

**NORFOLK HEALTH OVERVIEW AND SCRUTINY COMMITTEE
MINUTES OF THE MEETING HELD AT COUNTY HALL, NORWICH
On 15 October 2015**

Present:

Mr C Aldred	Norfolk County Council
Mr R Bearman	Norfolk County Council
Mr B Bremner	Norfolk County Council
Mr M Carttiss (Chairman)	Norfolk County Council
Mrs J Chamberlin	Norfolk County Council
Michael Chenery of Horsbrugh	Norfolk County Council
Mrs A Claussen-Reynolds	North Norfolk District Council
Mr D Harrison	Norfolk County Council
Dr N Legg	South Norfolk District Council
Mrs M Stone	Norfolk County Council
Mrs S Weymouth	Great Yarmouth Borough Council
Mrs S Young	Borough Council of King's Lynn and West Norfolk

Substitute Member Present:

Ms L Grahame for Ms S Bogelein, Norwich City Council

Also Present:

Robert Morton	Chief Executive Officer, East of England Ambulance Service NHS Trust
Matt Broad	Locality Director for Norfolk, Suffolk and Cambridgeshire, East of England Ambulance Service NHS Trust
Richard Parker	Chief Operating Officer, Norfolk and Norwich University Hospitals NHS Foundation Trust
Mark Burgis	Head of Clinical Pathway Design, North Norfolk Clinical Commissioning Group
David Russell	Member of the public
Ross Collett	Head of Norfolk and Suffolk Workforce Partnership, Health Education East of England
Dr Boaventura Rodrigues	Consultant in Public Health Medicine, Norfolk County Council
Mark Burgis	Head of Clinical Pathway Design, North Norfolk Clinical Commissioning Group (representing the central System Resilience Group)
Tracey Parkes	Head of System Integration Development, Great Yarmouth and Waveney CCG (representing the east System Resilience Group)
Dr Imran Ahmed	Urgent Care Lead, West Norfolk Clinical Commissioning Group (representing the west System Resilience Group)
Dr Tim Morton	Chairman, Norfolk and Waveney Local Medical Committee
Mr C Walton	Head of Democratic Services

1. Apologies for Absence

Apologies for absence were received from Ms S Bogelein, Mrs L Hempsall and Mrs S Matthews.

2. Minutes

The minutes of the previous meeting held on 3 September 2015 were confirmed by the Committee and signed by the Chairman.

3. Declarations of Interest

3.1 There were no declarations of interest.

4. Urgent Business

4.1 There were no items of urgent business.

5. Chairman's Announcements.

5.1 The Chairman welcomed Ms Lesley Grahame to her first meeting of the Committee as a substitute Member for Ms Sandra Bogelein of Norwich City Council.

5.2 All Members of the Committee joined the Chairman in asking for a card to be sent to Ms Sandra Bogelein, on behalf of the Committee, congratulating her on the birth of her son, Samwell.

6. Ambulance response times and turnaround times in Norfolk

6.1 The Committee received a suggested approach from the Democratic Support and Scrutiny Team Manager to an update from the East of England Ambulance Service NHS Trust, Norfolk and Norwich University Hospitals NHS Foundation Trust and North Norfolk Clinical Commissioning Group about ambulance response times and turnaround times in Norfolk and the action underway to improve performance. The Committee also received additional information from EEAST and UNISON and public questions from Mr David Russell.

6.2 The Committee received evidence from Robert Morton, Chief Executive Officer, East of England Ambulance Service NHS Trust (EEAST), Matt Broad, Locality Director for Norfolk, Suffolk and Cambridgeshire, East of England Ambulance Service NHS Trust, Richard Parker, Chief Operating Officer, Norfolk and Norwich University Hospitals NHS Foundation Trust (NNUH FT) and Mark Burgis, Head of Clinical Pathway Design, North Norfolk Clinical Commissioning Group.

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

- Robert Morton, Chief Executive Officer, East of England Ambulance Service NHS Trust said that EEAST was faced by three strategic challenges. The first challenge was for EEAST to stabilise its operational performance at a time of unprecedented demand for ambulance services and at a time when

the work expected of EEAST was becoming more complex. The second challenge was for EEAST to “reinvent” itself in a way that enabled it to engage in more collaborative ways of working with the other organisations that were operating in the local health economy. The third challenge was for EEAST to introduce the kinds of changes in its organisational structure that were needed if it was to provide for a more consistent range of services across the region and to refocus its activities on a wider range of outcomes than just meeting its performance targets.

- The witnesses said that the performance targets for A1 and A2 calls were set at a simple pass / fail standard that did not reflect the length of time that a ‘failed’ response actually took.
- It was suggested by the witnesses that the performance targets should place more emphasis on achieving patient outcomes rather than just ambulance response and turnaround times.
- The quality of care that patients received from EEAST was of a high standard.
- Across the region as a whole, there were on average between 70 and 80 Red 1 calls a day.
- EEAST was meeting the national target for responding to A1 calls but falling far short of the national target for A2 calls which had increased by over 15% in the current year.
- At the same time as the demand for ambulance services was rising, EEAST was having to send an increasingly complex range of resources and clinical expertise to A1 and A2 calls thus stretching its capacity and staff and those of other “blue light” services.
- The witnesses acknowledged that one of the most important issues in Norfolk was getting the right skill mix when responding to ambulance calls, resulting from the temporary position of having a large number of student paramedics requiring mentoring and training abstraction, versus the actual number of qualified paramedics.
- In recent months, there had been an increase in the number of call outs for stroke incidents. The increasing overall demand for stroke patients to arrive at a hyper-acute stroke centre within 60 minutes of a 999 call was proving to be difficult to achieve in a rural county like Norfolk.
- The witnesses pointed out that 10 % of all the ambulance call out calls in Norfolk were for patients living in care homes.
- In response to questions, the witnesses said that they were exploring the possibilities for providing care homes with a wider range of paramedic services than were provided at present, so as to cut down on the need for responses by ambulance crews.
- The witnesses also said that there might be opportunities for rapid response teams to be based at Cromer hospital and at some of the community hospitals in the North Norfolk area. The witnesses said that they would explore this suggestion.
- It was estimated by the witnesses that between 70% and 80% of ambulance call outs were prevented by the GP triage service.
- The “handover to clear” performance by EEAST crews at the Norfolk & Norwich University Hospital (NNUH) and the Queen Elizabeth Hospital (QEH) had stabilised.
- The introduction of Hospital Ambulance Liaison Officers at the NNUH had proved to be very successful in reducing ambulance turnaround times. The NNUH was the only hospital in the EEAST region to have improved its ambulance turnaround times over the last year.

- Across the region as a whole, EEAST had approximately 270 vacancies that were in the process of being filled and a further 300 posts for which funding had not yet been identified. In Norfolk, very few vacancies remained to be filled.

6.4 Mr David Russell, speaking as a member of the public, asked the following questions:

1. **Question:** Recent statistics revealed that ambulance transports to the NNUH were up by almost 12% in May-August 2015 compared to the same period in 2014. Attempts to reduce this with GPs assessing ambulance needs did not appear to be working. Would the introduction of the new Computer Aided Dispatch system, due to come into operation at the Norwich Emergency Operations Centre in February 2016, help reduce the transports? The transport figures for 2014 were 16771 and for 2015 18768.
Answer given by the witnesses: This was not the case. It was estimated that somewhere between 70% and 80% of ambulance calls received a successful outcome without the need for an ambulance to take a patient to hospital.
2. **Question:** Contracted activity for Norwich was over and above contracted levels and pulling in ambulances from rural areas. What did the Commissioners intend to do about this and why did they not commission sufficient levels in the first place?
Answer given by the witnesses: The Commissioners based the contracted levels of activity on historic trends and anticipated increases in demand.

6.5 The Committee noted that they might return to the subject of ambulance response times and turnaround times in Norfolk in a year's time.

7 NHS Workforce Planning in Norfolk

7.1 The Committee received a suggested approach from the Democratic Support and Scrutiny Team Manager to responses to the recommendations agreed by the Committee on 16 July 2015 and current planning to ensure that NHS services were adequately staffed during the forthcoming winter. Representatives from the three NHS System Resilience Groups in Norfolk, Norfolk County Council Public Health and Health Education East of England were in attendance to discuss the responses. The System Resilience Group representatives had an overview of the workforce planning and vacancies situation for the forthcoming winter.

7.2 The Committee received evidence from Ross Collett, Head of Norfolk and Suffolk Workforce Partnership, Health Education East of England, Dr Boaventura Rodrigues, Consultant in Public Health Medicine, Norfolk County Council, Mark Burgis, Head of Clinical Pathway Design, North Norfolk Clinical Commissioning Group (representing the central System Resilience Group), Tracey Parkes, Head of System Integration Development, Great Yarmouth and Waveney CCG (representing the east System Resilience Group), Dr Imran Ahmed, Urgent Care Lead, West Norfolk Clinical Commissioning Group (representing the west System Resilience Group) and Dr Tim Morton, Chairman, Norfolk and Waveney Local Medical Committee.

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

- The Committee was pleased to note that the responses to the recommendations which had been agreed by the Committee were mainly positive.
- One recommendation, originally intended for Norfolk MPs, was ‘To raise the issue of Service Increment Funding for Teaching (SIFT) with the Department of Health, with a view to speeding up the progress towards fair share for Norwich Medical School’. The Committee had previously decided to raise this issue directly with the Department of Health in the first instance. Members considered the response to this particular recommendation to be disappointing in that it did not say whether anything would be done to bring Norwich Medical School more quickly towards a fair share of SIFT.
- Whilst SIFT was seen as an important issue for the longer term, the Committee was very concerned about immediate workforce availability for the forthcoming winter, especially in primary care.
- It was pointed out by the witnesses that Norfolk and Waveney Local Medical Committee (LMC) shared this concern. Several GP practices in the county had closed their waiting lists due to inability to recruit and the LMC had raised concerns about staffing the out-of-hours service this winter.
- The Committee considered that consolidation of current primary care services should be the top priority so that local people were guaranteed comprehensive in-hours provision and adequate out-of-hours provision for urgent needs seven days a week. Plans to extend general practice opening hours might become more realistic in future years when workforce shortages began to ease.
- The Committee was also disappointed that the Local Enterprise Partnerships (LEPs) in Norfolk and Cambridgeshire LEPs were not able to accept the recommendation that the LEPs work with local NHS organisations and Higher Education Institutes to consider innovative ways to support recruitment of healthcare students and workers to Norfolk’.

7.4 The Committee **agreed** to write to:-

1. The Secretary of State for Health expressing disappointment at the Parliamentary Under Secretary of State’s response to the Committee’s enquiry regarding progress towards a fair share of Service Increment Funding to Teaching Increment for Norwich Medical School and raising the issue of primary care workforce availability for the forthcoming winter, with copies to the Parliamentary Under Secretary of State for Care Quality and Norfolk MPs.
2. The Local Enterprise Partnerships in Norfolk and Cambridgeshire expressing disappointment that they did not accept the Committee’s recommendation to work with local NHS organisations and Higher Education Institutes to consider innovative ways to support recruitment of healthcare students and workers to Norfolk.

8. **Forward work programme**

8.1 The forward programme was **agreed**.

Members who had items which they wished to have considered for inclusion in the forward work programme were asked to contact Maureen Orr, Democratic Support and Scrutiny Team Manager in the first instance.

Chairman

The meeting concluded at 12.05 pm



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