

Norfolk Health Overview and Scrutiny Committee

Date: **Thursday 26 May 2016**

Time: **10.00am**

Venue: **Edwards Room, County Hall, Norwich**

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

Members of the public or interested parties who have indicated to the Committee Administrator, Timothy Shaw (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.

Membership

MAIN MEMBER

Mr C Aldred

Mr R Bearman

Ms S Bogelein

Mr M Carttiss

Mrs J Chamberlin

Michael Chenery of
Horsbrugh

Mrs A Claussen-
Reynolds

Ms E Corlett

Mr D Harrison

Mrs L Hemsall

Dr N Legg

Mrs M Stone

Mrs S Weymouth

Mr P Wilkinson

SUBSTITUTE MEMBER

Mr P Gilmour

Mr A Dearnley

Ms L Grahame

Mr N Dixon / Mrs S Gurney/
Mrs A Thomas/ Miss J Virgo

Mr N Dixon / Mrs S Gurney/
Mrs A Thomas/ Miss J Virgo

Mr N Dixon / Mrs S Gurney/
Mrs A Thomas/ Miss J Virgo

Mr N Smith

Mrs M Wilkinson

Mr B Hannah

Mr J Emsell

Mr C Foulger

Mr N Dixon / Mrs S Gurney/
Mrs A Thomas/ Miss J Virgo

Mrs M Fairhead

Mr R Richmond

REPRESENTING

Norfolk County Council

Norfolk County Council

Norwich City Council

Norfolk County Council

Norfolk County Council

Norfolk County Council

North Norfolk District Council

Norfolk County Council

Norfolk County Council

Broadland District Council

South Norfolk District Council

Norfolk County Council

Great Yarmouth Borough
Council

Breckland District Council

**For further details and general enquiries about this Agenda
please contact the Committee Administrator:**

Tim Shaw on 01603 222948
or email timothy.shaw@norfolk.gov.uk

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1. Election of Chairman and Vice Chairman

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

The Vice Chairman to be elected from the other Members
on the Committee.

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

3. Minutes

To confirm the minutes of the meeting of the Norfolk Health
Overview and Scrutiny Committee held on 14 April 2016. (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:

- your well being or financial position
- that of your family or close friends
- that of a club or society in which you have a management role
- that of another public body of which you are a member to a greater extent than others in your ward.

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 – 11.25 Initiatives to address NHS workforce issues in Norfolk** (Page 11)
An update from Norfolk and Suffolk Workforce Partnership / Health Education East of England on the initiatives reported to the committee in July and October 2015 and on future NHS workforce planning. (Page 14)
8. **11.25 – 11.35 Forward work programme** (Page 27)
To consider and agree the forward work programme.

Glossary of Terms and Abbreviations (Page 30)

Chris Walton
Head of Democratic Services

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Date Agenda Published: 18 May 2016

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**NORFOLK HEALTH OVERVIEW AND SCRUTINY COMMITTEE
MINUTES OF THE MEETING HELD AT COUNTY HALL, NORWICH
On 14 April 2016**

Present:

Mr C Aldred	Norfolk County Council
Ms S Bogelein	Norwich City Council
Mr B Bremner	Norfolk County Council
Mr M Carttiss (Chairman)	Norfolk County Council
Michael Chenery of Horsbrugh	Norfolk County Council
Mrs A Claussen-Reynolds	North Norfolk District Council
Mrs L Hempsall	Broadland District Council
Dr N Legg	South Norfolk District Council
Mrs S Matthews	Breckland District Council
Mrs M Stone	Norfolk County Council
Mrs S Weymouth	Great Yarmouth Borough Council
Mrs S Young	King's Lynn and West Norfolk Borough Council

Substitute Member Present:

Mrs A Thomas for Mrs J Chamberlin, Norfolk County Council
Mr A Dearnley for Mr R Bearman, Norfolk County Council
Mr B Hannah for Mr D Harrison, Norfolk County Council

Also Present:

Yvonne Taylor	Chief Executive, IC24
Lorraine Gray	Chief Operating Officer, IC24
Dr Mark Reynolds	Medical Director, IC24
Sheila Glenn	Director of Quality, Strategy and Transformation, NHS Norwich CCG
Peter Spears	Head of Contracting, NHS Norwich CCG
Michael Scott	Chief Executive, Norfolk and Suffolk NHS Foundation Trust
Dr Simon McKay	Emergency Department Consultant and Lead for Mental Health, Norfolk & Norwich University Hospitals NHS Foundation Trust
Chris Cobb	Divisional Operation Director of Medicine & Emergency, Norfolk & Norwich University Hospitals NHS Foundation Trust
Suzan Robinson-Southey	Consultant Nurse, Emergency Department, Queen Elizabeth Hospital NHS Foundation Trust
Dr Nam Tong	Clinical Lead – Emergency, Queen Elizabeth Hospital NHS Trust
Anna Hills	Director of Governance, James Paget University Hospitals NHS Foundation Trust
Bev Spratt	County Councillor
Sue Whitaker	County Councillor
Tony White	County Councillor
Pauline Davies	Service Manager, Norfolk and Suffolk NHS Foundation Trust
Micki Munro	Locality Service Manager, Norfolk and Suffolk NHS Foundation Trust

Nina Savory	Deputy Service Manager, Norfolk and Suffolk NHS Foundation Trust
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 R Bearman and Mrs J Chamberlin and Mr D Harrison.

2. Minutes

The minutes of the previous meeting held on 25 February 2016 were confirmed by the Committee and signed by the Chairman.

3. Declarations of Interest

- 3.1 Mrs S Young declared an “other interest” in that she was a member of the West Norfolk Older Persons Forum and the West Norfolk Patient Partnership.

4. Urgent Business

- 4.1 There were no items of urgent business.

5. Chairman’s Announcements.

- 5.1 There were no Chairman’s announcements

6 IC24’s NHS 111 and GP Out of Hours service in Central and West Norfolk

- 6.1 The Committee received a suggested approach from the Democratic Support and Scrutiny Team Manager to a report from IC 24 and commissioners, Norwich Clinical Commissioning Group (CCG), on progress with an action plan to address various issues regarding IC24’s NHS 111 and GP Out of Hours service in central and west Norfolk.
- 6.2 The Committee received evidence from Yvonne Taylor, Chief Executive, IC24, Lorraine Gray, Chief Operating Officer, IC24, Dr Mark Reynolds, Medical Director, IC24, Sheila Glenn, Director of Quality, Strategy and Transformation, NHS Norwich CCG and Peter Spears, Head of Contracting, NHS Norwich CCG.
- 6.3 In the course of discussion the following key points were made:
- The witnesses said that IC24 was a Community Interest Company which was owned by its staff members and invested any surplus income back into patient care and frontline services.
 - IC24 had been responsible for running the NHS 111 and OOH services in central and west Norfolk and the Wisbech area of Cambridgeshire since September 2015.
 - Staff who had previously worked in the NHS 111 and Out of Hours GP services were offered the opportunity to transfer to IC24 under TUPE regulations and many of them chose to do so.
 - The witnesses said that the high level of intensive training that was provided to call centre advisors working in the IC24 Care Co-ordination Centres was

well beyond that which was required nationally. The training that was provided to those wanting to become Care Centre Advisors included 64 hours of classroom training, 1-2-1 supervision and the use of a “graduation bay” where trainees could benefit from higher levels of clinical support. The training was of an equivalent or higher standard to that provided for call advisors taking 999 calls.

- It was pointed out that NHS 111 calls in the central and west Norfolk and the Wisbech area of Cambridgeshire were answered and delivered from IC24 offices in Norwich and Ipswich (with dispatch delivered solely from Norwich).
- Going forward, depending on recruitment, more calls would be transferred from Ipswich to Norwich meaning that more staff with local knowledge were available to take the calls.
- It was not uncommon for the Care Co-ordination Centres in Norwich and Ipswich to be handling hundreds of calls from the public from one day to the next.
- The out-of-hours element of the IC 24 integrated service was commissioned as a GP led service. Out of approximately 500 GPs working in the Norfolk and Wisbech area, 98 GPs had signed up for out of hours shifts, supported by a multi-disciplinary skills mix of medical practitioners. The national and local shortage of GPs who were happy to deal with out of hours work meant that primary care was having to make increasing demands on allied professionals (nurse practitioners and others where it was safe to do so).
- The funding for running the integrated NHS 111 and OOH service in Norfolk was approximately £7.50 a year for every Norfolk taxpayer.
- A member of the Committee described a case of where a west Norfolk patient with a Peterborough postcode who lived within 5 to 10 minutes travel time of the QEH was advised by a Care Centre Advisor to travel to Peterborough or Norwich (based on Care Co-ordination Centres making use of pre-set postcodes).
- The witnesses said that they were aware of this case. They said it raised a number of cross boarder issues which were being fully investigated.
- The witnesses were asked to explain the action that was taken to address the issues identified in the Norwich CCG’s unannounced visit to the NHS 111 and GP OOH service in November 2015. They were also asked to explain what measures had been put in place to give staff the confidence to speak to management instead of raising issues of concern with the press.
- In reply, the witnesses said that Norwich CCG and IC24 had worked together to fully investigate all of the issues raised by the unannounced visit and to make service improvements where they were considered to be necessary.
- The witnesses said they had found no evidence to substantiate the claim that details of patients not dealt with by the end of the day were removed from computer screens by a non-clinical member of staff. They added that the IT system used for handling the calls had a failsafe mechanism to prevent this from happening.
- Updated IT systems, changes in the ways calls were classified, the introduction of staff newsletters and making more senior management available for staff to express concerns were among the improvements outlined in an action plan that the CCG and IC24 had agreed for taking the integrated NHS 111 and GP OOH service forward.
- Recruitment of more highly-skilled clinicians and staff with local knowledge, and the appointment of an operational manager to integrate 111 and out-of-hours services were among the other steps that were being taken to improve the service.

- IC24 had joined a Stakeholder Project Board Group that included representatives of Norfolk's acute hospitals, the Ambulance Service and Norfolk Healthwatch who were helping IC24 to put in place an independent patient experience audit.
- IC24 had become a partner of the West Norfolk Alliance and a member of the System Resilience Group. These groups provided a means for IC24 to work in close partnership with existing community and hospital services so that patients were given accurate advice about local services and not sent to hospital unnecessarily.
- The witnesses said that to prevent unnecessary hospital visits, and to improve urgent home care visiting for palliative and end of life patients, IC24 had introduced two urgent care cars (one operating in the west and the other in the central area). Patients had made a number of favourable comments about the use of these cars.
- In response to a question about sustainability of the NHS 111 and GP OOH contract the witnesses assured the committee the service would continue to be provided.
- The witnesses said that Norfolk MPs had visited the Care Co-ordination Centre in Norwich to see the NHS 111 and Out of Hours integrated service in action.
- Members of the Committee were also welcome to take part in an arranged visit to see how the service was delivered.
- The witnesses added that the Norfolk MPs had received information from IC24 about the GP indemnity crisis. This was a national issue that had a significant impact on out- of-hours services.
- The Government was being pressed by a number of individuals and organisations to take steps to reduce indemnity costs. This was because the indemnity costs for GPs undertaking out of hours work (in Norfolk) had risen by approximately 50% in the last five to ten years. It was not uncommon for out-of-hours indemnity to cost a GP over £7,000 to £8,000 a year.
- On average, GPs were paid £60 to £70 an hour for working for the out-of-hours service.
- Elsewhere in the country where IC24 provided an out-hours-service it had trialled a range of initiatives to reduce the impact of indemnity costs on GPs. Some of these initiatives (such as a "multi-shift support system") were now being considered for introduction in Norfolk.

- 6.4 It was **agreed** to accept an invitation for Members of the Committee to visit the central and west Norfolk NHS 111 service. Maureen Orr, Democratic Support and Scrutiny Team Manager, **agreed** to arrange a suitable date and time with IC24 for the visit and to inform members about the arrangements that were made.

It was also **agreed** to receive an update on the central & west Norfolk NHS 111 and GP Out of Hours service in one year's time (at the meeting planned for 6 April 2017).

7 **Service in A&E following attempted suicide or self-harm episodes**

- 7.1 The Committee received a suggested approach from the Democratic Support and Scrutiny Team Manager to an update report from Norfolk and Norwich University Hospitals NHS Foundation Trust (NNUH), James Paget University Hospital NHS Foundation Trust (JPH) (that was sent with a supplementary agenda), Queen Elizabeth Hospitals NHS Foundation Trust (QEH) and Norfolk and Suffolk NHS Foundation Trust (NSFT) on the treatment in A&E of patients who had attempted suicide or self-harm.

- 7.2 The Committee received evidence from Michael Scott, Chief Executive, Norfolk and Suffolk NHS Foundation Trust, Dr Simon McKay, Emergency Department Consultant and Lead for Mental Health, Norfolk & Norwich University Hospitals NHS Foundation Trust, Chris Cobb, Divisional Operation Director of Medicine & Emergency, Norfolk & Norwich University Hospitals NHS Foundation Trust, Suzan Robinson-Southey, Consultant Nurse, Emergency Department, Queen Elizabeth Hospital NHS Foundation Trust, Dr Nam Tong, Clinical Lead, Emergency, Queen Elizabeth Hospital NHS Trust and Anna Hills, Director of Governance, James Paget University Hospitals NHS Foundation Trust.
- 7.3 In the course of discussion the following key points were made:
- The witnesses explained the answers that were included in their written responses to the specific questions set out in the covering report.
 - In answering Members questions, the witnesses said that the level of NSFT mental health support that was available at the NNUH had risen significantly over the last 12 months and was now of a higher standard than that which was available elsewhere in Norfolk.
 - The witnesses said that the disparity of mental health provision at Norfolk's three A&E departments reflected how healthcare was commissioned across Norfolk.
 - There were regular mental health joint clinical staff meetings with NSFT and the Emergency Department at the NNUH. These meetings were being enhanced by a new quarterly management meeting to ensure ongoing focus on jointly agreed objectives.
 - The measures that had been taken at the NNUH had reduced frequent attenders to A&E with recognised mental health issues such as episodes of self-harm.
 - The NNUH had 24/7 mental health nurse cover, and was getting pilot funding for a full-time, on-site consultant psychiatrist and additional nurses in 2016-17.
 - A round-the-clock service had been introduced at the NNUH last year, but there was still no on-site cover at night at the James Paget University Hospital (JPH) in Gorleston or at the Queen Elizabeth Hospital (QEH) in King's Lynn. The witnesses said that going forward these issues would be addressed.
 - The QEH currently had a commissioned service from 8am to 8pm and used the crisis team out of hours.
 - The number of staff working on mental health issues in King's Lynn and West Norfolk had had to change to reflect the level of funding that was available.
 - Those working for the NSFT were being encouraged to involve the patient's family, friends and other support networks in hospital discharge arrangements where it was legally permitted to do so.
 - The referral arrangements for patients with mental health issues were now put in place before they left hospital.
 - It was estimated that approximately 70% of those who were likely to take their own lives did not come in contact with mental health services. More was being done to make those who came across mentally disturbed people (e.g. the Samaritans, transport police and car park attendants) aware of the issues and what could be done to help these people. Outreach services were also provided to schools.

- 7.4 The Committee noted the three acute hospitals' and Norfolk and Suffolk NHS Foundation Trust's answers to the questions that had been raised in the meeting and in their written responses.

8. NHS Workforce Planning in Norfolk – response from NHS England Midlands & East (East)

- 8.1 The Committee was asked to note a letter dated 1 April 2016 from NHS England Midlands and East (East) on the subject of Undergraduate Medical and Dental Training and to consider further correspondence with the Department of Health regarding progress towards 'fair share' funding for the education and training of health care professionals in Norfolk.
- 8.2 After considering the matter, the Committee **agreed** that the Chairman and Mrs Stone should write to:
1. Ben Gummer MP, Parliamentary Under Secretary of State for Care Quality – to follow up on the question of speeding up the transition towards 'fair share' funding via the secondary care placement tariff.
 2. The Chairman of the Department of Health and Health Education England Working Group on the primary care tariff – to emphasise the importance of incentivising GP education and training in Norfolk.

9. Forward work programme

- 9.1 The Committee **agreed**:-
1. The forward work programme as set out in the report with the addition of 'Community Pharmacy' for the 8 Sept 2016 meeting.
 2. To nominate Mrs Margaret Stone to the Children's Services Committee task & finish group on 'Children's Emotional Health and Wellbeing'.
- 9.2 Members who had any other 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. 40 pm



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Initiatives to address NHS workforce issues in Norfolk

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

The committee will receive an update from Norfolk and Suffolk Workforce Partnership / Health Education East of England on local initiatives reported to the committee in July and October 2015.

1. Introduction

- 1.1 On 16 July 2015 Norfolk Health Overview and Scrutiny Committee (NHOSC) received the report of its scrutiny task and finish group on NHS Workforce Planning in Norfolk, which highlighted the workforce shortages faced by NHS services in Norfolk and outlined the national, regional and local initiatives underway to address them. The committee made seven recommendations to local and regional organisations that could influence the staffing of local NHS organisations in the medium to long term.
- 1.2 NHOSC also made an eighth recommendation concerning progress towards a fair share of funding for Norfolk for the local education and training of healthcare professionals. The committee has pursued this at national level through correspondence with Ministers at the Department of Health and with NHS England. The latest response, dated 16 May 2016, from the Department of Health has been included in the NHOSC Briefing for May 2016.
- 1.3 NHOSC received responses to its seven local and regional recommendations on 15 October 2015 and representatives from the three NHS System Resilience Groups, Public Health and Health Education East of England attended to discuss the responses. The report received by the committee on 15 October 2015 is available through the following link [NHOSC agenda reports for 15 October 15](#) (page 36-55).
- 1.4 During the discussions on 15 October, Ross Collett, Head of Norfolk and Suffolk Workforce Partnership and representative for Health Education East of England, offered to further update Members on progress with local planning and initiatives at a later date. NHOSC agreed to invite Mr Collett to today's meeting to receive this update.

2. Background

- 2.1 Health Education England (HEE) is the organisation responsible for healthcare education and workforce planning at national level. It was established by the Health and Social Care Act 2012. HEE has thirteen local education and training boards (LETBs) across England, one of which is **Health Education East of England (HEEE)**, which covers our region. Within the HEEE area there are four workforce partnerships, one of which is the **Norfolk and Suffolk Workforce Partnership**. Certain decisions, including the decision about the numbers of doctors required for the future, are taken at HEE national level. Other decisions, including the decision about future requirements for nurses and therapists, are taken regionally and locally based on information from NHS provider organisations (e.g. hospitals; community health services).
- 2.2 As neither HEE nor its regional or local branches are commissioners or providers of local NHS services, they are outside the scope of the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013, which means that their engagement with NHOSC is on a voluntary basis.

3. Purpose of today's meeting

- 3.1 The update from HEEE for today's meeting will cover:-
- outputs from the 2015-16 local NHS workforce plans
 - the context regarding challenges and opportunities in relation to workforce supply, including the influence of the new Sustainability Transformation Planning process and initiatives taking place in other parts of the country
 - the initiatives being developed locally with the Workforce Partnership Board to address workforce gaps and meet future service needs in terms of education.
- 3.2 The local initiatives in which HEEE had involvement, and which were outlined in the report to NHOSC on 16 July 2015 are summarised in Appendix A. Updates from HEEE / NSWP are also included in Appendix A.

NHOSC's recommendations in July 2015 included three for HEEE. These recommendations, along with HEEE's response in July 2015 and an update for today's meeting are presented in Appendix B.

4. Suggested approach

- 4.1 The Committee may wish to discuss the following areas with Mr Collett:-
- a) NHOSC continues to be aware of the difficulties in recruitment experienced by NHS services across the county, e.g. GPs, Stroke Consultants, experienced Paramedics, Nurses. It was clear from

the committee's 2015 scrutiny that there would be no easy answers to the staff shortages and that steps needed to be taken nationally, regionally and locally to improve the workforce 'pipeline' and put contingencies in place to deliver services with a different skill mix of staff, where necessary. How is HEEE / NSWP measuring the success of the initiatives it has put in place?

- b) One of NHOSC's recommendations was for HEEE to check with providers regarding the barriers to reliable forecasting of future front-line staff requirements (some providers had told NHOSC that they based their returns to HEEE on the staffing levels that CCGs say they will fund rather than their own knowledge of the likely level of demand for service). Is HEEE & NSWP confident that current provider and / or CCG forecasting is realistic?
- c) How is HEEE / NSWP working with local hospitals and other providers to prepare for the 'self-funding' of nursing students from 2017? Is there a way of increasing the local providers' capacity to offer nursing student places?
- d) The CLiP (collaborative learning in practice) pilot appears to have been very successful and tripled student capacity while it was underway. Are there indications that Trusts in Norfolk will continue to use the model, funding it from their HEE tariff?
- e) How could the Sustainability Transformation Plan process be used to improve the local health and social care workforce supply 'pipeline'?



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Local NHS workforce initiatives in which Health Education East of England / Norfolk and Suffolk Workforce Partnership has a role

	As reported to NHOSC 16 July 2015	Update on 26 May 2016
1.	Health Education East of England initiatives	
1.1	<p>Flexible nursing pathway</p> <p>A Flexible Nursing Pathway (FNP) has been designed as a complementary alternative to the conventional three year degree delivery model for nurse education as currently provided by HEEoE through local Health Education Institute partners. This pathway is being piloted in 2015/16 and Norfolk & Suffolk has secured 46 commissioned places for our NHS employers across both counties.</p> <p>The Flexible Nursing Pathway provides a route into nursing for staff working in Band 1-4 positions that may not have been able to access the conventional student pathway, but have completed a healthcare Foundation Degree (FD), such as assistant practitioners. The most frequently cited reason for this group not accessing nursing degree programmes is the need to continue to earn a salary and for this reason HEEoE has developed a work based 'earn as you learn' pathway, that credits their existing qualifications towards the nursing degree (through Accreditation of Prior Experiential Learning).</p> <p>Typically the 'earn as you learn' pathway will take a student 2 years to complete whilst they remain in employment and upon successful completion they will qualify as an Adult Nurse.</p>	<p>The FNP is part of an overall strategy to improve workforce supply across the East of England focussing on 4 areas:</p> <ul style="list-style-type: none"> - New routes into education (FNP is one) - The quality of the learning environment - Employability – return on investment - Improve retention & flexibility of the workforce <p>Of the 46 places that HEE commissioned with University Campus Suffolk (UCS) across Norfolk and Suffolk our employers were able to fill 44 of these places. The remaining 2 places were used by other Higher Education Institutes (HEIs) / employers in the region. Within the cohort of 44 students 2 were in primary care (1 x Wells, 1 x Gt Yarmouth). Given this was the first year of a new programme and employers had to identify existing members of staff with the right entry qualifications this was a fantastic result. Norfolk and Suffolk Workforce Partnership (NSWP) had by far the greatest uptake of this new programme than any other part of the region demonstrating the ability of our local employers to work with us to develop innovate nursing supply routes. For 16/17 HEE have commissioned a further 45 places but weighted towards areas of greatest need e.g, primary care, mental health, West Norfolk and Gt Yarmouth & Waveney.</p>

	As reported to NHOSC 16 July 2015	Update on 26 May 2016
1.2	<p>Collaborative learning in practice (CLIP)</p> <p>The CLIP project currently being hosted in Norfolk is a method of offering student nurses a better quality of learning in practice, which should help to keep them in training. It goes beyond the regular provision of support for students in practice, which is about 40-50% of their time with a mentor, and provides the constant supervision of a coach who does not concurrently have responsibility for patients other than those that their students are caring for. The pilot has been run by UEA School of Health Sciences, HEEE, NNUH, JPUH, ECCH, NCH&C, QEH and NSFT and will now be rolled out in Suffolk.</p>	<p>CLiP is part of an overall strategy to improve workforce supply across the East of England focussing on 4 areas:</p> <ul style="list-style-type: none"> - New routes into education - The quality of the learning environment (CLiP is one) - Employability – return on investment - Improve retention & flexibility of the workforce <p>HEE funding for the pilots has now finished and the Trusts in Norfolk are being encouraged to rollout the programme and use their HEE Tariff funding to support the model. HEE has funded pilots, evaluated and proved the concept Trust Boards now need to “adopt & spread”</p> <p>Benefits & Impact (from UEA evaluation report)</p> <p>Tripled student capacity</p> <ul style="list-style-type: none"> - Acute Trusts 4 to 12 students per ward - Mental Health Trusts 2 – 6 students per ward - Community Trusts 60 - 200 students in total learning Environment; <p>Students report more confidence and competence; Staff report increased critical thinking; Improved recruitment and fitness to practice.</p>
1.3	<p>Health Ambassadors project</p> <p>The Health Ambassadors Project, which was initiated in Norfolk and Suffolk and is now being rolled out nationally, is a way of linking NHS workers (clinical and non-clinical) with schools and</p>	<p>NSWP has secured some national funding from HEE to employ a Health Ambassador Project Coordinator for Norfolk & Suffolk. This individual started work in March 2016 and will work to increase the number of Ambassadors we have who</p>

	As reported to NHOSC 16 July 2015	Update on 26 May 2016
	<p>colleges. Staff within local Trusts put themselves forward as Ambassadors and Norfolk and Suffolk Workforce Partnership then endeavours to link up with schools and colleges in the patch. NSWP has a modest budget to support usually 1 or 2 events that would bring students and NHS Workers together, for example they organised scenario days for students, usually in secondary or further education, where healthcare workers “act out” scenarios with students. The scenario could be a road traffic accident or something similar giving the opportunity to promote the wide range of professions who interact with a patient on their journey through the system. In addition the Ambassadors try to attend schools careers fairs and specific careers events when possible again mostly focussed on secondary and further education.</p> <p>There is no complete central list of all the activities and schools that Health Ambassadors have engaged with because the some of the administration is carried out by individual Trusts but there are centrally recorded events at the following schools:-</p> <p>Downham Market Academy St Clements High School Kings Lynn Wayland Academy King Edward VII High School Kings Lynn</p> <p>The Health Ambassadors have also taken part in two large events, one organised by UEA and Skills East which took place over two days at Norfolk Showground.</p>	<p>can support schools and colleges as well as providing a hub for data to better assess impact.</p> <p>The Coordinator has within their workplan a requirement to link with similar initiatives already in place and funded by the Local Enterprise Partnership (LEP). This will allow Providers and it is hoped STPs (Sustainability Transformation Plans) to use the various Ambassador Programmes that exist across the Health and Social Care sector in a more strategic way to address workforce gaps and improve health and social care sector workforce supply.</p>

	As reported to NHOSC 16 July 2015	Update on 26 May 2016
1.4	<p>Developing an integrated health and social care workforce</p> <p>Norfolk and Suffolk Workforce Partnership (NSWP) has funded a 12 month role to kick start some integrated workforce planning and development projects across the health and social care system in Norfolk and Suffolk. The role began in December 2014 and the projects included:-</p> <ul style="list-style-type: none"> • Workforce Profiling – to identify workforce gaps and opportunities for innovative new roles 	<p>The Health & Social Care Integration (HASCI) Group was pump primed by HEE who funded the Project Coordinator Samantha Fowler. The group was intended to be pan Norfolk and Suffolk but the majority of initiatives have taken place in Suffolk as Norfolk have developed its own workforce forum independent of HEE and HASCI.</p> <p>The key pieces of work that have been completed are</p> <ul style="list-style-type: none"> ➤ The Workforce Profile and this has been incorporated into wider HEE work now being used to support the new STP process which in Norfolk is led by Wendy Thomson;

<ul style="list-style-type: none"> • Local Integrated Leadership Programme – starting with a pilot in Suffolk • Health & Social Care Apprenticeships – the target was for 100 new apprenticeships in primary care and with other care providers with NHS funding, over a period of 15 months. • Newly Qualified Academy – to be established for health and social care professional staff in their first year in practice (along the lines of the NSFT nurse academy) • Recruitment and Retention – looking with UEA at recruitment opportunities for social worker and nurse students during holiday periods and opportunities to recruit early leavers from these courses to other roles. • Home Care Provider Development – starting with workshops in West Norfolk to focus on recruitment, retention, training & development of home care workers. • Care Home and Carers Workforce Development – increasing numbers of care coaches for care homes, etc. • Shared Learning Opportunities – an evaluation of the benefits of multi-agency training. • Health & Social Care Careers Marketing Material – a careers leaflet focusing on apprenticeships, promoting health and social care careers together. • Worker Shadowing Project – developing a worker shadowing scheme – piloted in Suffolk. 	<ul style="list-style-type: none"> ➤ Integrated Apprenticeships – these pilots are now operating in Norfolk, Waveney and Suffolk and have built on the original pilot with NNUH. In 15/16 there have been 10 places in Norfolk and 12 in Suffolk recruited through Skills for Health. Some 5 apprentices are going through the process in Norfolk and the 5 places that remain unfilled have been rolled forward into 16/17. ➤ Integrated Leadership – these initial pilots have been proved successful at a locality level and NSWP now has a CEO led Leadership sub group of the WP Board that is developing a rotational programme for professionals across health and social care, this has also been picked up by Norfolk STP who want to roll out this programme at scale. Work underway to agree content and recruit delegates. <p>The remaining initiatives have either been subsumed into wider work going on in NSWP such as the newly qualified academy which links to a national piece of work on preceptorship for newly qualified nurses or are being picked up as part of the scoping and planning for the STP in Norfolk.</p> <p>In addition NSWP in partnership with Norfolk & Suffolk County Councils and the Brokerage have recently presented a Sector Skills Plan to the LEP focussing on gaps in residential and nursing home care which the LEP has adopted. This work picks up many of the elements that HASCI were looking at and links them more formally with social care colleagues. This project has just recently gone live.</p>
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2. Local initiatives for General Practice

Health Education East of England (HEEoE) does not decide the number of training places for doctors in our region. That is done at national level. The task and finish group report to NHOSC on 16 July 2015 outlined all of the initiatives underway at national level to improve the supply of doctors.

The update on local initiatives for GP practice is as follows:-

The 2015 recruitment was held open past August and completed in December 2015. East of England share of the national numbers was 332 and regional HEE School of Primary Care reported 100% fill rate at December 2015.

Whilst this is a good position for trainees this does not ease the pressure on those Practices that continue to have vacancies. There is a regional plan that Norfolk is part of to improve primary care workforce recruitment and retention which is focussing on the following areas:

➤ Primary Care Career Support

- GP recruitment
- Encouraging w/exp and tasters
- Careers guidance and events
- Promotional videos for primary care
- Retention of GPs (national initiative)
- Returners (national scheme)
- GP & Nurse Fellowships

GP Fellows piloted in Suffolk, we now have 1 in Beccles, West Norfolk & Gt Yarmouth are actively recruiting

➤ Training & Education

- Network of 10 CEPNs (Community Education Provider Networks - Ed infrastructure for primary care)

2 x CEPNs set up in Norfolk. 1 in West Norfolk, 1 in Gt Yarmouth

- Comm GP Nurse Education (Specialist Practice)

15 places commissioned across Nfk & Sfk

- GP Nurse Tutors
- Increase GP Nurse Placements

New CEPNs are working on this to increase take up by their GP members.

➤ Workforce Development (New Roles)

- Physicians Associates

28 recruited to UEA programme that started in Feb 2016, all will have experience of primary care as part of their 2 year programme

- Healthcare Support Workers

100 apprentice start in 15/16 in primary care

- Clinical Pharmacists

National pilot through NHS England, 3 sites in Norfolk have been awarded funding – Norwich, Gt Yth, East Coast Comm. Between them they have recruited 2 x Senior Clinical Pharmacists and 9 x Clinical Pharmacists

- Undergraduate Clinical Pharmacists

➤ OD & Leadership

- Creation of an integrated school of primary care
- Commission triumvirate leadership course

➤ Workforce planning

National data collection will be used by STP for planning purposes

➤ Comms

3. HEEoE and UEA initiatives

UEA's Norwich Medical School, which provides courses for doctors, and School of Health Sciences which provides courses for non medical health care staff, e.g. nurses, midwives, therapists, paramedics, work with HEEoE and local NHS service providers to educate and train the workforce.

The update on various initiatives is as follows:-

Within our commissions this year HEE has worked with local employers and HEIs to develop more supply routes into nursing and then potentially into AHPs (Allied Health Professionals) if these programmes are successful. The following programmes have been commissioned this year:

- Work based Masters level programme: Commissioned with UEA. We have 20 places across Norfolk and Suffolk. The programme targets existing healthcare employees who hold a 1st degree that would like to progress into nursing. They will be released from their current job role and sponsored by their employer through the 2 year programme with a commitment to 3 years employment with their host employer post qualification.
- Work based Flexible Nursing Programme: Commissioned with UCS. We have 45 places across Norfolk & Suffolk see details earlier in report.

CPD (Continuous Professional Development) Funding: when our budgets are confirmed any CPD we have agreed with our employers will be aligned to the STP priorities as far as possible to ensure that appropriate parts of the non-medical existing workforce are prepared for emerging new models of care as set out in the NHS 5 Year Forward View.

Great Yarmouth and Waveney workforce forum - This was a legacy project that was initially funded in 14/15 but then rolled activity into 15/16. This initiative has now been rolled into the Gt Yarmouth CEPN.

Norfolk Health Overview and Scrutiny Committee – NHS Workforce Planning in Norfolk

Update on progress with recommendations made to Health Education East of England

Recommendations	Response – October 2015	Update – April 2016
<p>1. That Health Education East of England and the College of West Anglia work together with all the necessary partners with a view to receiving accreditation and providing health care degree courses in King's Lynn as soon as is practicable. (paragraph 6.2.5)</p>	<p>RECOMMENDATION ACCEPTED</p> <p>HEEoE has agreed to work with local partners to include College of West Anglia to address local workforce supply issues and opportunities for local residents. The focus, however, will remain on the 'right' solution for QEHL that also provides opportunities for local residents and this may not be a nursing degree programme at CoWA.</p> <p>The Head of the Workforce Partnership met with the Principal of the College of West Anglia (CoWA) & local Councillor Alexandra Kemp on 13 July 2015 to discuss the opportunity to develop a degree course at CoWA. The meeting concluded that HEEoE would consider commissioning a local cohort but a number of things would need to be in place before this could be taken forward:</p> <p>1) Anglia Ruskin University (ARU) accredits the HE provision on the CoWA site and so would need to be supportive of setting up local provision in Kings Lynn;</p> <p>2) The local hospital (QEHL) would need to support local provision as it would be required to</p>	<p>With the change in funding for student nurses from 2017 onwards, providers (including QEH) can negotiate to provide placements to universities.</p> <p>NSWP is working with all NHS Providers who currently take student nurses to map their placement capacity as this will limit their ability to grow nursing numbers.</p>

Recommendations	Response – October 2015	Update – April 2016
	<p>provide suitable placements for the nursing students accessing any local provision. Currently they take UEA students who rotate through QEHL and the Norfolk & Norwich Hospital;</p> <p>3) If ARU support the setting up of local nursing provision on the site of CoWA the Nursing and Midwifery Council would need to approve any new courses before these could be commissioned by HEEoE;</p> <p>4) Before any contractual changes could be undertaken by HEEoE and commissions moved from other HEI provision any QEHL would need to identify the need for a change in provision as part of the planning & commissioning cycle to which HEEoE would respond.</p> <p>The meeting concluded with the Principal agreeing to raise the issue of a local cohort with ARU and to seek the Trust Boards views on the development of a local cohort. At present HEEoE has not been formally approached by QEHL to review its current provision and develop a local nursing programme.</p> <p>The Head of the Workforce Partnership made contact with the QEHL Director of Nursing prior to meeting with CoWA to advise her of the meeting and fed back the outcome of the meeting so as to</p>	

Recommendations	Response – October 2015	Update – April 2016
	<p>ensure all parties were appraised of discussion that took place.</p> <p>Prior to this local meeting the Head of the Workforce Partnership also had a discussion with the Head of Commissioning from HEEoE to advise of the local interest from CoWA. The Head of Commissioning confirmed that HEEoE would <u>consider</u> changes to current commissioning arrangements if QEHKL were to formally raise this with HEEoE as part of the commissioning cycle.</p>	
<p>2. That Health Education East of England, UEA School of Health Sciences, the Queen Elizabeth Hospital NHS Foundation Trust, Norfolk Community Health and Care NHS Trust and Norfolk and Suffolk NHS Foundation Trust urgently reach agreement and make arrangements for UEA nursing students to be offered placements in west Norfolk.</p>	<p>RECOMMENDATION ACCEPTED</p> <p>This local placement provision is already in place. As stated by QEHKL, the Trust already has local placement provision from the UEA (70 students) and they have increased commissions to satisfy demand.</p> <p>In addition they have been working with the local workforce partnership and developed an apprenticeship model to take locally recruited or existing members of staff through an apprenticeship framework and then onto a work based nursing degree programme which is being offered through University Campus Suffolk. This provision will be delivered locally and supports the Trusts “grow your own” workforce strategy.</p>	<p>This will be impacted by the introduction of self funding for non-medical students announced as part of the comprehensive spending review as HEE will no longer be commissioning non-medical education from 2017. Therefore the Trust will need to use the “asset” of its placement capacity to shape future HEI provision to suit its local recruitment strategy.</p>

Recommendations	Response – October 2015	Update – April 2016
	<p>Norfolk Community Health and Care (NCH&C) are working closely with HEE and UEA in increasing the number of students on placement with us. We are piloting a new method of supporting students in the community teams (CLiP pilots) to increase number of placements. We are also committed to offering newly qualified staff more community jobs on qualifying. (Nursing students from UEA are already on placement with NCH&C in west Norfolk).</p> <p>Norfolk and Suffolk NHS Foundation Trust will continue to discuss the need for a greater presence by the educational provider in West Norfolk as this continues to be very Norwich-centric. The Trust already has student placements in West Norfolk but would like to increase the numbers. This is being discussed with the educational provider. To support this, the Trust is reviewing its mentoring capacity within West Norfolk to ensure it is able to support higher student placement numbers in this area.</p>	
<p>3. That HEEoE checks with the community providers, and other providers if necessary, on the issues of funded services versus probable requirements and the forecast number of front-line staff retirements and involves CCGs in</p>	<p>RECOMMENDATION ACCEPTED</p> <p>HEEoE, through the Workforce Partnership, has a well established process that delivers a set of workforce and commissioning plans from all local NHS Providers. Part of this process seeks assurance that Trust Boards have engaged CCGs</p>	<p>HEE still has a statutory requirement to protect workforce supply even though it no longer has a commissioning responsibility for non-medical students. As such HEE will still collect Provider workforce plans to determine the levels of tariff</p>

Recommendations	Response – October 2015	Update – April 2016
<p>the discussions if necessary. (paragraph 6.7.4)</p>	<p>to input to their workforce plans. In addition the Accountable Officers from the CCGs across Norfolk and Suffolk attend the Workforce Partnership Board where we share the various iterations of the plans as they are built during the planning cycle. This provides an opportunity for CCGs at a senior level to challenge plans and commissions.</p> <p>As part of our planning and commissioning process next year (2016-17), in line with other Workforce Partnerships in HEEoE I will seek invitations to the various system resilience groups that are established in the patch in order to get their input and critical challenge as plans are built.</p>	<p>funding that providers need to support students but unlike previous years the STP structure now acts a sense check of these plans as both provider and system level plans need to align. HEE will be part of the assurance process for the STP plans alongside NHS England and these assurance meetings will provide the opportunity to test alignment.</p>

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 2016

<i>Meeting dates</i>	<i>Briefings/Main scrutiny topic/initial review of topics/follow-ups</i>	<i>Administrative business</i>
21 July 2016	<p><u>Children's mental health services in Norfolk</u> – scrutiny of the implementation of the Local Transformation Plan</p> <p><u>Norfolk and Suffolk NHS Trust – unexpected deaths</u> – a report on the outcome of the Verita review and resulting actions.</p>	
8 Sept 2016	<p><u>Community pharmacy</u> – reports from NHS England Midlands and East (East) and Norfolk Local Pharmaceutical Committee on forthcoming changes to local pharmacy services</p> <p><u>End of life care</u> – scrutiny of the local health and care providers' responses to new NICE guidance issued in December 2015 and the Care Quality Commission's 'A Different Ending' report published in May 2016.</p>	Subject to agreement by NHOSC on 26 May 2016
13 Oct 2016	<p><u>Ambulance response times and turnaround times in Norfolk</u> – an update from East of England Ambulance Service NHS Trust, Norfolk and Norwich University Hospitals NHS Foundation Trust and North Norfolk CCG (follow up to the reports in October 2015)</p> <p><u>Stroke Services in Norfolk</u> – an update on progress with the 2014 NHOSC recommendations and the outcome of the Review of Stroke Rehabilitation in the Community, November 2015</p>	

NOTE: These items are provisional only. The OSC reserves the right to reschedule this draft timetable.

Provisional dates for report to the Committee / items in the Briefing 2016-17

23 Feb 2017 – Continuing healthcare in Norfolk – an update on the implementation and evaluation of the new policy introduced by North Norfolk, South Norfolk, Norwich and West Norfolk CCGs (following on from the report to NHOSC on 25 February 2016)

6 April 2017 – Children’s mental health services in Norfolk – scrutiny of the service after a full year of operation following the Local Transformation Plan changes.

6 April 2017 – IC24’s NHS 111 and GP Out of Hours Service in Central and West Norfolk – an update from IC24 and Norwich CCG (further to the meeting on 14 April 2016)

Members serving on Task & Finish Groups

Task & finish group	Membership
Children’s Services Committee Task & Finish Group Review Review of access to support and interventions for children’s emotional wellbeing and mental health	From NHOSC Mrs M Stone

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

Clinical Commissioning Groups

North Norfolk	-	M Chenery of Horsbrugh (substitute Mr David Harrison)
South Norfolk	-	Dr N Legg (substitute Mrs M Stone)
Gt Yarmouth and Waveney	-	Mrs M Stone (substitute Mrs M Fairhead)
West Norfolk	-	M Chenery of Horsbrugh (substitute Mrs S Young)
Norwich	-	Mr Bert Bremner (substitute Mrs M Stone)

NHS Provider Trusts

Queen Elizabeth Hospital, King's Lynn NHS Foundation Trust	- M Chenery of Horsbrugh (substitute Mrs S Young)
Norfolk and Suffolk NHS Foundation Trust (mental health trust)	- M Chenery of Horsbrugh (substitute Mrs S Bogelein)
Norfolk and Norwich University Hospitals NHS Foundation Trust	- Dr N Legg (substitute Mrs M Stone)
James Paget University Hospitals NHS Foundation Trust	- Mr C Aldred (substitute Mrs M Stone)
Norfolk Community Health and Care NHS Trust	- Mrs J Chamberlin (substitute Mrs M Stone)

Norfolk Health Overview and Scrutiny Committee 26 May 2016

Glossary of Terms and Abbreviations

AHP	Allied Health Professional
ARU	Anglia Ruskin University
CCG	Clinical Commissioning Group
CEO	Chief Executive Officer
CEPN	Community Education Provider Network – the purpose is to understand and develop the community based workforce in a defined geographic area. The aim is to enable community organisations to work with higher education institutes to assess workforce training needs, expand capacity for training in the community, innovate in the field of training and deliver multi-professional training.
CLIP	Collaborative Learning In Practice
Comms	Communications
COWA	College Of West Anglia
CPD	Continuous professional development
ECCH	East Coast Community Healthcare
FD	Foundation degree
FNP	Flexible nursing pathway
GP	General Practitioner
GP Fellows	The GP Fellowship scheme offers medical practitioners the opportunity to work as GPs and also further their training and education in areas of interest outside general practice
GY&W	Great Yarmouth And Waveney
HASCI	Health and social care integration
HE	Higher Education
HEE	Health Education England
HEEoE	Health Education East of England
HEFCE	Higher Education Funding Council for England
HEI	Higher Education Institute
IC24	Integrated Care 24 (a not for profit social enterprise organisation providing GP out of hours and NHS 111 services in Norfolk)
JPUH	James Paget University Hospital
LEP	Local Enterprise Partnership
NCH&C (NCHC)	Norfolk Community Health and Care NHS Trust
NHOSC	Norfolk Health Overview and Scrutiny Committee
NNUH (N&N, NNUHFT)	Norfolk and Norwich University Hospitals NHS Foundation Trust
NSFT	Norfolk and Suffolk NHS Foundation Trust (the mental health trust)
NSWP	Norfolk and Suffolk Workforce Partnership

OD	Organisational development
OSC	Overview and Scrutiny Committee
QEH KL/QE/QEH	Queen Elizabeth Hospital King's Lynn
STP	Sustainability Transformation Plan
UCS	University Campus Suffolk
UEA	University of East Anglia
w/exp	Work experience