Norfolk County Council

# Norfolk Health Overview and Scrutiny Committee

Date: **9 November 2023**

Time: **10:00 am**

Venue: **Council Chamber, County Hall, Martineau Lane, Norwich**

**Persons attending the meeting are requested to turn off mobile phones.**

Members of the public or interested parties may, at the discretion of the Chair, speak for up to five minutes on a matter relating to the following agenda. A speaker will need to give written notice of their wish to speak to Committee Officer, Maisie Coldman (contact details below) by **no later than 5.00pm on Friday 3 November**. Speaking will be for the purpose of providing the committee with additional information or a different perspective on an item on the agenda, not for the purposes of seeking information from NHS or other organisations that should more properly be pursued through other channels. Relevant NHS or other organisations represented at the meeting will be given an opportunity to respond but will be under no obligation to do so.

**Membership**

| **MAIN MEMBER** | **REPRESENTING** |
|---|---|
| Cllr Jeanette McMullen | Great Yarmouth Borough Council |
| Cllr Stuart Dark | Norfolk County Council |
| Cllr Lesley Bambridge | Norfolk County Council |
| Cllr Brenda Jones | Norfolk County Council |
| Cllr Pallavi Devulapalli | Borough Council of King's Lynn and West Norfolk |
| Cllr Julian Kirk | Norfolk County Council |
| Cllr Robert Kybird | Breckland District Council |
| Cllr Justin Cork | South Norfolk District Council |
| Cllr Peter Prinsley | Norwich City Council |
| Cllr Richard Price | Norfolk County Council |
| Cllr Adrian Tipple | Broadland District Council |
| Cllr Robert Savage | Norfolk County Council |
| Cllr Lucy Shires | Norfolk County Council |
| Cllr Jill Boyle | North Norfolk District Council |
| Cllr Fran Whymark | Norfolk County Council |

| **CO-OPTED MEMBER** (non voting) | **REPRESENTING** |
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|---|---|
| Cllr Edward Back | Suffolk Health Scrutiny Committee |
| Cllr Edward Thompson | Suffolk Health Scrutiny Committee |

**For further details and general enquiries about this Agenda please contact the Committee Officer:**
Maisie Coldman 01603 638001
or email committees@norfolk.gov.uk

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# A g e n d a

**1. To receive apologies and details of any substitute members attending**

**2. Minutes**

To confirm the minutes of the meeting of the Norfolk Health Overview and Scrutiny Committee held on 14 September 2023. (Page 5)

**3. Members to declare any Interests**

If you have a **Disclosable Pecuniary Interest** in a matter to be considered at the meeting and that interest is on your Register of Interests you must not speak or vote on the matter.

If you have a **Disclosable Pecuniary Interest** in a matter to be considered at the meeting and that interest is not on your Register of Interests you must declare that interest at the meeting and

not speak or vote on the matter

In either case you may remain in the room where the meeting is taking place. If you consider that it would be inappropriate in the circumstances to remain in the room, you may leave the room while the matter is dealt with.

If you do not have a Disclosable Pecuniary Interest you may nevertheless have an **Other Interest** in a matter to be discussed if it affects, to a greater extent than others in your division

- Your wellbeing or financial position, or
- that of your family or close friends
- Any body -
    - Exercising functions of a public nature.
    - Directed to charitable purposes; or
    - One of whose principal purposes includes the influence of public opinion or policy (including any political party or trade union);
      Of which you are in a position of general control or management.

If that is the case then you must declare such an interest but can speak and vote on the matter.

**4. To receive any items of business which the Chair decides should be considered as a matter of urgency**

**5. Chair's announcements**

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| **6.** | **10:10-11:00** | **Access to NHS Dentistry in Norfolk and Waveney** | (Page 14 ) |
| **7.** | **11:10 – 12:00** | **Patient pathway item: Palliative and End of Life Care (PEOLC)** | (Page 37) |
| **8.** | **12:00 – 12:05** | **Forward Work programme** | (Page 50) |

**Tom McCabe**
**Head of Paid Service**
County Hall
Martineau Lane
Norwich
NR1 2DH

Date Agenda Published: 1 November 2023.

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Norfolk County Council

**NORFOLK HEALTH OVERVIEW AND SCRUTINY COMMITTEE**
**Minutes of the meeting held at County Hall**
**on 14 September 2023**

**Members Present**

| | |
|---|---|
| Cllr Jeanette McMullen | Great Yarmouth Borough Council |
| Cllr Stuart Dark | Norfolk County Council |
| Cllr Lesley Bambridge | Norfolk County Council |
| Cllr Pallavi Devulapalli | Borough Council of King's Lynn and West Norfolk |
| Cllr Julian Kirk | Norfolk County Council |
| Cllr Robert Kybird | Breckland District Council |
| Cllr Peter Prinsley | Norwich City Council |
| Cllr Adrian Tipple | Broadland District Council |
| Cllr Jill Boyle | North Norfolk District Council |
| Cllr Fran Whymark | Norfolk County Council |

**Co-opted Member (non voting):**

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|---|---|
| Cllr Edward Back | Suffolk Health Scrutiny Committee |
| Cllr Edward Thompson | Suffolk Health Scrutiny Committee |

**Substitute Members Present**

Cllr Emma Corlett substituting for Cllr Brenda Jones
Cllr Steffan Aquarone substituting for Cllr Lucy Shires

**Also Present:**

| | |
|---|---|
| Karen Watts | Director of Nursing and Quality – Norfolk and Waveney Integrated Care Board (N&WICB) |
| Tricia D'Orsi | Director of Nursing – N&WICB |
| Mark Burgis | Executive Director of Patients and Communities – N&WICB |
| Stuart Richardson | Chief Executive Officer – Norfolk and Suffolk Foundation Trust (NSFT) |
| Cath Byford | Deputy Chief Executive Officer and Chief People Officer - NSFT |
| Tumi Banda | Interim Chief Nurse - NSFT |
| Thandie Matambanadzo | Chief Operating Officer - NSFT |
| Caroline Aldridge | Author of Forever Gone: Losing Count of Patient Deaths report |
| Anne Humphrys | Author of Forever Gone: Losing Count of Patient Deaths report |
| Alex Stewart | Chief Executive, Healthwatch Norfolk |
| Peter Randall | Democratic Support and Scrutiny Manager |
| Dr Liz Chandler | Scrutiny and Research Officer |
| Maisie Coldman | Committee Officer |

**1 Apologies for Absence**

1.1 Apologies for absence were received from Cllr Jones (substituted by Cllr Corlett), Cllr Shires (substituted by Cllr Aquarone), Cllr Price and Cllr Cork.

**2. Minutes**

2.1 The minutes of the previous meeting held on 6 July 2023 were agreed as an accurate record of the meeting.

**3. Declarations of Interest**

3.1 Cllr Corlett declared an 'other interest' in relation to item 7, she was a co-author of the Forever Gone: Losing Count of Patient Deaths report. She had sought advice from the Monitoring Officer and confirmed that they were no longer employed at the Norfolk and Norwich University Hospital.

3.2 Cllr Kirk declared an 'other interest', his wife works for the ambulance service.

3.3 Cllr Prinsley declared an 'other interest', he was a surgeon at the Norfolk and Norwich University Hospital.

**4. Urgent Business**

4.1 There were no items of urgent business.

**5. Chairman's Announcements**

5.1 There were no Chair's announcements.

**6. Accident and Emergency (A&E) services in Norfolk and Waveney**

6.1 Mark Burgis, Executive Director of Patients and Communities, N&WICB, provided the committee with a brief introduction to the report, highlighting that the A&E department is one element of emergency care.

6.2 The committee receive the annexed report (6) from Dr Liz Chandler, Scrutiny and Research Officer, that noted information to aid the examination of Accident and Emergency (A&E) services at Norfolk's three acute NHS hospitals, namely: Norfolk and Norwich University Hospital (NNUH), James Paget University Hospital (JPUH) and Queen Elizabeth Hospital, King's Lynn (QEH).

6.3 The following discussion points and clarifications were offered:

- It was acknowledged that some of the challenges seen in A&E services across Norfolk are part of wider issues including recruitment, retention, and patient discharge. Norfolk and Waveney Integrated Care Board (N&WICB) was working to resolve these system challenges. With respect to recruitment, this was being done through engagement with staff, promotion of Norfolk and Waveney as a desirable workplace, encouragement of health-related careers and there was work going through the People Board surrounding this. Relating to patient discharge, a Discharge Programme Board has been developed to offer an overview of areas of improvement and there was an emphasis on early focus on discharge and system collaboration that included local authorities and the voluntary sector.

- Members heard that the Electronic Recording system was still in the procurement process, but that a date for its implementation was imminent. The committee would be updated about this in due course. It was hoped that improved information sharing would positively influence the flow across systems and that patients would only need to tell their stories once. This piece of work was alongside work being done by Healthwatch Norfolk who were having conversations with patients as part of their report to the Emergency Care Board.

- The A&E experience for people with mental health illnesses was not at a standard where the ICB wanted it to be and there was a Mental Health Collaborative and Mental Health Transformation Plan for the system. It was noted that the mental health provisions and support were not just the responsibility of NSFT and that there was a collaboration between different organisations (NSFT, local authorities, voluntary sector) to explore solutions to the wider problems. It was confirmed that the need for data to benchmark mental health-related A&E admissions against other areas of the county was being raised nationally.

- Following a member's question about the Unscheduled Care Hub and how it operated, it was clarified that a multidisciplinary team would establish the best course of treatment for a patient to ensure that they have the right care, at the right time, at the right place. Referrals to this service could come from paramedics, community teams and primary care providers.

- The JPUH has the lowest rates of staff turnover and sickness out of the three acute hospitals. This was attributed to the success of recruiting internationally through the recruitment hub. Colleagues in leadership roles were encouraged to share lessons learned. It was acknowledged that the rate of staff sickness and turnover at the QEH needed to be improved and whilst there had been recent improvements to the maternity workforce, the QEH faced challenges with recruitment more generally. There was an eagerness to learn from exit interviews and following a member's response about what lessons have been learned so far, the committee heard that this would be explored.

- It was shared that the virtual wards work by allowing patients to get hospital-level care at home in an environment that was familiar to them. It was noted that some patients do not want to be in the hospital and the virtual wards allowed them to get support from home. This model was being used as a step down from hospitals and was increasing capacity within hospitals; there was scope to explore how virtual wards could be used at the point of admission too. There were currently 131 virtual ward beds online with around 77% occupancy. A member of the committee shared anecdotal evidence of the positive experience they had receiving treatment from a virtual ward.

- Concerning the ambition for 92% occupancy at all three hospitals, it was clarified that this was the level of occupancy that allowed patients to flow through the hospital and afforded a level of protection in case of a surge in demand. This was a figure that was used nationally.

- Data that showed levels of occupancy and waiting times was available by the hour, this data had afforded the ability to predict peaks of demand and was used for future planning and staffing. The ICB had recently established a System Coordination Centre that was in operation 7 days a week to provide support to providers of the system and to help coordinate flow, identify risks, and take steps to avoid further escalation.

- The ICB reassured members that for hospital discharges that happened across the Norfolk and Suffolk border, data was shared, and communication happened between the ICBs. Access to data, strong pathways and processes, and positive working relationships were noted as important factors in ensuring effective patient discharge.

- The ICB said it believed that included within the A&E figures were patients who were seen in the Same Day Emergency Care unit (SDEC) if they have presented through A&E. The ICB would double check if this was correct and report back to the committee.

6.4 The Chair concluded the discussions and noted the progress that was occurring at the three acute hospitals and the learning from good practice. He echoed members feelings of support for A&E staff and the service that they provide. The Chair, and other members, thanked the ICB for the consistency in reporting which made it easier to compare trends across the acute hospitals from the data.

Summary of Actions:

- The ICB to check whether figures for patients attending the SDEC are included in figures for A&E.

**7. Norfolk and Suffolk NHS Foundation Trust (NSFT) Mortality Recording and Reporting review**

7.1 The committee received a statement from Stuart Richardson, Chief Executive Officer at NSFT. He offered the trust's deep sympathies and thoughts to everybody affected by the publication of the Grant Thornton report, particularly the people to whom it brought back memories and issues that they thought hadn't been resolved. He also personally apologised for this and for any issues related to how the trust had recorded mortality data in the past. He explained that the report that was the focus of Newsnight and BBC East investigations was requested by NSFT as the trust accepted that it needed help on the way it gathered its data, particularly on people in the community. All recommendations have been accepted and many actions to address issues were being put in place. Mr Richardson explained that as is common practice, the Trust was asked to comment on the report when the auditors delivered their first draft and additional evidence was provided by the Trust in response to questions the auditors put to them. He confirmed that this is a standard process for all internal audits that the Trust undertakes. NSFT felt that they were open and honest throughout the whole process and the improvement plan would allow for improvements to the quality of the service to continue. They shared that it was important that staff shared any concerns, and that staff could speak up and raise concerns through the independent guardian organisation and Freedom to Speak Up service. NSFT wanted to hear those concerns in order to act upon them. The Trust was working with partners across the system to improve wider transformation of mental health services but acknowledged more work needed to be done to ensure consistent quality of mental health services.

7.2 Cath Byford, Deputy Chief Executive Officer and Chief People Officer at NSFT, acknowledged that what they had shared at a previous committee was incorrect but that at the time, she believed that the independent report that was being commissioned would be able to provide a single version of truth in terms of the data and she also believed that there was confidence in the mortality data. Ms Byford committed to continuing an open, transparent, and trusting relationship with the committee and hoped there would be continued confidence going forward between herself, the Trust, and the committee.

7.3 Caroline Aldridge and Anne Humphrys introduced their report entitled Forever Gone: Losing Count of Patient Deaths. They highlighted that NSFT had been unable to establish a single version of the truth and shared their feelings about this and the fact that there was no streamlined system for data collection. Additionally, they noted their concerns that sections of the draft Grant Thornton report had been removed from the final version. Concerns were raised about NSFT's ability to address the root causes of the issue effectively and sustainably; these concerns were amplified by the fact that this was not the first report on deaths and mortality reporting at NSFT. Previous recommendations had not been implemented or sustained and there was a general lack of confidence in the follow-through of actions that were being promised. The limited involvement that bereaved families have had in the co-production of an action plan has reduced confidence further. Concerns were raised regarding data collection and the appearance that corporate reputation was being prioritised over patient safety and improving poor practices.

7.4 Stuart Richardson confirmed that the action plan presented in the report to NHOSC was the action plan that came from the Grant Thornton report. The Trust did not feel it was appropriate to start adding to that action plan at this point until a co-production discussion had taken place with both ICBs and the report authors. This discussion was due to happen next week. Mr Richardson also clarified that while conversations had been had with Healthwatch Norfolk and Healthwatch Suffolk about their involvement with this co-production, no decisions had been made.

7.5 Tricia D'Orsi, Director of Nursing at the ICB, shared that the ICB was committed to working with the NSFT and others to ensure that the co-produced action plan properly addresses the concerns in a systematic way.

7.6 The committee receive the annexed report (7) from Dr Liz Chandler, Scrutiny and Research Officer, which noted information to aid the examination of the report from Norfolk and Suffolk NHS Foundation Trust (NSFT) regarding the findings and recommendations of the Grant Thornton Mortality Recording and Reporting review, as well as NSFT's actions in response to those recommendations.

7.7 The following discussion points and clarifications were offered:

- NSFT was working with the ICB to ensure that there was a consistent offer and delivery of mental health provision, which took into consideration place-based needs, throughout the whole of Norfolk and Waveney.

- It was clarified that reference to 'other mental health deaths' referred to those that had not been ruled a suicide by a coroner. For example, it could refer to death by psychosis, an overdose, an eating disorder, or a physical illness that was caused/amplified by a mental illness. There was a desire to explore, through working with co-production partners, how data could be reported to ensure that all mental health-related deaths were being captured and not just those that meet the criteria of the factual definition used by corners. This work would feed into the wider national picture of mental illnesses.

- The committee heard that people with significant mental health illnesses were more likely to die from a physical illness and were five times more likely to die 15 – 20 years younger than those without a significant mental health illness. The relationship between poor mental health and inequalities was discussed and work was being done on a strategic level by the Integrated Care Service (ICS) and ICB to encourage collaborative working between the Trust, ICB and Public Health

about population health management. Members of the committee were prompted to promote the uptake of the over-40s health checks that afford early intervention of physical illnesses.

- In response to members questions about the disparity between the final published report in June and the draft version that was shown on BBC Newsnight, the committee heard that the change was a result of Grant Thornton receiving additional information. Grant Thornton requested additional information, and this was gathered in the form of interviews and written questions and responses. All information was collected over a number of weeks. The owner of the report was the ICB, who commissioned the report and had been involved in conversations that aided that auditing process.

- As part of Grant Thornton's regulatory responsibility, it would be regulated by its internal control processes. These require any changes to be evidence-based and for there to be a record of the justification for any changes made. NSFT was not aware of any person at the Trust requesting that the report be rewritten, nor were they aware of any person at the Trust who had rewritten the report. It was also shared that the Trust had reached out to the Parliamentary and Health Services Ombudsman, who commented on the report as part of the BBC Newsnight investigation, to discuss their comments on the difference between the versions, but they had not had a response.

- Some members questioned the justification that supported the deletion of statements from the draft report. It was felt that the evidence presented in the final report supported the statements that were removed, this was particularly in relation to working culture. This was not something that could be commented on as no one from Grant Thornton was in attendance. It was suggested that NHOSC write to Grant Thornton to both express its concerns and seek information about the different versions of their report.

- Following a comment from NSFT that there were no changes to the recommendations between the draft report and the published final report, the committee heard that this was not the case and there was variation in the number of recommendations proposed. NSFT noted that this was a result of combining multiple recommendations into one and that the final report remained inclusive of all the recommendations noted in the draft.

- It was acknowledged that morale was low amongst staff and that there was hesitation to speak up and raise concerns. There were efforts to improve the working atmosphere and culture, and conversations with staff had shown that bullying, harassment, unfairness, inequality, and nepotism were identified as themes to be addressed. NSFT was honing in on these themes and practically tackling them although it admitted it would take time to do this. There has been the implementation of an independent freedom to speak up guardian service, contact with this guardian service has remained consistent and NSFT has recommissioned it with additional capacity. Whilst the rate of contact remained consistent, NSFT was reassured that it was being used and that confidence to report concerns was improving.

- The committee heard that overall retention figures were improving but that the rate of staff leaving after two years of employment had not improved. There was an over-recruitment to compensate for the loss of staff after two years. Clinical support workers and admin staff were noted as hard roles to retain.

- The committee requested information on the number of consultant vacancies and the number of consultant locums there are working for NSFT in proportion to locum to the anticipated full consultant complement. These figures were not available to hand but would be followed up on.

- Following a question from a member on whether the data as recorded can identify any adverse correlation with any treatment or medication pathway, it was noted that a written response from the Chief Medical Officer would be given.

- Members of the committee asked for reassurance that the recommendations from the report would be implemented and that it would not follow the same trajectory as recommendations made in 2016. In response, the committee heard that NSFT acknowledged that previous recommendations had either not been addressed or were not sustained and that concerns should have been listened to sooner. There was a commitment to addressing historic and current issues and for there to be an open and regular conversation.

- An action plan was being developed through co-production. The development of the plan would need to be a collaboration of partners and people who have lived experience. It was clarified that HOSC would not be involved in the production of the action plan but would continue to have oversight.

- It was generally felt that more work was needed to be done across the system to improve the treatment and discharge of patients with mental health illnesses, this would also include the offer that the voluntary sector could provide.

- The NSFT Board led the conversation around scrutiny, a member raised a question about whether the board has challenged the data correctly. In response to this, the committee heard that the focus of the board has not been where it needed to be and that training for the Board had been arranged to deepen understanding of mortality data. The independent guardian attends the public board meetings, and it was the ambition to invite other partners along.

- Following conversations about the potentiality of a Joint HOSC with Suffolk, some members shared their concerns that a joint meeting didn't feel relevant, and they questioned the value it would add.

7.8 The chair thanked all attendees for coming to the meeting and for their honesty. They noted that this was an opportunity to make a difference but understood that not all members had been reassured. There needed to be confidence that changes to the ways of working, and to the working culture, would make the difference needed. It was appreciated that this would be a process that would take time and required collaboration.

Summary of Actions:

- NSFT to provide information on the number of consultant vacancies and the number of consultant locums there are working for NSFT in proportion to locum to the anticipated full consultant complement.

- NSFT's Chief Medical Officer to provide a written report on whether the data as recorded can identify any adverse correlation with any treatment or medication pathway.

- NHOSC to consider writing to Grant Thornton to both express its concerns and seek information about the different versions of their report.

Cllr Kybird left the meeting at **12:35**

7.9 The committee took a vote on a joint HOSC meeting between Norfolk and Suffolk HOSCs to discuss the Mortality Recording and Reporting review. Following a show of hands, it was **agreed** that there **would not** be a joint HOSC meeting between Norfolk and Suffolk.

7.10 Cllr Boyle proposed, and was seconded by Cllr Devulapalli, the following recommendations:

1. NHOSC supports calls for a statutory public inquiry into in-patient and community mortality at NSFT.

2. Request that ICBs urgently (within one month) review the Mortality Review Action Plan with bereaved families and NSFT and co-produce revised actions.

3. NHOSC shares the concerns set out by the Parliamentary Health Service Ombudsman and rejects the assertion that changes to the Mortality Review were limited to 'factual accuracy'.

4. All co-production with bereaved families should be commissioned by and directly overseen by ICB due to the lack of HOSC, public and bereaved family confidence in NSFTs suitability or competence to undertake this work safely.

5. Write to the Secretary of State for Health to outline these actions and HOSCs dissatisfaction and ongoing safety concern.

Cllr Dark requested that there be discussion before a vote was taken and the chair agreed to this.

Cllr Aquarone proposed that they move to a vote, this was seconded by Cllr Corlett.

The committee took a vote on each recommendation individually without discussion. All recommendations were **carried**.

Cllr Devulapalli and Cllr Prinsley left the meeting at **12:55**

7.11 Cllr Dark proposed the following additional recommendations:

6. The recommendations agreed should not delay the work of the co-produced action plan.

7. NSFT will return to HOSC with an update in early 2024.

This was seconded by Cllr Corlett on the basis that votes would be taken on each recommendation separately,

Each recommendation was voted on separately. The committee **agreed** the recommendations.

**8. Forward Work Programme**

8.1 The Committee received a report from Peter Randall, Democratic Support and Scrutiny Manager, which set out the current forward work programme and briefing details. The Committee **agreed** the details for both briefings and future meetings.

Peter Randall shared with the committee that work on the Electronic Paper Recording will be part of the Digital Transformation item that was due to come to the committee in January 2024. They also informed members that in January 2024, there would be a forward work programme planning workshop, and there was also an offer of training.

A member suggested that a substantive item on speech and language therapy be added to the forward work programme.

**Fran Whymark Chair**
**Health and Overview Scrutiny Committee**

The meeting ended at **13:03**


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# Access to NHS Dentistry in Norfolk and Waveney

## Suggested approach

A report on progress regarding **integration of NHS dentistry services into Norfolk and Waveney ICB since 1 April 2023**

## 1.0 Purpose of today's meeting

1.1 Norfolk and Waveney ICB became responsible for NHS dental services in April 2023 following a delegation agreement with NHS England. The paper provided at **Appendix A** provides NHOSC members with an update on the provision of primary, community and secondary dental services across the ICB footprints, and the challenges and opportunities arising from delegation.

1.2 Members last received a formal update to committee at the meeting held in November 2022.

1.3 Representatives from the ICB will be in attendance to answer questions from the committee.

## 2.0 Background

### 2.1 Previous reports to NHOSC

2.1 In November 2022 NHOSC received a report from the commissioners NHS England and NHS Improvement (NHSE&I) providing an update on progress regarding access to dentistry across Norfolk and Waveney and practices in Norfolk and Waveney that were accepting patients. Members also received an update on the new NHS dental contract sites that were due to operate an 8am-8pm service 7 days a week. This was due to start in January 2023. The minutes and associated papers for this meeting can be found here.

2.2 ***Discussion at the meeting centred on:***

- The relationship between NHS England and Public Health, particularly with regards to preventative school and special needs commissioning. Current strategies were being developed at the time around alongside the ICB to engage with children and young people around oral health and prevention.
- Dental services for vulnerable residents such as those with mental health conditions or disabilities, and the success of the current referral model offered through high street dentists.

- Issues regarding urgent dental treatment, and frustrations expressed by residents around access through the 111 service.
- The planned 8am-8pm, 7 day a week operating schedule for 7 new dental contracts. These were originally due to commence operation in July 2022, but there had been delays and they were instead due to start in January 2023..
- Recruitment and retention of dentists particularly in relation to coastal and rural areas, the effects of Brexit and the Covid lockdown; the provision of a dental school in the region to address workforce issues and the work of Norfolk MPs t campaign for one; and NHS contracting, especially in terms of flexibility, to make NHS work more attractive for dentists in the private sector. Members also discussed proposals to broaden the remit of existing dental staff to ensure that member could be seen by a wider range of dental professionals.
- The readiness of the ICB to take on commissioning of dentistry services from April 2023, and the benefits of a more locally informed response.

2.3 Following discussion the committee agreed again to write to the Department of Health and Social Care (DHSC) about concerns regarding access to dentistry for Norfolk residents. The Chair also wrote to all Norfolk MPs seeking further support for a dental training school to be built in Norfolk. A reply to these letters was circulated to NHOSC Members and to the CEO of the Norfolk and Waveney ICB on the 31 July 2023.

2.4 The Chair would further write to the Director of Public Health to ask whether the funding would be prioritised for schools and special needs children and in addition seek opinion on the fluoridisation of the water supply.

## 3 National and local developments around dentistry since the last update to NHOSC in November 2022

3.1 ‘Fundamental reform of NHS dentistry needed to end a ‘crisis of access’’ – Report from the Parliamentary Health and Social Care Committee, published in July 2023.

3.2 Response from the University of East Anglia (UEA), partners and MPS from across Norfolk to the Government’s long term NHS Workforce Plan launched on the 30 June 2023. University and MPs join forces to welcome Government commitment to increasing dentistry provision

3.3 Plans for an NHS dental facility and training centre at the University of Suffolk were revealed in February 2023, along with the establishment of a NHS dental teaching clinic with 18,000 hours of NHS-only dental appointment.

3.4 Hundreds queued up in Kings Lynn when further NHS Dental places were made available at a high street dentist – May 2023.

3.5 Survey results released in October 2023 have shown that Norfolk's five-year-olds have the highest prevalence of dental decay in the East of England. Following this, the ICB have confirmed that dentists commissioned by the ICBs will visit schools to discuss dental hygiene.

3.6 South Norfolk MP Richard Bacon opened a discussion in parliament in May 2023, claiming that 'NHS Dentistry in the East of England at risk of collapse'.

3.7 In August 2023, Norfolk topped the list for the worst areas for dental care in the UK (video).

3.8 Hundreds of Norfolk residents have been forced to visit hospital with urgent dental issues due to shortage of NHS places.

## 4 Suggested approach

4.1 The committee may wish to discuss the following areas with ICB representatives:

- Explore the challenges faced by Norfolk and Waveney ICB since they became responsible for dental services in April 2023.
- Look at opportunities to improve dental services in Norfolk and Waveney with more locally informed commissioning. Are there opportunities to target services more effectively to vulnerable communities? Will access to rural dentistry improve? Is there an opportunity for greater innovation?
- Historically, NHS I&E have expressed difficulty in collating adequate data to properly inform local commissioning. Now that Norfolk and Waveney ICB are responsible for dental services, how is data collection likely to change, how will need be assessed, and how will this be integrated into commissioning structures and procedures?
- Request an update on accessing urgent dental treatment through the 111 service, and explore whether challenges previously discussed at NHOSC have been resolved.
- Request an update on extended opening hours contracts (8am-8pm, 7 days a week). Which of these sites are currently operating, and what has delivery looked like?
- Request further details regarding access to Special Care Dental Services (Community Dental Services).
- Revisit plans for a prevention strategy to reduce tooth decay and gum disease with particular emphasis on reducing sugar in the diet, plans to reach out to schools, and the fluoridation of drinking water.

## 5 Action

The committee may wish to consider whether to make comments or recommendations as a result of today's discussion.

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Norfolk and Waveney
Integrated Care Board

Agenda item: 6

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| **Subject:** | **Report on NHS Dental Services in Norfolk and Waveney** |
| **Presented by:** | **Sadie Parker, Director of Primary Care** |
| **Prepared by:** | **Fiona Theadom, Head of Primary Care Commissioning** |
| **Submitted to:** | **Norfolk County Council Health Overview and Scrutiny Committee** |
| **Date:** | **9 November 2023** |

**Purpose of paper:**

To inform Norfolk's Health Overview and Scrutiny Committee about the provision of NHS dental services in the Norfolk and Waveney ICB area.

**Executive Summary:**

The ICB became responsible for NHS dental services (primary, community and secondary care) under the Delegation Agreement with NHS England from 1 April 2023.

From early engagement with the Local Dental Committee and Local Dental Professional Network, the ICB committed to three priorities in February 2023 which are all in progress:

- to listen to the views of the dental profession through an open and honest discussion about the future of dental services in Norfolk and Waveney and how we can support them.
- to consider how we can retain our local dental workforce and allow them to develop their skills and expertise, offer opportunities for them to provide some services in a different way where possible, and also to encourage individuals to come and work in our area.
- to listen to our patients and their lived experience, and to ensure our local population has access to oral health prevention advice and dental treatment when needed.

These priorities helped inform our active engagement with the profession and key stakeholders and the formation of the ICB's Dental Development Group in April

2023. The Group brings together clinicians from across the profession in primary, secondary and community care along with other key stakeholders such as local authority Public Health and Healthwatch. The aim of the Group was to provide an informal forum to discuss the challenges and barriers for NHS dental services in Norfolk and Waveney and to identify solutions.

Discussions have led to the development of the ICB's short term plan for 2023/2024 approved by the ICB's Primary Care Commissioning Committee in September and is described in detail within this paper. The ICB has committed to publishing its long term dental strategy and commissioning plans as part of the wider primary care strategy by March 2024.

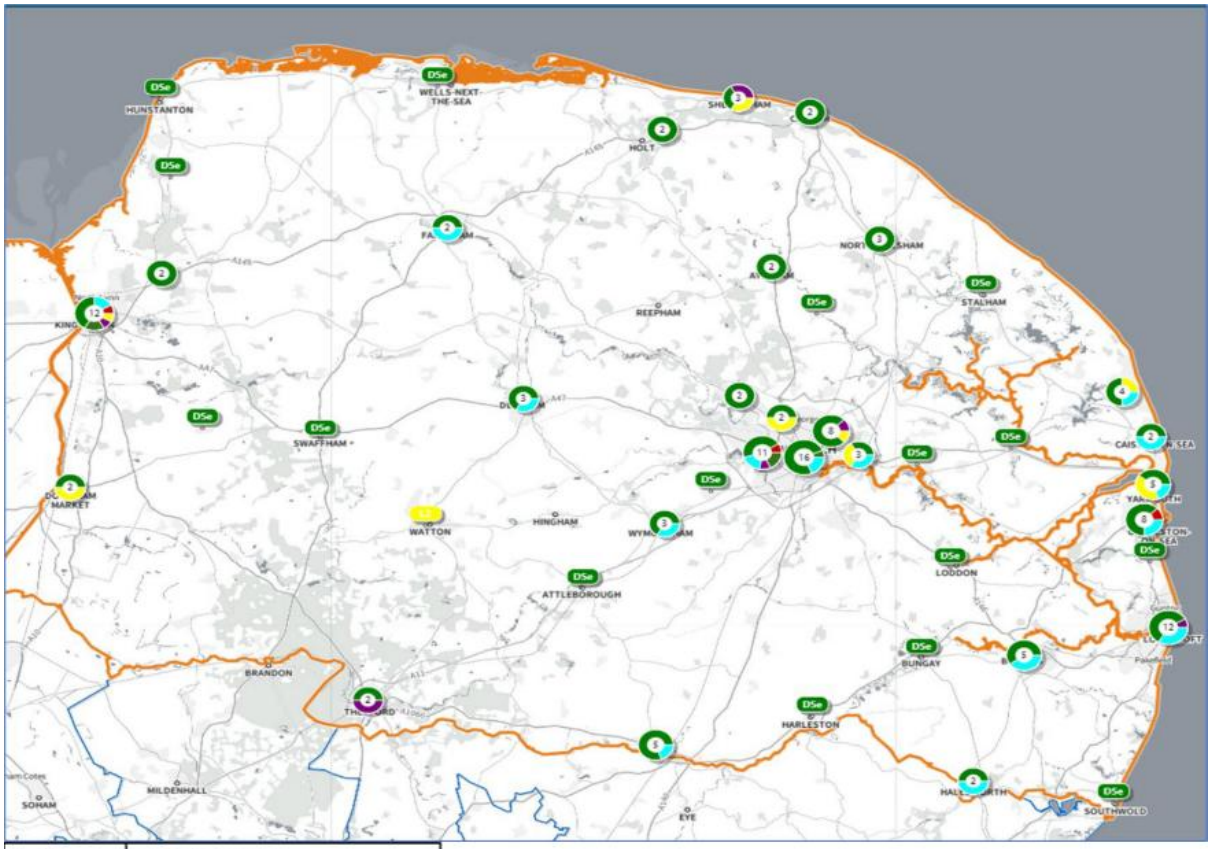
**Report**

The ICB became responsible for NHS dental services (primary, community and secondary care) under the Delegation Agreement with NHS England from 1 April 2023. Since April, the ICB has spent a significant amount of time engaging with the dental profession to fully understand the challenges facing the provision of NHS dental services and wider engagement with key stakeholders is being planned.

As a result of this engagement, the ICB's Primary Care Commissioning Committee has recently approved the ICB's short term plan for NHS dental services locally setting out interim initiatives whilst discussions take place to develop our long term plan which the ICB has committed to publishing by March 2024 as part of a wider primary care strategy.

An Oral Health Needs Assessment has been completed this year by NHS England's Consultant in Dental Public Health as part of the transition of responsibility to the ICB; it is currently being updated to reflect inclusion health groups.

The map below sets out the location of existing NHS dental contracts and services across Norfolk and Waveney.




| Code | Type of Service |
|---|---|
| DSe | General Dental Service |
| CDS | Community Dental Service Hub |
| Hos | Hospital |
| L2 | Level 2 Oral Surgery Provider |
| UTC | Urgent Treatment Centre |

Norfolk's Health Overview and Scrutiny Committee have asked the ICB to address a number of questions, these are set out below with the ICB's responses.

**What are the main challenges that N&WICB has identified that are affecting access to NHS dental services for residents of Norfolk and Waveney?**

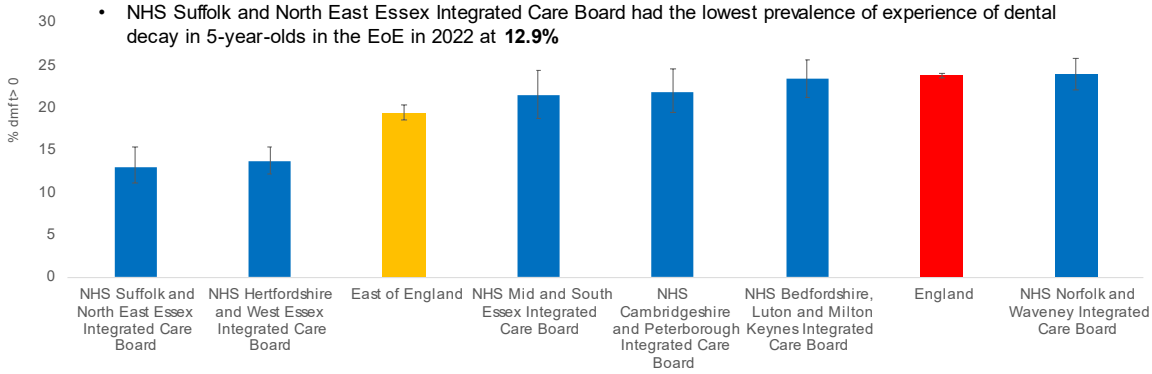
Addressing the multiple and complex challenges for NHS Dental Services in Norfolk and Waveney will have a direct influence on delivery of the ICB's ambitions and Joint Forward Plan priorities. It is important to note that there are no easy solutions and change will take time.

Some aspects are outside the control of the ICB such as dental contract reform and long-term workforce planning which are managed nationally, however the ICB has an opportunity to make a difference for our local population using flexible commissioning and in developing local workforce recruitment and retention initiatives.

According to the latest child health survey, NHS Norfolk and Waveney ICB had the highest prevalence of experience of dental decay in 5-year-olds in the EoE in 2022 at **23.8%**[1]

## Prevalence of experience of dental decay in 5 -year-olds in Integrated Care Boards across the East of England, 2022.

- NHS Norfolk and Waveney Integrated Care Board had the highest prevalence of experience of dental decay in 5 -year-olds in the EoE in 2022 at **23.8%**
- NHS Suffolk and North East Essex Integrated Care Board had the lowest prevalence of experience of dental decay in 5-year-olds in the EoE in 2022 at **12.9%**

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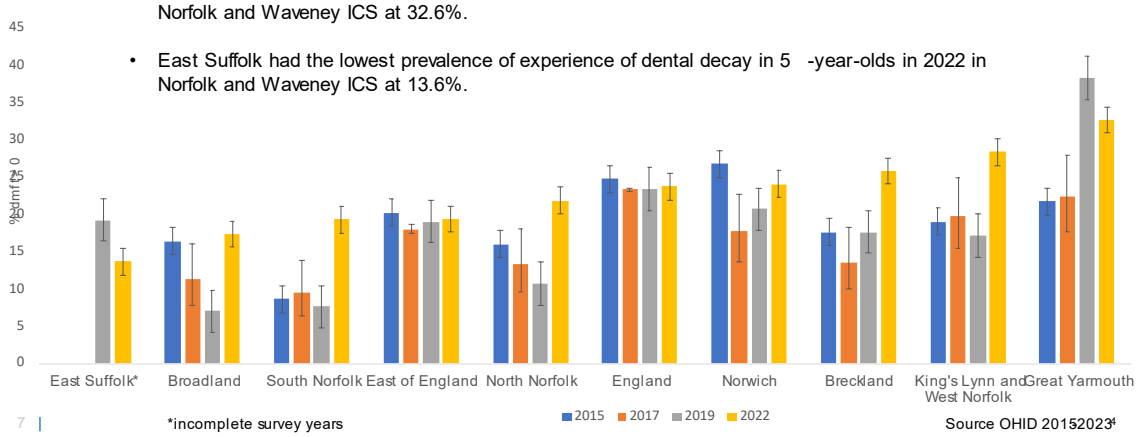
Source OHID 2023[5]

## Trend in prevalence of experience of dental decay in 5 -year-olds across lower tier local authorities in Norfolk and Waveney ICS, 2015, 2017, 2019 and 2022.

- Great Yarmouth had the highest prevalence of experience of dental decay in 5 -year-olds in 2022 in Norfolk and Waveney ICS at 32.6%.
- East Suffolk had the lowest prevalence of experience of dental decay in 5 -year-olds in 2022 in Norfolk and Waveney ICS at 13.6%.

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*incomplete survey years

Source OHID 20152023[4]

[1] The most recent survey of child dental health was published on the 23 March 2023 and was undertaken during the 2021 to 2022 school year. Each local authority commissions local dental providers to undertake the fieldwork according to a national protocol. A visual-only examination method is used to inform the d3mft (decayed, missing, filled teeth) index, presence and absence of plaque and oral sepsis (infection).

Following engagement with the dental profession which is a continuous process, the ICB identified the following drivers for change for dental services in Norfolk and Waveney which inform both the ICB's short term and long term plans.

The key challenges relate to a lack of access to NHS dental services for our local population and a lack of resilience and stability amongst our NHS dental providers due to significant barriers in being able to recruit and retain both dentists and dental care professionals in the local area. An inability to recruit clinicians has a direct impact on a practice's ability to accept new patients and to achieve their contracted activity.

- **Lack of access to NHS services**

Currently there are no NHS practices accepting new patients although occasionally a practice will open its list for a short period before closing due to significant demand.

There is very limited access to urgent treatment for individuals in pain which also has an impact on the dental workforce, particularly reception teams, who have to listen to individual patient's concerns and those in pain, leading to increased verbal abuse and unacceptable behaviour. This has also led to increasing pressure on system partners such as NHS 111, emergency departments and general practice.

There are also waiting lists for treatment in community dental services for some of our most vulnerable patients, in secondary care for oral surgery and for children's orthodontic treatment.

Access to Level 2 services for more complex treatment in oral surgery, endodontics (root canal treatment) and restorative care is also very limited with patients having to travel out of area for some treatments.

- **Limitations of the national dental contract for delivering primary care services**

The current dental contract is not widely supported by dental providers as they do not believe an activity-based approach supports them to deliver high quality NHS dental care to individuals. The contract reform announcement in 2022 (B1802_First-stage-of-dental-reform-letter_190722.pdf (england.nhs.uk)) has had mixed reception with some providers seeing a positive impact whilst others believe contract reform should go further.

Dental providers have an option to withdraw from providing NHS services whilst continuing to expand their private dental services. The ICB's Primary Care Team regularly speaks to dentists who are considering terminating their NHS contracts to encourage them to remain whilst the ICB develops its plans for the future, so there is a very small window of opportunity before more NHS provision is lost. However, the ICB has been unable to prevent the termination of 3 contracts this year in Norwich and North Norfolk. Funding from these contracts and those lost last year is available for reinvestment where most needed to improve patient access.

- **Workforce recruitment and retention challenges**

The ability to attract dentists and dental care professionals to Norfolk and Waveney is critical to achieving the ICB's priorities to improve both access for our local population and also resilience in our dental services.

A recent ICB survey identified low morale for some of the dental profession due to the pressures. The rates at which dental performers are paid is highly competitive and for local providers to attract new dentists to come to Norfolk and Waveney, local rates need to compete with other areas across England.

There is no dental school in East Anglia and therefore encouraging Foundation Dentists to remain in Norfolk and Waveney is a challenge. It should also be noted that a dental graduate can work privately without completing their Foundation training required for working as a dental performer in the NHS.

- **Dental contract finance**

The dental budget is ring fenced by NHS England for 2022/2023 however it is not yet confirmed whether this will continue beyond this financial year.

Practices which fail to achieve more than 96% of their contracted activity (this level was flexed to 90% for 2022/2023) face clawback up to 100%. Approximately a third of dental practices in Norfolk and Waveney achieved less than 35% of their activity in 2022/2023 and 67% less than the minimum contracted activity of 90% primarily due to recruitment difficulties. The year end reconciliation process takes place between June – September each year. For 2022/2023, this process was led by NHS England as lead commissioner for that year.

If access is lower than expected, the ICB does not receive the patient charge revenue collected by the provider necessary to balance its dental budget. The ICB's allocation is based on 2019/2020 at a time when access for patients was better than it is now. This is also applicable if the ICB focuses on improving access for children and young people and tackling health inequalities. A reduced patient charge revenue may impact the ICB's ability to invest to improve local access for patients.

The ICB has been advised that ICBs will retain any clawback for the financial year 2023/2024 and beyond which can be used for non-recurrent investment.

The ICB is able to rebase underperforming contracts in agreement with the provider if there has been year on year underperformance and to reinvest the monies released. For year end discussions for 2023/2024, the ICB will be able to take this decision unilaterally where there is year on year underperformance although Norfolk and Waveney's approach in the first instance is to be supportive to local providers.

It should be noted that, unlike for general practice, there is no national funding support or investment at ICB level for digital, estates and for ICB Training Hub responsibilities for dentistry.

- **Provider relationships with the ICB**

The Primary Care Commissioning team has made engagement with the local dental profession a key priority, taking every opportunity to respond to queries quickly and take action where needed, listen to their concerns and to hear their ideas about how the ICB can improve local service provision. This has been beneficial and we've been very grateful to have input from providers to help guide our priorities and develop our short and long term plans. This is helping to build positive relationships with local providers however the ICB has a short window of opportunity to make a difference reputationally or lose providers to private practice.

All of the challenges highlighted above are leading to poor oral health outcomes for adults and children and young people both now and in the future. These will lead to poor health outcomes for our local population and long-term health problems which may be more costly in the future. Health inequalities are likely to widen as a direct result. If not tackled, there will be an increasing shift of NHS practices towards private practice with contract terminations.

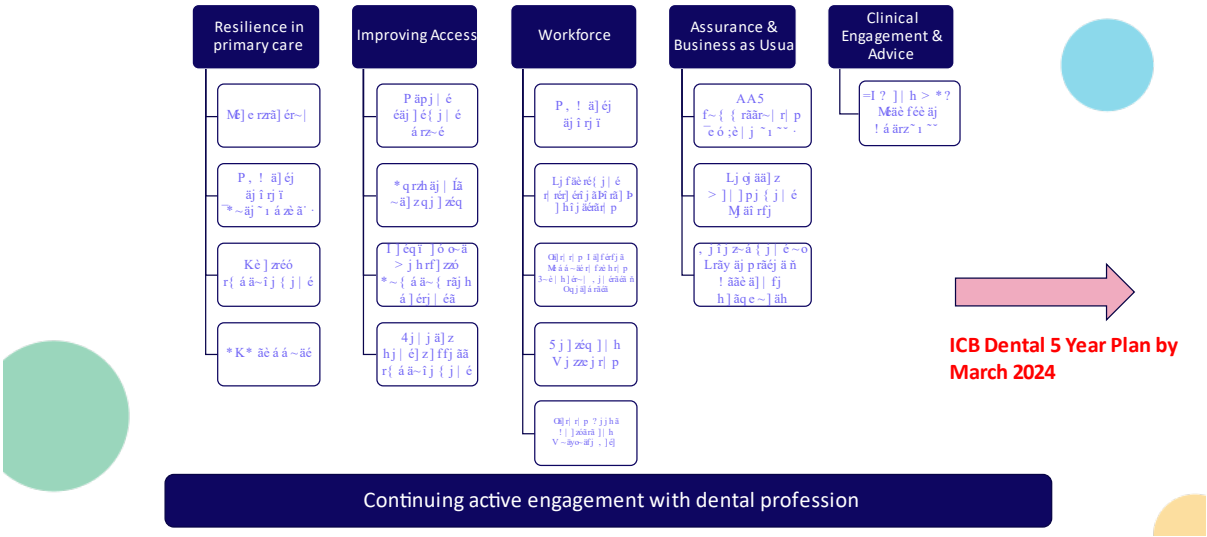
**How does the N&WICB plan to improve access to NHS dentistry for Norfolk and Waveney residents?**

In April, the ICB formed its Dental Development Group to bring together clinicians from across the profession in primary, secondary and community care along with other key stakeholders such as local authority Public Health, and Healthwatch representing the patient voice. The aim of the Group is to provide an informal forum to discuss the challenges and barriers for NHS dental services in Norfolk and Waveney and to identify solutions. Discussions have led to the development and approval of the ICB's short term dental plan (STDP) for 2023/2024. Information about the STDP is also available on the ICS website here.

The aim of the STDP has been to make quick investment decisions that can bring immediate benefits for our local population and help to build resilience across our dental services whilst also demonstrating the ICB's commitment to making a difference for our population and providers. The STDP does not seek to address the multiple challenges in Norfolk and Waveney but to give the ICB time to develop its five-year plan and dental strategy as part of the wider integrated primary care strategy which will aim to tackle some of these deep-rooted challenges.

There are five strands to the STDP, summarised in the slide below:

## Short term opportunities 2023/2024




In addition to commissioning an urgent treatment service pilot and interim children's oral health initiative (see details below), other workstreams were also identified within the STDP.

The ICB is developing a pathway for individuals needing complex medical surgery, for example, cardiac surgery and oncology treatment to enable individuals who have not seen a dentist recently to be seen in general dental practice to stabilise their oral health needs prior to surgery or cancer treatment and then for those patients who need additional support post treatment. A patient can be referred for Level 2 dental services if clinically necessary. If a patient's oral health is not stable when undergoing complex medical procedures such as cardiac surgery or cancer treatment, infection can lead to more complex healthcare problems and also significantly impact the patient's ability to recover. Working with local dental clinicians across primary and secondary care, a pathway proposal is expected by December 2023.

A pathway for post-operative dental treatment in these situations is also being developed which is potentially more complex and costly.

Plans will also be developed using the Oral Health Needs Assessment to identify areas of greatest need for improving general dental access and to replace activity lost through contract terminations. As part of this work, the ICB is reviewing schemes from other ICBs, for example, incentivising practices to accept new patients who have not seen a dentist for many years and have more complex oral health needs. It is proposed to develop these plans by early 2024 for implementation from April 2024.

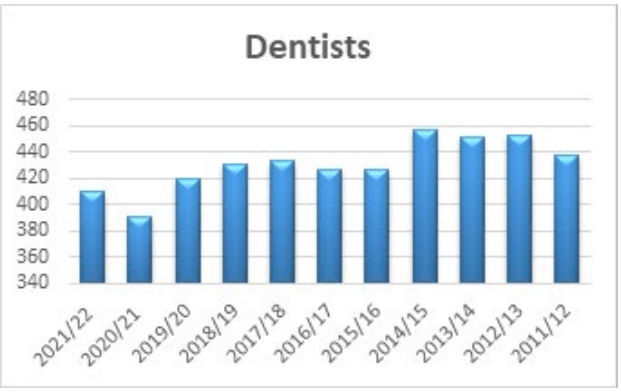
- **Workforce Position**

NHSE announced on the 27th September 2023 that a new bi-annual national dental workforce collection which will be in place from 1 October 2023. Completion is for all General Dental Services (GDS) contracts and Personal Dental Services (PDS) agreements in England, regardless of whether they are paid by the NHS Business Services Authority (NHSBSA). This data will provide us with:

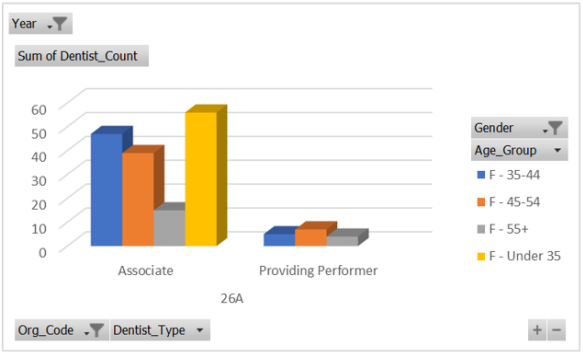
- Trends regarding retention and recruitment of staff;
- Vacancy rates; and
- NHS workforce available and NHS capacity

There is limited national dental workforce data now available to the ICB, the following tables, although very out of date, provide the latest information available (from 2021/22) and demonstrate how the number of dentists working in the NHS had deteriorated over the years. The number of dentists actually working in NHS dental services is very likely to have decreased further since 2021 with the shift we have seen towards private dentistry.

Importantly, we only have access to data on dentists and not the wider dental workforce. The primary care workforce team is working on obtaining data directly from practices, which is anticipated to be completed by Q3.

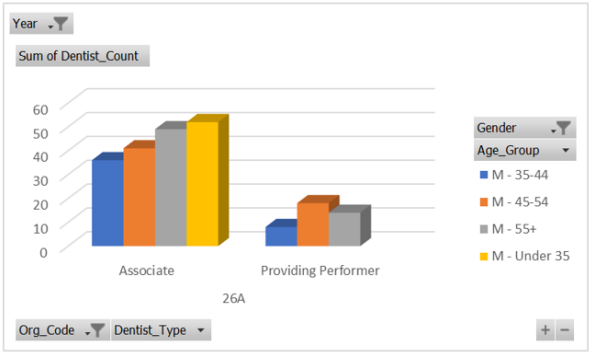



Further demographic analysis of the primary care dentist workforce in Norfolk and Waveney is shown below:




**Female Staff: 173 Headcount**

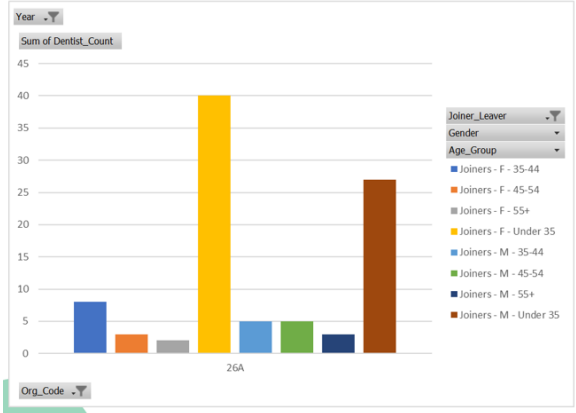
- 62% under the age of 44
- 11% over the age of 55




**Male Staff: 218 Headcount**

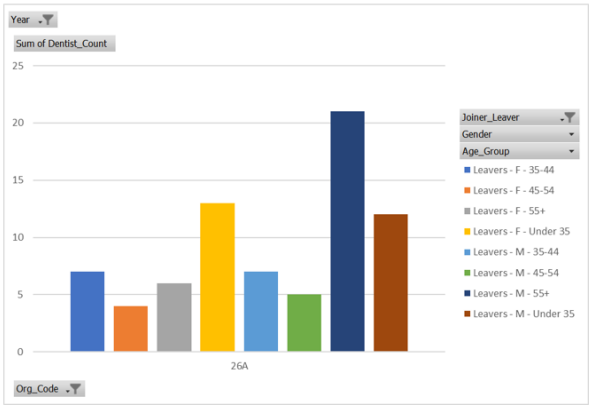
- 44% under the age of 44
- 29% over the age of 55

Leaves and joiners in primary care NHS dentists across Norfolk and Waveney is illustrated below:




**Joiners**

- Under the age of 35 years: Female 43% and Male 29%




**Leavers**

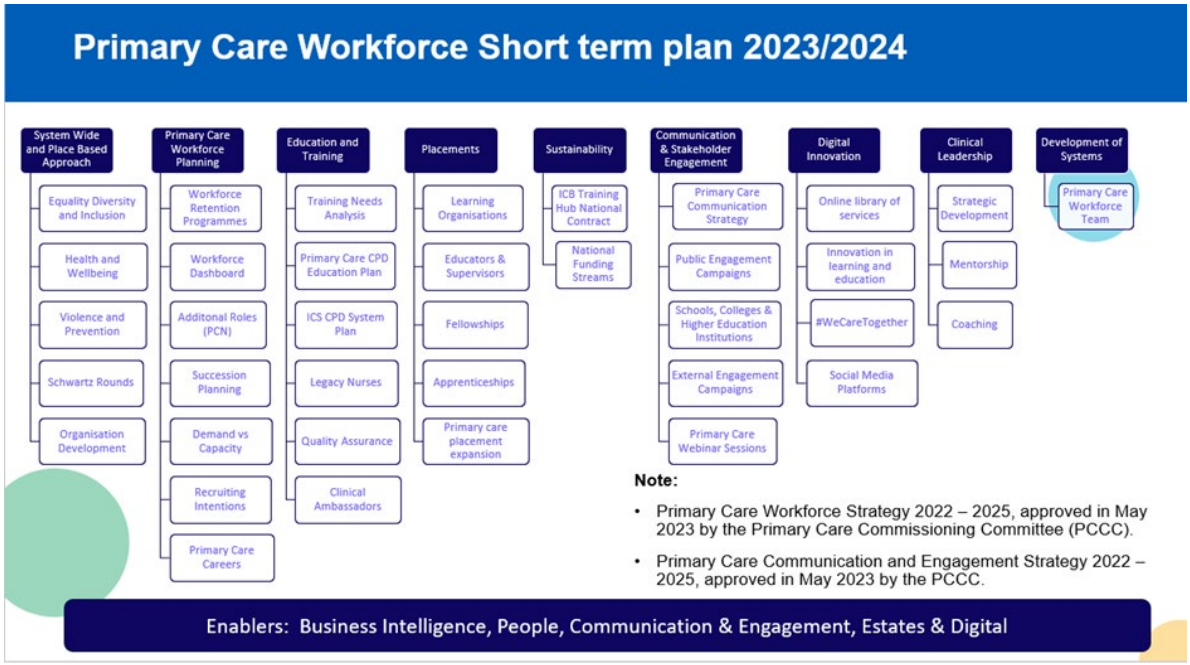
- Under the age of 35 years: Female 17% and Male 16%
- Over the age of 55 years: Female 8% and Male 28%

The Primary Care Workforce Team are working with our Business Intelligence Department to create a workforce dashboard which we hope will be finalised in Q4.

From early engagement with the Local Dental Committee, Local Dental Professional Network, NHS England Dental Dean and our Higher Education Institutes, the Primary Care Workforce Team have been committed to:

- listen to the views of the primary care dental profession through an open and honest discussion about the future of dental services in Norfolk and Waveney and how we can support them.
- conduct a training needs analysis to our primary care dental colleagues, to determine the workforce baseline, continuous, professional development (CPD requirements), workforce incentives and programmes and recruitment opportunities.
- carry out a health and wellbeing survey, which was to evaluate our primary care Health and Wellbeing (HWB) programme offering and to identify areas of improvement.
- to consider how we can retain our local primary care dental workforce and allow them to develop their skills and expertise, offer opportunities for them to provide some services in a different way where possible, and also to encourage individuals to come and work in our area.

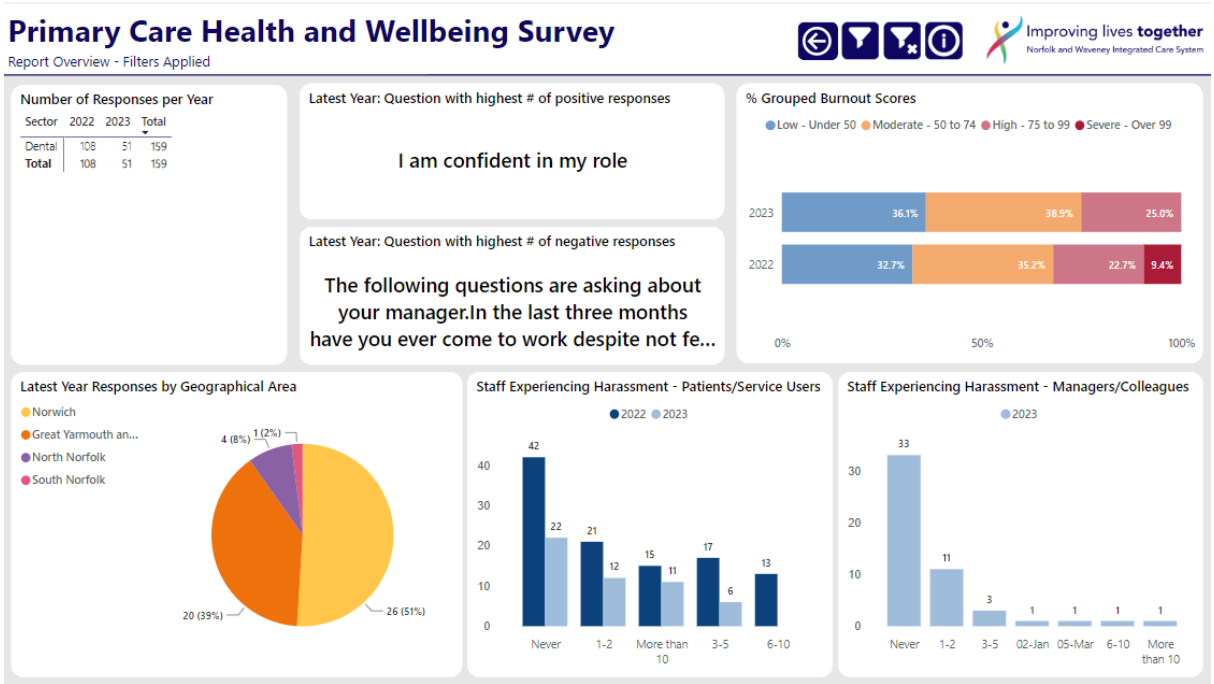
Below is an overview of all the primary care workforce programme pillars, which covers all the four sectors. A specific short-term dental workforce plan has recently been agreed by the ICB's Primary Care Commissioning Committee.




- **Workforce Health and Wellbeing**

During June 2023 a Primary Care health and wellbeing survey was issued to evaluate our Health and Wellbeing (HWB) offering and to identify areas of improvement.

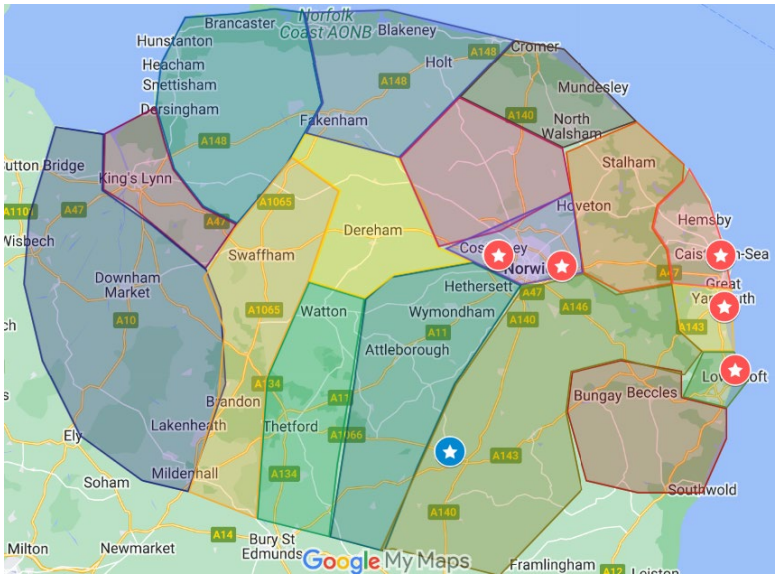
The below dashboard provided the analytical framework to illustrate that 25% of primary care colleagues are experience “High” levels of burnout, 244 incidents of patient harassment experienced have been recorded in 2023 and 70.8% of primary care staff feel exhausted at the end of the working day.



A HWB offering is being introduced across primary care to support workforce retention and to address the key themes emerging of burnout, harassment and stress.

- **Dental Foundation Training Practices**

There are 6 dental foundation training practices across Norfolk and Waveney, which is illustrated below:




It has previously been difficult to fill all places in Norfolk and Waveney and this year is no exception with only five of the six places taken up. Our Local Dental Committee Secretary has emphasized that having an attractive offer for Foundation Dentists after they qualify is vital, to both attract and retain them at the end of their training. Examples given include enabling the dentist to remain in their practice for a period of time (ie by providing additional UDAs) and commissioning level 2 services in the primary care setting.

The Norfolk and Waveney Primary Workforce Team are working closely with the NHSE Dental Dean to increase the number of Foundation Dental Training practices and supervisors across the system. As outlined in the NHS Long Term plan an increase of dental training placements target nationally has been set at 40%.

- **Quality Improvement and CQC support**

The ICB's Quality team has recruited a Dental Nurse to provide expertise and technical advice to the ICB and to dental service providers on quality matters. Support schemes for practices are being developed, including risk profiling, a dental practice visit programme and an updated Infection Control Toolkit. Discussions are also taking place with the ICB's Safeguarding team about how to support all primary care services.

In a similar way to the approach adopted for general practice, the ICB will be providing support to dental practices in advance of CQC inspections and where necessary, to provide improvement support following a poor inspection outcome. CQC have advised they have no current concerns around NHS dental services in Norfolk and Waveney however it should be noted that many have not been inspected for several years. Informal monthly meetings with CQC are being established to share information.

Quarterly meetings with the NHS Business Services Authority clinical quality team are already in place to review performance reports on individual services and providers and agree actions.

- **Clinical Engagement**

NHS England East of England agreed to fund the existing Local Professional Networks for pharmacy, optometry and dental services for 2023/2024; this includes funding for the dental Managed Clinical Networks and administrative support as well.

Clinical representatives from the network provide expert clinical advice to commissioners in support of the development of their commissioning intentions and clinical advisors are also employed to support the ICB's complaints function.

Norfolk and Waveney ICB staff across ICB directorates have relied heavily on the expertise and technical knowledge of the LPN and MCN chairs in developing both our short and long term plans, for clinical advice and guidance, and advice about workforce matters. Representatives sit on the ICB's Dental Development Group. This structure is being reviewed for April 2024 however the ICB is very keen to support the continuing existence of this structure (or similar) to provide ongoing expert advice and guidance to the ICB in the future.

The remaining workstreams in the STDP focus on managing business as usual commissioning decisions such as the Out of Hours service contract and Referral Management System and embedding assurance and risk management within the ICB framework.

The ICB has committed to publishing its long-term dental plan and strategy by March 2024. Work has already commenced with the different workstreams identified and the ICB's commissioning intentions are outlined in the published STDP. The aim is to have a working draft by December for sharing with key stakeholders for feedback. The Dental Development Group will help inform the development of these plans alongside an evidence-based approach using the ICB's Oral Health Needs Assessment updated this year alongside population health management tools.

The ICB has published its commissioning intentions for the next two years and beyond to encourage NHS providers to remain within the NHS and for patients and other key stakeholders to be aware of the ICB's plans for stabilising and improving NHS dental services. These are described below:

- To stabilise NHS dental services in Norfolk and Waveney and improve resilience

- Active engagement with the dental profession
- Improve access to NHS dental services for our local population through integrated working with our system partners and key stakeholders using evidence based upon our Oral Health Needs Assessment
- Commitment to reinvest dental monies in NHS dental services in Norfolk and Waveney and to optimise flexible commissioning opportunities
- Workforce recruitment and retention – make Norfolk and Waveney a great place to come and work
- Collaboration with East of England system partners to commission services where beneficial and more effective to commission jointly with other ICBs in the region
- Expansion of Level 2 services
- Upskilling, training and education for the whole dental team working with local higher education institutions and NHS England
- Delivering the outcomes and recommendations from the East of England Secondary Care Dental Steering Group
- Reduce waiting times for access to services and treatment
- Engagement with patients and members of the public
- Support NHS dental practices through Quality Improvement
- Health and Wellbeing of all staff working in NHS dental services

**What is N&WICB doing to improve emergency access to NHS dental services?**

The ICB has commissioned an urgent treatment service pilot for up to 18 months which will mobilise during October 2023 across 23 sites geographically spread across Norfolk and Waveney. Approximately 100 hours per week will be provided once all practices have mobilised services, equivalent to around 300 patients per week. The offer is still open to new providers who wish to become involved.

Patients will be able to access urgent treatment appointments by contacting NHS 111 where they will be triaged and referred to a dental practice where clinically appropriate.

The ICB is also aiming to pilot a scheme whereby NHS 111 can book appointments directly into practice booking systems for patients.

**What is N&WICB doing to improve access to NHS dental services for children?**

Securing children's oral health, prevention and treatment has been identified as a key priority as part of the ICB's long term plan for March 2024 as an investment in the future health and wellbeing of our children and young people. The ICB is working closely with the local authority public health teams in Norfolk and Waveney and other key stakeholders such as the Community Dental Service to develop these plans.

In the interim, the ICB has agreed to fund a short term initiative for 2023/2024 that recognises local providers already voluntarily undertaking children's oral health initiatives to continue to provide services, and potentially expand. It also encourages other practices with appropriately trained staff to consider how they can also improve children's oral health and provide treatment where clinically necessary for those identified as most at risk. The proposals also recognise the work that the five Child Focused Dental Practices who voluntarily took part in the East of England pilot last year are also incentivised to continue this financial year as it is clear that a similar role will play a key part of any local pathway for children and young people's oral health care and treatment in the future.

The ICB is offering funding for 2023/2024 to individual practices who can offer children's oral health prevention services in line with the national guidance and who have appropriately trained staff to provide this initiative. To be eligible for funding, individual practices must:

- offer one session (3 hours) per week of oral health education and prevention to children;
- employ suitably qualified oral health educators; and
- agree to see and treat individual children identified as most at risk for dental disease (in line with guidance set out here https://www.sdcep.org.uk/media/2zbkrdkg/sdcep-prevention-and-management-of-dental-caries-in-children-2nd-edition.pdf), and to set a recall interval ranging from 3 – 12 months in line with NICE guidelines. The provider will also be able to claim UDAs under their contract in the normal way.

The scheme will be closely monitored to inform long term commissioning plans.

Initiatives can include the following:

- Visits to schools, nurseries and early learning centres to encourage children to brush their teeth;
- Dedicated oral health education or screening sessions for children at the practice;
- Fluoride varnish application;
- Fissure sealant in high-risk children;
- Advice about sugary food and drinks; and
- Working with voluntary organisations around education and awareness

Providers have been asked to submit an Expression of Interest setting out their proposed scheme for approval by the ICB. Initially, the scheme is limited to a maximum of 30 practices. Expressions of interest have been received from 7 providers to date offering services from multiple sites and the offer remains open to other practices.

**How is N&WICB supporting dentists in deprived areas?**

Building resilience in primary and community care dental services will provide the foundations upon which to stabilise dental services in Norfolk and Waveney and is identified as a key priority within the ICB's Joint Forward Plan (2023 – 2028).

- **Units of Dental Activity value review**

Under the national dental contract, general dental practitioners are contracted to deliver a specific number of Units of Dental Activity (UDAs) each year.

There are four bands of treatment available under NHS dental service provision. For each band of treatment, the dentist claims a number of UDAs on completion of treatment, as shown below:

| | |
|---|---|
| Band 1 treatment | 1 UDA; |
| Band 2 treatment | 3 – 7 UDAs depending on treatment provided |
| Band 3 treatment | 12 UDAs |
| Urgent treatment | 1 UDA |

The overall contract "UDA value" is calculated by dividing the annual contract value by the annual contracted activity. Individual dental performers are generally paid around 50% of the practice UDA value for the NHS activity they deliver each year. In many areas outside of Norfolk and Waveney, the rate of pay to dental performers can be higher because UDA rates are higher. For historical reasons there is a wide range of UDA rates locally.

Engagement with local dental providers over the past few months have identified an important change they feel could make a difference to dentist recruitment and that is to increase UDA values to allow local practices to compete with other areas across England able to offer higher rates to dentists.

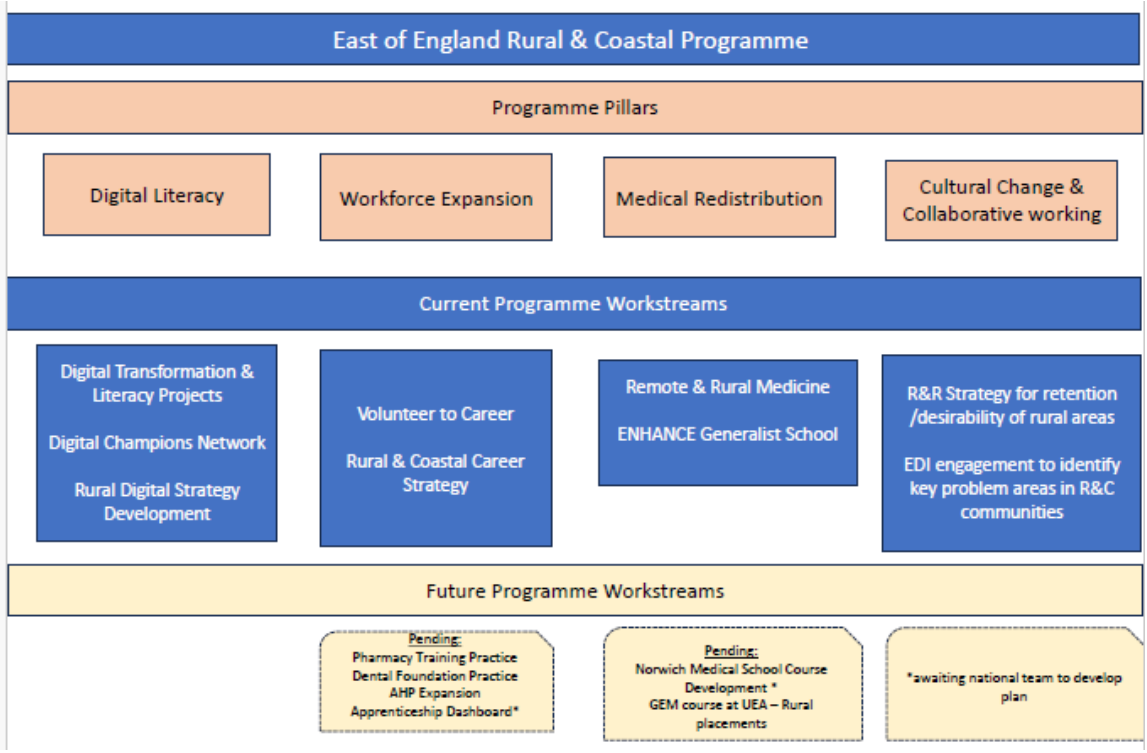
To support recruitment, the ICB is therefore proposing to carry out a targeted UDA value review in the Autumn to increase UDA values in key areas identified through mapping underperformance, UDA values and gaps in access identified by the Oral Health Needs Assessment.

Whilst the UDA rate is not the only factor influencing workforce recruitment, it is an important factor. Carrying out a targeted UDA value review to increase UDA values using Core20plus5 principles and local population health management aimed at tackling inequalities may encourage dentists to consider working in Norfolk and Waveney and improve access where it is needed.

- **EoE Rural and Coastal (R&C) Programme**

Norfolk and Waveney ICB are working in partnership with Suffolk and North East Essex (SNEE) ICB. The R&C programme, illustrated below, covers geographic areas of Great Yarmouth, Kings Lynn and Tendring Place (SNEE) as defined by the

national team.  This programme has integrated with Digital Literacy, Workforce Expansion, Medical Redistribution & Cultural Change workstreams, enabling the delivery of small-scale pilots as well as ensuring R&C specific challenges are considered in detail across system wide programmes. The programme will implement the Volunteer to Career in Primary Care, ENHANCE Generalist School, R&C Careers Strategy alongside small scale pilots aligned to each priority throughout the pilot sites.




**What is the process for dentists who wish to obtain an NHS dental contract?**

The ICB is committed to working with local providers to improve resilience and to encourage our local dental profession to remain within the NHS as new services are commissioned and plans for improving access are developed, particularly using a flexible commissioning approach.

The ICB must have regard to national procurement regulations when commissioning new services however where opportunities exist to invite existing local providers to bid, the ICB will prioritise this way of developing our NHS services and any new dental services.  Changes emerging from the new Provider Selection Regime expected to be published later this year are also likely to support local commissioning intentions.

Our commitment to working with local dental providers has been demonstrated through commissioning of the urgent treatment pilot and children's oral health initiative.

The ICB has also agreed a framework to inform decision making for commissioning of primary care services that supports a local collaborative approach and which prioritises partnership working and negotiation with local system partners to create sustainable solutions that offer good quality, safe healthcare for patients and increase the resilience and stability of general practice. The framework also aims to support delivery of the ICS priority to strengthen primary care. Whilst initially focused on general practice, our intention is to extend this across all primary care services.

**What is N&WICB doing to make it easier for dentists to obtain NHS contracts/open new dental practices?**

As indicated above, the ICB is committed to working with local providers to improve resilience and to encourage our local dental profession to remain within the NHS.

The ICB must have regard to national procurement regulations when commissioning services or the expansion of existing services however where opportunities exist the ICB aims to encourage the expansion of local provider services first and foremost where possible. Our intention is to use a flexible commissioning approach wherever possible in line with the recent NHS England guidance published in October 2023 (NHS England » Opportunities for flexible commissioning in primary care dentistry: A framework for commissioners) and local policy when commissioning new services or in expanding existing provision.

**An update on plans for a dental school/development centre?**

We are working closely with all of our local universities and colleges and NHS England's Workforce, Training and Education team to see what opportunities there are to grow our own dental care professional workforce and to support upskilling and professional development for the whole dental team.

Establishment of a dentist school is outside the remit of the ICB and subject to a national decision however plans would be supported by the ICB.

**How has locally informed commissioning evolved since N&WICB took responsibility for dentistry?**

Our vision is to ensure all our primary care services are delivered in a way that is sustainable, prioritising transformation of services locally, to provide care that meets the needs of our population.

Through working in partnerships with other health and care providers, we will design integrated pathways of care, that focus not only on a patient's health needs, but also

their socio-economic needs, to provide more holistic and joined up care across all partners, focussing on patients only having to tell their story once.

We aspire to make it easier for people to access our services, addressing variation in access to services across the system, to enable people to lead happy and healthier lives.

Our vision will be supported by a population health management approach to proactively use our data in a joined-up way to put in place targeted support to deliver improvements in health and wellbeing. We will use and analyse our data from the local Oral Health Needs Assessment to support localised decision making and planning.

This proactive approach will be focussed on prevention, reducing inequalities, delivering equitable access, excellent experience and optimal outcomes, improving the quality of care for all people and communities living in Norfolk and Waveney. It will also be driven by our knowledge of local communities, and by partners working together to identify new solutions that can really help to improve health.

Our decision making will be driven by the needs of local communities, and interventions designed to support them, working with our partners from across the ICS to plan new services or models of care in an integrated way.

Building resilience in local dental services is included within the ICB's Joint Forward Plan for 2023 (improvinglivesnw.org.uk/). Ambition 2 states that one of our primary objectives is to stabilise dental services through increasing dental capacity short term and setting a strategic direction for the next five years.

To help achieve this, the ICB is committed to working with the local profession and to use all opportunities for flexible commissioning alongside the national dental contract to support workforce recruitment and retention initiatives and to improve access to services for our local population. NHS England has recently published guidance which generally supports this approach, Details can be found here: NHS England » Opportunities for flexible commissioning in primary care dentistry: A framework for commissioners.

We're using every opportunity to engage and listen to the local dental profession and other key stakeholders, including Healthwatch and local authorities, to understand the barriers and challenges in providing NHS dental services.

Where it is appropriate and beneficial to do, we also work closely with ICBs across the East of England region, for example, when commissioning Level 2 services and secondary care services. We are keen to share learning and use best practice that is working in other ICB areas and importantly to work with local ICS stakeholders, voluntary organisations and local communities.

# Patient Pathway: Palliative and End of Life Care (PEOLC)

## Covering report

A report on Palliative and End of Life Care (PEOLC) provided by Norfolk and Waveney ICB.

## 1.0 Purpose of today's meeting

1.1 This paper provides members with the opportunity to examine levels of specialist and generalist palliative and end of life care commissioned and provided for both adults and children and young people.

1.2 The report provided at **Appendix A** provides members with a broad update, as well as answers to the following scoping questions and requested information:

1. What specialist palliative care services are provided at each of Norfolk's three main hospitals (NNUH, JPUH and QEH)?
2. What specialist palliative care community services are available?
3. What data is available on the number of specialist palliative care beds now considered necessary to meet the need of the population?
4. What is the current number of specialist palliative care beds in all settings?
5. What data is available on people who die in various settings (e.g. at home, in hospital, in hospice or other settings)?
6. Update on the End-of-Life Care Strategy for Adults 2019-2024?
7. Overview and update on ReSPECT
8. What support is available for families and carers?
9. What access do people who wish to die at home have to specialist equipment?
10. How does N&WICB work with partner organisations to ensure there is a joined-up approach to palliative care?
11. Are there any workforce issues in terms of recruiting/retaining specialist palliative care consultants/doctors/nursers/other healthcare professionals?

1.3 This report represents the final scheduled item of the NHOSCs Patient Pathway focused work program. So far, NHOSC has received updates on:

| | |
|---|---|
| March 2023 | East of England Ambulance Service |
| May 2023 | General Practice/Pharmacy Services |
| July 2023 | Outpatient Services |

| | |
|---|---|
| September 2023 | A&E/Inpatient Services |

1.4 Following this session, a report will be brought NHOSC in early 2024 outlining key findings, and inviting the committee to put forward recommendations.

1.5 Representatives from the ICB will be in attendance to answer questions from the committee.

## 2.0 Background

### 2.1 Previous reports to NHOSC

2.1 The NHOSC has previously looked at Palliative and End of Life Care across Norfolk and Waveney on a number of occasions, but not since October 2018. The reports and minutes for this meeting can be found here.

2.2 Discussions at this meeting centred around:

- Strategic and systemic issues, particularly geographic disparities in service delivery. It was identified by commissioners that there was a significant variation at the time in terms of in-patient facilities, with Great Yarmouth and Waveney in particular having no beds available for patients.
- The configuration of palliative and end of life care varied significantly from locality to locality. Priscilla Bacon Lodge in Norwich provided 16 specialist NHS in-patient beds for those patients who required focused care. Tapping House, in King's Lynn, provided up to seven NHS beds and NHS beds were also available at St Elizabeth Hospice and St Nicholas Hospice in Suffolk, and in acute hospitals for patients who needed end of life care under the supervision of clinicians.
- In all areas, apart from Great Yarmouth and Waveney, a hospice at home team was in place, offering the care of a hospice but in the community.
- In reply to questions, the speakers said that they recognised that access to end-of-life care outside of normal working hours was a strategic issue of significant concern. People with complex needs, such as cancer, depended heavily on out of hours services to provide advice, treatment and support to manage medical, emotional and practical problems as they emerged.
- It was acknowledged at the time that the current model of service delivery was unsustainable, and that an out of hours service was in development, as well as a new commissioning model for Great Yarmouth and Waveney.
- Specialist palliative and end of life care. This was provided by multi-disciplinary teams and that members of these teams had undergone recognised specialist palliative care training. The aim of this training included providing patients with physical, psychological, social and spiritual support.
- Shortages in hospice provision, particularly the lack of patient choice and the commissioning of alternative potential arrangements, including

end of life care in the community rather than a traditional hospice setting.
- Learning from families, and the use of sensitive and appropriate language to engage with carers and loved ones.

2.3 **Further reading:**

NICE (National Institute for Health and Care Excellend) guidelines – guidance provided for health and social care commissioners, providers and healthcare professionals in both acute and hospice settings. These guidelines represent best practise with regards to the planning, commissioning and provision of palliative and end of life care.

- End of life care for adults: service delivery
- End of life care for infants, children and young people with life-limiting conditions: planning and management.
- Care of dying adults in the last days of life

## 3 Suggested approach

3.1 The committee may wish to discuss the following areas with ICB representatives:

- How do Norfolk and Waveney ICB work with neighbouring ICBs to ensure effective coverage, and that patients are placed in the most appropriate environment.
- Access to hospice care, and developments since 2019 with regards to patient choice.
- Improvements with regards to learning from families and patients.
- How do Norfolk and Waveney ICB work with partners such as NSFT to ensure that effective training for Palliative and End of Life Care Professionals is delivered and maintained? What support is made available to families and carers, particularly with relation to those with relatives suffering from dementia.
- How have systemic and strategic disparities with regards to locality areas improved since 2019? What has been done to address poor provision of inpatient beds in Great Yarmouth and Waveney?

## 4 Action

4.1 The committee may wish to consider whether to make comments or recommendations as a result of today's discussion.

| | |
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# Palliative and End of Life Care (PEOLC) – Update

Commissioning of palliative and end of life (PEoLC) services across Norfolk and Waveney are overseen by two separate teams at NHS Norfolk and Waveney Integrated Care Board (ICB); for children and young people (CYP) and for adults. More recently, NHS England has produced PEOLC policy and resources based on an **all ages** approach. For the first time, therefore, this report contains updates regarding both CYP and adults palliative care services. Additional information regarding the CYP PEoLC provision is included in appendix 1. In answer to the questions received, we have provided age-specific updates relevant for all individuals accessing services.

## Q1. What specialist palliative care services are provided at each of Norfolk's three main hospitals (NNUH, JPUH and QEH)?

### Adults

**The Queen Elizabeth Hospital Kings Lynn NHS Foundation Trust (QEH)**
There is a 5-day weekday service supporting acute areas with both general and specialist palliative care including symptom management, advance care planning, discharge planning, psychological support (via Clinical Nurse Specialist or Clinical Psychology), staff education, and spiritual support from the Chaplaincy Service. The QEH patients can access the Family and Carer Support Service delivered by Norfolk Hospice, Tapping House which incorporates social workers, chaplaincy and a psychotherapeutic counsellor. The team works with both pre bereaved and bereaved families and carers.

**Norfolk and Norwich University Hospitals NHS Foundation Trust (NNUH)**
There is a 7-day face to face liaison service for hospital inpatients. There is a 5-day weekday outpatient service which includes nurse led breathlessness clinics alongside specialist symptom management by palliative care consultants including dedicated pathways for liver disease, renal disease, MND and heart failure. The Specialist Palliative Care (SPC) team consists of medical colleagues, nurses, a discharge co-ordinator, occupational therapist, social worker, educator, administrative team who work alongside colleagues across the hospital. The team also participates in the Pan Norfolk out of hours rota for palliative care advice.

**James Paget University Hospitals NHS Foundation Trust (JPUH)**The SPC team consists of seven specialist nurses, along with medical 'in reach' delivered by the St Elizabeth hospice team. The team offers supports for all inpatients with a life limiting or progressive condition along with their families and/or carers. Counselling is also offered to patients seen by the consultant medical team. The St Elizabeth team provides line management, support and clinical supervision to the hospital team. From September 2023 the SPC nursing team has extended to provide a 7-day service. There is also a weekly outpatient clinic and a Community Care Unit (described more fully below) at Louise Hamilton Centre providing medical, nursing, AHP and counselling support.

### CYP

There is no Norfolk specific paediatric Specialist Palliative Care Service provided by the three local hospitals. However, there is a Regional Advice and Facilitation Team (RAaFT) which is a specialist tertiary Childrens Palliative Care Service based at Addenbrookes University Hospital covering the East of England.

Specialist symptom management support and palliative care services are provided by the local children's hospice which is part of East Anglia's Children's Hospices (EACH). This a charitable organisation in receipt of a significant financial contribution from NHS Norfolk and Waveney ICB.

This funding includes individual care agreements and a contribution towards a wider suite of services, including respite, for children and families.

**Q 2. What specialist palliative care community services are available?**
**Adults**

**Central and West Norfolk**
The community SPC service, delivered by Norfolk Community Health and Care NHS Trust (NCHC), has a team of specialist nurses with integrated specialist medical and psychological services teams to support patients with more complex physical/psychological symptoms which are felt to be beyond the scope of community nursing teams and primary care colleagues. The teams work with the wider multidisciplinary teams basing themselves at community nursing hubs and attending GSF meetings to give advice, support and joined-up care within each PLACE.

The Specialist Palliative care service also supports a 24/7 advice line for professionals and carers. For more ambulatory patients, there is a Day Unit based at the new PBL site, where there are weekly therapy-led breathlessness, exercise and relaxation groups, along with a medical outpatient clinic and a nurse-led blood transfusion and IV infusion service.

**Great Yarmouth and Waveney**
Palliative care services for people in Great Yarmouth and Waveney are delivered by East Coast Community Healthcare (ECCH) in partnership with St Elizabeth Hospice. A SPC community nursing service operates a 7-day weekday service (visiting service Mon-Fri with telephone support over weekends). Assessments undertaken by this team include symptom/medication issues, advance care planning/ReSPECT conversations, psychological support consideration of care needs, and planning for end-of-life care in the patient's preferred place. Medical staff will also conduct home visits, or support via phone or video consultation.

St Elizabeth Hospice also provides access to a 24-hour specialist palliative care advice line, OneCall, for patients, relatives, and healthcare professionals. This is staffed by senior registered nurses, with the support of the medical and therapy team if required, and aims to provide easy and rapid access to specialist support. If the issues cannot be satisfactorily addressed within the phone call, a domiciliary visit can be arranged. St Elizabeth Hospice also offers Community Care Unit support (formerly day care service) which aims to support patients with symptom control, improving access to professionals and offer social integration. Locations for the Community Care Units are Beccles Hospital, Louise Hamilton Centre and Martham Medical Centre. These are provided by, nurses, CNSs, AHPs, counsellors, doctors and consultants.

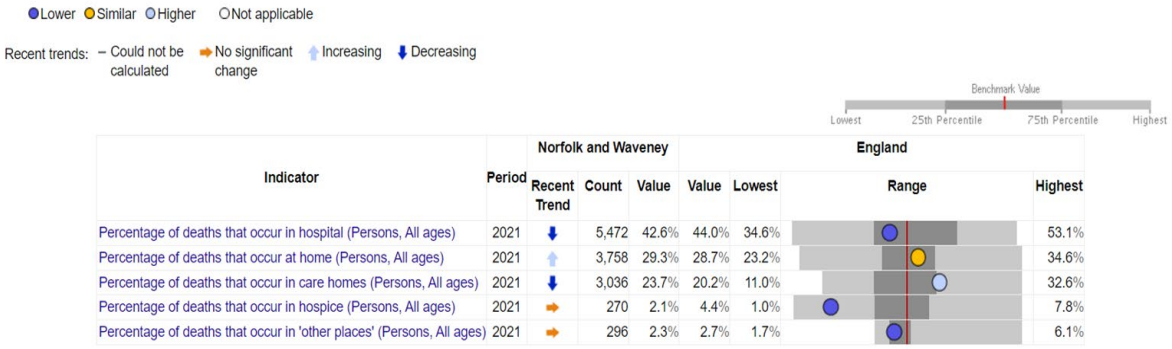
The specialist community palliative care services provided by EACH are supported by the Children's Community Nursing Teams in both the East and West of the county. In Central Norfolk, there is limited provision, but the ICB has agreed one-year non-recurrent funding for a Palliative Care Link Nurse to work with the hospice as a test of concept initiative. This post is currently being recruited.

**Q3. Data on the number of specialist palliative care beds now considered necessary to meet the need of the population.**
**Adults**
The Norfolk and Waveney STP Palliative and End of Life Care Strategy for Adults (2019-2024) reported a shortfall in specialist palliative care beds across the system. It summarised the situation at the time as '*According to Commissioning Guidance 2012, in Norfolk and Waveney between 77-97 Specialist Palliative Care (SPC) beds are recommended for the population whilst only 30 are available for the system. Therefore there is a 62% shortfall of palliative care beds and when these figures were set they were set for cancer patients only. It is expected that all palliative and end of life patients with all conditions will be treated within these beds. However, it is*

*important to remember that nationally only around 6% of people benefit from Specialist Palliative Care, so we must coordinate care between NHS, social care workforce, VCSE and family support networks if we wish to tackle demand*'.

However, since this projection in 2012 and the related figures developed for Norfolk and Waveney, there has been a recognition that specialist palliative care beds might not be the most effective way to deliver care, with a greater focus on support from community-based teams and out of hours response services. Yet despite this, the data does illustrate that only around 2% of people in Norfolk and Waveney die in a hospice, compared to the national average of around 5%. This might suggest that people in Norfolk and Waveney have less choice regarding their preferred place of death and are less able to access specialist palliative care beds at the end of life when compared to other areas of the country (see figure 1).

There remains an aspiration in the community to see an improvement in the number of hospice beds available north of Lowestoft, and an independent feasibility study is currently being carried out to assess the viability of a sustainable, collaborative use of a site in Hopton following the merger of East Coast Hospice and St Elizabeth Hospice in March 2023.




| Indicator | Period | Norfolk and Waveney | | | England | | | |
|---|---|---|---|---|---|---|---|---|
| | | Recent Trend | Count | Value | Value | Lowest | Range | Highest |
| Percentage of deaths that occur in hospital (Persons, All ages) | 2021 | ↓ | 5,472 | 42.6% | 44.0% | 34.6% | | 53.1% |
| Percentage of deaths that occur at home (Persons, All ages) | 2021 | ↑ | 3,758 | 29.3% | 28.7% | 23.2% | | 34.6% |
| Percentage of deaths that occur in care homes (Persons, All ages) | 2021 | ↓ | 3,036 | 23.7% | 20.2% | 11.0% | | 32.6% |
| Percentage of deaths that occur in hospice (Persons, All ages) | 2021 | → | 270 | 2.1% | 4.4% | 1.0% | | 7.8% |
| Percentage of deaths that occur in 'other places' (Persons, All ages) | 2021 | → | 296 | 2.3% | 2.7% | 1.7% | | 6.1% |

Figure 1: Place of death, Norfolk & Waveney (2021)

Palliative and End of Life Care Profiles - Data - OHID (phe.org.uk)

Given the geography and rurality of Norfolk, the provision of SPC beds needs to be considered in terms of accessibility, recognising the significant travel that can be involved. There have been significant innovations across Norfolk and Waveney in recent years to address some of these challenges. In 2021, during the Covid-19 pandemic, a palliative care virtual ward was established at the NNUH. This encompassed a clinical team that mirrored that of a 'normal' ward with patients being under the care of a named Palliative Care Consultant. Support was given by the virtual ward team with specialist advice from the specialist palliative care consultant team. Patients received 24/7 monitoring and had access to a nursing team. Additionally, patients had access to a same day pharmacy with courier service, along with physiotherapy and a daily medical review. Qualitative service evaluation was unanimously positive and there were no adverse events of readmission. Approximately nine specialist palliative bed days were saved per patient with complex palliative care needs.

A further significant positive development is new purpose built and state of the art Priscilla Bacon Hospice, situated adjacent to the Norfolk and Norwich Hospital on the Norwich Research Park. Following a fundraising campaign by Priscilla Bacon Hospice Charity which secured over £15m, this will provide exceptional facilities for patients and their families. The first patients were admitted in September 2023, and the new hospice building offer 16 specialist palliative care beds, alongside eight additional bed spaces which can be used flexibly to accommodate the demands

of the system; potential uses include nurse-led end of life beds, short stay assessment beds additional specialist bed capacity as required.

**CYP**

Both EACH and the NHS strive to deliver care for children and young people in their place of choice for end-of-life care, which might be the hospital, at home or at the hospice.

**Q4. Number of current specialist palliative care beds in all settings**

**Adults**

In total there are 22 specialist palliative care beds and 8 enhanced palliative care beds commissioned across Norfolk Waveney (16 in central, 6 in Waveney at Beccles hospital and 8 in the West). It should be noted that there are currently no specialist palliative care beds in West Norfolk. As discussed above, there is a recognised need for specialist beds within the Great Yarmouth locality, where there is an anticipated high level of complexity to admissions due to the known social deprivation within the area.

**CYP**

There are six beds at the children's hospice and no specialist children's palliative care beds within the acute hospitals. Wherever possible, care is delivered at the children and young people's place of choice.

**Q5. Figures for people who die in various settings (e.g. at home, in hospital, in hospice or other settings).**

**Adults**

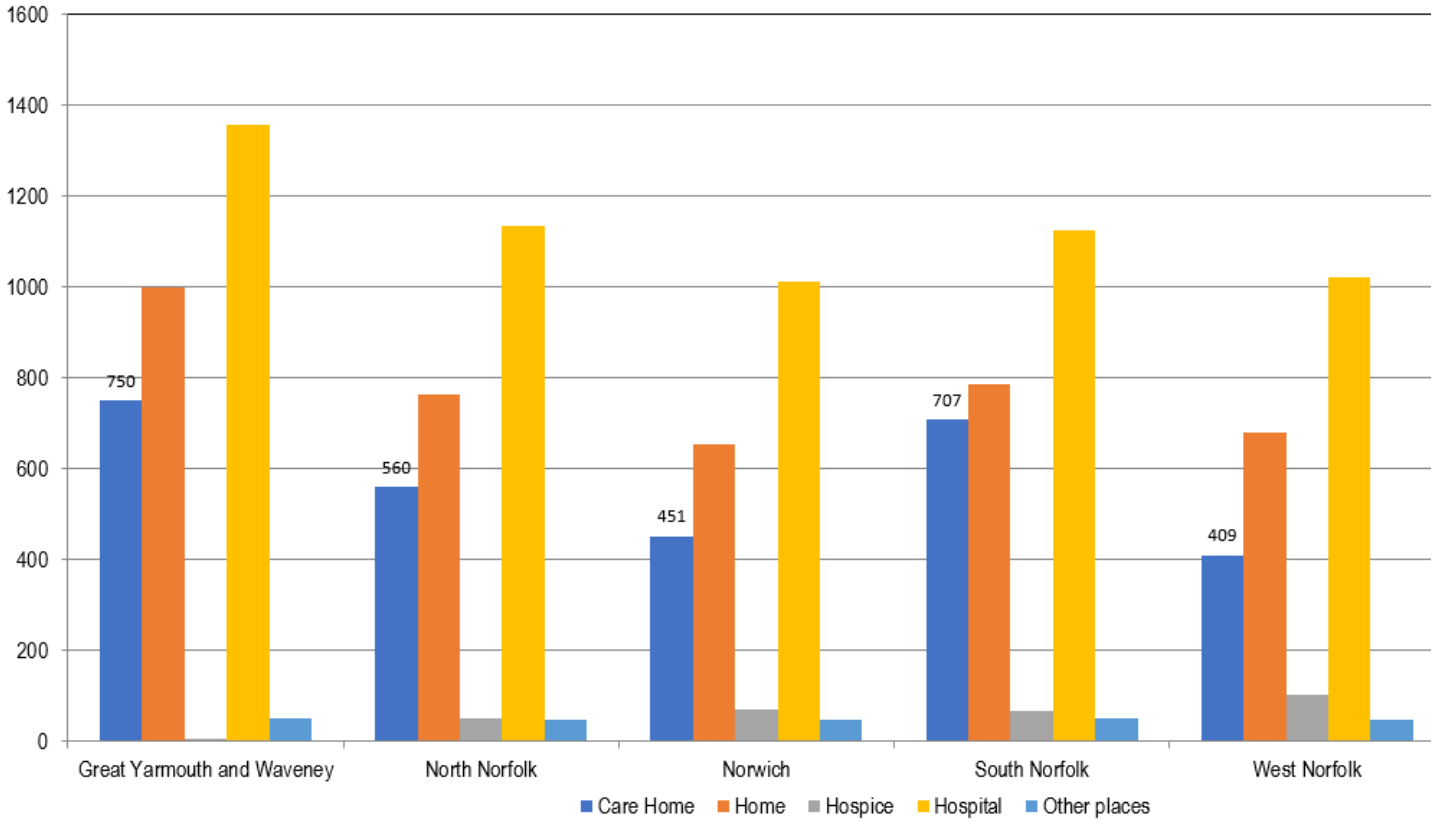



Figure 2: Location of death by PLACE 2022/23

**CYP**

It has not been possible to collate this data in the time provided. NHS Norfolk and Waveney ICB could gather this information if requested.

**Q6. Update on the End-of-Life Care Strategy for Adults 2019-2024**

The ICB is currently undertaking a review to establish the current position in anticipation of the current palliative and end of life care strategy coming to an end, and in response to the recent statutory requirement on ICBs to commission of palliative care in line with the needs of their population.

It has been recognised that the impact of Covid-19 and the limited resource for PEoLC at ICB level has meant that some of the objectives outlined within the strategy have not been met. However, the PEoLC programme board agrees that the overall ambition of the strategy remains appropriate. Therefore, the challenge now is to ensure an operational delivery plan that can meet these objectives within the context of the current ICB reorganisation and the operational challenges faced by providers. Most positively, there is high level executive support both within ICBs and from providers to continue this work.

**Q7. Overview and update on ReSPECT**

**Adults**

In March 2020, ReSPECT went live across Norfolk and Waveney and has been a highly successful project with the achievement of system-wide implementation. In 2022 the project was shortlisted for a HSJ system leadership award. The use of ReSPECT is now business as usual across all providers and version 3.0 of the document was successfully implemented in 2022.

The ongoing challenges with ReSPECT relate to a lack of digital offer due to the recognised digital immaturity across the system, and quality issues related to time pressures within healthcare settings to hold conversations of the required depth and complexity to enable this to become a truly person-centred process. There is widespread enthusiasm to continue to work as a system to improve the quality of the ReSPECT process by engaging a public health approach to improving conversations about end of life if resource allows.

**CYP**

The CYPACP - Children and Young Persons Advance Care Plan[5] is a document designed to capture advance care planning discussions between professionals, patients, and their families. It aims to aid these discussions giving prompts of important issues to consider and give space and structure to enable documentation of these. Version 5 of the CYPACP has recently been published and there are versions (with and without ReSPECT) for antenatal use and those for all other ages, including young adults up to 18.

Across Norfolk and Waveney, consultant led Advance Care Planning Clinics have been established which aim to ensure children, young people, and their families:

- are involved in planning their care
- have time to think about their views carefully
- understand the life limiting condition and its management
- are supported to prepare for possible future difficulties or complications
- have support with continuity of care if there are changes in the professional or in the care setting
- can receive support which is accessible for all

The 12-month test of concept exercise will be fully evaluated to help us to understand the quantitative and qualitative impact of these clinics.

**Q8. What support is available for families and carers?**

**Adults**

Support for families and carers is offered across acute, community, hospice and VCSE settings. Families may be referred across providers to ensure that they can access appropriate, supportive care.

**QEH**

At QEH support for families includes a Macmillan cancer information unit, Clinical psychology, a bereavement support group and Clinical Nurse Specialist support. There is also signposting to services, leaflets and books to explain dying to children.

**NNUH**

Similarly at NNUH, there is a Big C Centre, Macmillan Information centre and spiritual health team. There is also various support in place when patients are receiving end of life care including relatives' beds so that relatives can stay overnight with their loved one, carers comfort packs, memory boxes, carers' passports (helps with parking, and reduced cost of meals in the main canteen), meal/refreshments for family members by the bedside. A team of Butterfly volunteers are also available to support patient and family members when a patient is dying. There are also a range of information resources including age-related books for children facing bereavement and a new 'what to expect when someone is dying' leaflet.

**JPUH**

The Louise Hamilton Centre provides some specialist palliative care services, advice and support including support for carers. This includes complementary and relaxation therapies, bereavement support, carer support, counselling support, family therapy support, and welfare advice.

**Community (Central)**

In central Norfolk the psychological service team provides psychological care for any patients accessing the service and their families, using a systemic family therapeutic model. The team also provides supervision and support from the specialist nurses and are currently planning a pilot to develop a team of psychological volunteers to work in the community in people's own homes alongside the specialist nurses and psychological services team. It is envisaged that these volunteers will provide first-line support and act as a container for patients who are relatively stable but might need a link with the team and a safe person to talk to.

**Community (Great Yarmouth and Waveney)**

In addition to the support offered by the SPC nursing team, St Elizabeth's Hospice also provides support through its community care units as previously described. Counselling for families/carers pre bereavement is offered from Kirkley Mill, Hamilton House, Beccles Hospital, Louise Hamilton Centre, Martham Medical Centre and within the community. In addidtion there is a LivingGrief bereavement service support, available to those known to hospice. This includes a LivingGrief and emotional wellbeing enquiry line.

Currently a pilot scheme is being led by ECCH and funded by Norfolk and Waveney Integrated Care Board. This model provides a dedicated carer support nurse to come alongside unpaid/family carers to help manage their own health and wellbeing. Currently this service is offered to carers registered with GP surgeries in the Great Yarmouth and Northern Villages area. The evaluation of the pilot study is being led by the University of East Anglia.

**CYP**

Support is tailored for families but generally is inclusive of the following;

- Pre and post bereavement support
- Support from the local children's hospice

- Carer support groups
- Therapies including play, music and art
- Memory making activities such as pool sessions and more traditional things such as hand and foot prints and casts.

**Q9. What access do people who wish to die at home have to specialist equipment?**
**Adults**
From the acute hospitals, equipment is prescribed and ordered by a discharge planning nurse or occupational therapist for delivery prior to discharge. There is generally good access to specialist equipment with next day delivery. Referrals are then made to the community services on discharge for ongoing support. Occupational therapists can provide family and formal carers with any needed training to use the equipment safely.

Similarly in the community, specialist equipment for patients wishing to die at home can be ordered and delivered within 24 hours via Mediquip, which all community services have access to.

**CYP**
Continuing care funding and the ICB exceptional funding panel sometimes provide specialist equipment.

Equipment is loaned to families by the hospice and from specific charities such as New Life and The Red Cross. There is also access to equipment from the NHS central equipment store or the paediatric departments at the hospitals.

**Q10.0 How does N&WICB work with partner organisations to ensure there is a joined-up approach to palliative care?**
**Adults**
The ICB has recently refreshed its PEoLC programme board with representation from across the system and agreed terms of reference. This includes representation from a range of partner organisations and it is envisaged that the role of the VCSE in planning and decision making will continue to be extended. The current review being undertaken has also sought extensive stakeholder feedback regarding the design and delivery of services which will be utilised to develop the onward operational plan and its objectives.

There are key examples of system-wide working to develop care and services. Of note, the development of a new syringe pump chart for use across ECCH, NCHC and the acute trusts has been led by the ICB but brought together colleagues from across providers. This has ensured a shared approach to learning and practice developments from colleagues across Norfolk and Waveney.

**CYP**
*System Network and Integrated Working* - within Norfolk and Waveney we have a Babies, Children and Young People's (BCYP) Palliative End of Life Care (PEoLC) Network. This system Network helps to ensure an integrated multi-agency approach to the provision and delivery of palliative and end of life care for babies, children and young people. The Network aims to ensure that palliative and end of life care for babies, children, young people and their families is delivered in a seamless and integrated way across the system and aspires to raise the profile of BCYP PEoLC. It aims to inform and influence the commissioning of services to ensure services are delivered in a seamless way, including transition into adult palliative and end of life care services where appropriate. The Network is guided by evidence-based practice such as NICE and Together for Short Lives.

**Q11. Are there any workforce issues in terms of recruiting/retaining specialist palliative care consultants/doctors/nursers/other healthcare professionals?**

**Adults**

After a number of years of difficulty recruiting new palliative care consultants, there has been significant success with a total of nine consultants now in post in Norfolk. Similarly in the East coast area, there are currently no medical vacancies, and participation in the GP and palliative care training programmes is considered helpful in increasing the likelihood of trainees continuing to work locally. The East coast teams do report some difficulty recruiting Clinical Nurse Specialists and Allied Health Professionals due to lack of experience and qualifications in palliative care.

At QEH there have been some difficulties with medical staffing which has been supported with the appointment of a Nurse Consultant in palliative care, based within the medical team. At NNUH there are no vacancies for nurses or medical practitioners. There is a low turnover of staff with the last nursing vacancy being filled in May 2022.

In the community service (central and west), recruitment of nurses and AHPs into Specialist Palliative care services has not historically been an issue. Many clinicians who have worked with palliative and end of life patients in general clinical roles actively seek specialist palliative care as a next step in their career due to a sense of personal fulfilment from working in this area. However, staffing establishment models have failed to keep up with the significant increase in demand for specialist palliative care, particularly following the pandemic and the wider pressures on the healthcare system This negatively impacts on staff retention and wellbeing. There is also currently limited resource available for robust training and education for palliative and end of life care within both the specialist and generalist nursing cohorts as well as the wider health and social are sector, which can negatively impact on the quality of care but also on the wellbeing and retention of staff.

Some charitable hospices have described challenges in recruitment. This often stems from the difficulties in matching NHS Agenda for Change terms and conditions. The cost of living crisis has undoubtedly impacted on the significance of this for potential employees, along with a much wider impact on charitable donations overall. In Norfolk Hospice, Tapping House as the only nurse-led hospice, this is considered to be most significant when recruiting to more senior nursing posts. The broader challenges of charitably funded hospices are reflective of the current national picture in which 96% of hospices report that they are budgeting for a deficit in 2023/2024 (Hospice UK, 2023).

**CYP**

There are workforce issues in terms of recruiting palliative care nurses, and palliative care specific allied health professionals. It is particularly difficult to recruit staff with the combination of paediatric and palliative care skills. Training is available from the children's hospice.

**Appendix 1**

**Overview of Children and Young People Palliative and End of Life Care**

Palliative care for babies, children and young people is an active and total approach to care, from the point of diagnosis or recognition, throughout the child's life, death and beyond. It embraces physical, emotional, social, and spiritual elements and focuses on enhancing quality of life for the baby/child/young person and supporting the family. It includes managing distressing symptoms, providing short breaks and care through death and bereavement.[1]

Palliative care is provided to infants, children, and young people with a wide range of life-limiting or life-threatening conditions. These can be broadly categorised into four groups[1]

1. Life-threatening conditions for which curative treatment may be feasible but can fail.
2. Conditions where premature death is inevitable.
3. Progressive conditions without curative treatment options.
4. Irreversible but non-progressive conditions causing severe disability, leading to susceptibility to health.

Some children and young people will have severe disabilities and multiple and particularly complex healthcare needs related to their condition, as well as palliative care needs. However, up to 15% of children and young people with palliative care needs do not have a definitive underlying diagnosis. Access to palliative care should not depend on diagnosis or overall prognosis and can be provided at any stage of a child or young person's illness.

We know there is an increasing prevalence of babies, children, and young people with life-limiting prognosis. In England, the prevalence of children with life-limiting conditions rose from 32,975 in 2001/2 to 86,625 in 2017/18[3]. It is estimated that there will be between 67.0 and 84.2 per 10,000 children, and their families, living with such conditions in England by 2030. In the East of England, the child population (0-19) is 1.4 million. Children and young people with life-limiting conditions estimate is 8,989 (61.1 per 10,000)[2] In Norfolk, the population of (0-17) is approximately 193,566. Children and young people with life limiting conditions is estimated to be approximately 1,182. According to research, there has been a steep rise in the prevalence of life limiting and life threatening conditions in England. It has almost trebled in 17 years – 32,975 in 2001/02 up to 86,625 in 2017/18. This is probably partly due to better recording of hospital data and improved diagnosis but the study suggests that children are living longer as a result of better care and advances in medical technology. The prevalence is highest in the under ones, in areas of high deprivation and ethnic minority populations (https://www.togetherforshortlives.org.uk/app/uploads/2020/04/Prevalence-reportFinal_28_04_2020.pdf). This is reflected in the increasing number of children we see in receipt of continuing care and those being transitioned into adult services.

In line with the ambitions set within the NHS Long Term Plan[4] (2019), NHS England made a commitment to increase its contribution by providing match-funding to Integrated Care Board's (ICB) who increased their investment in local children's palliative and end of life care services. This funding commitment runs to 2023/24. We are proud that within Norfolk and Waveney, the CYP EOL/Palliative Care Network have used the funding to drive forward a number of initiatives:

- Additional palliative care nursing capacity within our Children's community Nursing teams across the system and within the local hospice
- Test of concept for consultant led Advance Care Plan clinics.

- A highly regarded Palliative Care Education programme delivered to over 200 health care staff across the system.
- Transition Development Project to improve care for young people

Whilst elements of the long-term plan are highly relevant to adult PC delivery, there has not been an equivalent match funding offer for ICBs to develop initiatives via the adult palliative care board.

# Norfolk Health Overview and Scrutiny Committee

## Proposed Forward Work Programme 2023/24

**ACTION REQUIRED**

Members are asked to consider the current forward work programme:

- whether there are topics to be added or deleted, postponed or brought forward
- to agree the agenda items, briefing items and dates below.

**NOTE: These items are provisional only. The NHOSC reserves the right to reschedule this draft timetable.**

| *Meeting dates* | *Main agenda items* | *Notes* |
|---|---|---|
| 9 November 2023 | **Patient pathway item - Palliative and End of Life Care**<br>The final item on the NHOSCs scheduled Patient Pathway focused workplan.<br><br>**N&WICB transfer of responsibility for primary care services**<br><br>A six-month update about the transfer of responsibility for dentistry services from NHS England to N&WICB | |
| 18 January 2023 | **Digital transformation strategy**<br>An examination of N&WICB's digital transformation strategy as part of its vision to develop a fully integrated digital service across Norfolk and Waveney. To include information about the Electronic Paper Record.<br><br>**Forward work plan workshop**<br>Planning workshop for agenda and briefing items for 2024. | |

**Information to be provided in the NHOSC Members' Briefing 2023/24**

2023 - **Public Health** – an overview of people's health in Norfolk. TBC.

- **NHS 111** – an overview of NHS 111 local performance (N&WICB). TBC.

- **Care Homes At Scale (CHAS**) – an overview of the services/support offered by CHAS. TBC.

Future topics for re-consideration (meeting or briefing) following previous meetings/briefings:

- Major Trauma Unit (MTU) at the Norfolk and Norwich Hospital
- ambulance service
- proposed closure of Holt Medical Practice's branch in Blakeney – update
- proposed closure of Manor Farm Medical Centre in Narborough – update
- widening participation/staff retention workforce strategy

Further topics for future briefings as discussed at January's FWP workshop:

- speech and language therapy
- focus group re. LGBT+ health services
- Change Grow Live (CGL) addiction services
- blood donation
- Carers Identity Passport
- vaping (to be examined at People and Communities Select Committee)
- new hospitals programme
- cancer services for people with disabilities

**NHOSC Committee Members have a formal link with the following local healthcare commissioners and providers:**

| | | |
|---|---|---|
| Norfolk and Waveney ICB | - | Cllr Fran Whymark |
| Queen Elizabeth Hospital, King's Lynn NHS Foundation Trust | - | Cllr Julian Kirk |
| Norfolk and Suffolk NHS Foundation Trust (mental health trust) | - | Cllr Brenda Jones |
| Norfolk and Norwich University Hospitals NHS Foundation Trust | - | Cllr Lucy Shires<br>Substitute: Clllr Jeanette McMullen |
| James Paget University Hospitals NHS Foundation Trust | - | Cllr Jeanette McMullen |
| Norfolk Community Health and Care NHS Trust | - | Cllr Lucy Shires |

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