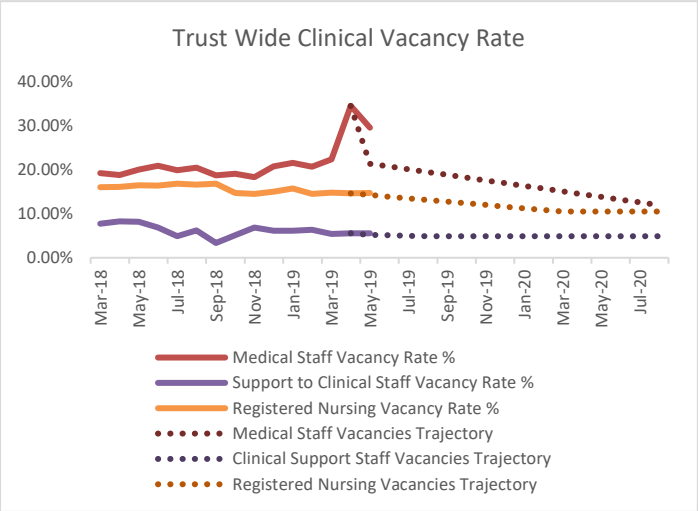
5.0 Staffing Levels and Morale

5.1 The current overall vacancy rate is 9.5%, which is 2.2% points above target. Much of the increased vacancy rate is due to an increase in staffing establishments as a result of budget increases, where staff are yet to be fully recruited to these posts. The increase in medical vacancies was due to trainee roles being vacant at the end of March 2019. As placements commence this level reduces.

5.2 In the year to March the vacancy rates for clinical staff decreased by:

- Registered nurses -1.27%
- Registered therapists -6.1%
- Unregistered support staff -2.87%

5.3 In the same period medical staffing vacancies increased by 3.58%. This is something that reflects the national shortage of medics, but which is being addressed by our new Director or Medical Workforce.

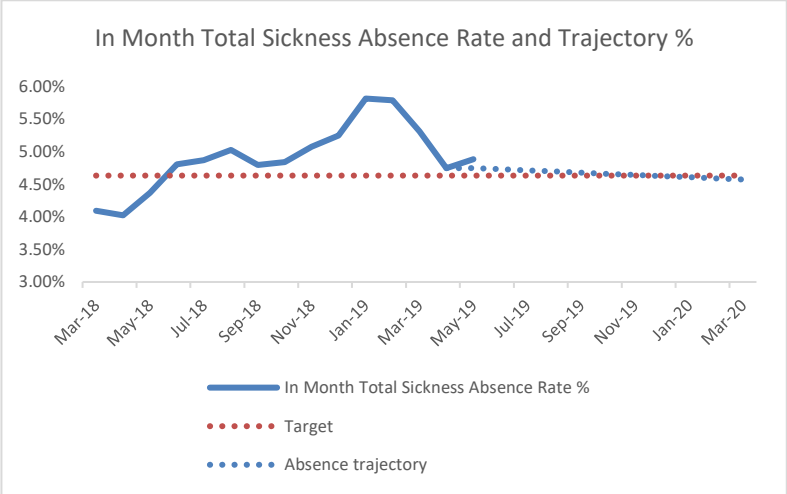


5.4 Time to hire has steadily reduced in the past year but is still above our target position. There has been a spike in time to hire in April and May, which is predicted to reduce again in the coming months.

5.5 Recruitment successes include the addition of 98 additional allied health professionals and other therapy staff supporting teams and the full recruitment of our new leadership team.

5.6 Staff turnover remains largely static and has reduced fractionally year on year.

5.7 Staff absence rates increased markedly in the six months to February but have returned closer to target in recent months (see graph below). Reducing absence is one of our key priorities. Stress and anxiety related matters account for the greatest proportion of absence and for 28% of all time lost.



5.8 Improving staff morale and engagement continues to be a priority. In the 2018 Staff Survey, we scored 6.5 out of 10, which was a slight improvement on the previous year's score (6.4) but well below our benchmark group average of 7.0. We saw significant improvements in the themes of immediate manager and safety culture but again have a long way to go.

5.9 Over 70 Executive led listening events have been held across the Trust since autumn 2018. These have helped us better understand the underlying issues that affect staff engagement. These include leadership (quality, number of levels and lack of clinical voice), communications (staff report lots of communication but not always feeling listened to) and staffing (particularly regarding the challenges of meeting increased demand).

5.10 Actions we are taking to address cultural issues and improve staff satisfaction include:

- Introduction of new clinical Care Groups
- Embedding a quality improvement approach
- Increased Executive visibility, including Board walkabouts
- Chief Executive workshops to discuss the Trust's vision and strategy
- Implementing NHSI's Culture Improvement Programme. We have a culture steering group and a working group made up of staff who have volunteered to be involved and to champion the cultural transformation we are seeking
- Continued focus on recruitment and retention
- Monthly pulse surveys to 800 randomly selected staff to monitor progress against some core themes
- Implementing a 'just culture' approach in terms of how we manage concerns relating to staff.

6.0 Access to Services - Assessment

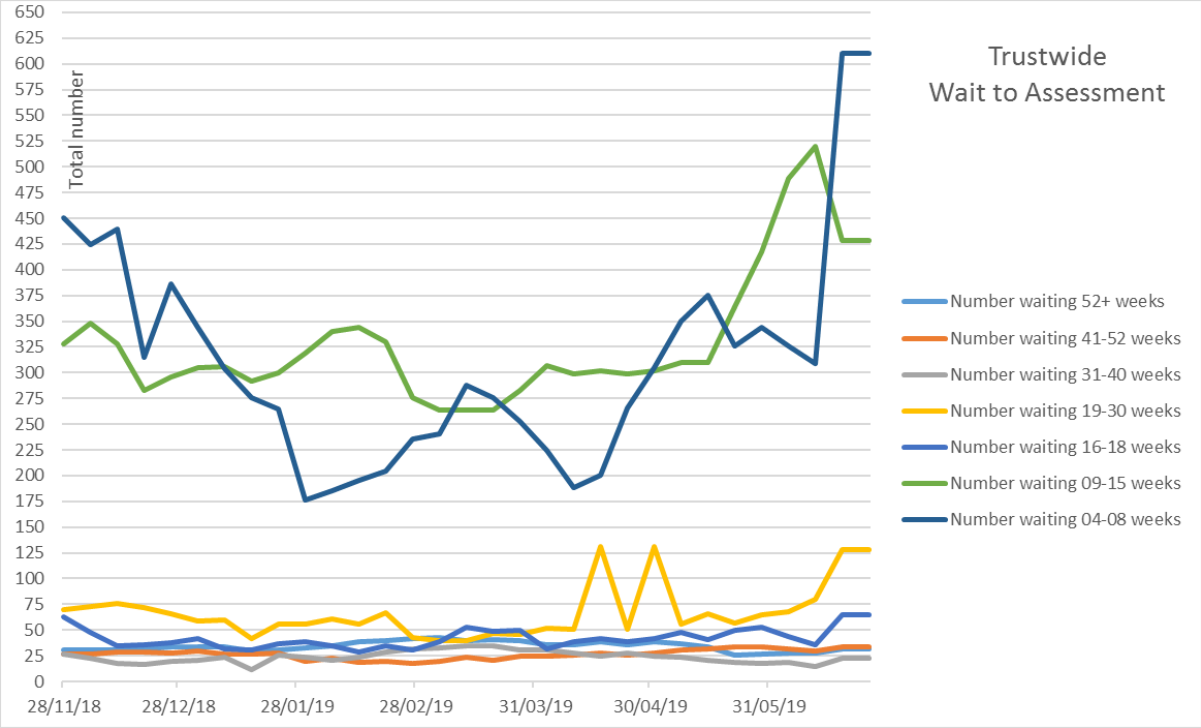
6.1 Reducing waiting times for assessment and treatment remain a key focus for us. As part of our restructure we appointed Gill Morshead as Access Improvement Director. Gill has been working with colleagues across the Trust to reduce waits and ensure that those who are waiting remain safe.

6.2 While an unacceptably high 1320 people were waiting over 28 days for assessment in June, this was the lowest figure since November 2018 and equates to 79% of referrals being seen within 28 days.

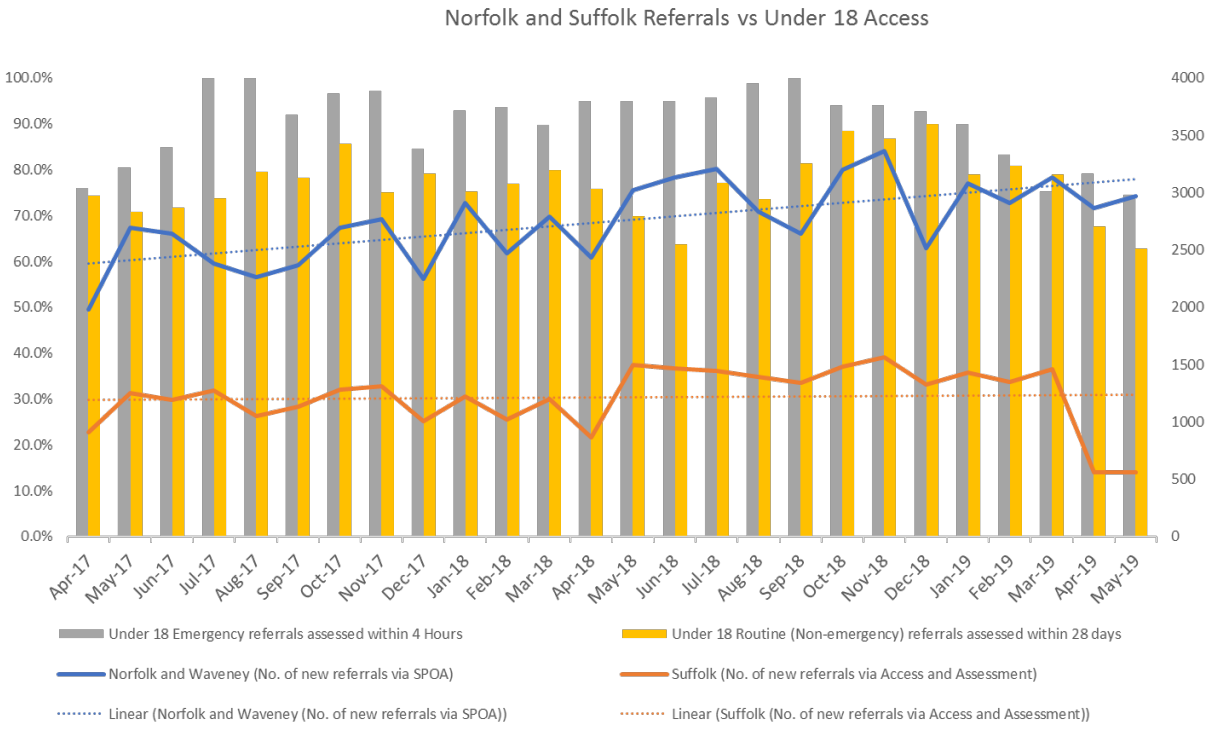
6.3 The Children & Family service lines have the longest waits for assessment. This reflects the considerable increase in demand year on year, which is being addressed through the recruitment of additional staff. The median wait for assessment is between 9-15 weeks.

6.4 Dementia and Complexity in Later Life Service have the second longest waits for assessment, with a median wait for assessment is between 5-8 weeks.

6.5 The graph below shows Trust-wide waits for assessment. The increase in the number of people reported as waiting 4-8 weeks reflects a change in process which records assessment and treatment separately and the introduction of more stringent definitions of what constitutes treatment. This now more accurately reflects patient experience. Please note that the 52 week plus waits all relate to a specific service in Suffolk, where demand greatly exceeds the commissioned capacity.



6.6 The graphs below show the number of referrals received and the percentages assessed within the allotted time. Please note that these figures are Trust-wide. They reflect some challenges in the establishment of the Children's and Young People's Wellbeing Hub in Suffolk, and a change in policy to ensure that all adult crisis referrals are seen face to face within four hours (as opposed to telephone assessment).


Norfolk and Suffolk Referrals vs Under 18 Access
100.0%
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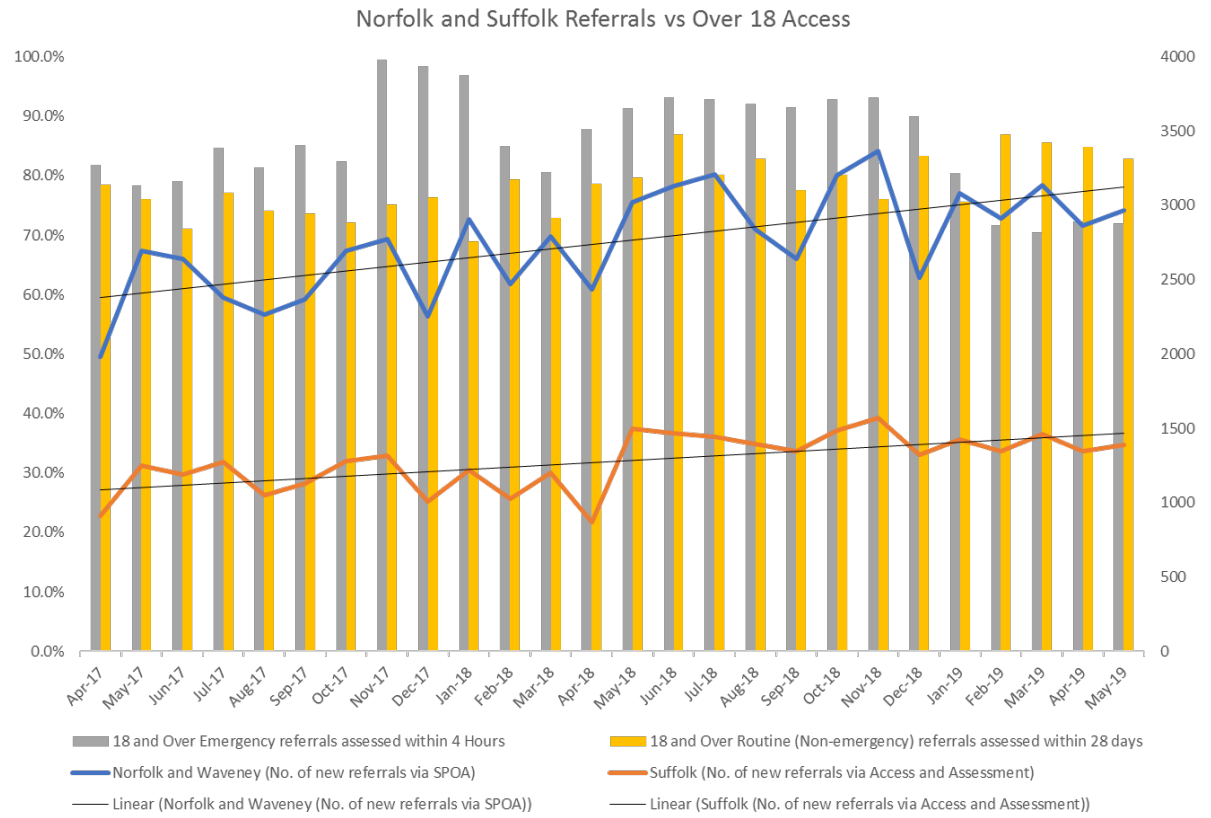
May-19
Under 18 Emergency referrals assessed within 4 Hours
Under 18 Routine (Non-emergency) referrals assessed within 28 days
Norfolk and Waveney (No. of new referrals via SPOA)
Suffolk (No. of new referrals via Access and Assessment)
Linear (Norfolk and Waveney (No. of new referrals via SPOA))
Linear (Suffolk (No. of new referrals via Access and Assessment))


Norfolk and Suffolk Referrals vs Over 18 Access
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18 and Over Emergency referrals assessed within 4 Hours
18 and Over Routine (Non-emergency) referrals assessed within 28 days
Norfolk and Waveney (No. of new referrals via SPOA)
Suffolk (No. of new referrals via Access and Assessment)
Linear (Norfolk and Waveney (No. of new referrals via SPOA))
Linear (Suffolk (No. of new referrals via Access and Assessment))

7.0 Access to Services – Treatment

7.1 At the end of June 144 people were waiting over 18 weeks for treatment and 827 people are pending a treatment contact (within the 18-week standard). 98% of referrals to treatment seen within standard.

7.2 There has been an increased focus on keeping people safe while they are waiting for services. This includes creation of personal safety plans at the point of assessment; creating a service user tracker list (SUTL) which applies a Red/Amber/Green status to all those waiting for treatment to commence and ensures high intervention service users are prioritised; identified clinical responsibility for waiting list oversight and a clear escalation process to Service Director level.

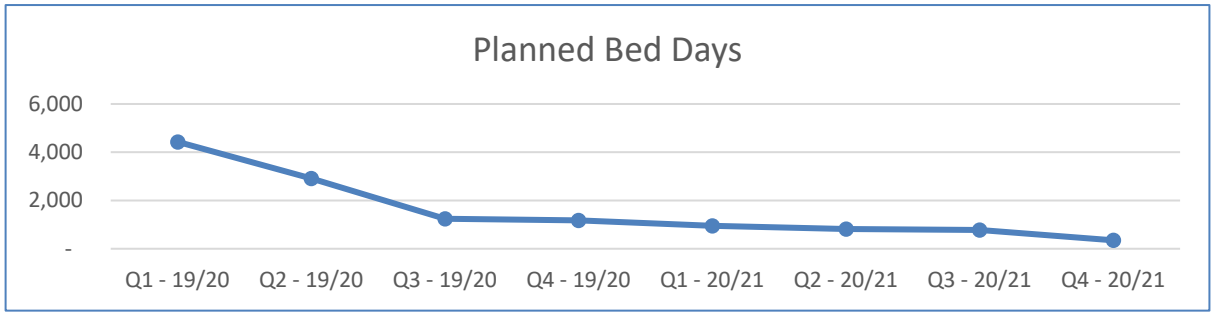
7.3 We have introduced clinical harm review audits and clinical harm review meetings to identify, clinically review and learn from breaches.

7.4 With the introduction of our new Care Groups structure, responsibility for SUTL will be localised, with escalation to a regular Trust-wide access meeting. We are introducing training and support to teams to enable use of central data to manage waits and align central and local reporting

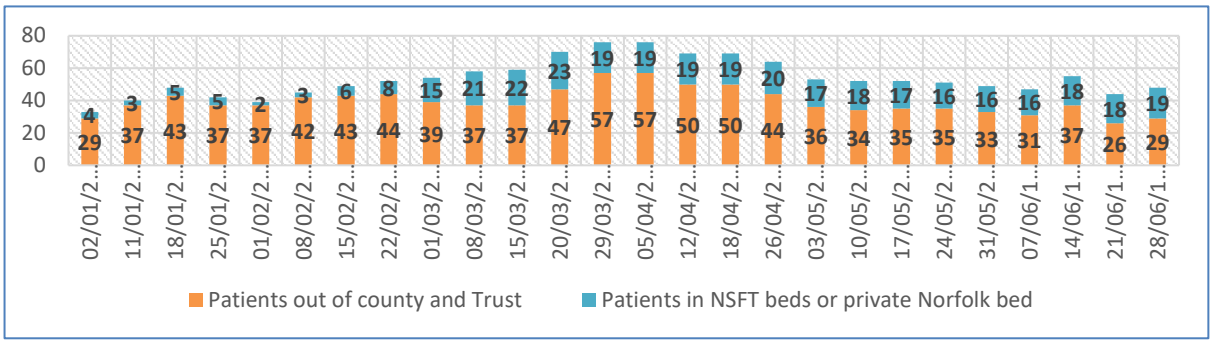
7.5 As part of our service transformation programme there will be a focus on improving treatment pathways; increasing consistency in the practitioners that service users see, to improve people's experience.

8.0 Inappropriate Out of Area Placements

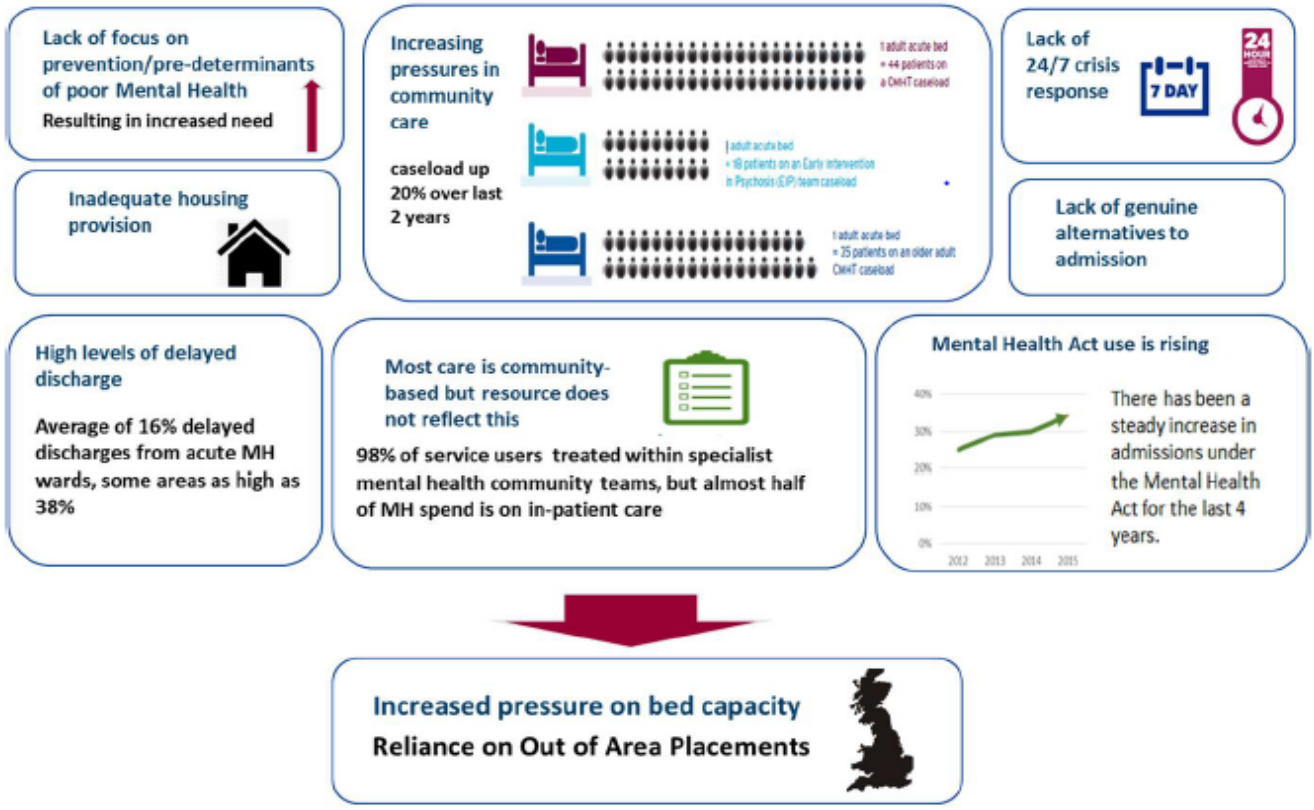
8.1 We are a national outlier for inappropriate out of are placements (IOAP) and are working with Norfolk & Waveney CCGs and NHSE through a new Patient Flow group to review and approve a number of change projects to positively impact on the IOAP position. Alongside that work a draft IOAP trajectory has been established by using historical data/trends and assumptions on impact and timing of key projects. The resulting draft trajectory for out of area bed days is shown below.



8.2 The graph below shows a weekly snapshot of the number of IOAPs to the end of June. It represents the number of patients in an IOAP bed at the time the information was taken. The blue represents either patients in Southern Hill (Norfolk), Norfolk patients in a Suffolk NSFT bed or Suffolk patients in a Norfolk NSFT bed.



8.3 The contributing factors to the increase in IOAPs are illustrated in the graphic below:



8.4 IOAP performance is monitored and reported daily by Bed Management teams. The Patient Flow Group oversee the progress and impact of the following change programmes:

- Additional Band 6 IOAP Care Co-Ordinators (3 x WTE in post from 1st July 2019).

- Red 2 Green & Delayed Transfer of Care Management – patient journey improvement tool.
- 16 new adult assessment beds on Yare Ward (to open September 2019).
- Personality Disorder pilot project. Initially in Central Norfolk (from November 2019).
- Crisis house provision in Central Norfolk (from October 2019).
- Central Norfolk based rehab and recovery service (from April 2020).

9.0 Bed Closure Update

9.1 HOSC has requested an update regarding the closure of the six short-term rehab beds at St Catherine's Way in Gorleston. These were closed following CQC and NHS England concerns about safety and gender compliance. It was agreed with the local CCG that these beds should remain closed, as they could not be made compliant. In their place, a successful and well attended day service has been created.

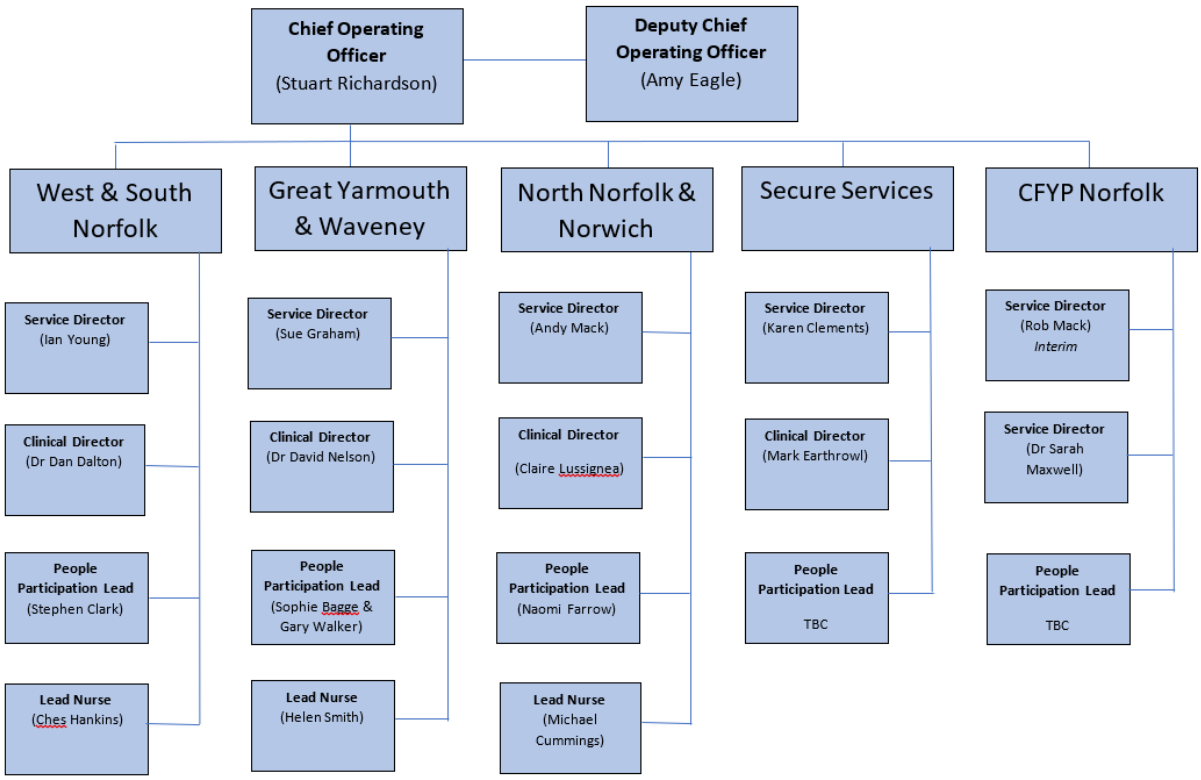
10.0 New Care Model at Carlton Court

10.1 Foxglove Ward at Carlton Court has been closed permanently, again with the support of the local CCG. It had proven impossible to staff safely. It has been replaced with an in-reach / out-reach service working closely with residential nursing and care homes and families to enable placements to be sustained and reduce consequential readmissions. While it is too soon to provide evaluation of the impact of the service, and one role remains unappointed, there is now a psychologist and occupational therapist in post and evaluation is underway.

11.0 Implementation of the New Leadership Model

11.1 Our new Care Group leadership model has now been almost fully appointed. It consists of a Clinical Director, Service Director, Lead Nurse and People Participation Lead in each of three care Groups in Norfolk and Waveney: Norwich and North Norfolk, South and West Norfolk and Great Yarmouth and Waveney. Care Groups for Secure Services and Children Families and Young People's Services are also being established.

11.2 The Care Groups will launch fully in September. Each will be jointly accountable for the services delivered in their area, will have increased autonomy from the centre and will work as a team to make collaborative decisions. The structure and appointees are as follows:



11.3 Once the Care Groups are fully in place, the next level of management will be reviewed in each group. This is due to commence in the autumn.

12.0 Strategy to Change NSFT

12.1 We aim to be in the top quarter of all mental health trusts nationally for quality and safety by 2023. In order to do this, we need to change our culture and support devolved decision making. We have adopted the IHI model of improvement (QI, successfully used by outstanding Trusts elsewhere) as our methodology. Our high-level strategy is as follows:

Supporting people to live their hopes, dreams and aspirations

To be in the top quarter of mental health Trusts for Quality and Safety by 2023

Engage and inspire our staff

1. Implement our Engagement Strategy, including starting Exec Walkarounds and celebrating success
2. Develop and role model NSFT culture
3. Improve development programmes
4. Development days for all teams in 2019
5. Engage Staff Side activity
6. Implement a "Stop activity of lower value" initiative

Co-production and partnerships

1. Develop meaningful people participation and carer involvement structures and strategy
2. Ensure service user / carer involvement in all QI projects
3. Each Executive Director to have a service user mentor
4. Engage actively with STPs / ICS and develop the Primary Care Network Strategy
5. Be an active partner in improving the health of our population
6. Clinical leadership

Align our governance and systems

1. Develop and embed governance structure and decision-making structure
2. Develop Dashboard, Quality and Safety Reports and Performance reports
3. Change policies, JDs, appraisals etc.
4. Support staff to find time
5. Creating the right environment for localities to thrive in
6. Create Quality meetings in localities

Build improvement skills

1. Develop and Implement our QI Training Programme
2. Increase leadership capacity for QI
3. Deliver Board level / senior management level QI training
4. Develop QI coaches
5. Create links with Expert Organisations i.e.. ELFT, IHI etc.
6. Develop a talent management programme

Projects

1. Improve access and reduce waits
2. Reduce OOA placements
3. Reduce Restrictive Interventions
4. Review functioning and capacity in CMHTs and Crisis / Home Treatment Teams
5. CYP re-modelling
6. Care planning
7. Environments
8. Learning from incidents

12.1 By implementing our strategy, we want to achieve the following:

- **Engaging and inspiring our staff:**
  - 10% increase reported in visibility of senior managers
  - 10% increase in staff reporting our first priority is quality of care
  - 10% increase in staff reporting they feel listened to
  - 5% decrease in vacancy rate
  - 5% decrease in 12-month turnover rate

- **Co – Production and developing our partnerships:**
  - Develop a monthly service user led survey, identify two measures to show month on month improvements
  - Develop a monthly carer survey, identify two measures to show month on month improvements
  - Increase in other agencies saying we are a good partner
  - A 10% increase in clinicians (all professions) saying they are involved in decision making
  - A 20% increase in decision making forums attended by service users and carers.
  - 15% increase in service users in full time paid employment within the Trust

- **Align our governance and systems:**
    - 15% increase in staff reporting that they are able to improve quality within their team
    - 20% increase in the number of locality driven quality improvement projects
    - 10% increase in clinicians reporting they have the time for improvement
    - Each team has access to a dashboard which graphically identifies areas of high/low achievement

- **Building Improvement skills:**
    - Percentage of staff compared to our ideal having completed the relevant training (Improvement science in action, QI coach, taster sessions etc)
    - 200 staff to be trained in QI leadership training
    - Whole board trained in leading an improving organisation
    - 10 improvement advisors
    - Taster as part of induction
    - Increase in staff reporting they are able to lead improvements

- **Projects**:
    - Reduction in waiting lists (Both number and length)
    - Reduction in restrictive practices
    - Reduction in out of area placements
    - Improved environments
    - Improved cross Trust learning from incidents, complaints, successes and cases.

12.1 Senior leaders will role-model the new leadership behaviours upon which success will depend. This will include:

- Executive walk-rounds to see the challenges and the changes that teams are making
- No-longer trying to solve all the problems at the top
- Using data to inform decision making
- Giving people time and space to solve complex problems
- Managing expectations
- Paying personal attention.

12.2 The key enablers for achieving our vision include:

- Creating the right context for continuous quality improvement
- Starting to build capability and capacity
- Inspiring and empowering our workforce to lead improvement
- Building an infrastructure to support improvement at scale
- Aligning the organisation around improvement priorities – focusing on clear priorities as the expense of other demands

- Consistency of purpose – maintaining focus and shielding the organisation from distractions.

Norfolk and Suffolk NHS Foundation Trust's responses to information requests made by NHOSC on 17 January 2019

(Provided to NHOSC Members in the April and May 2019 NHOSC Briefings)

(a) The numbers of patients receiving urgent mental health assessment in their own homes and the numbers brought in to NSFT team bases for urgent assessment in the weeks since the CQC report was published

Response in May 2019

Unfortunately we do not collect this information on a routine basis. We are commissioned against the waiting times KPI below. This is a rolling 3 month target, which as you can see we are below expected performance however is improving. We are working closely with CCG's and voluntary Sector to review current emergency provision in line with the developments of the Wellbeing Hub at Churchman House.

Waiting time KPIs	Reporting period	Target	Current performance	Change
Emergency referrals assessed within 4 hours	Rolling 3 months	95%	73.19%	1.83%
Under 18 emergency referrals assessed within 4 hours	Rolling 3 months	95%	76.27%	1.07%
18 and over emergency referrals assessed within 4 hours	Rolling 3 months	95%	72.48%	2.05%

(b) A copy of NSFT's staff structure chart

We are currently implementing a new place based leadership model which will include the 4 roles below for each of our localities. We are at the final stages of appointing to these positions which will involve some people leaving the organisation and some new colleagues joining us. We will be able to forward a structural chart when these appointments have been accepted. We are expecting to have completed this by 31.05.19

(c) Details of the number of occasions where families of patients placed in out-of-area beds due to unavailability of local beds have received help with travelling expenses and the number that have had a carer assessment

We do not routinely collect this information. NSFT does now pay travelling expenses for parents and carers to support contact for people when they are receiving inpatient support away from Norfolk.

Information which was marked 'to follow' in NSFT's report to 17 January 2019 NHOSC

Community care co-ordinator / lead professional and psychiatrist caseloads in each service line.

The caseload information that is currently able to be extracted from our Electronic Patient Record system (Lorenzo) provides the name of the case-holding practitioner, but not their professional designation. Professional category is held in our Electronic Staff Record. Due the amount of time that would be required to manually cross reference both lists it has not been possible to provide the requested level of details across multiple teams / community services. Caseload weighting takes place in caseload supervision conducted locally within teams to ensure that caseloads are manageable in accord with the specific team's operational procedures. However, the following tables considered together provide a proxy measure in response to this query

1) **Aggregated caseload information by service line and locality**
   includes all case holding practitioners (registered clinical staff, including doctors, and non-registered staff designated as co-workers).

2) **Community workforce percentage by professional groups**
   All case holding practitioners are representatives of the Multi-Disciplinary Team that is a core feature of secondary mental health care. This ensures a collaborative and shared team approach for the overall caseload and team support for care coordinators and lead care professionals.

1) Community caseloads summary of staff with caseload allocation

(Stats from 18/19 Month 10) Service line	Patients allocated to a caseload	Number of case holding staff	Average per caseload (actual largest)	Number of staff with caseloads (above number)
West Norfolk				
CFYP – Children & Families	64	14	5 (14)	(15+) 0
CFYP - Youth	239	33	7 (37)	(20+) 3
Adult Community (Aged 26+)	500	46	11 (50)	(25+) 9
Older People Community	177	15	12 (28)	(25+) 2
Central Norfolk				
CFYP – Children & Families	518	58	9 (46)	(15+) 10
CFYP - Youth	929	132	7 (57)[1]	(20+) 8
Adult Community (Aged 26+)	3,966	282	14 (75)[2]	(25+) 66[3]
Older People Community	1,445	88	16 (57)	(25+) 23
Great Yarmouth & Waveney				
CFYP – Children & Families	311	52	6 (39)	(15+) 3
CFYP - Youth	688	98	7 (67)[1]	(20+) 9
Adult Community (Aged 26+)	2,072	156	13 (53)	(25+) 28[3]
Older People Community	582	59	10 (57)	(25+) 5

All Norfolk & Waveney				
CFYP – Children & Families	893	105[4]	6 (46)	(15+) 13
CFYP - Youth	1,856	233[4]	7 (67)	(20+) 20
Adult Community (Aged 26+)	6,538	420[4]	16 (75)[2]	(25+) 103[3]
Older People Community	2,204	151[4]	15 (57)	(25+) 30
Reference numbers in table correspond to numbered points below				

The above table includes all caseload worker types (i.e. Care Coordinator, Lead Care Professional, Co-Worker) and will therefore include duplications where a staff member has allocations in more than one category or where a service user has more than one case holding staff member allocated to them.

The number of staff with caseloads above (number) in the last column of the above table is mitigated by the low average of all case holding practitioners in the preceding column. This variation highlights the need for teams reviewing ways of working in response to the increasing referral demands on services over recent years.

1. Relates to practitioners in specialist teams (e.g. neurodevelopmental diagnostic service) who are allocated all active team referrals.
2. There are 2 psychiatrists who have a higher number than shown (93 and 202). However, as with some other higher caseloads, this includes all patients who have had input from these practitioners as well as a smaller number that may only be having contact with the psychiatrist.
3. The large number of staff with caseloads above 25 in the adult community service line reflects known rising demand pressures and is leading to a review of ways of working.
4. The total N&W number of practitioners is lower than the combined locality totals due a number of practitioners who hold caseloads that span more than one locality area.

Important Note: The case holding staff numbers in above table are counts of individuals, including those who work part time as well as full time. The table below shows the total clinical workforce condensed into Whole Time Equivalent (WTE) and will therefore always show a lower number than actual staff in post.

2) Community Workforce WTE with percentage by professional groups

Service line	Total WTE	Doctors (All grades)	Psychologists / Therapists (Band 7/8)	Snr nurses / AHPs / SWs (Band 7/8)	Nurses / AHPs / Other clinical (Band 5/6)	Clinical Support Roles (Band 3/4)
CFYP Norfolk & Waveney						
CFYP (C&F + Youth)	189.7	6%	18%	10%	45%	22%
West Norfolk						
Adult Community (26+)	37.7	9%	13%	5%	51%	21%
Older People Community	27.0	11%	4%	15%	48%	25%
Central Norfolk						
Adult Community (26+)	158.0	7%	8%	9%	44%	32%
Older People Community	94.4	12%	4%	3%	62%	19%
Great Yarmouth & Waveney						
Adult Community (26+)	77.4	6%	6%	9%	50%	30%
Older People Community	46.3	6%	4%	11%	54%	25%
All Community Norfolk & Waveney						
Combined totals	630.5	7%	12%	9%	48%	25%

End

Local action to address health and care workforce shortages

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

Examination of the Norfolk and Waveney Sustainability Transformation Partnership workforce workstream's local action to address and mitigate the effects of national workforce shortages affecting health and care services.

1.0 Purpose of today's meeting

1.1 Norfolk Health Overview and Scrutiny Committee (NHOSC) had 'Local action to address health and care workforce shortages' on its agenda for 30 May 2019. In the event, only NHS representatives responsible for action to support the primary care (GP) workforce were able to attend on 30 May, so NHOSC agreed to invite representatives to answer questions about the wider healthcare workforce to today's meeting.

1.2 The Norfolk and Waveney Sustainability Transformation Partnership (STP) workforce workstream lead produced a report for 30 May meeting including:-

- Data to illustrate the current local workforce situation (demand and capacity)
- Local action currently underway to address workforce shortages
- Progress towards developing a new multi-agency workforce strategy for Norfolk and Waveney

An updated version of that report focusing on the non-primary-care workforce is attached at **Appendix A**.

As only questions about primary care workforce could be answered on 30 May, the Senior Responsible Officer for the STP workforce workstream provided written answers to some of the wider questions in the Democratic Support and Scrutiny Team Managers' 'suggested approach' paper for the meeting. These were emailed to Members of NHOSC on 29 May along with information on the #WeCareTogether initiative and are attached at **Appendix B.**

Representatives from the STP workforce workstream will attend to answer Members' questions on action to support the non-primary-care workforce and

particularly nursing, which has been nationally identified as one of the biggest gaps in the NHS workforce[1].

2.0 Background information

2.1 Background information about previous reports to NHOSC, local and national developments in relation to healthcare workforce is available via the link to the report for 30 May 2019 NHOSC.

3.0 Suggested approach

3.1 After the NHS representatives have introduced their report at Appendix A, Members may wish to examine the following areas:-

(a) The 'Closing the Gap'[1] report published nationally in March 2019 identified that one in eight nursing posts in England was vacant and recruitment needed to be expanded at scale and pace. To what extent will Trainee Nursing Associates and other initiatives in Norfolk and Waveney bridge the gap?

(b) To what extent are places filled on local nurse training courses?

(c) In 2016 NHOSC was told that attrition rates for active adult nursing 3-year programmes (the Jan 2015 – Jan 2018 course) showed a withdrawal rate of 9.18%. What are the latest attrition rates in local nursing courses and what can be done to retain more students?

(d) What new ideas or actions to meet workforce challenges have arisen from the STP workforce workstream's #WeCareTogether online workshop launched on 21 May 2019?

(e) Given the widespread staff shortages, in what ways can trusts be supported to ensure that wards and other services are adequately staffed while at the same time releasing staff for training or to provide training?

(f) Given that turning around NHS's national staffing problems will not be quick, what specifically will be done locally to inform and engage the public on the need for a different staffing mix within local health services and other changes that may arise due to local staffing challenges over the next 5 years or so?

[1] Closing the gap - key areas for action on the health and care workforce, March 2019, published by The Health Foundation, The King's Fund and Nuffield Trust

4.0 Action

5.1 The committee may wish to consider whether to:-

(a) Make comments and / or recommendations based on the information received at today's meeting.

(b) Ask for further information via the NHOSC Briefing or to examine specific aspects of the subject at a future meeting.

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in good health
The Norfolk and Waveney Health and Care Partnership

Subject:	**Workforce Update**
Prepared By:	Anna Morgan, STP Director of Workforce
Submitted To:	Health Overview and Scrutiny Committee – July 2019
Purpose of Paper:	To highlight the key workforce challenges nationally and locally and outline our actions to address them.

Summary:

Introduction – The Norfolk and Waveney Sustainability Transformation Partnership (STP) workforce workstream provides assurance to the STP Executive on activity to progress the priorities for workforce. This report highlights the local and national workforce issues and details local action to address and mitigate the effects of national workforce shortages affecting health and care services.

National perspective – 'Closing the gap' (Health Foundation, Kings Fund, Nuffield Health, March 2019) describes staffing as the make-or-break issue for the NHS in England. It highlights that workforce shortages are already having a direct impact on patient care and staff experience and that urgent action is required to avoid a vicious cycle of growing shortages and declining quality.
The document suggests a number of reasons that have contributed to the current problem. These are as follows: the workforce has not been a policy priority – responsibility for it is fragmented nationally and locally, the information the NHS needs to understand and plan its workforce remains poor, and the NHS has not invested in the leadership capability and skills needed to manage the workforce effectively. Although there are shortages of registered staff across all professions, nursing and midwifery together create the biggest gaps by far and recruitment needs to be expanded at scale and pace.

The **NHS long-term plan** was published in January this year and sets out ambitions for the health service in the context of the recent funding settlement. This was closely followed by the **NHS Interim People Plan** which was launched on 3rd June 2019. The aim of this plan is to set direction to tackle the range of workforce challenges in the NHS with a particular focus on the actions for this year.

The plan is structured into the following themes, with each theme having a number of immediate actions that need to be taken by NHS organisations to enable the people who work in the NHS to deliver the NHS Long Term Plan.

- Making the NHS the best place to work
- Improving NHS leadership culture
- Addressing workforce shortages
- Delivering 21st century care
- Developing a new operating model for workforce.

Health Education England (HEE) – provides support to STPs through Local Workforce Action Boards (LWABs). They have two areas of responsibility; supporting STPs across a broad range of workforce and HR activity; and the local delivery of HEE mandate and other key workforce priorities. The N&W Local Workforce Action Board which includes representatives from all providers across our N&W health and social care organisations, and HEE, completed a diagnostic in late 2017 which highlighted our N&W workforce challenges (see appendix 1). To begin to address these challenges the LWAB agreed 4 ambitions (Ambition 1 – Implement new roles and new ways of working, Ambition 2 – Leadership Development, Ambition 3 – Up-skill the workforce, Ambition 4 – Increase/improve supply and retention) and developed actions to achieve against these in 2017/18.

Positive progress has been made in the following areas:

- **Trainee Nursing Associates** (TNA) – 162 TNA's have commenced their 2 year work-based learning programme since September 2018.
- **Advanced Care Practitioners** (ACP) – 56 full time MSc courses were approved in 2018/19
- **Joint roles and rotations –** Pilots for joint roles/rotations in place, e.g. Advanced Nurse Practitioners across primary care/community and rotations for paramedics in community/primary care in development.
- **Culture** – An extensive leadership development offer for all STP work streams is in place, running between April and August 2019. A staff engagement plan has also been agreed and is in progress.

The learning from the work over the last year on implementing the ambitions has been really valuable. In particular in the coming year we will need to invest more support and focus into the Apprenticeships, Advanced Clinical Practice and Up-skilling the workforce to work in new and innovative ways.

In addition **LWAB** have identified the urgent need to develop a **workforce strategy** reflecting local and national policy and priorities**.** The first workshop to develop a strategy around the wider workforce was held on 10th April and saw over 130 delegates attend to consider the role of workforce around the four recognised big trends impacting our health and care workforce; Prevention and tackling inequality, new technologies and ways of working, collaboration for innovation, and working to the best of our abilities. Information from this day, along with a series of further engagements with staff, employers, patients and our wider population over the next 5-6months will provide the intelligence for the strategy.

A workforce strategy will enable partners to recognise the tensions between an organisational workforce plan and how that links to an STP wide workforce plan.

Recommendation:

- Note the content of this report

1. National Context

1.1 According to 'Closing the gap' (Health Foundation, Kings Fund, Nuffield Health, March 2019) the workforce challenges in the NHS in England now present a greater threat to health services than the funding challenges. Across NHS trusts there is a shortage of more than 100,000 staff. Based on current trends, the projected gap between staff needed and the number available could reach almost 250,000 by 2030. If the emerging trend of staff leaving the workforce early continues and the pipeline of newly trained staff and international recruits does not rise sufficiently, this number could be more than 350,000 by 2030.

1.2 The current shortages are due to a number of factors, including the fragmentation of responsibility for workforce issues at a national level; poor workforce planning; cuts in funding for training places; restrictive immigration policies exacerbated by Brexit; and worryingly high numbers of doctors and nurses leaving their jobs early.

1.3 There is also anecdotal evidence that the impact of cost improvement programmes on Provider organisations and the uncertainty of contracts and tendering has led to significant reductions in workforce and a lack of confidence and ability to plan for the future.

1.4 Central investment in education and training has dropped from 5% of health spending in 2006/7 to 3% in 2018/19. Had the previous share of health spending been maintained, investment would be £2bn higher. Current workforce shortages are taking a significant toll on the health and wellbeing of staff. There is also evidence of discrimination and inequalities in pay and career progression. If substantial staff shortages continue, they could lead to growing waiting lists, deteriorating care quality and the risk that some of the £20.5bn secured for NHS front-line services will go unspent: even if commissioners have the resources to commission additional activity, health care providers may not have the staff to deliver it.

1.5 The NHS long-term plan was launched in January this year and it sets out the ambitions for the health service in the context of the recent funding settlement. The plan must be clearly linked to a strategy to address the workforce crisis, otherwise it will simply be a wish list rather than a credible path to a sustainable future for the health service. Given the scale of the challenge and emerging global shortages of health professionals, a credible workforce strategy will need to plan for a degree of oversupply of NHS staff.

1.6 The long-term plan and a supporting workforce strategy will need to pass five key tests. The tests require a funded and credible strategy to:

- address workforce shortages in the short term
- address workforce shortages in the long term
- support new ways of working
- address race and gender inequalities in pay and progression
- strengthen workforce and service planning at all levels of the system.

1.7 The NHS Interim People Plan was launched on 3rd June 2019 to tackle the range of workforce challenges in the NHS with a particular focus on the actions for this year. The plan is structured into the following themes, with each theme having a number of immediate actions that need to be taken by NHS organisations to enable the people who work in the NHS to deliver the NHS Long Term Plan.

- **Making the NHS the best place to work** – Paying greater attention to why staff leave the NHS, taking action to retain existing staff and attract more people to join. This will involve the development of a new offer for all people working in the NHS. All local NHS systems and organisations are required to set out plans to make the NHS the best place to work as part of their NHS Long Term Plan implementation plans.
- **Improving NHS leadership culture** – Addressing how we need to develop and spread a positive inclusive person-centred leadership culture across the NHS, with a clear focus on improvement and advancing equality of opportunity. This will be achieved by undertaking a system-wide engagement on a new NHS leadership compact that will establish the cultural

values and leadership behaviours NHS we expect from NHS leaders together with the support and development leaders should expect in return.

- **Addressing workforce shortages** – Supporting and retaining existing nurses while attracting nurses from abroad and ensuring we make the most of the nurses we already have within our NHS. Deliver a rapid expansion programme to increase clinical placement capacity by 5,000 for September 2019 intakes. Work directly with trust directors of nursing to assess organisational readiness and provide targeted support and resource to develop the infrastructure required to increase placement capacity.
- **Delivering 21st century care** – Developing a multi-professional and integrated workforce to deliver primary and community healthcare services. While ensuring we have a flexible and adaptive workforce that has more time to provide care. Establish a national programme board to address geographical and specialty shortages in doctors, including staffing models for rural and coastal hospitals and general practice. Support local health systems (STPs/ICSs) to develop five-year workforce plans, as an integral part of service and financial plans, enabling us to understand better the number and mix of roles needed to deliver the NHS Long Term Plan and inform national workforce planning.
- **Developing a new operating model for workforce** – Putting workforce planning at the centre of our planning processes, continuing to work collaboratively with more people planning activities devolved to local integrated care systems (ICSs). Co-produce an ICS maturity framework that benchmarks workforce activities in STPs/ICSs which also informs decisions on the pace and scale of devolution of workforce activities

1.8 The plan also includes specific commitments to:

- increase the number of nursing placements by 5,700
- increase the number the number of nurse associates to 7,500
- increase the number of doctors and nurses recruited internationally.
- work with Mumsnet on a return to the NHS campaign
- better coordinate overseas recruitment.

1.9 Many of the same issues are affecting the social care workforce: for example, vacancies in adult social care are rising, currently totalling 110,000, with around 1 in 10 social worker and 1 in 11 care worker roles unfilled. Any strategy for shoring up the NHS workforce cannot be viewed in isolation from the need to invest in and support the social care workforce.

2.0 The Health Care Workforce in England, Make or Break? (Health Foundation, Kings Fund, Nuffield Health, Nov 2018).

2.1 This paper highlights that on current trends, in 10 years' time the NHS will have a shortfall of 108,000 fulltime equivalent nurses. Half this gap could be bridged by increasing the number of nurses joining the NHS from training. This would require 5,000 more nurses to start training each year by 2021, reducing the drop-out rate during training by a third and encouraging more nurses to join the NHS once they qualify. To achieve this, the government needs to significantly increase the financial support to nursing students with 'cost of living' grants of around £5,200 a year on top of the means-tested loan system.

2.2 Further action, including covering the costs of tuition fees, should be taken to triple the number of nurses training as postgraduates. This is essential to address the financial problems trainee nurses face while studying that deter students from starting a nursing degree and are a factor in the high drop-out rate (attrition) during training. The availability and quality of clinical placements is another key priority for reform as part of a wider strategy to increase the numbers completing training. While policy action and investment could transform the outlook for nurse staffing shortages over the next decade, the prospects until the end of the parliament are much more worrying. To avoid nurse staffing shortages acting as a major brake on the delivery of the NHS long-term plan, international recruitment will need to play a substantial role in the NHS workforce implementation plan. It is estimated that an additional 5,000 internationally recruited nurses will be needed each year until 2023/24.

2.3 **Team-based general practice** – National efforts to increase the number of GPs need to continue, but the stark reality is that even with a major focus on increasing the number of GPs in training, the numbers of GPs in the NHS will fall substantially short of demand and of the government's target of an additional 5,000 GPs. The only way forward is to make substantial progress towards a new model of general practice with an expanded multidisciplinary team drawing on the skills of other health care professionals.

2.4 **Making the NHS a better place to work and build a career for all staff** – Beyond the specific actions on nursing and general practice, the workforce implementation plan must focus on how the NHS can become a better employer and a place where staff want to build a career. It should cover fair treatment for all staff but also what staff can expect in terms of pay and opportunity, continuing professional development, work–life balance and proper appraisal.

2.5 Other steps to boost retention include more focus on supporting staff who are at the beginning and end of their NHS career. Meaningful action on equality and inclusion must be at the heart of this, building on existing initiatives, so that all NHS organisations have concrete action plans to tackle discrimination and inequality. Pay and reward are tangible signs of how far staff are valued and have a clear impact on retention. The current Agenda for Change pay deal runs until 2021. Beyond then pay in the NHS will need to continue to rise in real terms in line with wider economy earnings.

2.6 Alongside pay, the NHS pension scheme is frequently cited as a barrier to retention, particularly for more experienced staff, who have been impacted by changes to wider pension policy. The NHS should urgently look at options for more flexibility, similar to the local government pension scheme.

2.7 Rapidly changing patient needs and technological advances mean all frontline staff will need to adapt and enhance their skills. Current progress is much too slow. The failure to investment in the development of existing staff also sends a powerful, negative signal about the NHS's commitment to its people and their career development. A fourfold increase in the current workforce development budget is required to accelerate change and support people. Compassionate and inclusive leadership will be key to successful implementation of many of the recommendations set out.

2.8 **Social care** – The close interrelationship between the NHS and social care is highlighted and in particular to ensure that addressing shortages in the NHS must not come at the expense of the already stretched social care workforce. A series of policy changes are required to improve recruitment and retention in social care, including a sector-specific route for international migration that works for social care post-Brexit, as current proposals will not be adequate.

3.0 Local Context

3.1 Health Education England (HEE) is an executive non-departmental public body of the Department of Health. Their function is to provide national leadership and coordination for the education and training within the health and public health workforce within England. HEE exists for one reason only: to support the delivery of excellent healthcare and health improvement to the patients and public of England by ensuring that the workforce of today and tomorrow has the right numbers, skills, values and behaviours, at the right time and in the right place.

3.2 HEE supports Sustainability and Transformation Partnerships (STPs) through Local Workforce Action Boards (LWABs). LWABs have two areas of responsibility – supporting STPs across a broad range of workforce and HR activity, and the local delivery of HEE mandate and other key workforce priorities. This includes developing a clear understanding of the current and future workforce – through robust workforce intelligence; a robust workforce strategy; a workforce transformation plan; and leadership and organisational development support to enable staff, patients and carers to confidently and competently lead change across pathways, organisations and systems.

3.3 The N&W LWAB which includes representatives from providers across our N&W health and social care organisations, and Health Education England, completed a diagnostic in late 2017 which highlighted the following workforce challenges (see appendix 1 for details):

- Social care is facing significant recruitment problems, especially in domiciliary care

- General practices have difficulties recruiting GPs due to high retirements and low local training fill rates, especially in West Norfolk and Great Yarmouth & Waveney
- NHS vacancies are increasing
- Nursing and medical workforce supply shortages are predicted to continue over the next 5 years based on current service and supply models
- Ageing workforce – imminent retirements and loss of experienced staff and clinical leadership as staff retire with no clear succession planning
- Retention/avoidable losses (non-medical) are linked to work/life balance, and lack of development opportunities

3.4 More recently a review carried out by Boston Consulting Group made similar findings, grouping the risks by sector; Primary Care, Acute, Community, Social Care and Urgent and Emergency Care. N&W also has particular challenges around the mental health workforce with significant challenges on retention of staff and recruitment. However, not all mental health workforce is the responsibility of NSFT, recognition is needed for the contribution of our workforce in primary care, IAPT and the role of the wider community and the voluntary sector.

3.5 The National workforce strategy set out by HEE in 2017 (Facing Facts, Shaping the Future) summarised the key areas that any local workforce plans should address. These include:

- Focus on reducing demand and consideration of changing services to meet needs
- Increase productivity and manage retention
- Integrating care is vital
- Focus on public health and the public health workforce
- Valuing staff and staff engagement are key to reducing variation and delivering lasting productivity gains
- Regulation, up-skilling and advanced clinical practice is vital in supporting future skill mix
- Improve the mental health and well-being of staff
- Consider the impacts of technology and give greater support and training to self-carers, carers and volunteers

3.6 The LWAB developed and agreed 4 main ambitions to steer investment from HEE and prioritise workforce activities. These ambitions are as follows:

- Ambition 1 – Implement new roles and new ways of working
- Ambition 2 – Leadership Development
- Ambition 3 – Up-skill the workforce
- Ambition 4 – Increase/improve supply and retention

4.0 Progress on our LWAB Ambitions to date

4.1 In July 2018, a work plan was developed under the Leadership of Anna Morgan (SRO for Workforce) and Emma Wakelin (Head of Workforce Transformation). This took the ambitions developed by the LWAB in 2016/17 and has delivered the following:

4.1.2 Ambition 1 (New roles and new ways of working): Immediate focus on implementing 3 key roles to create opportunities to 'grow our own' workforce for both school leavers/mature entrants with low educational attainment to take up apprenticeship pathways, and for staff who have degree level attainment wishing to advance their careers.

a) Trainee Nursing Associates (TNA) – 162 TNA's have commenced their 2 year work-based learning programme since September 2018. The N&W TNA Partnership is recognised by HEE as an exemplar for its outcomes and partnership working through inclusion of health and care providers. A 2 year growth plan is in development. A Nursing Associate is a new role within the nursing team, NAs work with healthcare support workers and registered nurses to deliver care for patients and the public. The Nursing Associate is a stand-alone role that will also provide a progression route into graduate level nursing. It is regulated in England by the Nursing & Midwifery Council.

b) **Advanced Care Practitioners (ACP)** – 56 full time MSc courses were approved this year. Work is on-going to develop a system wide approach to education commissioning for 19/20 to ensure that we develop future ACPs based around our population health management needs, and that an infrastructure is in place to allow ACPs to work flexibly across the system. An ACP is a registered health practitioner with a number of years of experience and advanced practice/skills. An ACP can work in GP surgeries as part of the practice team, in the community, in hospitals and clinics all of which includes working alongside doctors, nurses, healthcare assistants and a variety of other health care professionals. Advanced care practitioners have a very varied role that is hugely rewarding and satisfying.

4.1.3 Ambition 2 (Leadership): There are a number of activities that will enable our STP to develop a new culture of continuous improvement which facilitates the shift in staff behaviours from organisation focus to working differently as "one" service, and encourage the sharing and development of talent across the system to improve the local population's health and social care experience. Current progress includes the following:

- **Culture –** Partnership with a digital expert has enabled us to take a baseline measurement of current culture across health and care organisations so that we can measure improvement. This involves the design and delivery of a digital platform linked to our STP website to engage staff across the STP in conversations that will enable us to create the culture for a successful care system. The first conversation launched on 21st May and is open to all members of workforce across health and care in Norfolk and Waveney and is called **#WeCareTogether**.
- **Systems Leadership –** An extensive leadership development offer for our workforce is in place, running between April and August 2019.
- **Director Level development –** A programme has been developed following a successful bid for funding from NHSE which will develop a cohort of peers across health and care through a programme of shared learning, networks, and service improvement.
- **Primary Care Network (PCN) development –** A package of support to leaders within our emerging PCNs is being developed through collaboration with our GP Provider Organisations and Local Delivery Groups.
- **Networks and Expertise** – Organisational Development (OD) Leads Network in place with representation from Secondary Care, Social Care, and Primary Care. Change Agents are being recruited to support the culture development programme.

4.1.4 Ambition 3 (Up-skilling): We will explore options to improve the development of the workforce, this includes students on placements, Learning Beyond Registration (LBR), apprenticeships, education for patients and their carers, volunteers and staff across the whole health and care sector including care homes.

- **Maximising LBR investment –** We have worked through LWAB to maximise funding for LBR of staff across NHS Provider and Primary Care organisations. This has included an increase in the numbers of training places for independent prescribers
- **Apprenticeships –** Work is on-going to develop further apprenticeship levy options to develop both new and existing staff. This will continue to be marketed heavily across schools, colleges and job centre plus this year, with business cases developed to support organisations in maximising funding for staff development

4.1.5 Ambition 4 (Supply and retention): We will make Norfolk & Waveney STP an employer of choice by working together locally and with relevant regional and national public bodies to create attractive local employment offers, support staff mobility and improve recruitment, retention and succession planning across the system.

- **General Practice Five year forward View (GPFV) retention Plan** - Clear recruitment targets and retention schemes are now in place and supported by NHSE
- **General Practice Nurse (GPN) Workforce Plan** - Focus on increasing placement capacity, GPN and ANP development, and retention of GPNs through a Careers Plus scheme (to be piloted in Norwich)

- **Workforce Winter Resilience Plan and Winter Charter** - Presented to A&E Delivery Board in September and now requires support to make transformative changes now for next winter
- **Partnership Working** - with other STPs in EoE to address agency and locum caps collectively
- **Joint roles and rotations** - Pilots for joint roles/rotations in place, e.g. Advanced Nurse Practitioners across primary care/community and rotations for paramedics in community/primary care in development
- **Nursing supply** - our Directors of Nursing work closely with our local universities to ensure supply onto programmes is successful and that attrition during training is low. Routes into nursing have been expanded allowing applicants a choice of flexible routes best suited to their personal circumstances. This includes both traditional degree and MSc studies, as well as work based routes through apprenticeship programmes.
- **Get Me Out These Four Walls** - We have commenced early conversations with this local charity to develop a plan which will support people suffering from postnatal depression to get back into work, building confidence and aiding recovery
- **T Levels** - These are the technical equivalent of an A Level, and is a new national scheme for young people at school who can take a T Level which sees them working in an organisation and accessing classroom learning at college for a year. The students will be learners and not employed by organisations but this presents a fantastic opportunity for our health and care employers to develop future talent and support people into their first jobs on completion of school education. We are working with our system employers and Norwich City College to explore this further.

4.2 The learning from the work over the last year on implementing the ambitions has been really valuable. In particular in the coming year we will need to invest more support and focus into the following areas to enable us to take immediate actions that will transform the workforce:

- **Apprenticeships –** (growing our own) Work with organisations across health and care to understand supply needs, develop the business case to support small organisations to have apprentices, strengthen placement opportunities, provide more support to clinical teams to ensure apprentices achieve requirements of their training and work with non-levy paying partners to access levys of levy paying organisations.

- **Advanced Clinical Practice –** (supporting skill-mix developments, developing confidence of registrants). Support the development of clinical placements for physicians associates, advanced nurse practitioners, specialist paramedics and advanced care practitioners and in doing so this will create placement circuits for rotation posts, develop more joint roles, develop and publish the governance framework to support these roles.

- **Up-skilling –** (reducing demand, valuing and developing our current workforce) Invest in programmes such as health coaching, quality improvement and clinical skills labs and deliver them in multidisciplinary cross sector groups within PCNs where possible.

5. Development of a N&W Health & Care Workforce Strategy

5.1 The NHS LTP, planning guidance for STPs, and our local ambition to move to a shadow integrated Care System in 2019/20 sets the direction of travel for us to develop a N&W vision and long term strategy for workforce. Our ability to design a realistic system plan for our workforce rests upon the creation of the right conditions for our workforce and citizens to consider how we bridge the gap and design a new workforce fit for the future.

5.2 Over the next 6 months we will undertake a series of activities which will produce a strategy for consultation with STP wide partners. The first workshop was held on 10th April and saw over 130 delegates attend, providing a broad representation of our system workforce, employers and citizens. This was the first time a whole system conversation will have taken place and was a perfect launch pad to set the right conditions for the work required over the coming months.

6.0 N&W Workforce Risks

6.1 Our strategy needs to address our greatest risks, the top four risks are highlighted below. A full risk assessment on workforce will be carried out as part of developing the strategy.

Risk	Potential Mitigation
1. Retention of our workforce	• Building positive cultures • Flexible working, aligned terms and conditions across organisations • Offer robust rotations across organisations • Focus on staff health and well being • Develop post retirement return to practice offer
2. Gaps in Registrants across professions	• Develop a 'grow our own' workforce • Focus on maximising apprenticeship pathways across health and care • Up-skill the current workforce • Developing a strategy that recognises the contribution of the wider workforce in our communities
3. Supply timelines for the workforce (e.g. Timeline for Medical workforce is 8-11 years)	• Increase other roles to complement medical and non-medical practitioners • Increase recruitment into key medical roles • Build a N&W Academy
4. Accountability & Confidence in new roles	• Translate accountability across professional groups • Support new roles by providing robust placements • Provide better post registration education support • Provide infrastructure to support new roles e.g. joint posts/roles across providers
5. Brexit	• Employing organisations have undertaken reviews to consider the impact of Brexit • Members of our workforce are kept up to date with any changes or information affecting them • We work closely with NHSE to monitor any impact on international recruitment

7. Conclusion

7.1 The national and local context paints a challenging position for workforce across health and care and we need to have robust actions in place for both the short term and long term view. We have developed a successful partnership to grow a new workforce of nurses and have a clear set of workforce ambitions set out and monitored by our Local Workforce Action Board.

7.2 We have a collaborative approach in place to develop a health and care workforce strategy which we will launch in the autumn which will provide our system with clear SMART (specific, measurable, attainable, realistic, timely goals) actions building on our LWAB ambitions and responding to both the NHS Long Term Plan and reflecting our local needs.

7.3 We have commenced a STP wide engagement strategy **#WeCareTogether** to create the right conditions for our workforce and citizens for the future.

Appendix 1 – The Local Workforce Action Board (LWAB) Diagnostic

LWAB includes representatives from providers across health, social care and Health Education England, completed a diagnostic in late 2017 which highlighted the following workforce challenges:

- Social care is facing recruitment problems, especially in domiciliary care where 12% of posts are vacant and there is a shortfall of registered nurses (6% across social care/care homes).

- General practices have difficulties recruiting GPs due to high retirements and low local training fill rates, especially in West Norfolk and Great Yarmouth & Waveney. Current GP vacancy levels are around 10%.

- NHS Vacancies are increasing – currently 8.9%, including over 500 nursing and 200 medical posts. Mental Health, Community and Great Yarmouth & Waveney are particularly affected. Current top 3 vacancy hotspots: A&E Doctors (23%), Acute Medicine Doctors (20%) and Diagnostic Radiographers (18%). Also, there is a shortage of nurses qualified in a speciality, e.g. neonatal nurses and district nurses.

- Nursing and medical workforce supply shortages are predicted to continue over the next 5 years based on current service and supply models. Forecast supply gaps for year 2021, especially Psychiatric Nurses (27%) and Medical Doctors: Paediatric Surgery (48%), Acute Internal Medicine (35%), Child & Adolescent Psychiatry (31%) and Dermatology (28%). Forecast over-supply of Psychologists, Midwives and Paediatrics Medical Consultants.

- Ageing workforce – imminent retirements and loss of experienced staff and clinical leadership as staff retire with no clear succession planning. Nearly a quarter of carers and 17% of adult nurses are due to retire in the next 5 years based on a retirement age of 60 years. The actual figure might be even higher due to early retirements, especially for nurses and midwives with a special class status (e.g. up to 35% for midwives).

- Medical retirement hotspots over the same time period: Psychiatry (30%), Obstetrics & Gynaecology (27%) and Medicine (19%) Consultants and GPs (23%).

- Retention/avoidable losses (non-medical) – In 2016/17, 9% of NHS staff leavers left for a better work-life balance, 7% for promotion elsewhere and 2.5% cited lack of opportunities. Work-life balance is a particular issue for clinical support staff (11% left for this reason). Social care turnover is particularly high (28%), especially domiciliary care worker (46%). 19% of paid carers leave social care with no job to go to.

- Over-reliance on international recruitment and agencies to fill supply gaps. We need to look at alternative solutions due to Brexit and caps on migration and agency spend.

- Shrinking pool of potential young employees with different expectations (“Generation Z”). The number of 15-24 year olds is predicted to reduce by -4% over 5 years, whilst the total population is expected to grow by + 3%. A more targeted approach is needed to attract young people to health and social care rather than other sectors and to make best use of the opportunities of the apprenticeship levy.

- Need to use the workforce more effectively to deliver savings, review skill-mix to bridge supply gaps and clarify future service delivery models and join up plans across health and social care to determine longer term workforce demands. NHS operating plans forecast -5% reductions in posts over next 5 years to meet financial challenge (above Midlands & East average of -3%), whilst the population is expected to grow by 3%.

- Fragmented approach to workforce development across health and social care. Need to join up conversations around apprenticeships across the system.

Health Overview and Scrutiny Committee – Workforce Paper (responses to questions (from 30 May 2019))

Local action

Are the STP partners confident that their current forecasting of future staffing requirement is more robust than in the past?

The demand and capacity review under taken by Boston Consulting Group (BCG) utilised the most current data available, compiling current workforce establishment data (staff in post, age profiles, staffing groups, etc) with population health data and information metrics from our system employers to calculate the future staffing requirements based on what we have now across our acute, primary and community care organisations. What we will need to do next is to look at the opportunities to grow a new workforce which will be different to the current picture. For example the introduction of a new role (Nursing Associates) means that we will be able to underpin the current shortfall in registered nurses and build a pipeline for more registered nurses in the future.

As an STP we are committed to take forward the actions and recommendations from the BCG review – in particular through:

- Establishment of a Demand and Capacity Workstream – with representation from STP Workstream leads to ensure a coordinated approach to developing next steps and key actions for change
- Establishment of a Population Health Management Group which will oversee delivery of the STP PHM Strategy through development of some core capabilities across the STP:

✓ Infrastructure – what are the building blocks needed to maximise PHM – e.g. leadership, information governance, data sharing, clear definitions of populations
✓ Intelligence – how can we use data to understand and prioritise opportunities to improve care and quality – e.g. analytical teams, software, reporting and decision making
✓ interventions – what care models can we deploy to enable more proactive approaches that prevent illness, prevent avoidable admissions, and reduce inequalities across the system – e.g. local empowerment, care integration

In addition, through the development of the STP Workforce Workstream in the last year, we have also developed a much closer network of organisations and system leads who are committed to work together to address current and future workforce challenges. Our Directors of nursing, Directors of Workforce, Organisational development leads, and Education leads meet regularly to share information and intelligence regarding workforce within organisations and to work together to implement new ways of working and deliver change.

Co-operation between the STP partners

To what extent are the Norfolk and Waveney STP partners cooperating in the recruitment and deployment of staff across their various organisations?

Through the Workforce Workstream, our network of leads committed to collaboration in order to address our workforce challenge has strengthened in the last year. Recruitment to posts remains largely an organisational responsibility, however we are implementing joint posts and developing rotational schemes to allow staff to work across organisational boundaries, care settings, and to develop and share skills and competence with peers.

We have in place:

- joint Advanced Nurse Practitioner roles between NCHC and General Practice and this is a model which could be expanded in future
- we are development a rotational placement with EEAST (Ambulance service) and NCHC for Specialist Paramedics to gain insight into community care during their training, with a view to developing a joint post in future
- our existing bank and agency systems allow staff to select areas of work which may be across a number of organisations
- Our Trainee Nursing Associate Partnership works collaboratively to coordinate recruitment to the training programme of TNAs, and supports each other to ensure TNAs from each host organisation accesses placements in multiple settings to meet the requirements of the educational programme. This is the same for all non-medical and Medical training programmes.

As the system matures, we are exploring more ways to enable staff movement across the system – this includes an employment 'passport' allowing a member of staff to carry mandatory training with them from organisation to organisation and not have to complete training and inductions multiple times. Through our system wide workforce conversation, WeCareTogether, we might see conversation and discussion rom our staff relating to working more flexibly and we will take these comments and suggestions into consideration when developing our workforce strategy.

What new ideas or action arose from the STP's workforce workshop on 10 April 2019?

The Workforce Workshop on 10th was the launch place for the development of an STP Workforce Strategy and Long Term Plan. Over the next 5-6 months we will be working with key groups across the STP to further understand opportunities for workforce transformation and will develop a draft strategy to enact this change. We anticipate the Strategy will be ready for consultation in October. Groups we will engage with will include students and trainees, members of the general practice and primary care workforce, managers, groups of staff from our 'hotspot' areas e.g. those workforce areas where we know we have shortages or retirements (nursing, psychiatry, consultant level posts)

The Workforce Event focussed on the 'big 4 trends' impacting our health and care workforce:

1. Prevention and tackling inequality
2. New technologies and new ways of working
3. Collaboration for innovation
4. Working to the best of our abilities

The c130 delegates in attendance worked together to consider how our workforce could transform aligned to the 4 trends. The conversations were open, honest, challenging, and provocative, and provided information which went into the framing of the WeCareTogether Conversation which launched on 21st May. www.wecaretogether.org.uk See attached information sheet

We were pleased to see that the conversation focussed on prevention and how we can work differently as a system to be more proactive around prevention rather than responding to peoples' needs once they are unwell or in need of hospital admission. This shift in thinking around the longer term transformation required to build healthier communities was welcomed by all.

Engagement with the public

What more can be done to inform the public about the need for change to the staffing mix within local health services?

This can be achieved in a number of ways, however is not an easy or quick fix as we as a nation have heavily promoted the use of services and particular roles in delivering care to our population. The shift in thinking to one of the most appropriate skills and competence required to help a person rather than a role will take time. Members of workforce, and employers can promote multi-disciplinary team working, the benefits of seeing the most appropriate person for your needs (e.g. pharmacist rather than Dr, physio rather than GP) and so on. Appropriate signposting, for example when booking GP appointments, by staff can also help inform patients and public about the most appropriate member of workforce for them.

We should also promote a positive and joint approach as an STP to valuing all roles, recognising that every member of our health and care workforce is able to support patients and our population aligned to the level of care required. Again, the introduction of the Nursing Associate will stimulate similar roles for therapists at this level so that we are recognising the skills, motivation, aspirations of local people across health and care in Norfolk giving them opportunities that they may not have had before. These Associate roles can be gained by undertaking apprenticeships and will enable school leavers with low educational attainment to gain employment and development, and will also recognise current staff wishing to undertake further formal training.

What reassurance can the STP partners provide the public that quality can be maintained or improved despite a smaller proportion of most highly qualified practitioners within the overall workforce?

Population health management will be a key driver in population segmentation to align workforce to cohorts of patients and public. Our most highly qualified practitioners e.g. our consultants, Drs and Advanced Clinical Practitioners should be deployed to provide quality care for our most complex patients, e.g. people with multiple co-morbidities, and those in high risk situations (for example children, and people with learning disabilities). Our non-medical workforce, and those undertaking training on medical pathways are qualified and able to deliver quality care to patients.

A focus on skill mix and maximising the skills and competencies of our total workforce has enabled us to provide quality care to patients and our population for a number of years, following the rationale described above e.g. most complex patients to medical and consultant workforce. We are also starting to see the impact of reviewing skill mix in addressing recruitment gaps and shortages in nursing. The Trainee Nursing Associate role, whilst not a Registered Nurse role, has been successful in providing additional support to address the reduction in capacity from the nursing workforce we do employ. By focussing on the skills and competence of the TNA, nurses are supported in the delivery of care and able to focus on our more complex patients. This is a real, viable and realistic solution to addressing the national shortage of nurses that we face due to supply and retention of nursing staff.

Our Primary Care Networks are developing approaches which will use population segmentation to identify the appropriate workforce response. For example, those people who are generally well would be seen by acute care and wellbeing teams for clinical triage and primary prevention. People with long term conditions or needs, might be seen by continuous care teams for disease management, and finally people with complex LTCs or disability deemed as high risk would be seen by clinicians who have the most experience and clinical competency to manage complex patients.

This work is currently being developed but will be instrumental in maximising the quality of care provided to patients and population given the workforce in place.

National influences on the local situation

What challenges and opportunities are presented by the national plans to devolve more responsibility for workforce issues to Sustainability Transformation Partnerships (STPs) and Integrated Care Systems (ICSs)?

The national approach to devolving responsibility to STPs and ICSs provides us with a much greater opportunity to consider flexible, innovative and adaptive approaches to workforce transformation. A locally driven approach allows us to learn from, and inform the development of national policy but to ensure that transformation is aligned to our system taking a PESTEL approach – what are the Political, Economic, Social, Technological, Environmental and Legal factors that will impact on our ability to recruit, retain and develop our local workforce now and in future? For example, where we have areas of deprivation and low academic attainment, how can we as a health and care system develop work based learning opportunities to develop out local population into health and care roles? How can we draw on local technologies and industry to enhance services which may attract people interested in research and innovation to roles in the area? How can we use the fantastic selling points of Norfolk and Waveney – our beaches, wildlife, tourist sites, and way of living to attract medical workforce from our of area into posts locally.

According to 'NHS England and NHS Improvement funding and resource 2019/20: supporting 'The NHS Long Term Plan'' (29 March 2019) NHS E, NHS I, and Health Education England are working with partners to develop a cross-system national Workforce Implementation Plan which will be published in late 2019. To what extent can the local system take action in advance of this national plan?

The themes of the national Workforce plan are ideas which have been in circulation for a while and were included in our 2017 local workforce strategy – in particular a focus on future clinical workforce; being a system employer of choice; and leadership, development and talent management. We have, as individual employers and as an STP Executive, supported the national consultation and provided insights and feedback to the 5 work streams, as above but also future medical workforce, and technology skills and enablement.

These themes, which are closely aligned to the '4 big trends impacting our workforce' described earlier, form the framework for our discussions to develop our local strategy. The timeline to which we are developing our local strategy and plan are in line with the national plan (current published timelines) and so we are confident that our work will be aligned to emerging national strategy, but will importantly, be steered on our local population and workforce needs.

#WeCareTogether - our massive online conversation for everyone who works in health and care in Norfolk & Waveney

01.05.19

Imagine if the 70,000+ people in health and care in Norfolk and Waveney worked even better together?

We know many in our social care, health care, housing, voluntary and charity sector workforce are feeling stretched and overloaded… and people are living longer and with more complex health needs. It feels like the lack of time, staff and money are a barrier to providing great care.

Yet, many people also feel that we can do some much more, even overcome these challenges, if…we all COLLABORATE more.

For the first time ever, all of the people who work in health and care, both paid and voluntary in Norfolk and Waveney, are invited to join a system-wide online conversation to explore how we can **work together** better. *We need to think about how we engage, build and develop a workforce for the future. It is essential that we have capable and motivated staff to be able to provide sustainable services and a key part of developing this is to build a culture where staff can be the best they can be.* By doing this we will bring better health, well-being and happiness to the region. This means creating environments that make it easier for teams of professionals working together to wrap the right care around the person when they need it.

Together, playing a role in PREVENTION.
This means supporting people before things go wrong – helping people to make good choices on their own health and wellbeing, supporting those with chronic conditions so that they self-care and receive the right support from health and care professionals.

Together, embracing NEW WAYS OF WORKING
Across our region, people will see many little things that can be done better; how can we make these changes, how can we embrace doing things differently, for example better use of tech?

Together, playing our role in TACKLING INEQUALITY
This means understanding the bigger issues that affect health and wellbeing, and taking a stand to help break the cycles that affect people's health and wellbeing.

We are partnering with Clever Together to engage with the whole health, social care and community workforce in a series of online conversations that will help us to shape the vision

for the future workforce, our behaviours and how we work together and understand what is really important to the people who work in the Norfolk & Waveney system.
We will be inviting all members of our workforce to participate in a series of online conversations about the future of how we work together as a system which will help us to understand how to look after the workforce we already have, attract people into new roles we need for the future and understand the way we can all work together more for people in Norfolk & Waveney. These conversations will be held on a digital platform, which can be accessed from any device. Members of our workforce will be able to contribute to the conversation, put forward ideas and vote on other people's suggestions. We will be able to analyse the thoughts, feelings and ideas provided to draw out any themes that people are saying are important to them This will help us develop a Norfolk & Waveney system workforce plan and ensure we have a great workforce, able to do what they do best, working together in a positive environment both now and for the future.

#WeCareTogether is an online workshop, exclusively for our health and social care workforce and will run for about 4 weeks:

It is:

- accessible 24/7 when a conversation is live
- values everyone's opinion
- builds on each others great ideas
- anonymised
- available to everyone who works in health and care (paid and voluntary)

Once the conversation is completed, every single idea and comment will be reviewed and considered. We will also group all ideas and comments into themes to ensure the leaders in health and care see what you tell us are the big priorities and opportunities to make a difference to patients and users of services.

By sharing and exploring our amazing, collective intelligence – making clear our hopes, fears and needs for the future – we can improve the health, well-being and happiness of Norfolk and Waveney.

Important information

- Launch Tuesday 21 May 2019
- Runs for about 4 weeks
- For anyone working in health, social care, voluntary or charities that support people's health and care (whether paid and voluntary)
- Please join the conversation www.wecaretogether.org.uk

#WeCareTogether
www.wecaretogether.org.uk

Your views matter!

For more information: Emma.Wakelin@nchc.nhs.uk

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*
5 Sept 2019	Access to palliative and end of life care – progress since October 2018 Physical health checks for adults with learning disabilities – update since September 2018 Ambulance response and turnaround times in Norfolk • Plans to help patient flow in winter 2019-20 • Progress with pathways for mental health patients • The interface between EEAST and the NHS 111 service	
10 Oct 2019	Children's speech and language therapy (central and west Norfolk) – update since 28 Feb 2019 Adult autism – access to diagnosis – to examine waiting times to diagnosis. City Reach service – to examine concerns regarding staffing levels and patient safety.	*Date subject to NHOSC agreement*
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	

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

To be scheduled	-	The Queen Elizabeth Hospital NHS foundation Trust – response to the Care Quality Commission report – progress report – postponed from 25 July 2019 NHOSC

Other activities

Visit to be arranged	-	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 Peter Wilkinson)
Gt Yarmouth and Waveney	-	Emma Flaxman-Taylor
West Norfolk	-	Michael Chenery of Horsbrugh (substitute Sheila Young)
Norwich	-	Margaret Stone (substitute Brenda Jones)

Norfolk and Waveney Joint Strategic Commissioning Committee

Link	-	Margaret Stone
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)	-	Margaret Stone (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	-	David Harrison

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

Norfolk Health Overview and Scrutiny Committee 25 July 2019

Glossary of Terms and Abbreviations

ACP	Advanced Care Practitioner
A&E	Accident & Emergency
AHP	Allied health professional
BCG	Boston Consulting Group
BREEAM	Building Research Establishment Environmental Assessment Method – a method of assessing, rating an certifying the sustainability of buildings
CCG	Clinical Commissioning Group
CEO	Chief Executive Officer
CFYP	Children, families and young people
CPA	Care Plan Approach
CQC	Care Quality Commission
CRHT	Crisis Resolution Home Treatment
CYP	Children and young people
DV	District Valuer
EBCD	Experience Based Co-Design
EoE	East of England
EEAST	East of England Ambulance Service NHS Trust
ELFT	East London NHS Foundation Trust (mental health trust)
GPFV	General Practice Five Year Forward View
GPN	General Practice Nurse
GRHC	Gayton Road Health Centre (King's Lynn)
HEE	Health Education England
IAPT	Improving Access to Psychological Therapies
ICS	Integrated Care System
IHI	Institute of Healthcare Improvement
IOAP	Inappropriate out of area placements
JD	Job description
KPI	Key performance indicator
LBR	Learning beyond registration
LCP	Lead Care Professional
LGB	Lesbian, gay and bisexual
LWAB	Local Workforce Action Board
MH	Mental health
NCH&C (NCHC)	Norfolk Community Health and Care NHS Trust
NHOSC	Norfolk Health Overview and Scrutiny Committee
NHS E	NHS England - now working alongside NHSI
NHSI	NHS Improvement (formerly Monitor and the Trust Development Authority) – was the regulator of NHS

	Foundation Trusts, other NHS Trusts and independent providers that provide NHS funded care. The role was to oversee these organisations and offer support that providers need to give patients consistently safe, high quality, compassionate care within local health systems that are financially sustainable. Now working alongside NHSE
NSFT	Norfolk and Suffolk NHS Foundation Trust (the mental health trust)
N&W	Norfolk and Waveney
OD	Organisational development
OOA	Out of area
OPED	Older people's emergency department
OSC	Overview and scrutiny committee
PCN	Primary Care Network
PESTEL	Political, economic, social, technological and legal
PHM	Population health management
PPoC	Preferred Place of Care
PPG	Patient participation group
QEH	The Queen Elizabeth Hospital, King's Lynn
QI	Quality Improvement
RRI	Reducing Restrictive Interventions
RT	Rapid tranquilisation
SPOA	Single point of access
SRO	Senior Responsible Officer
STP	Sustainability & transformation plan / partnership
SUTL	Service user track list
SW	Social worker
TNA	Trainee Nurse Associate
WNCCG	West Norfolk Clinical Commissioning Group
WNDA	West Norfolk Deaf Association
WTE	Whole time equivalent