Norfolk County Council

NORFOLK HEALTH OVERVIEW AND SCRUTINY COMMITTEE
MINUTES OF THE MEETING HELD AT COUNTY HALL, NORWICH
on 24 May 2018

Present:

Michael Chenery of Horsbrugh (Chairman)	Norfolk County Council
Mr T Adams (substitute for Mr D Harrison)	Norfolk County Council
Mrs A Claussen-Reynolds	North Norfolk District Council
Ms E Corlett	Norfolk County Council
Mr F Eagle	Norfolk County Council
Mrs S Fraser	Borough Council of King's Lynn and West Norfolk
Mrs L Hempsall	Broadland District Council
Mrs B Jones	Norfolk County Council
Dr N Legg	South Norfolk District Council
Mr G Middleton	Norfolk County Council
Mr R Price	Norfolk County Council
Mr P Wilkinson	Breckland District Council
Mrs S Young	Norfolk County Council

Also Present:

Alex Stewart	Chief Executive, Healthwatch, Norfolk
Debbie Walters	Interim Contract Manager, Primary Care Dental, NHS England Midlands & East (East)
David Barter	Head of Commissioning, NHS England Midlands and East (East)
Wg Cdr Stewart Geary	RAF Marham
Nick Stolls	Norfolk Local Dental Committee
Terry Hicks	Senior Locality Officer, East of England Ambulance Service NHS Trust
Roberta Fuller	Deputy Chief Operating Officer, Norfolk and Norwich University Hospitals NHS Foundation Trust
Mark Burgis	Chief Operating Officer, North Norfolk CCG (*commissioners of Norfolk and Norwich hospital and one of the 19 CCGs in the region who jointly commission the ambulance service)*
Alexandra Kemp	County Councillor for Clenchwarton and King's Lynn South. She spoke in the meeting at item 8 on the agenda.
David Russell	Cromer Town Council

Maureen Orr	Democratic Support and Scrutiny Team Manager
Greg Insull	Assistant Head of Democratic Services
Tim Shaw	Committee Officer

1 Election of Chairman

1.1 Resolved (unanimously)

That Michael Chenery of Horsbrugh be elected Chairman of the Committee for the ensuing year.

(Michael Chenery of Horsbrugh in the Chair)

2 Election of Vice-Chairman

2.1 Resolved (unanimously)

That Dr N Legg be elected Vice-Chairman of the Committee for the ensuing year

3A Apologies for Absence

3.1 Apologies for absence were received from Mrs J Brociek-Coulton and Mr D Harrison.

3B Mrs Marlene Fairhead

3.2 It was noted that since the publication of the agenda Mrs Marlene Fairhead from Great Yarmouth Borough Council had retired from the Committee and that a replacement member was expected to be in post in time for the next meeting. It was agreed that an email should be sent to Mrs Marlene Fairhead to express Members appreciation and gratitude for her many years of dedicated service as a Member of the Committee.

4. Minutes

4.1 The minutes of the previous meeting held on 5 April 2018 were confirmed by the Committee and signed by the Chairman.

5. Declarations of Interest

5.1 Mr T Adams (attending the Committee as a substitute for Mr D Harrison), declared an “other interest”, as a Member of Cromer Town Council, in the issues that Mr D Russell raised as a Member of Cromer Town Council at minute 9 about ambulance response times and turnaround times in the North Norfolk area.

6. Urgent Business

6.1 There were no items of urgent business.

7. Chairman’s Announcements

7.1 There were no Chairman announcements.

8 Access to NHS Dentistry in West Norfolk

8.1 The Committee received a suggested approach by Maureen Orr, Democratic Support and Scrutiny Team Manager, on how the Committee might like to address issues of public concern about access to NHS dentistry in the west Norfolk area, including for the families of service personnel at RAF Marham. The Committee received reports on this matter from NHS England and East (East) and from the Secretary to the Norfolk Local Dental Committee. In addition, the Committee received a report and a presentation from the Chief Executive of Healthwatch Norfolk that included recommendations for action.

8.2 The Committee received evidence from Alex Stewart, Chief Executive, Healthwatch Norfolk, David Barter, Head of Commissioning, NHS England Midlands and East (East), Debbie Walters, Interim Contract Manager, Primary Care Dental, NHS England Midlands & East (East), Wg. Cdr. Stewart Geary, RAF Marham and Nick Stolls, Norfolk Local Dental Committee. The Committee also heard from Alexandra Kemp, County Councillor for Clenchwarton and King's Lynn South.

8.3 The Committee noted that Healthwatch Norfolk had surveyed access to NHS dental services in West Norfolk for families with children (including families of service personnel). The recommendations from Healthwatch on this matter were contained in a presentation to the Committee from Alex Stewart, Chief Executive, Healthwatch Norfolk which can be found on the Committee pages website. The Chief Executive, Healthwatch Norfolk said that the recommendations and survey data would be shared with a wide range of NHS and Local Authority bodies in Norfolk and beyond.

8.4 The following key points were noted:

- The Chairman said that the subject of access to NHS dentistry in West Norfolk was originally raised with the Committee by the County Council because of an issue with access for families of service personnel at RAF Marham who were not permitted to make use of the MoD provided service.
- The speakers from Healthwatch and RAF Marham informed the Committee that the remote location of the airbase, the transient nature of military personnel, the limited public transport to nearby towns and the unwillingness of dental practices to take on new patients, particularly when they might only be living in the area for a short period of time, made it difficult for families of service personnel from the airbase to find dentists who were willing to take on NHS dental work.
- The speaker from RAF Marham said that even if families of service personnel were permitted to make use of the MoD provided service, there was insufficient capacity at the airbase to meet the demand. As the provision of NHS dental services for civilians was a government responsibility charitable sources did not provide assistance to the families of service personnel in this respect.
- Members said that it was important that in using the Armed Forces Covenant to meet the dental needs of the families of service personnel that this did not place additional pressures on those living in the wider community who were struggling to obtain appointments at local dental practices.
- There was evidence to show that poor access to NHS dental services was not limited to the RAF community or to those living in West Norfolk.

- The barriers to public access to NHS dental services were said by Members to include the availability and cancellation of appointments, long waits, the need to update and keep the pages on the NHS Choices and dental practices websites updated (because they were the public-facing resource for finding NHS services in the local area) and, specifically for those living in remote communities, the need for improved transport links to enable people living in remote communities to visit dental practices.
- Ms Kemp, County Councillor for Clenchwarton and King's Lynn South, said that some older constituents in her division had raised a serious issue regarding a dental practice in King's Lynn where dental preventative work undertaken on the NHS, such as descaling of teeth was being refused, despite numerous requests. In one of these cases she said that the refusal of an appointment with the hygienist had led to severe tooth loss and more costly work being needed later.
- Ms Kemp asked the speakers to what extent there was a deficit of preventative dental work in Norfolk, what was being done to address the issue, what standards existed to protect and improve people's dental health and what evidence there was in West Norfolk that preventative work was carried out in accordance with national guidelines.
- In reply, the Head of Commissioning at NHS England Midlands & East (East) said that East was not aware of any major problems with the quality of NHS dental care in West Norfolk. There were many parts of West Norfolk where the Committee could be assured that the feedback from patients showed that NHS core primary dental services were of a very high quality, however, there was still work to be done to raise public understanding of the importance of regular dental check-ups, particularly among vulnerable groups.
- Members were informed of the various routes open to a patient who wanted to make a complaint about NHS dental work. It was pointed out that the patient should contact the dental surgery's practice manager, to try to resolve the issue with them in the first instance. If the patient would rather not go directly to the practice they could contact NHS England direct, which was responsible for NHS dental services. If they were still not happy with the way the complaint was handled, either by the dental practice or NHS England, they could contact the Parliamentary and Health Service Ombudsman.
- The data provided to the Committee by NHS England Midlands & East (East) showed that the overall performance of dental practices in West Norfolk was not static; waiting times for routine appointments varied significantly between individual dental practices and, while there was only one practice currently taking on NHS patients (as at 4 May 2018), certain parts of West Norfolk were better served than others.
- Rates of access to NHS dentistry in West Norfolk were however low and compared unfavourably with those for the country as a whole.
- The speaker from the local dental committee said that it was becoming increasingly difficult to find dentists who were willing to take on NHS dental work, particularly in rural areas and areas of deprivation.
- Dental practices were independent businesses working in accordance with an NHS dental contract that was determined at the national level. The current NHS dental contract (introduced in 2006) had made it more difficult for patients to access a dental practice.
- Without a right to registration as a NHS patient, patients had no right of treatment at a dental practice unless they were undergoing a course of NHS treatment. In the event of an emergency a patient could call 111 and that service might be able to find a dental practice for the patient but this was far from satisfactory and patients might have to rely on phoning round several

practices and then having to travel many miles to find a practice that had spare capacity.

- Members spoke in support of a suggestion by the speaker from the local dental committee that there should be protected in-hours slots with local dentists to accommodate urgent referrals from NHS 111 and avoid the need for these patients to access out-of-hours services.
- Members also spoke in favour of the re-introduction of a registration scheme for NHS patients as soon as practicably possible.
- In reply, the speakers from NHS England Midlands & East (East) said that trials had been held elsewhere in the country to identify an appropriate registration scheme for NHS dental patients. The results were awaited.
- Members spoke about the difficulties that patients from vulnerable groups, such as those with Special Educational Needs, were having in obtaining access to NHS dental services. In response the speakers agreed to take steps to improve the proactive care that was provided to vulnerable groups of people and build this into their work programmes.
- The speakers said that if patients were experiencing problems accessing dental services then NHS England Midlands & East (East) could signpost them to a local dental practice or to the Community Dental Services that were available in Norfolk.
- It was pointed out that Community Dental Services provided a 'referral' dental service providing specialist care and expertise to vulnerable groups of patients who required specialist treatment or who had found difficulty in accessing high street dentists. Patients could self-refer or be referred by dentists or others.
- The Committee asked to be informed of the locations of Community Dental Services in Norfolk and details about the current waiting lists for their services.
- Access to specialist services was said by the speakers from NHS England Midlands & East (East) to be a challenge across their area as a whole and there was a need to develop appropriate networks in order to allow such services to flourish.
- Members highlighted issues of access to dental services for school aged children. It was pointed out that oral health promotion for early years and school aged children was a County Council Public Health responsibility (i.e. not the subject of the item on today's agenda)
- Members spoke about the implications that increases in charges had on the take up of services and on the reluctance of those on low incomes to access dental services.
- The Committee was informed that the struggle to recruit dentists had been compounded in the past two years because EU/EEA graduates coming to the UK for the first time were waiting many months to obtain an NHS performer number. Without a performer number a dentist could only work on a private basis.
- The speaker from the local dental committee said that since Capita had begun to manage the NHS performers list in April 2016, application waiting times had increased significantly from around 2-3 months to up to 12 months. This meant that while a dentist might be waiting to start work and the NHS funding was available NHS patients were being turned away. The Committee was informed of at least 5 dental practices in Norfolk currently in this position. This was having a financial impact on dental practices which was not helpful to the provision of NHS dentistry in rural and / or deprived areas.
- The Chairman was asked to write to the Public Accounts Committee, which was holding an inquiry into Capita's delivery of primary care support services, submitting information about the financial effects that delays in providing NHS

performer numbers to graduate dentists coming into the UK was having on the provision of dental services to patients in Norfolk and to provide details about the significant increase in undelivered NHS units of dental activity.

8.5 The Committee asked that NHS England Midlands & East (East) should provide details of the locations of all the Community Dental Services in Norfolk and details regarding their waiting lists.

8.6 The Committee supported the recommendations that Healthwatch Norfolk had made to the NHS commissioners:-

- **NHS England to consider patient registration to enable patient records (both military and civilian population) to follow the patient if they were to be moved or be stationed in a new area.**

- **NHS England to consider looking at the current service provision in Norfolk and an updated Oral Health Needs Assessment should be carried out.**

8.7 The Committee also supported the other proposed actions contained in the presentation from Healthwatch and in particular the discussions that were underway with West Norfolk Community Transport regarding possible transport routes for military families, as location/transport was a big issue for many of these people.

8.8 The Committee agreed :-

- **That the Chairman should write to NHS England expressing:-**

    - **The Committee's support for the Norfolk Local Dental Committee's suggestion that NHS England could commission some protected in-hours slots with local dentists to accommodate urgent referrals from NHS 111 and avoid those patients accessing out-of-hours services.**

    - **The Committee's support for the re-introduction of registration of patients with dental practices as soon as practicably possible.**

8.9 The Committee also agreed :-

- **The Chairman should write to the Public Accounts Committee, which was holding an inquiry into Capita's delivery of primary care support services, submitting information about the effect that delays in providing NHS performer numbers to graduate dentists coming into the UK was having on provision of dental services to patients in Norfolk.**

- **To receive updates about progress of NHS dental services in Norfolk, including progress with provision for service personnel's families at RAF Marham, via the NHOSC Briefing so that the Committee could consider whether to put the subject on a future meeting agenda.**

9 Ambulance response times and turnaround times in Norfolk

9.1 The Committee received a briefing report by Maureen Orr, Democratic Support and Scrutiny Team Manager, about an examination of trends in ambulance response and turnaround times in winter 2017-18 and action underway to improve performance.

9.2 The Committee received evidence from Terry Hicks, Senior Locality Officer, East of England Ambulance Service NHS Trust (EEAST), Roberta Fuller, Deputy Chief Operating Officer, Norfolk and Norwich University Hospitals NHS Foundation Trust (NNUH) and Mark Burgis, Chief Operating Officer, North Norfolk CCG (the commissioners of Norfolk and Norwich hospital and one of the 19 CCGs in the region who jointly commission the ambulance service). The Committee also heard from David Russell, Cromer Town Council.

9.3 David Russell, Cromer Town Council, raised the following questions:

For the EEAST
What are the proposals for front line services in north Norfolk

For the Norfolk and Norwich.
The current Older Peoples emergency Department (OPED) had an age restriction of 80. Taking into account that many of the winter admissions were in the 60 to 70 age range. What provision was planned to accommodate this in future.

For the Norfolk Commissioners
Why did the Commissioner decide to close the 18 NHS intermediate care beds when a winter crisis was forecast.

Mental Health patient Conveyance. What is being done to ensure that EEAST front line ambulance crews and the Emergency Operating Centres are given advice and support without undue delays.

Re-investment of fine monies. The EEAST stated in a freedom of information request to our Town Council that for the financial year 2014-2015 they were fined £3,936,342 by the 19 CCG Consortia which was not given back to them by the commissioners to improve services. The question that needs to be asked of the commissioners is what was said by the EEAST correct.

It was agreed that the East of England Ambulance Service NHS Trust (EEAST), Norfolk and Norwich Hospital NHS Foundation Trust (NNUH) and North Norfolk CCG (NNCCG) should provide written answers to the questions raised by the Cromer Town Council representative during the meeting. The response can be found at Appendix A to these minutes.

9.4 The following key points were noted:

- The speaker from EEAST highlighted the range of measures (mentioned at Appendix C to the report) that EEAST was working on to improve ambulance response times and turnaround times in Norfolk following the publication of the Independent Service Review (ISR) commissioned by NHS England and NHS Improvement to determine the level of resources needed by the ambulance service.
- It was pointed out that in response to the review EEAST aimed to recruit and train in excess of 1300 new staff over three years to ensure that it could sustain its current level of staffing as well as grow its capacity by 330 and be able to put in place 160 double staffed ambulances.

- The pressures on EEAST's resources were said to be all year round and no longer a seasonal issue confined to the winter months.
- Over the coming months, as hundreds more staff joined the frontline and EEAST continued to increase ambulance cover, EEAST could be expected to see its performance against national targets improve further.
- Members praised the work of the ambulance crews operating in Norfolk and spoke about how they had joined them for rides out where they had gained very worthwhile experiences. The speaker from EEAST offered Members another opportunity to do so. Members who wished to take up this offer were asked to contact Maureen Orr in the first instance.
- The speakers said that only by all partners working together would it be possible for EEAST to be successful in meeting the challenges in ambulance turnaround times and in dealing with the increased demand for Accident and Emergency Services (A&E).
- The NNUH was the county's largest hospital and consequently the one with the most ambulance arrivals. In reply to questions from the Chairman, the speakers acknowledged that there were also delays in turnaround times at the other two acute hospitals in Norfolk, where ambulance arrivals were far fewer but the difficulties were no less.
- Members said that the need for new pathways for the conveyance of mental health patients to hospital and other facilities remained a key issue to be resolved. In reply the speaker from EEAST said that the independent review had identified that the conveyance of mental health patients was a performance issue rated at "amber"; EEAST would continue to work with Norfolk County Council, Norfolk Constabulary and NSFT to review and identify gaps in the transport pathway.
- In response to questions the speaker from EEAST said the ambulance service was looking at ways to pilot liaison with the mental health service within Commissioning for Quality and Innovation (CQUIN) funding.
- The speaker from the NNUH highlighted the most recent actions (mentioned at Appendix B to the report) that the hospital had taken to assist with ambulance hand-over, including its new Older People's Assessment Service (OPAS) and Older Peoples Ambulatory Care (OPAC) that were being used to speed up and increase access to specialist geriatric intervention.
- The Committee was reminded that the Older Peoples Emergency Department (OPED) was established to assess and treat patients 80 years of age and older but it was hoped that in the future the unit could be resourced to take patients on a needs-related basis rather than specifically age-related. Members of the Committee had visited the Older People's Emergency Department (OPED) and a follow-up visit was to be arranged.
- OPED was said by the speakers to have had a positive impact on bed occupancy and patient experience in 80+ year olds but was not a significant factor in ambulance delays.
- It was noted that subject to the necessary funds being made available there were plans to extend the operating hours of OPED to 12 hrs a day (between the hours of 8 am and 8 pm) and for OPED to be made available to patients aged 70 and older.
- In reply to questions about the importance of extending this facility to those 70+ the speakers said that the most significant demand pressure on the NNUH in the 2017 Christmas and New Year period was from the 70-79 age group.
- Members were informed about plans for further construction work at the NNUH in 2018/19 that would help improve hand over times. This work included a new Clinical Decision Unit, an additional eight Rapid Assessment Treatment Service (RATS) Cubicles and a Dedicated Children's entrance.

- The Committee was informed that the development of additional RATS cubicles at the NNUH was expected to provide a much improved environment to manage the volume of ambulances that were expected at the hospital.
- Members asked for further information to be sought from the NHS Emergency Care Intensive Support Team about RATS and other recommended best practices in emergency care and to be informed of any plans to extend these measures so that they were implemented at all three acute Norfolk hospitals.

9.5 The Committee agreed:

- **The East of England Ambulance Service NHS Trust (EEAST), Norfolk and Norwich Hospital NHS Foundation Trust (NNUH) and North Norfolk CCG (NNCCG) should provide written answers to the questions raised by the Cromer Town Council representative during the meeting.**
- **EEAST, NNUH and NNCCG should return to the Committee in 9 months (i.e. 28 February 2019) with an update on ambulance response and turnaround times in Norfolk.**
- **Information should be sought from the NHS Emergency Care Intensive Support Team about Rapid Assessment Treatment Service (RATS) and other recommended best practice in emergency care and to what extend these measures were being implemented at all three acute hospitals in Norfolk.**

10 Norfolk Health Overview and Scrutiny Committee Appointments

10.1 The Committee received a report about appointments to joint committees and other roles that could be taken on by Members.

The Committee **agreed** the following appointments:

10.2 Great Yarmouth and Waveney Joint Health Scrutiny Committee
NHOSC appointees (Three NHOSC Members)

The appointed member from Great Yarmouth Borough Council
Dr N Legg
Mr R Price

10.3 Clinical Commissioning Group links (One NHOSC Member for each CCG to observe meetings held in public)

(a) North Norfolk CCG

Michael Chenery of Horsbrugh.
(Substitute – Mr D Harrison)

(b) South Norfolk CCG

Dr N Legg
(Substitute – Mr P Wilkinson)

(c) West Norfolk CCG

M Chenery of Horsbrugh
(Substitute – Mrs S Young)

(d) Norwich CCG

Ms E Corlett
(Substitute- Ms B Jones)

10.4 Norfolk and Waveney Joint Strategic Commissioning Committee

M Chenery of Horsbrugh--for meetings held in the west of the county
Dr N Legg—for meetings held in the east of the county

10.5 Provider Trust links (One NHOSC Member for each local NHS provider organisation)

(a) The Queen Elizabeth Hospital NHS Foundation Trust

Mrs S Young
(Substitute – M Chenery of Horsbrugh)

(b) Norfolk and Suffolk NHS Foundation Trust

Michael Chenery of Horsbrugh
(Substitute – Ms B Jones)

(c) Norfolk and Norwich University Hospitals NHS Foundation Trust

Dr N Legg
(Substitute – Mr D Harrison)

(e) Norfolk Community Health and Care NHS Trust

Mr G Middleton
(Substitute- Mrs L Hempsall)

10.6 Agreed that the link member with the James Paget University Hospitals NHS foundation trust and the link member with Great Yarmouth and Waveney CCG would be appointed at a future meeting.

11 Forward Work Programme

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

11.2 The Committee agreed the forward work programme subject to the following:-

It was pointed out that information about the proposed new model of care for Norwich was included in the latest edition of the NHOSC Briefing. It was noted that Norwich CCG intended to launch a 12 week consultation in July 2018 and agreed that the Committee should receive the consultation on 6 September 2018.

Regarding South Norfolk CCG's response to NHOSC's recommendation on 5 April 2018 that 'The local NHS should reimburse travel costs for families of service users who were placed in out-of-area beds due to unavailability of local beds (i.e. placed out-of-area for non-clinical reasons)', The Committee agreed the following action:-

- **A letter be drafted to the CCGs and NSFT:-**
    - **Asking for an explanation of why it was regarded as fair for NHS policy to treat secondary care mental health patients as equivalent to tertiary care patients, particularly as mental health patients tended to have long stays in secondary care facilities.**
    - **Pointing out that it was a false economy for the NHS to deny financial support to enable visits by the families / friends / carers of mental health patients placed in out-of-area secondary care as it was likely to lead to slower recovery and less effective discharge planning for some.**
    - **Acknowledging that a policy for financial support would need to set parameters, e.g. regarding the distance travelled / cost / number of visits proportionate to the patient's length of stay out-of-area.**
    - **Asking for positive confirmation of whether or not the local CCGs and / or NSFT could use local discretion to digress from the national NHS policy in this respect.**
    - **Asking the CCGs and NSFT to reconsider their response to the recommendation, if any local discretion was available, or to provide the relevant contact for NHOSC to approach at national level.**
- **The draft letter to be circulated to NHOSC members for comment.**
- **The letter to be dispatched by the Chairman before the next meeting if members were in agreement, or the draft to be brought for discussion at the next meeting if not.**

It was noted that Cllr Richard Price would be sending information packs on Myalgic Encephalomyelitis (ME) / Chronic Fatigue Syndrome (CFS) to Maureen Orr for distribution to NHOSC Members and that the subject is on Great Yarmouth and Waveney Joint Health Scrutiny Committee's agenda for October 2018. Health scrutiny's approach to the subject could be further considered after that meeting.

It was pointed out that Cllr Tim East had raised a question at Full Council on 16 April 2018 about housing growth and healthcare provision. NHOSC had already made recommendations on this subject and it was considered doubtful that more could be meaningfully achieved by the Committee re-examining this issue at this time.

Chairman

The meeting concluded at 1 pm

Appendix A

Norfolk Health Overview and Scrutiny Committee 24 May 2018

Item 9 – Ambulance response and turnaround times in Norfolk

Responses to questions raised by David Russell, Cromer Town Council

Question for the East of England Ambulance Service NHS Trust (EEAST)

What are the proposals for front line services in north Norfolk

Response from EEAST

A new 999 contract has been agreed between EEAST and the 19 CCGs which commission services is as a consequence of an Independent Service Review (ISR). This ISR was commissioned by NHS England and NHS Improvement in March 2017, and the report was published in spring 2018. A link to the report can be found here: http://www.eastamb.nhs.uk/EEAST-ISR-Report-March-2018.pdf

The principle finding of the ISR was that EEAST requires more investment in core services to increase its staffing and capacity to improve services to patients. The new 999 contract, agreed between the 19 CCGs and EEAST for the 2018/2019 year, is focussed on delivery of regional aggregate targets at the East of England footprint by the first quarter of 2019/2020. It is not commissioned to deliver targets by CCG or STP.

Underpinning the new contract, is a three year workforce plan, as it takes several years to recruit and train paramedics. At this stage, the Norfolk and Waveney STP footprint is expected to benefit from about 64 additional staff over the three year period. However, a key finding of the ISR was that current rotas are not fit for purpose and contain a number of inefficiencies. These will need to be addressed in tandem with the growth in workforce. We are about to start a period of staff engagement about rotas, as these are very important to staff, and these are not expected to be completed until February 2019. Until we have the final rotas, it is not possible to confirm where staff we will employ in the next three years will be located. Current planning suggests west Norfolk will gain 23 FTE while east Norfolk (which includes North Norfolk) will gain 41 FTE.

Question for the Norfolk and Norwich University Hospitals NHS Foundation Trust (NNUHT)

The current Older Peoples Emergency Department (OPED) has an age restriction of 80. Taking into account that many of the winter admissions were in the 60 to 70 age range. What provision is planned to accommodate this in future?

Response from NNUHT

NNUH, with the support of the Commissioners, is planning to expand the current OPED service to run 08:00 – 20:00, 7 days per week from this coming Winter (October- December 2018). In addition to the OPED extended hours working,

NNUH are looking to expand the current OPAC (Older People's Ambulatory Care) /Short stay OPM (Older People's Medicine) service on Loddon Ward by 12 beds. The timing of this bed expansion depends on the delivery of the current ED (Emergency Department) programme of building works. The expanded area on Loddon ward will focus on delivering a targeted service to 70 year olds and over, and is the next step in the development of the Unit which, at present, is focused on 80 year olds and over.

The longer terms goal is a move to a "needs related" service on the basis of frailty indicators. This is not planned for this financial year, but the changes described above bring us closer to that aim. We had some debate about why we are currently working on the basis of age, rather than needs, at the meeting . I explained to the meeting that stepping up the level of service in terms of age bands is an operational way of expanding the service in a manageable step by step manner which our staff can easily relate to.

Questions for the Norfolk commissioners

Question 1

Why did the Commissioner decide to close the 18 NHS intermediate care beds when a winter crisis was forecast?
Response from North Norfolk CCG (NNCCG)

Whilst we recognise that the 18 beds at Benjamin Court have changed in their use, it is important to recognise that they remain available for patients being discharged from secondary care hospitals. In fact, feedback from the NNUH was that the single most important group of patients (other than stroke patients) which required additional community capacity was for those requiring reablement – the new purpose of Benjamin Court.

Whilst maintaining the 18 beds at Benjamin Court, the CCG has also invested heavily (c£1.5m per annum) in additional care support in the community – under the banner of 'Supported Care'. This has meant that intermediate care capacity in North Norfolk has increased overall from last winter.

Question 2

Mental Health patient conveyance - What is being done to ensure that EEAST front line ambulance crews and the Emergency Operating Centres are given advice and support without undue delays?

Response from NNCCG

Commissioners, EEAST, NSFT and the police are exploring options to improve the emergency response to mental health patients. One of our aims is to reduce the number of ambulances required to transport mental health patients to an emergency

facility. There is also an ongoing review of mental health services in Norfolk and Suffolk which may generate further solutions.

Question 3

Re-investment of fine monies - The EEAST stated in a freedom of information request to our Town Council that for the financial year 2014-2015 they were fined £3,936,342 by the 19 CCG Consortia which was not given back to them by the commissioners to improve services. The question that needs to be asked of the commissioners. Is what was said by the EEAST correct?

Response from NNCCG

There are a variety of contractual levers which can be applied when performance does not meet the required standards. These are contained within provider contracts which are accepted and signed by those organisations; CCGs are required to apply them when it is judged appropriate.

If financial sanctions are applied, then monies are retained by CCGs to reinvest in other parts of the emergency/urgent care systems. This was left to local determination for CCGs to decide how this could be used to best effect. Some was made available to increase Capacity in A&E, and for other initiatives that aimed to reduce unplanned admissions to hospital and to reduce ambulance conveyance to hospital. This includes the Supported Care Service in North Norfolk mentioned above. The CCGs have invested recurring funding into Hospital Ambulance Liaison Officers who play a pivotal role in ensuring a smoother handover of patients at Emergency Departments. Between April 2017 and February 2018 the rise in ambulance conveyance slowed to 0.4% of that on the previous year, and avoidable admissions from primary and community care had reduced by 7.3%.

In addition, the consortium of 19 NHS Clinical Commissioning Groups in the east of England have agreed a six-year contract with the ambulance service, which will see funding rise from the £213.5m spent in 2017/18 to £225m in 2018/19. Subject to activity remaining as predicted, it will then rise again to £240m in 2019/20. This follows increases in funding over the past two years. It has been announced by EEAST that this would provide for an extra 330 staff and 160 ambulances over the next three years across the region.