Norfolk County Council

**NORFOLK HEALTH OVERVIEW AND SCRUTINY COMMITTEE**
**MINUTES OF THE MEETING HELD IN THE EDWARDS ROOM, COUNTY HALL, NORWICH**
**at 10am on 6 September 2018**

**Present:**

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| Michael Chenery of Horsbrugh (Chairman) | Norfolk County Council |
| Annie Claussen-Reynolds | North Norfolk District Council |
| Emma Corlett | Norfolk County Council |
| Fabian Eagle | Norfolk County Council |
| Emma Flaxman-Taylor | Great Yarmouth Borough Council |
| Susan Fraser | Borough Council of King's Lynn and West Norfolk |
| David Fullman | Norwich City Council |
| David Harrison | Norfolk County Council |
| Brenda Jones | Norfolk County Council |
| Dr Nigel Legg | South Norfolk District Council |
| Graham Middleton | Norfolk County Council |
| Frank O'Neill | Broadland District Council |
| Richard Price | Norfolk County Council |
| Peter Wilkinson | Breckland District Council |
| Sheila Young | Norfolk County Council |

**Also Present:**

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| Dr Neil Ashford | Governing Body Member (Secondary Care Doctor), Norwich Clinical Commissioning Group (CCG) |
| John Ingham | Director of Finance, Norwich Clinical Commissioning Group (CCG) |
| Claire Leborgne | Senior Commissioning Manager, New Model of Care, Norwich Clinical Commissioning Group (CCG) |
| Laura McCartney-Gray | Engagement Manager, Norwich Clinical Commissioning Group (CCG) |
| Parveen Mercer | Associate Director of Primary Care (Contracting & Performance), Great Yarmouth & Waveney Clinical Commissioning Group (CCG) |
| Maureen Orr | Democratic Support and Scrutiny Team Manager |
| Sadie Parker | Director of Primary Care, Great Yarmouth & Waveney Clinical Commissioning Group (CCG) |
| Nick Pryke | Assistant Director Community Services (Norwich), Adult Social Services & Norfolk Community Health & Care (NCH&C) |
| Sam Revill | Business Development Manager, Healthwatch Norfolk |
| Sue Vaughan | Member of the Public |
| Hollie Adams | Committee Officer |

## 1 Apologies for Absence

1.1 There were no apologies.

## 2. Minutes

2.1 The minutes of the previous meeting held on 12 July 2018 were agreed as an accurate record and signed by the Chairman.

## 3. Declarations of Interest

3.1 Ms E Flaxman-Taylor declared a Non-Pecuniary Interest as a governor of James Paget Hospital Trust.

3.2 The Chairman welcomed Ms E Flaxman-Taylor & Mr F O'Neill as new Members of the Committee.

## 4. Urgent Business

4.1 There were no items of urgent business.

## 5. Chairman's Announcements-Norfolk Community Health and Care NHS Trust

5.1 A meeting with SENsational Families had been arranged at Harford Community Centre, Norwich, at 10am on Thursday 20 September 2018 following discussions at the Health Overview and Scrutiny Committee meeting on 12 July 2018.

5.2 The Democratic Support and Scrutiny Team Manager **agreed** to send details of the meeting to Committee Members. Mr D Fullman, Mrs B Jones and Mrs S Fraser expressed an interest to attend.

## 6 New Model of care for Norwich

6.1 Representatives from Norwich CCG introduced the report discussing a new model of care for health and social care services in Norwich and circulated a handout; see appendix A:

- the new Model would integrate and transform care to improve health and wellbeing & deliver services more effectively
- From 2013, new ways of working were piloted with One Norwich and local providers
- The final model would be co-produced with patients, carers and stakeholders
- The proposed Alliance Agreement was between existing NHS partners, social care and the voluntary sector to formalise & support collaborative working and develop future ways of working across partners
- Frequently asked questions would be published on the website after the roadshows
- The recent paper "Diagnosis Critical" suggested the NHS should shift towards promotion of wellness & prevention to create a sustainable health and care system

6.2.1 The Chairman asked how organisations would be chosen to join; the Director of Finance, Norwich CCG, clarified the Alliance would agree delivery objectives and choose which parties could best deliver them. The Governing Body Member (Secondary Care Doctor), Norwich CCG, added that organisations & service user groups on the service development board were represented on the Norwich CCG delivery group.

6.2.2 The Chairman asked if the approach had been tried before; the Senior Commissioning Manager, New Model of Care, Norwich CCG, reported that Vanguard sites were slightly further ahead than Norfolk but had significant one-off investment to set up & support resources. Norfolk would set up their approach with existing resources so a sustainable model would be needed.

6.3.1 Member of the public Sue Vaughan asked the following questions:

1. Will cooperative working be at risk from competition law?
    - I am concerned that the changes proposed to organisation of primary care services in Norwich, with similar changes to follow in other CCG areas, may expose the

system to competition law. The document about Alliance Agreements hints at the possibility of the MCP (multi-speciality community provider) / ICS (integrated care system) becoming large enough to be regarded as unfair competition such that a commercial organisation that felt its business was being undermined could have recourse to law.

- Another possibility of a full procurement process being required at some stage, either as a part of the overarching ICS proposed for Norfolk & Waveney STP or as a subcontract of that ICS.
- Is the Committee confident that the legal agencies used by the Norwich CCG & Norfolk County Council are well enough versed in competition law to be able to ensure these risks are identified & assessed before contracts are signed? What measures have been taken to communicate with health & care services in other parts of England who are also moving towards ICS in various forms and may already have explored these risks?

2. What is the role of Health Overview and Scrutiny Committee in keeping the whole ICS process under review, given that the Sustainability and Transformation Partnership Board is reporting on parts of the process to the Health & Well Being Board?

6.3.2 The Director of Finance, Norwich CCG, acknowledged the challenges with the changes but was comfortable there would be no competition law impact as there would be no change to GP practices and no new services procured. Legal advice sought from a company involved in the Vanguard process had confirmed this.

6.3.3 The Democratic Support and Scrutiny Team Manager replied to question 2 that the local NHS was required to consult health scrutiny about proposed substantial changes to services experienced by patients but not about proposed changes in arrangements behind the scenes. The health scrutiny committee would therefore not expect to review the process of setting up an Integrated Care System but to be consulted about proposed substantial changes to services arising from it such as changes to location, availability or nature of services on offer.

6.4.1 In response to a query on roadshow turnout and consultation demographic, including reaching those with mental health conditions and learning disabilities, the Engagement Manager, Norwich CCG reported:

- no increase in online or paper responses to previously reported
- as no changes or closures were proposed, low turnout and feedback was seen
- guidelines for consultation had been followed in line with the process defined by the Health & Social Care act
- 6 roadshows had been held instead of the statutory 5, in difficult to reach areas
- Deaf Connections were making a British Sign Language (BSL) video on the consultation & holding events on proposals
- Opening Doors were holding one to one meetings & consultations with service users
- In West Earlham, 6 people attended the roadshow & 21 consultation documents were handed out
- In Wensum, 9 people attended the roadshow & 48 consultation documents were handed out
- At Mile Cross, the target group was not reached as the only attendees had been 2 Local Councillors. 35 consultation documents were handed out.

6.4.2 The Senior Commissioning Manager, New Model of Care, Norwich CCG, reported that in Sunderland, some of their £8m funding was lost when they did not reach performance targets and services had to be decommissioned; she felt using existing resources would create a more sustainable model.

6.4.3 The Director of Finance, Norwich CCG, clarified that no new organisation would be created but a structure set up to help organisations work together with shared principles

and agreements. This would be an umbrella agreement with no infrastructure costs.

6.4.4 There was concern that the low response rate would inhibit an informed decision on phase 2. The Governing Body Member (Secondary Care Doctor), Norwich CCG, discussed the soft intelligence gained from analysis of pilots and consultation with service users.

6.4.5 Consultation costs were kept down by doing work internally. The main costs would be external analysis of results & printing of documents.

6.4.6 Suitability of the phrase “sexual preference” in “Sandy’s Story” was queried as it implied a choice; the Member noted that a more appropriate phrase to use was “sexual orientation”.

6.4.7 A discussion was held about the low uptake of cervical smears in lesbian women. This was an area where practice could be improved to increase outcomes and was promoted at Norwich Pride and Norfolk Safeguarding Adults Board.

6.4.8 “Diagnosis Critical” noted 60% of issues had social factors at their root and questioned the medicalising of social conditions. It was noted as important to work across all sectors to ensure best care and address social factors where present.

6.4.9 A Member asked when the change in model would show results; the Director of Finance, Norwich CCG, reported that the review process of pilots carried out in 2017 was ongoing. Outcomes would be shown through innovations continuing to be set up with a high level of service user satisfaction and would be delivered through collaboration of services.

6.4.10 The Assistant Director Community Services (Norwich), Adult Social Services & NCH&C felt it would be possible for large providers to have core principles for consistent service delivery.

6.4.11 Recruitment and retention of some types of staff was a challenge and so there was an STP workstream in place to look at recruitment and internal workforce development; there may also be the opportunity to develop new roles.

6.4.12 An Alliance Agreement workshop in June 2018 had received input from partners across Norfolk.

6.4.13 Concern was raised about the cost of the model and that there would be a “postcode lottery” for services. The Senior Commissioning Manager, New Model of Care, Norwich CCG, reassured Members that services could be implemented with little or no cost using the example of NEAT (Norwich Escalation Avoidance Team) which, apart from funding one member of staff, was implemented using existing resources.

6.4.14 There was concern that staff would take on more and work outside of their specialisation; the Senior Commissioning Manager, New Model of Care, Norwich CCG, discussed how the definition of specialist roles had been looked at, considering sharing knowledge across a wider range of health and social care professionals and deploying the right people at the right time. She felt that integrated working would allow people to be seen by the right professional earlier on. Pilots had saved around £2-4 per £1 spent.

6.4.15 A Member noted that mental health workers in GP surgeries was not a new innovation, but was in place before being cut some time back.

6.4.16 The plan for neighbourhood team boundaries was under discussion; GP practices would remain the main point of care but some services would be delivered CCG wide.

6.4.17 A Member asked for reassurance on long term commitment; the Director of Finance,

Norwich CCG, reassured Members that partners would be signed up to 5 years of the project and it had taken 5 years so far, including 3 years of pilots.

6.4.18 Discussion was held about whether Age UK could support all of Norfolk. It was confirmed that County Council invested in social isolation and loneliness to help organisations deliver a Countywide response. Age UK had already raised this issue.

6.5.1 The Engagement Manager, Norwich CCG, **AGREED** to provide a progress update on the consultation to the Democratic Support and Scrutiny Team Manager for the October NHOSC briefing including:

- The overall numbers who engaged in the consultation so far, including at roadshows
- Changes made to the remaining roadshows to encourage more public response
- Whether it was possible to better engage with the Mile Cross community following the poor turnout for the roadshow in that area
- Details of the cost of the consultation

6.5.2 The Committee **ASKED** for early notification of changes to services proposed during stage 2 to be shared with them.

6.5.3 The Director of Finance, Norwich CCG, **AGREED** that a briefing would be provided at the end of phase 1 to show how this would inform phase 2. Results were due to be published at the November governing board meeting.

6.5.4 The Committee **NOTED** the report

6.6 There was a break from 11.55 until 12.00

## 7. Physical Health checks for adults with learning disabilities

7.1.1 The Associate Director of Primary Care (Contracting & Performance), Great Yarmouth and Waveney CCG, and the Director of Primary Care, Great Yarmouth and Waveney CCG, introduced the report discussing Health Checks for Adults with learning disabilities in Norfolk:

- take up of health checks was variable nationally and in Norfolk
- data would be provided on GP level and was already available on a CCG level
- quarterly data was less reliable than annual data and therefore not published, but was used to inform planning

7.2.1 The Chairman asked about practice nurse training; the Associate Director of Primary Care (Contracting & Performance), Great Yarmouth & Waveney CCG, reported that practices showing good take up and best practice had been asked to share this with other practices.

7.2.2 The Associate Director of Primary Care (Contracting & Performance), Great Yarmouth & Waveney CCG, confirmed that the recording error previously reported was now rectified and confirmed that GPs were paid once for a completed health check per person per year.

7.2.3 It was noted that the population on the register for both years appeared the same. The Associate Director of Primary Care (Contracting & Performance), Great Yarmouth & Waveney CCG, confirmed this data was being cleansed; data was affected by issues processing data for 14-year olds moving from the children's to adult's register.

7.2.4 There was reliance on GP practices for data quality and treating the checks as a priority; practices were paid £140 for each check but some prioritised them more than others. It was a requirement for the CCGs to commission them from individual GP practices.

7.2.5 “Eclipse” was a data system in all GP practices for searching for medications, population groups etc.

7.2.6 There was a concern about the amount of medication prescribed to some people and effectiveness of annual medication reviews. The Director of Primary Care, Great Yarmouth & Waveney CCG, confirmed there should be a medication review at annual health checks; if patients did not attend one it was difficult to review their medication.

7.2.7 There was discussion about communication; some doctors used letters which was not always the best way to communicate with this cohort. An awareness campaign and introduction of the Mencap practice guide was planned, including easy read letters. Introducing blue envelopes to highlight that a letter contained health information was discussed. Contact information of carers or family members was important for staying in contact with patients.

7.2.8 The Associate Director of Primary Care (Contracting & Performance), Great Yarmouth & Waveney CCG, reported the February 2018 report to Committee had data on how Norfolk compared to its statistical neighbours.

7.2.9 The health check did not require a physical check unless there was an existing condition requiring one; a nurse would carry out health checks. Concern was raised about the lack of physical examination in the check.

7.2.10 The low value placed on health checks by some GP practices was suggested as an equality issue. The Director of Primary Care, Great Yarmouth and Waveney CCG, **suggested** liaising with the Health and Wellbeing Board on the matter. It was felt it would be helpful for patients and/or carers to challenge practices if they had not had their health check and Councillors could publicise health checks.

7.2.11 The Director of Primary Care, Great Yarmouth & Waveney CCG, discussed the Prescription Ordering Direct pilot in Great Yarmouth & Waveney CCG; this was a call centre model for ordering repeat prescriptions where call handlers questioned patients on their medication to identify changes. Four GP practices were trialling it and 75% of calls had identified overuse, underuse or un-needed medication. It would be important to consider whether people with learning disabilities could navigate this system.

7.2.12 The Director of Primary Care, Great Yarmouth and Waveney CCG, **agreed** to provide health check uptake figures for each surgery from NHS digital once published.

7.2.13 The Business Development Manager, Healthwatch Norfolk, gave feedback on health checks from people with learning disabilities:

- there were barriers such as accessible and timely information; the accessible information standard was a requirement
- easy read information about the check, who would do it and what it would entail was helpful
- If there was not flexibility in booking the day and time of appointment, it was difficult;
- Thorpewood practice nurse visited people at home to do the check
- in care homes and assisted living, changes to staffing could stop people from attending appointments
- changes to funding for transport could stop people attending
- people without carers or family to help & remind them may miss appointments
- some people may not want to miss an activity they did every week
- this group may experience sudden changes in their physical or mental health and may want to cancel at the last minute
- it was useful to have reminders or for someone to call the patient or key worker if they didn’t turn up, and follow up after the appointment such as results of tests
- freedom to choose was important for those who have the capacity to do so

- some people were taking a lot of medication & saw a pharmacist to do this; they wondered if this would this be opportunity to be reminded about the health check

7.3.1 Mr D Fullman **requested** the action and update table be updated regularly to show progress and successful actions. It was **suggested** that a table showing numbers and percentages updated on regular basis would be helpful, including a graph to see performance at a glance.

7.3.2 The Committee **ASKED** for:-

- Details of the situation regarding each GP practice in Norfolk in terms of:-
  - the number of people on their GP Learning Disabilities register
  - the number offered an annual LD health check
  - the number who attended for an LD health check

  To be provided via the NHOSC Briefing when the annual figures are published.

- Regular updates, via the NHOSC Briefing, on progress with actions to improve the provision and uptake of learning disability health checks for adults and children aged 14 or over in all the Norfolk CCG areas. To include numbers of patients on the LD registers, the numbers and percentage who receive a health check and a graph to show the trends (when the next annual figures are published).

7.3.3
- The CCG to return to the committee in a year's time to provide a full an update on progress.

7.4 The Committee **AGREED:**

- That the Chairman will write to the Chairman of the Health and Wellbeing Board recommending it to examine what it can do to
  - Raise awareness amongst people with learning difficulties, aged 14 years or over, and families, that the annual health check is an entitlement and they should be getting it.
  - Support the provision of Learning Disability health checks across general practice.
- That the CCG and Healthwatch Norfolk consider working together on how barriers preventing people coming forward for a Learning Disability health check can be overcome
- That the outcome of NHOSC's examination of this subject should be communicated to the Norfolk County Council Member Champion for Learning Difficulties, Cllr Sandra Squire

## 8. Norfolk Health Overview and Scrutiny Committee appointments

8.1 The Committee considered and agreed appointments to link roles with Great Yarmouth and Waveney CCG and James Paget University Hospitals NHS Foundation Trust.

8.2 The Committee **APPOINTED:**

- Cllr Emma Flaxman-Taylor as the NHOSC link for Great Yarmouth & Waveney CCG
- Cllr Emma Flaxman-Taylor as the NHOSC link for James Paget University Hospitals NHS Foundation Trust
- Cllr David Fullman as the NHOSC substitute link for Norfolk Community Health & Care NHS Trust

**9. Forward Work Programme**

9.1 The Committee reviewed the report outlining the Forward Work Plan.

9.2.1 The proposed visit to the Older People's Emergency Department was likely to be in the next financial year, 2019-20 once work was complete.

9.2.2 Mrs E Corlett **suggested** that once more information was available on the Care Quality Commission inspection of the mental health trust, it may be helpful to add this to the forward plan.

9.3 A report back on Physical Health Checks for Adults with Learning Disabilties was added to the Forward Work Programme for September 2019.

9.4 The Committee **AGREED** the forward plan with addition of the above.

The meeting concluded at 12.56

**Chairman**

IN TRAN communication for all

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YourNorwich

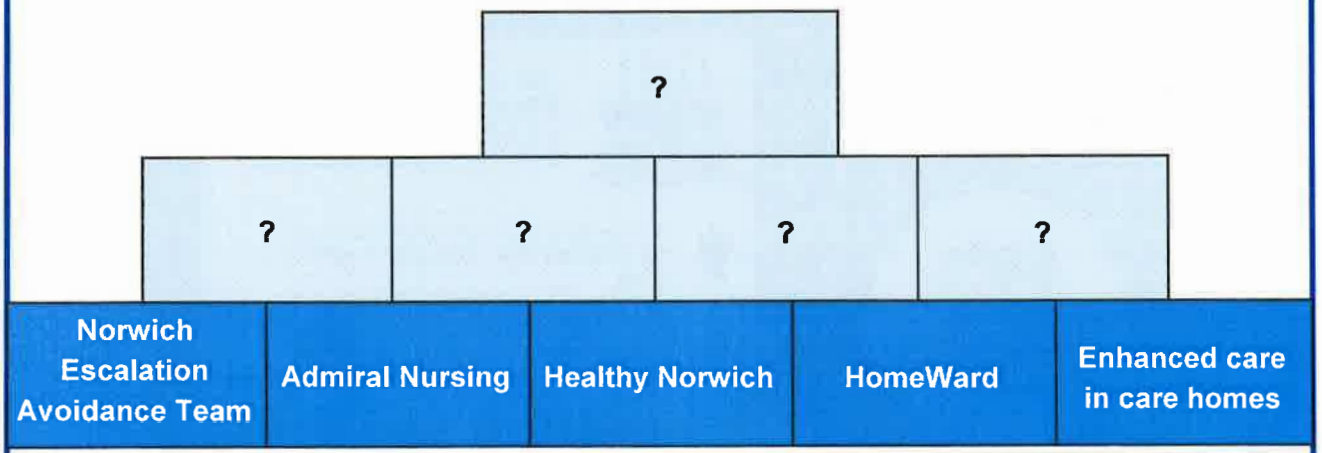
**"*Your*Norwich New Model of Care"**
**Update to Norfolk HOSC**
**September 6th 2018.**

NHS Norwich Clinical Commissioning Group

The NHS and Norfolk County Council have worked towards integrating and transforming health and social care for many years. The vision we are consulting on would help us achieve this ambition.

## The story so far

Since 2013 (when the CCG was launched) it has piloted new projects and new ways of working. These have positively improved care, health and wellbeing. We think these could be the building blocks of a New Model of Care for Norwich.




### In line with local and national priorities

**Norfolk and Waveney Health & Wellbeing Board**

- Integrating ways of working
- Prioritising prevention
- Tackling inequalities

**NHS70 (overleaf)**

- Joined up
- Proactive
- Empowering

### What's next?

Our consultation is a genuine open dialogue with local people and stakeholders. By harnessing the insights and experiences of patients, carers, clinical colleagues, stakeholders and the wider public, we will co-produce a new model that puts patients first, cuts across organisational boundaries and improves the health and wellbeing of local people.

**Our consultation was launched on 23 July 2018**

| | | | |
|---|---|---|---|
| **1250** Consultation documents distributed | **6** public roadshows | **30** paper/online responses so far | **35** more days to go |

NHS 70

# One person, one team, one health and care system

The NHS is adapting to profound shifts in patterns of ill-health

## People are living longer than ever

There are half a million more people aged over 75 than there were in 2010 - and there will be **two million** more in ten years' time.

**21%**

Predicted growth in the number of people over 65 between 2015 and 2025

## People spend more years in ill health

**Between 2015 and 2035, the numbers of older people with 4 or more diseases will double and a 1/3 of these will have mental ill health**

**50%**

**of all GP appointments are as a result of an incurable long-term condition**

There is almost a **20** year difference in healthy life expectancy for people living in the most deprived areas

**51.9** years in the most deprived areas compared to **70.4** in the least deprived areas

**51.8** years in the most deprived areas compared to **70.7** in the least deprived areas

Almost two thirds of outpatient appointments and 7 out of 10 inpatient bed days are as a result of a long-term condition

**£7 out of every £10**

of total health and care spending in England is spent on long-term conditions

**65%**

of people admitted to hospital are over 65

**A person over 80 who spends more than 10 days in hospital will lose 10% muscle mass**

**That's equivalent to**

**10 years**

**of aging**

To be great in future the health and care system needs to be:

- JOINED UP, not fragmented, on caring for people with multiple and long-term conditions
- PROACTIVE, not passive, on preventing illness
- EMPOWERING, not paternalistic, on helping people look after themselves

Each person will need support from health and care professionals that act as **one** team and work for organisations that behave as **one** system

This is why the NHS in England is making the biggest national move to integrate care of any major western country. For further information visit **www.england.nhs.uk/systemchange**