

**Norwich City Council**  
**SCRUTINY COMMITTEE**

## **Item No 6**

**REPORT for meeting to be held on Thursday 17 October**

### **Norfolk Health and Overview Scrutiny Committee (NHOSC)**

**Summary:** Councillor Jane Sarmezey is the council's representative on the Norfolk Health Overview and Scrutiny Committee.

A meeting of NHOSC took place on 5 September 2019.  
Attached is the representative's update from that meeting.

**Conclusions:** The purpose of this report is to receive an update from Scrutiny's representative on NHOSC.

**Recommendation:** To note the update of the NHOSC representative.

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## **Report back to scrutiny from NHOSC meeting.**

The three items under discussion were: -

- Access to palliative and end of life care
- Physical health checks for adults with learning disabilities
- Ambulance response and turnaround times in Norfolk

### **Access to palliative and end of life care**

Consistency of provision across the county needed. NHS partners were asked to provide the refreshed Norfolk & Waveney STP Palliative and End of Life Care Strategy for Adults 2019 – 2024, to include a gap analysis between currently commissioned services and levels required towards delivering the objectives of the strategy. Norfolk & Waveney have higher than average ageing population, more people living longer with more complex illnesses. The workforce is also ageing and recruitment is a big challenge. Death & dying remain taboo. Norfolk is below the numbers for specialist care and beds that the 2012 Commissioning Guidance suggests is needed.

In October 2018 NHOSC agreed that issues for this update would include (not exclusively)

- Night time service
- Consistency of service
- Advocacy for families
- Choice of place of care

Visits have been completed by committee members (Priscilla Bacon Centre Norwich; The Norfolk Hospice, Tapping House, King's Lynn; East Coast Hospice, Gorleston).

Yarmouth: From Jan 2019 East Coast Community Healthcare won a contract for new specialist palliative care service for patients to be delivered in partnership with St. Elizabeth's Hospice, Ipswich – consultant led community based with 24/7 access to specialist care. Patients in Yarmouth & Waveney access beds in Beccles hospital, St. Elizabeth's hospice and elsewhere in Norfolk. Land at Hopton has been purchased (East Coast Hospice Ltd) to build a 10 bed facility. Norwich: Priscilla Bacon plan a 24 bed facility in new premises adjacent to the N&NU hospital.

West Norfolk: Tapping House offers in-patient unit increasing from 6 to 8 beds. Swaffham & Litcham Home Hospice also in operation. And in central Norfolk, Hospice at Home Services. QEH remains in special measures with its CQC rating inadequate. Specialist palliative care within central Norfolk is 100% funded by NHS, with other hospices receiving differing NHS contributions.

The report covered: night time service; advocacy; preferred place of care (PPOC); mental health support – specialist support for those with MH difficulties and terminally ill; dying matters & compassionate communities – Wymondham Practice volunteers trained in helping patients complete Advanced Care Plans.

Proposed model is underpinned by the Six Ambitions and the aim is to work towards **one** service to ensure everyone has fair access to end of life and palliative care.

Outcomes/actions: Norfolk & Waveney STP Palliative and End of Life Care Collaborative Group partners to return with an update to March 2020 NHOSC; NHOSC members visit to QEH to better understand action underway to improve end of life care.

### **Physical health checks for adults with learning disabilities**

Some overview information: the overall aim is to increase and improve the quality of health checks for adults with learning disabilities and autism. All General Practices were written to asking them to cleanse their LD data and record the number of checks completed on those with LD and autism. The last report to NHOSC on this matter was 6 September 2018. At that meeting it was agreed that the

- (i) Chairman would write to Chair of Health & Wellbeing Board raising awareness amongst people 14+ and their families about their entitlement to an annual health check, and support the provision of LD health checks across general practice; and
- (ii) (ii) the CCGs and Healthwatch Norfolk would work together on overcoming barriers preventing take-up.

Physical health checks are delivered by GP Practices who are encouraged to identify and keep a register of eligible patients. The service is classed as an 'Enhanced Service'. Practices decide whether to offer it. The physical check-up includes such things as weight, blood pressure, blood and urine samples, checking on ongoing problems e.g. diabetes, and smooth the transition to adult services. Patients with some specific learning difficulties will routinely have other health tests e.g. those with Down Syndrome a thyroid functioning check.

All Practices have completed a self-assessment audit tool to rate the current quality of their LD health checks; info has been produced for patients and families; reasonable adjustments have been made to support patients e.g. arranging the appointment by phone to clarify things for patient; annual national **mortality review** shows people with LD die younger than the average population (59 years) – Norfolk & Waveney have a backlog of mortality reviews due to staffing issues.

Current issues include: reliability of data; are 75% of adults with LD having health checks? It was heard that most Practices have increased the number of health checks delivered and are on track to meet target for 2019-20; data sharing agreement to ensure all who should be are on the register – in train; if a patient attended a Practice other than their own, how would follow up treatment be managed?; how is it decided who is the most appropriate person in Practice to carry out the check e.g. Nurse or Doctor?; how involved were adults with LD and their families in preparing information literature? – yes this happened.

In 2018-19 the % of LD patients who received a health check in the 5 CCGs are noted below – the Norfolk & Waveney target was 55% so 4 CCGs achieved this:

Gt Yarmouth & Waveney	58%
North Norfolk	76%
Norwich	51%
South Norfolk	70%
West Norfolk	60%
Norfolk & Waveney STP total	62%

Healthwatch Norfolk representative produced a report of their work. Some key points made: the **quality of the checks**; making reasonable adjustments including accessible info; engaging patients with LD and autism in the local 5 year plan; using Health Passports (or Health Books) were proving helpful.

Outcomes/actions: Progress updates to be provided via HOSC Briefing, including total numbers of registered patients and health checks delivered at each GP Practice.

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

Three focus areas: -

1. Action taken to address issues affecting ambulance performance (by EEAST and the wider healthcare system).
2. Interface between EEAST and other agencies e.g. 111, Social Care.
3. EEAST and the wider system's preparations for Winter 2019/20.

Previous NHOSC: New national response time standards introduced Oct 2017 were expected to take 2 years to implement. Delays between arrival of ambulances and handover at hospitals especially NNUH and QEH. Delays mean ambulances cannot be directed to needs as they arise in the community and agreement is that unattended at home is at greatest risk.

Better integrated working has helped e.g. Rapid Assessment and Treatment at NNUH.

Sustained improvement over the past few months due to recruitment. Yet four main challenges continue: -

1. Disproportionate delays at front door of acutes – difficult to predict delays.
2. Continuing student ambulance paramedic training – uni attendance takes them away from front line work.
3. Year on year increased demand on 999 services.
4. Rurality and road infrastructure.

Winter resilience: NNUH building additional ward capacity and redesigning flow in and out of Acute Medical Unit; Frailty OPED model expanded into the weekend – access to phone consultant; each SORT group (system oversight, resilience and transformation) has a work plan e.g. proactive action around the festive period; new fleet of ambulances before Winter.

Discussion over patients with mental health difficulties, including when there are physical health problems as well; and patients detained under Section 136 of the Mental Health Act taken to a place of safety by the Police. Stats were provided.

Swifts/Night Owls – Norfolk County Council invests £1.5 million pa. 24/7 365 days a year service when an urgent, unplanned need arises at home that does not require the emergency services, e.g. a fall, or carer goes into hospital. 4 teams of 2 people at any given time. In 2018-19 12,421 referrals, and it is estimated that this service prevented

3184 calls to community health

6036 calls to emergency services

1419 hospital admissions

Largest proportion of patients were those who had fallen (35%) and personal care (27%) with 25% resulting from neighbours or relatives calling with concerns.

Actions/outcomes: info on waiting times at N&N to be provided, including numbers of patients waiting up to 6 hours; EEAST, N&NUH, Norfolk & Waveney CCGs and Adult Social Care reps to return to NHOSC with an update one year from now; in 2020 a follow up members' visit to NNUH Older Peoples' emergency visit (previous visit was Jan 2018).

Info on Milestone service for women with MH issues and the situation regarding out of area placements in the NHOSC Briefing.

Appointments made: Cllr Brenda Jones – link member with Norwich CCG; Cllr David Harrison – link member with Norfolk & Suffolk NHS Foundation Trust.

Cllr Jane Sarmezey