Norfolk County Council

NORFOLK HEALTH OVERVIEW AND SCRUTINY COMMITTEE
MINUTES OF THE MEETING HELD AT COUNTY HALL, NORWICH
On 13 October 2016

Present:

Mr R Bearman	Norfolk County Council
Mr M Carttiss (Chairman)	Norfolk County Council
Mrs J Chamberlin	Norfolk County Council
Michael Chenery of Horsbrugh	Norfolk County Council
Ms E Corlett	Norfolk County Council
Mr D Harrison	Norfolk County Council
Mrs L Hempsall	Broadland District Council
Dr N Legg	South Norfolk District Council
Dr K Maguire	Norwich City Council
Mrs M Stone	Norfolk County Council
Mrs S Weymouth	Great Yarmouth Borough Council
Mr P Wilkinson	Breckland District Council
Mrs S Young	King's Lynn and West Norfolk Borough Council

Also Present:

Dr Ian Mack	Chairman of Norfolk & Waveney Stroke Network (& Chairman of West Norfolk CCG)
Dr Kneale Metcalf	Consultant Physician, Norfolk and Norwich University Hospitals NHS Foundation Trust
Dr Raj Shekhar	Stroke Consultant, Queen Elizabeth Hospital NHS Foundation Trust
Dr Hilary Wyllie	Stroke Lead, James Paget University Hospital NHS Foundation Trust
Karl Edwards	Deputy Director of Service Delivery, East of England Ambulance Service NHS Trust
Terry Hicks	Senior Locality Manager, East of England Ambulance Service NHS Trust
Chris Cobb	Divisional Operational Director, Medical Division, Norfolk and Norwich University Hospitals NHS Foundation Trust
Mark Burgis	Head of Clinical Pathway Design, North Norfolk Clinical Commissioning Group
Trish White	Stroke Care Team Lead, NCH&C
Manjari Mull	Stroke Services Manager, N&N

Anne-Marie Hurst	Team Lead for Stroke Physiotherapy and Occupational Therapy, QEH
David Russell	Member of the public
Alex Stewart	Healthwatch Norfolk
Chris Walton	Head of Democratic Services
Maureen Orr	Democratic Support and Scrutiny Team Manager
Tim Shaw	Committee Officer

1 Apologies for Absence

Apologies for absence were received from Mr C Aldred and Mr G Williams.

2. Minutes

The minutes of the previous meeting held on 8 September 2016 were confirmed by the Committee and signed by the Chairman subject to the addition of the following words: Minute 6.3, bullet point 4 **– "**There had been no change in the way in which the NSFT had provided drug and alcohol services since before 2012." Minute 6.3, bullet point 10 – "NSFT staff had been interviewed staff during the Verita review."

3. **Declaration of Interest**

3.1 Ms D Harrison declared an "other interest" because his daughter taught paramedics studying at the UEA.

4. **Urgent Business**

There were no items of urgent business.

5. Chairman's Announcements

5.1 There were no Chairman announcements.

6 **Stroke services in Norfolk**

6.1 The Committee received a suggested approach by Maureen Orr, Democratic Support and Scrutiny Team Manager, to an update by the Norfolk and Waveney Stroke Network (the Network) on progress regarding the recommendations on stroke services in Norfolk made by the Committee in 2014. The update followed a subsequent 'Review of Stroke Rehabilitation in the Community' made by the Network and Public Health in November 2015.

6.2 The Committee received evidence from Dr Ian Mack, Chairman of Norfolk & Waveney Stroke Network (& Chairman of West Norfolk CCG), Dr Kneale Metcalf, Consultant Physician, Norfolk and Norwich University Hospitals NHS Foundation Trust (NNUH), Dr Raj Shekhar, Stroke Consultant, Queen Elizabeth Hospital NHS

Foundation Trust (QEH) and Dr Hilary Wyllie, Stroke Lead, James Paget University Hospital NHS Foundation Trust (JPUH).

6.3 The following key points were noted:

- The Committee's attention was drawn to Appendix A to the Committee report that contained an update on progress with the implementation of the recommendations for local stroke services that were reported to the Norfolk and Waveney Stroke Network Group on 26 September 2016.
- With reference to recommendation 8, it was noted that the Network chaired by Dr Ian Mack held regular bi-monthly meetings on stroke related issues that ranged from acute care to long term patient rehabilitation.
- With reference to recommendation 11, the Committee noted that while recruitment difficulties remained a major issue, the JPUH had taken on a new consultant with stroke specialist accreditation to work in stroke and acute medicine. This post brought the total number of stroke consultants at the JPUH up to 4. Taking account of their other work this represented 2.6 whole time equivalent posts devoted to stroke. There remained funding for another 0.5 whole time equivalent consultant post in stroke and the JPUH would be looking to advertise this again in 2017, possibly as a shared stroke and geriatrics post. In reply to questions, the recruitment difficulty at the JPUH was attributed to the national shortage of qualified stroke staff and not considered to be linked to issues associated with Brexit.
- The Committee discussed with the speakers the time that it took for specialist stroke consultants and nurses to complete their training and the work undertaken by Public Health to raise awareness of stroke prevention measures.
- In addition, the Committee discussed the importance that the Network attached to the inclusion within the Sustainability Transformation Plan of issues that were directly and indirectly related to stroke services. For instance, the use of standardised communication and assessment tools for transfer between different services was viewed as a key indirect issue to be addressed as part of the Sustainability Transformation Plan. The issue of psychological support within the commissioned pathway for stroke patients also needed to be addressed within the context of the Sustainability Transformation Plan.
- With reference to recommendation 14, the speakers pointed out that the Network had found it difficult to identify where delays for stroke patients in relation to NHS Continuing Health Care occurred within acute and community hospitals. The speakers said that in many instances delays were of a transfer of care nature and not specific to stroke services.
- The delay in the discharge pathway was often caused by the in-depth and complex nature of the continuing care process that meant patients had to await for completion of an assessment of their needs and for a suitable placement outside of hospital to become available. To overcome this kind of delay the speakers said there was now a drive within the Network to introduce more informal as well as formal health care assessments for stroke patients.
- In the west Norfolk area, 7 day working for stroke consultants and 6 day working for therapists (physio; speech and language) was being sustained and 7 day working for therapists was being planned to be introduced in the future. The stroke unit at the QEH had, and continued to have, an excellent team of professionals and high specification for its stroke treatment.
- The speakers said that the Network recognised that although progress had been made, training on stroke related issues for those working in Norfolk's care homes should be of a more consistently high standard. With that in mind,

Norfolk Community Health and Care NHS Trust had produced a top 10 tips leaflet to supplement the existing documentation on the training needs for care home managers and others involved in the care of stroke patients. It was noted that provision of carers' assessments were the responsibility of Adult Social Care and there was a drive to increase the number of informal carers' assessments.

- It was pointed out that ambulance staff were well trained in the delivery of stroke care. A pre-alert form had been introduced to aid communications between ambulance crews and hospital staff. In addition, direct phone calls were now made from the ambulance crew to the hospital to ensure that the ambulance crew were met at the front door to Accident & Emergency.
- The guidance issued by the National Institute for Health and Clinical Excellence (NICE) on stroke related issues had been updated recently so as to include a number of new quality standards. All CCGs and acute trusts had the same requirements to meet the NICE standards.
- The Committee stressed the importance of regular and thorough reviews of a stroke survivor's health and wellbeing in the long term and at 6-month and 12 months.
- It was noted that there had been an increase in the number of stroke patients offered a review meeting. There had been improvement in the number of people reviewed at 6 months but increasing reviews at 1 year remained a challenge. The take up of review meetings was said to depend to a large extent on the length of time between the discharge from hospital and the time of the review meeting. Care home patients were sometimes too frail to attend review meetings.
- It was noted that records are kept of time taken from arrival at hospital to delivery of thrombolysis. These were available in the SSNAP (Sentinel Stroke Audit Programme) dataset.

6.4 The Committee noted the information contained in the report and that provided by the speakers during the meeting.

6.5 The Committee also noted that any further questions that Members might have for the Norfolk & Waveney Stroke Network should be forwarded in writing to Maureen Orr.

7 **Ambulance response times and turnaround times in Norfolk**

7.1 The Committee received a report by Maureen Orr, Democratic Support and Scrutiny Team Manager, that set out the trends in ambulance response and turnaround times in Norfolk and the action underway to improve performance.

7.2 The Committee received evidence from Karl Edwards, Deputy Director of Service Delivery, East of England Ambulance Service NHS Trust, Terry Hicks**,** Senior Locality Manager, East of England Ambulance Service NHS Trust, Chris Cobb, Divisional Operational Director, Medical Division, Norfolk and Norwich University Hospitals NHS Foundation Trust and Mark Burgis, Head of Clinical Pathway Design, North Norfolk Clinical Commissioning Group. The Committee also heard from David Russell, a Member of the public.

7.3 The following key points were noted:

- The Committee examined the range of actions that EEAST was undertaking to reduce ambulance turnaround time at all three Norfolk acute hospitals.

- The Committee discussed with the speakers the ambulance response times across the five CCG areas, EEAST activity levels, performance against stroke standards and the current numbers of ambulance crew vacancies and numbers of students compared to total staffing numbers.
- The Committee also discussed the leading role of the North Norfolk CCG in commissioning EEAST in conjunction with other commissioners in the region and the measures taken by the North Norfolk CCG to tackle the causes of delay in all aspects of the urgent and emergency care system in central Norfolk.
- The speakers explained the action set out in the report that they had taken to meet national standards for Red 1 and Red 2 calls and also for meeting Green calls (which did not involve life threatening conditions). They pointed out that this action had led to a 10 % reduction in hospital admission at the NNUH through Accident and Emergency.
- It was noted that the Care Quality Commission had rated EEAST overall as 'Requires Improvement'. The speakers said that EEAST was at the upper end of this rating and expected to move into 'Good' when the next inspection occurred.
- The speakers said that the Hospital Ambulance Liaison Officers (HALO) continued to support both EEAST and the NNUH in meeting handover to clear times. Funding for the HALO function remained in place and was expected to continue.
- The speakers emphasised that EEAST was undertaking a sustained recruitment drive to increase frontline staffing. They said that there were currently 180 trainee ambulance staff undertaking student placements at the UEA. The first cohort of students were due to qualify in January 2017. As these students completed their training, and qualified as paramedics, this would improve EEAST resources both in terms of skill set and capacity. EEAST was in discussions with the UEA over ways in which the student training programme for paramedics could better meet its requirements.
- The speakers said that in 2016/17 there had been a significant increase in ambulance arrivals to the NNUH.
- At the QEH, the numbers of ambulance arrivals had gone up from an average of 56-57 patients a day to 68-69 patients a day.
- The speakers from EEAST invited Members of the Committee to visit its operations centre and / or to ride out with an ambulance crew. Members of the Committee who wished to take up this offer were asked to contact Maureen Orr.
- In response to questions asked by David Russell, a member of the public, the speakers from EEAST indicated that it has recently assessed the different care pathways available as an alternative to conveyance to hospital. EEAST was already in the upper percentile of ambulance trusts in relation to the numbers of patients to whom it provided alternatives to transport to hospital. The speaker from NNUH said that numerous audits had been done to help reduce the numbers of people who are brought to hospital unnecessarily. The speaker from North Norfolk CCG mentioned work being done with Norfolk County Council and care homes to make sure that people are being conveyed to hospital only when appropriate. A 'green envelope' project had been introduced whereby full details of suitable alternatives to conveyance to hospital were left with the patient in their home.
- The Committee noted that the project for an Ambulatory Care and Diagnostic Centre had been put on hold and that the 24 bed Henderson re-ablement unit at the Julian Hospital in Norwich was due to close in October 2016 due to a lack of funds. The Henderson Unit treated patients who were medically fit to leave hospital but not yet ready to live independently or at home. The Unit

was run by the NNUH with Norfolk County Council staff based there to put care packages in place for the patients. The speaker from NNUH mentioned that increased assessment on arrival, ambulatory care and the availability of the Urgent Care Centre at the hospital had helped with a reduction in admissions from A&E, which were down from 33% in April 2016 to 13%. This had helped to reduce the pressure on hospital beds. Closure of the Henderson Unit fitted with the model of delivering care and reablement out of hospital. The Committee considered that the closure of the unit could have implications for ambulance turnaround and patient flow times through the NNUH during the winter.

7.4 The Committee noted the report and placed on record that they might wish to invite East of England Ambulance Service NHS Trust (EEAST), North Norfolk CCG and the Norfolk and Norwich University Hospitals NHS Foundation Trust to report again in a year's time.

8. Forward Work Programme

8.1 The Committee received a report from Maureen Orr, Democratic Support and Scrutiny Team Manager, that set out a proposed forward work programme for the remainder of 2016/17.

8.2 **RESOLVED**

That the Committee agree its forward work programme as set out in the report, subject to the addition of the Norfolk and Waveney Sustainability Transformation Plan to the agenda for 8 December 2016.

9 **Letter to Norfolk and Suffolk NHS Foundation Trust (NSFT) regarding unexpected deaths**

9.1 The Committee received a report from Maureen Orr, Democratic Support and Scrutiny Team Manager, that related to the Verita review of unexpected deaths carried out earlier this year. The report included as an appendix a letter that was sent on behalf of the Committee to the NSFT on 9th September 2016.

9.2 The Committee noted the letter and NSFT's acknowledgement which promised a full response by 28 October 2016.

9.3 **RESOLVED**

1. That the NSFT response be mentioned in the next NHOSC Member Briefing.

2. That should Members have any further issues then they be addressed as a possible forward work programme item for the meeting on 8 December 2016.

Chairman

The meeting concluded at 13:00 pm

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