

BOROUGH COUNCIL OF KING'S LYNN & WEST NORFOLK

ENVIRONMENT AND COMMUNITY PANEL

Minutes from the Meeting of the Environment and Community Panel held on Tuesday, 27th March, 2018 at 6.00 pm in the Council Chamber, Town Hall, Saturday Market Place, King's Lynn PE30 5DQ

PRESENT: Councillor C Sampson (Chairman),
Miss L Bambridge, A Bubb, Mrs S Collop, Mrs S Fraser, G Hipperson, T Smith,
D Whitby and Mrs M Wilkinson

Portfolio Holders

Councillor Mrs E Nockolds, Portfolio Holder for Culture, Heritage and Health

Officers:

Ged Greaves, Senior Policy and Performance Officer
Ray Harding, Chief Executive
Honor Howell, Assistant Director

By Invitation:

John Webster, Accountable Officer, CCG

EC86: APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillor Mrs Westrop.

EC87: MINUTES

RESOLVED: The Minutes from the previous meeting were agreed as a correct record and signed by the Chairman.

EC88: DECLARATIONS OF INTEREST

There were no declarations of interest.

EC89: URGENT BUSINESS

There was none.

EC90: MEMBERS PRESENT PURSUANT TO STANDING ORDER 34

Councillor Pope – all agenda items.

EC91: CHAIRMAN'S CORRESPONDENCE

There was none.

EC92: **SUSTAINABILITY TRANSFORMATION PLAN**

John Webster, Accountable Officer from the Clinical Commissioning Group (CCG) was present at the meeting and provided the Panel with an update on the Sustainability and Transformation Partnership. A copy of his presentation is attached.

The Chairman thanked John Webster for his presentation and invited questions and comments from the Panel, as summarised below.

In response to a question John Webster explained that consultation on projects and plans would be carried out as required with other organisations or the public. He explained that all constituent organisations made contributions to the upkeep of the Sustainability and Transformation Partnership and budgets were looked at locally for engagement work.

Councillor Mrs Fraser referred to a recent article in a Parish Magazine which stated that the local GP would no longer treat minor injuries such as scalds and burns and suggested that people go to A&E. John Webster explained that he was aware of the article and this approach was not supported by the CCG. It was explained that the CCG worked with practices to try and reduce unnecessary admissions to hospital and there was services available such as advice from GP's or Pharmacists and 111.

John Webster responded to questions about Fairstead and St James Surgery and explained that expansion of the area and population growth would have an impact on the services and facilities provided in the future. He explained that the CCG needed to ensure that there was sufficient care for the population and would work with individual surgeries and GP's as required.

Councillor Mrs Nockolds, Portfolio Holder for Culture, Heritage and Health explained that the Sustainability Transformation Partnership also dealt with social isolation and social prescribing. She explained that Lily played an active part in this and had been awarded social isolation. She also explained that investigations were ongoing as to if there could be a Member of Staff placed in the hospital to look at the discharge service and ways that people could receive care at home. John Webster explained that the CCG would be looking at ways to increase capacity at the hospital, occupancy levels and the discharge service.

In response to a question from Councillor Bubb, regarding attracting Doctors to Norfolk, John Webster felt that there was not a problem in this area and a group of local organisations did meet to promote West

Norfolk an attractive place to live and work. He explained that it was often the case that people moved out of the area for training and then returned for work.

In response to a question from Councillor Mrs Wilkinson, John Webster explained that some care homes did not accept weekend discharges and there were also cases where people came into A&E and did not need to be admitted, but they did not have the right support available out of Hospital, so they had to be admitted. The Sustainability Transformation Partnership would look at ways to expand access to services as part of the integration work.

The Portfolio Holder for Culture, Heritage and Health, Councillor Nockolds explained that Lily had an interactive stand at the Hospital which provided useful contact details for people which were being discharged.

Councillor Fraser commented that it was also important that strong support was provided for carers during the discharge process. John Webster agreed that this was important and the support available would be looked at. He explained that the Hospital would not risk discharging someone unless the proper support was available.

The Chairman, Councillor Sampson asked about longer opening times in surgeries and access to GP's, which could assist in taking the pressure off A&E. John Webster explained that extended access hours were something that was being looked at nationally as part of the GP 5 year forward view. He explained that the nature of GP's contracts meant that they were not required to provide out of hours services and any changes would need to be carried out nationally and be accepted by the GP's. John Webster explained that the CCG was responsible for out of hours cover in Norfolk and this was provided by services such as 111.

RESOLVED: 1. The update was noted.
2. A further update to be provided to the Panel in 12 months' time or sooner if there were any major developments which the Panel should be made aware of.

EC93: **CORPORATE PERFORMANCE MONITORING REPORT - QUARTER 3 2017/2018**

The Senior Policy and Performance Officer presented the report which monitored progress against agreed performance indicators for the year. The Panel was reminded that in January 2018, following recommendations from the Scrutiny Structures Task Group, Cabinet had agreed that Panels should consider their own indicators. The Senior Policy and Performance Officer explained that thirteen performance indicators were within the remit of the Environment and

Community panel and these were included in the report. There were three indicators which had not met target as follows, and a mitigation plan was in place to address issues:

- CC6 - % of Careline alarms installed within 10 days from date of enquiry.
- CC7 – time take (in weeks) from first visit to completion of work on Disabled Facility Grants.
- CC8 – Time taken (in weeks) from first visit to completion of work on adapt passported cases with a value under £6,000.

The Chairman thanked the Senior Policy and Performance Officer for his report and invited questions and comments from the Panel, as summarised below.

In response to a question from Councillor Bubb, the Senior Policy and Performance Officer explained that reasons why the targets had not been met had included the recent bad weather.

The Chairman explained that the Panel would regularly receive Performance Monitoring information and next time could look at if improvements had been made.

Councillor Smith suggested that information be provided in future reports on what action was being taken to improve the target and timescales for improvement. The Senior Policy and Performance Officer agreed to add this into the next report.

RESOLVED: The Panel agreed the actions outlined in the Action Report.

EC94: **UPDATES FROM REPRESENTATIVES ON OUTSIDE BODIES**

a College Council Liaison Board - Councillor Smith

Councillor Smith presented the report as included in the agenda.

RESOLVED: The update was noted.

b Area Museums Committee - Councillors Smith and Bubb

Councillor Smith presented his report, as included in the agenda. He reminded the Panel that the free entry period for the Lynn Museums ran until the end of March. He commented that there were lots of new exhibitions in the museum and work to conserve paintings had been carried out. He commented that Hardwick Cemetery paintings had been brought over from America. Ways to engage children now that pre-history was part of the curriculum was also being looked at.

Councillor Bubb commented that the Museum was open on Sundays, but shut on Mondays.

The Portfolio Holder for Culture, Heritage and Health, Councillor Nockolds commented that there was a good working relationship with Norfolk Museums Service and there were Service Level Agreements in place. She explained that as part of 'Norfolk Day' they were looking into joint tickets which could be purchased for Stories of Lynn, Trues Yard and the Museum.

RESOLVED: The update was noted.

c King's Lynn Football Club - Councillor Westrop

Councillor Mrs Westrop had sent her apologies for the meeting. Members were invited to submit questions to her in advance, which could be responded to at the next meeting.

RESOLVED: The update on the King's Lynn Football Club be considered at the Environment and Community Panel Meeting on 1st May 2018.

d Norfolk Countywide Community Safety Partnership Scrutiny Sub Panel - Councillor Westrop

Councillor Mrs Westrop had sent her apologies for the meeting. Members were invited to submit questions to her in advance, which could be responded to at the next meeting.

RESOLVED: The update on the Norfolk Countywide Community Safety Partnership Scrutiny Sub Panel be considered at the Environment and Community Panel Meeting on 1st May 2018.

e Norfolk Health Overview Scrutiny Committee - Councillor Fraser

Councillor Fraser presented her report, as included in the agenda. She commented that she had enjoyed participating in this Committee and had learnt a lot.

RESOLVED: The update was noted.

f West Norfolk Community Transport Project - Councillor Fraser

Councillor Fraser presented her report, as included in the agenda. She referred to the routes which were being taken over by West Norfolk Community Transport from Stagecoach. Councillor Fraser and the Chairman congratulated West Norfolk Community Transport on their ability to take over some of the strategic routes.

Councillor Fraser commented that Trustees were very willing and helpful and representatives from West Norfolk Community Transport would be attending an event that Councillor Fraser, as Disabilities Champion, would be hosting later on in the year.

RESOLVED: The update was noted.

EC95: **WORK PROGRAMME**

Members of the Panel were reminded that an eform was available on the Intranet which could be completed and submitted if Members had items which they would like to be considered for addition to the Work Programme.

The following items were suggested for addition to the Work Programme:

- Markets – an update had been scheduled for October.
- Homelessness Reduction Act – update to be scheduled for June.
- Surface Water Management
- Single use plastics.

RESOLVED: The Panel's Work Programme was noted.

EC96: **DATE OF THE NEXT MEETING**

The next meeting of the Environment and Community Panel would be held on Tuesday 1st May 2018 at 6.00pm in the Council Chamber, Town Hall, Saturday Market Place, King's Lynn.

The meeting closed at 7.37 pm

Sustainability and Transformation Partnership

Environment and Community Panel

27th March 2018

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Summary

- To brief Panel Members on:
 - Latest developments in the STP;
 - Commissioning arrangements at STP-level;
 - Commissioning arrangements at local-level.



The proposed geographical area for our Integrated Care System is the same as that covered by our current Sustainability and Transformation Partnership (STP), which is Norfolk and Waveney with a population of 1.1m



Our health and care system is comprised of the following partners, all of whom are involved in our current STP and are represented on either the STP Oversight , Executive or Stakeholder Board;

- NHS Great Yarmouth and Waveney CCG
- NHS North Norfolk CCG
- NHS Norwich CCG
- NHS South Norfolk CCG
- NHS West Norfolk CCG
- Norfolk County Council
- Suffolk County Council
- Norfolk and Norwich University Hospitals NHS Foundation Trust
- James Paget University Hospitals NHS Foundation Trust
- Queen Elizabeth Hospital Kings Lynn NHS Foundation Trust
- East Coast Community Healthcare CIC
- Norfolk Community Health & Care Trust
- Norfolk and Suffolk NHS Foundation Trust
- East of England Ambulance Service NHS Trust
- Norfolk Independent Care
- IC24 Integrated Care
- Norfolk & Waveney Local Medical Committee
- Healthwatch Norfolk & Healthwatch Suffolk

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If things continue as they have and our population increases as we predict it will, by 2025 every year:



800,000 more appointments will be needed



92,000 more people will go to our A&E departments



48,000 more people will arrive at A&E by ambulance

Number of people with dementia in Norfolk and Waveney



13,586 2015



24,671 2036

Based on current trends, we estimate that by 2020 obesity will contribute to:



7,000 more people having coronary heart disease



2,000 more people suffering from a stroke



100,000 more people with hypertension



50,000 more people getting diabetes

The Norfolk and Waveney STP

- STP – Sustainability and Transformation Partnership
- ACS – Accountable Care System
- ICS – Integrated Care System
 - All terms that have become used interchangeably
- Recent application made to become a Wave 2 ICS. This confers additional benefits, including devolved transformation funding, “single” regulation, redeployment of staff and resource from NHS England and NHS Improvement.

What are we trying to achieve?

Wave 2 application for ICS status - sustainable transformation of services; improved population health outcomes; greater financial efficiency.

Progress to date includes:

- A **Joint Strategic Commissioning Committee** across all 5 CCGs
- A strong focus on **prevention and population management** with public health, county and district councils.
- Acute service redesign** across our three hospitals to deliver better outcomes for our population and greater access
- A three year **integration programme**, now in its third year, between social care and our community services with a Joint Director of Integration and five joint assistant directors of integration within the five localities
- Increasing collaboration and **development of GP Federations** across Primary Care delivering GPFV
- A strong **programme of transformation** which would be accelerated by having greater financial flexibility as an ICS.

Principles

- Evolution, not revolution
- Collaboration, not competition
- Importance of local systems and development of new models of care at an individual CCG level
- All CCGs have significant financial challenges
- Positive relationships in place across 5 CCGs
- Regulators moving to system-level assurance
- Likely that NHS England and NHS Improvement will come together as a single regulator
- Benefits to be gained by working more closely together.

We are on a journey.....

- CCGs were established in April 2013 and the 'local' focus has enabled development of local models of care that reflect demographics and local need
- However, fragmentation means that in some areas more effective and efficient working can be achieved together
- Central Norfolk JCC established in Sept 2015
- Norfolk & Waveney STP established in March 2016
- West Norfolk and Great Yarmouth & Waveney CCGs participate in JCC from mid 2017
- Joint Strategic Commissioning Committee will go live on 1 April 2018 covering all 5 CCGs, meeting in public from June.

Where are we headed? ...

Strategic commissioning

- Exploring the development of an Integrated Care System (ICS – formally known as ACS)
- A strategic commissioning function has a leading role in an ICS
- Contract arrangements and currencies fundamentally change
- Shift staff from transactional roles to system transformation roles
- Closer working between CCG staff and provider staff on transformation
- Population focus rather than organisational focus
- One financial model maps income and expenditure
- Understanding links between CCG-level development of local new models of care.

Where are we headed? ...

Local commissioning (new models of care)

- CCG-level development of new models of integrated care, based on primary care working at scale with wrap-around community-based services
- Each model focused on local needs as determined by Joint Strategic Needs Assessment (public health)
- Establishment of Local Delivery Groups for each CCG, accountable to Governing Bodies, to oversee the integration
- Consideration of local alliance agreements
- Integrated Care Organisation v. System.

What is an Integrated Care Organisation (ICO)?

Involves a provider or collaboration of providers to meet the needs of a defined population

Providers take responsibility for a budget allocated by a commissioner or alliance of commissioners to deliver a range of services to that population

ICOs work under a contract that specifies the outcomes and other objectives they are required to achieve within the given budget, often extending over a number of years

Significant investment is shifted from reactive treatment of conditions to proactive prevention

STPs are tasked with working towards developing ICOs



Key enablers



What's worked well in the Vanguards?

West Norfolk Clinical Commissioning Group

- Finding **dedicated time for stakeholders** to develop new relationships and nurture established ones was essential
- Sites used **facilitated workshops to design new care models**. They generally felt that coming together in workshops was positive for the design of their interventions locally
- Some sites **expressed frustration with the compressed timetable** set by the national programme for creating care models. They felt it limited their ability to effectively bring partners together
- Many clinicians and managers used formal and informal networks within and across specialties to enable **sharing of learning and ideas**
- Through these networks, and facilitated programmes, they were able to **learn about approaches and interventions** others were using, not only in the UK but also internationally
- With the creation of new services across organisations, vanguard sites said **investing in the development of staff** with the right skills for these changes was crucial. This was necessary at all levels of the local systems and focused on aligning the efforts of staff with the aims of the vanguards.

