Norfolk County Council

# Norfolk Health Overview and Scrutiny Committee

Date: **Thursday 14 April 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 | SUBSTITUTE MEMBER | REPRESENTING |
|---|---|---|
| Mr C Aldred | Mr P Gilmour | Norfolk County Council |
| Mr R Bearman | Mr A Dearnley | Norfolk County Council |
| Mr B Bremner | Mrs M Wilkinson | Norfolk County Council |
| Ms S Bogelein | Ms L Grahame | Norwich City Council |
| Mr M Carttiss | Mr N Dixon / Mrs S Gurney/ Mrs A Thomas/ Miss J Virgo | Norfolk County Council |
| Mrs J Chamberlin | Mr N Dixon / Mrs S Gurney/ Mrs A Thomas/ Miss J Virgo | Norfolk County Council |
| Michael Chenery of Horsbrugh | Mr N Dixon / Mrs S Gurney/ Mrs A Thomas/ Miss J Virgo | Norfolk County Council |
| Mrs A Claussen-Reynolds | Mr N Smith | North Norfolk District Council |
| Mr D Harrison | Mr B Hannah | Norfolk County Council |
| Mrs L Hempsall | Mr J Emsell | Broadland District Council |
| Dr N Legg | Mr C Foulger | South Norfolk District Council |
| Mrs S Matthews | Mr R Richmond | Breckland District Council |
| Mrs M Stone | Mr N Dixon / Mrs S Gurney/ Mrs A Thomas/ Miss J Virgo | Norfolk County Council |
| Mrs S Weymouth | Mrs M Fairhead | Great Yarmouth Borough Council |

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| Mrs S Young | Vacancy | King's Lynn and West Norfolk Borough 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

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.

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

**2. Minutes**

To confirm the minutes of the meeting of the Norfolk Health Overview and Scrutiny Committee held on 25 February 2016. (Page 5)

**3. 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.

**4.** **To receive any items of business which the Chairman decides should be considered as a matter of urgency**

**5.** **Chairman's announcements**

**6.** **10.10 – 11.00** **IC24's NHS 111 and GP Out of Hours service in Central and West Norfolk** (Page 13 )

Appendix A – report from IC24. (Page 16 )

**11.00 – 11.10** **Break at the Chairman's discretion**

**7.** **11.10 – 11.55** **Service in A&E following attempted suicide or self-harm episodes** (Page 23 )

Appendix A – report from Norfolk and Norwich University Hospitals NHS Foundation Trust and Norfolk and Suffolk NHS Foundation Trust (Page 26 )

Appendix B – report from Queen Elizabeth Hospital NHS Foundation Trust. (Page 29 )

Appendix C – report from James Paget University Hospital NHS Foundation Trust (*To follow*)

**8.** **11.55 – 12.05** **NHS Workforce Planning in Norfolk** (Page 40 )

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.

Appendix A1 – 1 Apr 2016, letter from Ruth Derrett, NHS England, Midlands and East (East) (Page 42 )
Appendix A2 – 11 Dec 2015, letter to Simon Sevens, NHS England (Page 46 )
Appendix A3 – 18 Nov 2015, letter from Ben Gummer MP, Parliamentary Under Secretary of State for Care Quality (Page 48 )
Appendix A4 – 19 Oct 2015, letter to The Rt Hon Jeremy Hunt MP, Secretary of State for Health (Page 52 )
Appendix A5 – 7 Sep 2015, letter from Ben Gummer MP, Parliamentary Under Secretary of State for Care Quality (Page 54 )

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| **9.** | **12.05 – 12.20** | **Forward work programme** | (Page 56 ) |
| | | Appendix A – Children's Services Task & Finish Group Review, scoping document | (Page 58 ) |
| | | Appendix B – NHOSC forward work programme | (Page 63 ) |
| **Glossary of Terms and Abbreviations** | | | (Page 66 ) |

**Chris Walton**
**Head of Democratic Services**

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Date Agenda Published: 6 April 2016

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Norfolk County Council

**NORFOLK HEALTH OVERVIEW AND SCRUTINY COMMITTEE**
**MINUTES OF THE MEETING HELD AT COUNTY HALL, NORWICH**
**On 25 February 2016**

**Present:**

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| 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 |
| Mr D Harrison | Norfolk County Council |
| Mrs L Hempsall | Broadland District Council |
| Dr N Legg | South Norfolk District Council |
| Mrs M Stone | Norfolk County Council |
| Mrs S Young | King's Lynn and West Norfolk Borough Council |

**Substitute Member Present**:
Miss J Virgo for Mrs J Chamberlin, Norfolk County Council
Mr A Dearnley for Mr R Bearman, Norfolk County Council

**Also Present:**

| | |
|---|---|
| Dr. Hilary Byrne | Chairman, South Norfolk CCG |
| Antek Lejk | Chief Officer, South Norfolk CCG |
| Jocelyn Pike | Chief Operating Officer, South Norfolk CCG |
| Mark Taylor | Chief Officer, North Norfolk CCG |
| Jo Smithson | Chief Officer, Norwich CCG |
| Aidan Fallon | Interim Director of Strategy and Transformation, West Norfolk CCG |
| Rachel Peacock | Head of Continuing Care, Norwich CCG |
| Rosa Juarez | Continuing Healthcare Project Manager – central CCGs and West Norfolk CCG |
| Laura McCartney-Gray | Engagement Manager, Norwich CCG |
| Nick Pryke | Head of Operations – Integrated Services (Norwich), Adult Social Services |
| Mark Harrison | Chief Executive Officer, Equal Lives |
| Caroline Fairless-Price | Continuing Healthcare service user |
| Alex Stewart | Chief Executive, Healthwatch Norfolk |
| Lisa Neal | South Norfolk Councillor |
| 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 Mrs A Claussen-Reynolds, Mrs S Matthews and Mrs S Weymouth.

An apology for absence was also received from Dr Anoop Dhesi, Chairman, North Norfolk CCG.

**2. Minutes**

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

**3. Declarations of Interest**

3.1 The following declarations of interest were received:

- Ms S Bogelein declared an "other interest" as she was employed as a clinical psychologist with an interest in mental health.
- Mrs L Hempsall declared an "other interest" in that she was a registered disabled person.
- 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.**

**Letter to the Chief Executive of NHS England regarding Service Increment Funding for Teaching (SIFT) for Norwich Medical School**

**5.1** The Chairman said that Members would be aware from the latest NHOSC Briefing that he and Mrs Stone had written to Simon Stevens, Chief Executive of NHS England, on 11 December 2015 regarding the issue of progress towards a fairer share of Service Increment Funding for Teaching for Norwich Medical School. This was an outstanding issue from the scrutiny of NHS Workforce Planning in Norfolk and they had written to Simon Stevens on the advice of Ben Gummer MP, Parliamentary Under Secretary of State for Quality.

**5.2** The Scrutiny Support Manager had received an acknowledgement from NHS England on 17 February 2016 after sending a follow-up email with a copy of the letter on 15 February 2016. NHS England had said that they had no record of receiving the original letter but that Simon Steven had now asked the Director of Commissioning Operations' team to respond on his behalf and that the letter had been forwarded to Ruth Derrett, Locality Director. An assurance had been received from NHS England that this was being treated as a priority.

**5.3 Formal Consultation with the Committee**

In his introductory remarks to the items that were on today's agenda, the Chairman said that any NHS body that was contemplating what might be considered a significant change of service should make an early approach to Maureen Orr, Democratic Support and Scrutiny Team Manager, for advice on whether formal consultation with the Committee would be necessary.

6 **South Norfolk Clinical Commissioning Group – changes to policies and services in 2015-16**

6.1 The Committee received a suggested approach from the Democratic Support and Scrutiny Team Manager to the way in which South Norfolk Clinical Commissioning Group had put forward proposals for changes to its policies and services for in-year implementation in 2015-16.

6.2 The Committee received evidence from Dr. Hilary Byrne, Chairman, South Norfolk CCG, Ante Lejk, Chief Officer, South Norfolk CCG and Jocelyn Pike, Chief Operating Officer, South Norfolk CCG.

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

- The witnesses said that South Norfolk CCG was predicted to have a deficit of approximately £6.6m at the end of the 2015/16 financial year and unless some significant changes were introduced in the way in which the South Norfolk CCG ran its services this figure could rise to £14m (between 4% and 5% of the South Norfolk CCG budget) during the 2016/17 financial year.
- The Committee was informed that the financial difficulties faced by South Norfolk CCG were by no means unique. All of the Norfolk CCGs, irrespective of their current financial position, were having to consider making unprecedented levels of savings.
- Members considered the extent to which the Norfolk CCGs could and should make their own commissioning decisions that reflected area differences in populations, geography and affordability, and when they should be working together more formally to common service standards, policies and contracts.
- The witnesses said that the answer to this question partly depended on how public opinion varied in different areas of the county.
- Where North Norfolk, Norwich and South Norfolk CCGs did work together with the County Council on joint commissioning then this was done through a joint committee.
- Over the past three years the length of time patients stayed in the majority of intermediate care beds had reduced from around 30 days to 18 days. This had, in effect, increased bed capacity. The South Norfolk CCG wanted the non-NHS providers of intermediate care also to adopt the model of shorter lengths of stay and going forward this would be reflected in a new re-procurement process.
- The witnesses said that South Norfolk CCG had now reached an agreement on arrangements for the purchase of beds at All Hallows until March 2016.
- The witnesses said that the intermediate care beds re-procurement process in south Norfolk was not expected to result in a substantial change in service provision. Representatives of South Norfolk CCG would, however, speak to Maureen Orr, Democratic Support and Scrutiny Team Manager, about how they could keep her informed about their commissioning intensions and plans for services in 2016/17.
- It was pointed out by a Member of the Committee that South Norfolk District Council had a policy of consulting the NHS on housing development but had found that NHS organisations, such as the South Norfolk CCG, were not taking full advantage of the opportunities that were available to them to comment on planning applications and to shape the provision of new building development and all that that meant for the planning of future local health services.

- It was pointed out by another Member of the Committee that Broadland District Council would like to engage in discussions with the Norfolk CCGs about a "Handyman Service" that the District Council had put in place to address their responsibilities for undertaking adaptations in the home. (Note: The Committee considered this matter when it considered its forward work programme which is mentioned at minute 10.4).

6.4 The Committee noted the South Norfolk CCG representatives' answers to the questions in the report and their assurance of ongoing active engagement with the Committee.

7 **Clinical Commissioning Groups – commissioning intentions and plans for services in 2016-17**

7.1 The Committee received a suggested approach from the Democratic Support and Scrutiny Team Manager to reports that had been received from NHS North Norfolk, South Norfolk, West Norfolk and Norwich Clinical Commissioning Groups (CCGs) about their commissioning intentions and plans for services in 2016-17.

7.2 The Committee received evidence from Mark Taylor, Chief Officer, North Norfolk CCG, Jo Smithson, Chief Officer, Norwich CCG, Ante Lejk, Chief Officer, South Norfolk CCG and Aidan Fallon, Interim Director of Strategy and Transformation, West Norfolk CCG.

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 acknowledged that during 2015/16 some notable differences in commissioning intentions and plans for services had emerged between the Norfolk CCGs and that their priorities had departed from some of the usual NHS practices in the rest of England.
- The witnesses said that the commissioning intentions of the Norfolk CCGs reflected differences in populations, the costs of providing local services, as well as differential access to services and the rural isolation of some Norfolk communities. The Norfolk CCGs, and Norfolk County Council did however work formally in partnership to common service standards, policies and contracts.
- Together with the County Council, North Norfolk, South Norfolk and Norwich CCGs had established a Joint Commissioning Committee to oversee the operation of joint commissioning on issues of common interest.
- Members spoke about how differences in costs for providing health services in different areas of the county could lead to the introduction of a "post code lottery" when it came to the public's ability to access NHS services.
- The witness from West Norfolk CCG agreed to let the Scrutiny Support Manger have details about what was involved in the Quality Innovation Productivity & Prevention (QIPP) initiative 'QEH Psychology Provision' that was mentioned in the West Norfolk CCG work plan at page 45 of the agenda. This information would be included in the Member briefing note.
- The Committee noted that in order to comply with revised NHS planning guidance the Norfolk CCGs had come together to produce a 'Sustainability and Transformation Plan (known as the STP)' to cover the period from October 2016 to March 2021; and a plan by organisation for 2016-17.
- The witnesses said that they wished to reassure the Committee as to the robustness of the methodology and governance arrangements that they

would put in place in their CCG areas to involve patients and the public in any proposals to change services that might be included within the STP.

- The witnesses also said that they would be happy to discuss issues of consultation on service changes with Maureen Orr, Democratic Support and Scrutiny Team Manager before they decided on what action they would take.

7.4 The Committee noted the CCG representatives' assurances of ongoing active engagement with the Committee.

**8. Continuing Healthcare**

8,1 The Committee received a suggested approach from the Democratic Support and Scrutiny Team Manager to the joint work of the Norwich, North Norfolk, South Norfolk and West Norfolk Clinical Commissioning Groups and other NHS organisations that had taken place with patient groups to define the proposed new guidelines and policy for the provision of NHS Continuing Healthcare (CHC).

8.2 The Committee received evidence from Rachel Peacock, Head of Continuing Care, Norwich CCG, Rosa Juarez, Continuing Healthare Project Manager – central CCGs and NHS West Norfolk CCG, Laura McCartney-Gray, Engagement Manager, NHS Norwich CCG, Jo Smithson, Chief Officer Norwich CCG and Nick Pryke, Head of Operations – Integrated Services (Norwich), Adult Social Services.

8.3 The Committee also heard from Mark Harrison, Chief Executive Officer, Equal Lives, Caroline Fairless-Price, a Continuing Healthcare service user and Alex Steward, Chief Executive of Healthwatch Norfolk.

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

- The witnesses said that the approach that was being taken by the four CCGs would be consistent with the latest version of the CHC National Framework.
- Detailed training plans had been prepared for staff and review panel members. The training plans would take account of equality, disability and human rights legislation and the Harwood Care and Support Charter.
- The standardised CHC policy would be implemented when it had been agreed by the governing bodies of all four CCGs.
- Further work on the CHC policy was to be undertaken in conjunction with Adult Social Care.
- The key aim was to inform robust and consistent commissioning decision making and not to reduce costs.
- Members were concerned to ensure that a "24/7 safety net" was provided for patients receiving NHS continuing health care at home to ensure that they were not placed at a high risk of admission to hospital or a nursing home when the agency responsible for their care failed to deliver that care.
- The witnesses said that the quality standards within the new service contracts would help to ensure that the CCGs were able to hold providers to account for the quality of care they provided.
- Rachel Peacock agreed to let Maureen Orr, Democratic Support and Scrutiny Team Manager, have details as to the number of live appeals against continuing healthcare decisions (i.e. appeals against decisions on eligibility and appeals against decisions on the type of care provided). This information would be included in the Member briefing note.

- Members stressed the importance of a consistent decision making approach for all parties and providers of CHC across all four CCGs.
- The witnesses outlined the practical difficulties with instigating single joint Complex Case Review Panel for the four CCG areas but also said that it might be possible to move in stages towards a single panel.

8.5 Mark Harrison of Equal Lives said that he was concerned that patients' needs and the outcomes patients wished to obtain from their CHC assessment could be lost if the change in approach found residential care to be cheaper than home care and the costs of providing NHS care in different areas of the county continued to vary significantly. He said that the standardised CHC policy seemed to be more about finding ways to reduce costs, rather than introducing a clinically driven policy that was concerned with raising care standards.

8.6 Caroline Fairless-Price, a continuing healthcare service user, said she was concerned that the four CCGs would experience difficulty in keeping the focus on individual patient needs and providing an equitable provision of care if wide gaps started to develop in the services that were provided by each of the four CCGs. She stressed the importance of the CCGs continuing to focus on the Human Rights Act and other Disability rights legislation as well as the principles contained in the Harwood Care and Support Charter.

8.7 Alex Stewart of Healthwatch said that Healthwatch would be undertaking a vigorous evaluation and analysis of the impact of the CHC policy six months after the new policy was implemented. He said that patients and stakeholders would be given an opportunity for feedback as part of that review process.

8.8 The Committee **agreed** to return to the subject of Continuing Healthcare in a year's time.

**9. Children's mental health services in Norfolk**

9.1 The Committee received a suggested approach from the Democratic Support and Scrutiny Team Manager about Children's mental health services in Norfolk.

9.2 The Committee **agreed** the areas for scrutiny and the timescales that were set out in the report:

- Stage 1 – 21 July 2016
- Stage 2 – after a full year of operation under the Local Transformation Plan changes (i.e. in April 2017).

**10. Forward work programme**

10.1 The forward programme was **agreed** with the following additions:-

**14 April 2016**
IC24's NHS 111 and GP Out of Hours service
Initiatives to address NHS workforce issues in Norfolk

**21 July 2016**
Norfolk and Suffolk NHS Trust – unexpected deaths

**23 February 2017**
Continuing healthcare in Norfolk

10.2 Regarding a potential proposal to relocate St James Surgery, King's Lynn (which had been raised with the Chairman and the Scrutiny Support Manager by County Council Alexander Kemp) the Committee **agreed** to await further information from NHS England or West Norfolk CCG before deciding whether this should be included in the forward work programme.

10.3 Regarding the 'Policing and Mental Health' item postponed from today's agenda, the Committee **agreed** that it was not necessary for this item to be rescheduled. The Committee did, however, **agree** that Members should receive a copy of the UEA evaluation of the pilot study whereby mental staff worked in the police control room, when the evaluation document was available.

10.4 Regarding a potential piece of work by Members of Broadland District Council on the cost : benefit value of the Broadland handyman service (mentioned at minute 6.4), the Committee **agreed** that the Democratic Support and Scrutiny Team Manager could assist by signposting Members to NHS contacts and information, should Broadland District Council decide to go ahead with the work.

10.5 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 13.25 pm

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**IC24's NHS 111 and GP Out of Hours service in Central and West Norfolk**

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

A report from IC24 on progress with the NHS 111 and GP Out of Hours service in central and west Norfolk.

## 1. Background

1.1 Members were informed about the re-procurement of NHS 111 and the GP Out of Hours (OOH) service in central and west Norfolk plus Wisbech in the April and September 2015 editions of NHOSC Briefing and by email on 14 April 2015. The contract was let by Norwich Clinical Commissioning Group (CCG) on behalf of all the relevant CCGs and was won by IC24, which took over from the previous provider, the East of England Ambulance Service NHS Trust, on 1 September 2015.

1.2 IC24 also provides NHS 111 and GP OOH services in Great Yarmouth and Waveney (GY&W) under a contract let by Great Yarmouth and Waveney CCG. IC24 started to provide the GY&W GP OOH service in September 2011, and the GY&W NHS 111 service in June 2012.

1.3 NHOSC Members have received information about IC24's NHS 111 and GP OOH services in recent months:-

**3 December 2015** – in the NHOSC Briefing - details about the NHS 111 service including staffing (skills mix; vacancy levels; sickness absence levels), training, call volumes, the triage algorithm, IT issues and the trend in numbers of complaints received.

**26 January 2016** – a CCG statement regarding a leaked report of an unannounced visit to the NHS 111 and GP OOH service was emailed to NHOSC members. The unannounced visit had taken place in November 2015 and the report was leaked to the BBC in January 2016. Details also appeared in the Eastern Daily Press (EDP) in January. The CCG's statement included the records of the November 2015 inspection and notes on whether the initial information given to the inspectors had been subsequently substantiated and, if so, what actions IC24 was taking to address the issues.

**25 February 2016** –in the NHOSC Briefing - information from the CCG about the background to the leaked report of the unannounced Nov 2015

inspection and details from a report in the EDP on 16 February 2016 based on information received from an 'NHS whistleblower'. This claimed that that there had been just one GP covering 900,000 people in Norfolk and Wisbech out of hours on at least three weekends in January 2016. IC24 said that this had happened on one of the nights, but there were two GPs on duty on two of the nights and three GPs on duty on another of the nights in question.

1.4 On 19 February the EDP also reported that IC24 was running a deficit on the first five months of operation in the central and west Norfolk contract but the extent of the deficit was not known.

1.5 The Care Quality Commission inspected the service in March 2016. The report has not yet been published.

## 2. Purpose of today's meeting

2.1 On 25 February 2016 NHOSC agreed to invite representatives from IC24 and Norwich CCG, which commissions the central and west Norfolk service on behalf of four CCGs (North Norfolk, South Norfolk, West Norfolk and Norwich) to today's meeting to discuss the service and the action underway to address the issues identified in the CCG's unannounced inspection in November 2015.

## 3. Suggested approach

3.1 After the representatives from IC24 presented their report Members may wish to discuss the following issues with them and the representatives from the CCG:-

(a) NHOSC is well aware of the national workforce shortages faced by the NHS and the particular difficulties in recruiting GPs. IC24 has cited the cost of GP indemnity insurance for OOH work as a disincentive for GPs but a national solution to this problem may be some time away. Could there be a local solution?

(b) What effect have the difficulties in staffing the IC24 services in central and west Norfolk had on the service in Great Yarmouth and Waveney area? Does IC24 bring staff across from that area to cover shortages in the rest of the county?

(c) Given the national shortage of GPs, primary care both in-hours and out-of-hours needs to adapt to make greater use of allied professionals (Nurse Practitioners and others) where it is safe to do so. What are the minimum numbers of each staff type that should be on duty each night to provide a safe and timely OOH service in central and west Norfolk?

(d) Is there collaboration between the local organisations that need to employ GPs (i.e. GP practices, 999, the OOH service and 111) to make sure that scarce resources are deployed to best effect?

(e) It is understood that the central and west Norfolk NHS 111 and GP OOH service is in deficit. Do IC24 and the CCG consider that the contract is sustainable and deliverable in the longer term?

(f) It is understood that when IC24 took over the GP OOH and NHS 111 contract from the East of England Ambulance Service NHS Trust a number of staff working in the service chose not to continue. Does the IC24 service have participation and support from local GPs and Norfolk and Waveney Local Medical Committee as it aims to improve its service?

(g) Whistle blowers have taken issues to the BBC and EDP in recent months. Is IC24 assured that its internal whistle blowing procedure is adequate and that staff feel confident to use it?

(h) The statement that unallocated, unseen patients were removed from screens in the morning was one of the most disturbing aspects of the leaked CCG unannounced inspection report. IC24 could find no evidence that it had happened. Do IC24 and the CCG understand what prompted this statement to the inspectors in Nov 2015? What has been done to ensure that unallocated, unseen patients cannot be removed from the system?

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**Norfolk Health Overview and Scrutiny Committee**
**14 April 2016**
**Norfolk and Wisbech Integrated 111 and Out of Hours Service**

## 1. Introduction

IC24 Integrated Care 24 Ltd (IC24), a 'not-for-profit' social enterprise, has been providing urgent care services for over 20 years. IC24 has been providing the Integrated NHS 111 and Out of Hours service in Norfolk and Wisbech since the 1st September 2015. (This excludes the Great Yarmouth & Waveney contract where IC24 have been providing NHS 111 and Out of Hours since July 2012).

IC24 provide a range of urgent care services (including four 111 contracts) to around six million patients across the following areas:

- Sussex
- East Surrey
- Kent
- Northampton
- Essex
- Great Yarmouth & Waveney
- Norfolk & Wisbech

IC24 delivers NHS 111 from the three Care Co-Ordination Centres (CCC) below:

- Ashford (Kent)
- Ipswich
- Norwich

The contract commissioned to provide the current Norfolk and Wisbech service is very different to the previous service. Firstly, the geography is different as Wisbech has now been included within this contract. Importantly, and something which we need to emphasise, is that the service has been commissioned as a 'GP led' service which means that the service is provided by a multi-disciplinary clinical workforce led by GPs, much like in hours, providing the delivery of the care to our patients. The Out of Hours Service is not an alternative to A&E but is for urgent primary care when someone cannot wait until their GP practice is next open. The service provides both routine and urgent clinical telephone advice as well as face to face care to the community of Norfolk and Wisbech in the out of hours period.

The Norfolk and Wisbech Integrated service is provided in three elements:

- Access, via telephone via 111
- Clinical assessment and prioritisation
- Care delivery, by telephone advice, face to face at a base or home visit.

**Integrated Care 24 Limited**
Kingston House, The Long Barrow,
Orbital Park, Ashford,
Kent TN24 0GP

T: 01233 505450
F: 01233 504052
W: www.IC24.org.uk
E: info@IC24.nhs.uk

IC24 Ltd Registered Office:
Kingston House, The Long Barrow, Orbital Park,
Ashford, Kent TN24 0GP
Company Registration No. 3193182

There are a number of benefits of bringing the standard NHS 111 service and Out of Hours delivery together:

- Increased clinical support for the 111 staff; co-location of the clinical staff offers support to the call handlers, reduces the amount of cases passed to the Out of Hours element of the service as urgent, ensuring that patient care is improved as true urgent cases are seen in a more timely manner.
- Responsibility for the whole patient journey – the impact of high urgency rates can be seen by the integrated team and they work together to ensure the appropriateness of these.

## 2. 111 and Access

Norfolk & Wisbech NHS 111 is answered and delivered from Reed House in Norwich since the 1st September 2015. (Although Dispatch Control had been shared between our Ipswich and Norfolk centres, all Norfolk & Wisbech dispatch is now delivered solely from Reed House, Norwich). We require 44 WTE call handling staff and currently have 38 with a further six in training. We are fully recruited to clinicians within 111.

Our Care Co-ordination Centres (CCC) are made up of the following NHS Pathways trained staff:

**NHS 111 Call Advisors (CA)** - This group receives a minimum of 64 hours class room training on NHS Pathways, then onto exams which then allows CAs to spend time listening and learning within the NHS 111 environment under 1-2-1 supervision. Following a successful outcome they then progress to our graduation bay. The graduation bay is an environment within the CCC that is slightly removed from the main centre and benefits from higher clinical support. This enables the new CAs to feel supported in their new role, reduces the attrition rates and ensures a higher standard of care for our patients.
**NHS 111 Clinicians** - These are either senior Nurses or Paramedics who have undergone a minimum of 84 hours NHS Pathways training in additional to their core clinical training. IC24 operate a skill mix of a minimum of 1 clinician to 4 CAs where nationally the accepted standard tends to sit around 1 clinician to every 6 CAs.
**NHS 111 Clinical Coaches** - These are NHS Pathways trained clinicians with a minimum of 6 months experience and further formal training. Their role is to be available in the CCC to give support and advice to the CAs and Clinicians
**NHS 111 Non-Clinical Coaches** -These provide a further level of robust support and experience to assist CAs and others during the shifts.

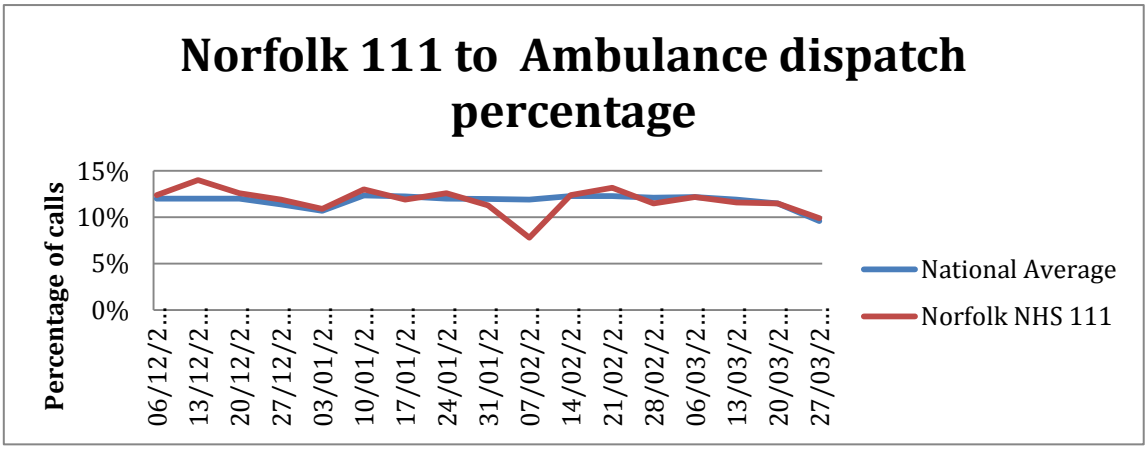
We continue to recruit CAs for the service and as this role can be extremely stressful for staff who are new to healthcare, we do give enhanced training and have high levels of support. It is recognised that the CAs within NHS 111 have similar or enhanced training to those CAs taking 999 calls. Unfortunately, recent national publicity surrounding NHS 111 has been largely negative and as a result we have seen staff leave the service or not take up posts. Due to the length of the intensive training, it does take a considerable amount of time to

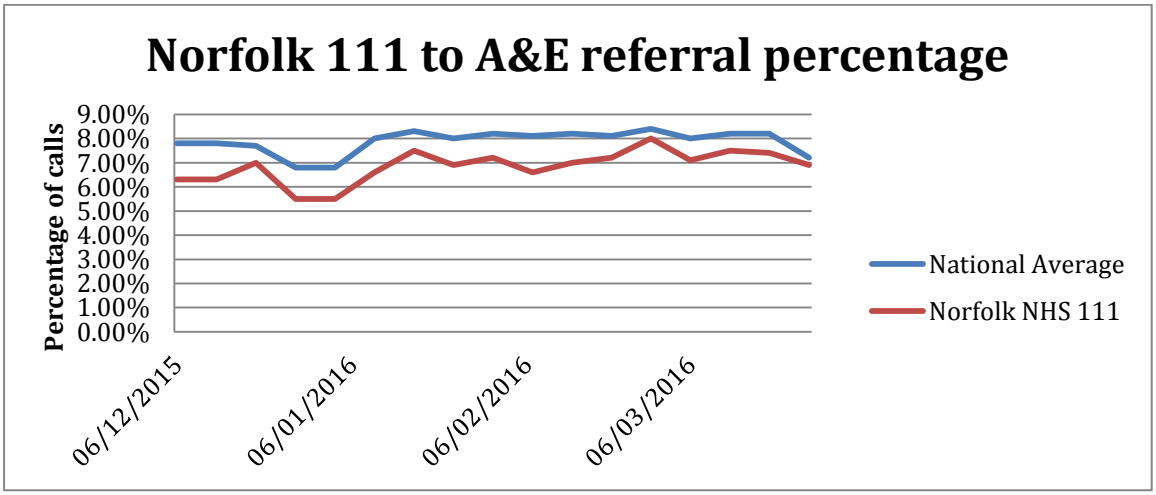
replace these leavers; hence we have an ongoing active recruitment strategy in place.

A number of staff transferred over to us from the previous provider on fixed shifts that do not match the demands within the current service. We have been consulting with those staff to ensure that we are able to match their skills and experience with the needs of patients across the whole week.

IC24 has its own NHS Pathways training team. NHS Pathways is the nationally licenced delivery model for NHS 111. As an early implementer of NHS 111 we have been able to build and enhance the training we deliver beyond what is nationally required.

The performance of the 111 element of the service continues to improve but under times of extreme pressure, we are still not able to respond as quickly as we need and want to as part of the urgent care system of Norfolk where all providers including Ambulance and A & E are under extreme pressure. Over the recent months, whilst call volumes to 111 have risen by 15%, ambulance despatch has remained in line with national averages and A & E attendance has been consistently below national averages.

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Over the Easter period call volumes were up by around 300 calls each day beyond predicted levels. This was replicated nationally and has contributed to many providers, including IC24, having difficulties with compliance around the national quality requirement for call answering within 60 seconds at some peak times of the day. However, our referral rates to A&E and 999 are good and have remained **below** the national average as the actual percentages sent to 999 and A&E over the Easter period show below:

| Date | Ambulance Dispatch Rate | **National Average January 2016** | A&E Referral Rate | **National Average January 2016** |
|---|---|---|---|---|
| 25/03/2016 | 8.09% | **12%** | 6.21% | **8%** |
| 26/03/2016 | 10% | | 6.15% | |
| 27/03/2016 | 8% | | 5% | |
| 28/03/2016 | 9.26% | | 5.74% | |

**3. Out of Hours**

The Out of Hours bases for Norfolk and Wisbech are located at:

- Norwich Community Hospital
- Fakenham
- Dereham
- Kings Lynn
- Wisbech
- North Walsham
- Long Stratton

The Out of Hours element of the integrated service was commissioned as a 'GP led' service, with Commissioning colleagues taking into account the national GP shortage crisis and recognising that out of hours care should be delivered in a similar way to the in hours service. As with in hours primary care, this is delivered by a skill mix made up of GPs and Advanced Nurse Practitioners (ANPs). (ANPs are registered nurses who have acquired the expert knowledge base, complex decision making skills and clinical competencies for expanded practice. They hold additional prescribing qualifications, which mean they can both prescribe and write prescriptions). This group are further supported by Urgent Care Practitioners and Emergency Care Practitioners, qualified Registered Nurses and Paramedic Practitioners. All have enhanced skills in minor illness and physical examination. This group can issue medications under a **Patient Group Directive** or **PGD** which has been validated by the local Clinical Commissioning Group Medicine Management Committee.

The multi-disciplinary skill mix works well, as it does in hours, and we have introduced an additional role to the service; that of the Senior GP oversight role. This role works out of Reed house and monitors the demand on the service as a whole, ensuring that the most appropriate clinician is allocated to patients as well as clinical prioritisation. We have also added a 'roving' urgent care car to help manage rural travelling issues, which has helped improve urgent visits.

There are approximately 503 GPs working within the Norfolk & Wisbech area. We have 98 GPs working within the service. These are predominantly local GPs but including some from the Suffolk and Cambridge areas. There are 2 Associate Medical Directors (AMDs) as well as 98 other clinical staff working within the OOH element of the Norfolk service. One of our AMDs leads on our GP Registrar training and we have had very positive feedback on this with a number of Registrars working alongside GPs within the service. There is a national crisis in both GP recruitment and indemnity crisis with a huge uplift in GP insurance IC24 is contributing to this debate at a national level and we have had a lot of support with this from Norfolk MPs.

The OOHs progression is shown very clearly against the key targets in the table below. Whilst we are pleased with the month on month improvements, we continue to examine ways to improve performance through service developments.

| Out of Hours | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| Date | WIC Urgent | WIC Routine | Urgent Base | Routine Base | Urgent Visit | Routine Visit | 1hr | 2hr | 6hr |
| Dec-15 | 100% | 100% | 65.2% | 94.5% | 49.3% | 74.9% | 58.64% | 68.99% | 83.98% |
| Jan-16 | 100% | 100% | 75.5% | 95.1% | 58.4% | 80.8% | 79.17% | 89.54% | 92.31% |
| Feb-16 | 75% | 100% | 88.5% | 99.0% | 68.0% | 88.5% | 92.42% | 98.97% | 100.00% |
| Mar-16 | 100% | 100% | 87.6% | 98.9% | 74.6% | 89.3% | 87.73% | 89.09% | 100.00% |
| | | | | | | | | | |

**Easter demand for Out of Hours proved to be higher than Christmas and New Year.**

| Contract | Classification | 25/03/2016 | 26/03/2016 | 27/03/2016 | 28/03/2016 | Total |
|---|---|---|---|---|---|---|
| Norfolk | 999 | 0 | 0 | 1 | 0 | 1 |
| | Advice | 262 | 283 | 215 | 184 | 944 |
| | Base | 352 | 414 | 329 | 347 | 1442 |
| | DN Message | 8 | 14 | 6 | 3 | 31 |
| | Visit | 114 | 118 | 90 | 93 | 415 |
| | Walk in | 21 | 8 | 6 | 15 | 50 |
| | Total | 757 | 837 | 647 | 642 | 2883 |

## 4. Partnership Working

- We have set up a monthly Stakeholder Project Board group and are pleased with the commitment from other providers to attend.
- Palliative Care Patients. The service has recently added Yellow Folders to the cars to assist with the care of palliative patients, which is something we did in our Great Yarmouth and Waveney contract and can evidence that it improved care (The Yellow Folders are given to patients with all life-limiting conditions, to encourage people to note down anything they think is important about their care for example thinking

about the type of care they would like to receive and where they would ideally like their care delivered. The Community Supportive Care Records will provide definitive information about each patient's choices, even if their condition means they later lose capacity to inform others of their wishes. This will mean health and care staff, wherever possible, will be able to deliver their expert care in line with people's choices and that each patient's voice will be heard. The folders include principals from national, best practice approaches to care, including the Gold Standards Framework and Advance Care Planning schemes. They do not replace nursing notes but are kept by patients.)

- The Palliative Nurse Consultant attends the Stakeholder Group and we are looking at further ways of how the OOHs can help with all providers and members of the board agreeing that the focus of the next meeting will be on palliative care.
- Patients who have fallen. We are working with EEAST to refer non injury falls to SWIFT as opposed to sending Green 4 ambulance.
- Patients in Care Homes. We are working with EEAST to ensure that Care Homes are able to access support for their patients quickly.
- Acute Hospitals. Working collaboratively with QEH and NNUH as part of the Norfolk system. This includes giving clinical support when A&Es are under pressure. We also see high numbers of referrals from A&E to the Out of Hours.
- Norfolk Healthwatch. We have been grateful to Healthwatch for their membership of our Stakeholder Project Board and their support in introducing an independent Patient Experience audit.
- CCGs – we continue to work with our CCGs to ensure that all improvements into the service continue and remain on trajectory.
- Regular audits are undertaken to ensure that IT systems and record keeping by all staff are robust.

**5. Visits**

We have invited patients in to see the service and the uptake has been encouraging. We are very keen to ensure that our patients are involved in the understanding and delivery of the service.

All local MPs were contacted during November 2015 and invited into Reed House to see both NHS 111 and into Out of Hours to see the service in action. Further contact made again earlier in the year and we had visits from Norman Lamb MP (17 February 2016), Chloe Smith MP 26 February 2016) and Clive Lewis MP (18 March 2016). We offered the MPs the opportunity to meet staff and all local MPs are invited to the monthly Stakeholder Project Board meetings and details from the meetings are shared with their offices. We have also undertaken to keep the local MPs abreast of information around service improvements and in particular both Sir Henry Bellingham and Clive Lewis MP have asked us to provide more information around the GP indemnity crisis, a national issue which is impacting upon all Out of Hours providers.

CQC visited the service in March and we await their report. Good practice was commended for example training for 111 staff, the Graduation bays, stakeholder engagement.

**6. Staff Engagement**

We have implemented a programme of staff engagement and communication:

- Staff meetings in all parts of the county
- Locality monthly newsletter
- Out of hours compliments compiled and anonymised and sent monthly to bases as posters to boost staff morale. These are also tweeted.
- 111 compliments compiled and anonymised monthly in call centre to boost staff morale. These are also tweeted.
- Series of videos showing integrated service within the locality shot in March (call handler, 111 clinician, OOHs GP, receptionist/driver) – happy to share with HOSC
- Chief Executive – 'open door' monthly meetings invite via telephone or face to face for all staff.

**7. Developments**

GP oversight role – clinical prioritisation The GP Oversight Role is now in place every weekend and Bank Holiday 0800-2000. We see this capability as important in the development of urgent care services for the future and we are in discussion with Commissioners and partner organisations about the development of clinical care hubs.

Urgent care cars - the rurality of Norfolk and the time to travel across the county is a major challenge for the service. We have introduced two Urgent Care Cars: one operating in the West and one to cover the Central area to see if that will improve our urgent visiting further for palliative and end of life patients.

4 April 2016

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

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

An update report from Norfolk and Norwich University Hospitals NHS Foundation Trust, James Paget University Hospital NHS Foundation Trust, Queen Elizabeth Hospitals NHS Foundation Trust and Norfolk and Suffolk NHS Foundation Trust on the treatment in A&E of patients who have attempted suicide or self-harm.

## 1. Background

1.1 On 16 April 2015 Norfolk Health Overview and Scrutiny Committee (NHOSC) received reports from the three acute hospitals in Norfolk and Norfolk and Suffolk NHS Foundation Trust (NSFT) on the protocols used by A&E departments in circumstances of attempted suicide or self-harm.

1.2 The subject was added to NHOSC's agenda in 2015 because of members' concerns about cases where they believed that patients and their families felt they were not met with understanding of mental health conditions in A&E. Members were also aware of cases where they believed that vulnerable individuals, who had attempted suicide, were released from hospital as soon as they were physically stable and without appropriate aftercare.

1.3 The committee was assured that protocols jointly agreed by the mental health services and the hospitals were in place to ensure that patients who had attempted suicide or self-harm were discharged to a safe environment and no-one was discharged without a support plan having been put in place. The protocols submitted to NHOSC are available with the agenda papers for 16 April 2015 NHOSC.

1.4 The committee also noted that the level of mental health liaison available from NSFT to the acute hospitals in Norfolk varied significantly:-

**James Paget Hospital** (JPH) – a mental health liaison practitioner was provided Monday to Friday. At other times the Crisis Resolution and Home Treatment Team (CRHT) in Great Yarmouth and Waveney respond to referrals from the hospital. There was also a Norfolk Recovery Partnership (NRP) liaison practitioner based at the hospital enabling joint assessment to be undertaken in cases where there was a history of substance abuse alongside self-harm.

**Norfolk and Norwich Hospital** (N&N) – there was a small seven day a week liaison service. NSFT was looking to extend the hours of operation to 24/7, depending on successful recruitment. Out of liaison service hours referrals were directed to the CRHT.

**Queen Elizabeth Hospital** (QEH) – a liaison service was provided from 08:00 to 23:00, 7 days a week. The west Norfolk CRHT provided liaison cover from 23:00 to 08:00. The service had been in place since December 2013, originally funded from system resilience funds and annual contract negotiations were required for the continuation of funding.

1.5 Given the rising numbers of attempted suicides and cases of self-harm, the limited nature of the mental health liaison services for the acute hospitals and difficulties of funding, NHOSC agreed to look again at the situation in one year's time.

## 2. Purpose of today's meeting

2.1 The three acute hospitals and Norfolk and Suffolk NHS Foundation Trust (NSFT) have been asked to report to NHOSC on:-

(a) The level of NSFT mental health support that is now available at each of the three acute hospitals and how this has changed since April 2015.
(b) Changes in the level of demand for mental health support in A&Es (for attempted suicide, self harm and mental health crises) since April 2015.
(c) Any changes in protocols between NSFT and the hospitals.
(d) Any changes in the way hospitals arrange the discharge of patients in this situation, and in the way that NSFT follows up the cases.
(e) Updates on the training provided to hospital A&E staff on dealing with mental health issues (excluding dementia).

Their report(s) are attached at:-
Appendix A – NSFT and N&N
Appendix B – QEH
Appendix C – JPH *(to follow)*

2.2 Representatives from each of the hospitals and NSFT have been invited to today's meeting to discuss the current service.

## 3. Suggested approach

3.1 After the hospital representatives and NSFT have presented their papers, members may wish to discuss the following issues with them:-

(a) There are variable levels of mental health support available at the three acute hospitals. Do the hospitals and NSFT consider that current levels are adequate?

(b) The QEH's report mentions that patients with mental health needs present at A&E mainly during the out of hours period when there is least support from NSFT. What can be done to address this need?

(c) What training have all levels of A&E staff received in treatment of people in mental health crisis at each of the hospitals?

(d) Are the A&E departments confident that patients who have attempted suicide or self harm are always discharged to a safe environment?

(e) What steps are taken to involve the patient's family, friends or other support network in the discharge arrangements?

(f) After there has been an episode of attempted suicide or self harm that has resulted in attendance at A&E, how quickly is NSFT able to provide follow-up support?

Norfolk and Suffolk NHS
NHS Foundation Trust

Our Vision
To provide every patient with the care we want for those we love the most

Norfolk and Norwich University Hospitals NHS
NHS Foundation Trust

**Joint Briefing Paper for NHOSC: Mental Health Services in A&E following attempted suicide or self-harm episodes**

## 1. Background

This report provides an update on changes to the support offered to patients following an attendance at the Norfolk & Norwich University Hospitals (NNUH) A&E as a result of attempted suicide or deliberate self-harm. This update relates to changes in services delivered between April 2015 and April 2016.

## 2. Staffing the services

In April 2015 the working age adults Mental Health Liaison Team based at NNUH was operating Monday to Friday, 0800hrs to 2200hrs. The team was staffed by 1.0 wte Band 7 RMN and 5.7 wte Band 6 RMNs. From January to May 2015 there was also Monday to Friday on-site access to a Consultant Psychiatrist. This post was removed when allocated funding ceased.

Since April 2015 there has been agreement to increase RMN cover at NNUH to 24 hours a day 7 days a week. This is in order to provide access to mental health assessment for patients in mental health crisis throughout the 24 hour period. Following recruitment, the 24 hour RMN service commenced at the end of November 2015, providing services to patients identified in both A&E and on the wards.

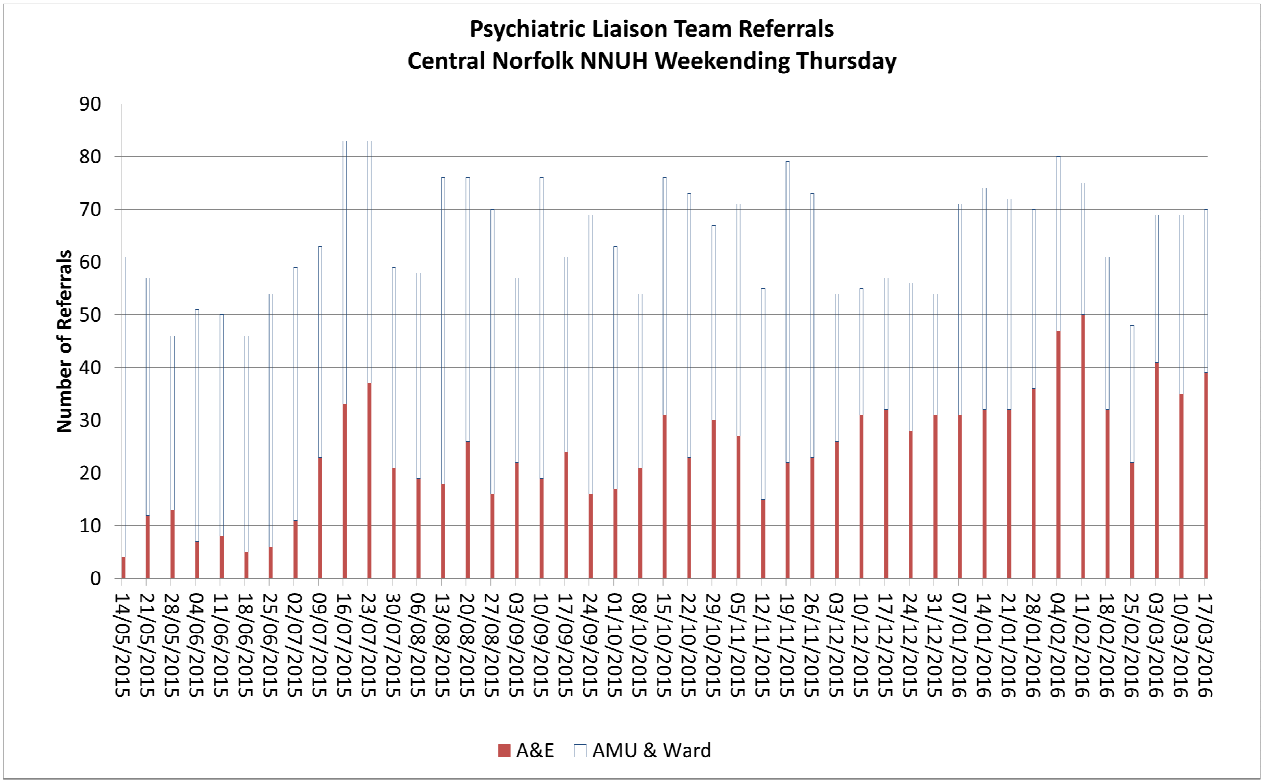
Prior to this the Out of hours cover for the NNUH was provided by the CRHT based at Hellesdon Hospital.

| | Consultant Psychiatrist | Band 7- Clinical Team Leader | Band 6- Mental Health Practitioner |
|---|---|---|---|
| April 2015 | 1.0 | 1.0 | 6.7 |
| May 2015 | 1.0 | 1.0 | 7.3 |
| June 2015 | 0.0 | 1.0 | 8.3 |
| September 2015 | 0.0 | 1.0 | 8.6 |
| November 2015 | 0.0 | 1.0 | 7.6 |
| March 2016 | 0.0 | 1.0 | 7.6 |

As of March 2016, there is a vacancy that is being actively recruited to.

## 3. Activity

The working age adult Mental Health Liaison Team have seen between 60 – 80 referrals a week from A&E/AMU and the wards at the NNUH over the past 12 months. The detailed activity figures are shown below :




## 4. Clinical and Operational protocols

Clinical and operational protocols for the working age adult Mental Health Liaison team have remained the same since April 2015 with the only change being the extension of working hours. There have been some other changes to protocols, as detailed below :

- NNUH have updated their deliberate self-harm (DSH) documentation, but operational and clinical processes have remained the same.
- NSFT started using an electronic system for clinical record keeping (Lorenzo) from April / May 2015. There are some plans to extend “read only” access to the NNUH A&E staff in order to support the clinical management of frequent attenders
- The CAMHS protocol changed in January 2016 with the introduction of the Central Norfolk Youth Team providing a mixture of on site and telephone support for patients 16 years and under on Saturday, Sundays and Bank Holidays. There is also telephone access to advice available from an on call CAMHS consultant 24 hours a day, 7 days a week.

## 5. Discharge arrangements

From August 2015 “well-being” follow up arrangements for patients attending the A&E have changed from a signposting service, to a direct referral to the relevant well-being

provider by the working age adult Mental Health Liaison team. This was to ensure that patients received the appropriate support.

## 6. A&E staff training

Some training sessions on DSH have been offered to the A&E team since summer 2015, but the uptake has been variable due to pressure of work. The A&E service is currently in the process of transferring the Consultant Lead role for mental health services to a new colleague. Refreshed training plans for both A&E nurses and medical staff will be an objective for the coming year. Training on clinical risk assessment, and the medical management of deliberate self-harmers, is part of the junior doctors' induction for each rotation of new medical staff.

## 7. Potential Developments for 2016/17

There are regular mental health joint clinical staff meetings with NSFT and the Emergency Department at NNUH. This will be enhanced by a new quarterly management meeting to ensure ongoing focus on jointly agreed objectives.

NSFT service development plans for 2016/17 funded by pilot monies available for a year:

- A full time on-site consultant psychiatrist to support the Mental Health Liaison Service and NNUH staff.
- A Band 6 nurse practitioner to support the assessment service.
- A Band 5 nurse to support the later life services.
- Extra admin support to the clinical team.
- Potential Third sector follow up for welfare for patients presenting to the Emergency Department in distress. The aim would be for follow up within 7 days of attendance.
- Complex needs CQuIN to provide support for patients with dual diagnosis. This will aim to reduce frequent attenders to A&E with recognised mental health issues.
- With a fully staffed from the pilot monies, the aim will be to try to reduce response times for mental health assessment from 4 hours to 2 hours over the course of the next 12 months.

**Authors:** **Roberta Fuller –Associate Director Urgent Care Recovery, NNUH.**
**Micki Munro – Locality Manager - Norwich, NSFT**

The Queen Elizabeth Hospital NHS
King's Lynn
NHS Foundation Trust

# Norfolk Health Overview and Scrutiny Committee

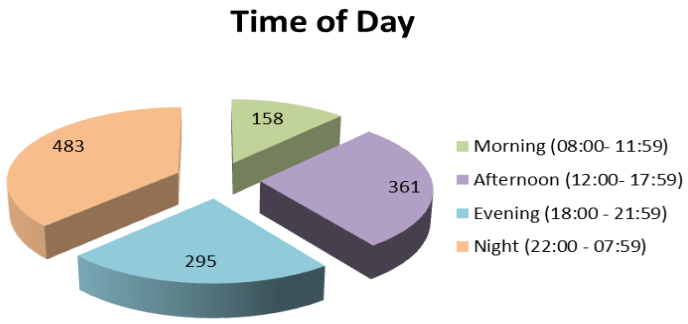
| | |
|---|---|
| Date of meeting: | 14th April 2016 |
| Authors: | S Robinson Southey, Consultant Nurse Emergency , Emergency Department, The Queen Elizabeth Hospital King's Lynn NHS Foundation Trust (QEHKL) |
| | C Roberts, Associate Director of Patient Experience, The Queen Elizabeth Hospital King's Lynn NHS Foundation Trust |

| Summary of information | |
|---|---|
| Purpose of this paper: | Summary of developments in the care of patients attending the Emergency Department following an episode of Deliberate Self Harm (DSH) or Attempted Suicide.<br><br>On 15 January 2015 Norfolk Health Overview and Scrutiny Committee (NHOSC) added 'service in A&E following attempted suicide or self-harm episodes' to its forward work programme. The subject was proposed in November 2014 by a member of the committee who was aware of local cases in which patients and their families felt they were not met with understanding in relation to their mental health problems when attending A&E. |
| Background and contextual information | This paper is set to provide the development of services locally in response to the NHOSC direction of 2015. |
| Progress to date from the QEHKL perspective. | 1. *There are variable levels of mental health support available at the three acute hospitals. Do the hospitals and NSFT consider that current levels are adequate?*<br><br>The provision of mental health support to QEHKL has remained volatile. In autumn 2013 the pressure on the Trust was recognised by West Norfolk Clinical Commissioning Group and as part of the winter planning programme, additional monies were provided to Norfolk and Suffolk Foundation Trust (NSFT) to fund the provision of an extended 24 hour psychiatric liaison service to the Emergency Department (ED) and the assessment areas within the hospital and an in-reach service to the wards out of hours. In addition to this provision, funding was also identified for a |

| Summary of information | |
|---|---|
| | 0.5 wte Consultant Psychiatric Liaison post to provide an on-site clinical service, accepting referrals from consultant teams and undertaking ward rounds to assess and review patients and provide treatment advice.<br><br>One of the aims and objectives of this new service was the intention of ensuring access to a specialist mental health assessment within 1 hour in the Emergency Department and within 24 hours on the acute ward areas. It was also envisaged that this increased provision would lead to avoidance of unnecessary admissions and reduced lengths of stay of those admitted.<br><br>The full impact of the improved funded service was felt for only a relatively short time. The winter monies were rolled over into the subsequent financial year but at a reduced level and the service has been systematically reduced as NSFT has restructured and invested its funding differently. There are now fewer nursing posts in the liaison team and within this smaller number, some of the posts have regularly been filled with agency nurses. The liaison service is only available until 8pm in the evening and after that the Emergency Department has to rely on the Crisis Resolution and Home Treatment team (CRHT), which may consist of only one registered nurse, who is also covering emergencies in the community and supporting Churchill ward in the Fermoy Unit.<br><br>During 2015 there were 1298 attendances in the Emergency Department which have been coded as being related to self-harm or other psychiatric presentations. This equates to approximately 25 per week.<br><br>578 of these attendances were referred to the NSFT liaison service by the Emergency Department for assessment and 97 of these subsequently breached the 4 hour waiting target. Some of these breaches arose from delays in being seen following referral but most significantly from delays in accessing an Approved Mental Health Act Practitioner when patients required a formal assessment under the provision of the Mental Health Act and from delays in identifying an inpatient bed for those patients requiring admission into a mental health bed.<br><br>Although relatively few patients were admitted into a mental health inpatient bed, this had a disproportionate effect on the Emergency Department due to the inevitable delays in finding a vacant bed. By the very nature of these |

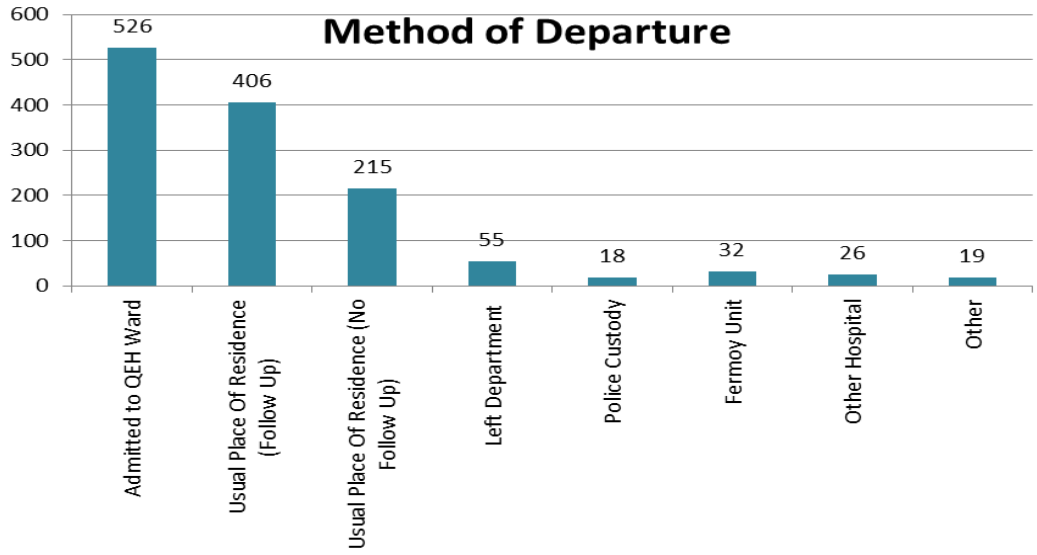
patients' presentations they were also likely to be patients who were most affected by mental disturbance and requiring one to one care. 32 patients were transferred to the Fermoy Unit and 2 to Peterborough but 23 were transferred to beds elsewhere, some as far afield as London and Taunton.

The presentation of patients with mental health problems is predominately out of hours. This is problematic as the NSFT liaison service is provided by CRHT from 8pm until 8am:




Some patients cannot be assessed in the Emergency Department as they are considered not medically fit to be interviewed at this stage and are admitted onto one of the assessment areas or to a ward. Please see graph below showing destination on discharge from the Emergency Department. If they transfer to an assessment area they will be seen on the next day by the NSFT liaison service and provided with a mental health assessment and advice on on-going management.

Summary of information




Patients below the age of 18 are particularly problematic as the Children's and Young Persons mental health service does not provide an emergency response service and if a child or young person is not safe to discharge from the Emergency Department the child has to be admitted awaiting assessment the next day. During 2015 Rudham ward received 51 such admissions. This can cause significant problems for the ward as some of these children are violent or disturbed and present a risk to themselves and other children.

If a patient is transferred from the Assessment Units onto a ward they will be seen by one of the QEHKL's own Liaison nurses who will undertake a full mental health assessment. These nurses will support the staff in caring for the patient and will determine whether it is safe to discharge the patient and can refer directly to community mental health services for follow up. The Liaison nurses also act as the gatekeepers for access to a consultant psychiatric opinion and will ensure that any patient that needs to be seen is included in the ward round when the consultant is on site three days a week.

The service provided by NSFT is therefore not comprehensive. The Emergency Department has a responsive service during working hours but after 8pm the Emergency Department has to compete with other demands on the CRHT service. The level of provision is also such that the NSFT liaison service does not have the resource to always provide one to one support for the department if a patient requires constant supervision for their own safety and that of others.

| Summary of information | |
|---|---|
| | In terms of the entire organisation, the service provision is split between that which is provided by the QEHKL's own liaison team during working hours and supported by in-reach ward rounds from the NSFT consultant psychiatrist and that provided by the NSFT liaison service to the Emergency Department and Assessment areas plus CRHT out of hours. The main weakness in this provision is the out of hours service which cannot always be immediately responsive or have sufficient capacity to deal with the demands made upon it. The other areas of weakness remain the service to children and young people in crisis and the provision of inpatient mental health beds for those requiring admission.<br><br>2. *What training do all levels of A&E staff receive in treatment of people in mental health crisis at each of the hospitals?*<br><br>The Emergency Department at QEHKL has a training programme that focuses on the recognition and assessment of deliberate self-harm, suicide risk and general mental health needs of patients attending ED. This programme has been designed in conjunction with the psychiatric liaison team from Norfolk & Suffolk NHS Foundation Trust (NSFT) and is delivered as part of the overall mandatory training programme to all members of staff whether registered or non-registered.<br><br>The programme gives an overview on understanding mental health issues and assessment at the initial patient triage and assists in reducing delays by ensuring staff identify the appropriate pathway for staff to follow. (Appendix 1).<br><br>The programme also discusses tools of assessment and well-being to help staff identify and utilise locality based resources.<br><br>There has now been a further development with a planned Mental Health Study for emergency staff, scheduled to be delivered in September 2016 (date to be confirmed). This will involve both a service user and carer in the programme to share their experience and is designed around feed-back received during a multi-service complaint which involved a review of patient care across primary, secondary, police and social care services.<br><br>Training for ED medical staff on mental health assessment is covered within the junior doctor induction at the changeover of medical staff which occurs every 6 months. The senior medical staff have regular updates and training |

on mental health care.

3. *What steps do each of the A&E departments take to ensure that patients who have attempted suicide or self-harm are discharged to a safe environment?*

The QEHKL has a pathway of referral following triage for all mental health patients in which the patient is risk assessed and then it is identified if they require medical interventions. Mental health concerns are referred to the liaison team immediately. The ED and liaison team are mindful that the physical needs of the patient are to be managed as appropriate but are not a reason for delaying referral and treatment and whenever possible, physical treatment is delivered alongside meeting the mental health needs of the patient. (Appendix 2).

The Trust has a number of specific policies, protocols and guidelines which address this area of care and treatment and these are available on the Trust intranet as either trust-wide policies or as local policies that are only applicable within the ED department.

There is a local operational guidance for the management of patients that are awaiting a psychiatric bed. There is also guidance on the use of the ED observation ward for patients with DSH presentations following treatment in order for a mental health review to take place prior to discharge.

The NICE guidance for assessment is followed when undertaking a risk assessment and this is accessible on the ED intranet (Appendix 1).

4. *What steps are taken to involve the patient's family, friends or other support network in the discharge arrangements?*

The QEHKL Emergency Department has an ethos of inclusion and as such engages family and friends in the care of all patients and at all stages, and in conjunction with mental health liaison, this encompasses discharge planning.

Feed-back is taken from compliments, complaints and Friends and Family Test submissions and the training for all staff has been based on a design informed by patient experiences.

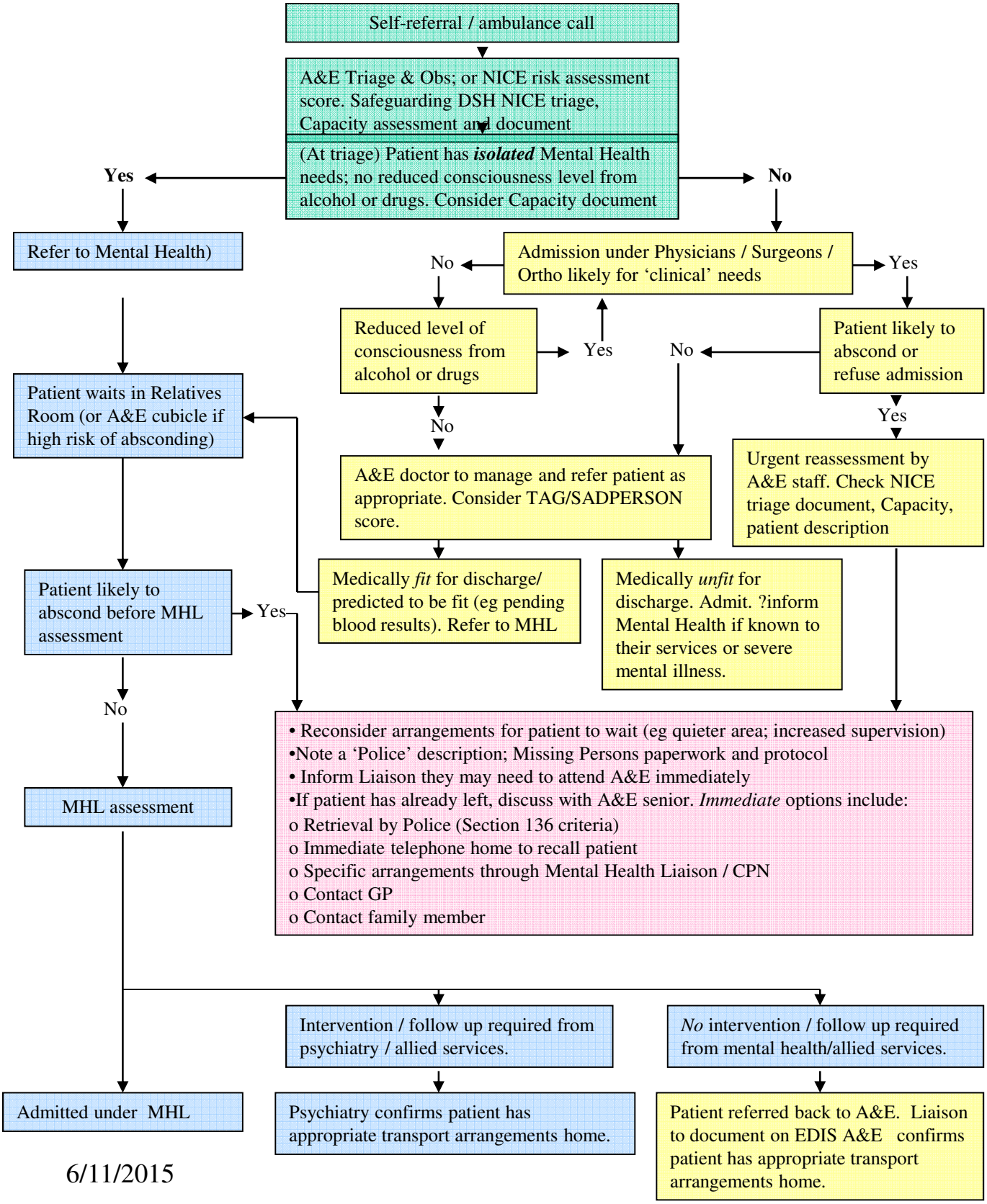
5. *After there has been an episode of attempted suicide or self-harm that has resulted in attendance at A&E, what specific steps does NSFT take to*

| Summary of information | |
|---|---|
| | *reduce the likelihood of a recurrence?*<br><br>To be completed by NSFT. |
| Next steps | The Trust is currently taking part in a three-way discussion with the Clinical Commissioning Group and NSFT to review current provision and to determine the level of commissioned service during 2016-17. These talks remain on-going. |

Appendices

**Pathway for Patients with Mental Health Needs (including DSH) *Self-presenting* to A&E**

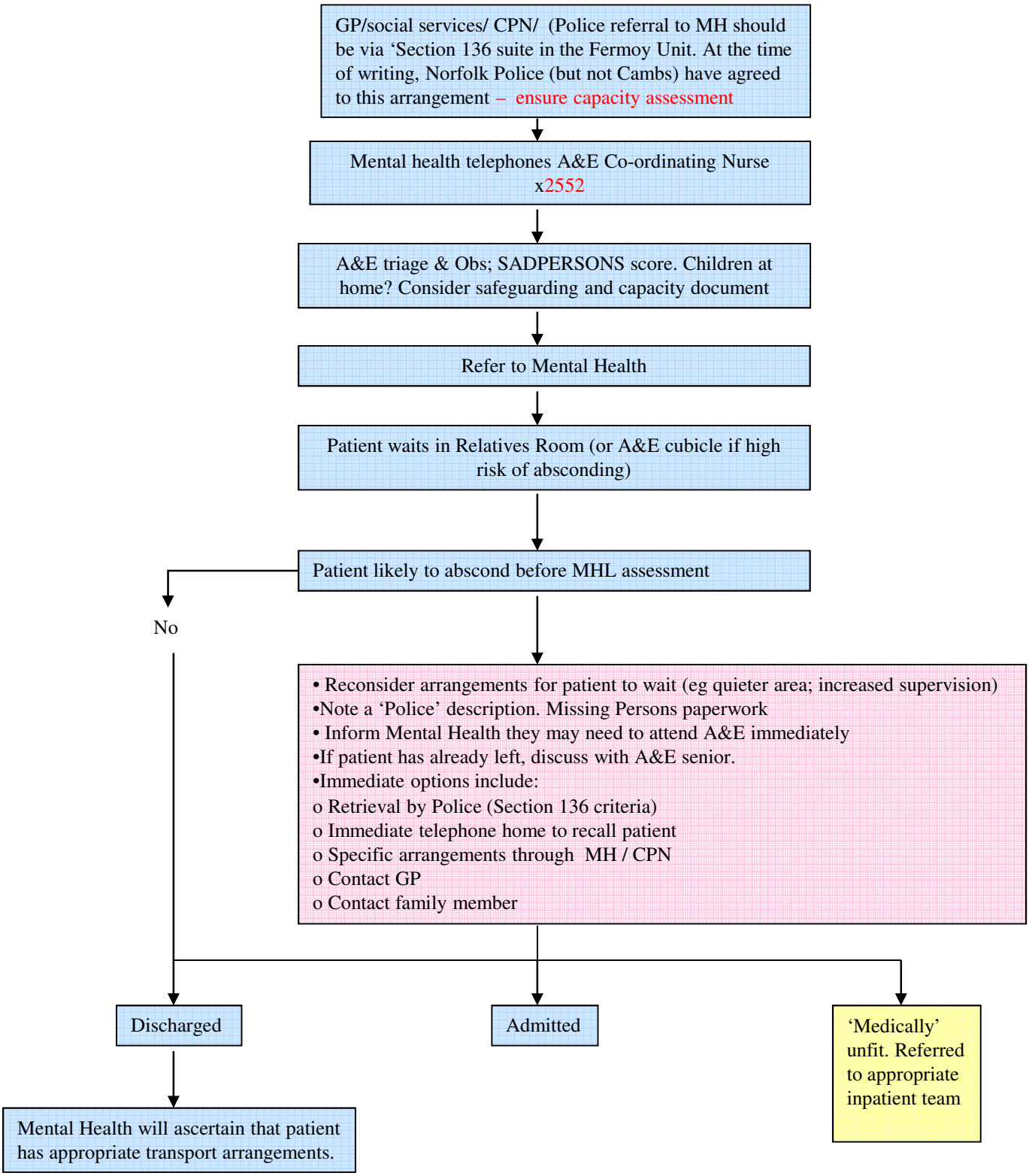
Mental Health Liaison Service Bleep 2675 Mobile 07825725269




6/11/2015

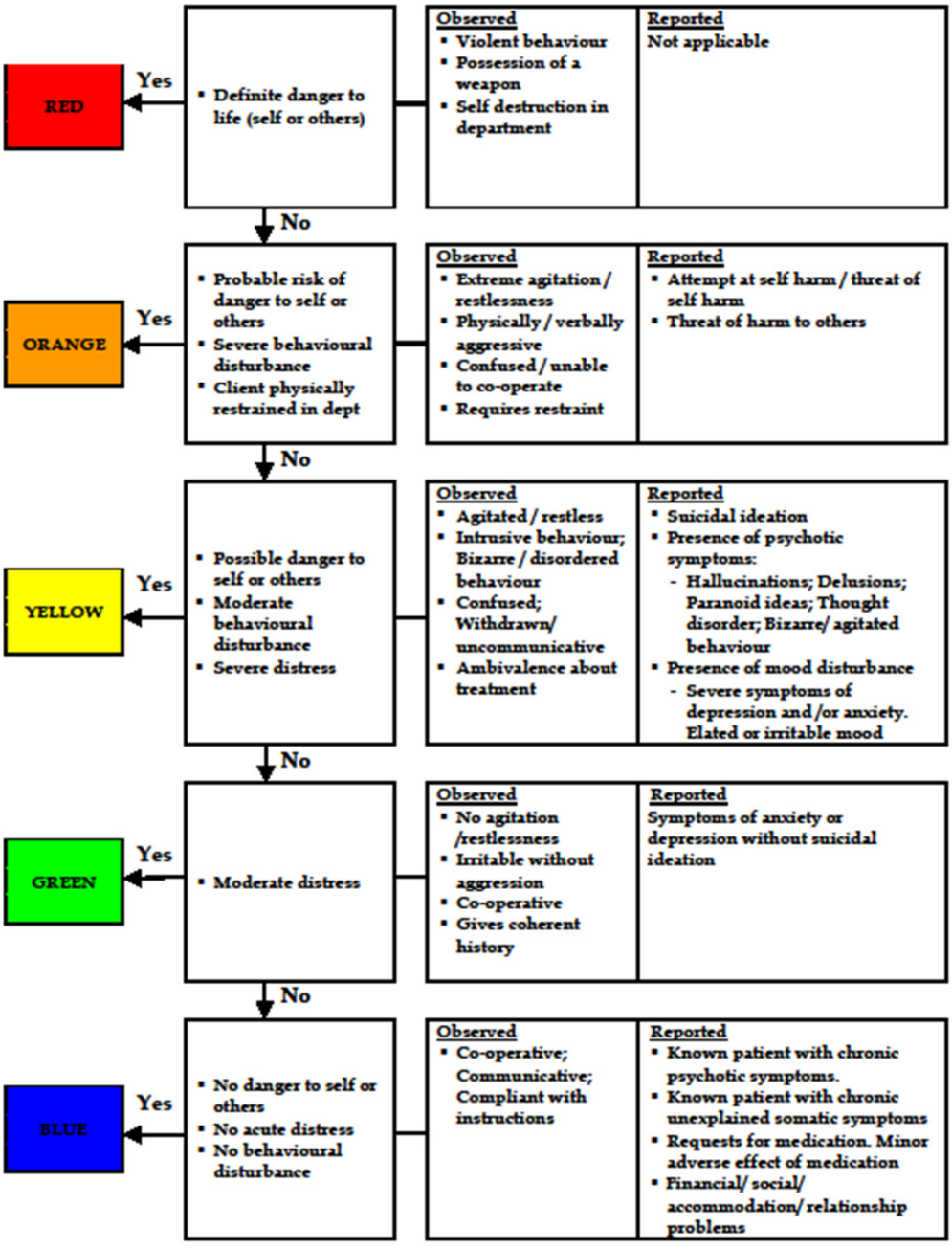
# Pathway for Patients with Mental Health Needs Referred to Mental Health Liaison through A&E Department

(




6/11/2015

## Mental Health Triage Scale
## for use with the NICE guideline on self-harm




Adapted from scales by **Broadbent, M., Jarman, H. & Berk, M. (2002).** ***Improving competence in emergency mental health triage.*** **Accident and Emergency Nursing, 10, 155-162** and **Smart, D., Pollard, C. & Walpole, B. (1999).** ***Mental health triage in emergency medicine.*** **Australian and New Zealand Journal of Psychiatry, 33 (1), 57-66**

Developed by Simon Baston and the NICE self-harm guideline development group

# NHS Workforce Planning in Norfolk

**Report by Maureen Orr, Democratic Support and Scrutiny Team Manager**

The committee is asked to note the 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.

## 1. Background

1.1 One of the recommendations of Norfolk Health Overview and Scrutiny Committee's report on 'NHS Workforce Planning in Norfolk', July 2015, concerned Service Increment Funding for Teaching (SIFT) and speeding up the progress towards a fair share for Norwich Medical School.

1.2 With NHOSC's agreement, Mr Carttiss, Chairman, and Mrs Stone, who chaired the task and finish group on NHS Workforce Planning in Norfolk, entered into correspondence with the Parliamentary Under Secretary of State for Care Quality, the Secretary of State for Health and latterly with NHS England. The correspondence, in reverse chronological order, is attached at Appendix A:-

| | | |
|---|---|---|
| App A1 | 1 Apr 2016 | Letter from Ruth Derrett, NHS England, Midlands and East (East) |
| App A2 | 11 Dec 2015 | Letter to Simon Sevens, NHS England |
| App A3 | 18 Nov 2015 | Letter from Ben Gummer MP, Parliamentary Under Secretary of State for Care Quality |
| App A4 | 19 Oct 2015 | Letter to The Rt Hon Jeremy Hunt MP, Secretary of State for Health |
| App A5 | 7 Sep 2015 | Letter from Ben Gummer MP, Parliamentary Under Secretary of State for Care Quality |

1.3 The letters have provided explanations of how the education and training funding process works, and have addressed some wider workforce issues, but they have not directly answered the question of whether anything can be done to speed up the transition towards 'fair share' funding via the secondary care placement tariff. Ruth Derrett's letter of 1 April 2016 shows that the transition will take until 2025-26 to be fully completed, according to the current plan. Moreover, there is no

indication of the potential effect of the new tariff for primary care which is currently under development by the Department of Health and Health Education England.

## 2. Action

2.1 NHOSC is asked to consider the following action:-

To agree that the Chairman and Mrs Stone 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.

| | |
|---|---|
| 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 0344 800 8011 (Textphone) and we will do our best to help. |

Midlands & East (East)
West Wing
Victoria House
Capital Park
Fulbourn
Cambridge
CB21 5XA

Business Office: 0113 825 4944
Email: ruth.derrett@nhs.net

**By Email**

**Maureen Orr**
**Health Overview and**
**Scrutiny Committee, Norfolk**

01 April 2016

Dear Maureen,

**Re: Undergraduate Medical and Dental Training**

Health Education England (HEE) is the funding body for the delivery of education and training which includes Undergraduate Medical and Dental Training. SIFT is no longer the funding stream, this was replaced by the Multi Professional Education and Training levy prior to the creation of HEE.

Undergraduate Medical and Dental training is funded via a secondary care placement tariff per student FTE, which is set by Department of Health (DH). The funding is allocated to HEE and is distributed to NHS placement providers. Part of the overall UGMD training funding supports placements in a primary care setting, much of this is allocated on an historical basis. There is a national group (within the DH) which is looking at determining a future primary care placement tariff.

As part of the MPET tariff implementation each NHS organisation agreed a transition plan to move from historic rates to a consistent nationally published tariff, which was passed on to HEE. The transition plans and current progress for NHS organisations in Norfolk are attached. As you will see most organisations are making progress towards steady state and an equitable share.

I hope this answers your queries. If you require any further information please do not hesitate to contact either myself or Rob Bowman, who I have copied into this reply.

Yours sincerely,

Ruth Derrett

**Ruth Derrett**
Locality Director Cambridgeshire & Norfolk
NHS England Midlands and East (East)

cc. Rob Bowman Director, Health Education East of England

# 6- Organisation transition plans

| Tariff rates (£) | Year 1 2013-14 | Year 2 2014-15 | Year 3 2015-16 | Year 4 2016-17 | Year 5 2017-18 |
|---|---|---|---|---|---|
| | 0.25% | 0.25% | 0.25% | 0.25% | 0.25% |
| 3,175 | 64.70% | 100.00% | 100.00% | 100.00% | 100.00% |
| 34,623 | 0.00% | 1.60% | 29.60% | 55.28% | 75.26% |
| 12,400 | No change | 36.1% | 58.9% | 63.1% | 68.0% |

2,000

| | 2 | 5 | 25 | | 37 | | 49 | | 61 | | 73 | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Trust code | Trust name | SHA name | Year 1 2013-14 | | Year 2 2014-15 | | Year 3 2015-16 | | Year 4 2016-17 | | Year 5 2017-18 | |
| | | | Net loss / gain £000 | Remaining transition £000 | Net loss / gain £000 | Remaining transition £000 | Net loss / gain £000 | Remaining transition £000 | Net loss / gain £000 | Remaining transition £000 | Net loss / gain £000 | Remaining transition £000 |
| RGP | JAMES PAGET UNIVERSITY HOSPITALS NHS FOUNDATION TRUST | EAST OF ENGLAND SHA | 135 | 1,192 | 30 | 1,162 | 331 | 831 | 303 | 528 | 236 | 292 |
| RM1 | NORFOLK AND NORWICH UNI HOSP NHS FOUNDATION TRUST | EAST OF ENGLAND SHA | 356 | 1,060 | 0 | 1,060 | 0 | 1,060 | 94 | 966 | 432 | 534 |
| RMY | NORFOLK AND WAVENEY MH NHS FOUNDATION TRUST | EAST OF ENGLAND SHA | 91 | 618 | 86 | 531 | 155 | 377 | 129 | 248 | 102 | 146 |
| Q35OT3 | NORFOLK COMMUNITY HEALTH AND CARE | EAST OF ENGLAND SHA | 0 | -31 | -31 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| RQW | PRINCESS ALEXANDRA HOSPITAL NHS TRUST | EAST OF ENGLAND SHA | 185 | 942 | 155 | 787 | 229 | 557 | 191 | 367 | 150 | 217 |
| RCX | QUEEN ELIZABETH HOSPITAL KINGS LYNN NHS TRUST | EAST OF ENGLAND SHA | 143 | 496 | 0 | 496 | 66 | 430 | 157 | 273 | 122 | 151 |
| RY3 | NORFOLK COMMUNITY HEALTH | EAST OF ENGLAND SHA | 166 | 338 | 94 | 243 | 69 | 174 | 63 | 111 | 49 | 61 |
| **TOTAL** | | | **1,076** | **4,613** | **334** | **4,279** | **850** | **3,429** | **937** | **2,492** | **1,091** | **1,401** |

# 6- Organisation transition plans

| Tariff rates (£) | Year 6 2018-19 | Year 7 2019-20 | Year 8 2020-21 | Year 9 2021-22 | Year 10 2022-23 |
|---|---|---|---|---|---|
| | 0.25% | 0.25% | 0.25% | 0.25% | 0.25% |
| 3,175 | 100.00% | 100.00% | 100.00% | 100.00% | 100.00% |
| 34,623 | 88.86% | 96.16% | 98.74% | 99.29% | 99.49% |
| 12,400 | 79.1% | 93.1% | 98.8% | 99.9% | 100.0% |

| 2 | | 5 | 85 | | 97 | | 109 | | 121 | | 133 | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Trust code | Trust name | SHA name | Year 6 2018-19 | | Year 7 2019-20 | | Year 8 2020-21 | | Year 9 2021-22 | | Year 10 2022-23 | |
| | | | Net loss / gain £000 | Remaining transition £000 | Net loss / gain £000 | Remaining transition £000 | Net loss / gain £000 | Remaining transition £000 | Net loss / gain £000 | Remaining transition £000 | Net loss / gain £000 | Remaining transition £000 |
| RGP | JAMES PAGET UNIVERSITY HOSPITALS NHS FOUNDATION TRUST | EAST OF ENGLAND SHA | 161 | 132 | 86 | 45 | 30 | 15 | 6 | 8 | 2 | 6 |
| RM1 | NORFOLK AND NORWICH UNI HOSP NHS FOUNDATION TRUST | EAST OF ENGLAND SHA | 294 | 241 | 158 | 83 | 56 | 27 | 12 | 15 | 5 | 11 |
| RMY | NORFOLK AND WAVENEY MH NHS FOUNDATION TRUST | EAST OF ENGLAND SHA | 75 | 71 | 47 | 24 | 17 | 7 | 4 | 4 | 1 | 2 |
| Q35OT3 | NORFOLK COMMUNITY HEALTH AND CARE | EAST OF ENGLAND SHA | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| RQW | PRINCESS ALEXANDRA HOSPITAL NHS TRUST | EAST OF ENGLAND SHA | 111 | 105 | 69 | 36 | 25 | 11 | 5 | 5 | 2 | 4 |
| RCX | QUEEN ELIZABETH HOSPITAL KINGS LYNN NHS TRUST | EAST OF ENGLAND SHA | 83 | 68 | 45 | 23 | 16 | 8 | 3 | 4 | 1 | 3 |
| RY3 | NORFOLK COMMUNITY HEALTH | EAST OF ENGLAND SHA | 34 | 28 | 18 | 9 | 6 | 3 | 1 | 2 | 1 | 1 |
| **TOTAL** | | | **757** | **644** | **423** | **221** | **151** | **71** | **32** | **39** | **11** | **27** |

# 6- Organisation transition plans

| Tariff rates (£) | Year 11 2023-24 | Year 12 2024-25 | Year 13 2025-26 |
|---|---|---|---|
| | 0.25% | 0.25% | 0.25% |
| 3,175 | 100.00% | 100.00% | 100.00% |
| 34,623 | 99.70% | 99.91% | 100.00% |
| 12,400 | 100.0% | 100.0% | 100.0% |

| 2 | | 5 | 145 | | 157 | | 169 | |
|---|---|---|---|---|---|---|---|---|
| Trust code | Trust name | SHA name | Year 11 2023-24 | | Year 12 2024-25 | | Year 13 2025-26 | |
| | | | Net loss / gain £000 | Remaining transition £000 | Net loss / gain £000 | Remaining transition £000 | Net loss / gain £000 | Remaining transition £000 |
| RGP | JAMES PAGET UNIVERSITY HOSPITALS NHS FOUNDATION TRUST | EAST OF ENGLAND SHA | 2 | 4 | 2 | 1 | 1 | 0 |
| RM1 | NORFOLK AND NORWICH UNI HOSP NHS FOUNDATION TRUST | EAST OF ENGLAND SHA | 5 | 6 | 5 | 2 | 2 | 0 |
| RMY | NORFOLK AND WAVENEY MH NHS FOUNDATION TRUST | EAST OF ENGLAND SHA | 1 | 1 | 1 | 0 | 0 | -0 |
| Q35OT3 | NORFOLK COMMUNITY HEALTH AND CARE | EAST OF ENGLAND SHA | 0 | 0 | 0 | 0 | 0 | 0 |
| RQW | PRINCESS ALEXANDRA HOSPITAL NHS TRUST | EAST OF ENGLAND SHA | 2 | 2 | 2 | 1 | 1 | 0 |
| RCX | QUEEN ELIZABETH HOSPITAL KINGS LYNN NHS TRUST | EAST OF ENGLAND SHA | 1 | 2 | 1 | 1 | 1 | 0 |
| RY3 | NORFOLK COMMUNITY HEALTH | EAST OF ENGLAND SHA | 1 | 1 | 1 | 0 | 0 | -0 |
| **TOTAL** | | | **11** | **16** | **11** | **5** | **5** | **0** |

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Martineau Lane
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NR1 2DH

**Direct Dialling Number:** (01603) 228912
**Email:** maureen.orr@norfolk.gov.uk

Mr S Stevens
Chief Executive
NHS England
Quarry House
Quarry Hill
Leeds LS2 7EU

11 December 2015

Dear Mr Stevens

**NHS Workforce Planning in Norfolk**

In July 2015 Norfolk Health Overview and Scrutiny Committee (NHOSC) received a report from a group of its councillors who had scrutinised NHS workforce planning in Norfolk. The report, attached, highlighted considerable concern about the immediate availability of NHS workforce. It also made recommendations on actions that local and regional organisations and individuals could take to help improve the situation in Norfolk in the medium to long term.

One of the recommendations concerned Service Increment Funding for Teaching (SIFT) and speeding up the progress towards a fair share for Norwich Medical School. The issue is set out in paragraph 6.3, pages 43 and 44, of the report. We have written to ministers in the Department of Health but have not received a clear answer on whether anything will be done to bring Norwich Medical School more quickly towards a fair share of funding. We enclose copies of the correspondence.

The letter from Ben Gummer MP dated 7 September 2015 explained the distinction between funding for training for secondary care and the introduction of a new system to fund training for primary care. It does not tell us whether the progress towards fair shares in the secondary care element will be speeded up, nor does it give a timescale for the introduction of the new primary care system or any explanation of its likely effect on funding for Norwich Medical School.

The most recent letter from Ben Gummer MP, dated 18 November 2015, was thorough in addressing other issues that we had raised but it did not touch on SIFT. It advised us to contact you if we had further specific questions.

We would be grateful if you can answer on the subject of a fair share of funding for Norwich Medical School in relation to both primary and secondary care training.

Yours sincerely

Michael Carttiss
Chairman of Norfolk Health Overview and Scrutiny Committee

Margaret Stone
Chairman of NHS Workforce Planning in Norfolk Scrutiny Task and Finish Group

Copies to:-

Ben Gummer MP
Parliamentary Under Secretary of State for Care Quality

Dr T Morton
Chairman, Norfolk and Waveney Local Medical Committee

Professor Michael Frenneaux
Head of Norwich Medical School
University of East Anglia

Department of Health

*From Ben Gummer MP*
*Parliamentary Under Secretary of State for Care Quality*

*Richmond House*
*79 Whitehall*
*London*
*SW1A 2NS*

*020 7210 4850*

PO00000965979

Councillor Michael Carttiss
Chairman of Norfolk Health Overview and Scrutiny Committee
County Hall
Martineau Lane
Norwich NR1 2DH

18 NOV 2015

Thank you for your letter of 19 October to Jeremy Hunt, co-signed by Councillor Margaret Stone, Chairman of NHS Workforce Planning in Norfolk Scrutiny Task and Finish Group, about NHS workforce planning.

I note your concerns about the primary care workforce in Norfolk. Primary care is the foundation of the NHS and we are aware of the pressure on GPs throughout the country. We also know that NHS England, as the national commissioner of primary care services, is working with its partners on initiatives to increase GP numbers nationally, reduce bureaucracy and use the skills of other healthcare professionals, such as community pharmacists, to ensure high-quality, safe patient care.

NHS England is investing £1billion over four years from 2015/16 in a primary care infrastructure fund with £10million being used to support the initiatives set out in its ten-point GP workforce action plan. This action plan was developed with Health Education England, the Royal College of General Practitioners and the British Medical Association's General Practitioners Committee and will complement work already underway to strengthen the GP workforce. Full details of the plan can be found at www.england.nhs.uk by using the search term 'GP action plan'.

With specific regard to Norfolk, NHS England has advised that it is acutely aware of the recruitment and workload issues faced by local practices. Whilst the national ten-point plan seeks to address recruitment and workload problems over an extended period, NHS England recognises the need to help Norfolk practices to address immediate issues.

As well as providing focused support to individual practices where appropriate, NHS England and South Norfolk Clinical Commissioning Group (CCG) have been in discussions with the Mid Norfolk locality group. This group covers Dereham, where three of the four Norfolk practices currently with closed lists are located. NHS England advises that the group is developing an action plan to address the current pressures. A draft version of the action plan has been reviewed by NHS England and further guidance and support is being offered to the group.

NHS England is working more broadly with all of the CCGs in Norfolk and Waveney on plans to make primary care services more resilient and sustainable. It will continue to support practices and local partners to ensure that current and new Norfolk residents have access to high-quality GP services.

With regard to out-of-hours (OOH) GP care, NHS England advises that Norfolk's service has been challenged for many years by a shortage of available clinicians. IC24, the new local OOH provider introduced in September, has experienced difficulties providing full GP cover. NHS England advises that the provider has been required to submit improvement plans to commissioners, who will tackle performance issues with IC24 both at a contractual level and in terms of clinical safety and quality. I am advised that IC24 is engaging with GPs as much as possible to encourage their support.

I note your suggestion that service consolidation should be a top local priority. NHS England has advised that its work with local CCGs to explore options for providing primary care will continue.

I am advised that at a recent West Norfolk primary care meeting representatives discussed the current problems of local practices including recruitment, an ageing population, the need for better use and availability of IT systems and the policy of seven-day working. Potential solutions included primary care federations, mergers, an integrated care organisation or locality groupings. A full report of the meeting is being prepared to be shared with local practices and NHS England.

I also note your concerns about extending GP opening hours in light of current workforce pressures. As you may be aware, we have invested £175million (including £25million from the Primary Care Infrastructure Fund) in two waves of the Prime Minister's GP Access Fund to sites piloting innovative ways of improving access to GP services. A variety of approaches are being tested, including better use of telecare and health apps and accessing to services by video call, email or telephone as well as extended opening hours. There are also schemes to develop more integrated services with a single point of contact across health and social care. Over 2,500

Department
of Health

practices have taken part in this pilot, covering more than 18 million patients, meaning a third of the country will have benefited from improved access to local services by March 2016.

Our proposals for seven-day working do not mean that every GP will be required to work from 8am to 8pm, seven days a week. We recognise the need for local flexibility and know that any plans to extend hours need to be accompanied by action to boost the primary care workforce. Some schemes involve practices working in partnership with greater use of digital technology.

I hope this reply, which you may wish to share with your co-signatory, is helpful. If you have further specific questions I would encourage you to contact Simon Stevens, NHS England's Chief Executive, who is best placed to respond in more detail. The contact details are:

Simon Stevens
Chief Executive
NHS England
Quarry House
Quarry Hill
Leeds LS2 7UE

**BEN GUMMER**

County Hall
Martineau Lane
Norwich
Norfolk
NR1 2DH

**Direct Dialling Number:** (01603) 228912
**Email:** maureen.orr@norfolk.gov.uk

The Rt Hon Jeremy Hunt MP
Secretary of State for Health
Department of Health
Richmond House
79 Whitehall
London
SW1A 2NS

19 October 2015

Dear Secretary of State

**NHS Workforce Planning in Norfolk**

In July 2015 Norfolk Health Overview and Scrutiny Committee (NHOSC) received a report from a group of its councillors who had scrutinised NHS workforce planning in Norfolk. The report, attached, highlighted considerable concern about immediate availability of NHS workforce. It also made recommendations on actions that local and regional organisations and individuals could take to help improve the situation in Norfolk in the medium to long term.

The recommendations were dispatched to the relevant organisations and the responses 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'. NHOSC decided to raise this directly with the Department of Health in the first instance. The response, copy attached, was 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. NHOSC has now asked Norfolk MPs to raise the issue with the Department of Health.

Whilst SIFT is an important issue for the longer term, NHOSC is also very concerned about immediate workforce availability for the forthcoming winter, especially in primary care. We know that Norfolk and Waveney Local Medical Committee (LMC) shares this concern. Several GP practices in the county have closed their lists due to inability to recruit and the LMC has raised concerns about staffing the out-of-hours service this winter. NHOSC considers that at this point consolidation of current primary care services should be the top priority so that local people are 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 may become more realistic in future years when workforce shortages begin to ease.

Yours sincerely

Michael Carttiss
Chairman of Norfolk Health Overview and Scrutiny Committee

Margaret Stone
Chairman of NHS Workforce Planning in Norfolk Scrutiny Task and Finish Group

Copies to:-

Ben Gummer MP
Parliamentary Under Secretary of State for Care Quality

Dr T Morton
Chairman, Norfolk and Waveney Local Medical Committee

Professor Michael Frenneaux
Head of Norwich Medical School
University of East Anglia

From Ben Gummer MP
Parliamentary Under Secretary of State for Care Quality

Department of Health

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SW1A 2NS

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POC5 950309

Michael Carttiss
Chairman of Norfolk Health Overview and Scrutiny Committee
Norfolk County Council
County Hall
Martineau Lane
Norwich
NR1 2DH

07 SEP 2015

**RE: NHS Workforce Planning in Norfolk (Resources for GP Training in Norfolk)**

Thank you for your letter of 20th July to Lord Prior about the recent report by the '*NHS Workforce Planning in Norfolk Scrutiny Task and Finish Group'* and for bringing it to our attention. I am responding as the Minister with responsibility for Workforce at the Department of Health.

One of the recommendations within the report was to ask the Department to consider speeding up the process with regards a 'fair share' for Norwich Medical Schools in respect of Service Increment Funding for Teaching (SIFT), paragraphs 6.3.1 and 6.3.2.

I recognise the importance of robust workforce planning and the important role medical schools play in this process and I agree that the report provides evidence of the current situation in Norfolk. Getting staffing levels right and ensuring the workforce is affordable is critical if we are to deliver safe quality care whenever and wherever patients need that care.

You may be aware that the Department already conducts an annual national exercise to collect costs from providers to develop a tariff for secondary care, the collection for 2014-15 has just completed. The data collected as part of this exercise informs the national tariff for secondary care covering non-medical, undergraduate and post-graduate clinical placement training.

A similar costing methodology has been developed to establish the actual costs incurred by GP practices in delivering education and training, and requests costs to be provided for the specified cost area, the end aim being to replace local payments with

national tariffs for primary care. At present work on this is still at the development stage and we are currently in the process of collecting data from a small number of practices as part of a pilot exercise. A 'working group' is also established, chaired by the Department and Health Education England which brings together key stakeholders to inform the development of tariffs for primary care.

To clarify, an introduction of primary care tariffs would not be based on the secondary care transitional tariffs, these transitional tariffs can take up to 20 years to fully implement and these are what I believe you make reference to within the report stating 17 years.

The proposed costing methodology (for primary care) seeks to recognise the benefits as well as costs to a GP practice from having trainees, this is so that the development of tariffs can take account of the true cost of non-medical, undergraduate medical and post-graduate medical clinical placement training and provide a fair playing field across the country.

Until the costing exercise has been completed, we will not know the level at which tariffs need to be set, and with what structure, in order to fairly recompense GP practices for their training work.

I hope that this goes some way to provide clarification of how the Department of Health and Health Education England are working together to understand the costs of primary care placement training.

**BEN GUMMER**

# Forward work programme and nomination to a Children's Services Committee task and finish group

**Report by Maureen Orr, Democratic Support and Scrutiny Team Manager**

The Committee is asked to:-

(a) Nominate a County Councillor member to serve on the Children's Services Committee's task and finish group to review 'Children's Emotional Wellbeing and Mental Health'
(b) Consider the current forward work programme and suggest issues for future scrutiny.

## 1. Children's Services Committee task and finish group

1.1 On 15 March 2016 Children's Services Committee (CSC) approved terms of reference for a task and finish group to examine people's access to support and interventions for children's emotional wellbeing and mental health. A copy of the scoping document for the review is attached at Appendix A.

CSC was aware that Norfolk Health Overview and Scrutiny Committee (NHOSC) is due to continue with scrutiny of 'Children's mental health services in Norfolk' in July 2016.

1.2 CSC agreed to invite a County Councillor member of NHOSC to serve on the task and finish group.

## 2. Forward work programme

2.1 The current NHOSC forward work programme is attached at Appendix B.

## 4. Action

4.1 NHOSC is asked to:-

(a) Nominate a County Councillor member to serve on the Children's Services task and finish group on 'Children's Emotional Wellbeing and Mental Health'

(b) Consider the current forward work programme (Appendix B):-

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

| | |
|---|---|
| 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 0344 800 8011 (Textphone) and we will do our best to help. |

# Norfolk County Council

# Children's Services

# Task and Finish Group Review

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Children's Emotional Wellbeing and Mental Health

Scoping Document

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## Background to reviews

Getting the right topics for Task Group scrutiny reviews is the first step in making sure scrutiny provides benefits to the Council and the community.

This scoping template has been designed to assist in thinking through the purpose of a review and the means of carrying out the review.

In order to be effective, every review must be properly project managed. This is to make sure that the review achieves its aims and has measurable outcomes. One of the most important ways to make sure that a review goes well is to ensure that it is well defined at the outset. This way the review is less likely to get side-tracked or be overambitious in what it hopes to tackle. The Task Group's objectives should, therefore, be as SMART (Specific, Measurable, Achievable, Realistic & Time-bound) as possible. It will be important for the Task group to 'hear' evidence from officers and other stakeholders first hand.

Task Groups will play an important role in performance improvement and should be seen as integral to this work.

The terms of reference should be signed off by the Committee or Chair and Vice Chair to ensure involvement of the Department and manage the overall work programme. As well as allowing the Task and Finish Group to consider any additional factors that may influence the proposed review. It also includes a section on public and media interest in the review which should be completed in conjunction with the Council's Communications Team. This will allow the Commission to be properly prepared for any media interest and to plan the release of any press statements.

Reviews will be facilitated by an appropriate Officer.

**Evaluation**

Reviewing changes that have been made as a result of a review is the most common way of assessing effectiveness. Any review should consider whether an on-going monitoring role for the Committee is appropriate to the topic under review.

### 1. Title of Proposed Task and Finish Group Review

| |
|---|
| Review of access to support and interventions for children's emotional wellbeing and mental health. |

### 2. Rationale

Members should outline the background to this review and why it is an area worthy of in-depth investigation.

- At a national and local level 1 in 10 children will experience a diagnosable mental health condition with increasing numbers of young people being referred to specialist community based services and increases in those admitted to hospital due to self-harm and eating disorders.
- The national Future in Mind report published March 2015 highlighted key areas of concern in relation to children's emotional wellbeing and mental health. The report made 49 improvement recommendations and made it a requirement for every area to have a Local Transformation Plan to identify how to address and improve emotional wellbeing and mental health support.
- In Norfolk the Local Transformation Plan is a joint Child and Adolescent Mental Health Services (CAMHS) plan overseen by the Health and Wellbeing Board with the 5 CCGs receiving £1.9 million annually for 5 years to implement change and improve services.
- The Local Transformation Plan has 4 themes:
    - Early Help and Prevention
    - Accessibility
    - Eating Disorders Pathways
    - Crisis Pathways
- Norfolk has two Strategies that focus solely on improving the mental health of children and young people:
    - **CAMHS Strategy 2015-17** – produced by the CAMHS Strategic Partnership (described earlier), the Strategy addresses Universal, Targeted and Specialist need/settings
    - **Emotional Wellbeing & Mental Health Strategy (Norfolk and Suffolk)** – produced by Children's Services and endorsed by the Health & Well Being Boards, with a strong focus on prevention and early help

## 3. Purpose and Objectives of Review

Members should consider what the objectives of the review are

1. To understand factors contributing to and impacting on children's emotional wellbeing and mental health.

2. To understand the current arrangements and the Local Transformational Plan ambition for improving access to and support from emotional wellbeing and mental health services.

3. To consider impact and relationship between children's mental health and education including the role of schools in supporting children and ability to access specialist support.

4. Understand NCC Children's Services spend on mental health services and the impact this has for children including innovative programmes of support associated with alternatives to care and looked after children.

5. To make any recommendations for policy and actions

## 4. Methodology/Approach

Members should consider how the objectives of the review will best be achieved and what evidence will need to be gathered from officers and stakeholders, including outside organisations and experts.

- The Task and Finish Group will receive information about Norfolk's Local Transformation Plan for improving access to and support for mental health and emotional wellbeing
- Examine available data for understanding children's mental health and performance of mental health services
- Take evidence from council officers, including commissioners and Public Health, CCG commissioners, Norfolk and Suffolk Foundation Trust, Point 1, members of CAMHS Strategic Partnership, schools, representatives of children and young people including NSFT Youth Council and the Youth Parliament
- Look at evidence from other authorities and national organisations where appropriate

In conducting the review the Task Group may want to consider the following questions:-

1) How will system wide transformation ensure improved access to emotional wellbeing and mental health support?
2) Are there delays in individuals or cohorts of children accessing mental health support as part of current commissioned services?
3) What plans are in place to deliver earlier and preventative support?
4) How is NCC Children's Services spend on emotional wellbeing and mental health services contributing to improving support and outcomes for cohorts and individual children?
5) What recommendations should be made for consideration?

## 5. Deadlines and timetable

Members should anticipate the likely length of the review being proposed.

It is anticipated that the review should start in April 2016 and be completed within 4-6 months.
The task group could comprise 4 members – to be guided by Children's Services Committee
Detailed timetable and work plan to be agreed at first meeting.

## 6. Additional resource/staffing requirements

All reviews should be facilitated by officers. Members should anticipate whether any further resource is required, be this for site visits or independent technical advice.

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| This review will require officer time from Children's Services<br><br>The review will need be supported to organise visits etc. |

## 7. Outcomes

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| A report to Committee of findings and making any recommendations for action and/or further work. |

**Before approving this scoping document the Scrutiny Task and Finish Group should ensure the following boxes should be completed in conjunction with the relevant officers:**

## 8. Likely publicity arising from the review

Members will wish to anticipate whether the topic being reviewed is high profile and whether it will attract media interest. If so, this box should be completed with help from the relevant officer in the Council's PR and Media Team.

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| Publicity will be through all Children's Committee meetings as they are public meetings.<br><br>Stakeholders of interest will be kept informed including Communities Committee who are responsible for decision making for NCC connected to the Local Transformation Plan. As the Local Transformation Plan and vast majority of mental health funding is overseen by CCGs consideration will need to be given to how these key accountable bodies are informed. In addition Norfolk Health Overview and Scrutiny Committee is already scrutinising mental health services for children with further report due July 2016. |

## 9. Terms of reference agreed by

| |
|---|
| Children's Committee or Chair Vice Chair of Committee<br><br>Date |

**Appendix B**

# 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**

| *Meeting dates* | *Briefings/Main scrutiny topic/initial review of topics/follow-ups* | *Administrative business* |
|---|---|---|
| 26 May 2016 | Initiatives to address NHS workforce issues in Norfolk - 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 future NHS workforce planning. | |
| 21 July 2016 | Children's mental health services in Norfolk – scrutiny of the implementation of the Local Transformation Plan<br><br>Norfolk and Suffolk NHS Trust – unexpected deaths – a report on the outcome of the Verita review and resulting actions. | |
| 8 Sept 2016 | | |
| 13 Oct 2016 | Ambulance response times and turnaround times in Norfolk – 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)<br><br>Stroke Services in Norfolk – in update on progress with the 2014 NHOSC recommendations and the outcome of the Review of Stroke Rehabilitation in the Community, November 2015 | |

**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.

**Members serving on Task & Finish Groups**

| **Task & finish group** | **Membership** |
|---|---|
| **Children's Services Committee Task & Finish Group Review**<br>Review of access to support and interventions for children's emotional wellbeing and mental health | **From NHOSC**<br><br>*To be nominated by committee on 14 April 2016* |

**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 14 April 2016**

Glossary of Terms and Abbreviations

| | |
|---|---|
| A&E | Accident And Emergency |
| AMD | Associate Medical Director |
| AMU | Acute Medical Unit |
| ANP | Advanced Nurse Practitioner |
| ARU | Anglia Ruskin University |
| CA | Call Advisor |
| CAMHS | Child and Adolescent Mental Health Services |
| CCC | Care co-ordination centre |
| CCG | Clinical Commissioning Group |
| CHC | Continuing Healthcare |
| CLIP | Collaborative Learning In Practice |
| COWA | College Of West Anglia |
| CPN | Community Psychiatric Nurse |
| CQC | Care Quality Commission |
| CQuIN | Commissioning for Quality and Innovation |
| CQRM | Clinical Quality Review Meeting |
| CRHT | Crisis Resolution Home Treatment |
| DH | Department of Health |
| DN | District Nurse |
| DSH | Deliberate self harm |
| ECCH | East Coast Community Healthcare |
| ED | Emergency Department |
| EDIS | Emergency Department Information Service |
| EEAST | East Of England Ambulance Service NHS Trust |
| FD | Foundation degree |
| FTE | Full time equivalent |
| GP | General Practitioner |
| GCGP | Greater Cambridgeshire Greater Peterborough Local Enterprise Partnership |
| HEE | Health Education England |
| HEEoE | Health Education East of England |
| HEFCE | Higher Education Funding Council for England |
| HOSC | Health Overview and Scrutiny Committee |
| IC24 | Integrated Care 24 Ltd (a not for profit social enterprise organisation providing GP out of hours and NHS 111 services in Norfolk) |
| IT | Information Technology |
| JPUH/JPH/JP | James Paget University Hospital |
| KPI | Key Performance Indicator |

| | |
|---|---|
| LEP | Local Enterprise Partnership |
| LHSRG | Local health system resilience group |
| LMC | Local Medical Committee |
| LPA | Local Planning Authority |
| LTC | Long Term Conditions |
| MHL | Mental Health Liaison |
| MPET | Multiple Professional Education and Training levy |
| NALEP | New Anglia Local Enterprise Partnership |
| NCCG | Norwich Clinical Commissioning Group |
| NCFC | Norwich City Football Club |
| NCH&C (NCHC) | Norfolk Community Health and Care NHS Trust |
| NHOSC | Norfolk Health Overview and Scrutiny Committee |
| NHS E | NHS England |
| NICE | National Institute for Health and Care Excellence |
| NNUH (N&N, NNUHFT) | Norfolk and Norwich University Hospitals NHS Foundation Trust |
| NRP | Norfolk Recovery Partnership |
| NSFT | Norfolk and Suffolk NHS Foundation Trust (the mental health trust) |
| NSWP | Norfolk and Suffolk Workforce Partnership |
| N&N | Norfolk and Norwich University Hospitals NHS Foundation Trust |
| Obs | Obeservations |
| OOH | Out of hours |
| PbR | Payment by Results |
| PGD | Patient Group Directive |
| PH | Public Health |
| PHE | Public Health England |
| PMCF | Prime Ministers Challenge Fund |
| PPG | Patient Participation Group |
| PPI | Patient Public Involvement |
| QEH KL/QE/QEH | Queen Elizabeth Hospital King's Lynn |
| QIPP | Quality, Innovation, Productivity and Prevention: A DoH agenda, looking at health economy solutions to meet local financial challenges |
| QIR | Quality issue reporting |
| RMN | Registered Mental Health Nurse |
| SADPERSON | A clinical assessment tool to determine suicide risk |
| SI | Serious incident |
| SIFT | Service Increment for Teaching |
| SRG | System resilience group |
| STP | Sustainability and transformation plan |
| TAG | Threshold Assessment Grid – assesses the severity of a person's mental health problems |

| | |
|---|---|
| TUPE | Transfer of Undertakings (Protection of Employment) |
| UDA | Unit of dental activity |
| UEA | University of East Anglia |
| UGMD | Under Graduate Medical and Dental |
| WIC | Walk in centre |