Norfolk County Council

NORFOLK HEALTH OVERVIEW AND SCRUTINY COMMITTEE
MINUTES OF THE MEETING HELD AT COUNTY HALL, NORWICH
on 18 October 2018

Present:

Michael Chenery of Horsbrugh (Chairman)	Norfolk County Council
Mrs A Claussen-Reynolds	North Norfolk District Council
Ms E Corlett	Norfolk County Council
Mr F Eagle	Norfolk County Council
Mr D Fullman	Norwich City Council
Mrs S Fraser	Borough Council of King's Lynn and West Norfolk
Mr D Harrison	Norfolk County Council
Mr F O'Neill	Broadland District Council
Mrs B Jones	Norfolk County Council
Mr G Middleton	Norfolk County Council
Mr R Price	Norfolk County Council
Mrs S Young	Norfolk County Council

Also Present:

Melanie Craig	Senior Responsible Officer for Palliative and End Life Care Transformation, Norfolk & Waveney STP (& Interim Executive Lead for the STP)
Pam Fenner	Clinical Advisor Palliative and End of Life Care; Chair Norfolk and Waveney Palliative Care Collaborative; NHS Norwich CCG
Becky Cooper	Head of Palliative Care, Norfolk Community Health and Care NHS Trust
Alex Stewart	Healthwatch Norfolk
Krishan Pahwa	Information Analyst, Healthwatch Norfolk
Jenny Beesley	Member of the public (& Chairman of East Coast Hospice Ltd)
Patrick Thompson	Member of the public
Robert May	Member of the public
Sue Vaughan	Member of the public
Jane Shuttles	Member of the public
Grainne Murray	Social Worker, NNUH/NCC
Anna Morgan	Norfolk Community Health and Care NHS Trust
Maureen Orr	Democratic Support and Scrutiny Team Manager
Chris Walton	Head of Democratic Services
Tim Shaw	Committee Officer

1 Apologies for Absence

1.1 Apologies for absence were received from Ms E Flaxman-Taylor, Dr N Legg and Mr P Wilkinson.

2. Minutes

2.1 The minutes of the previous meeting held on 6 September 2018 were confirmed by the Committee and signed by the Chairman.

3. Declarations of Interest

3.1 There were no declarations of interest.

4. Urgent Business

4.1 There were no items of urgent business.

5. Chairman's Announcements

5.1 There were no Chairman's announcements.

6 Access to Palliative and End of Life Care

6.1 The Committee received a suggested approach by Maureen Orr, Democratic Support and Scrutiny Team Manager, to a report from NHS commissioner and provider partners within Norfolk and Waveney Sustainability Transformation Partnership (STP) about the levels of specialist and generalist palliative and end of life care commissioned and provided for adults in Norfolk in comparison with guidance on the levels of care required. The Committee also received a PowerPoint presentation from the NHS speakers on this subject.

6.2 The Committee received evidence from Melanie Craig, Interim Executive Lead for the Norfolk and Waveney STP, Pam Fenner, Clinical Advisor Palliative and End of Life Care, Chair Norfolk and Waveney Palliative Care Collaborative, NHS Norwich CCG and Becky Cooper, Head of Palliative Care, Norfolk Community Health and Care NHS Trust.

6.3 The Committee also heard from Jenny Beesley, member of the public (& Chairman of East Coast Hospice Ltd), Patrick Thompson, member of the public, Sue Vaughan, member of the public and Robert May, member of the public.

6.4 In introducing and welcoming the speakers from the NHS, the Chairman said that they were invited to today's meeting as partners within the Norfolk and Waveney Sustainability Transformation Partnership (STP) to discuss access to palliative and end-of-life care.

6.5 In their introductory remarks, and during the PowerPoint presentation (which can be found at page 59 of the agenda), the speakers referred to the following key challenges facing the Commissioners and Providers of palliative and end-of-life care:

- The outcome of a review of system wide complains.
- Recent developments.
- A patient case study.
- STP collaborative workstreams, including a review of relevant documentation across the STP such as yellow folders.

- Current challenges and next steps including workforce recruitment across the system.
- The speakers were currently working on a *Norfolk and Waveney STP Ambitions for Palliative and End of Life Care Delivery Plan 2017 – 2020* which would be circulated to members when it became available. The outcomes from today's discussions would be addressed as part of that plan, and the plan would include a delivery programme for when action should be taken.
- The speakers said that Great Yarmouth and Waveney CCG was in the final submission phase of a procurement process for NHS community services that would include end-of-life care. Because of the risk of legal challenge, the speakers were unable to discuss the procurement process any further than was set out in the presentation. The procurement process was expected to end by the middle of December 2018 and the service to be in place by April 2019.

6.6 The Chairman then invited to the microphone those members of the public who had indicated their willingness to speak in the meeting.

- Jenny Beesley, Member of the public (and Chairman of East Coast Hospice Ltd), said that more should be done to address issues of patient choice. She said that this was an issue of significant concern to many patients and she was willing to work closely with the speakers to help provide a wider choice of end-of-life care in the Great Yarmouth and Waveney area.
- Dr Patrick Thompson PhD, a member of the public, also spoke about the importance of giving people a real choice of where they could die and said that this issue should be addressed by the STP. In addition, he said that the commissioners should look to do more to address the problem of poor quality care because of ethnic background, sexual orientation, gender identity, disability or social circumstances such as homelessness.
- Sue Vaughan, a member of the public, said that she was a retired GP and wanted to know what the practical effect would be for patients of the NHS moving to a more integrated care system. In reply, the speakers said that the new approach was already helping to link provider specialist groups closer together and providing for a more flexible approach within local neighbourhood areas.
- Robert May, a member of the public, said that his wife has a terminal condition which meant that she is bed bound. She had been assessed as having a 70pc chance of having a heart attack but had not been assessed as having a condition which was 'severe' enough to receive continuing healthcare funding. He added that adults with limited funds and no continuing health care funding found it very difficult to get the right kind of palliative care in the community, especially when this was needed 24/7. The Chief Officer, Great Yarmouth and Waveney CCG, undertook to speak with Mr R May, about specific medical issues which affected his wife's care.

6.7 The Chairman then asked that Members question the speakers within the following subject headings by allowing the whole Committee to ask questions relevant to each heading before moving on to the next heading:

- Strategic and systemic issues
- Specialist palliative care
- Hospice provision
- Generalist palliative care and end of life care
- Equity of service
- Learning from families

6.8 Strategic and systemic issues

The following key points were noted:

- The speakers said that there were some 10,500 deaths in a year in the Norfolk and Waveney area and approximately three-quarters of these were of people who had a palliative/ end-of-life care need.
- To meet NICE guidelines steps were being taken to address issues of variation in service provision, however, there remained at present an unequal provision of hospice and specialist palliative care in-patient facilities across the county and no beds available in the Great Yarmouth and Waveney area.
- The configuration of palliative and end of life care varied significantly from locality to locality. Priscilla Bacon Lodge in Norwich provided 16 specialist NHS in-patient beds for those patients who required focused care. Tapping House, in King's Lynn, provided up to seven NHS beds and NHS beds were also available at St Elizabeth Hospice and St Nicholas Hospice in Suffolk, and in acute hospitals for patients who needed end of life care under the supervision of clinicians.
- In all areas, apart from Great Yarmouth and Waveney, a hospice at home team was in place, offering the care of a hospice but in the community.
- In reply to questions, the speakers said that they recognised that access to end-of-life care outside of normal working hours was a strategic issue of significant concern. People with complex needs, such as cancer, depended heavily on out of hours services to provide advice, treatment and support to manage medical, emotional and practical problems as they emerged.
- The latest procurement process for NHS community services recognised that the needs of those at the end of life and their families and carers could not be met in a standard 9–5 model of service delivery.
- A night-time service was available in the King's Lynn area after 6 pm based on a virtual ward.
- In the central area there were usually 3 night-time nurses on duty.

6.9 Specialist Palliative Care

The following key points were noted:

- A specialist palliative care 24/7 advice line was in place in central and west Norfolk and included in the NHS community services contract for Great Yarmouth and Waveney.
- The speakers assured the Committee that specialist palliative and end-of-life care was provided by multi-disciplinary teams and that members of these teams had undergone recognised specialist palliative care training. The aim of this training included providing patients with physical, psychological, social and spiritual support.
- The speakers said that specialist palliative teams acted as major sources of advice, support and education to others involved in providing care across the NHS, social care and the voluntary sector.
- A specialist service was available to prisoners at Norwich prison and Priscilla Bacon Lodge in Norwich was used on occasions for this purpose.

6.10 Hospice provision

The following key points were noted:

- Members suggested that the shortage of hospice provision was a sign of a lack of patient choice and that aspirant hospices should be fully supported in their attempts to get started.
- In reply, the speakers said that while they were willing to do all that they could to help hospices; hospices should be supported within the context of the NHS and partner organisations putting in place a more integrated community care model and not only for reasons of widening patient choice.
- The speakers said that at a time of increasing pressures on NHS spending, NHS end-of-life care did not necessarily have to be provided in a traditional hospice and going forward might potentially be provided in a more cost-effective way in private care homes or by providing a wider range of hospice care at home, and by other services that provided end-of-life care.
- Members were of the view that it would be helpful for them to see for themselves a range of the palliative and end-of-life services that were available.

6.11 Generalist palliative care and end of life care

- Members said that regardless of where end-of-life care was provided, ensuring staff had appropriate support and training was critical for high-quality care to be consistently delivered.
- In reply to questions about the Marie Curie Delivering Choice Programme, the speakers said that Marie Curie Cancer Care was a charitable organization in the United Kingdom which provided generalist nursing care free of charge to patients and their families. The charity was best known for its network of Marie Curie Nurses who worked in the community to provide end-of-life care for patients with cancer and other life limiting illnesses in their own homes.
- The speakers said that they planned to work more closely with Marie Curie Cancer Care and other partners in the public and voluntary sectors to put in place *a* five-year plan for health and social care.
- Members identified the following issues of importance to the patient:
    - 24/7 access to and availability of community nursing and appropriate drugs and equipment;
    - Quick responses to requests for help with out-of- hours support;
    - Appropriate advice, information and support to patients about their general condition, their medication and future needs; and
    - Knowledge by NHS professionals of the patient's preferred place of care and death.
    - Those identified as important to the dying person should be involved in decisions about treatment and care to the extent that the dying person wanted this to happen.

- As well as choice over their place of care and death, people close to death wanted real choices over other aspects, such as pain control and involvement of family and others close to them.
- It was pointed out that good service provision could help patients stay in their preferred setting, while reducing the strain on overstretched emergency departments and NHS budgets.
- The speakers said that patients with palliative care needs were sometimes admitted to hospital inappropriately when their condition deteriorated.
- The speakers said that end-of-life care teams had a long tradition of delivering services both in acute hospitals and community settings, so they were used to the concept of integrated care and "bridging the gap" and influencing care in both environments.

- Members said that to better understand the progress that was being made in the Norfolk and Waveney area they needed to see a "gap analysis" of current provision compared to the national framework and the STP Delivery Plan.

6.12 Equity of service

- The speakers said that quality palliative and end-of-life care was realised when strong networks existed between palliative care providers, generalist health and social care providers in local communities.
- The speakers said that for this to happen it was essential that there was equity of service provision: a single care specification and single mechanism used for the delivery of quality palliative and end-of-life care throughout the whole of the Norfolk and Waveney area.
- The speakers were aware that they needed to ensure health and social care professionals received the kind of training and support to have the right types of conversations with their patients about their wishes towards the end of their lives, including their preferred place of care and where they wished to die.

6.13 Learning from families

- Members said that in many cases the problems patients and their families experienced in the dying phase of life were longstanding and/or predictable, and the more complex of these needs could have benefited from interventions from access to end-of-life care professionals at an earlier stage.
- Members said that for those approaching the end of their lives, it was vital that they received information about their condition and care in a language that they understood. It was essential for this to be communicated with honesty and sensitivity by professionals who had the expertise to do so.
- Families wanted to see dignity and respect for culture, lifestyles and beliefs of other family members in end of life situations. This was seen by members to be fundamental in achieving high-quality palliative and end-of-life care.

6.14 The Committee agreed:

To note tha*t Norfolk and Waveney (N&W) STP Ambitions for Palliative and End of Life Care Delivery Plan 2017 – 2020* was expected to be made available to Members by December 2018.

That Members should receive the gap analysis for what needed to be done in Norfolk and Waveney to meet the requirements of the *Ambitions for Palliative and End of Life Care: a national framework for local action 2017-2020*.

To ask the Norfolk and Waveney STP representatives to provide written answers to questions in Section 4 of the covering report that were not addressed during the meeting.

Members should be invited to visit existing Palliative and End of Life Care services to get a better understanding of the issues, including hospices, hospice at home, and other services that provided end-of-life care.

To revisit the subject at a future meeting when Members had received the gap analysis against the national framework and the N&W STP Delivery Plan, and when Great Yarmouth and Waveney CCGs' procurement of NHS community service (including end of life care) was complete.
Issues for that meeting would include (not exclusively):

- **Night time service**
- **Consistency of services**
- **Advocacy for families**
- **Choice of place of care**
- **Input from Norwich Consolidated Charities.**

7 Forward Work Programme

7.1 The Committee received a report from Maureen Orr, Democratic Support and Scrutiny Team Manager, that set out the current forward work programme.

7.2 **The Committee agreed the Forward Work Programme with the following additions:**

For the agenda on 17 January 2019:

- **The Queen Elizabeth Hospital NHS Foundation Trust – action in response to Care Quality Commission report.**
- **Norfolk and Suffolk NHS Foundation Trust – action in response to the Care Quality Commission report**

For the agenda on 28 February 2019:

- **Children's Speech and Language Therapy - to follow up on the action plan from the independent review of the central and west Norfolk service and to address with issues raised during Members visit with the SENsational Families Group.**
- **Notes from the Members visit with SENsational Families Group at Harford Community Centre on 20 September 2018 to be circulated to Members of NHOSC.**

For the agenda on 11 April 2019:

- **Access to NHS dentistry in Norfolk – follow up to the report to NHOSC on 24 May 2018 on access in West Norfolk, and examination of the situation in the rest of Norfolk.**

Chairman

The meeting concluded at 1.10 pm

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