

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

Present:

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

Substitute Member Present:

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

Also Present:

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

Nina Savory	Deputy Service Manager, Norfolk and Suffolk NHS Foundation Trust
Chris Walton	Head of Democratic Services
Maureen Orr	Democratic Support and Scrutiny Team Manager
Tim Shaw	Committee Officer

1. Apologies for Absence

Apologies for absence were received from Mr R Bearman and Mrs J Chamberlin and Mr D Harrison.

2. Minutes

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

3. Declarations of Interest

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

4. Urgent Business

- 4.1 There were no items of urgent business.

5. Chairman’s Announcements.

- 5.1 There were no Chairman’s announcements

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

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

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

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

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

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

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

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

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

7.2 The Committee received evidence from Michael Scott, Chief Executive, Norfolk and Suffolk NHS Foundation Trust, Dr Simon McKay, Emergency Department Consultant and Lead for Mental Health, Norfolk & Norwich University Hospitals NHS Foundation Trust, Chris Cobb, Divisional Operation Director of Medicine & Emergency, Norfolk & Norwich University Hospitals NHS Foundation Trust, Suzan Robinson-Southey, Consultant Nurse, Emergency Department, Queen Elizabeth Hospital NHS Foundation Trust, Dr Nam Tong, Clinical Lead, Emergency, Queen Elizabeth Hospital NHS Trust and Anna Hills, Director of Governance, James Paget University Hospitals NHS Foundation Trust.

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

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

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

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

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

9. Forward work programme

- 9.1 The Committee **agreed**:-
1. The forward work programme as set out in the report with the addition of 'Community Pharmacy' for the 8 Sept 2016 meeting.
 2. To nominate Mrs Margaret Stone to the Children's Services Committee task & finish group on 'Children's Emotional Health and Wellbeing'.
- 9.2 Members who had any other items which they wished to have considered for inclusion in the forward work programme were asked to contact Maureen Orr, Democratic Support and Scrutiny Team Manager, in the first instance.

Chairman

The meeting concluded at 12. 40 pm



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