

**NORFOLK HEALTH OVERVIEW AND SCRUTINY COMMITTEE  
MINUTES OF THE MEETING HELD AT COUNTY HALL, NORWICH  
on 26 October 2017**

**Present:**

Michael Chenery of Horsbrugh (Chairman)	Norfolk County Council
Mrs J Brociek-Coulton	Norwich City Council
Ms E Corlett	Norfolk County Council
Mr F Eagle	Norfolk County Council
Mr D Harrison	Norfolk County Council
Mrs B Jones	Norfolk County Council
Dr N Legg	South Norfolk District Council
Mr R Price	Norfolk County Council
Mr P Wilkinson	Breckland District Council
Mrs S Young	Norfolk County Council

**Substitute Member Present:**

Mr T Smith	King's Lynn and West Norfolk Borough Council
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**Also Present:**

James Bullion	Executive Director, Adult Social Services
Antek Lejk	Lead for Norfolk & Waveney STP (and Chief Exec of North Norfolk and South Norfolk CCGs)
Jane Harper-Smith	Norfolk & Waveney STP Programme Director
Michael Ladd	Suffolk Health Scrutiny Committee
Jane Murray	Suffolk Health Scrutiny Committee
Terry Hicks	Sector Head for Norfolk & Waveney, East of England Ambulance Service NHS Foundation Trust
Richard Parker	Norfolk and Norwich University Hospital NHS Foundation Trust
Simon Hackwell	Director of Strategy, Norfolk and Norwich University Hospitals NHS Foundation Trust
Mark Burgis	Chief Operating Officer, North Norfolk CCG
David Russell	Cromer Town Council
Maureen Orr	Democratic Support and Scrutiny Team Manager
Chris Walton	Head of Democratic Services
Tim Shaw	Committee Officer

**1. Apologies for Absence**

Apologies for absence were received from Mrs M Fairhead (Great Yarmouth Borough Council), Mrs S Fraser (King's Lynn and West Norfolk Borough Council), Mr A Grant (Norfolk County Council), Mr G Williams (North Norfolk District Council) and Mrs L Hemsall (Broadland District Council).

## **2. Minutes**

The minutes of the previous meeting held on 7 September 2017 were confirmed by the Committee and signed by the Chairman.

It was noted that the comment on page 11 of the agenda papers attributed to the Chief Officer of Great Yarmouth and Waveney CCG about a significant additional investment, the level of which could not be divulged at that point, related to her initial verbal update to the written report.

## **3. Declarations of Interest**

Mr D Harrison declared a personal interest in the report on ambulance response times because his daughter was a paramedic. Mr P Wilkinson also declared a personal interest in this item.

## **4. Urgent Business**

There were no items of urgent business.

## **5. Chairman's Announcement**

- 5.1 The Chairman welcomed to the meeting Mr Thomas Smith who was attending the Committee for the first time as substitute for Mrs Sue Fraser, King's Lynn and West Norfolk Borough Council.

## **6 Norfolk and Waveney Sustainability and Transformation Plan – progress update**

- 6.1 The Chairman welcomed Mr Michael Ladd who was the Chairman of Suffolk Health Scrutiny Committee and represented the Kessingland and Southwold division on Suffolk County Council and Mrs Jane Murray who was a member of Suffolk Health Scrutiny Committee and represented the Oulton ward on East Suffolk, Waveney District Council. Mr Ladd and Mrs Murray had been invited to the meeting for the opportunity to ask questions and make comments on the progress of Norfolk and Waveney Sustainability and Transformation Plan alongside members of Norfolk Health Overview and Scrutiny Committee.

The Committee received a suggested approach by Maureen Orr, Democratic Support and Scrutiny Team Manager, to an update report on progress with the Norfolk and Waveney Sustainability and Transformation Plan to date and the timetable for consultation with health scrutiny on proposed changes arising from the Plan.

- 6.2 The Committee received evidence from Antek Lejk, Lead for Norfolk and Waveney STP (and Chief Exec of North Norfolk and South Norfolk CCGs) and Jane Harper-Smith, Norfolk & Waveney STP Programme Director. The Committee also heard from Michael Ladd and Jane Murray, Members of the Suffolk Health Scrutiny Committee.

- 6.3 The following key points were noted:

- The Norfolk and Waveney Sustainability and Transformation Plan (STP) was one of 44 STPs across the country.

- The Lead for the Norfolk and Waveney STP said that when the STPs were being planned in 2016 NHS England and NHS Improvement officials had told STP Boards not to publish the STPs before they had received feedback on their plans. As a result of this, the planning within the NHS for the STPs had initially been undertaken in secrecy.
- The Norfolk and Waveney Sustainability and Transformation Plan was published at an early stage but the timescale for the publication of the plan had meant that any involvement from the public had inevitably been limited.
- There was much work now being done through the STP with the County Council and Healthwatch to involve the public in the co-design of health and social care services.
- The Health and Wellbeing Boards (Norfolk and Suffolk), together with the County Council and local councils and the Boards of provider and commissioning organisations, played an important role in the strategic oversight of the Norfolk and Waveney STP programme and were looking to speak with a “single voice”.
- The speakers said that only by working together and successfully implementing change with other service providers would the acute hospitals and the CCGs be able to provide customer-oriented, safe and sustainable quality services. The way in which the partners would coordinate their approaches and work together to achieve the aims of the STP was explained in the report.
- The delivery of the STP change programme required all organisations to accept significant change in the way services were currently delivered and develop joint commissioning strategies. The CCGs’ process of establishing the new single Joint Strategic Commissioning Committee was ongoing, with four out of five CCGs having approved it to date.
- In order to deliver public aspirations in Norfolk and Waveney for improved health and care, and the most efficient use of resources, the CCGs were coordinating their approach through the STP to issues such as workforce development, information technology, the 111 service, estates and other common service provision.
- Norfolk and Waveney generally had an older population that was projected to increase at a greater rate than the rest of England. This created a key challenge for the health and social care system.
- The overarching theme of the STP was for more people to be treated in the community.
- The speakers were questioned about whether they felt that more resources should be invested through the STP in mental health services, as a response to the recent inspectors report. In reply, the speakers said that while the Norfolk and Suffolk NHS Foundation Trust had been given 6 months to come up to standard, a 12 months fundamental review of mental health services was required. There was already a review taking place into mental health services for children and, following the publication of the inspectors’ report, it was now generally accepted that more had to be done to achieve the cultural changes that would lead to fundamental improvements in all mental health services. This included looking at the level of resources in mental health services and in approaches to keeping people mentally well, and making sure that delayed transfers of care were addressed so that mental health beds were used for their intended purpose.
- The data made available to the Committee showed that the STP had been awarded £2.2m to enable more GPs to be hired from abroad. The NHS was continuing to look to countries in the EU for the filling of vacancies for GPs and nurses.

- It was pointed out that the STP was spending £250,000 on Attain consultants to help develop a series of detailed options on service changes within the areas served by the three acute hospitals. The changes could include creating a single waiting time list for certain services. Members were assured that the NHOSC would be kept informed of developments.
- Alongside the review of acute services, planning was also taking place about the optimal future configuration for the 5 CCGs and the integrated social care commissioning units.
- The implementation of the Norfolk and Waveney Sustainability and Transformation Plan was not expected to lead to the closure of hospital wards. The plans that made up the STP did not currently include any proposals for substantial changes to clinical services that would require formal consultation.

6.4 The STP Lead indicated that the public would be engaged in the co-design of services and that the STP partners would consult with health scrutiny about any proposed substantial changes to services.

6.5 It was noted that Members of NHOSC and other County Councillors would be informed of the details of the engagement events being run with Healthwatch Norfolk towards the end of 2017, to encourage attendance.

## **7 Ambulance response times and turnaround times in Norfolk**

7.1 The Committee received a suggested approach by Maureen Orr, Democratic Support and Scrutiny Team Manager, to a report on the trends in ambulance response and turnaround times in Norfolk and action underway to improve performance.

7.2 The Committee received evidence from Terry Hicks, Sector Head for Norfolk & Waveney, East of England Ambulance Service NHS Foundation Trust, Richard Parker, Norfolk and Norwich University Hospital NHS Foundation Trust, Simon Hackwell, Director of Strategy, Norfolk and Norwich University Hospitals NHS Foundation Trust and Mark Burgis, Chief Operating Officer, North Norfolk CCG. The Committee also heard from David Russell of Cromer Town Council.

7.3 The following key points were noted:

- The East of England Ambulance Service NHS Trust (EEAST) had implemented the new Government-approved categories for how emergency calls were triaged, responded to and reported.
- The new ambulance standards, under the Ambulance Response Programme (ARP), could not be compared to the previous standards as the call categories and associated response times were significantly different.
- Given the ongoing pressures on the ambulance service, urgent and emergency and the wider health and social care system, it would take some time before EEAST was able to bed down the ARP standards, however, EEAST expected to see significant benefits in improved response times before April 2020. The extra 4 minutes triage time would enable EEAST to send the right response first time in more cases.
- The speakers said that whilst EEAST was working hard to make further improvements to its response times, it was important to remember that they were not the only measure of the care EEAST provided to patients and the focus remained on providing the safe and high-quality services that were outlined in the report.

- Rural areas of Norfolk presented unique challenges in meeting time targets due to the nature of their infrastructure, particularly during severe weather, along with the fact that demand could not be predicted with the same kind of accuracy as in urban areas. While EEAST was commissioned on a region-wide basis to meet national targets EEAST was committed to improving the performance and quality of services they provided to patients in all of their areas.
- The speakers confirmed that EEAST would continue to examine what if any patient harm arose for every stroke patient that had not been conveyed to hospital within 60 minutes of their call.
- EEAST was constantly monitoring and reviewing resource allocation to achieve optimum response times. EEAST was redesigning services for patients to ensure they were more tailor made so that patients got the care that they really needed, whether that was at home, in hospital or by directing them to a more appropriate service. This would cut down on unnecessary hospital admissions and improve the experience for patients while enabling ambulances to reach high priority emergencies more quickly.
- The speakers said that an early intervention vehicle to support the needs of the frail and the elderly had been operating across the central Norfolk system since January 2017. This was part of a collaborative scheme with colleagues at NCH&C who provided an occupational therapist to work with EEAST in meeting the needs of the frail and elderly and had received funding outside of the core contract by Norwich CCG until the end of the financial year. EEAST had received additional funding via the STP to put on two more such vehicles which were due to join the ambulance fleet to cover the East and West of the county in the next two months.
- EEAST was looking at transferring much of its existing staffing from Rapid Response Vehicles (RRV) to ambulances to facilitate an increase in ambulance cover.
- The delay in ambulance turnaround times was partly attributed by the speakers to full beds in community hospitals and in-patient wards in acute hospitals which was creating a backlog at A&E and delaying new admissions.
- The situation was made worse by people calling ambulances when they had difficulty getting appointments to see a GP.
- Attention was drawn to the work of the Hospital Ambulance Liaison Officers (HALOs) who supported the N&N around the clock; this team of officers continued to play a key role in capacity planning and managing the flow of patients through to the hospital. Talks had begun between EEAST and the CCGs about the funding of the role in the next financial year.
- Members raised the issue of EEAST's involvement in the transport of patients in mental health crisis to acute hospitals and to acute beds at mental health hospitals after a Mental Health Act assessment. In reply, the speakers said that there was confusion on whether some types of journey were included in the contract with the ambulance service. Work was underway to identify and resolve gaps in the transport pathway for mental health patients.
- EEAST also received urgent calls from GPs and other health professionals requesting ambulance transport for their patients. The response to these calls was tailored to each individual patient's need as determined by the Doctor or health professional requesting the ambulance. In addition to dealing with emergency care, EEAST provided a range of other emergency, urgent and planned healthcare and transport services for instance for those patients requiring transport to mental health hospitals outside of the county.
- Members praised the work of the ambulance crews operating in Norfolk and spoke about the worthwhile experiences that they had gained from their visits to the Emergency Operations Centre (EOC).

- The speakers explained the procedure that staff at the EOC used to decide what kind of response was needed and whether an ambulance was required. The EOC staff included people with clinical knowledge who were able to ask more detailed questions than normal call handlers. This made for earlier identification and recognition of life-threatening conditions and more time to assess patients who did not have life-threatening conditions.
- The practice of having the 111 service directly transfer work into the ambulance call taking system as 'already triaged' and 'ready to dispatch' could be expected to have an impact on the workload of ambulance crews. The pre-triage questions asked by the 111 service helped to identify those patients in need of the fastest response. EEAST was able to re-triage calls handed over to it by the 111 service.
- EEAST worked closely with services provided by Swifts and Night Owls and could be expected to benefit from forthcoming improvements in NHS IT systems.
- EEAST awaited the results of the Independent Service Review, commissioned by its regulators, to identify if it needed to recruit more staff into Norfolk and Waveney and the approach being taken to fill the immediate gap in paramedics including supporting ambulance technicians more effectively during their training period.
- David Russell from Cromer Town Council asked a number of detailed questions about the fine monies relating to EEAST and Norfolk & Norwich Hospital under the former financial penalties regime. The CCG representative confirmed that the contracts with the N&N and EEAST were now under the STF (Sustainability Transformation Fund) arrangement which meant that financial penalties in relation to ambulance response times and turnaround times were no longer applied.

7.4 The NN CCG was asked to ensure that outstanding Freedom of Information requests from Cromer Town Council regarding the fine monies relating to EEAST and Norfolk and Norwich Hospital under the former financial penalties regime received a response.

7.5 The East of England Ambulance Service NHS Trust (EEAST) was asked to consider involving service users in a workshop currently being arranged on the conveyance of mental health patients to hospital and other facilities.

## 8 Forward work programme

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

8.2 The forward work programme was **agreed** as set out in the agenda papers with the addition of Mental Health Services in Norfolk as a one item agenda on 7 December 2017.

8.3 The following items were also **agreed** for addition to the programme:-

- Delayed discharged / transfers of care – work by the Norfolk and Norwich Hospital and local district councils to address delays
- Physical health checks for adults with learning disabilities
- Access to NHS dentistry in west Norfolk (including service personnel's families at RAF Marham)

- Implementation of the Suicide Prevention Action Plan 2016-21 (relating to the county-wide Suicide Prevention Strategy) - progress by service providers

### Chairman

The meeting concluded at 12.45 pm



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