Norfolk County Council

Norfolk Health Overview and Scrutiny Committee

Date: **6 July 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, Jonathan Hall (contact details below) by **no later than 5.00pm on 30 June 2023**. 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
To Be Appointed	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
To Be Appointed	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**
To Be Appointed	Suffolk Health Scrutiny Committee
To Be Appointed	Suffolk Health Scrutiny Committee

For further details and general enquiries about this Agenda please contact the Committee Officer:
Jonathan Hall on 01603 223053
or email committees@norfolk.gov.uk

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It will be live streamed on YouTube and members of the public may watch remotely by clicking on the following link: Norfolk County Council YouTube

However, if you wish to attend in person it would be helpful if you could indicate in advance that it is your intention to do so as public seating will be limited. This can be done by emailing committees@norfolk.gov.uk

The Government has removed all COVID 19 restrictions and moved towards living with COVID-19, just as we live with other respiratory infections. However, to ensure that the meeting is safe we are asking everyone attending to practise good public health and safety behaviours (practising good hand and respiratory hygiene, including wearing face coverings in busy areas at times of high prevalence) and to stay at home when they need to (if they have tested positive for COVID 19; if they have symptoms of a respiratory infection; if they are a close contact of a positive COVID 19 case). This will help make the event safe for all those attending and limit the transmission of respiratory infections including COVID-19.

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 1 June 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

6.	**10:10 – 11:00**	**Outpatient and inpatient services in Norfolk**	(Page 12)
7.	**11:10 – 12:00**	**Eating disorder services in Norfolk and Waveney**	(Page 74)
8.	**12:00 – 12:05**	**Forward Work Programme**	(Page 109)

Tom McCabe
Chief Executive
County Hall
Martineau Lane
Norwich
NR1 2DH

Date Agenda Published: 28 June 2023

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Norfolk County Council

NORFOLK HEALTH OVERVIEW AND SCRUTINY COMMITTEE
Minutes of the meeting held at County Hall
on 1 June 2023.

Members Present:

Cllr Fran Whymark (Chair)	Norfolk County Council
Cllr Jeanette McMullen	Great Yarmouth Borough Council
Cllr Stuart Dark	Norfolk County Council
Cllr Brenda Jones	Norfolk County Council
Cllr Robert Kybird	Breckland District Council
Cllr Justin Cork (Vice-Chair)	South Norfolk District Council
Cllr Richard Price	Norfolk County Council
Cllr Lucy Shires	Norfolk County Council

Substitute Members Present
Cllr John Fisher substituting for Cllr Julian Kirk
Cllr Nich Starling substituting Cllr Adrian Tipple
Cllr Mike Sands substituting Norwich City Council

Also Present:

Tricia D'Orsi	Executive Director of Nursing – Norfolk and Waveney Integrated Care Board
Mark Burgis	Executive Director of Patients and Communities - ICB
Sadie Parker	Director of Primary Care - ICB
Rebecca Champion	Senior Communications and Engagement Manager – Partnerships ICB
John Bultitude	Head of Communications and Marketing - Healthwatch Norfolk (HWN)
Alex Stewart	Chief Executive - HWN
Sharon Gardner	ICB Community Pharmacy Integration Lead - ICB
Fiona Theadom	Head of Primary Care Commissioning - ICB
Michael Dennis	Head of Prescribing - ICB
Tony Dean	Chief Officer - Norfolk Local Pharmaceutical Committee (NLPC)
Lauren Seamons	Deputy Chief Officer - NLPC
Peter Randall	Democratic Support and Scrutiny Manager
Liz Chandler	Scrutiny & Research Officer
Jonathan Hall	Committee Officer
Maisie Coldman	Trainee Committee Officer

1. Election of Chairman

1.1 The committee officer opened the meeting and invited nominations for the election of the Chair. Cllr Fran Whymark was nominated by Cllr Richard Price and seconded by Cllr Robert Kybird. A second nomination was provided by Cllr Mike Sands who nominated Cllr Brenda Jones and was seconded by Cllr Lucy Shires. Each nomination received six votes, resulting in a tie. Cllr Fran Whymark was elected the Chair for the forthcoming year on the toss of a coin.

2. Election of Vice-Chairman

2.2 Cllr Whymark thanked members for electing him as Chair for the forthcoming year and invited nominations for the election of Vice Chair. Cllr Justin Cork was nominated by Cllr Brenda Jones and seconded by Cllr Lucy Shires. All in agreement. Cllr Justin Cork was elected Vice Chair for the forthcoming year.

3. Apologies

3.1 Apologies for absence were received from Cllr Robert Savage, Cllr Julian Kirk substituted by Cllr John Fisher, Cllr Adrian Tipple substituted by Cllr Nich Starling and Kings Lynn and West Norfolk Council who had not yet appointed a representative to the committee.

4. Minutes

4.1 The minutes of the previous meeting held on the 23rd of March were agreed as an accurate record of the meeting.

5. Declarations of Interest

5.1 Cllr Fran Whymark declared an other interest as he had been involved in Wave4B. Cllr Mike Sands declared an other interest as he had been actively campaigning to get the Bowthorpe pharmacy reopened.

6. Urgent Business

6.1 There were no items of urgent business.

7. Chairman's Announcements

7.1 There were no Chairman's announcements.

8. Rouen Road Walk in Centre/General Practice/VAS consultation

8.1 Sadie Parker, Director of Primary Care, provided a summary of the consultation, which had run from the end of January 2023 to the end of March 2023, on the future of Norwich Walk-in Centre, Vulnerable Adults Service – Inclusion Health Hub and GP Practice on Rouen Road, Norwich. The consultation had received a high response rate and feedback shared by the public, organisations, and stakeholders had informed the decision to keep the Walk-in Centre (WiC) open. The results of the consultation had also offered insight into areas the local population regarded as important. An engagement period was underway as part of the considerations to amend the opening hours of the GP practice on Rouen Road.

8.2 The committee receive the annexed report (8) from Dr Liz Chandler, Scrutiny and Research Officer, on the results and recommendations of NHS Norfolk and Waveney Integrated Care Board's public consultation on the future of the Norwich Walk-in Centre, Vulnerable Adults Service – Inclusion Health Hub and GP Practice on Rouen Road, Norwich.

8.3 The following discussion points and clarifications were offered:

- Members of the committee welcomed the decision to keep the Walk-in Centre open.

- The consultation results had been widely shared within the Integrated Care Board, their partners, and GP practices to incorporate into their learning and future planning.

- It was clarified that no decision had been made to change the opening hours of the Rouen Road GP practice. To understand patient concerns, a period of engagement commenced on the 31 May 2023 and would run until the 28 June 2023. The conclusions would be shared with the committee in a briefing update.

8.4 The chair concluded the discussion and noted member's feelings that this was a desirable outcome that benefited all residents of Norfolk.

9. Access to Primary Care Services: General Practice

9.1 Sadie Parker, Director of Primary Care, introduced the paper on Access to General Practice in Norfolk and Waveney. The committee was provided with updated figures that included the data collected in March 2023. In March 2023 nearly 655,000 appointments were delivered, this was an additional 54,000 appointments compared to March 2022. Pre-pandemic figures acted as a benchmark and the number of additional appointments delivered pre-pandemic compared to March 2023 was 141,000.

9.2 The committee were advised that 77.4% of appointments had been delivered face to face, higher than the national average of 70.1%. 38.8% of appointments were delivered the same day with 44.7% of appointments being delivered the same day or the next day. 62% were delivered within a week and 77% within two weeks. The level of unattended appointments was just under 25,000 and this figure had remained static and was below the national average.

9.3 The committee receive the annexed report (9) from Dr Liz Chandler, Scrutiny and Research Officer, on access to General Practice in Norfolk and Waveney in the light of continued pressures in primary care. This item was part of the committee's examination of primary care services as part of its wider review of the patient pathway.

9.4 The following discussion points were discussed and noted:

- Primary care had been developed to include a wider practice team that bridges the gaps and provides support for patients with complex health needs. The Primary Care Networks (PCN) offered an opportunity for General Practices to share best practices and lessons learned. Collaborative working was key, occurring within partnerships and place levels to understand the local population's health requirements, ways to address needs, and how best to develop initiatives that join services together and offer the best use of resources.

- Members offered their concerns that patients are not seeking medical attention early enough or at all. The ICB noted the concern and provided reassurance that the NHS was still there for them. The ICB were working with local authorities and community pharmacies to encourage the uptake of health checks that help the identification of issues and subsequent early intervention. The relationship that

councillors have with their constituents could be utilised to drive the uptake of these initiatives. In respect of the issue regarding access most GP practices continue to offer online booking and triage systems in line with the Digital First Primary Care national policy. The Primary Care Network also offers enhanced hours for patients that are not able to access a GP practice within the opening hours.

- Most GP practices try to encourage appointment attendance by sending reminders to patients via text. A process to make it easier to cancel appointments, which could help to reduce the amount of missed appointments, was being explored.

- Healthwatch Norfolk are exploring the impact of the increase in the cost of living on appointment attendance levels and uptake of prescriptions and which areas of Norfolk was most effected.

- High demand remains a problem in accessing appointments and the volume of appointments available would vary depending on patient's health needs. The NHS app made booking more difficult if patients wished to see another health care professional instead of their GP.

- The ICB offered reassurance that they are aware of the underperforming GP practices, and where practices are struggling. The ICB would offer support for these practices for a period of three years to work through the issues or the particular pressure (i.e. workforce pressures). They may also be prioritised for national funding, for example, funding for improving cloud telephony which was part of the national plan for Recovering Access.

- The ICB has a workforce team that focuses on GP recruitment planning and training. They work with practices to understand what is needed and offer an annual training programme as well as emotional support, coaching, and mentoring.

- Members raised concerns about the future population growth that is expected, especially within North Norfolk. Planning for future population growth had begun and this work involves primary networks working in line with a national estate and services strategy with the support of the primary care estate team.

- The shift of an aging population is a priority for the ICB. It was recognised that the needs of older people must be considered when services are being commissioned which included the prioritisation of hospital discharge and positive patient experience.

- It was confirmed that the discharge teams in Norfolk and Suffolk regularly link to discuss the processes of discharging patients between borders and what lessons could be learned from examples of negative discharge experiences.

- People exhibiting violent behaviour and verbal abuse towards GP reception staff did not relate to a specific cohort of patients. Regardless of the type of patient exhibiting the behaviour a zero-tolerance policy was enforced. Members agreed that this behaviour was unacceptable.

9.5 The chair concluded the discussion:

- The committee acknowledged the progress that had been made in accessing GP services and were pleased to hear of the plans being designed and implemented, that would continue to address the issues faced.

10. Access to Primary Care Services: Pharmacy Services

10.1 Fiona Theadom, Head of Primary Care Commissioning, introduced the paper on pharmacy services in Norfolk and Waveney. The ICB accepted responsibility for pharmacy, optometry, and dental services from 1st April 2023.

10.2 The committee receive the annexed report (10) from Dr Liz Chandler, Scrutiny and Research Officer, on pharmacy services in Norfolk and Waveney in the light of continued pressures in primary care. This item formed part of the committee's examination of primary care services as part of its wider review of the patient pathway.

10.3 The following discussion points were discussed and noted:

- The ICB was working on its workforce plans and were looking at ways to encourage people to think about working within a health-related role. The Access Delivery Plan intended to include more clinical roles which may encourage pharmacists to stay in Norfolk within community pharmacies. Additionally, the NHS people plan proposes how to retain, support, and value professionals working within the system.

- Funding remains a key constraint for community pharmacies and core funding had remained flat despite increases in staffing and overhead costs. The committee heard that community pharmacies are struggling with capacity and the delivery of essential services whilst, at the same time, being asked to deliver advanced services (hypertension blood pressure checking services, discharge support services) within the same core funding and pool of resources. The Norfolk Local Pharmaceutical Committee were aware of a further 6 pharmacies due to close in June 2023 which would add to the pressures already experienced. Pharmacies are run as independent businesses and closures were due to business pressures not making them financially viable, although it was acknowledged that this often meant closures took place in the areas of most deprivation and greatest need.

- The ICB is working on a Community Partnership strategy to ensure that community pharmacy is embedded within the primary care network. This work was being conducted regionally, with each ICB having a pharmacy clinical lead delivering the strategy. The long-term workforce is encompassed within the strategy, ideas, and programmes were being explored to recruit and retain staff working at community pharmacies.

- Locally commissioned and public health services offer additional funding outside of core funding. The Norfolk Local Pharmaceutical Committee are working closely with the Public Health team to take advantage of funding available for services such as smoking cessation and sexual health. It is thought that this funding, and additional services, would not only provide a better offer to patients but make the role more rewarding for staff.

- The opening of a pharmacy is considered by the Regulations Committee which are governed by regulations and criteria based on the pharmaceutical needs assessment (PNA) which had been agreed by the Health and Wellbeing Board in March 2023. If a bid does not meet the criteria, it would not be able to open.

- When a medication's patent expiries, various generic medications may become available. Purchasing generic medication offers financial savings and as a result is promoted by the IBC where possible.

10.4 In conclusion the committee agreed to;

1. Write to the Sectary of State advising them of the committee's thoughts on access to pharmacy services in Norfolk and what additional support was required. A request to financially support students studying for a health-related career would also be included.

2. Receive a briefing noting the programmes aimed at supporting the local workforce into employment and retaining staff. The briefing would also include information on places available for health-related courses.

3. Explore the opportunity to visit the University of East Anglia Medical Centre.

11. Health Overview & Scrutiny Committee Appointments

11.1 The committee agreed to the following appointments:

ICB / Provider Trust	Board meeting schedule	Current NHOSC link
Norfolk and Waveney Integrated Care Board	Every other month, usually on the last Tuesday, 1.30pm (online)	Cllr Fran Whymark Chair of NHOSC (Substitute – Cllr Julian Cork, Vice Chair of NHOSC)
Queen Elizabeth Hospital NHS Foundation Trust	Every other month, usually on the first Tuesday, 10.00am (in person or online)	Cllr Julian Kirk (Substitute – TBC)
Norfolk and Suffolk NHS Foundation Trust	Every other month, usually on the fourth Thursday, 12.30pm (online)	Cllr Brenda Jones (Substitute – TBC)
Norfolk and Norwich University Hospitals NHS Foundation Trust	Usually every other month, usually on the first Wednesday, 9.30am (in person and online)	To be Appointed
James Paget University Hospitals NHS Foundation Trust	Every other month, usually on the last Friday, 10am (in person or online)	Cllr Jeanette McMullen (Substitute – TBC)

Norfolk Community Health and Care NHS Trust	Every other month, usually on the first Wednesday, 9.30am (online)	Cllr Lucy Shires

12. Forward work programme

12.1 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.

12.2 New members were informed of the monthly briefings that they would receive in between meetings and of the virtual induction session arranged for the 29 June 2023 at 1pm.

12.3 A request was received that the briefing on long Covid included data for Norfolk, broken down by district, on the number of long Covid cases but also included the number of Myalgic Encephalomyelitis (ME)/Chronic Fatigue (CFS) cases, and which clinics look after these patients, given their similar nature.

Fran Whymark Chair
Health and Overview Scrutiny Committee

The Chair thanked all attendees and closed the meeting at 12:49pm

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Outpatient and inpatient services in Norfolk

Suggested approach from Liz Chandler, Scrutiny and Research Officer

Examination of outpatient and inpatient 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). This item forms part of NHOSC's wider review of the patient pathway.

1.0 Purpose of today's meeting

1.1 To examine the joint reports from Norfolk and Norwich University Hospitals NHS Foundation Trust, James Paget University Hospitals Foundation Trust and the Queen Elizabeth Hospital King's Lynn NHS Foundation Trust regarding outpatient and inpatient services at Norfolk's three hospitals. The report is attached at **Appendix A.**

1.2 Representatives from all three acute trusts and N&WICB will be in attendance to answer Members' questions.

2.0 Previous reports to NHOSC

2.1 The subject of outpatient and inpatient services in Norfolk has not been examined by NHOSC as a standalone item before. However, various aspects of this topic have been covered in other reports brought to NHOSC previously as follows:

- As part of an examination of the CQC inspection at NNUH at NHOSC's meeting in December 2018.
- As part of an examination of the Care Quality Commission (CQC) inspection at QEH at NHOSC's meeting in February 2020, with updates at the committee's meetings in March 2021 and May 2022.
- As part of an overview of the effects of the Covid-19 pandemic on local NHS services at the meeting in July 2020 and in the October 2020 edition of the NHOSC Members' Briefing.

3.0 Background information

3.1 NHS waiting time targets

3.1.1 Patients in England have a legal right to start non-urgent consultant-led treatment within 18 weeks of from receipt of referral letter or from the day your appointment is booked through the NHS e-Referral Service.

The maximum waiting time for suspected cancer is two weeks from receipt of referral letter or from the day your appointment is booked through the NHS e-Referral Service.

For further information on waiting time targets see the NHS and Government websites.

3.1.2 Average waiting times for different specialities at all hospitals in England are available on the NHS My Planned Care website. Waiting time information for hospitals in the East of England including NNUH, JPUH and QEH, can be viewed here.

3.2 NHS backlog

3.2.1 According to the British Medical Association's (BMA) NHS backlog data analysis, there were already significant waiting lists for secondary care before the Covid-19 with 4.43 million people waiting for treatment in February 2020. With the ensuing pandemic, service delivery was significantly disrupted.

Latest available figures for April 2023 (updated June 2023) show around 7.42 million people waiting for treatment in England – a slight increase on the previous month. Nearly 3.09 million of these patients have waiting over 18 weeks and around 371,000 of these patients have been Waiting for more than a year for treatment.

Also according to the latest BMA figures, the national target of 93% of patients with suspected cancer to be seen within two weeks of an urgent GP referral has not been met since May 2020. Latest figures for April 2023 (updated June 2023), show that 77.7% of these patients were seen within the two-week time frame, a decrease from 83.9% the previous month.

See also: Unpicking the inequalities in the elective backlogs in England | The King's Fund.

3.3 NHS e-Referral Service

3.3.1 The NHS e-Referral Service (e-RS) is a national digital platform used to refer patients from primary care into secondary care services. It allows patients to choose their first outpatient hospital or clinic appointment and book it in the GP surgery, online of by phone. From 1 October 2018, e-RS became the only method of making a receiving referrals from GPS to consultant-led first outpatient appointments. For further details see here.

3.4 Virtual wards

3.4.1 Virtual wards, also known as hospital at home, allow patients to get hospital-level care in their own homes. People on a virtual ward are cared for by a multidisciplinary team who can provide a range of tests and treatments just as in hospital. According to the NHS England, as well as helping speed up a patient's recovery by providing care in familiar surroundings, virtual wards

also help free up hospital beds for the patients who need them most. See also: Realising the potential of virtual wards | NHS Confederation.

3.5 Electronic Patient Records (EPR)

3.5.1 All three of Norfolk's hospitals are in the process of moving from paper-based patient records to electronic ones known as the Electronic Patient Record (EPR).

In June 2023, the Norfolk and Waveney Acute Hospital Collaboration (which includes all three acute trusts) held a virtual patient forum to gather views and answer questions about the new EPR system.

The new EPR system will be reviewed at a later date as part of the digital transformation item which is currently scheduled on NHOSC's forward-work plan for September 2023.

4.0 Healthwatch Norfolk

4.1 National research in 'care blind-spot'

4.1.1 In April 2023, Healthwatch Norfolk (HWN) published the results of a national survey that showed how some patients from falling into a 'care blind-spot' while waiting for specialist treatment.

The survey not only highlights the length of time that some patients have to wait to get even a GP referral, but also the negative impacts this can have on people's health. Further details about this survey can be viewed here.

4.2 Three Hospitals, Three Weeks project

4.2.1 Healthwatch Norfolk recently launched a ground-breaking new project to gather feedback from patients and staff about the care and support they receive at all three of Norfolk's hospitals.

The initiative will see the entire HWN team spending an entire week at the Queen Elizabeth Hospital King's Lynn, the James Paget University Hospital and the Norfolk and Norwich Hospital.

This is the first time a Healthwatch organisation in the entire country has undertaken an engagement exercise in this way. Further details about this project can be found here.

5.0 Suggested approach

5.1 The committee may wish to discuss the following areas with representatives from the three acute trusts:

- Members may wish to consider the implications of the data provided specifically in relation to how it affects residents in their area.
- Request further information about waiting times relating to specific specialities of interest to Members.
- Request further information about recruitment and retention strategies at the three acute trusts.
- Request assurance that all three acute trusts are on course to meet the deadline targets to have no patients waiting more than 52 weeks for their first appointment.
- Explore the advantages and disadvantages of an Electronic Patient Record (EPR) system and request further information as to how this could improve outpatient and inpatient services.
- Examine and discuss specific ways that NHOSC can support the three acute trusts as laid out on page 57 of the report.

6.0 Action

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

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NHS
Norfolk and Waveney
Acute Hospital Collaborative

Item no: 6
Appendix A

Norfolk Health Overview and Scrutiny Committee (NHOSC)

Inpatient and Outpatient Services

6th July 2023

Proud to be part of

Improving lives **together**
Norfolk and Waveney Integrated Care System

The Queen Elizabeth Hospital King's Lynn NHS Foundation Trust
Norfolk and Norwich University Hospitals NHS Foundation Trust
James Paget University Hospitals NHS Foundation Trust

Working Better Together

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Norfolk and Waveney Acute Hospital Collaborative

The Norfolk and Waveney Acute Hospital Collaborative have worked jointly to produce this paper; however, due to the nature of the individual challenges faced by each individual hospital site, the hospitals are represented in each of three sections.

Section 1

Norfolk Health Overview and Scrutiny Committee (NHOSC)
Inpatient and Outpatient Services

Norfolk and Norwich University Hospital (NNUH)

6th July 2023

Introduction

The NNUH elective RTT waiting list increased significantly from pre-covid levels, with the Trust becoming a Super Surge Centre for Intensive Care and Covid cases between March 2020 and June 2021, meaning that no routine elective activity took place apart from virtual outpatient appointments, certain cancer activity, and clinically urgent surgery at Spire. At the same time, there was reduced diagnostic capacity, increased workforce vacancies, and greater demand for UEC capacity. This, along with a significant increase in Cancer and RTT referrals post-covid (below) combined to result in a sustained rise in the elective waiting list and waiting times for patients across both Cancer and routine elective activity compared to pre-covid levels.

Waiting List Size at 29th Feb 2020: 50,603 (Admitted: 11,685)

17th Largest Waiting List in England

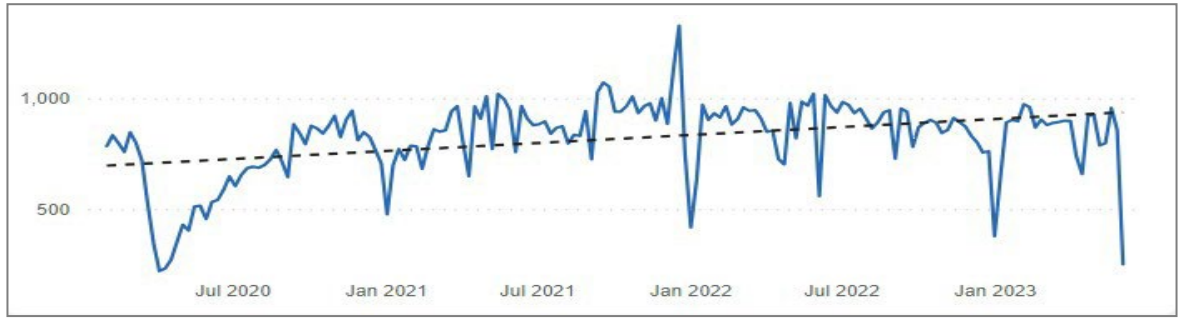
Waiting List Size at 30th April 2021: 64,574 (Admitted: 16,373)

9th Largest Waiting List in England

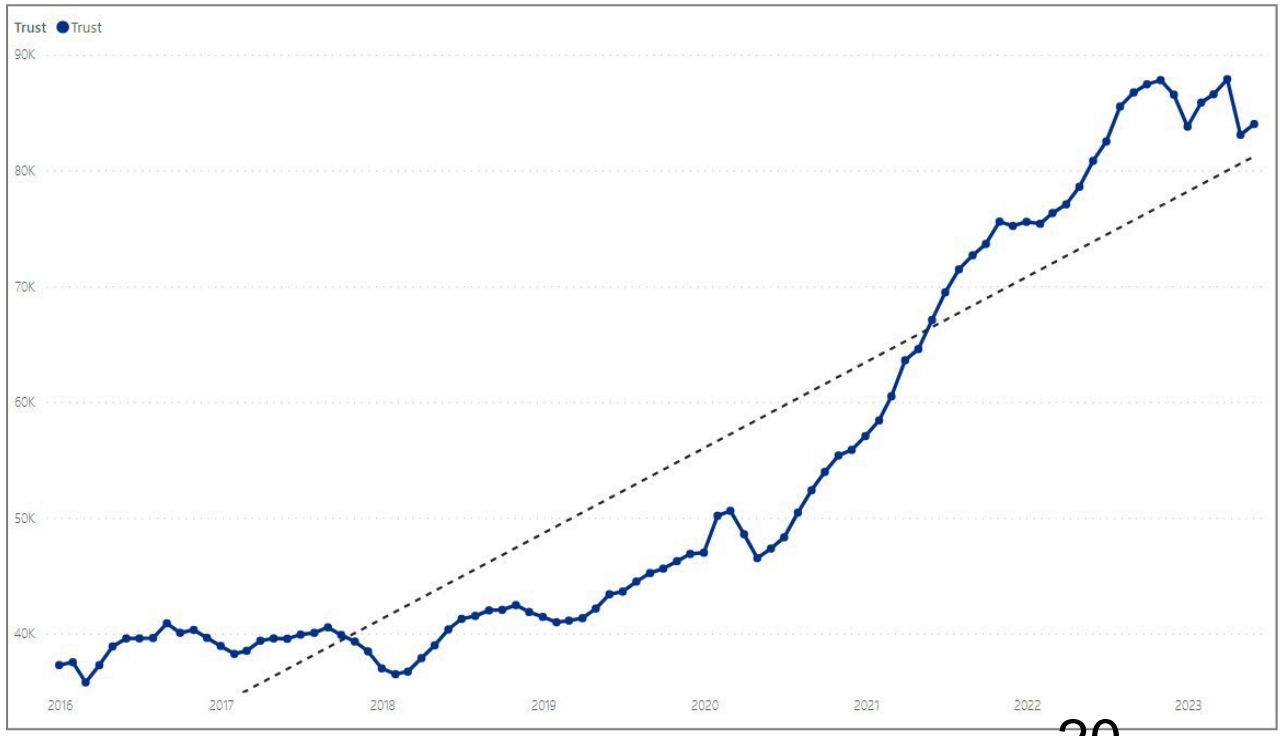
Waiting List Size at 31st March 2023: 87,884 (Admitted: 15,859).

15th Largest Waiting List in England

Cancer Referrals Received by Week



Elective Waiting List



There are various national and system level elective recovery workstreams in place to support the waiting list reduction, including:

- Patient Initiated Follow-Up (PIFU).
- Clinical and administrative validation of patients on waiting lists.
- Use of clinical priority codes to clinically list the correct patient first time.
- Single Access Policy to provide a standardised process for RTT and Cancer.
- Development of a single PTL – phase one almost complete.

Issues Affecting Outpatient and Inpatient Services

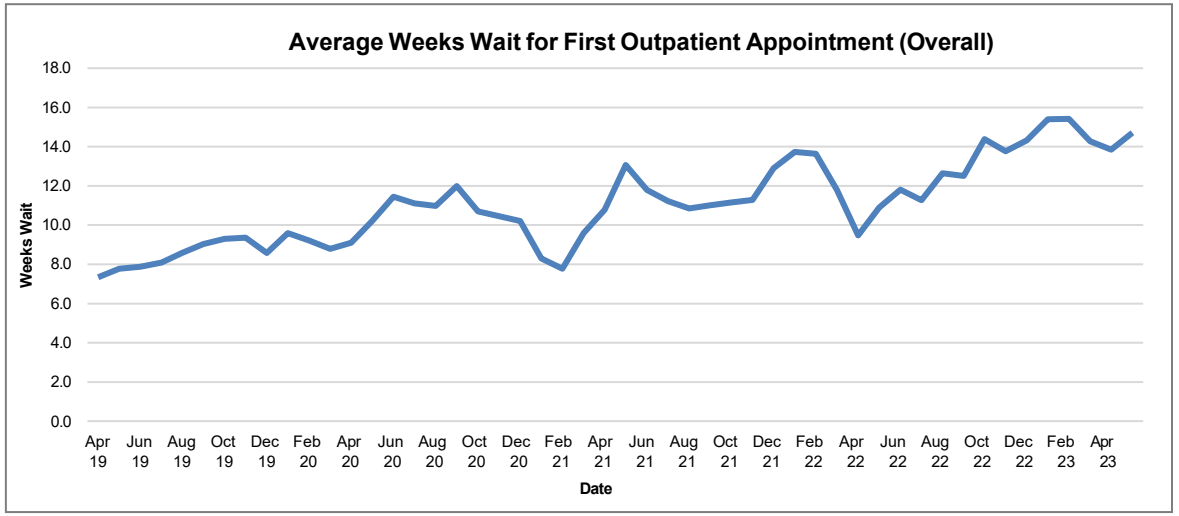
The current issues affecting outpatient and inpatient services at NNUH include:

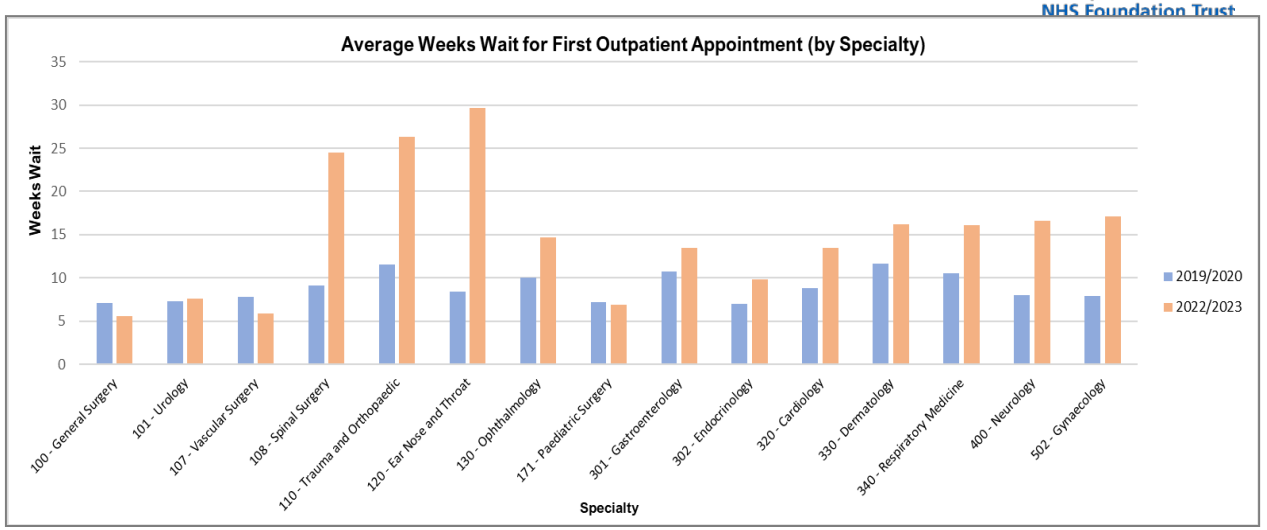
- Industrial Action
- Staffing – increase in vacancies, turnover, difficulties in recruiting and retaining staff.
- Staff morale / exhaustion
- Non-elective impact/pressures
- Patient flow out of the hospital
- Aging population in Norfolk
- No Electronic Patient Record (EPR) system
- Shortage of Independent Sector provision in the East of England

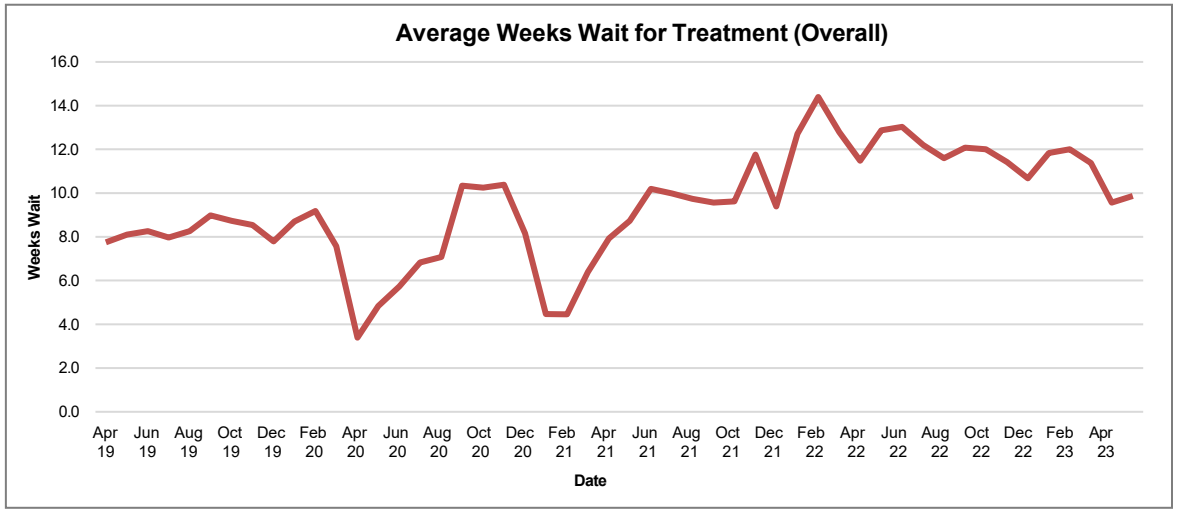
Our Vision
The best care for every patient

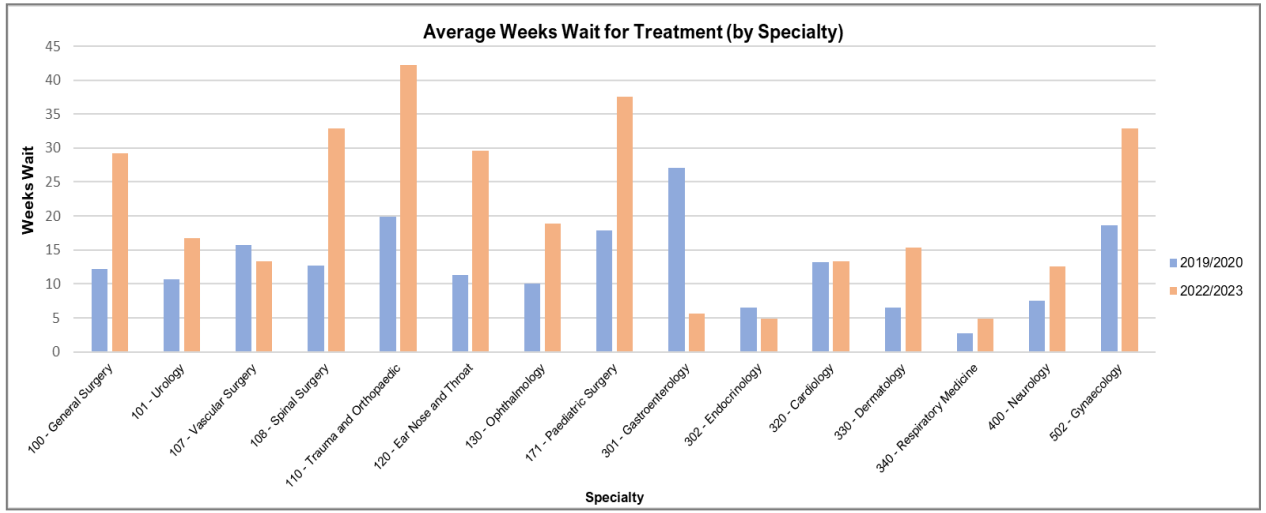
Average Waiting Times

NHS
Norfolk and Norwich University Hospitals
NHS Foundation Trust



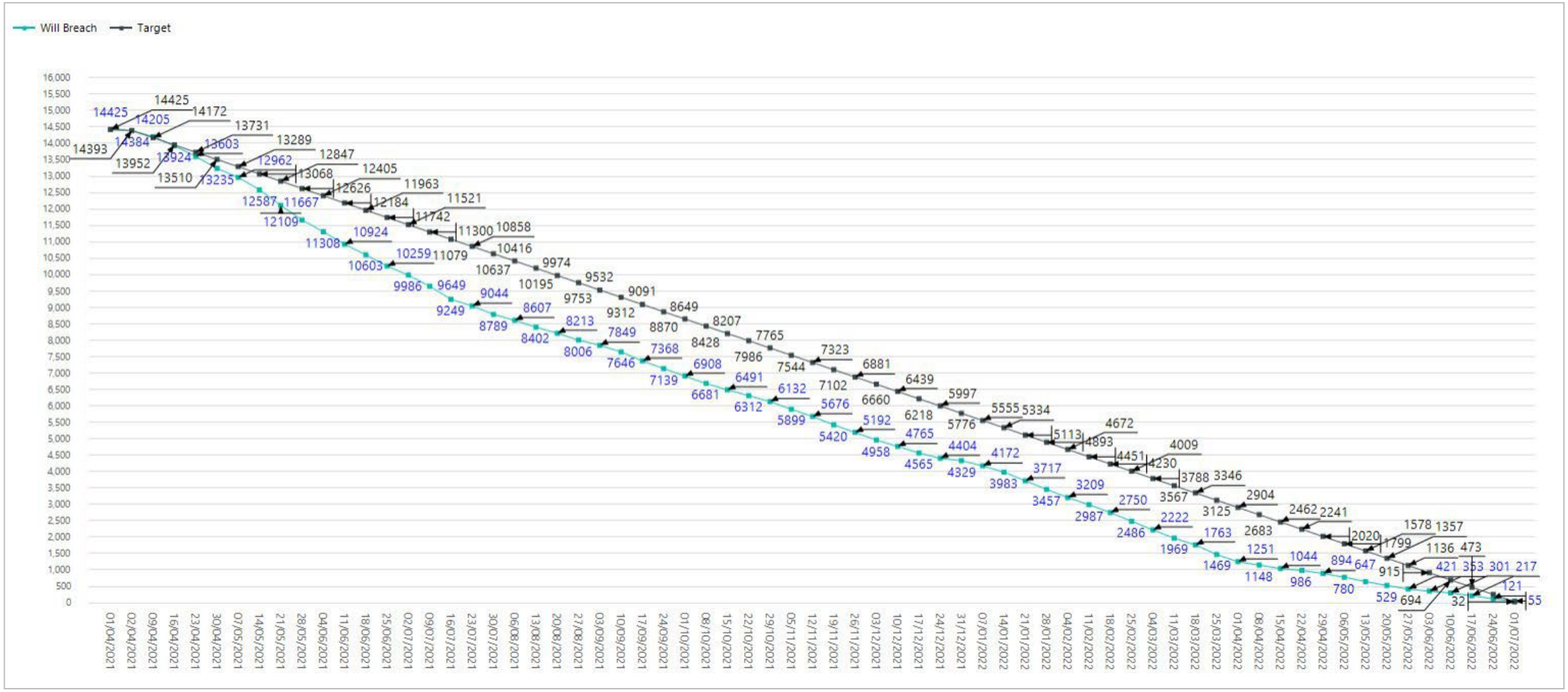




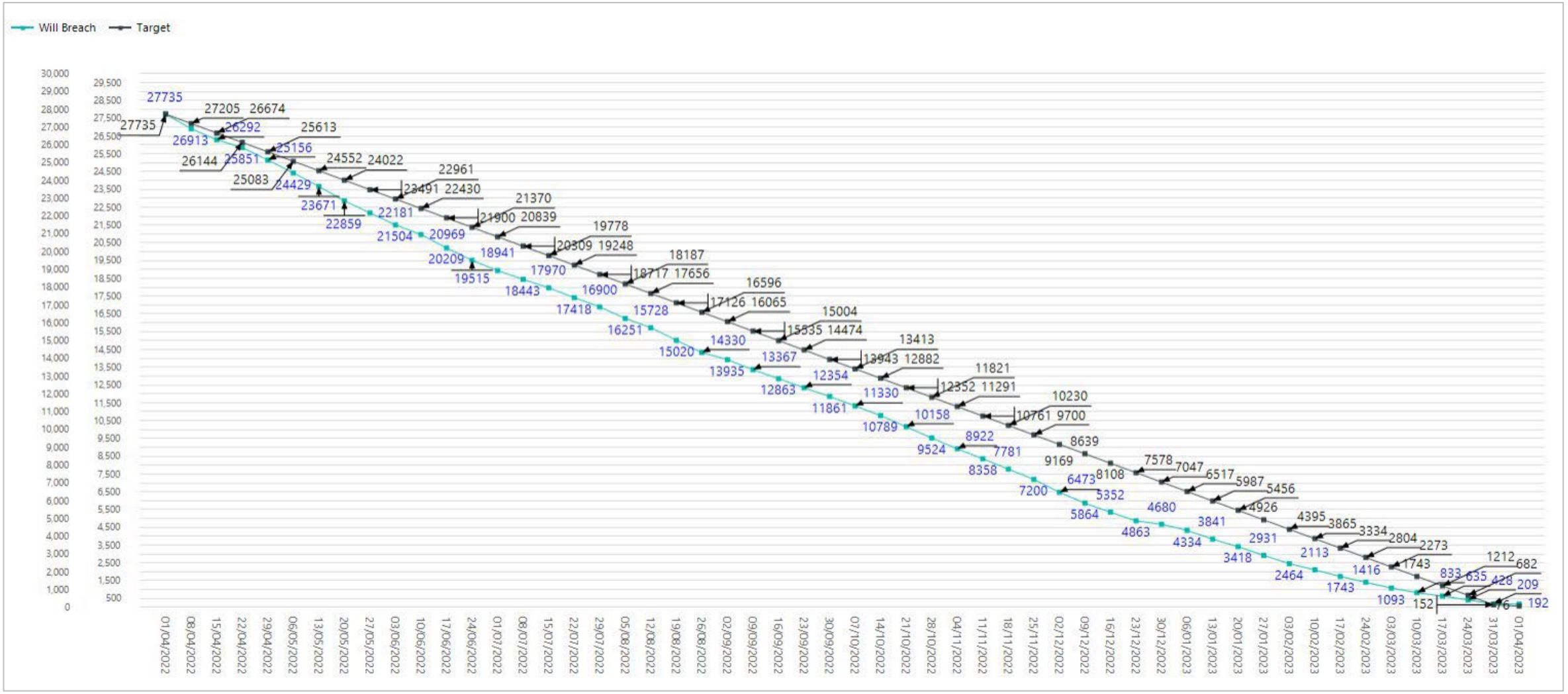


The average waiting time for a first outpatient appointment in May 2023 at NNUH was 14.7 weeks.
The average waiting time for 2021/22 (Apr-Mar) at NNUH was 13 weeks, compared to an average wait of 8.6 weeks in 2019/20 (Apr-Mar).

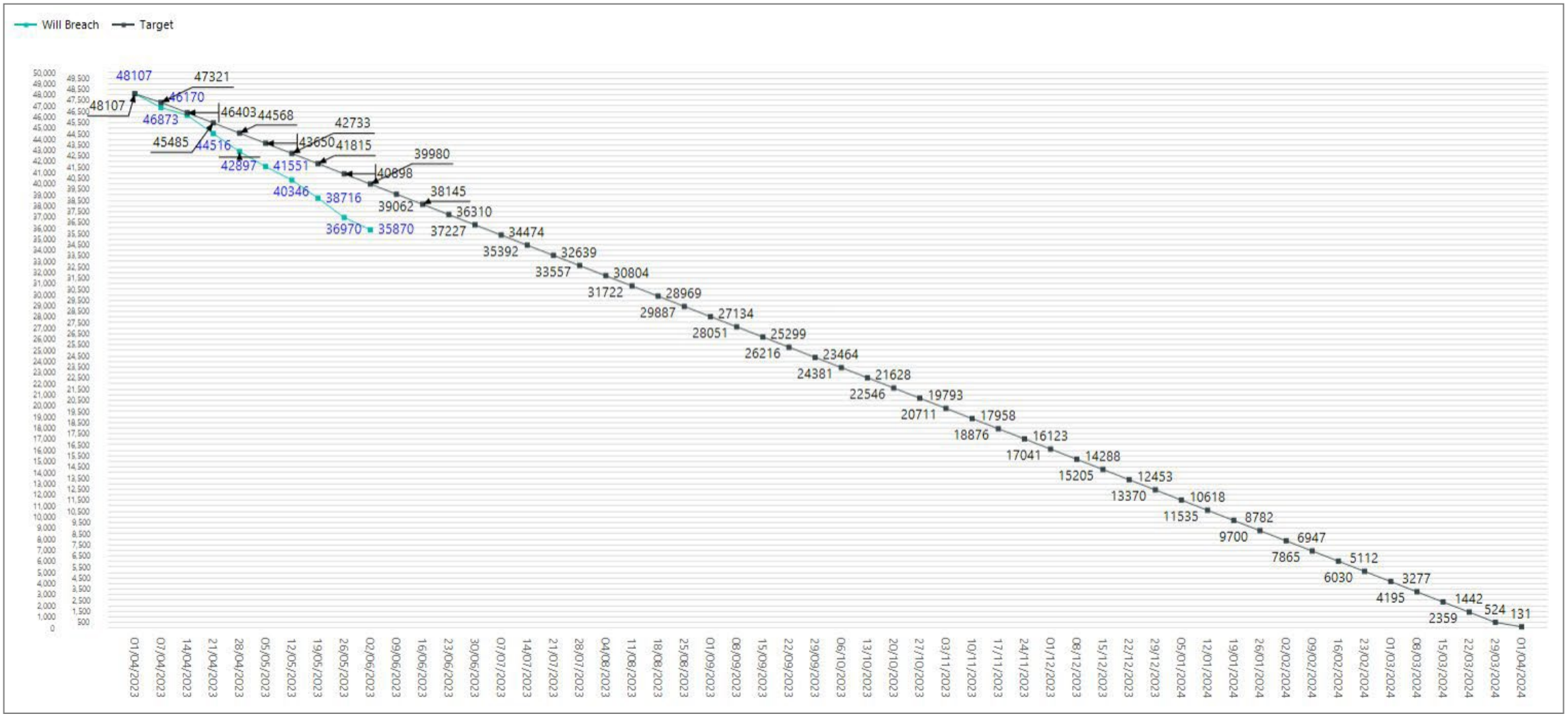
The average waiting time for treatment in May 2023 at NNUH was 9.9 weeks.



NNUH achieved the national target of zero patients waiting 104 weeks or more on 1st July 2022, against an initial cohort size of 14,425 patients on 1st April 2021.

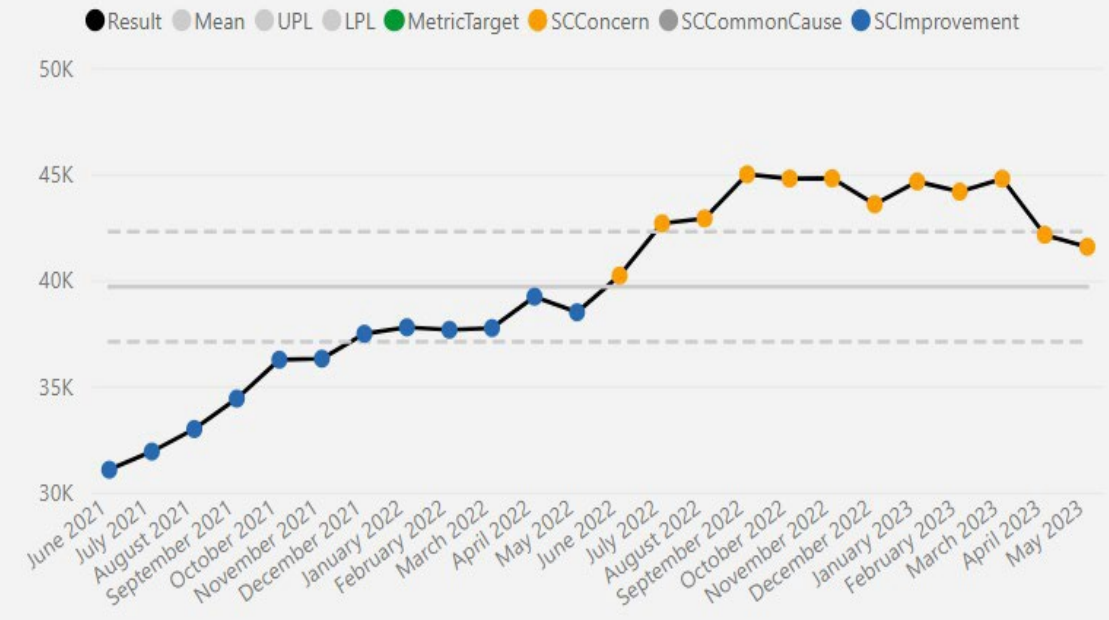


As a consequence of lost activity due to the Industrial Action, the Trust achieved 99.37% of the national target to have no patients waiting over 78 weeks on 1st April 2023.

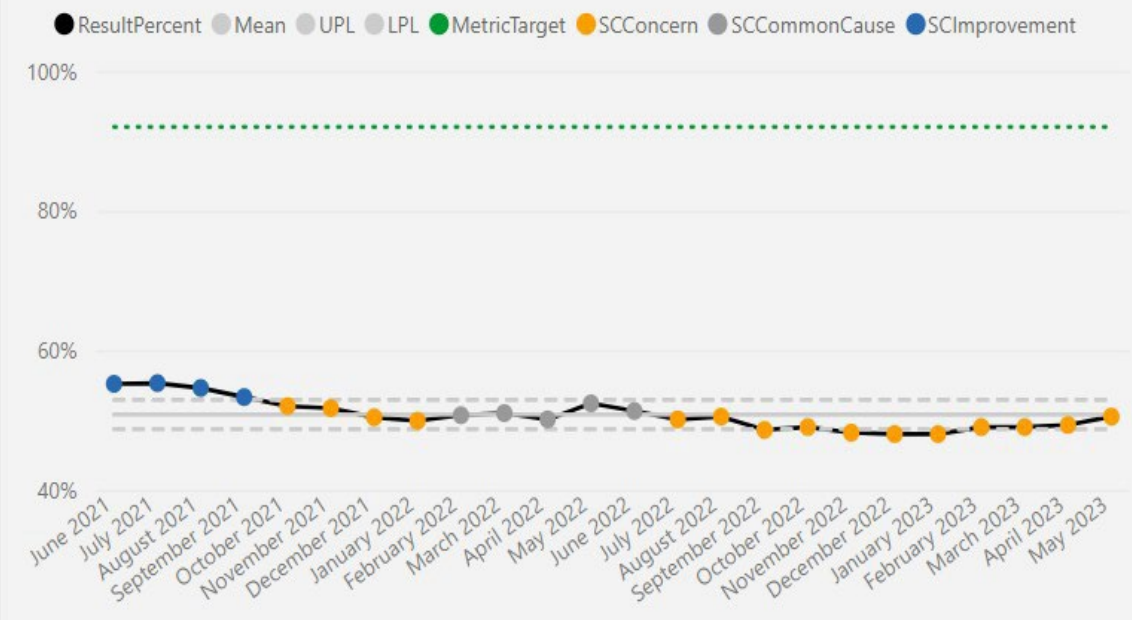


For the overarching requirement of 65 week delivery by 31st March 2024, delivery is ahead of trajectory at a Trust level with 35,870 patients remaining in the cohort against a target of 51,746. NNUH's planning submission predicted 900 breaches. However, following the Junior Doctor and RCN Industrial Action, the revised forecast is circa 1,300 breaches, with predicted breaches in Trauma and Orthopaedics, Spinal Surgery and Gynaecology.

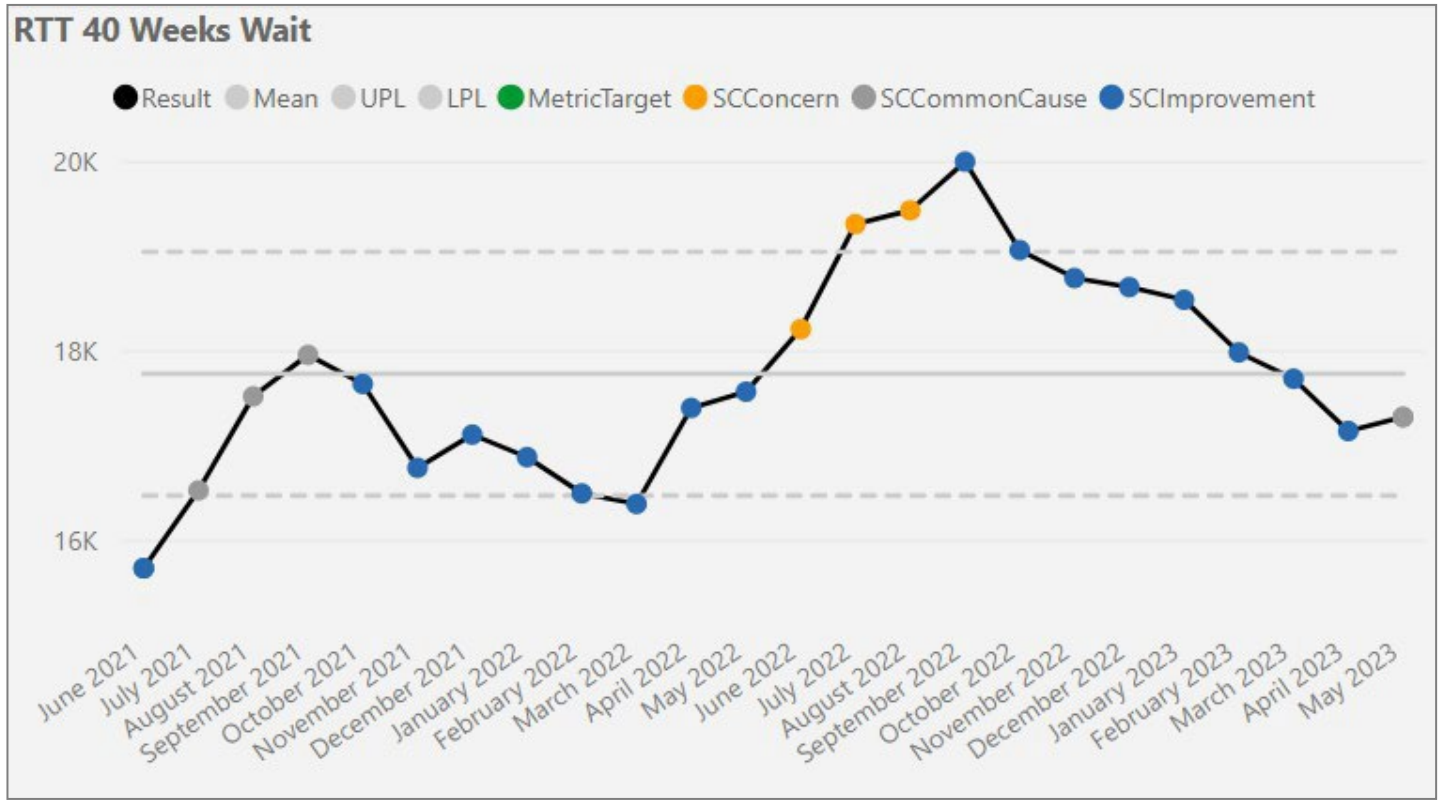
Number of Patients Waiting 18 Weeks of Higher



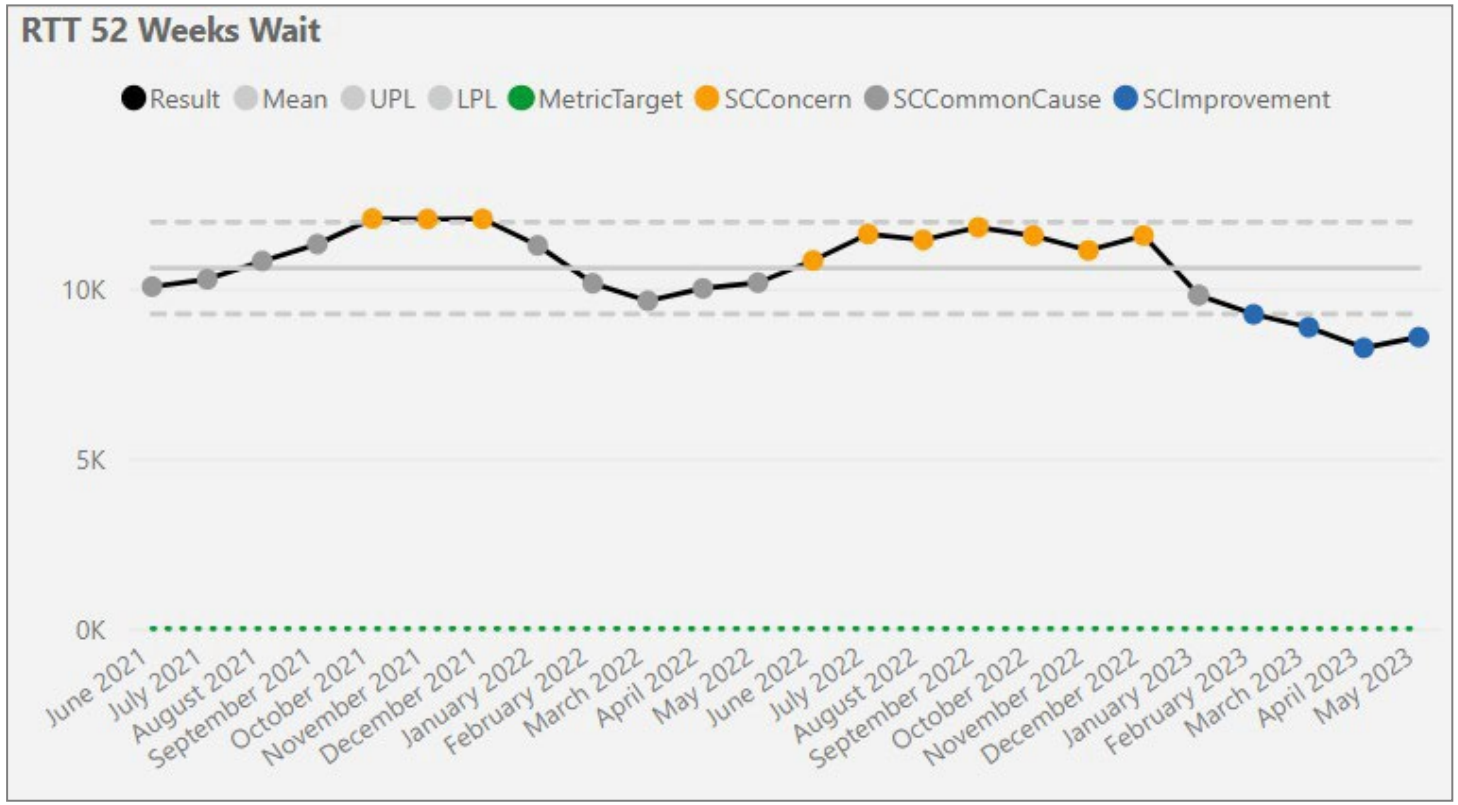
Percentage of Patients Waiting Under 18 Weeks for First Treatment



Weeks Wait	Number of Patients
Total	84,009
Within 18 weeks	42,425
Over 18 weeks	41,584
% within 18 weeks	50.5%

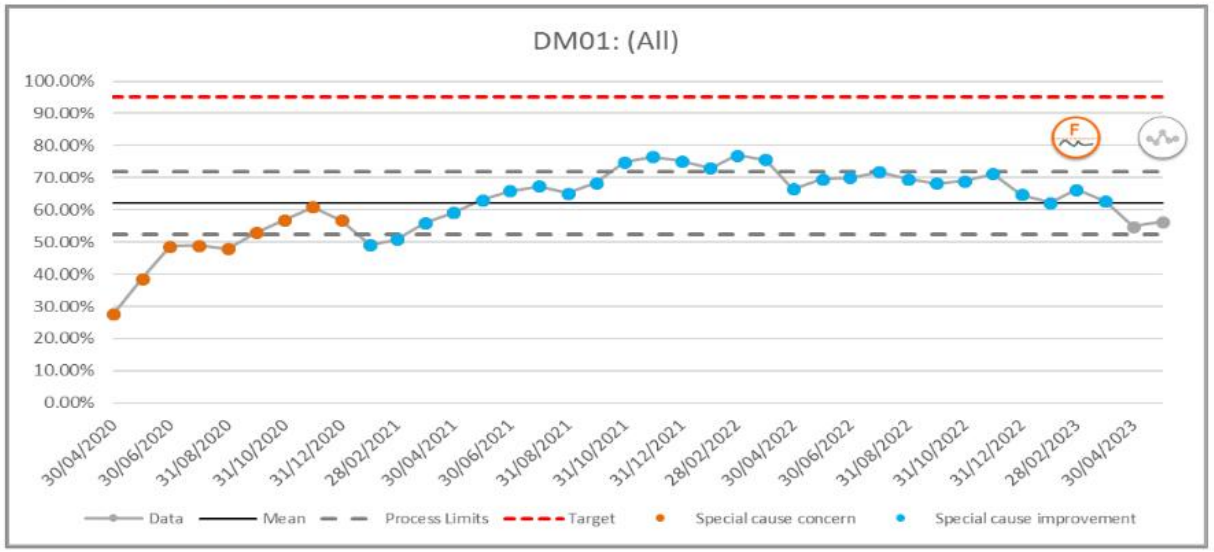


The graph above details the total number of patients on the waiting list at month end with a weeks wait of 40 weeks or higher. This highlights a low of 15,699 patients in June 2021, followed by a steady increase to a peak high of 19,994 in September 2022, before steadily reducing to 17,296 in May 2023.



The graph above details the total number of patients on the waiting list at month end with a weeks wait of 52 weeks or higher. This highlights a high of 12,053 patients in October 2021, and a low of 8,253 patients in April 2023.

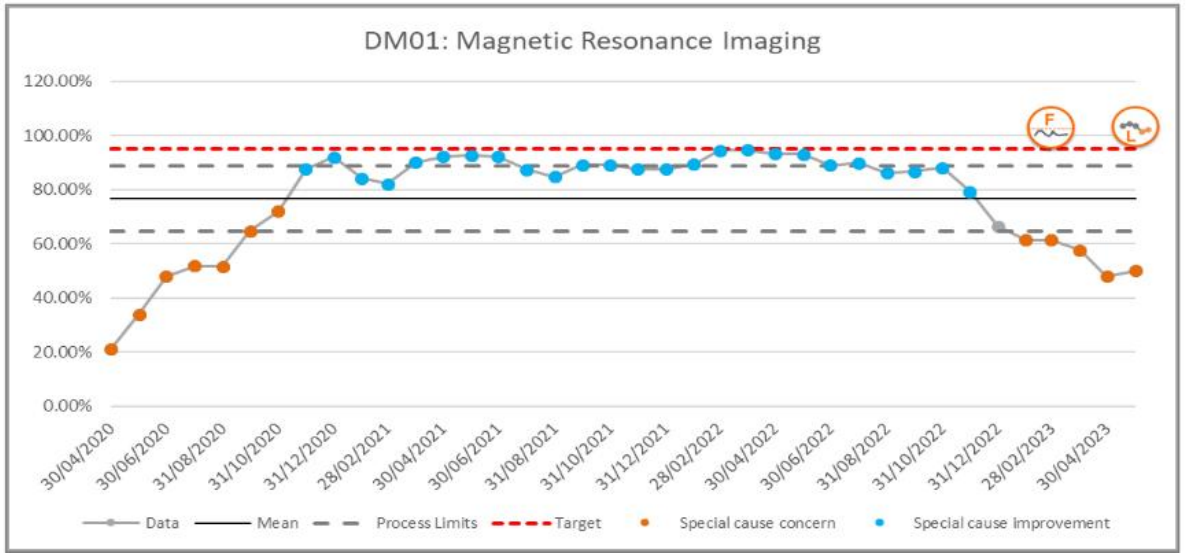
The NNUH has joined the national Go Further Faster outpatient programme to provide support and guidance from Getting it Right First Time (GIRFT) and the Royal Colleges to 14 specialties, with the aim of having no patients waiting over 52 weeks for their first appointment in these specialties on 1st April 2024.

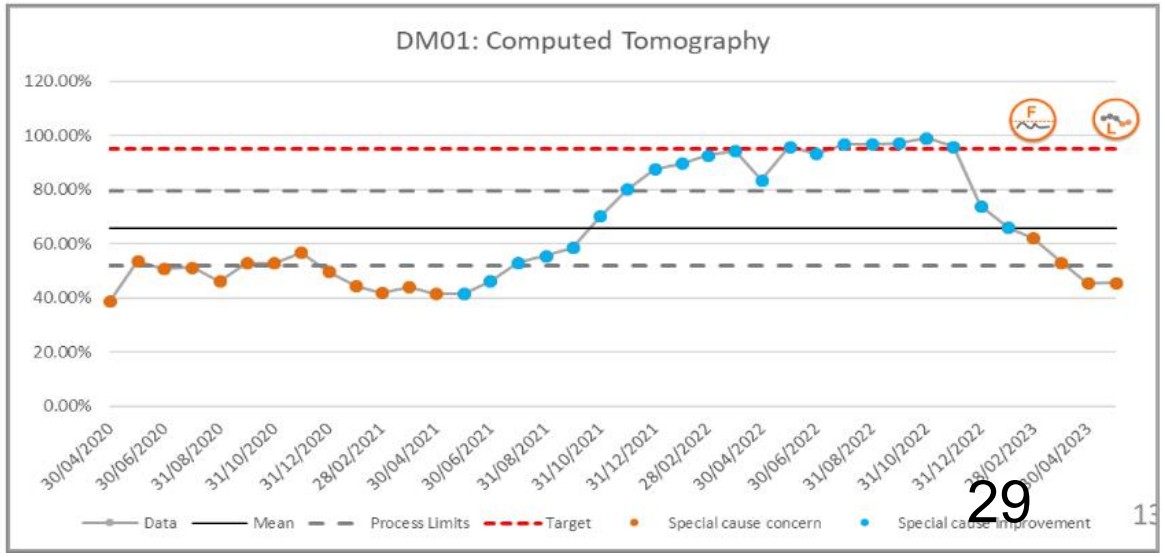


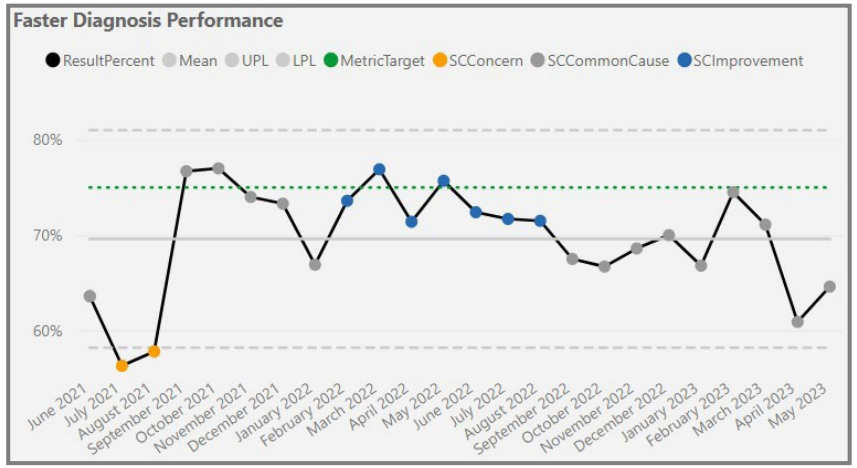
Against the DM01 Diagnostic National Standard of 95% by March 2025, NNUH achieved 56.30% in May. This equates to 9,355 patients waiting over 6 weeks for a diagnostic test.

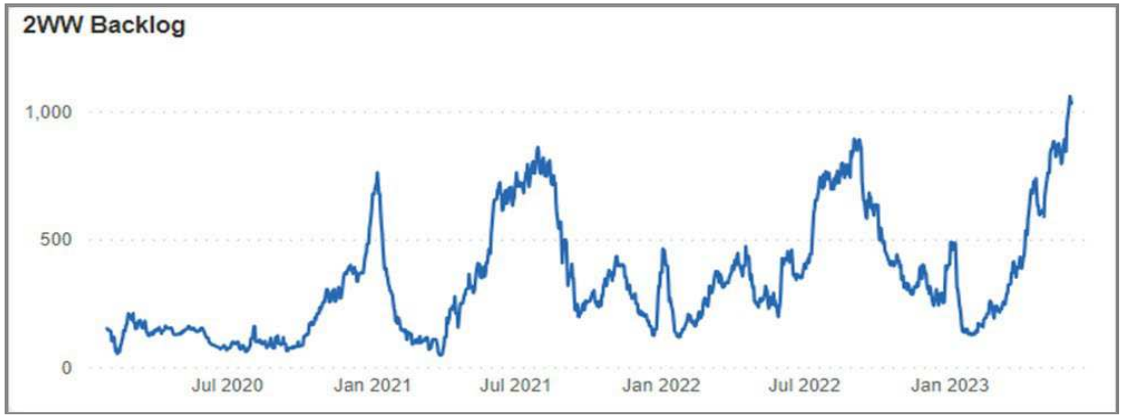
Individual diagnostic exam performance currently causing the most concern are CT and MRI, due to:

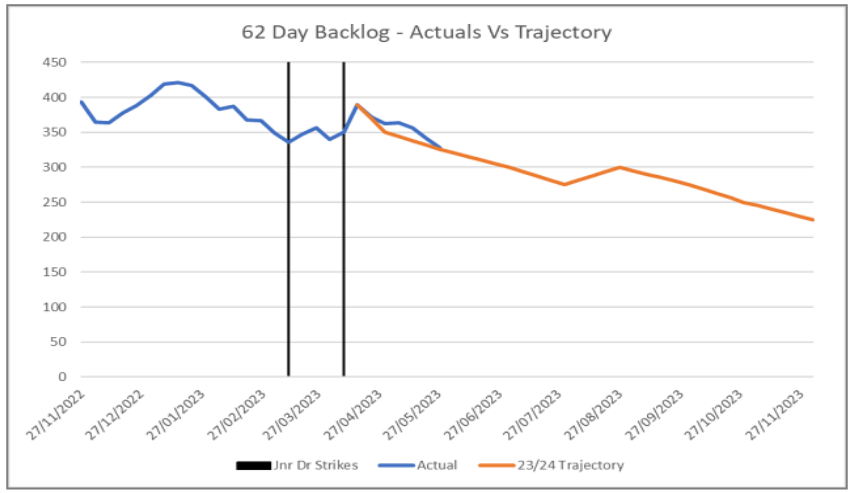
- Staffing – sickness, vacancies and difficulties recruiting
- Equipment breakdown – replacement options are being pursued.











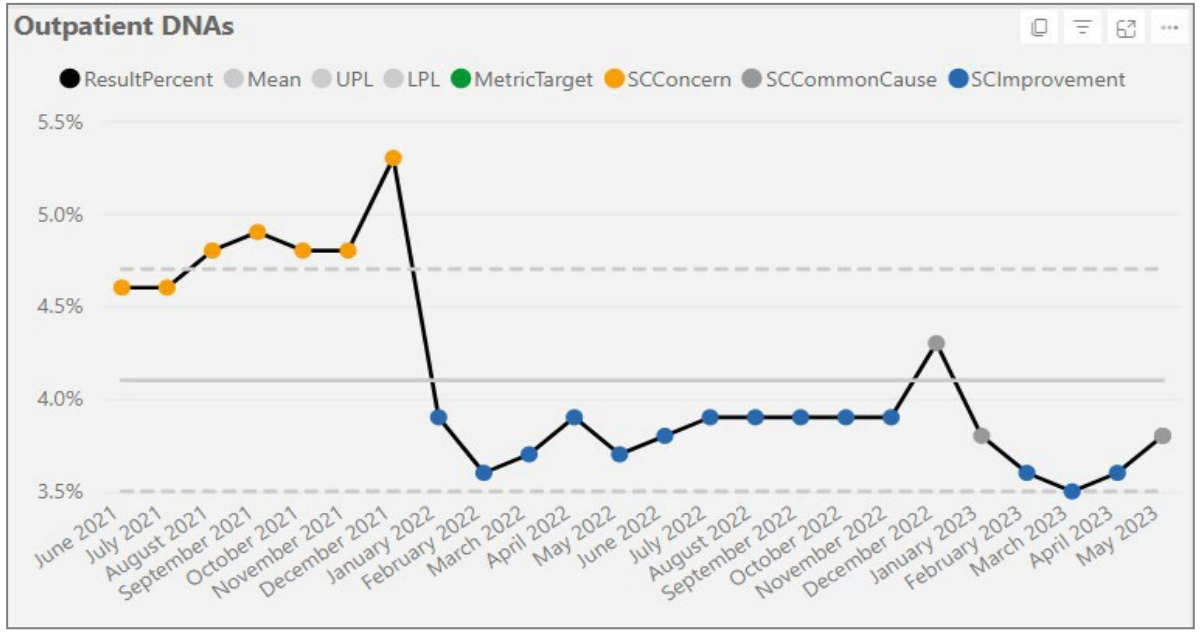
2WW Waiting Times Performance

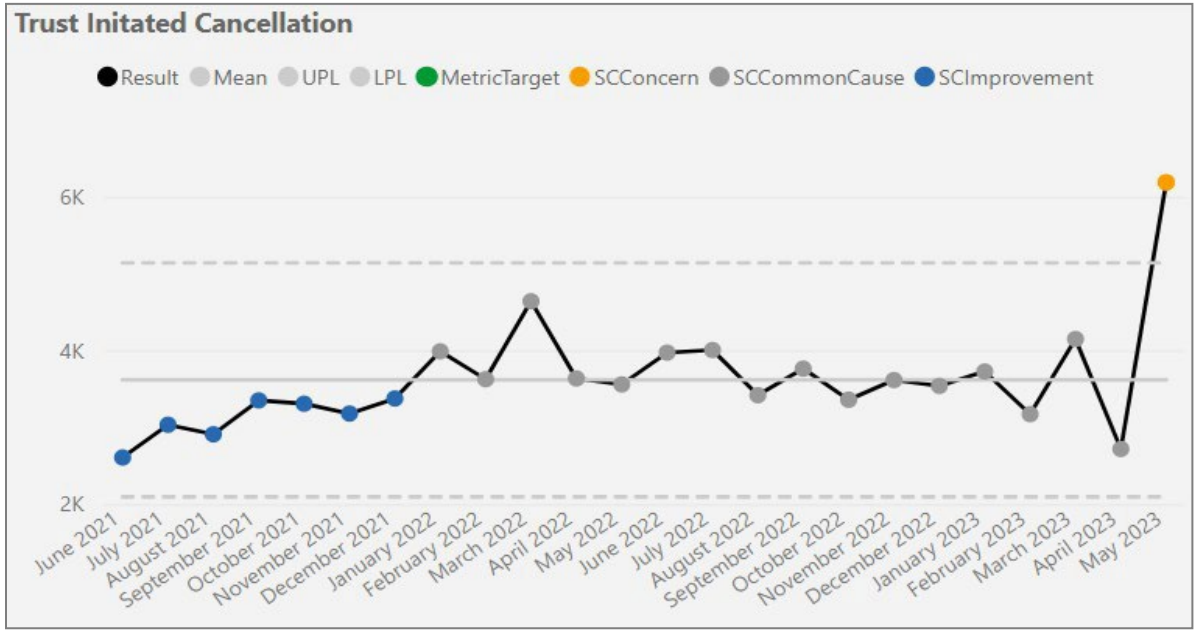
BodySite	%
Acute Leukaemia	100.0%
Brain	97.6%
Breast	60.2%
Gynaecology	65.5%
Haematology	89.4%
Head and Neck	88.5%
Lower GI	73.8%
Lung	79.4%
Other	100.0%
Paediatric	66.4%
Sarcoma	78.3%
Skin	44.2%
Testicular	96.5%
Upper GI	89.4%
Urology	85.1%
Total	67.5%

62 Day Waiting Times Performance

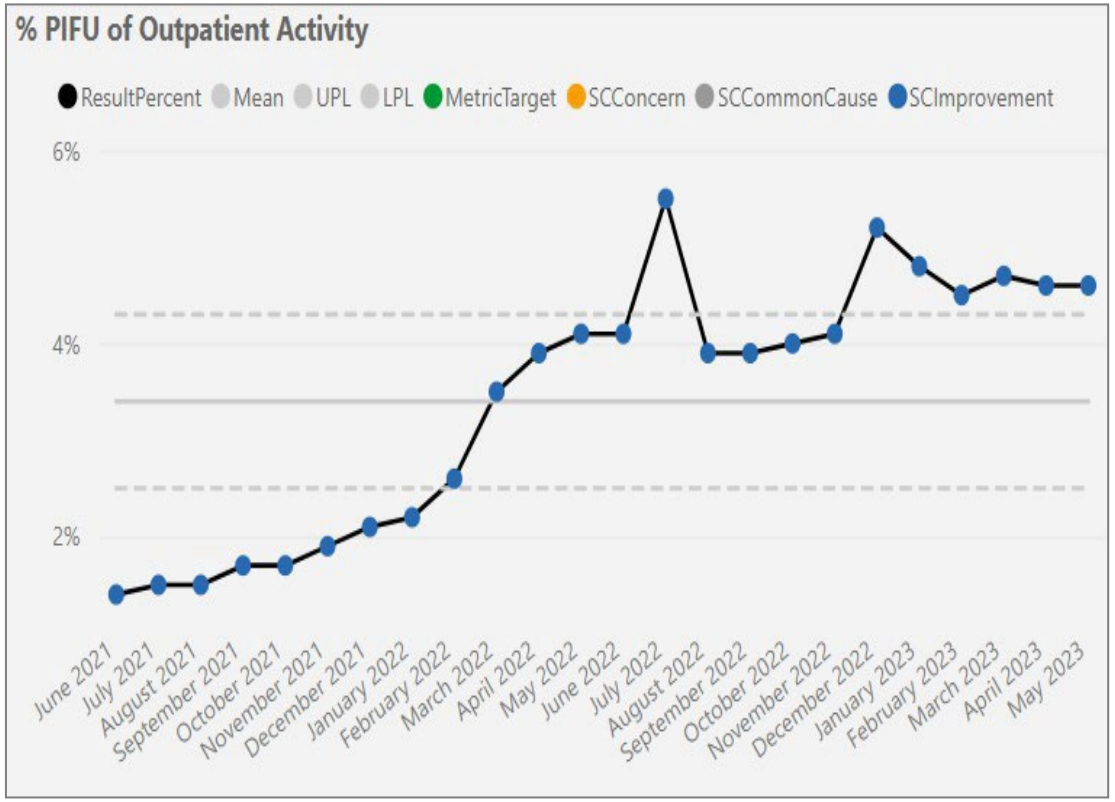
BodySite	%
Acute Leukaemia	68.4%
Brain	89.5%
Breast	81.4%
Gynaecology	40.8%
Haematology	69.3%
Head and Neck	53.6%
Lower GI	43.6%
Lung	52.1%
Other	54.7%
Paediatric	66.7%
Sarcoma	34.6%
Skin	81.4%
Testicular	77.3%
Upper GI	67.2%
Urology	48.2%
Total	61.7%

- The median days wait for the 2 week wait backlog in 2022/23 was 15 days, compared to a median days wait of 12 in 2019/20.
- On 28th May 2023 the 62 day backlog was at 325 patients, only 3 patients behind trajectory. The median days wait for the 62 day pathway in 2022/23 was 62 days, compared to a median days wait of 52 in 2019/20.
- The body sites causing most concern are Gynaecology and Urology. This is due to:
  - 2x additional Theatres delayed until the end of 2023/24.
  - Gynaecology referrals that previously went from Queen Elizabeth Hospital to Cambridge are now referred to NNUH.

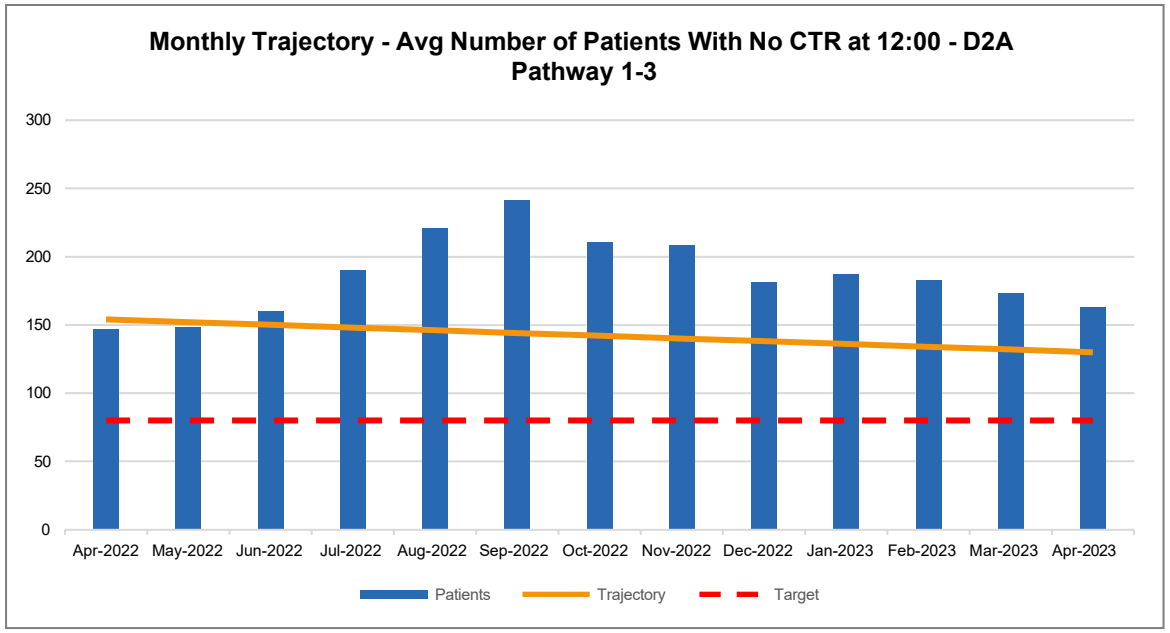


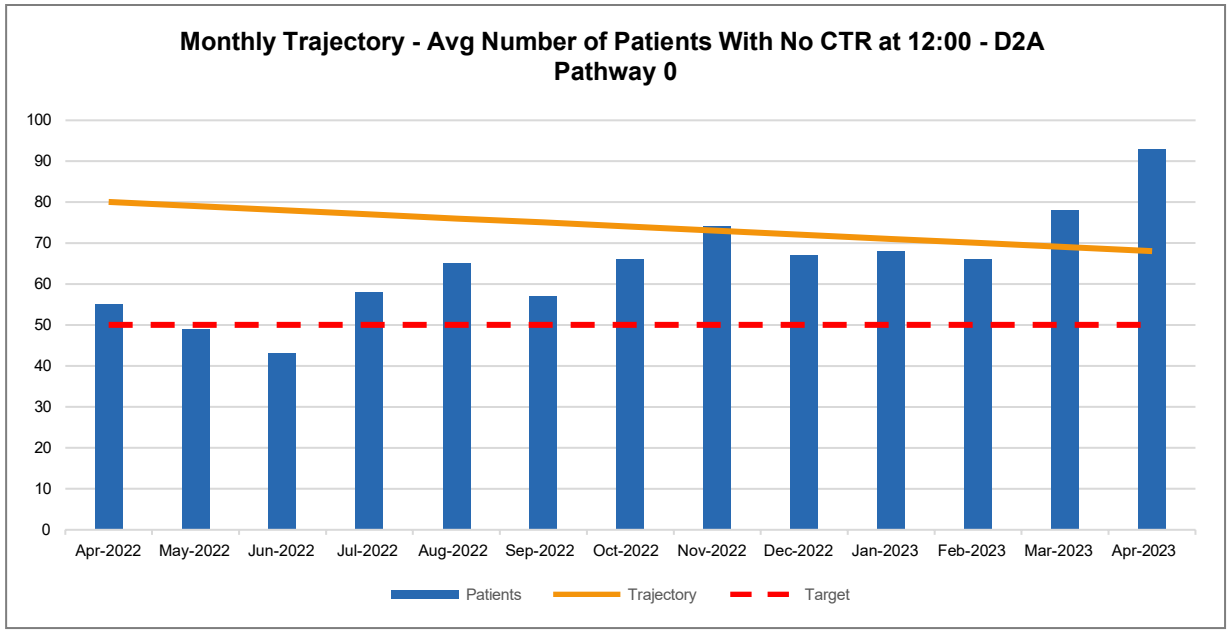


- The graph above displays NNUH data for the percentage of outpatient appointments where the patient did not attend (DNA). For May 2023, this was 3.7%, presenting significant improvement since December 2021 (5.3%).
- Using the most recent benchmarking data (in March 2023) from Model Hospital, the graph across shows that NNUH were the 2nd best performing Trust across the country for the percentage of Outpatient appointments which are DNAs.
- If a patient's operation is cancelled by the hospital for non-clinical reasons on the day of admission or day of surgery, the NNUH will offer the patient a new appointment date within 28 days of the cancelled procedure date, in line with the NHS Constitution.



- The graph on the left hand side displays NNUH data for the number of patients added to a PIFU list as a percentage of the monthly outpatient activity. The Trust is consistently performing above 4% since October 2022, with the most recent position in May 2023 at 4.6%.
- Using the most recent benchmarking data (in March 2023) from Model Hospital, the graph on the right hand side shows that NNUH were in the top quartile nationally for the number of patients added to a PIFU list as a percentage of the monthly outpatient activity.
- The conversation rate from a PIFU list to an outpatient attendance are consistently between 10% and 15% each week.





The best practice guidance on discharge covers 8 high impact changes across the System.

Illustrated in the table across, NNUH has carried out a self-assessment against the system's Key Lines of Enquiry (KLOE) relating to the 8 high impact changes specific to the Acute Hospital Discharge 100-day challenge.

KLOE	RAG Rating
Identify patients needing complex discharge support early	Amber
Set expected date of discharge (EDD) and discharge within 48 hours of admission	Amber
Ensure multi-disciplinary (MDT) engagement in early discharge plan	Amber
Ensuring consistency of process, personnel and documentation in ward rounds	Amber
Apply 7-day working to enable discharge of patients during weekends	Amber
Treat delayed discharge as a potential harm event	Amber
Streamline operations of Transfer of Care Hubs	Amber
Develop demand/capacity modelling for local and community systems	Green
Manage workforce capacity in community and social care settings to better match predicted patterns in demand for care and any surges	Red
Revise intermediate care strategies to optimise recovery and rehabilitation	Amber

Our Vision
The best care for every patient

Virtual Ward

NHS
Norfolk and Norwich University Hospitals
NHS Foundation Trust

Our Virtual Ward enables patients to continue their treatment or recovery at home while being carefully monitored remotely, enabling early transfer home, admission avoidance and reducing bed occupancy.

Eligible patients must meet certain clinical criteria and can be admitted to the Virtual Ward directly from the Emergency Department or Acute Medical Unit (AMU) as well as wards.

The ward operates for 24 hours a day 7 days a week. Uses enhanced remote monitoring and daily calls (or at another frequency that is clinically determined).

The Virtual Ward team can remotely monitor observations such as heart rate, oxygen saturations, skin temperature and respiratory rate continuously and the outcome of hospital treatments, including Dexamethasone, anticoagulation and in a small number of cases home oxygen therapy.

All Virtual Ward patients are given an appropriate monitoring kit, information leaflets, including details of their care, the monitoring expected and escalation pathways. They are also given a contact telephone number to call for any advice or support required.

NNUH's Virtual Ward has been recognised for its positive impact on patient care, was highly commended at the HSJ Awards in 2022 and has been referenced as a principal case study for Virtual Wards by NHS England. It now includes 15 pathways, 10 of which are fully operational (Gastro, Hot Gall Bladder, Cardiology, Palliative Care, Awaiting Diagnostics, Stroke, Bespoke, Day Procedure Unit, Diabetes, TPN, Colorectal Robotic Surgery). Four more pathways are in development (Heart Failure, Paediatric, COPD, Frailty) with the COPD pathway going through a second trial. Currently, the Virtual Ward is able to occupy an average of 40 patients, with a trajectory to achieve 60 patients in July 2023.

The system are launching a Virtual Ward step up model, which is planned to be available from July 2023. This will enable integration with existing UEC services to reduce demand, increase early supported discharge and bed capacity and improve patient flow and experience.

Advantages

1) Patients can leave hospital sooner and recover in comfort and in the familiarity of their own home. This has a positive effect on patients' mental health and wellbeing which can help speed up recovery
2) Patients are provided with more choice on where they receive care. For example, some patients may be able to complete the treatment they are receiving in hospital at home or be monitored at home prior to surgery.
3) Patients feel reassured by continuous health monitoring and having access to the Virtual Ward team at any time.
4) Necessary adjustments can be made to your care plan whilst you are at home, preventing return trips to the hospital.

Disadvantages

1) Initial set up costs (equipment, recruitment and staffing) and available funds to support this.
2) Inclusivity – may disproportionately exclude certain patient groups, e.g. lower income, homeless people, traveller communities, and those with poor phone signal and/or no internet access.
3) No Electronic Patient Record across the ICB – minimising the benefits of an integrated approach.

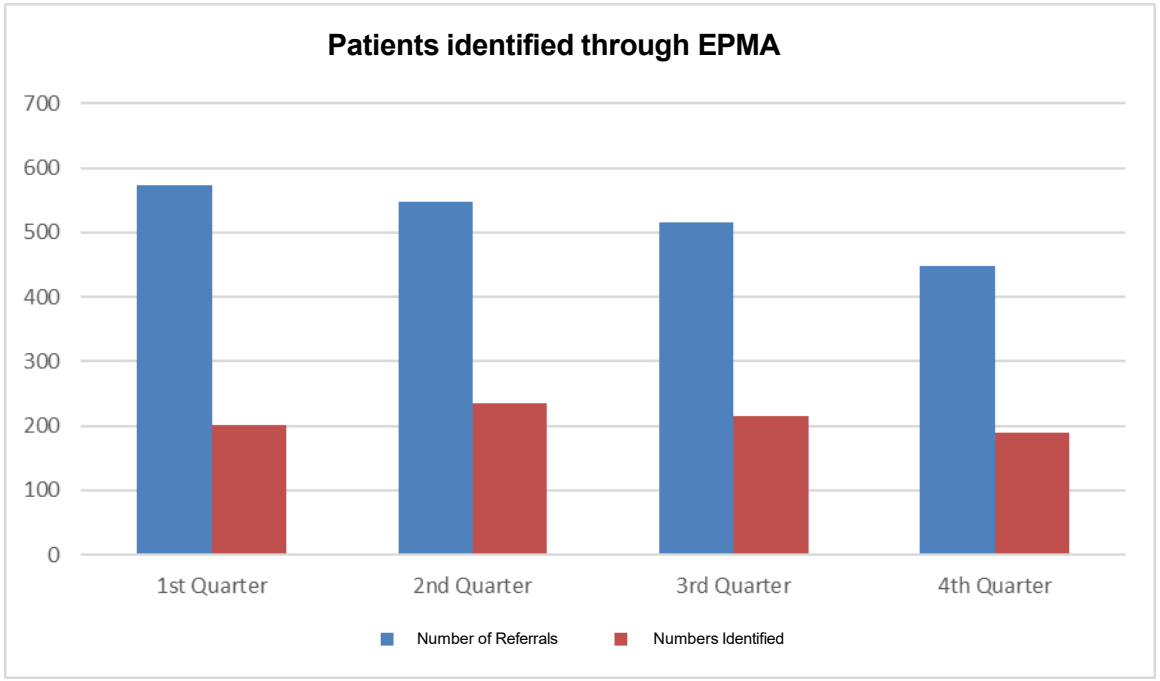
Managing Patient Addictions

As part of the Complex Health Hub the Substance Misuse Liaison Team works across the whole of the NNUH Trust, delivering specialist drug and alcohol input to patients within the general healthcare setting. The team comprises x2 WTE Advanced Nurse Practitioners and x2 WTE Nurse Specialists.

What we offer:

- Assessment of patients with substance misuse needs to provide specialist advice and guidance relating to their management, care and onward pathways within the hospital and community.
- Specialist advice on the pharmacological and general management of substance misusers during periods of hospitalisation.
- Supporting management of the complex needs within the patient group, including pregnancy, pain management, homelessness and mental health, whilst in hospital and in partnership with the wider teams.
- A communication bridge between the secondary care setting and community based substance misuse services, including direct referral to community-based substance misuse services where required.
- Specialist alcohol and drug education and training to hospital based workers, with the aim of establishing and maintaining a workforce that is empowered to work with patients with substance misuse issues.
- Support to Urology and Gastroenterology Services within the Trust, including the Alcohol Liver Disease Outpatient Clinics and Ketamine Bladder clinic.

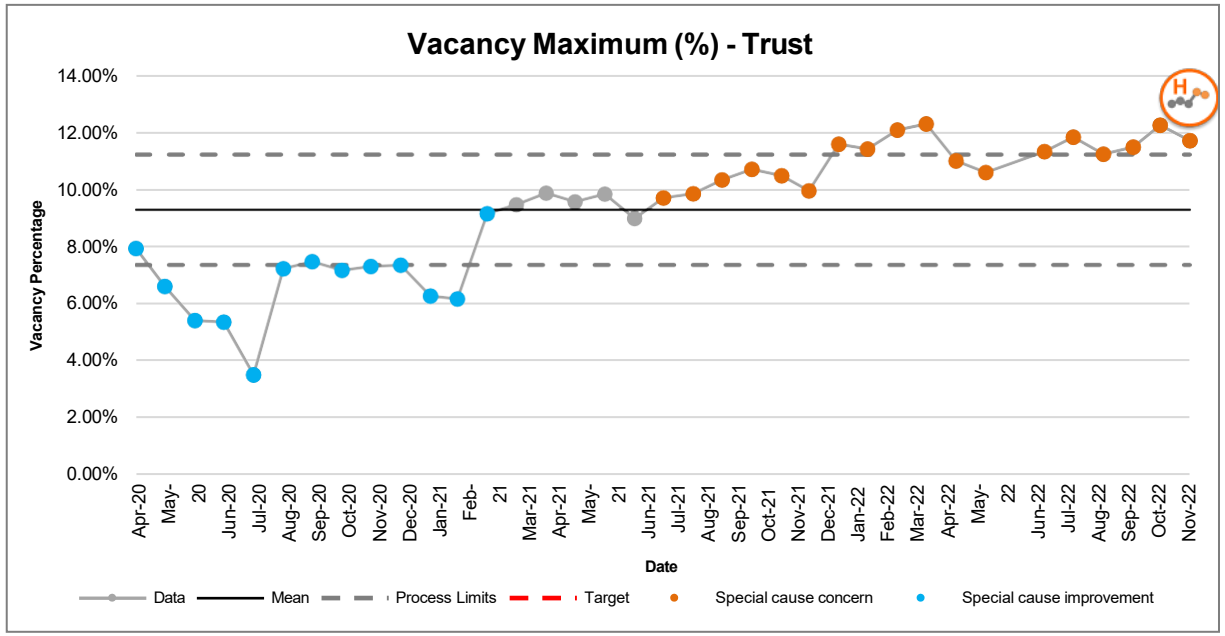
Daily EPMA reports are reviewed for all patients that are prescribed the drugs we use. This is to ensure individuals not yet referred are proactively seen and facilitate appropriate management plans for medication, onward support to prevent readmission and discharge planning. The graph below reflects patients seen through outreach:

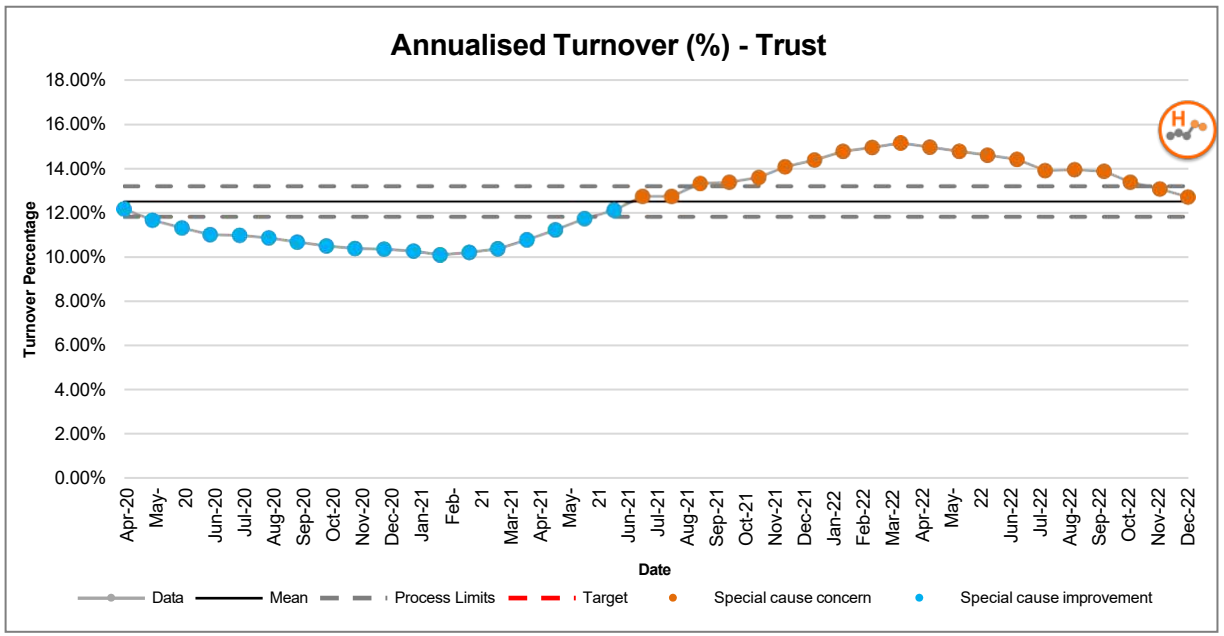


Workforce

The NNUH's 5-year People and Culture Strategy; '*Caring Together*', commits to deliver various improvements that will make the most difference to staff, including:

- To recruit to establishment and achieve and maintain a 5% vacancy rate for key clinical roles
- To reduce turnover to 10% per annum and aspire to get to 5%.





The average vacancy level in 2022/23 was 11.5%, compared to 6.5% in 2020/21 and 9.8% in 2021/22.

The consequences of the pandemic remain, with record numbers leaving their roles and the NHS altogether. Locally, significant operational pressures from increased staff sickness and turnover, continuation of 7 patients in 6 bedded bays and discontent amongst staff regarding their pay.

The Recruitment Plan for 2023/24 includes recruitment strategies for Nursing, Healthcare Assistants, Administration and Clerical staff, and International

The annualised turnover level in 2022/23 was 14%, compared to 11% in 2020/21 and 12% in 2021/22.

The Trust is in the second year of delivery of the People Promise commitments, which highlights key actions in response to the staff survey. This included over 20 actions for last year and over 30 drafted for this year. This comprises actions in relation to retention, sickness absence, recruitment, staff experience and the clinical care environment.

Section 2

Norfolk Health Overview and Scrutiny Committee (NHOSC)
Inpatient and Outpatient Services

The Queen Elizabeth Hospital (QEH)

6th July 2023

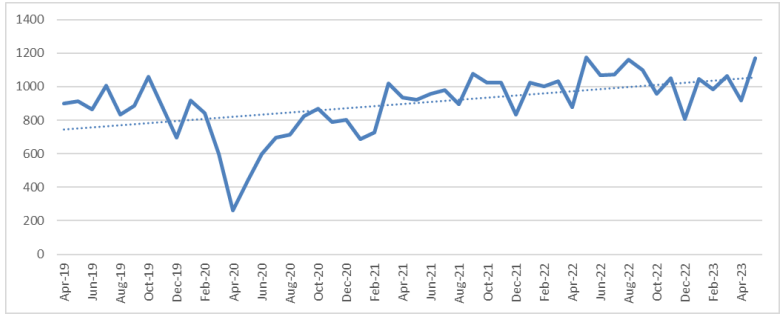
The QEH elective RTT and FU waiting lists increased significantly during the pandemic, with the Day Surgery Unit becoming a Emergency Department for Covid cases between March 2020 and June 2021, meaning that this limited the amount of elective activity to certain cancer activity and clinically urgent surgery. Outpatient capacity was reduced due to the infection control measures and at the same time, there was reduced diagnostic capacity, increased workforce vacancies, and greater demand for UEC capacity. This, along with a significant increase in Cancer and RTT referrals post-covid (below) combined to result in a sustained rise in the elective waiting list and waiting times for patients across both Cancer and routine elective activity compared to pre-covid levels.

Waiting List Size at 29th Feb 2020: 13,869 (Admitted: 3,503)

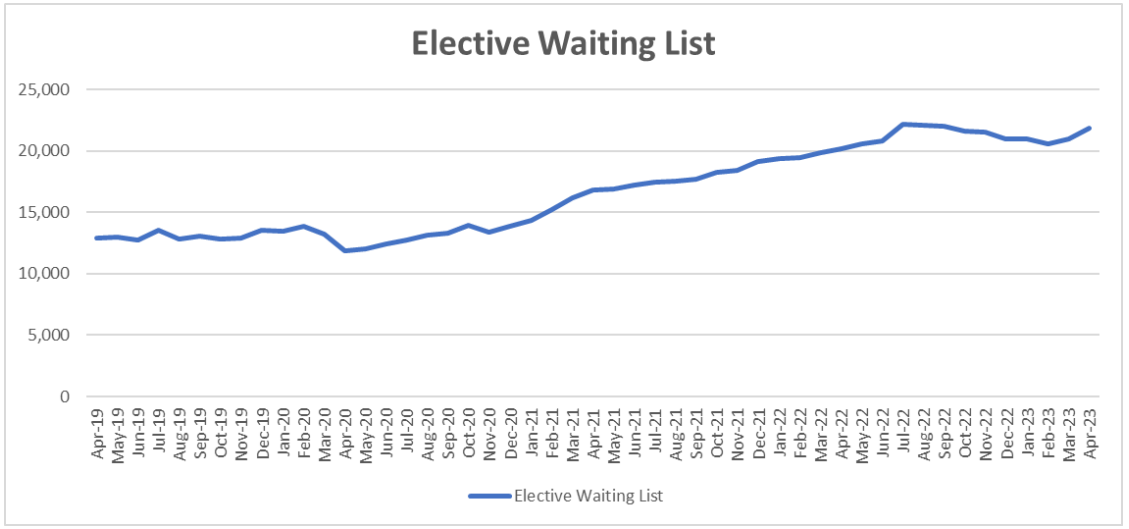
Waiting List Size at 30th April 2021: 16,789 (Admitted: 4,881)

Waiting List Size at 31st March 2023: 21,022 (Admitted: 3,739)

Cancer 2 Week Wait Referrals Received



Elective Waiting List



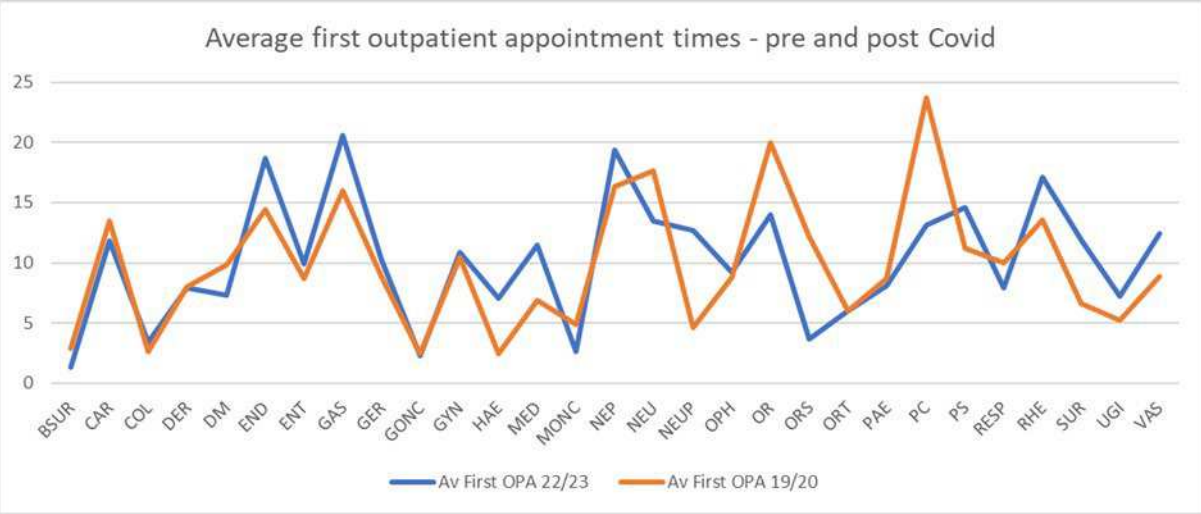
There are various national and system level elective recovery workstreams in place to support the waiting list reduction, including:

- Patient Initiated Follow-Up (PIFU).
- Clinical and administrative validation of patients on waiting lists.
- Use of clinical priority codes to clinically list the correct patient first time.
- Single Access Policy to provide a standardised process for RTT and Cancer.
- Development of a single PTL across the ICS – phase one almost complete.

The QEH has an Elective and Cancer Improvement Programme which is structured into 4 domains, Outpatients, Theatres, Diagnostics and Cancer Care. The programme is aligned to the system and national workstreams as well as those local to the QEH.

The current issues affecting outpatient and inpatient services at QEH include:

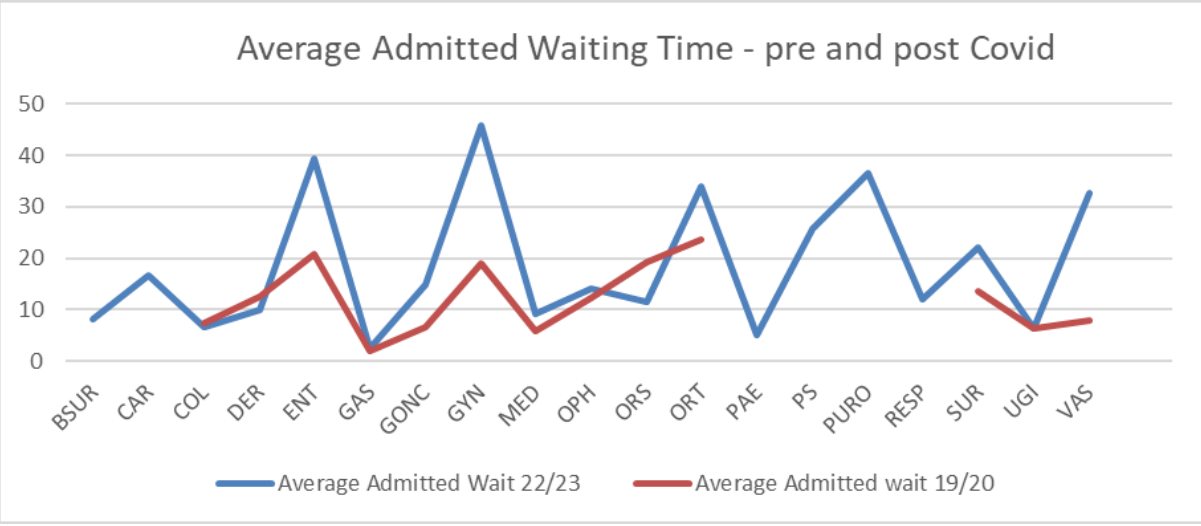
Industrial Action	Staffing – increase in vacancies, turnover, difficulties in recruiting and retaining staff.	Staff morale / exhaustion
Non-elective impact/pressures	Patient flow out of the hospital	Aging population in West Norfolk
No Electronic Patient Record (EPR) system	Shortage of Independent Sector provision in the East of England	RAAC Plank Failsafe Work



The average waiting times for first outpatient appointment during 19/20 and 22/23 are noted by speciality.

Overall, the aggregate waiting time for first outpatient appointment at the QEH is currently 14.1 weeks compared to 10.3 weeks compared to the same period in 2019.

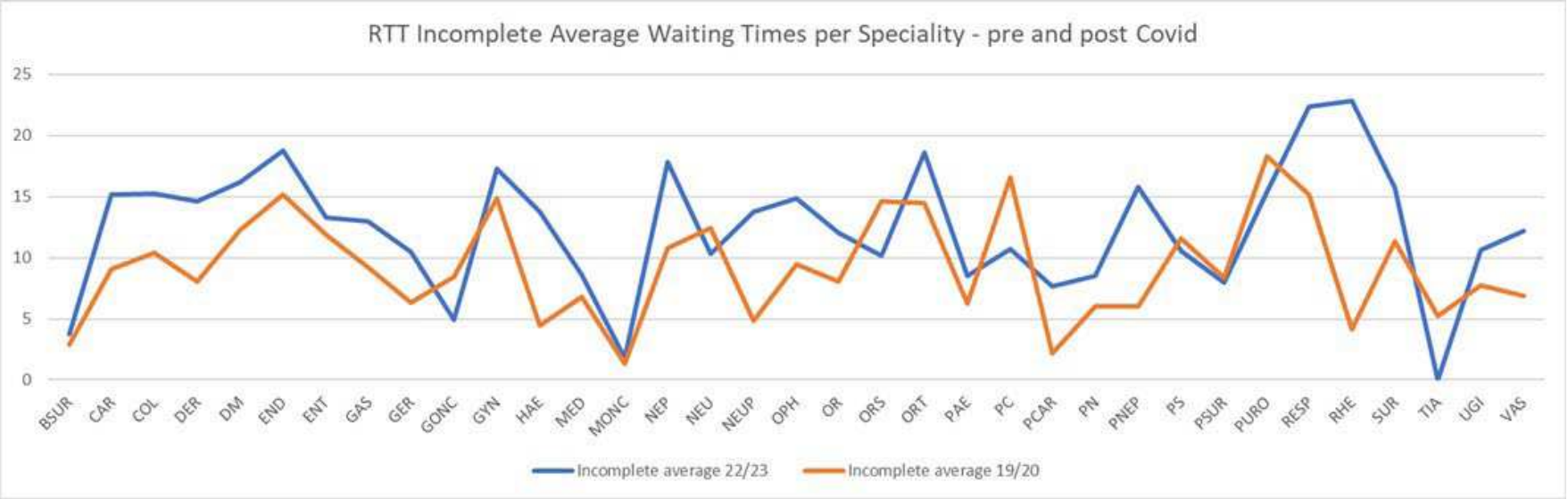
The national average non-admitted waiting time during 22/23 was 8.2 weeks.



The average waiting times at an admitted stage during 19/20 and 22/23 are noted by speciality.

Overall, the aggregate waiting time for treatment on an elective waiting list at the QEH is currently 18.7 weeks compared to 14.4 weeks compared to the same period in 2019.

The national average admitted waiting time during 22/23 was 12.3 weeks.



The graph above provides the average RTT waiting time from referral to treatment by speciality

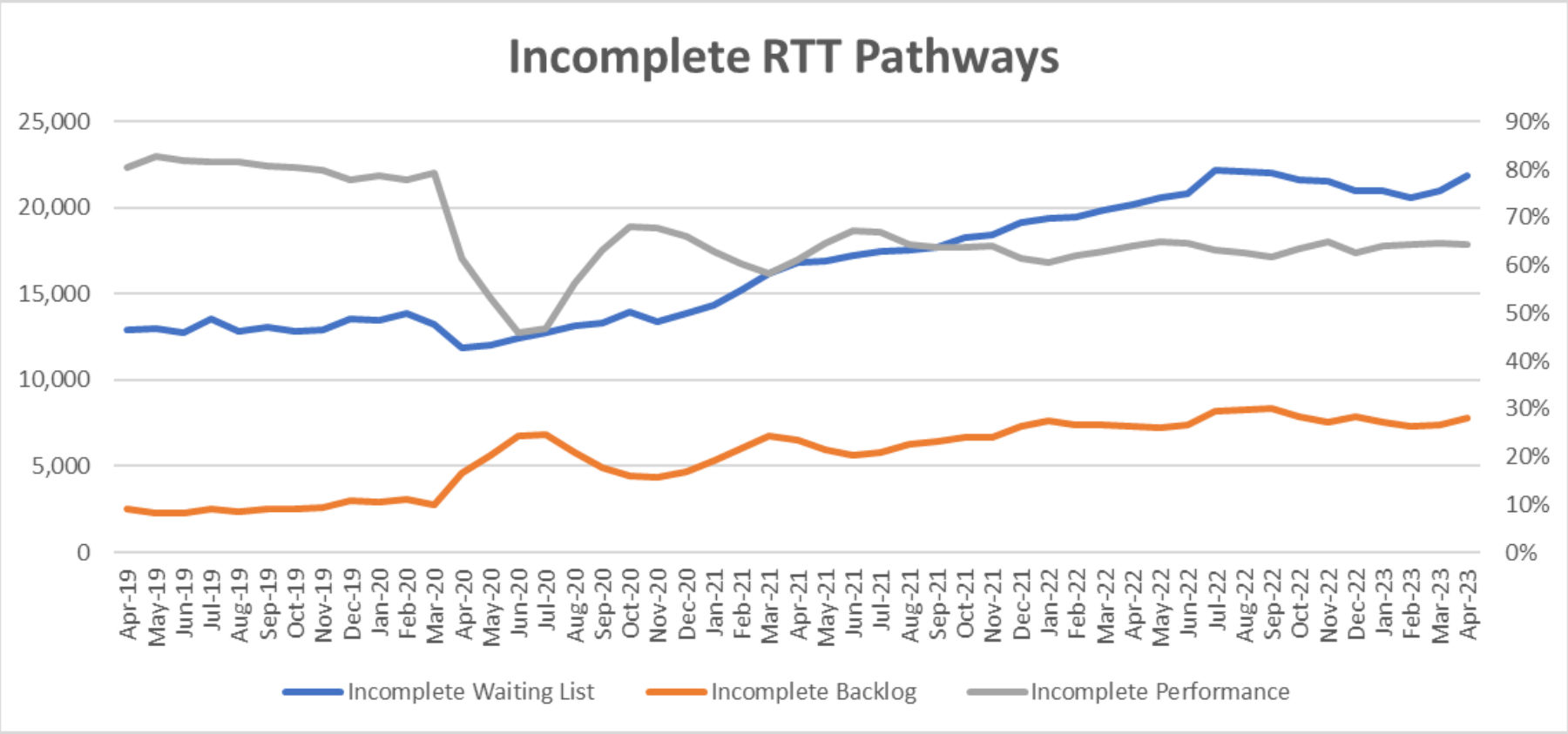
The three specialities with the greatest number of patients waiting over 18 weeks for treatment are Orthopaedics (1,068), Gynaecology (816) and Ophthalmology (810).

The lowest waiting times are noted in specialities that deliver Cancer Services, Paediatric services and Oral Health.

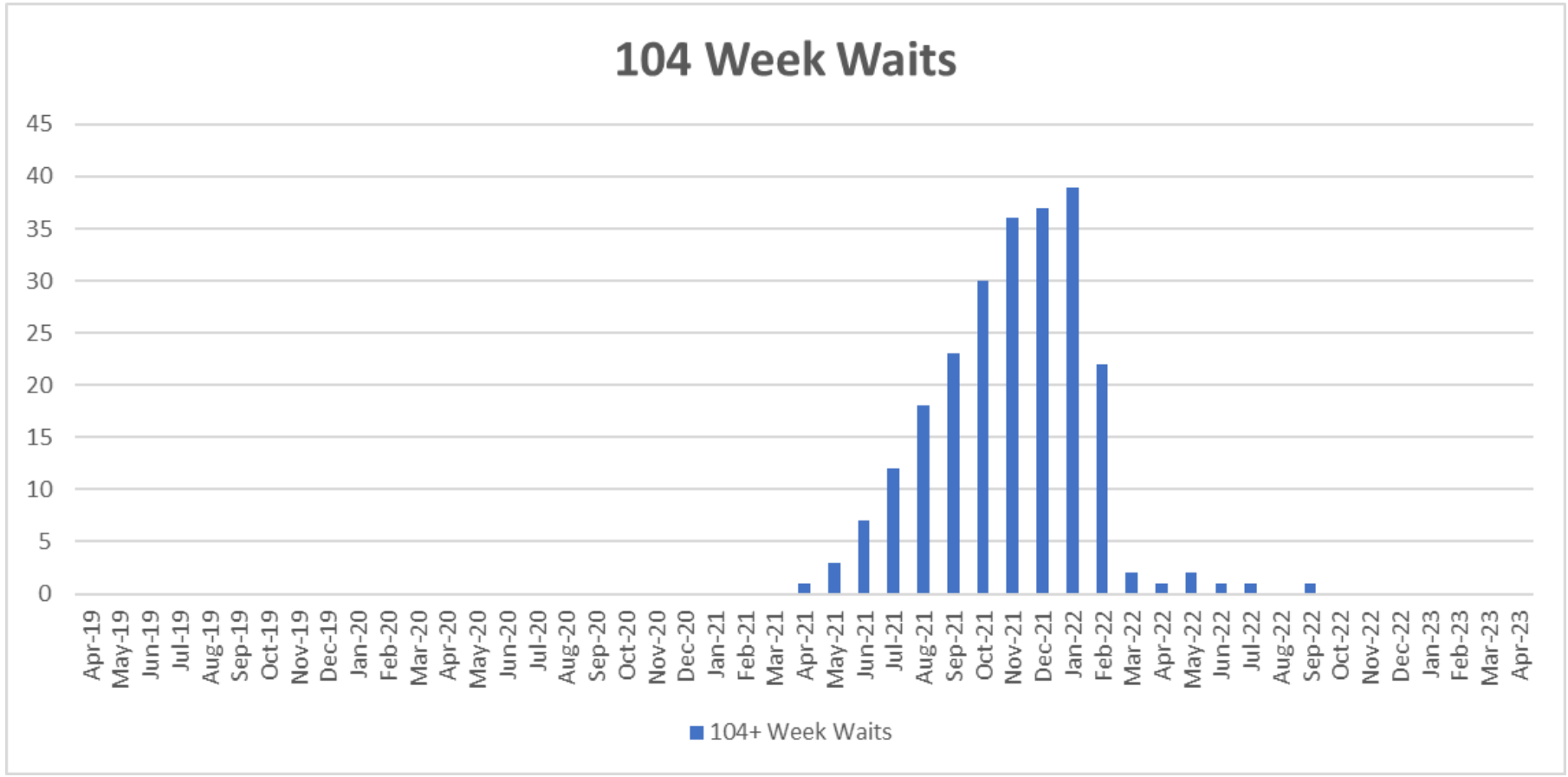
To note an offer had been made to support NNUH with mutual aid for circa 50 new patients per month, and the mutual aid process is being currently enacted to ensure that patients are contacted to ascertain if they will travel to the QEH for their outpatient appointment, treatment and follow up appointment.

The Trusts Elective and Cancer Improvement Programme is structured into 4 domains, Outpatients, Theatres, Diagnostics and Cancer Care. The programme consists of three work streams, with aims to address some of the physical capacity shortfalls and the administrative process issues which can contribute to delays in a patient's care:

- Diagnostic Improvement – including Cancer FDS
- Outpatient Improvement – including delivery of PIFU and GIRFT
- Theatres Improvement – including delivery of GIRFT/HVLC



Weeks Wait	Number of Patients
Total	21,902
Within 18 weeks	14,087
Over 18 weeks	7,815
% within 18 weeks	64.3%


104 Week Waits
45
40
35
30
25
20
15
10
5
0
Apr-19
May-19
Jun-19
Jul-19
Aug-19
Sep-19
Oct-19
Nov-19
Dec-19
Jan-20
Feb-20
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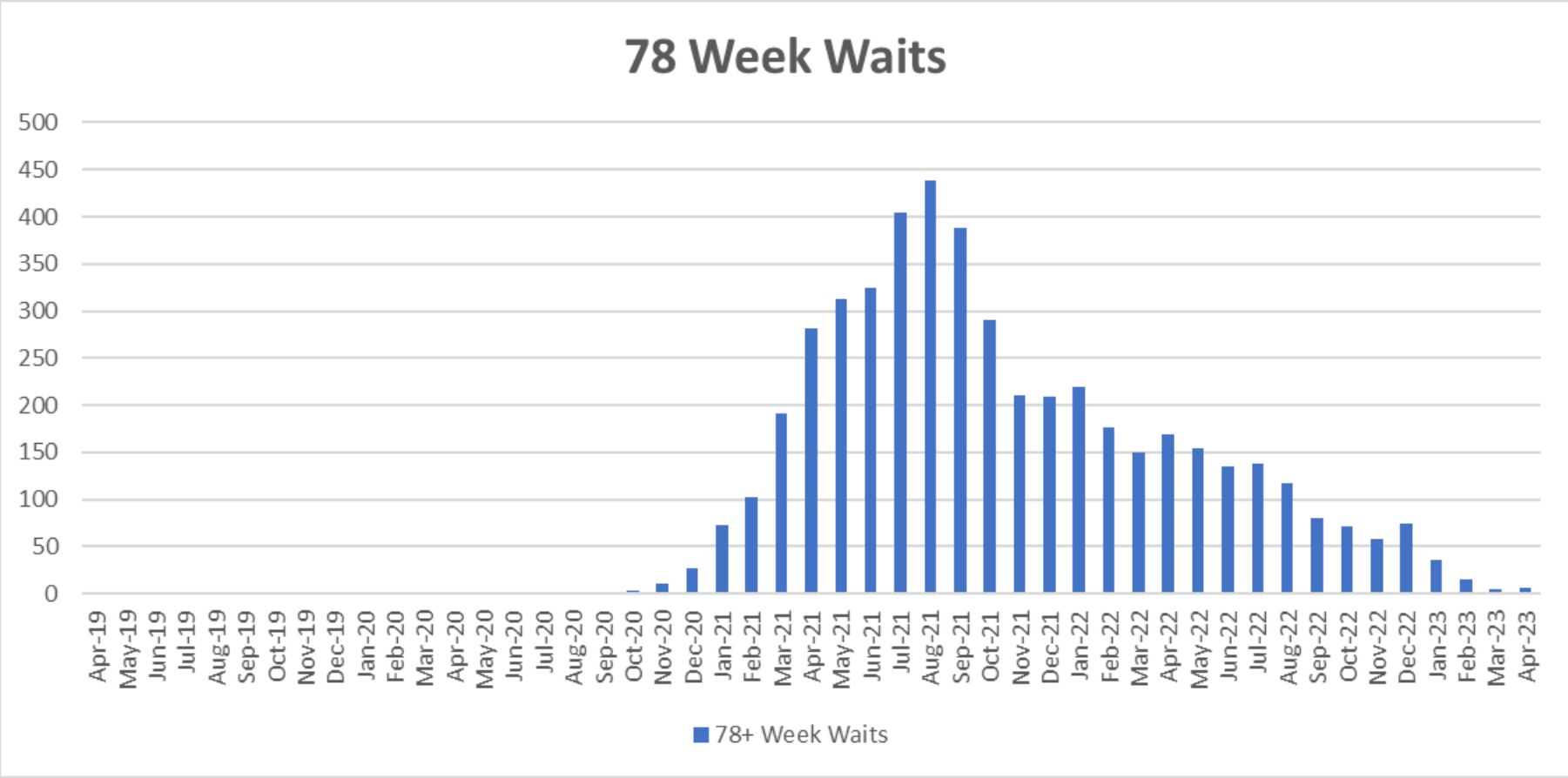
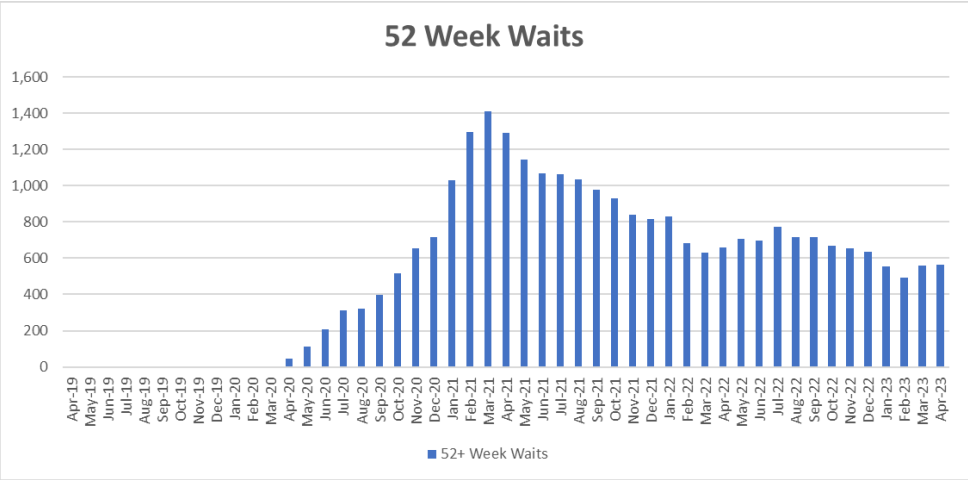
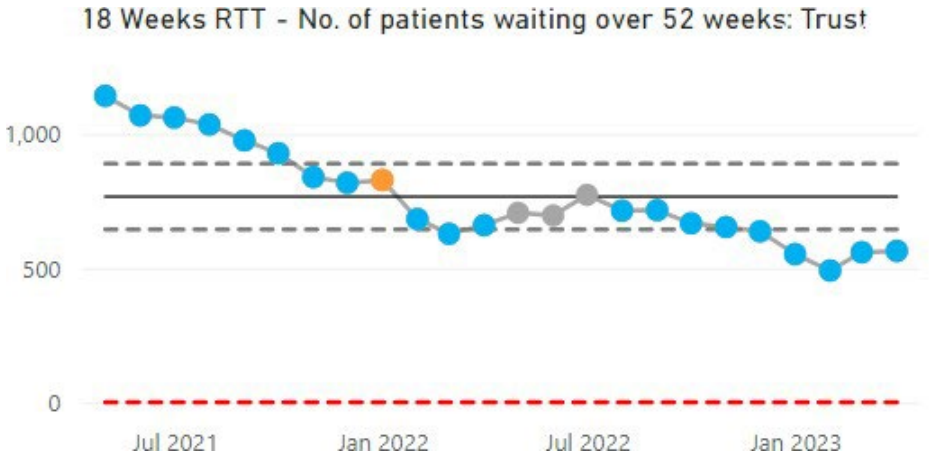
104+ Week Waits



The QEH achieved the national target of zero patients waiting 78 weeks or more on 1st April 2022, unless a patient expressed their right of patient choice to wait longer.

The Trust is currently on track with plans to deliver the 65 week target for 2023/2024; however , lost activity due to the Industrial Action has impacted the Trusts ability to fully deliver 78 weeks in April and May 23 within the established capacity and we are

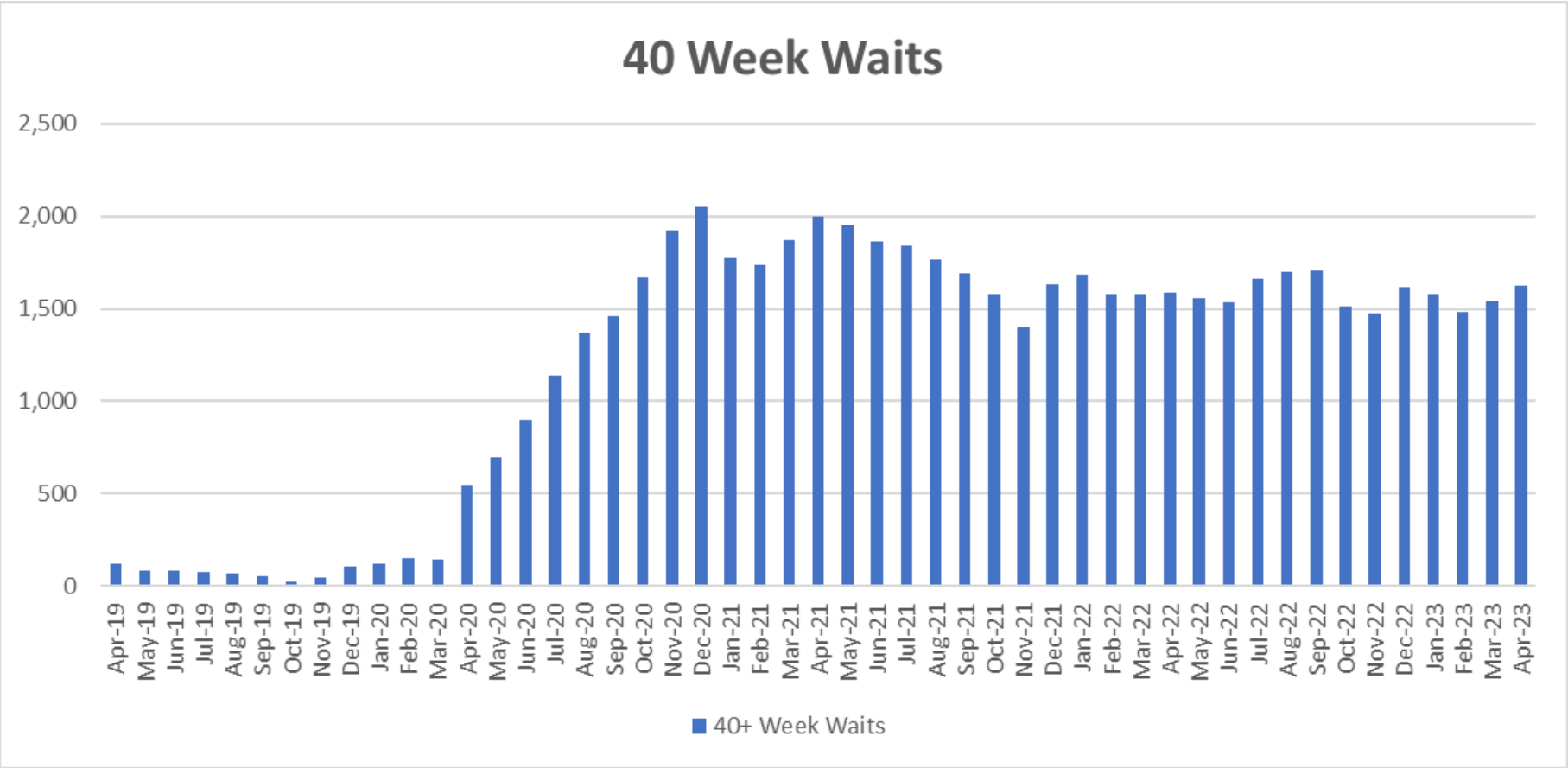




Apr 23	564
Latest Date	Performance
0	766.46
Target	Mean

The graphs above detail the total number of patients on the waiting list at month end with a weeks wait of 52 weeks or higher. This highlights a high of 1,412 patients in March 2021, and a low of 492 patients in February 2023; Industrial action and Bank Holidays in March and April have meant there has been an increase

The QEH has adopted the principles of the national Go Further Faster outpatient programme to provide support and guidance from Getting it Right First Time (GIRFT) and the Royal Colleges to 14 specialties, and are aiming to have no patients waiting over 52 weeks for their first appointment in these specialties by 01st November 2023.



The graph above details the total number of patients on the waiting list at month end with a weeks wait of 40 weeks or higher. This highlights a low of 1, 399 patients in November 2021, followed by an increase to a peak high of 1,705 in September 2022, before reducing to an average of 1,550 per month.

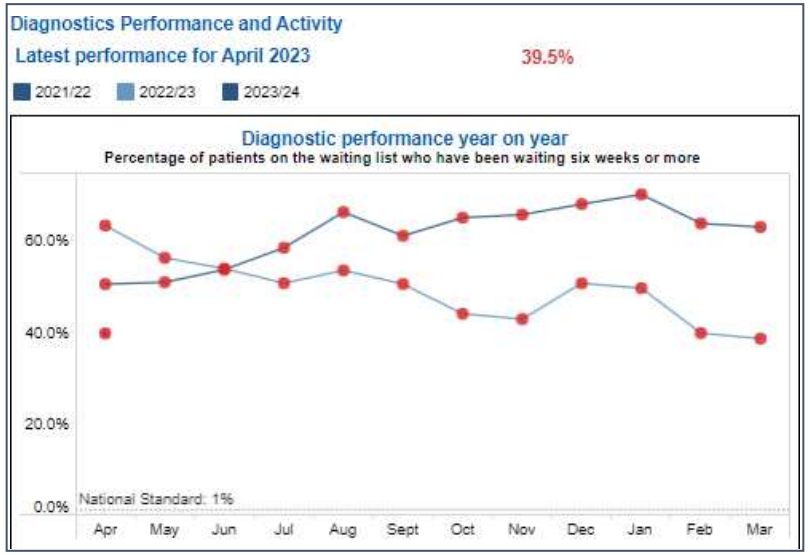
On 30th April 2023 the QEH performance for the DM01 Diagnostic Access Standard was 39.5% against a 1% national access standard. This equates to 2,360 patients waiting longer than 6 weeks for a diagnostic test, this has reduced from 69.8% with a backlog of 6,853 in January 2022

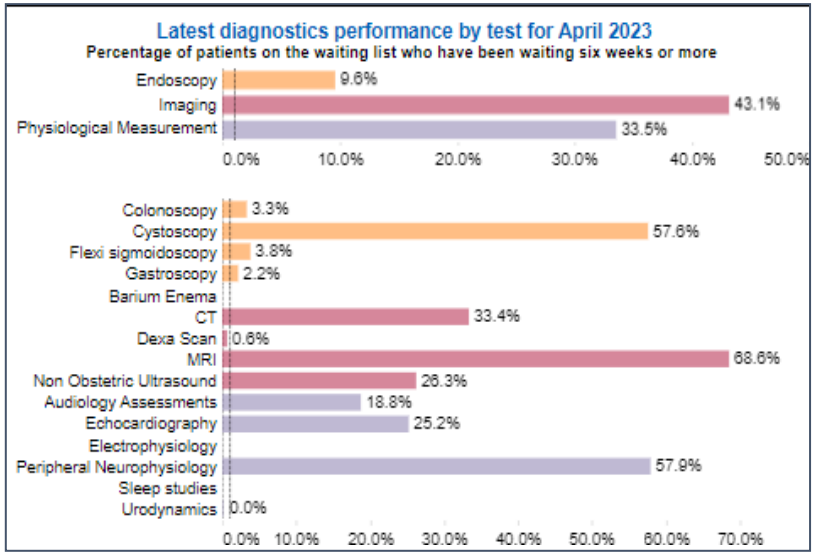
The Trust has moved from the worst performing NHS Provider in the country to being the 12/15 in the region and 140/156 nationally in the last year, and is on track for recovery to 95% by April 2025 in accordance with national planning guidance.

The diagnostic tests currently causing most concern are within Imaging and Physiological measurement. This is due to:

- Delays in reporting for radiological and physiological measurement tests due to workforce issues including sickness, vacancy and inability to recruit
- Increased UEC inpatient demand for radiological tests
- Aging equipment requiring replacement during 2020 to 2023

The QEH has maintained an improving trend throughout 2022/23 apart from November and December when there was significant sickness and delays to the installation of 2 new MRI scanners.



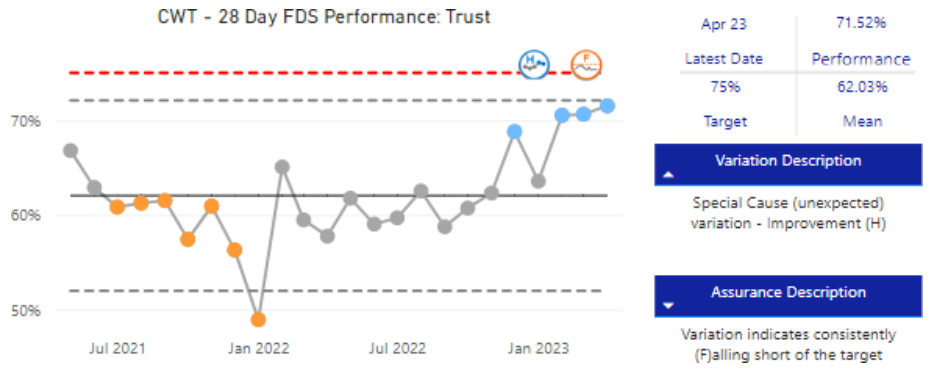


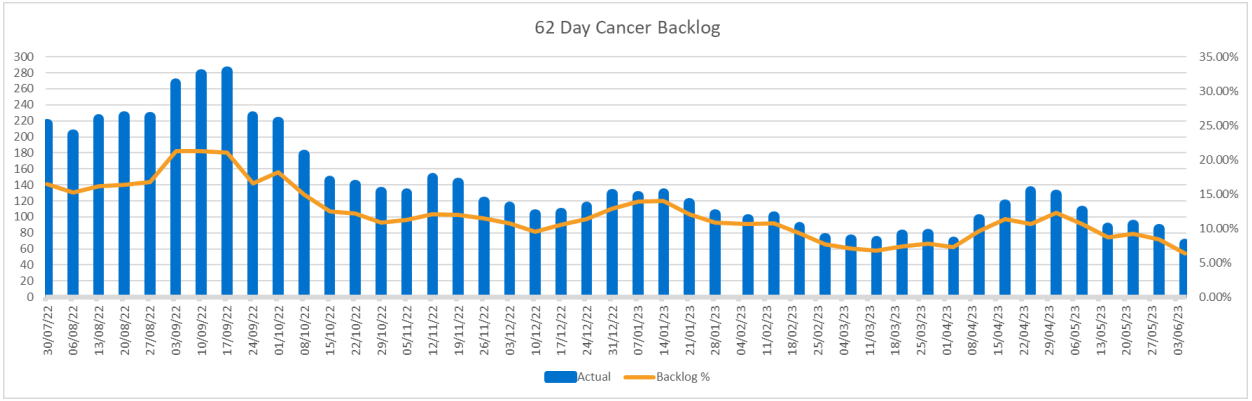
Breaching 1% Standard

Performance by region for April 2023

Diagnostic Test: (All)

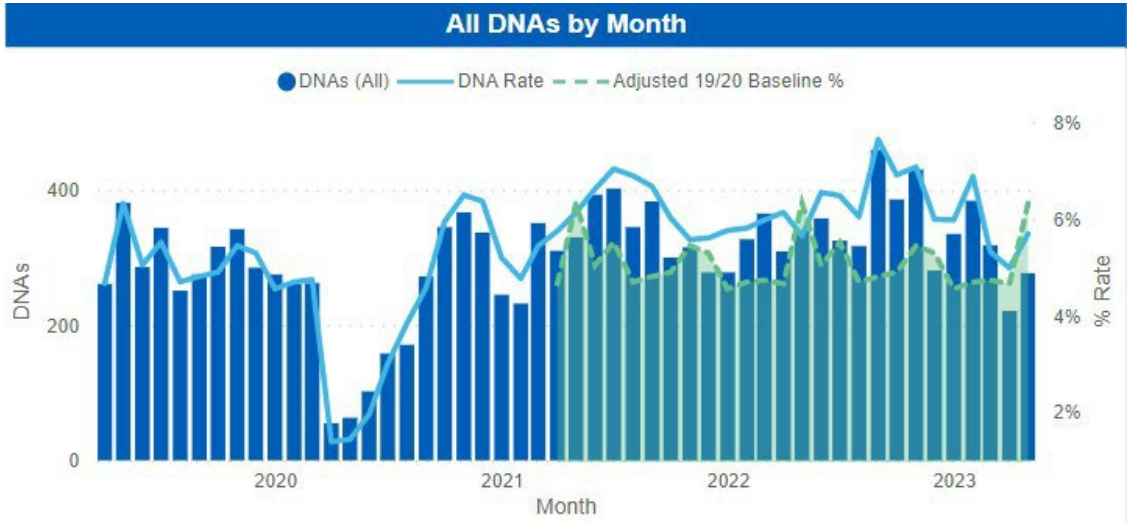
		Number of 6+ week waiters	Percentage of 6+ week waiters	Performance rank (based on selected filters)	Total waiting list
Total		55,238	34.1%	1	161,887
East of England	Total	55,238	34.1%	1	161,887
	Bedfordshire Hospitals NHS Foundation Trust	7,118	38.2%	10	18,635
	Cambridge University Hospitals NHS Foundation Trust	4,907	37.1%	9	13,236
	Cambridgeshire Community Services NHS Trust	826	69.2%	15	1,193
	East and North Hertfordshire NHS Trust	7,323	45.3%	14	16,179
	East Suffolk and North Essex NHS Foundation Trust	794	8.1%	2	9,845
	James Paget University Hospitals NHS Foundation Trust	1,284	24.0%	4	5,342
	Mid and South Essex NHS Foundation Trust	6,635	30.0%	6	22,147
	Milton Keynes University Hospital NHS Foundation Trust	1,520	18.8%	3	8,094
	Norfolk and Norwich University Hospitals NHS Foundation Trust	9,531	45.1%	13	21,119
	North West Anglia NHS Foundation Trust	3,761	33.7%	7	11,156
	Royal Papworth Hospital NHS Foundation Trust	20	1.5%	1	1,330
	The Princess Alexandra Hospital NHS Trust	2,287	25.1%	5	9,097
	The Queen Elizabeth Hospital, King's Lynn, NHS Foundation Trust	2,380	39.5%	12	5,975
	West Hertfordshire Teaching Hospitals NHS Trust	4,233	36.2%	8	11,688
	West Suffolk NHS Foundation Trust	2,639	38.5%	11	6,851

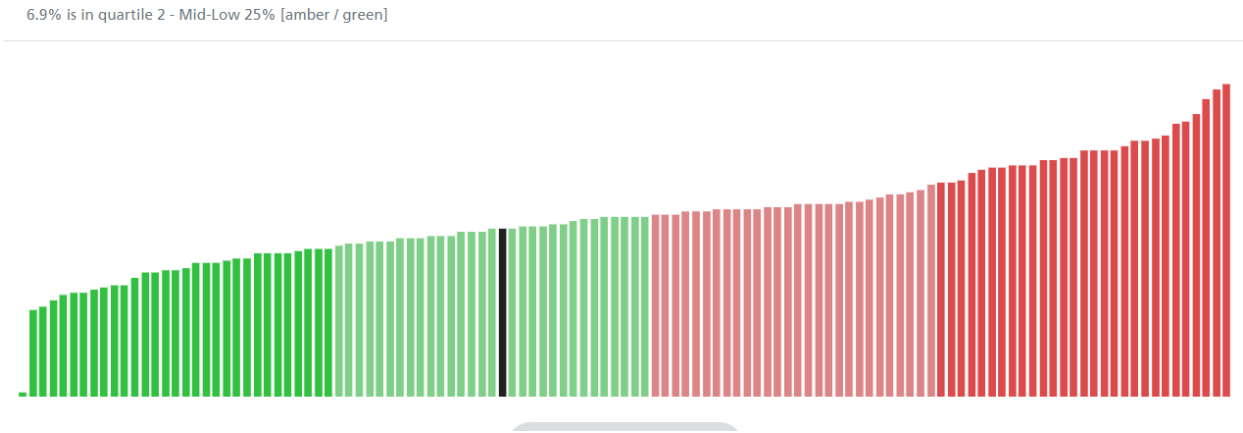




- On 03rd June 2023 the 62 day backlog was at 67 patients, 10 patients ahead of trajectory. This equated to 6.38% of the waiting list over 62 days, reduced from over 20% in August 2022.

- The body sites causing most concern are Lower GI and Gynaecology. This is due to:
  - Reporting delays within Histology from CUH
  - Delays in reporting for radiological tests at QEH
  - Delays in treatment at tertiary centres

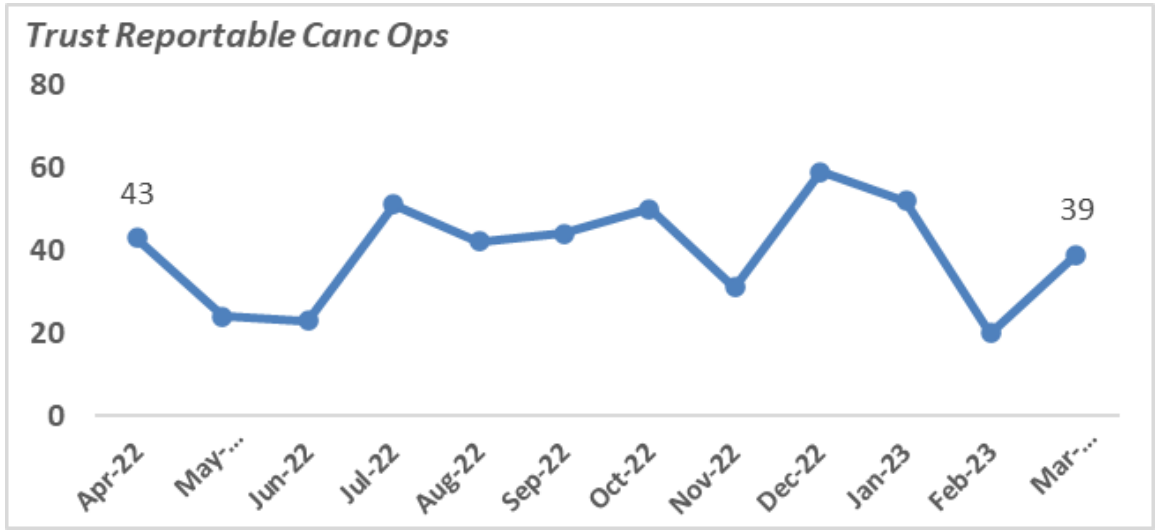




- The graph above displays QEH data for the percentage of outpatient appointments where the patient did not attend (DNA). For May 2023, this was 5.5%, presenting significant improvement since September 2022 (7.6%).

- Using the most recent data (in March 2023) from Model Hospital, the graph across shows that QEH is in the mid-low quartile 2 in national benchmarking. DNA improvement is one of the Trusts Outpatient Improvement Workstreams.

- If a patient's operation is cancelled by the hospital for non-clinical reasons on the day of admission or day of surgery, the QEH will offer the patient a new appointment date within 28 days of the



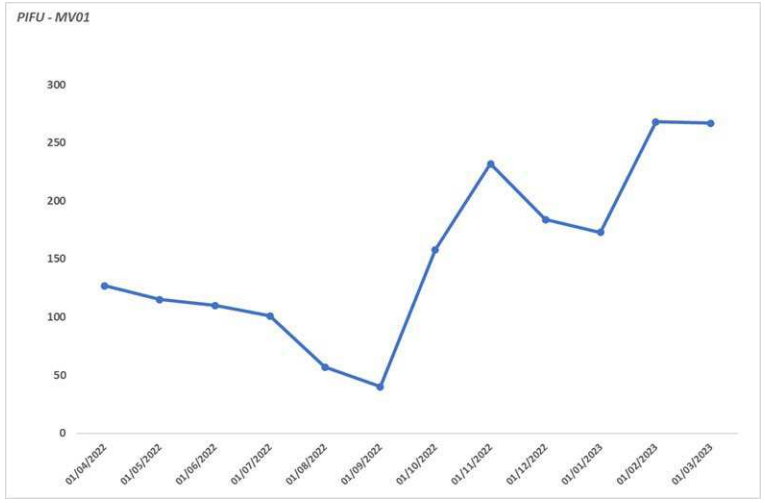
For people with long term conditions, or following surgery, it is often necessary to arrange follow-up appointments to return to hospital or clinic and provide ongoing care. In some cases, patients might need to return for a follow-up appointment sooner than their scheduled session. In others, patients and their clinicians may agree that an automatic follow-up is not required. PIFU appointments give patients and their carers the opportunity to initiate their own appointments as and when they need them. This might be when they have a flare up of their symptoms or change in their circumstances, rather than having their appointments at routine intervals as is traditionally offered. This helps avoid unnecessary routine appointments and makes it easier for patients to book appointments when they really need them.

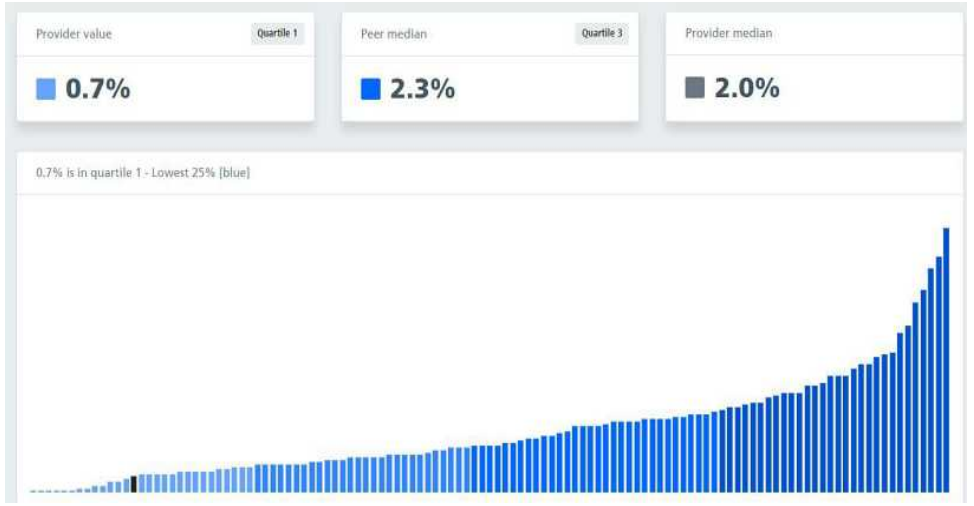
As well as improving patients' access and experience of care, adopting a PIFU approach may help to reduce service waiting lists by reducing demand for follow up appointments. Used alongside clinical waiting list reviews, remote consultations and a 'digital first' approach, PIFU will be a valuable tool for providers' during the COVID-19 recovery.

PIFU is not a new concept, and commonly goes by other names including open access follow up, patient led follow-up, patient triggered follow-up, patient-initiated appointments, supported self-managed follow-up, self-managed follow-up, see on symptom, open appointments, open self-referral appointments or patient-activated care, several which are already in use at the QEH, prior to the implementation of the PIFU national scheme.

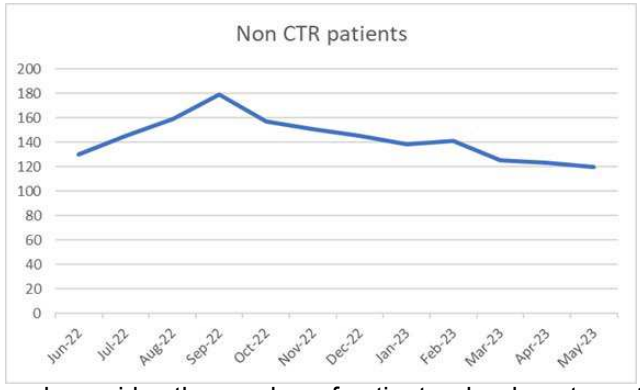
The roll out of PIFU at the QEH has been difficult, given the digital infrastructure and data architecture and consultants have been concerned that patients will be 'lost' to follow up. The national programme for PIFU is now in its third year, and there is robust clinical evidence that with the correct systems and processes in place this is a safe and effective form of care.

As part of the Elective and Cancer Improvement Programme, singular focus has been given on implementation of PIFU from April 2023, to include a review of the reporting and digital requirements to ensure that assurances can be provided to enhance clinical engagement and improve the uptake of PIFU across the Trust.

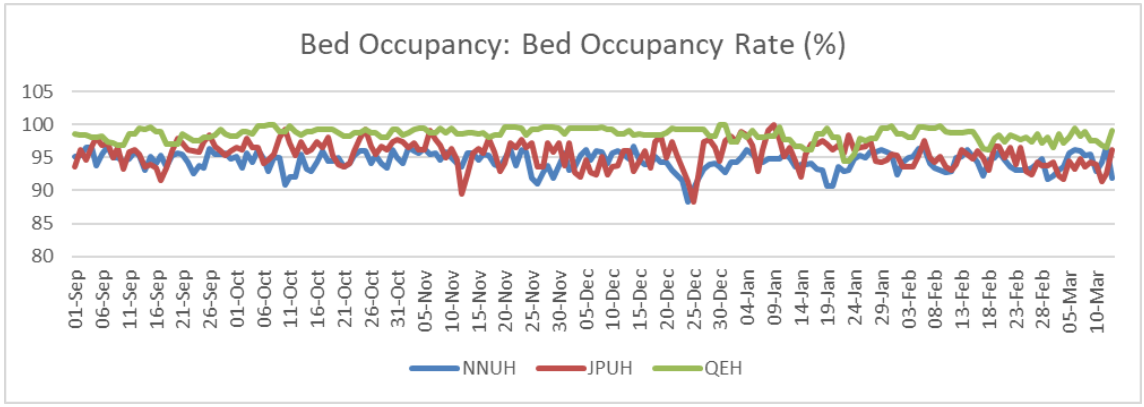




- The graph on the left hand side displays QEH data for the number of patients added to a PIFU list as a percentage of the monthly outpatient activity.
- Using the most recent benchmarking data (in March 2023) from Model Hospital, the graph on the right hand side shows that QEH is in the bottom quartile nationally for the number of patients



This graph provides the number of patients who do not meet the Criteria to Reside in an acute Trust bed from June 2022 – May 2023.



As can be seen the QEH has a consistently high bed occupancy. We are ranked 110th highest nationally for bed occupancy.

The QEH/Internal - The Trust Urgent & Emergency Care Improvement Programme is structured into 4 domains, one of which is Improving Discharge broken down into the 7 following workstreams:

- Transport – reducing delays to discharge due to transport reasons, including reducing aborted journeys through education and training
- Pharmacy – ensuring that discharge letters and TTOs are completed in a timely way, including enhanced communications between wards/site team/pharmacy, review of reuse of own drugs policy, TTO packs for wards and a review of pharmacy department staffed hours
- Criteria Led Discharge – to support pre-noon discharges, being rolled out across medical wards
- Use of Discharge Lounge – including physical relocation and expansion of discharge lounge, staffing review, proactive patient contact visits the evening prior to discharge
- Discharge Planning Team working – agreement in principle reached for an acute/community integrated hub, to review the Transfer of Care process to streamline and provide clarity on timed ToC completion, reinvigorate the LLOS process, explore opportunities for 7 day working through efficiencies gained by integration
- OPTICA – introduction of an ICS-wide digital solution to discharge to facilitate swifter transfers of care and improve communication between system partners
- Voluntary Service – a collaboration between Voluntary Norfolk, Age UK and Red Cross to improve both the timeliness and quality of discharge for all patients on pathway 0 and some patients on pathway 1. This is due to start in September 2023 but communication plans within the acute and community hospitals is already underway

ICS/External - The Trust is working on the following improvements with ICS and external partners:

- Improving lives together work (Newton Europe)
- Discharge Board focus led by ICB Chief Nurse, including exploring place-based demand and capacity work, factoring in the outcome of the Improving Lives Together work
- Agreement in principle for a West Place discharge hub
- Virtual ward – West Place joint working towards a combined virtual ward model, including step up/down capacity, key pathways identified as:
  - Respiratory
  - Heart failure
  - Elective surgery (predominantly orthopaedic)

A virtual ward is a safe and efficient alternative to NHS bedded care that is enabled by technology. Virtual wards support patients who would otherwise be in hospital to receive the acute care, monitoring and treatment they need in their own home. This includes either preventing avoidable admissions into hospital or supporting early discharge out of hospital.

The national expectation is that these models should be developed across system and provider collaboratives rather than individual institutions.

Within West Place – a step up/step down model is being jointly worked on by QEH and NCHC with a clinical hub providing oversight of patients and a clinical advice line to facilitate early discharge and support admission avoidance

Ambition is to care for up to 40 patients within the virtual ward environment.

Initial cohorts of patients from:

Frailty
Heart failure
Respiratory
Orthopaedic (hip and knee rehab)
Stoma care

Equipment for remote monitoring will be provided to the patient including pulse oximeter, blood pressure monitor, thermometer and iPad. The patient will be given instructions on how to use this equipment and how/when to submit measurements.

Results will be submitted by the patient via an app and will be reviewed by a responsible consultant who will provide further advice and guidance to the patient if required. This may also include a home visit by a community hospital at home team.

It is expected that an average length of stay within the virtual ward will be no longer than 14 days, and that the hospital average length of stay for these patients will be reduced by circa 3 – 4 days.

Advantages

1) Patients can leave hospital sooner and recover in comfort and in the familiarity of their own home. This has a positive effect on patients' mental health and wellbeing which can help speed up recovery
2) Patients are provided with more choice on where they receive care. For example, some patients may be able to complete the treatment they are receiving in hospital at home or be monitored at home prior to surgery.
3) Patients feel reassured by continuous health monitoring and having access to the Virtual Ward team at any time.
4) Necessary adjustments can be made to your care plan whilst you are at home, preventing return trips to the hospital.

Disadvantages

1) Initial set up costs (equipment, recruitment and staffing) and available funds to support this.
2) Inclusivity – may disproportionately exclude certain patient groups, e.g. lower income, homeless people, traveller communities, and those with poor phone signal and/or no internet access.
3) No Electronic Patient Record across the ICB – minimising the benefits of an integrated approach.

Patients with addictions are admitted to the hospital for multiple reasons, infection being the most common, followed by overdose the second commonest reasons for admission.

These patients are treated appropriately in the first instance to ensure they are stabilised.
Withdrawal of the addictive drugs can cause severe clinical disturbances in these patients and these often require supportive treatment.

In some instances (e.g., heroin addiction) these patients will require alternate substitutes (such as methadone) to dampen the symptoms of withdrawal.

Following the initial clinical management and once the patient is stable, they are referred to our in house mental health teams to review these patients and manage their care appropriately either in a domiciliary setting or inpatient psychiatric unit setting depending on their needs.

As of the 1st April 2023 the Trust employ's 3992 substantive staff (this is based on headcount) and in addition 860 bank staff recorded (based on headcount).

The Trust 2023/24 funded establishment is 3960.11 Full time equivalent (FTE), the April 2023 FTE split is as follows;

2023/24 Funded Establishment	Substantive	Bank usage	Agency usage	Over Established by
3960.11 FTE	3512.90 FTE	341.37 FTE	161.27 FTE	55.43

The Trust's current vacancy rate has increased to 11.02% from 9.65% (March 23) with the increase in Establishment FTE%.

The vacancy rate breakdown for clinical staff is as follows; Nursing & Midwifery staff group at 15.91%, AHP at 15.32% and Medical & Dental at 8.91%

Turnover has decreased from 13.55% (March) to 13.44% (April).

We are working with divisions to encourage and support 'Stay Interviews' as a preventative measure to understand how the organisation can support staff in understanding what they value about their job and discover what can be improved.

Medical Staff

Consultants, particularly medicine and anaesthetics continues to be a challenge. Currently exploring international recruitment. Working with NHS professionals to source permanent staff from international countries for all required specialties.

Registered Nurses & Midwives

The Trust is carrying a huge number of vacancies within this staff group, and we are actively working with the heads of nursing and other agencies to fill the posts to ensure safe staffing levels.

Healthcare Assistants

There is an on-going campaign which takes place monthly to recruit a mass number of HCA. The uptake and monthly recruit each month are around 20 HCA's.

Operating Department Practitioners

There is a cohort of newly qualified ODPs who are due to graduate in the next couple of months, so the vacancies will reduce. Surgery is also looking at introducing an ODP trainee scheme under Annex 21.

Pharmacy

Introduced different skill mixes including flexible working arrangement to make roles attractive such as working virtually from administrative functions. We explored scoping international recruitment (currently at early stages). The Trust has offered welcome incentives for band 7 roles and above for new recruits

Diagnostic Radiographers

Actively looking at converting agency staff into substantive roles and fixed term contracts, this includes exploring incentivising offerings.

Cardiac Physiologist

This is one of the hard to recruit professions and for this reason has been incentivised with a welcome payment for new recruits.

Speech & Language Therapy (SLT)

Currently plans are being worked up on how we can attract SLT's into the organisation.

On-going discussion and exploring workforce planning for skill mix of workforce or introducing different ways of working to fill roles.

Scoping out incentivisation of recruitment to attract the relevant talent.

Domestic Staff

Recruitment events are being coordinated to remove the need for external agencies for this area of work.

Unfortunately, there is a high turnover of staff so this work will need to continue on a rolling basis

Portering

Vacancies are currently being covered by bank staff.

The recruitment team are in the process of working with the HRBP in Estates and Facilities to substantively fill these posts, to gain stability within this function.

Section

Norfolk Health Overview and Scrutiny Committee (NHOSC)
Inpatient and Outpatient Services

The James Paget University Hospital (JPUH)

6th July 2023

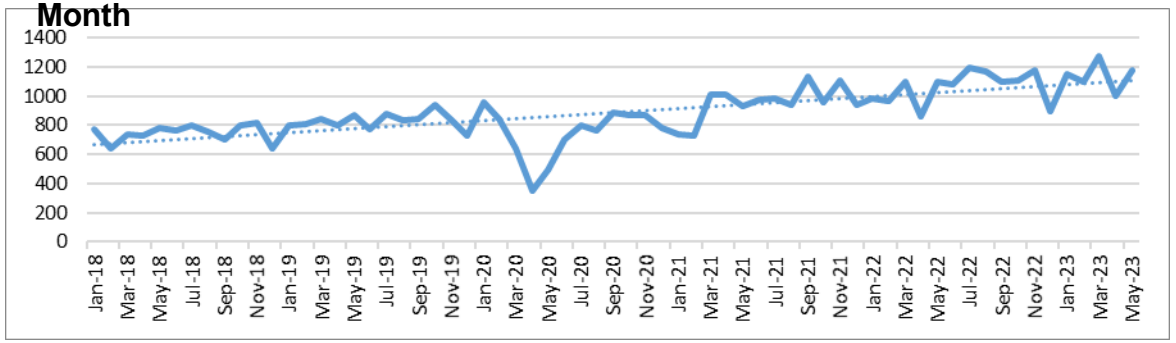
The JPUH elective RTT and FU waiting lists increased significantly during the pandemic. Outpatient capacity was reduced due to the infection control measures and at the same time, there was reduced diagnostic capacity, increased workforce vacancies, and greater demand for UEC capacity. This, along with a significant increase in Cancer and RTT referrals post-covid (below) combined to result in a sustained rise in the elective waiting list and waiting times for patients across both Cancer and routine elective activity compared to pre-covid levels.

Waiting List Size at 29th Feb 2020: 14,106 (Admitted: 3,366)

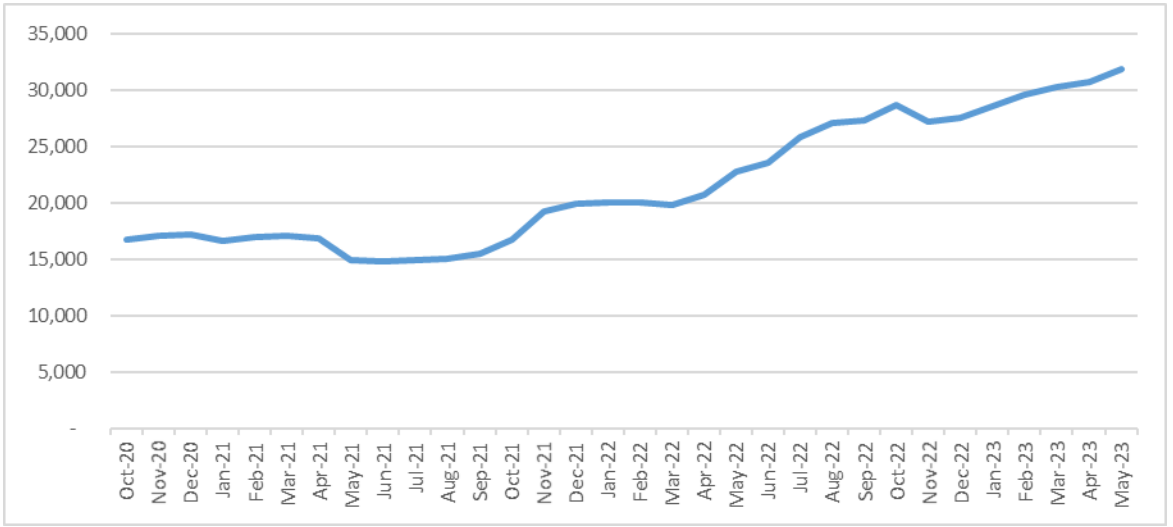
Waiting List Size at 30th April 2021: 15,037 (Admitted: 3,879)

Waiting List Size at 31st March 2023: 24,360 (Admitted: 5,320).

Cancer Referrals Received by Month



Elective Waiting List



There are various national and system level elective recovery workstreams in place to support the waiting list reduction, including:

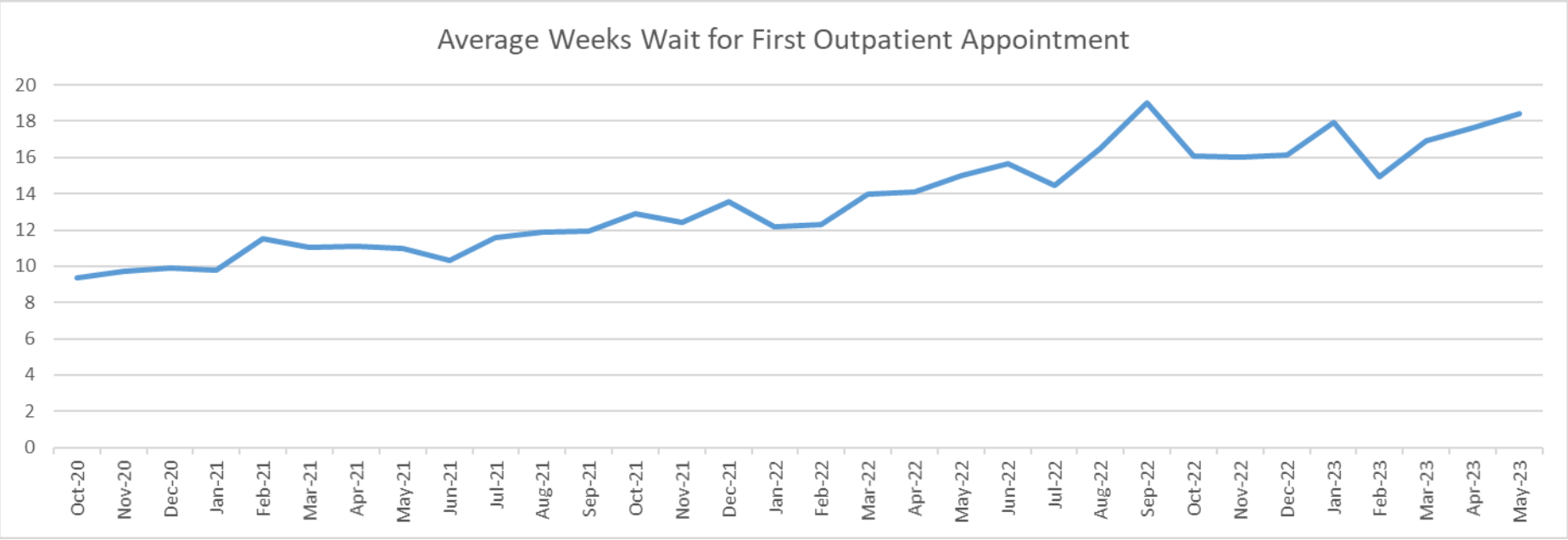
- Patient Initiated Follow-Up (PIFU).
- Clinical and administrative validation of patients on waiting lists.
- Use of clinical priority codes to clinically list the correct patient first time.
- Single Access Policy to provide a standardised process for RTT and Cancer.
- Development of a single PTL – phase one almost complete.

Issues Affecting Outpatient and Inpatient Services

The current issues affecting outpatient and inpatient services at JPUH include:

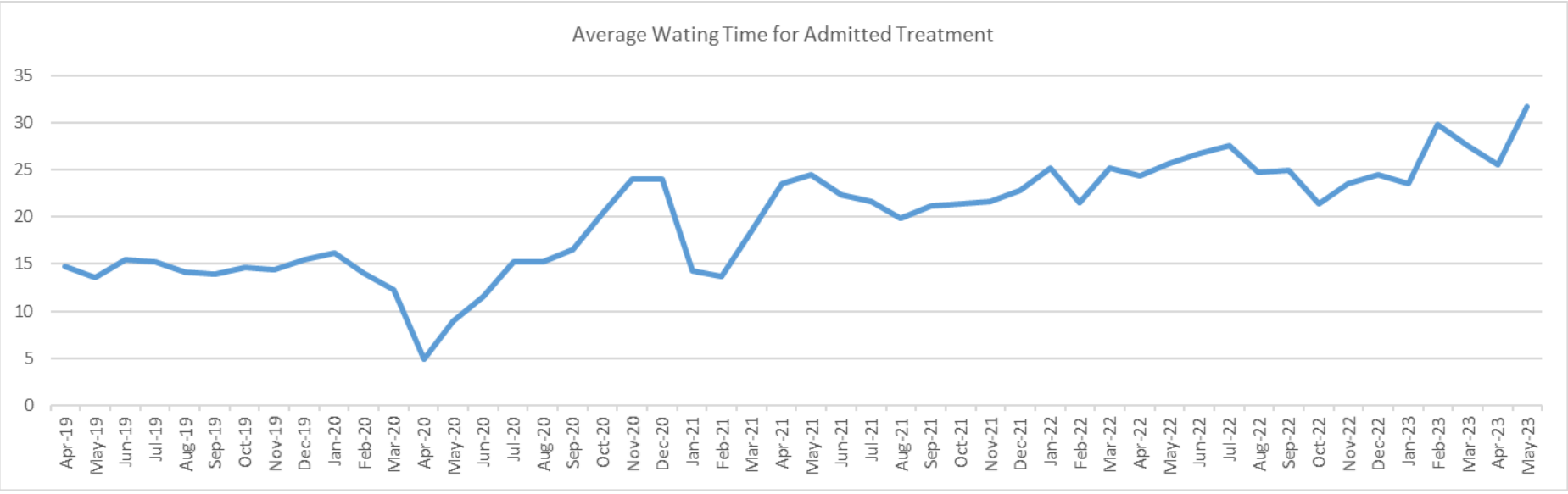
- Industrial Action
- Staffing – increase in vacancies, turnover, difficulties in recruiting and retaining staff.
- Staff morale / exhaustion
- Non-elective impact/pressures
- Patient flow out of the hospital
- Aging population in Norfolk
- No Electronic Patient Record (EPR) system
- Shortage of Independent Sector provision in the East of England

Average Waiting Times



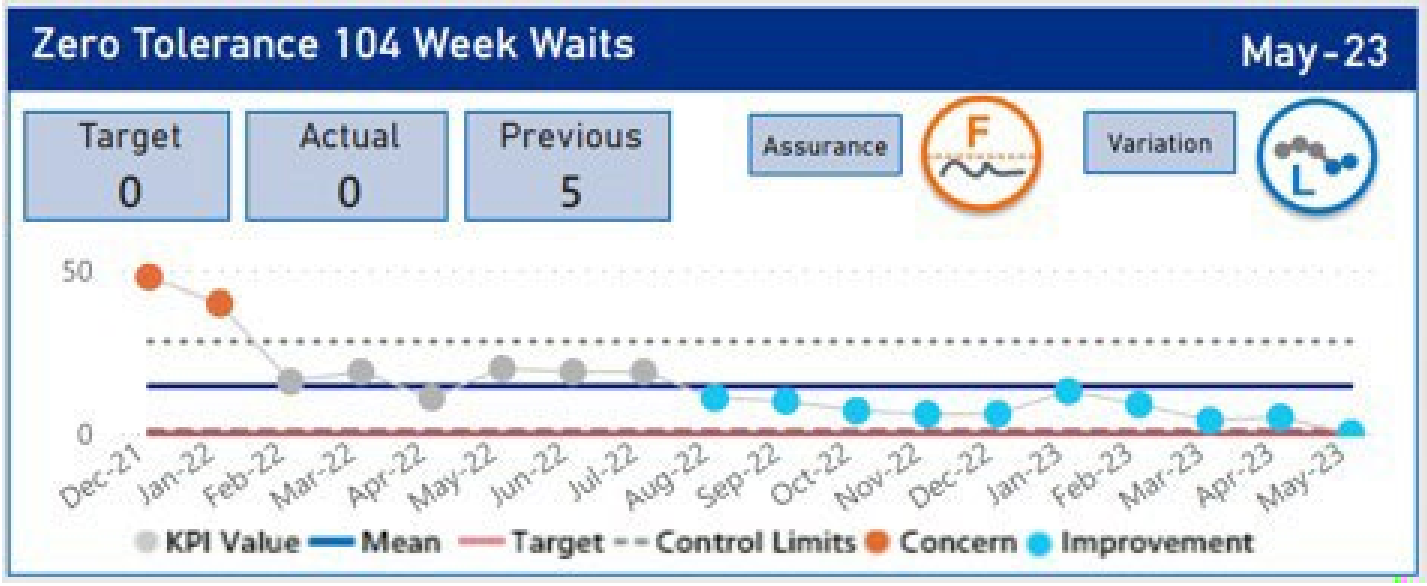
The average waiting time for a first outpatient appointment in May 2023 at JPUH was 18.4 weeks.

The average waiting time for 2021/22 (Apr-Mar) was 12.1 weeks, compared to an average wait of 16.1 weeks in 2022/23 (Apr-Mar).

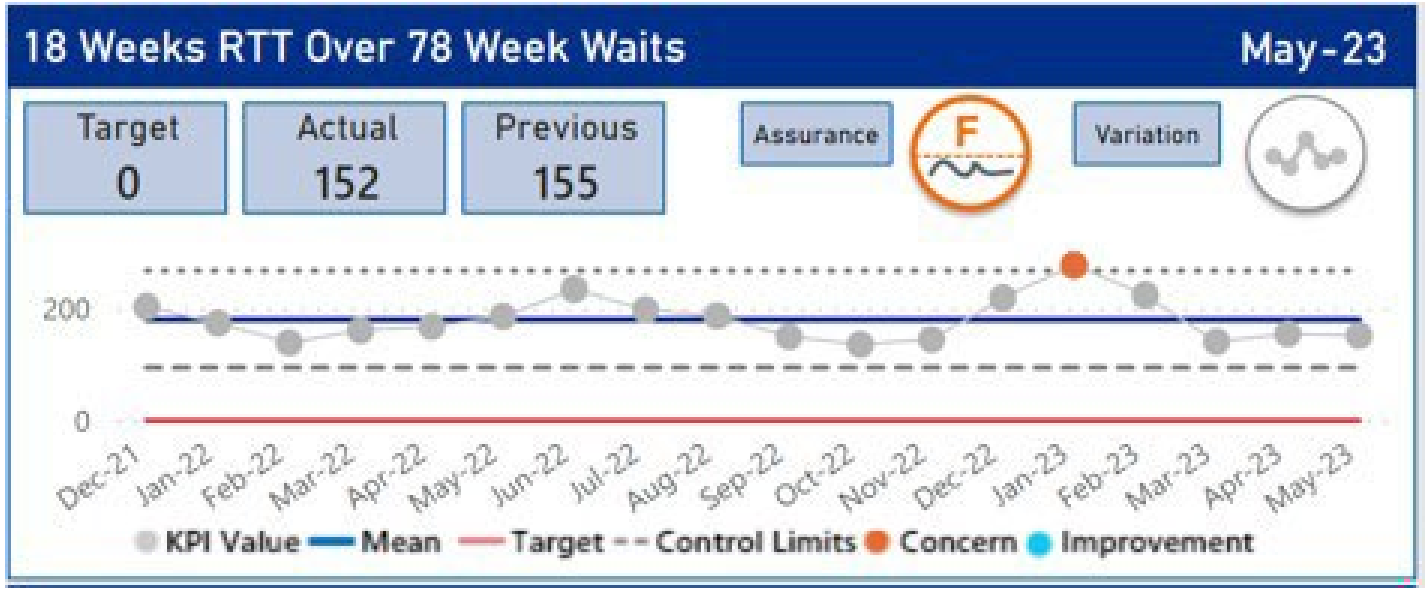


The average admitted waiting time for treatment in May 2023 at JPUH was 31.7 weeks.

The average waiting time for 2021/22 (Apr-Mar) was 22.5 weeks, compared to an average wait of 25.5 weeks in 2022/23 (Apr-Mar).



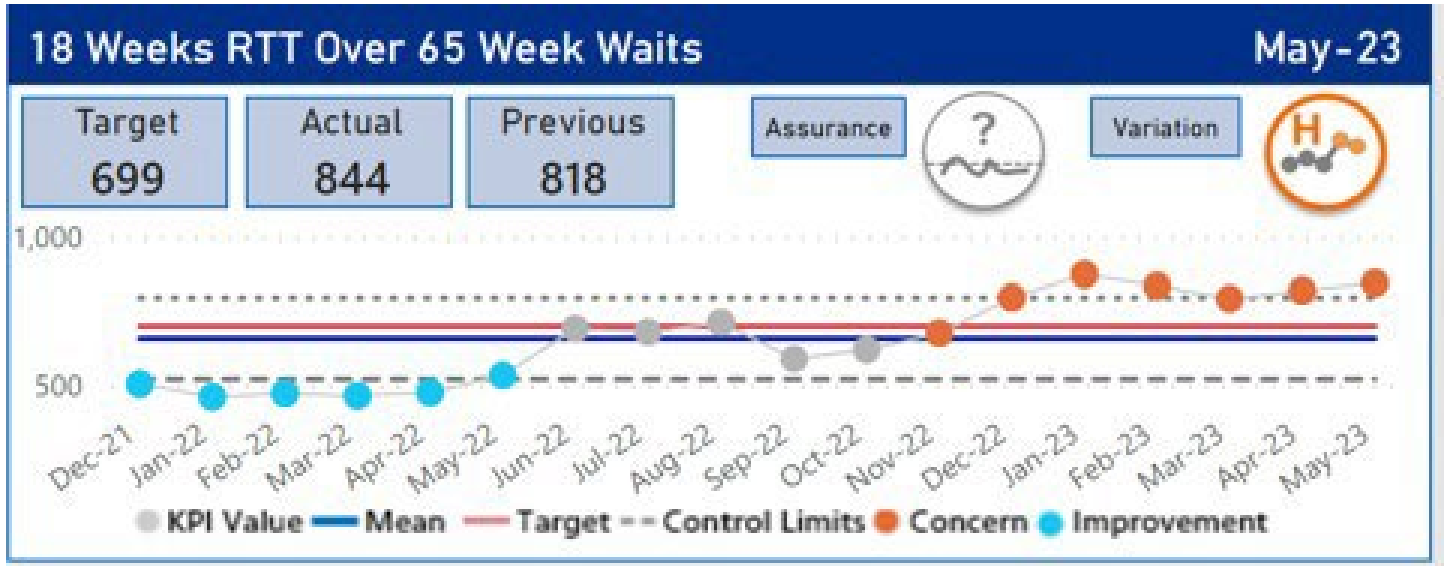
The Trust has achieved the target of zero 104 week waits for the first time since these began to appear on the PTL in February 2021.



The Trust have been in breach of the 78 week target since December 2020 but have continued to see common cause variation since June 2022.

At the end of May 2023 the Trust had 152 patients who had been waiting longer than 78 weeks, this is a reduction on the 163 at the end of April.

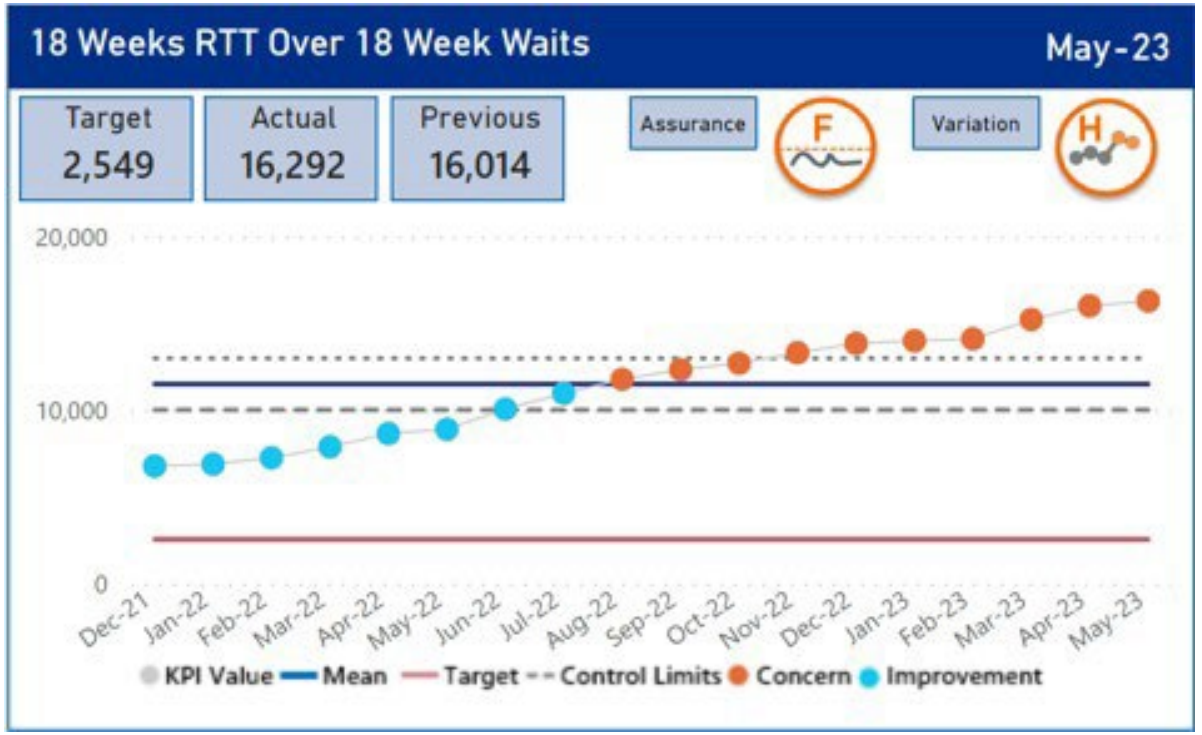
Focus remains on reducing this number to zero with a forecast that all patients waiting 78 weeks or more will be treated by the end of July 2023



The Trust have been in breach of the 68 week target since June 2020 but have been steadily increasing since September 2022.

At the end of May 2023 the Trust had 844 patients who had been waiting longer than 65 weeks, this is a increase on the 818 at the end of April.

Focus remains on reducing this number to zero by the end of March 2024, ENT, Urology and Gynaecology are specialties of concern on achieving this but plans in place to address and monitor daily.

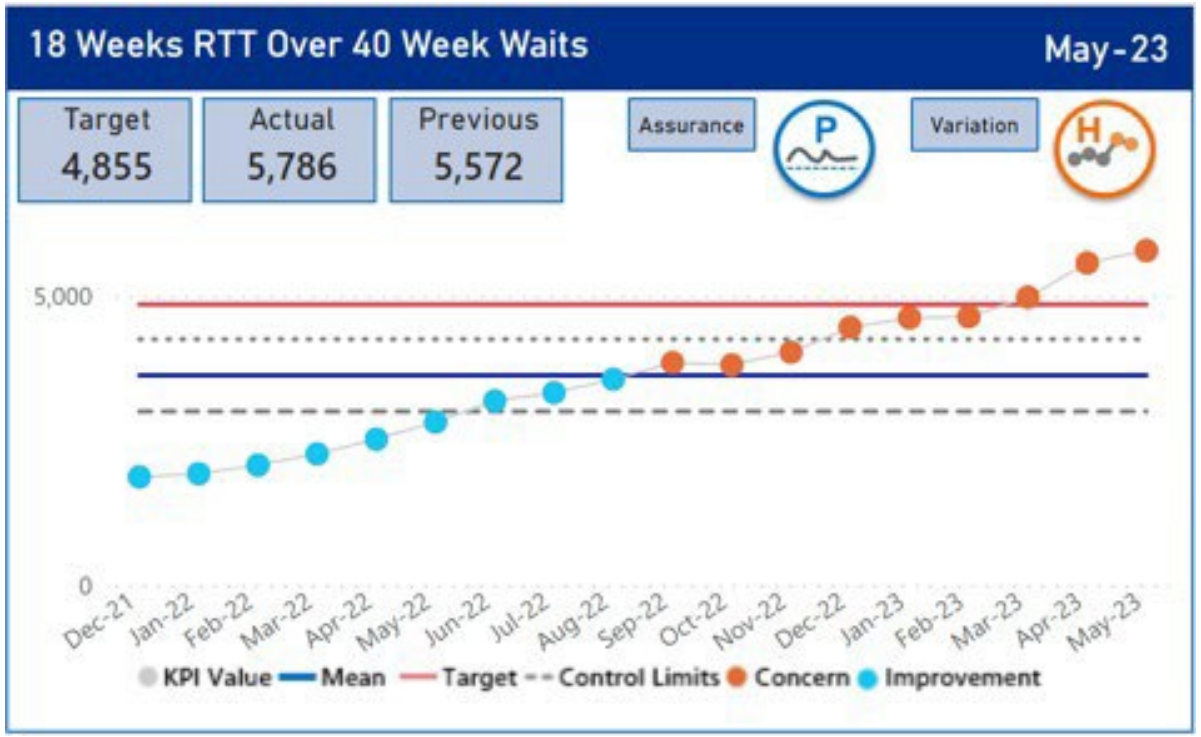


The Trust is currently unable to meet the targets for RTT waits over 18 weeks. ENT, Orthopaedics, Gynaecology, General Surgery, Urology and Ophthalmology continue to have the highest number of patients waiting over 18 weeks.

The majority of patients waiting over 18 weeks are on the outpatient waiting list, with the exception of Orthopaedics and General Surgery.

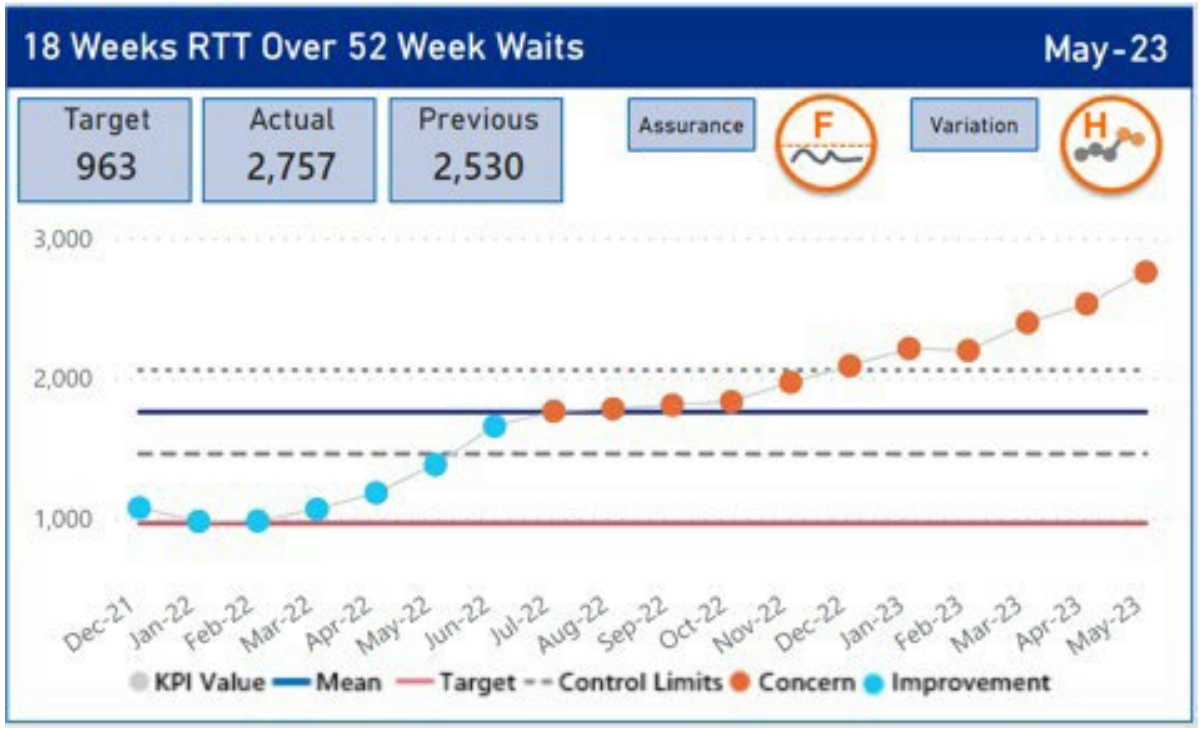
General surgery and urology have the highest volume of priority level 2 surgical patients.

Weeks Wait	Number of Patients
Total	31,828
Within 18 Weeks	15,511
Over 18 Weeks	16,317
% Within 18 Weeks	48.73%



Orthopaedics, ENT and Gynaecology have the highest volumes waiting over 40 weeks.

The majority of Orthopaedic and General Surgery patients are on the admitted waiting list, whereas in ENT and Gynaecology patients are waiting to be seen in outpatients.



Orthopaedics and Gynaecology continue to have the highest volumes waiting over 52 weeks but have seen a reduction during May, whilst ENT, Urology, General Surgery and Community Paediatrics have seen an increase.

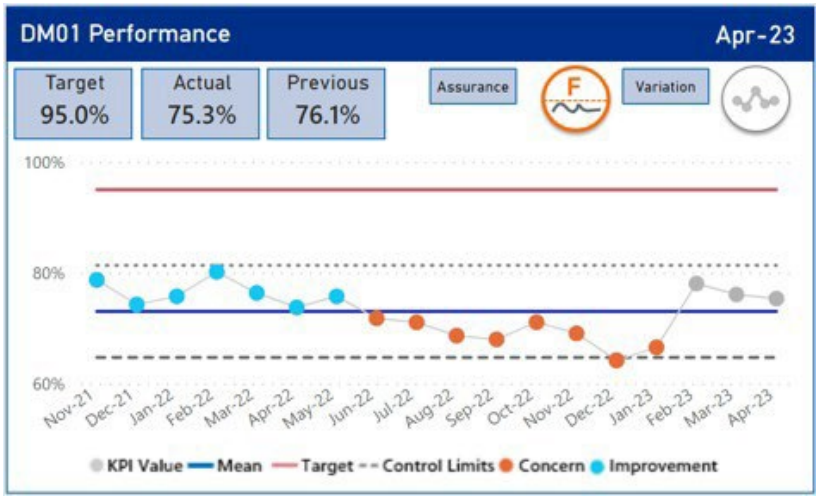
The majority of Orthopaedic and General Surgery patients are on the admitted waiting list, whilst in Gynaecology there is an almost equal number waiting for surgery and an outpatient appointment.

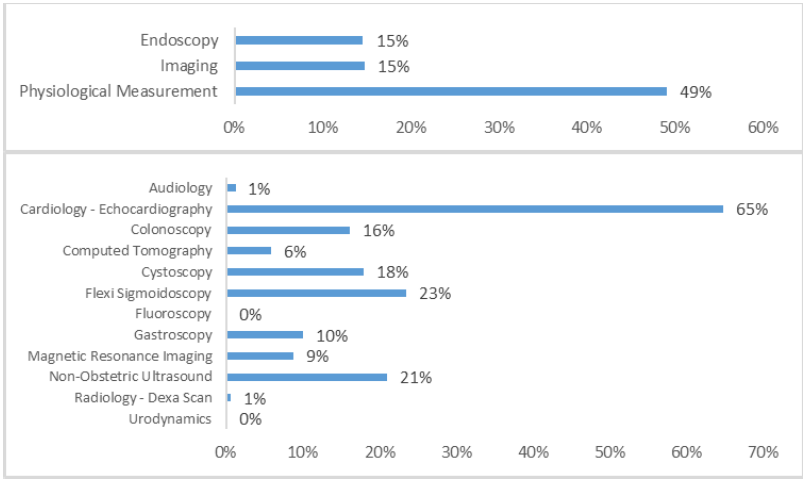
The majority of ENT and urology patients are waiting for an outpatient appointment

On 30th April 2023 the JPUH performance for the DM01 Diagnostic Access Standard was 24.0% against a 1% national access standard. This equates to 1,280 patients waiting longer than 6 weeks for a diagnostic test.

The main modalities driving current performance are Non Obstetric Ultrasound and capacity issues causing the drop in performance which are being addressed.

The other modality is Cardiology – Echocardiography, this is a backlog that has an action plan to address and is now continuing to reduce and will support getting to the 23/24 target of 95% of patients waiting less than 6 weeks.





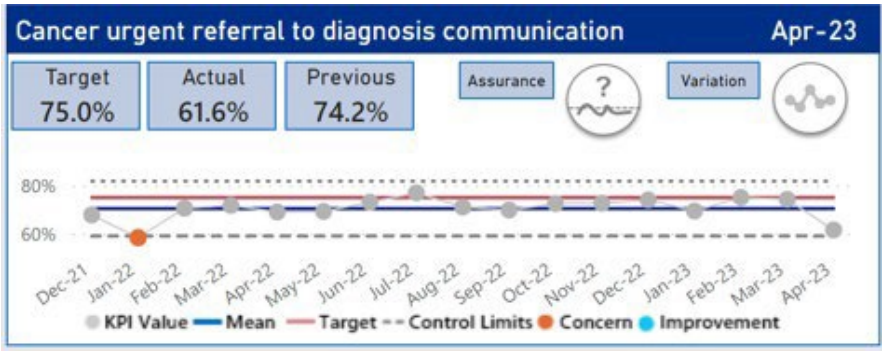
Breaching 1% Standard

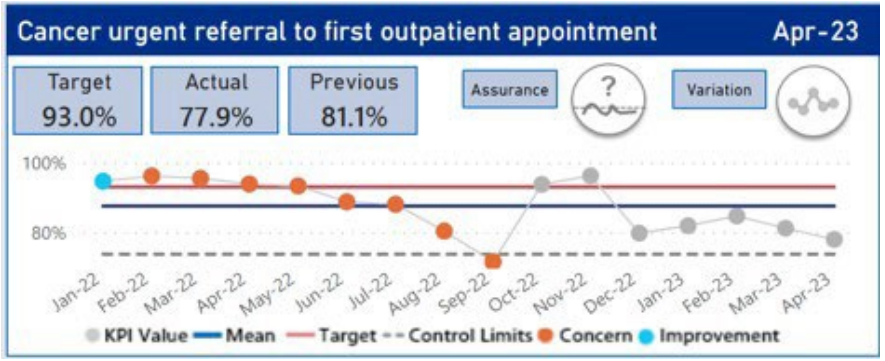
Performance by region for April 2023

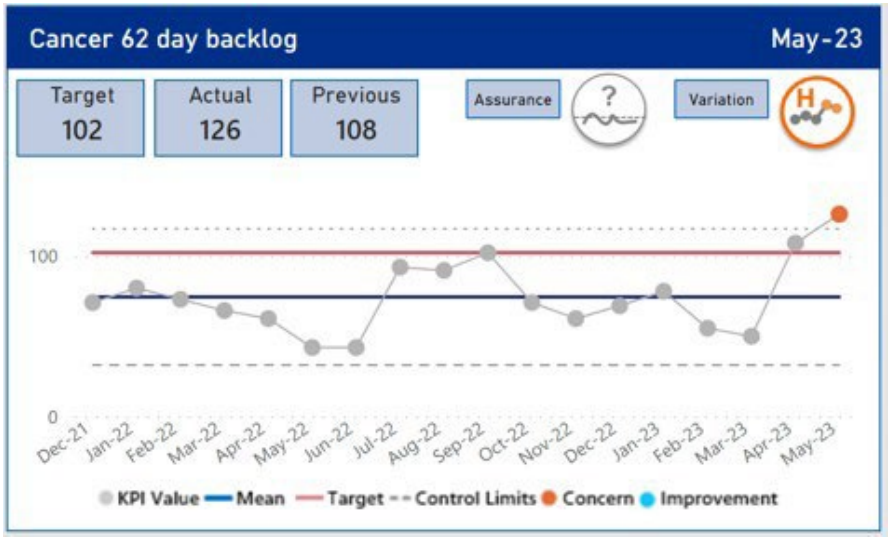
Diagnostic Test

(All)

		Number of 6+ week waiters	Percentage of 6+ week waiters	Performance rank (based on selected filters)	Total waiting list
Total		55,238	34.1%	1	161,887
East of England	Total	55,238	34.1%	1	161,887
	Bedfordshire Hospitals NHS Foundation Trust	7,118	38.2%	10	18,635
	Cambridge University Hospitals NHS Foundation Trust	4,907	37.1%	9	13,236
	Cambridgeshire Community Services NHS Trust	826	69.2%	15	1,193
	East and North Hertfordshire NHS Trust	7,323	45.3%	14	16,179
	East Suffolk and North Essex NHS Foundation Trust	794	8.1%	2	9,845
	James Paget University Hospitals NHS Foundation Trust	1,284	24.0%	4	5,342
	Mid and South Essex NHS Foundation Trust	6,635	30.0%	6	22,147
	Milton Keynes University Hospital NHS Foundation Trust	1,520	18.8%	3	8,094
	Norfolk and Norwich University Hospitals NHS Foundation Trust	9,531	45.1%	13	21,119
	North West Anglia NHS Foundation Trust	3,761	33.7%	7	11,156
	Royal Papworth Hospital NHS Foundation Trust	20	1.5%	1	1,330
	The Princess Alexandra Hospital NHS Trust	2,287	25.1%	5	9,097
	The Queen Elizabeth Hospital, King's Lynn, NHS Foundation Trust	2,360	39.5%	12	5,975
	West Hertfordshire Teaching Hospitals NHS Trust	4,233	36.2%	8	11,688
	West Suffolk NHS Foundation Trust	2,639	38.5%	11	6,851







Cancer urgent referral to first outpatient appointment

Reporting month: 01/04/23

Body site	In Target	Total	Cancer Performance
Suspected breast cancer	121	127	95.28%
Suspected children's cancer	2	2	100.00%
Suspected gynaecological cancers	72	129	55.81%
Suspected haematological malignancies excluding acute leukaemia	4	4	100.00%
Suspected head and neck cancers	83	85	97.65%
Suspected lower gastrointestinal cancers	174	257	67.70%
Suspected lung cancer	20	21	95.24%
Suspected skin cancers	202	210	96.19%
Suspected testicular cancer	7	7	100.00%
Suspected upper gastrointestinal cancers	39	53	73.58%
Suspected urological cancers (excluding testicular)	45	92	48.91%
Total	**769**	**987**	**77.91%**

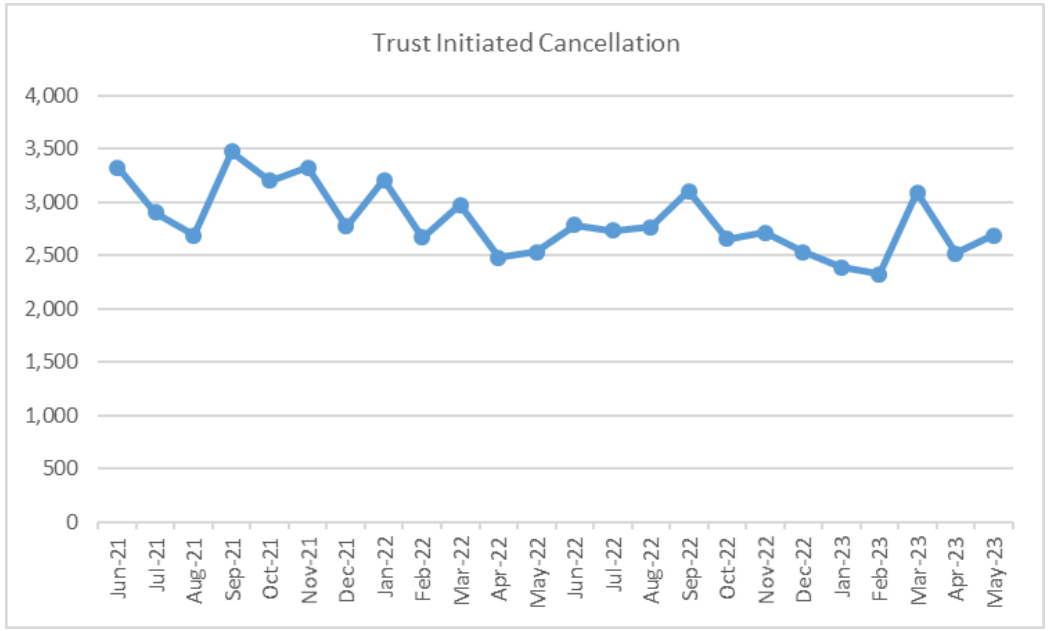
Cancer urgent referral to treatment 62 day target

Reporting month: 01/04/23

Body site	In Target	Total	Cancer Performance
Breast	6	7	85.71%
Gynaecological	2	3	66.67%
Haematological (Excluding Acute Leukaemia)	0	1	0.00%
Head and Neck	0	1	0.00%
Lower Gastrointestinal	5	6	83.33%
Lung	0	1	0.00%
Skin	17	18	94.44%
Upper Gastrointestinal	1	3	33.33%
Urological (Excluding Testicular)	7	10	70.00%
Total	**38**	**50**	**76.00%**

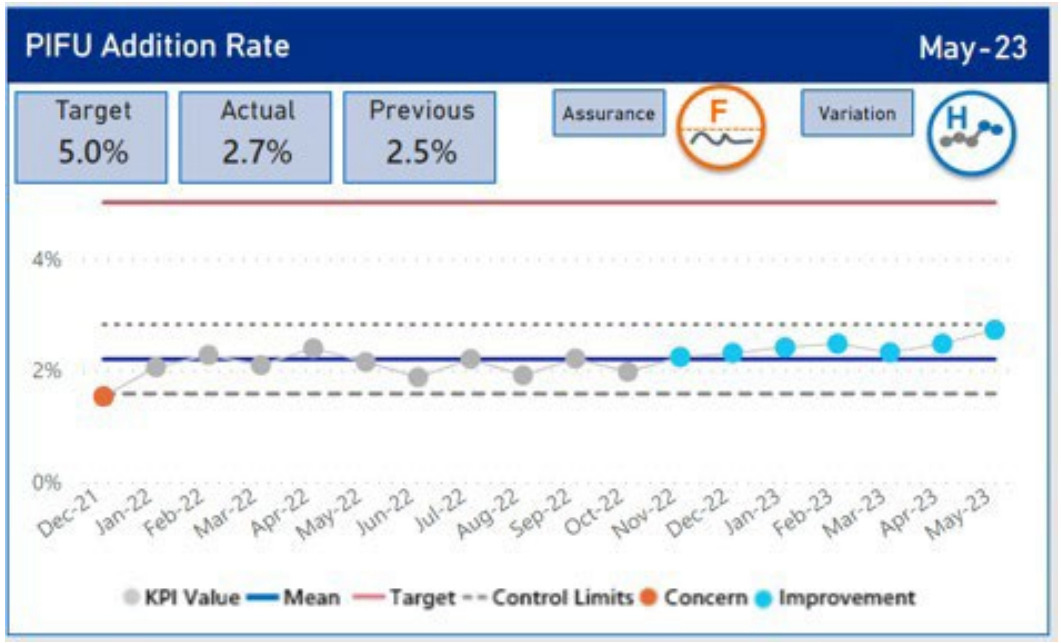
The backlog shows a step change from April 2023 due to Head and Neck and Urological tumour sites now being reported by the JPUH rather than the NNUH. Backlog is currently 24 above internal trajectory.

Increase in two week wait referrals added pressure on the first outpatient appointment being seen within 14 days, operational plans in place to address this by the end of July but will remain a risk based on demand.



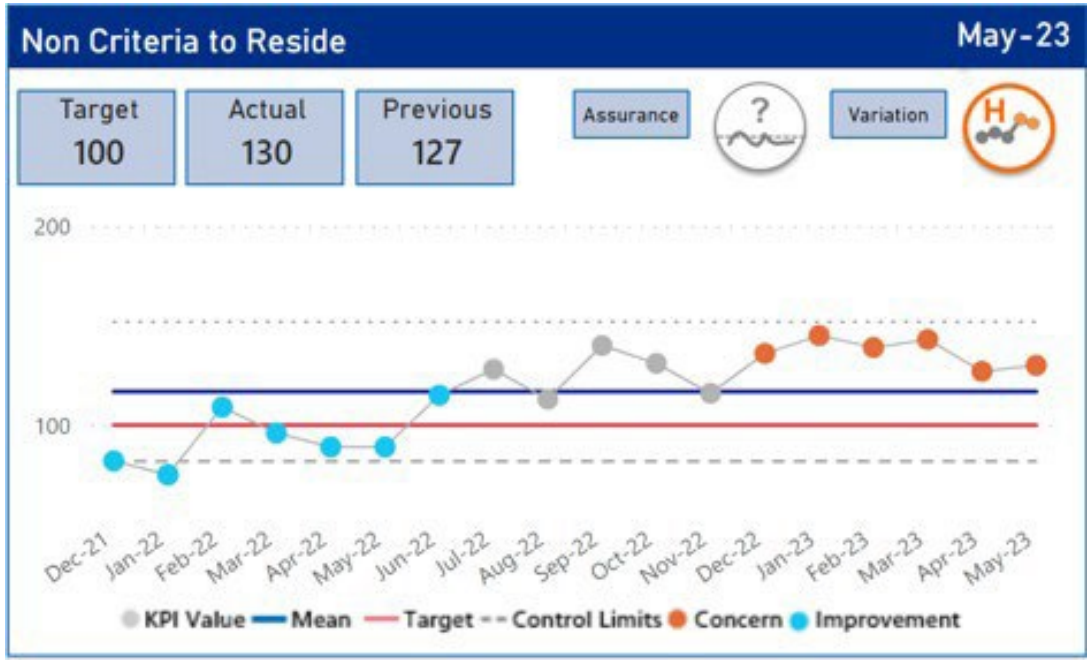
DNA rate continues to be high and an internal work stream to improve DNAs is underway including understanding why patients DNA.

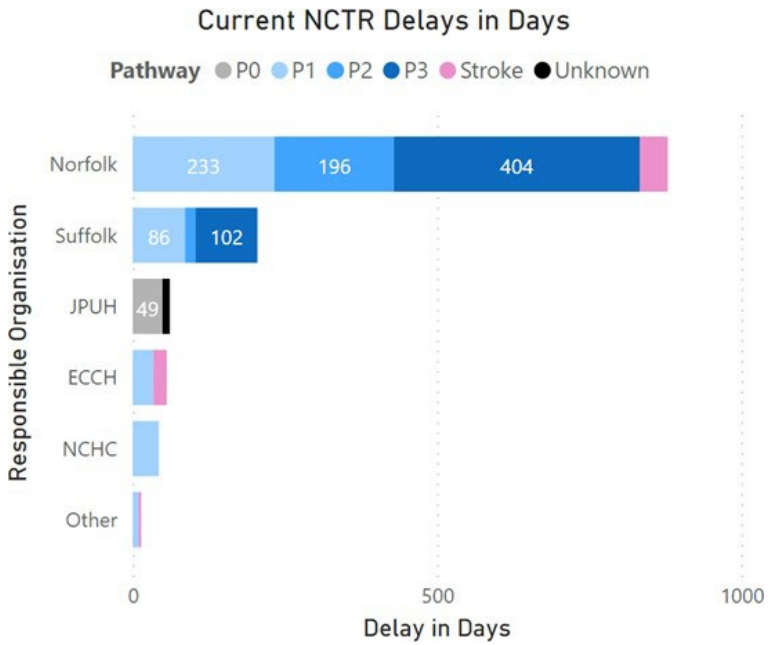
Funding for a PEP will further support this work stream.



PIFU additions shows no significant change but a further improvement of 0.1% and the 7th consecutive period of improvement. PIFU remains below the 4.6% IAP target .

There are 7 specialties above 5.0% but new specialties are starting to adopt and implement PIFU





Number of non criteria to reside patients continue to be above the planned levels required to support the elective recovery programme.

The Trust continues to see a greater proportion of delays for Norfolk based patients than Suffolk.

Our Virtual Ward enables patients to continue their treatment or recovery at home while being carefully monitored remotely, enabling early transfer home, admission avoidance and reducing bed occupancy.

Eligible patients must meet certain clinical criteria and can be admitted to the Virtual Ward directly from the Emergency Department or Acute Medical Unit (AMU) as well as wards.

The ward operates for 24 hours a day 7 days a week. Uses enhanced remote monitoring and daily calls (or at another frequency that is clinically determined).

The Virtual Ward team can remotely monitor observations such as heart rate, oxygen saturations, skin temperature and respiratory rate continuously and the outcome of hospital treatments, including Dexamethasone, anticoagulation and in a small number of cases home oxygen therapy.

All Virtual Ward patients are given an appropriate monitoring kit, information leaflets, including details of their care, the monitoring expected and escalation pathways. They are also given a contact telephone number to call for any advice or support required.

Advantages

1) Patients can leave hospital sooner and recover in comfort and in the familiarity of their own home. This has a positive effect on patients' mental health and wellbeing which can help speed up recovery
2) Patients are provided with more choice on where they receive care. For example, some patients may be able to complete the treatment they are receiving in hospital at home or be monitored at home prior to surgery.
3) Patients feel reassured by continuous health monitoring and having access to the Virtual Ward team at any time.
4) Necessary adjustments can be made to your care plan whilst you are at

Disadvantages

1) Initial set up costs (equipment, recruitment and staffing) and available funds to support this.
2) Inclusivity – may disproportionately exclude certain patient groups, e.g. lower income, homeless people, traveller communities, and those with poor phone signal and/or no internet access.
3) No Electronic Patient Record across the ICB – minimising the benefits of an integrated approach.

Metric Name	Current Month	Actual	Target	Target Pass/Fail	Variation	Assurance
Total Trust Vacancy Rate - % FTE vacancy	Apr-23	-3.4%	0.0%	✓	?	?
Total Trust Turnover % FTE - Rolling 12 month measure	Apr-23	9.5%	10.0%	✓	L	?
Total Trust Voluntary Turnover % FTE - Rolling 12 month measure	Apr-23	6.3%	8.0%	✓	L	P
Staff Stability Index – Permanent Staff Headcount stability measure	Apr-23	89.3%	90.0%	✗	?	F
Time to Hire - Non Medical External Applicants (days)	Apr-23	78	60	✗	?	?
Time to Hire - Medical External Applicants (days)	Apr-23	81	100	✓	?	?
Temporary Staffing - Total Bank Hours Worked	Apr-23	39,023	No Target	N/A	?	N/A
Temporary Staffing - Total Agency Hours Worked	Apr-23	8,627	No Target	N/A	?	N/A
Temporary Staffing - Total Agency Costs in Month	Apr-23	£604,219	£531,347	✗	?	?
Overtime Hours Worked	Apr-23	8,293	No Target	N/A	?	N/A
Additional Hours Worked	Apr-23	8,116	No Target	N/A	?	N/A
Sickness Absence - Total Trust % FTE Absence - Rolling 12 Months	Apr-23	5.6%	4.5%	✗	?	F
Sickness Absence - Total Trust % FTE Absence - In Month	Apr-23	4.8%	4.5%	✗	?	?
Sickness Absence - Long Term Total Trust % FTE Absence	Apr-23	2.5%	2.8%	✓	L	?
Sickness Absence - Short Term Total Trust % FTE Absence	Apr-23	2.4%	1.7%	✗	?	?
Mandatory Training Compliance %	Apr-23	88.6%	90.0%	✗	L	?
Non-Medical Appraisal Compliance %	Apr-23	74.7%	80.0%	✗	?	F
Roster Full Approval Lead Time (weeks)	Apr-23	5	12	✗	H	F

The Trust monitors a wide range of Workforce metrics highlighted in the table to the right and below is a summary of performance.

The Trust's overall vacancy position continues to be positive although there continue to be hard to recruit to vacancies. A line by line over-establishment review is being undertaken to better understand the current position, for reporting to the Financial Recovery Group and to the next People and Culture Committee, for assurance.

Overall retention position continues to be favourable, although variation by staff group.

Temporary staffing demand and cost continues to be a concern, impacted by operational pressures and ongoing staffing of escalation beds, however, signs of improvement with reduced demand and associated agency cost reduction since January 2023.

Sickness absence levels are in line with the Norfolk and Waveney average. An improving trend continues to be seen for long term sickness.

- Workforce – Support our efforts around system wide approaches to international recruitment, the introduction of robotic process automation and aligning approaches to policies and processes being explored through the Improving Lives Together Work.

- Estate – Continue to support the new Hospitals build programmes, along with DAC and CDC development.

- Digital and Data Infrastructure – Support the rollout of digital connectivity across the whole of Norfolk and Waveney, including rural areas.

- Emergency Department Attendance, Admission Avoidance and Patient Discharge:
  - Advertise to families and carers that acute and community hospitals require families to assist in taking patients home and provide care while the relevant agencies are being fully lined up.
  - Expanding Elderly/Frailty and Homeless Social Care Support Services – working to emulate other Rapid Response and at home services provided nationally.
  - Mental Health Community Support.
  - Assist in the growth of specialist complex health, elderly and Dementia units and the recruitment and training of these staff members.

- Outpatient Transformation – Support in communicating the National Outpatient transformation requirement to reduce follow ups to 75% of 2019/20, including the use of Patient Initiated Follow Ups (PIFU).

Norfolk Health Overview and Scrutiny Committee
6 July 2023
Item no: 7

Eating disorder services in Norfolk and Waveney

Suggested approach from Liz Chandler, Scrutiny and Research Officer

Examination of the provision of eating disorder services in Norfolk and Waveney.

1.0 Purpose of today's meeting

1.1 To examine the report from Norfolk and Waveney Integrated Care Board (N&WICB) regarding eating disorder services in Norfolk and Waveney. The report is attached at **Appendix A.**

1.2 Representatives of N&WICB will be in attendance to answer Members' questions.

1.3 This item follows the Full Council meeting on 24 January 2023 in which a motion requesting NHOSC review eating disorder services in Norfolk was passed.

The motion expressed concern at 'the delay and drift' in eating disorder treatment pathways currently being experienced in Norfolk.

The motion requested NHOSC examine with N&WICB and NHS commissioners the following specific areas:

- Transition between child and adolescent and to adult services.
- Action to reduce the need for out-of-area placements.
- Review the responsiveness of the referral process form primary care to specialist services.

The papers, full motion, and minutes for this item can be viewed here.

2.0 Previous reports to NHOSC

2.1 NHOSC last reviewed eating disorder services at its meeting in November 2021. This included an examination of the trends in demand, capacity and access to eating disorder services for patients in Norfolk and Waveney including adults and children, community services and specialist in-patient services.

2.2 Prior to this the subject came before the committee in April 2019. At this time there was a particular concern about recruitment and retention in staff in the Cambridgeshire and Peterborough NHS Foundation Trust (CPFT) community service for adults in Central and West Norfolk.

3.0 Background information

3.1 Ignoring the alarms report

3.1.1 Following the death of the 19-year-old University of East Anglia (UEA) student Averil Hart from anorexia nervosa in 2012, the Parliamentary and Health Service Ombudsman (PHSO) published the Ignoring the alarms: How NHS eating disorder services are failing patients report in December 2017. The report concluded that Averil's death could have been avoided if the NHS had provided appropriate care. Several recommendations were made in the report as to how the NHS could improve its eating disorder services. These included:

- A review into the training of doctors and other medical professionals.
- A review into the quality and availability of adult services, and the transition from child to adult services.
- Better coordination of services.
- The use of training to address gaps in provision of eating disorder specialists. Improving investigation and learning, in particular form serious incident investigations.

3.2 Increase in eating disorders amongst girls during Covid-19 pandemic

3.2.1 A report by The Lancet: Child and Adolescent Health published in June 2023, found that during the Covid-19 pandemic, there had been a sharp increase in eating disorders among girls aged 13 – 16 years. These increases were largely among girls within less deprived communities. See also: BBC News.

3.3 Cambridge and Peterborough NHS Foundation Trust (CPFT) contract

3.3.1 Cambridge and Peterborough NHS Foundation Trust (CPFT) took on the entire contract for adult eating disorders in Norfolk and Waveney from 1 April 2023. Prior to this date, CPFT already held 78% of the Norfolk and Waveney contract, with a small contract for people in Great Yarmouth and Waveney held by the Norfolk and Suffolk Foundation NHS Trust (NSFT). NSFT currently retains the eating disorder services for children and young people in Norfolk and Waveney.

3.4 Norfolk and Waveney Integrated Care System's mental health priorities

3.4.1 Norfolk and Waveney Integrated Care System (N&WICS) lists a number of actions it has taken in relation to eating disorder services since 2019 as part of its mental health priorities. See: Norfolk & Waveney Integrated Care System.

3.5 Eating disorder training for adult social care staff at Norfolk County Council

3.5.1 Currently there is no specific training on eating disorders within adult social care that is mandated. However, other training picks up on looking at the person's wellbeing, looking at the person's physical and mental health and asking follow up questions, which is part of the assessment process. There are opportunities for staff to complete further development of their knowledge

and skills to support with case work and understanding both health and physical conditions. Social Workers may also have covered eating disorders as part of their degree. There are a range of resources that practitioners can access on this subject, for example: Eating Disorders (justonenorfolk.nhs.uk).

3.6 Norfolk County Council supports Eating Disorder Awareness Week

3.6.1 In March 2023, Norfolk County Council supported Eating Disorder Awareness Week run by Norwich-based charity Beat. Throughout the week NCC backed the campaign on its social media channels and staff in Children's Services worked with Norfolk schools to support them to engage with pupils on the issue of easting disorders. This has included providing a fully-funded webinar delivered by Norfolk and Suffolk Foundation Trust, Under 18 Eating Disorder Service. The teams have also provided information to help schools raise awareness of eating disorders to parents, including signposting to resources and sources of support.

4.0 Suggested approach

4.1 The committee may wish to discuss the following areas with N&WICB representatives:

- How/are MEED guidelines being consistently applied for patients who are acutely ill?
- Are Education, Health and Care Plans (EHCP) being appropriately put in place for children and young people with an eating disorder?
- What support/training is offered to NHS commissioned mental health community services to support service users with eating disorders?
- Were there any job losses as a result of the transfer of the contract for adult services from NSFT to CPFT?
- What were the specific reasons for the substantial increase in referrals for children and young people during the Covid-19 pandemic?
- What could be done to address the issue of bullying that is identified in the report as a contributing factor to eating disorders? What other organisations could help to address this issue?
- To what extent do health inequalities (ie better access to GP services) impact the diagnosis of eating disorders in people living in more deprived areas of Norfolk? (See: The Lancet: Child and Adolescent Health study above.)
- What can NHOSC do to assist in improving eating disorder services?

5.0 Action

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

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Improving lives together
Norfolk and Waveney Integrated Care System

Item no: 7
Appendix A

Agenda item:	

Subject:	Eating Disorders Services for Norfolk and Waveney Residents.
Presented by:	Tricia D'Orsi, Executive Nursing Director, Norfolk and Waveney Integrated Care Board
Prepared by:	Collated by Norfolk and Waveney Integrated Care Board: - Rebecca Mann - Head of Integration and Alliance, Children and Young People (CYP) Mental Health (MH). - Diane Smith - Senior Programme Manager, Adult MH. - Richard Taylor - Programme Manager, CYP MH. - Jeremy Bell - Change Manager, Adult MH. With contributions from system partners.
Briefing:	Norfolk Health Overview and Scrutiny Committee
Date:	6th July 2023

Purpose of paper:

To provide Norfolk Health Overview and Scrutiny Committee (HOSC) with requested update on work which is ongoing in the Norfolk and Waveney System to meet the needs of people with eating disorders and support their recovery.

Executive Summary:

This paper includes updates on information previously provided (November 2021 and May 2022) as requested by members of Norfolk HOSC. Some previous content has been removed or condensed where it no longer has impact on current service delivery.

The NHS Long Term Plan (2019) sets out the need to transform and invest further in eating disorders services. Increased demand and severity of presentation, seen through the COVID19 pandemic, had a knock-on impact on other areas of the health system such as increased acute hospital admissions.

The Norfolk and Waveney system has been working collaboratively to improve services and ensure sustainability while meeting individual needs and risk. An All-Age Eating Disorder Strategy was published in 2022, developed through system-wide engagement, to coordinate improvement and innovation in years to come.

This paper details the collaborative work of stakeholders across all areas of the Norfolk and Waveney system and involvement in work led by the Regional Provider Collaboratives, and NHS England.

Please note: On 1st July 2022, the NHS Norfolk and Waveney Clinical Commissioning Group (CCG) ceased and became the NHS Norfolk & Waveney Integrated Care Board (ICB). All references to the CCG in the past have been changed to ICB.

Contents

Key areas of information requested

Requested information	Location
• What are the current issues facing the provision of services for patients with eating disorders and what is being done to address these issues?	• Section 4.1.1
• What services are available for patients with eating disorders? • What impact has the new contract with Cambridge and Peterborough Foundation NHS Trust (CPFT) had on the provision of services for patients with eating disorders in Norfolk and Waveney?	• Section 4.1.5 • Section 5
• How are patients referred to specialist eating disorder services (i.e. GP referral, self-referral, referral from other organisations e.g. social services, voluntary sector, etc).	• Section 4.1.2 • Section 4.1.3
• How are these referral/treatment pathways specifically tailored to different presentations of eating disorder including bulimia, binge eating disorder, OSFED, ARFID, and other presentations?	• Section 4.1.1
• What is the process for patients with eating disorders transitioning from CAMHS (child and adolescent mental health services) or CYP (children and young people) to adult services?	• Section 4.1.4
• Updated figures (from briefing report previously provided to HOSC in June 2022) showing the trend in demand for the children's and adults' community and in-patient eating disorders services.	• Section 2.1
• Updated figures (from briefing report previously provided to HOSC in June 2022) on waiting times for treatment from referral from primary care to specialist services.	• Section 2.1 • Section 2.2.1 • Section 2.2.2
• Details of current capacity across the children's and adults' community and specialist services (including specialist beds) in comparison to current demand.	• Section 2.2.1 • Section 2.2.2 • Section 4.1.2 • Section 4.1.3
• The numbers of Norfolk and Waveney patients, adults and children, who require a specialist service who are currently being treated in other facilities (e.g. acute hospitals; other kinds of mental health facilities), and what and where those facilities are.	• Section 2.3.1 • Section 2.3.2
• What is the current level of out-of-area inpatient placements?	• Section 4.2.2
• What training do staff in non-specialist services (e.g. primary care) have in identifying and treating eating disorders?	• Section 4.1.8
• What can NHOSC do to support in the provision of services to patients with eating disorders?	• Section 5

1. Background and Context

1.1 Background

Eating disorders (ED) are a complex mental health condition where people use the control of food to cope with feelings and other situations. Unhealthy eating behaviours may include eating too much, or too little or worrying about your weight or body shape. Anyone can get an ED but young people aged between 13 and 17 years old are particularly at risk. EDs can have serious implications, including risk of death, impaired health, psychiatric comorbidity and poor quality of life for the patient and those around them. However, with treatment most people can recover from an eating disorder. We also know that getting treatment earlier provides a better chance of recovery[1].

Mainline therapies for EDs, outlined by the National Institute for Health & Care Excellence (NICE), are clearly set out and are predominately based on Cognitive Behavioural Therapy or Family Therapy approaches.

There are a number of documents which guide the commissioning and delivery of ED services, namely:

- The *NHS Mental Health Implementation Plan 2019/20 – 2023/24* (2019). NHS England.
- *The Community Mental Health Framework for Adults and Older Adults* (2019). NHS England and NHS Improvement and the National Collaborating Central for Mental Health.
- *Adult Eating Disorders: Community, Inpatient and Intensive Day Patient Care Guidance for commissioners and providers* (2019). NHS England with NICE and the National Collaborating Centre for Mental Health.
- *Access and Waiting Time Standard for Children and Young People with an Eating Disorder* (2015). NHS England.
- *Eating disorders: recognition and treatment*. NICE Guidance [NG69] (2020). National Institute for Health and Care Excellence.
- *Eating Disorders Quality Standards [QS175]* (2018). National Institute for Health and Care Excellence.
- *Medical emergencies in eating disorders (MEED). Guidance on recognition and management [CR233] (2022*)

There have also been some noteworthy reports into cases which have instigated improvements in EDs provision. One critical report was: *Ignoring the alarms: How NHS eating disorder services are failing patients* (2017). Parliamentary and Health Service Ombudsman. The publication of 'Ignoring the Alarms' led to several follow-up reports looking into changes made as a result and recommending further next steps to ensure tangible and sustained improvements occur.

[1] Overview – Eating disorders - NHS (www.nhs.uk)

1.2 UPDATED Provision of services for Norfolk & Waveney residents.

The Norfolk and Waveney system has specialist services available for people with Eating Disorders (EDs). These services are provided in the community by both NHS and Voluntary Community and Social Enterprise (VCSE) partners. These providers are set out in table 1.

Table 1 – commissioned providers of eating disorder services for Norfolk and Waveney

Adult or CYP services	VCSE or Statutory	Provider
Adult service	Statutory	Cambridge and Peterborough NHS Foundation Trust
	VCSE	Eating Matters
Children and young people	Statutory	Norfolk and Suffolk NHS Foundation Trust
	VCSE	To be confirmed

Following a standard end of contract procurement exercise, Cambridge and Peterborough NHS Foundation Trust (CPFT) now provides the adult service for all of Norfolk and Waveney from 1st April 2023. The service run by CPFT is known as Norfolk Community Eating Disorder Service (NCEDS).

The transition of adult eating disorder services in the Great Yarmouth and Waveney area from NHS Norfolk and Suffolk Foundation Trust to CPFT – who already provided services for the remainder of Norfolk – was managed collaboratively between the two Trusts. Clinical reviews were undertaken by the teams to ensure people moved to the new provider with clear plans and that these were communicated to appropriate parties. 29 residents of Great Yarmouth and Waveney (GY&W) were transitioned from NSFT to CPFT in this process.

Pre-emptive work by CPFT - supported by NSFT - meant that patient transitions (both existing and new referrals) took place in February and March 2023 which is reflected in some of the graphical information within this report (figures 1 and 2). Adult service users are now all being supported and treated by the CPFT service, as per the access and waiting timelines set out in section 2.1.

For children and young people (CYP) in Norfolk and Waveney, the ICB is currently undertaking a procurement exercise for an under 18 Disordered Eating Counselling Service and a Parent-Carer Peer Support Group to work alongside the core service provided by NSFT.

Table 1 outlines commissioned providers of Eating Issues (diagnosable eating disorders and non-diagnosable disordered eating services). CYP services structure delivery into three teams: West Norfolk; Central; and GY&W Teams.

These services work with a range of other system partners to provide the care and support needed for people with EDs and associated eating needs. System partners include primary care, acute hospitals, mental health services, Neurodiversity and Autism Spectrum Disorder services, and community services including dietetics.

1.3 Norfolk and Waveney Governance for Eating Disorders

NSFT and CPFT hold monthly internal governance meetings where internal quality, service developments and operational discussions take place. These support oversight and governance within the services.

Both providers report via a standard reporting process to the Norfolk and Waveney ICB CYP and Adult Mental Health Commissioning Teams, which jointly retain oversight of provider performance and quality. The ICB mental health commissioning teams report to the Norfolk and Waveney Integrated Care System (ICS) Mental Health Strategic Oversight Board (previously named N&W MH Partnership Board).

The Norfolk and Waveney All-Age Eating Disorders Strategy Oversight Group is a system wide forum with stakeholders including; ICB, provider staff, VCSE partners, service users, parents and carers. The group meet monthly and oversee development and achievement of the system-wide, co-produced strategy for eating disorders.

1.4 Demand and Capacity and the impact on Performance

The Norfolk and Waveney system monitor a range of metrics to analyse and understand the demand, capacity and profile of need for services and performance against national standards. Eating disorder activity data is collected with respect to acute admissions, specialist inpatient admissions and within primary care to build a comprehensive picture of how the pathway is functioning and how needs are being met both within and outside of Norfolk and Waveney.

2.1 UPDATED - Norfolk and Waveney Community Eating Disorders Providers

An overview of demand for eating disorders services is shown in Figures 1 and 2. These figures show that during the initial stages of the COVID-19 pandemic, services saw a drop-in activity. Following the easing of COVID-19 restrictions in the summer of 2020, all eating disorder services saw substantial increases in activity – around double pre-pandemic levels.

The substantial change in demand within a short period was challenging to manage. Staffing in CYP services had been based on a national workforce calculator with assumptions made on pre-pandemic activity levels and was linked to the investments set out in section 4.1.3 which began in 2015. These planning assumptions – and associated staffing and investment - were not sufficient to meet the increased and sustained demand seen during the Covid-19 pandemic.

Adult eating disorder services have not had a national workforce calculator. The East of England Provider Collaborative for Adult Eating Disorders has begun to make broad recommendations on staffing levels and mix. These recommendations were also based on pre-pandemic activity data.

The Norfolk and Waveney system has invested financially in the provision of adult ED services through 2020/21 to 2022/23, as set out in section 4.1.2. As well as

financial investment to support services to meet
demand, there is a significant need to invest in professional development of the existing and expanded workforce.

UPDATED - Demand in all services

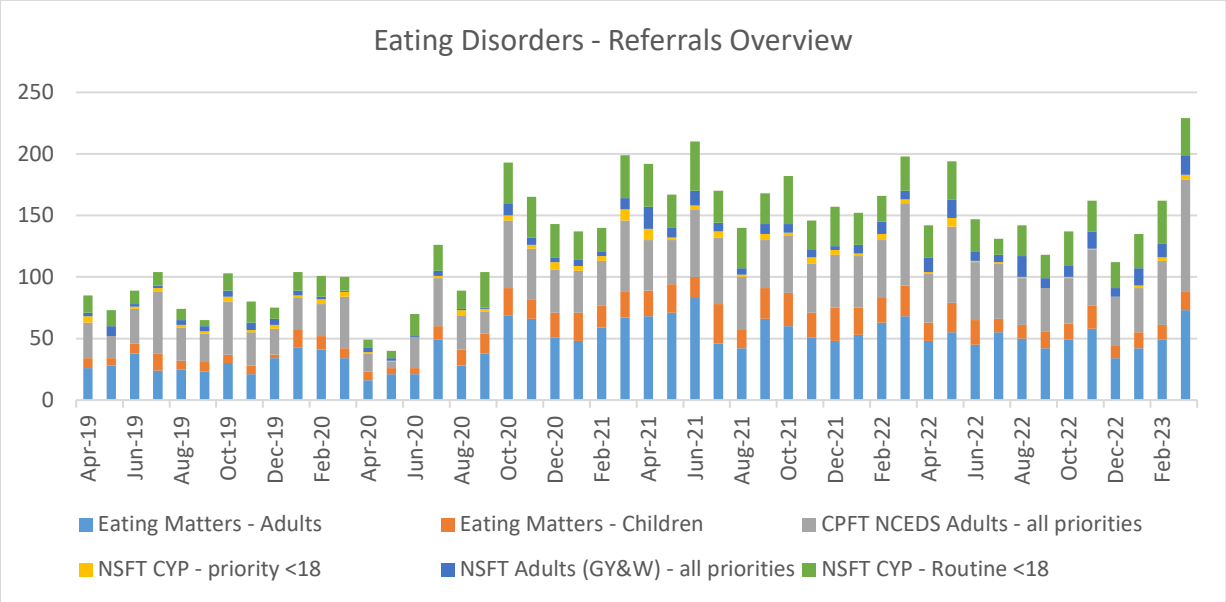

Figure 1 - Norfolk and Waveney eating disorder providers' referrals

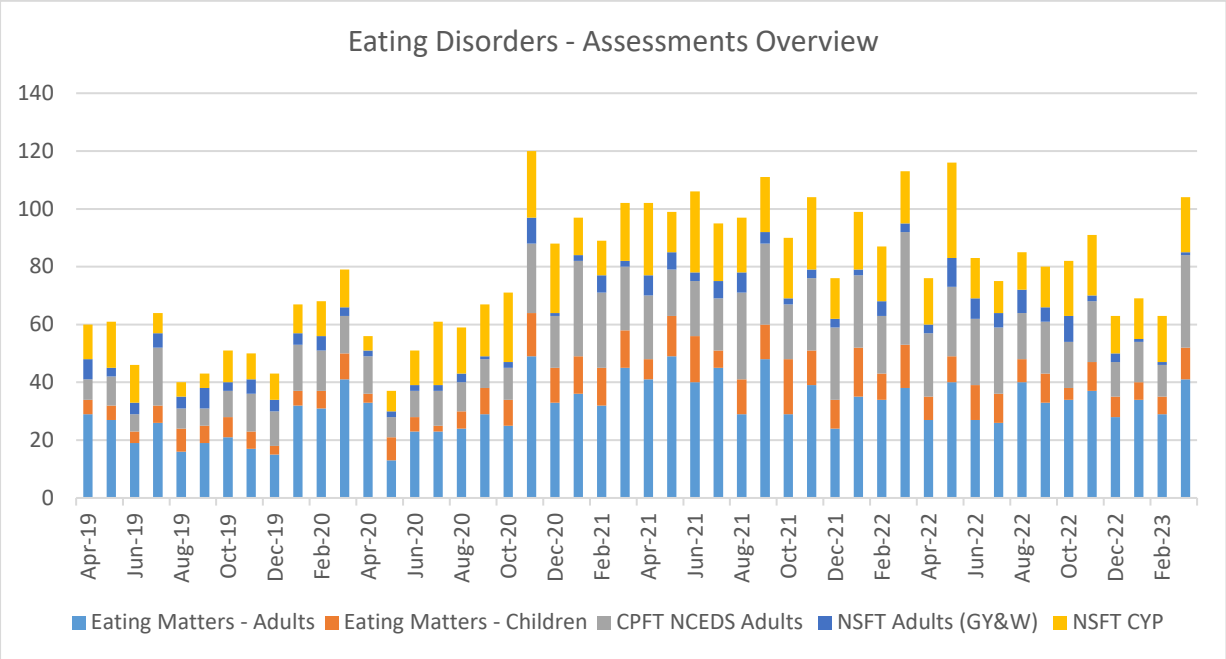

Figure 2 - Norfolk and Waveney eating disorder providers' assessments

The above figures 1 and 2, show referral rates and assessments almost doubled following the start of the Covid-19 pandemic to Spring 2022. During this time performance against local and national access and waiting time standards, particularly in the CYP (Under 19) service (Figures 5, 6) were negatively affected. However, from approximately Summer 2022, there has been a slight downward

trend in demand and significant improvements made in meeting waiting time standards.

<u>UPDATED</u> – CPFT NCEDS (adults)

Statutory (NHS) Adult Eating Disorders services are now delivered solely by Cambridge and Peterborough NHS Foundation Trust for Norfolk and Waveney; however data is shown to 31/03/2023 when NSFT still delivered these services in the Great Yarmouth and Waveney area.

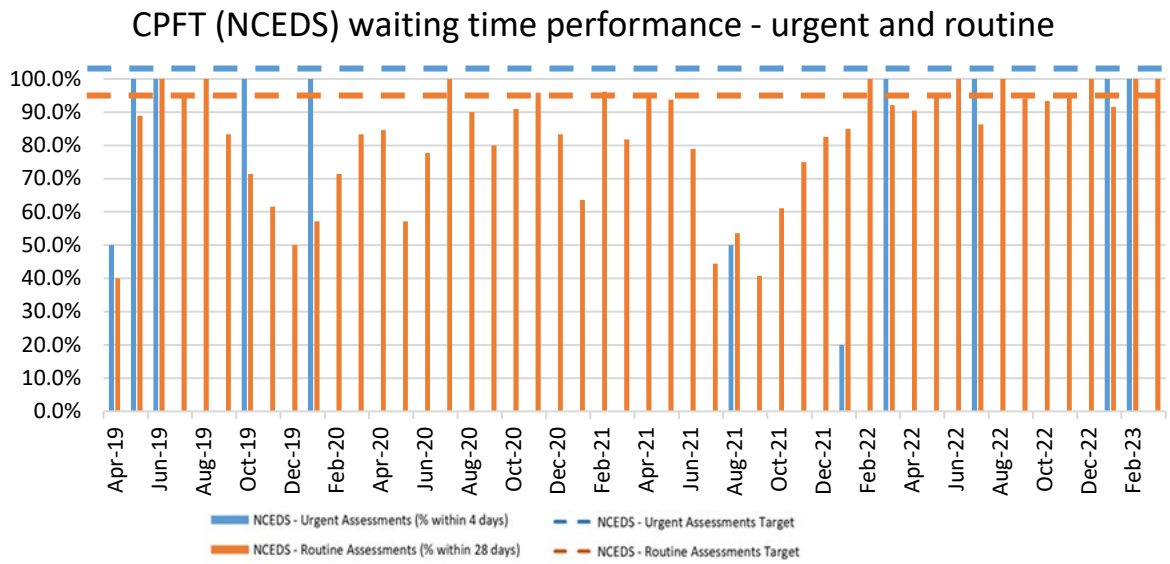

Figure 3 - Norfolk and Waveney adult performance against national standards (assessment)

Assessment timeframes are set out as:

- Referral to assessment 4 days for urgent
- Referral to assessment 28 days for routine

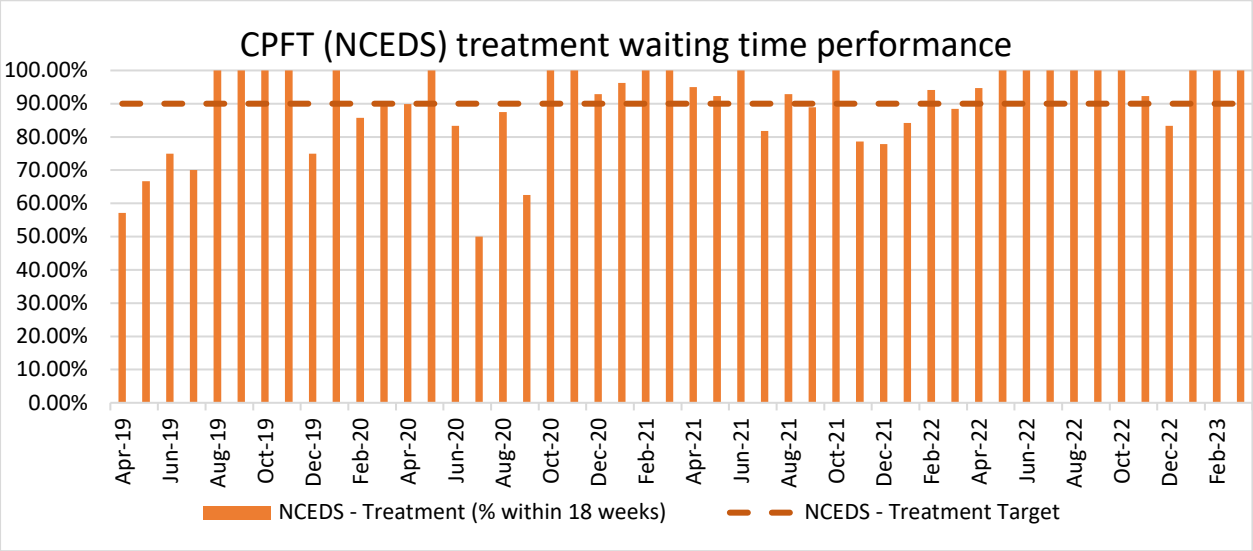

Figure 41 - Norfolk and Waveney adult performance against national standards (treatment)

As of 31st March 2023, the average waiting time to treatment was 3.5 weeks, and the maximum was 6 weeks.

The significant dip in achievement of waiting time
standards seen in the middle of 2021 was the compound impact of the multiple months of high demand. The recovery of these standards has been achieved due to the increased capacity in the service, supported through additional investment in services.

These standards have been maintained throughout 2022 / 2023 with nine months of referral to treatment performance of 100% and the only month to fail to make the 18-week target of 90% referral to treatment resulting from an administrative / recording error which did not have any impact upon patient care. Similarly, the referral to assessment standard has averaged in excess of 90%. Exceptions to the standard have been investigated and identified to be administrative / recording errors which did not impact upon patient care or as a result of service user choice of a later appointment outside of the waiting time standard.

UPDATED - Children and Young People (NSFT)
CYP community services capture data from referral time to treatment, as per national guidelines, which requires that treatment starts within one week for urgent referrals and 4 weeks for routine referrals.

The figures below for CYP demonstrate that the services have not only experienced an increase in referrals requiring assessment, but also a significant increase in the level of acuity, with the number of urgent referrals more than quadrupling during the Covid-19 pandemic. More recently, whilst referrals are down since the summer of 21/22, they are still around double to triple the levels seen prior to the Covid-19 pandemic.

Figures 5 and 6 shows the total number of referrals classified as urgent and routine reducing but both are still higher than pre Covid-19 pandemic levels by at least a factor of 2 for urgent and 1.25 for routine. Despite this, NSFT demonstrates attainment back towards the access and waiting time standards of 95%.

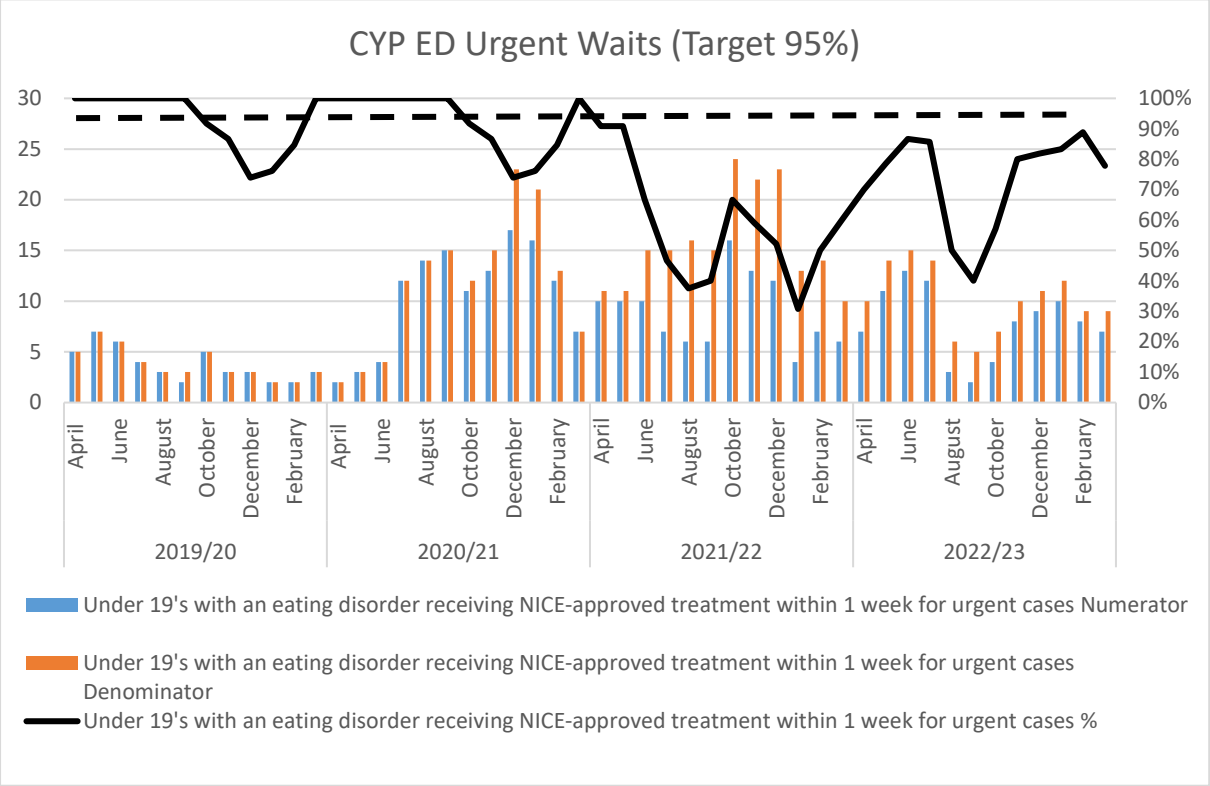

Figure 5 - Norfolk and Waveney CYP performance against national access and waiting time standards and number of urgent referrals

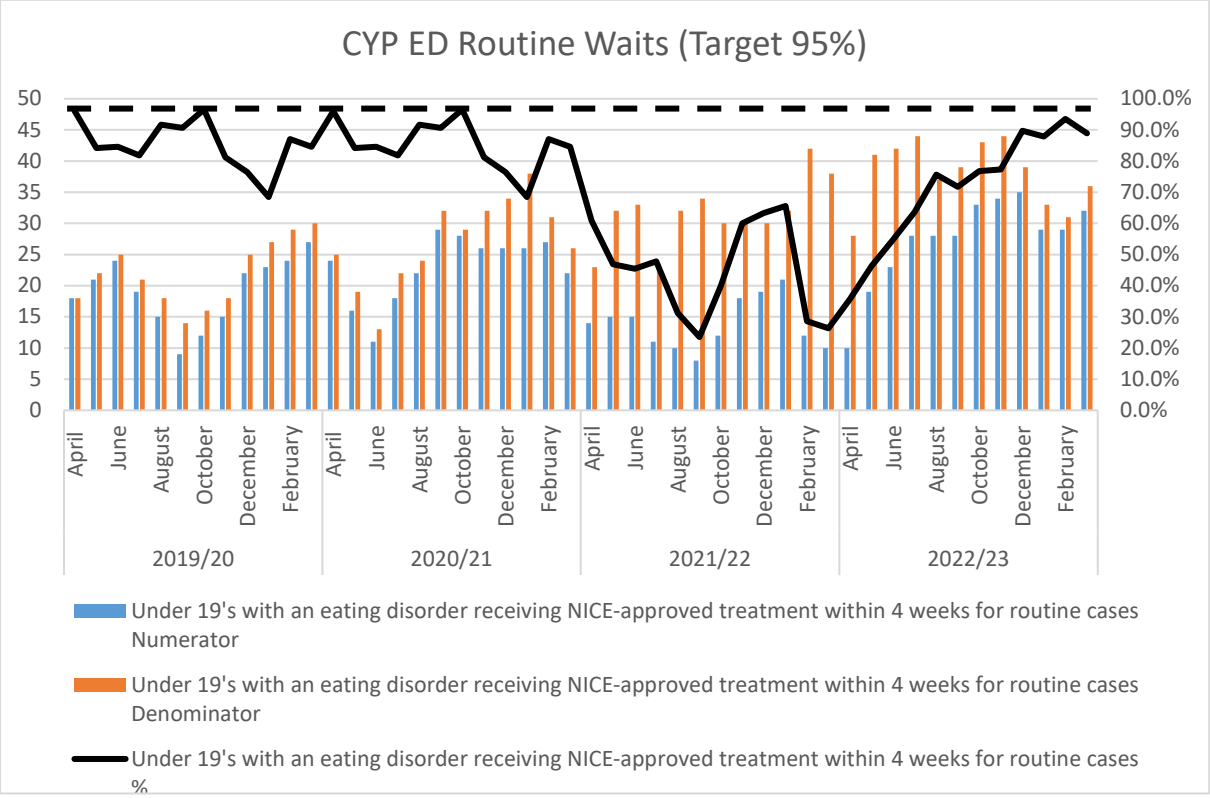

Figure 6 - Norfolk and Waveney CYP performance against national access and waiting time standards and number of routine referrals

NEW - All-age waiting times

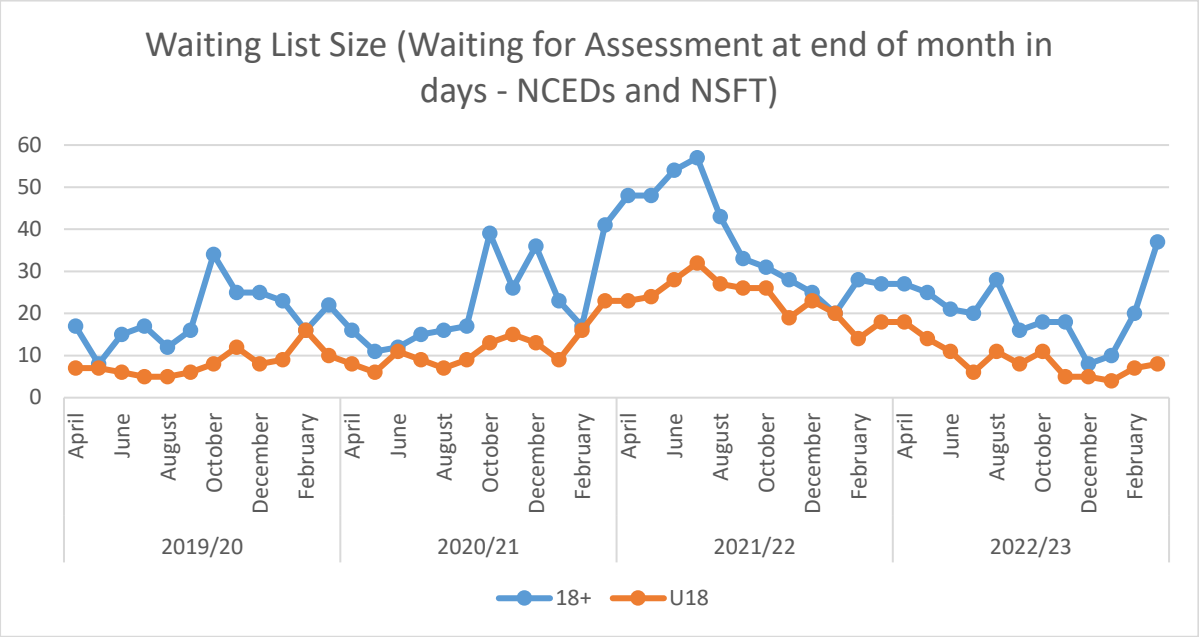

Figure 7 - Waiting List Size (Waiting for Assessment at the end of the month)

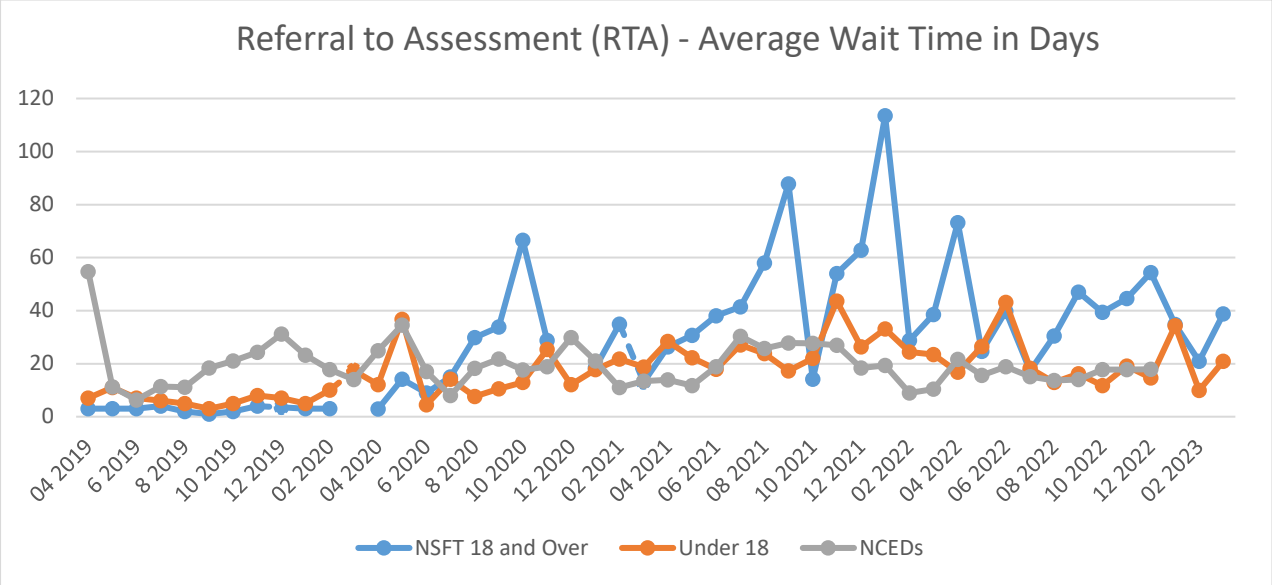

Figure 8 - Referral to Assessment (RTA) - Average Wait Time in Days

Each line represents the average waiting time in each month between the referral being accepted and the assessment being undertaken. These can include delays from within the service (such as staffing issues) or service user availability to attend available appointments.

Waiting times rose as the Covid-19 pandemic drove up demand. These have steadily recovered despite demand remaining higher than pre-pandemic, with investment and new ways of working demonstrating success.

The overall trend of waiting times shows a continued improvement.

2.2 Specialist Eating Disorders Units

Specialist eating disorder units (SEDUs) are inpatient facilities. Access to inpatient units is required when biological, psychological or social reasons create such significant risk to an individual, and a collective decision is made that the individual cannot be safely and adequately managed at home with support in a community setting.

Until 30th June 2021 NHS England commissioned this provision, through Specialised Commissioning functions. From 1st July 2021 across the East of England there was a transfer of commissioning responsibility to NHS-Led Provider Collaboratives who now deliver this function for adult eating disorders and CYP Mental Health inpatient services (CYPMHS). The ambition of NHS-Led Provider Collaboratives is to ensure that people with specialist needs experience high quality, specialist care, as close to home as possible, appropriate to individual needs and connected with local teams and support networks. NHS-Led Provider Collaboratives will enable specialist care to be provided in the community to prevent people being in hospital if they don't need to be and to enable people to leave hospital when they are ready.

2.2.1 UPDATED Adults figures.

There are three adult specialist eating disorders units within the East of England region:

- Ward S3 at Addenbrookes, operated by Cambridge and Peterborough NHS FT (12 Beds).
- Newmarket House – Independent Sector (10 Beds).
- Priory Chelmsford – Independent Sector (16 Beds).

It should be noted that these beds are not always all available and may be closed to admissions for a variety of reasons including high acuity (mix of complex need) on the ward, staffing shortages or other concerns. Patients from East of England region may also be placed in NHS or independent SEDU beds out of region should a more specialist bed be required or if there is no available capacity within the units in region.

Between April 2018 and April 2022 there have been between seven and sixteen patients in adult SEDU beds at any one time. In the last twelve months there have been between five and ten at any time, with the number reducing steadily over the 2022/23 year to five at the end of March 23. During 2022/23 the number of inpatients has reduced, and whilst the numbers placed out of county have remained consistent, there has been a reduction in the numbers placed outside the East of England area. The blue line shows total Occupied Bed Days (OBDs) in the month, and the green bars the activity out of area.

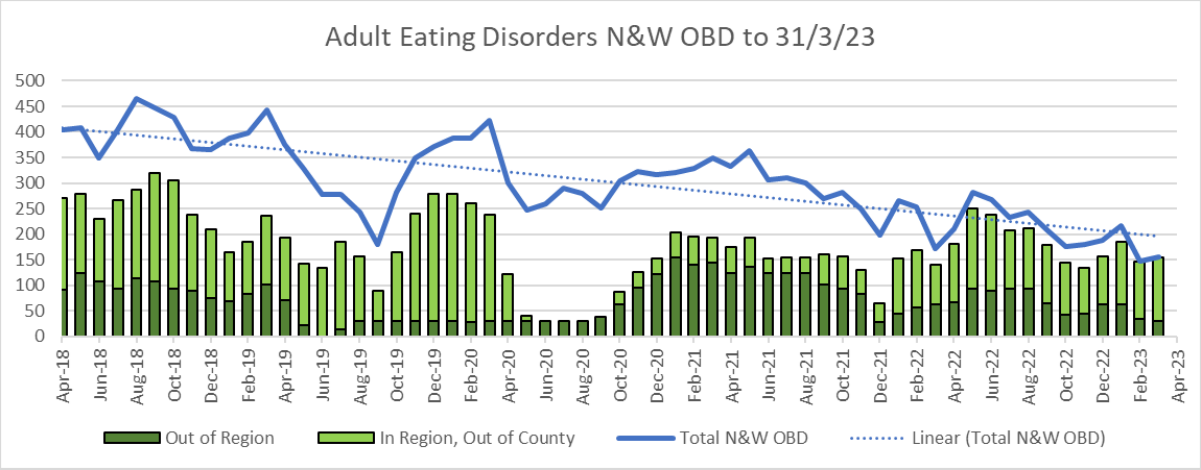

Figure 9 Norfolk and Waveney Adult Occupied Bed Days (OBD) to 31/3/23

Figure 10 below compares ICB and regional activity levels, expressed as number of occupied bed days (OBD) per 1000 adult population (GP list size at 31 March 2021). The level of inpatient activity in Norfolk and Waveney has historically been higher than in other areas. In the last two years Norfolk and Waveney inpatient activity has reduced and is currently below the regional average.

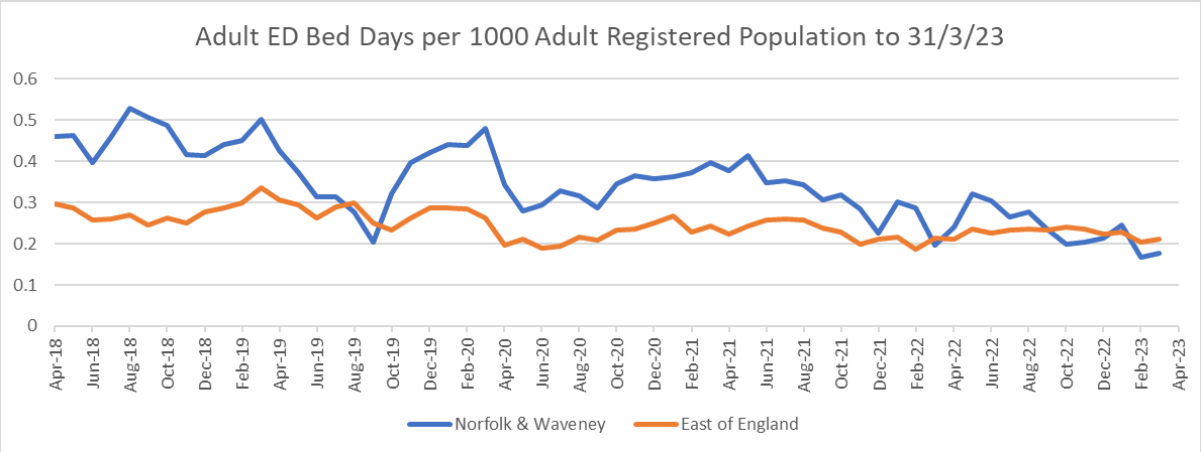

Figure 10 – Norfolk and Waveney region vs east of England activity in bed days – to 31/3/23

2.2.2 <u>UPDATED</u> CYP figures.

There are two Young Peoples Eating Disorders units within the East of England region:

- The Phoenix Unit operated by Cambridge and Peterborough NHS FT (12 Beds).
- Elysium Rhodes Wood – Independent Sector (10 Beds).

As with adult SEDU beds, these beds may not all be open for admissions at times and patients from East of England region may also be placed in NHS or independent SEDU beds out of region should a more specialist bed be required or if there is no available capacity within the units in region.

Since April 2018 there have been between one and ten patients in CYP SEDU beds at any one time. This varies significantly month to month, but overall there has been a reduction in the number of patients placed in inpatient beds over the past three years. During 2021/22 a spike in ED activity was seen with a peak of 164 bed days (ten young people placed) in December and activity reduced significantly in Q4. During 2022/23 CYP ED placements increased during the first half of the year, reducing over the remainder of the year. Whilst activity is variable, the overarching trend is a reduction in the number of CYP requiring inpatient beds.

The blue line shows total OBDs in the month, and the green bars the activity out of area.

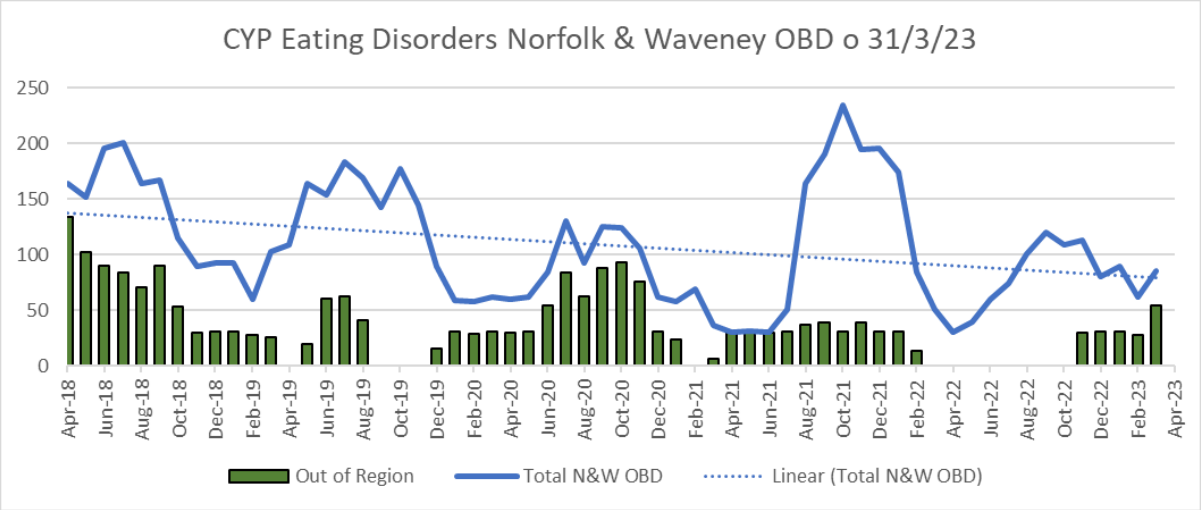

Figure 11 - Norfolk and Waveney CYP Eating Disorders OBDs

The graph below compares ICB and regional activity levels, expressed as number of OBDs per 1000 population 13-17 years (GP list size on 31 March 2021). The low numbers and variability of OBD activity makes it difficult to draw conclusions from a comparison of ICB and regional activity rates. However, in contrast to Norfolk and Waveney activity, East of England trend shows increasing levels of inpatient admissions.

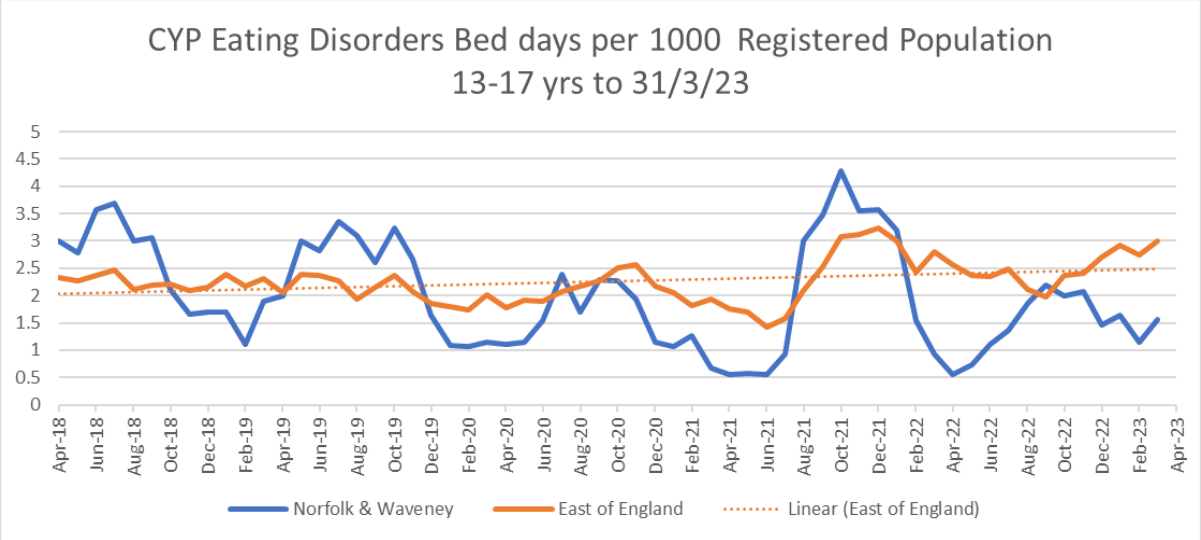

Figure 12 Norfolk and Waveney CYP OBDs Per 1000 Registered Population (13 - 17 years of age)

2.3 Other areas of eating disorders activity

The ICB looks at a wide variety of information to understand the demands and flow of needs for eating disorders.

2.3.1. UPDATED Acute hospital activity data

There are times when it is appropriate for someone with an eating disorder to be admitted to an acute hospital bed. This is when an individual has become medically unstable and requires close medical support to manage and stabilise physical health.

Figure 13 shows the numbers of adults with inpatient hospital admissions where the primary reason for admission is an eating disorders diagnosis. Prior to and through the COVID19 pandemic, there was a steady high number of admissions, during a time of increased complexity and acuity of presentations. Average number of admissions decreased over 2021/22, and 2022/23 shows a sustained decrease.

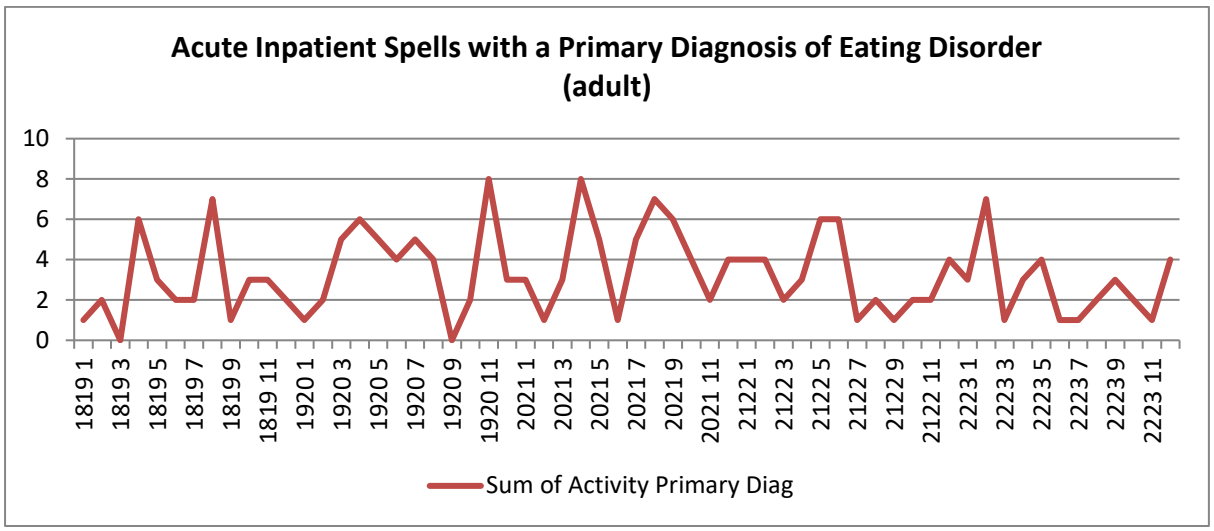

Figure 13 - Acute Inpatient Spells with an Eating Disorder Diagnosis (ICD F50x) - Adult

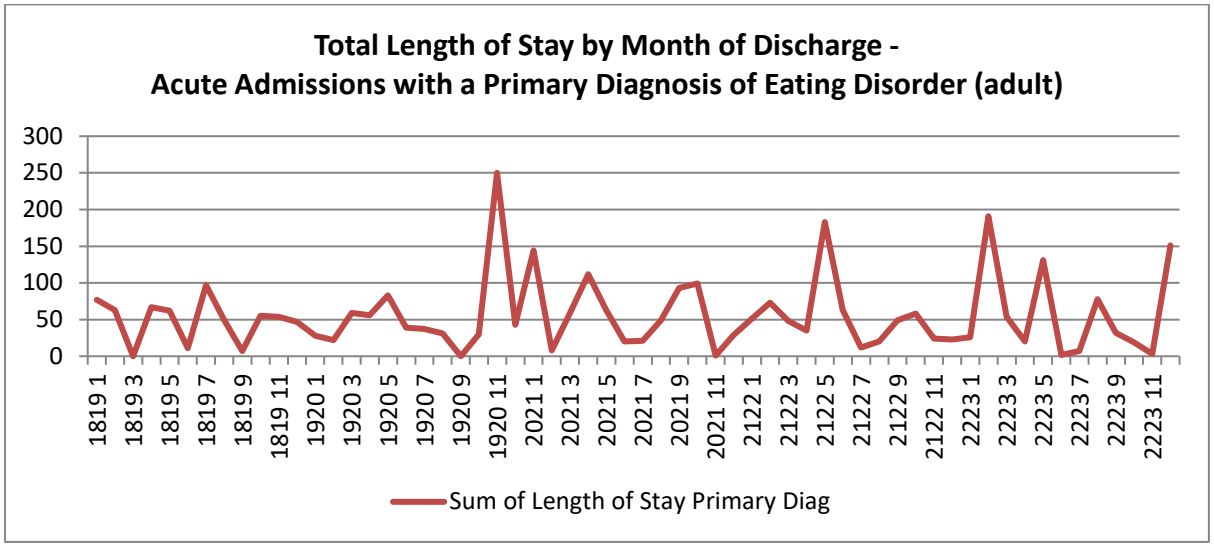

Figure 14 - Total occupied bed days by Month of Discharge – Acute Admissions with an Eating Disorder Diagnosis (ICD F50x) – Adult

Figures 13 and 14 allow for the extrapolation of average length of inpatient stay. In order to ensure that the data is sufficiently robust this needs to be averaged over a year. In 2021 the monthly average of total occupied bed days with a primary diagnosis of eating disorder was 55 bed days across Norfolk and Waveney.
In 2022 the average length of stay was 22 days for adult admissions.

In the same manner as the adult acute admission, the CYP admissions in 2021 / 22 with a primary diagnosis of an eating disorder was 83. During the same period there were a total of 891 days meaning that the average length of stay was 10.7 days for CYP admissions in acute hospitals.

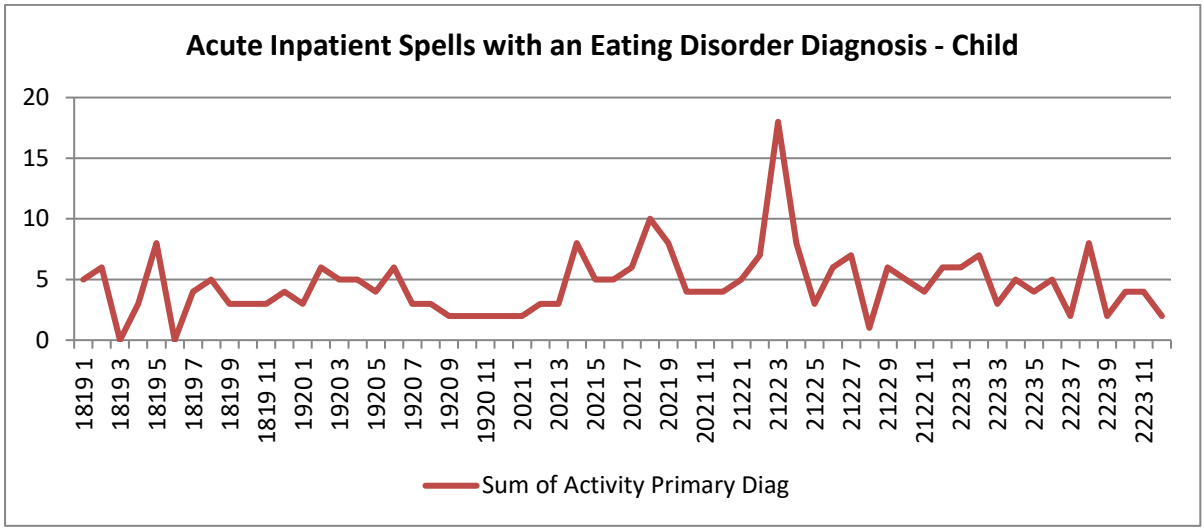

Figure 15- Acute Inpatient Spells with an Eating Disorder Diagnosis (ICD F50x) – Child

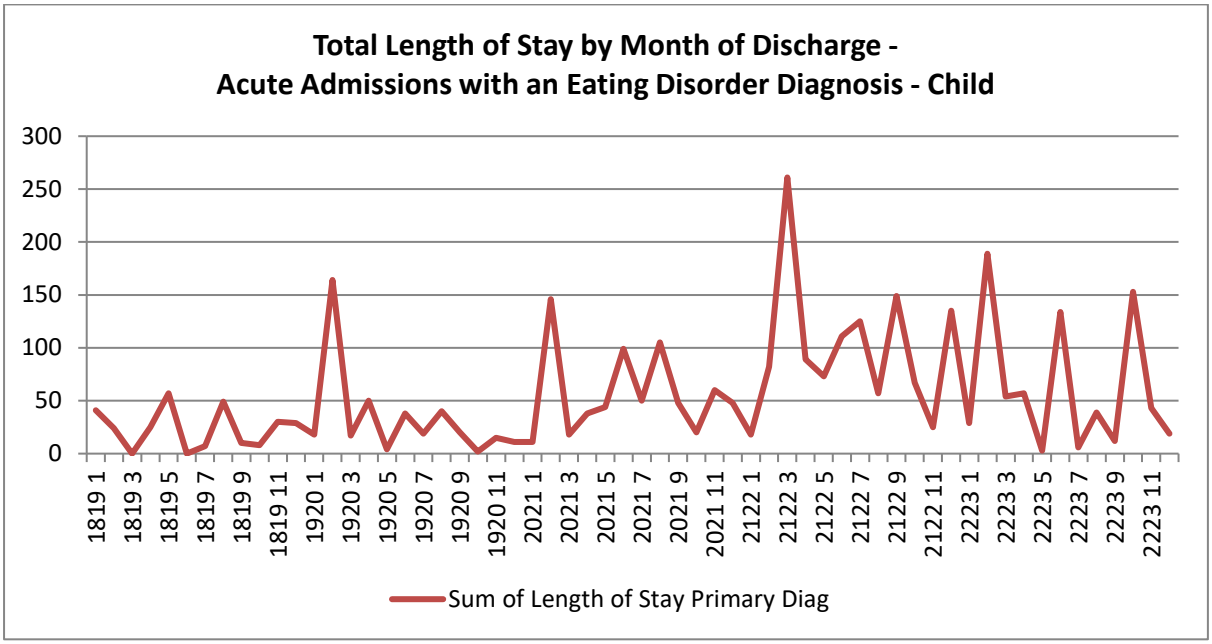

Figure 16 - Total occupied bed days by Month of Discharge - Acute Admissions with an Eating Disorder Diagnosis (ICD F50x) - Child

2.3.2. UPDATED Other

In the four-year period between April 2019 to March 2023, Norfolk and Waveney ICB (formerly CCG) has funded specific inpatient care and treatment and rehabilitation placements for eight individuals aged over eighteen. This has occurred when other 'usual' options have been unavailable – such as when there has been no available SEDU capacity. During this period, spend totalled £2.030m on a total of 2,846 days of 'bed-based' services, creating an average cost per day of £713. The shortest length of stay was 42 days for a rehabilitation placement, stretching to 867 days for an inpatient care and treatment placement. The ICB is currently funding two rehabilitation placements with spend estimated at £0.2m for the financial year 2023-24.

Since its inception, the Adult Intensive Support Team (ICST) is always considered for service users where previously the only option would have been to make a referral to a specialist in-patient unit. This ensures that there is an option of intensive support provided within the individual's own environment.

3. Root causes

According to latest NICE guidance, there is little evidence that eating disorders can be ascribed to any one causal factor; they may be associated with biological, genetic or environmental factors, combined with a particular event that triggers the disorder. Other causes and triggers might include one, or more, of the following:

- Childhood trauma and abuse, including experience of bereavement

- Family difficulties, including family history of eating disorder, depression or substance misuse
- Stressful life events, including problems at school or college
- Personality factors, including having an obsessive personality, anxiety disorder, or being a 'perfectionist'
- Low self-esteem, including being criticised for their eating habits, body shape or weight
- Genetic / hormonal predisposition

However, in one survey by BEAT[2] bullying was mentioned by 75% of respondents. This is important because about 1 in 3 children are thought to experience bullying each year.

Eating disorders are also related to Non-Suicidal Self Injury (NSSI, formally known as self-harm) with about 70% of people with an eating disorder also engaging in NSSI and about 50% of people engaging in NSSI also experiencing disorder eating[3].

4. Strategic and quality improvement

4.1. Actions to date and planned in Norfolk & Waveney

Norfolk & Waveney clinicians and commissioners work in collaboration to identify and address issues and coordinate the improvements and critical elements underpinning the ability to deliver improvements. Critical to this is the growth of the specialist workforce and upskilling of non-specialist workforce. This work integrates with East of England regional NHSE/I colleagues and associated NHSE regional All Age Eating Disorder Strategic Oversight Board. The following outlines the specific ongoing work in Norfolk & Waveney:

4.1.1. <u>UPDATED</u> A strategic approach to improvements

The *Norfolk & Waveney All-Age Eating Disorders Strategy* launched in 2022, following development with a wide range of partners including experts by experience, and clinical and operational leaders in Norfolk & Waveney from the Specialist Provider Collaboratives, as well as organisations spanning mental health, learning disabilities, social care, public health, primary care and physical health care. This Strategy, and system progression towards all of its objectives, is currently under review by the Norfolk and Waveney All-Age Eating Disorders Strategy Oversight Group.

The Strategy sets out the next steps in our eating disorders developments as a system. The following sets out how the strategy is being implemented:

a) Developing **alternatives to admission** across all ages of provision.

[2] "67% increase in Bullying Leading to Eating Disorder". http://www.b-eat.co.uk/about-beat/media-centre/press-releases/67-increase-in-bullying-leading-to-eating-disorder/
[3] http://www.anorexiabulimiacare.org.uk/about/statistics

- For adults there is now an intensive community support provision
- For CYP there is a day unit which provides intensive support.

b) Focusing on **Purposeful admissions**:
   - We are working with inpatient colleagues – both acute and specialist units - to maximise the benefit of admissions through; training and capacity building to support care planning, risk management, treatment and meal support.
   - For adults there has been a reduction in the numbers of admission and the lengths of stay in acute hospitals in our system, and the numbers of people needing to be admitted to specialist inpatient units has dropped, as per sections 2.2.1 and 2.3.1.

c) Implementing the East of England **Transitions Standards**
   - Discussed in greater detail below in section 4.1.4.

d) Developing system resources and pathways for **the full range of ED diagnoses** (e.g. Avoidant & Restrictive Food Intake Disorder) and eating challenges related to co-morbid needs (e.g. learning disability, neurodiversity and poor mental health) which may not reach criteria for diagnosable ED but pose significant health risks, nevertheless.

   - For CYP, there is now a commissioned ARFID provision within the NSFT service. The service has also identified 'Champions' across the West, Central and East teams to ensure an equitable spread of ARFID expertise and knowledge.
   - In adult services the development of an ARFID service is currently pending the review of a business case by the CPFT Executive Management Team (EMT). It is anticipated that this business case will be accepted and that the service can be recruited to and commenced in 2023.

e) First Episode Rapid Early Intervention for Eating Disorders (FREED) – an early intervention approach to ED's
   - For CYP ED services, NSFT will be expanding the FREED offer to start from 16 years of age in Q2 of 23/24.
   - In adult services FREED provision is available across Norfolk and Waveney.

f) Developing a **single front door** for professionals and the public.
   - The CYP Service Development titled the Integrated Front Door or IFD will be due to launch in November 2023. Alongside this a single point of access will be developed to create the most straightforward route into ED services possible.

g) Leading on **Workforce** development:

   - Collaboration with workforce system leads to maximise specialist staff available
   - Scoping and developing a system upskilling programme, to enable earlier identification and support, and support work across teams.

- Within CYP ED services, significant investment has gone into developing ARFID skills and expertise, with attendance to South London and Maudsley (SLAM) MasterClass training facilitated by Health Education England, to locally commissioned training around ARFID for the core community teams, primary care, and acute hospital colleagues. In addition, the ICB has also facilitated awareness and training swaps between ED services and neurodiverse services, recognising the relationship between neurodiversity and ARFID presentations.

h) Identifying and commissioning robust **carer support and education,** this is being built into the substantive plans for services moving forwards.

- For CYP, NSFT's service currently provides information and education sessions to parents and carers, and the service has an ambition to learn from a Suffolk based sibling model of support. Alongside this offer, the ICB is commissioning a Parent-Carer Peer Support Group which should be operational in Q2-Q3 of 23/24, dependent on procurement processes.
- For adults, there is a substantive model in the CPFT service that is available to support carers of those living with an ED. There have been some recruitment challenges with the lead post for this model, so there is currently exploration of alternative ways to provide this support.

4.1.2. <u>UPDATED</u> Adult service parity

The ICB is working with stakeholders to ensure the right levels of support and resources are available to develop services for all ages.

N&W ICB has invested above the expected amount of Long Term Plan funding in ED. Additional investment in adult ED services in 2021/22 amounts to £1.04m, a near 50% increase on 2020/21 - while 2020/21 also saw increased resources on 2019/20. The ICB continues to prioritise eating disorder services within the mental health strategy and will build upon the various service developments detailed within this report to continue improving the care pathway for people with severe mental illnesses.

The specialist ED workforce (establishment) for adults in Norfolk and Waveney has increased as per table 2 below:

Table 2	March 2020 (FTE)	March 2021 (FTE)	March 2022 (FTE)	March 2023 (FTE)	Increase over 3 years (FTE)	Increase over 3 years (%)
Clinical facing staff	13.65	19.25	33.0	37.12	23.47	272%
Support and administration	2.4	3.0	4.3	4.4	2.0	183%
Management	1.0	1.0	1.0	1.6	0.6	160%
TOTALS	**17.05**	**23.25**	**38.3**	**43.12**	**26.07**	**247%**

FTE – Full Time Equivalent

There is currently a higher than usual vacancy rate in the CPFT adult service, as all posts transitioned from the Great Yarmouth and Waveney team as vacancies. However, the turnover rate of staff in the CPFT service for 2022/23 was 2.8%.

This CPFT service is currently accessed via a professional referral route, due to the need for clinical information to accompany this as part of management of risk. Referrals can be made by general practice and other clinicians. The non-statutory (VCSE) service provided by Eating Matters can be accessed via self-referral methods as well as professional referral. Both organisations work closely together to ensure people are swiftly accessing the right support for their needs.

The Norfolk and Waveney all-age ED strategy set out the ambition to develop self-referral options for ED. Within the adult service this is being explored and we are learning from other services that have already taken this step. It is crucial to identify that there will need to be an agreement from those self-referring that clinical information can be obtained from their General Practitioner.

4.1.3. <u>UPDATED</u> Children's & Young Peoples (Under 18 years) Investment

Norfolk & Waveney ICB has invested the full additional monies allocated through the Local Transformation Plan for CYP-ED and locally identified funding, which brought spend to just over £2.1m in 20/21. Additional funding of £1.378m has been identified and this has supported the following service developments:

- **Intensive Day Service (The Lighthouse)**
  An Eating Disorder Intensive Treatment Team (EDITT) offering a 6-8 week intensive day service as an alternative to admission for very unwell CYP and their families to enable them to seek intensive support and treatment whilst remaining at home. This opened in June 2022 and is demonstrating good outcomes for CYP and families in Norfolk and Waveney. The service cost is £650K per annum.

- **Development of an Avoidant Restrictive Food Intake Disorder (ARFID) Team**.
  The CYP ED service now benefits from a £273K investment in ARFID specialists. This team spans the wider service across Norfolk and Waveney and ensures equitable distribution of skills and resources to support presenting need.

- **Disordered Eating Counselling and a Parent Carer Peer Support Group**
  Where individuals have some eating difficulties but does not meet the diagnosable ED thresholds, individuals will be able to access a disordered eating counselling service. In addition, a parent-carer peer support group will help families across Norfolk & Waveney. This service development is due to cost £125K per annum

- **Dedicated assistant and senior practitioners within acute paediatric settings to support CYP admitted with an eating disorder.**
  These staff help respond to the mental health needs of CYP within acute hospitals. Elements of their role include direct support to CYP, families and hospital staff as well as informing and supporting discharge into the community. The system has invested £300K per annum in this service.

The specialist ED workforce (establishment) for CYP in Norfolk and Waveney has increased as per table 3 below:

Table 3	March 2020 (FTE)	March 2021 (FTE)	March 2022 (FTE)	March 2023 (FTE)	Increase over 3 years (FTE)	Increase over 3 years (%)
Clinical staff	24.62	32.66	46.40	53.40	28.78	46.1%
Support /admin	2.60	5.30	8.40	8.37	5.77	31.0%
Management	2.80	2.60	3.6	3.6	0.80	77.7%
TOTALS	**30.02**	**40.56**	**58.40**	**65.37**	**35.35**	**45.9%**

4.1.4. <u>UPDATED</u> Coordination and transition between services

The Parliamentary and Health Service Ombudsman's report, Ignoring the Alarms: How NHS eating disorder services are failing patients' (2017), underlined the need to improve coordination of services and associated care planning in order to improve quality and safety. Consequentially, the NICE Eating Disorders Quality Standards [QS175] (2018) identified the requirement that 'People with eating disorders who are being supported by more than one service have a care plan that explains how the services will work together.' To meet this need, the Norfolk and Waveney system developed local transition protocols from CYP to adult ED services which starts six months in advance wherever possible and multidisciplinary team (MDT) discussions for those approaching 18 years of age to determine the best service for them.

Norfolk and Waveney services also developed local protocols to support transitions between inpatient and community settings. More recently, in June 2022 the East of England NHSE Regional Mental Health Team published the Transition Standards for Eating Disorders Services. This document lays out a set of core principles and specific guidelines for nine different types of transitions that people living with an ED typically experience. Review of the CYP and adult ED services against these standards and improvement work began in December 2022. This review is being overseen by both the regional NHSE team and also the local Norfolk & Waveney All-Age Eating Disorders Strategy Oversight Group. In addition NHSE is leading a University Transitions task and finish group, and multiple stakeholders from Norfolk and Waveney have volunteered to be involved.

The ICB has not been alerted to, through incident reporting or quality reviews, any instances where transitions have resulted in actual or near-miss harm.

4.1.5. UPDATED Services offered

NHSE and the National Institute for Health and Care Excellence (NICE) set out standards for psychological treatment for eating disorders. These are set out in the documents referenced in section 1.1 and table 4 provides a view of which recommended interventions are provided by commissioned services in Norfolk and Waveney.

Table 4: Treatment	Recommended for CYP (NG69, QS175 and access standards)		Provided by N&W CYP services	Recommended for adults NG69, QS175 and AED		Provided by N&W adult services
		Condition treated			Condition treated	
CBT-ED	✓	AN, BED, BN	✓	✓	AN, BED, BN	✓
Guided self-help	✓	BED	✓	✓	BED, BN	✓
MANTRA	No			✓	AN	✓
SSCM	No			✓	AN	✓
FPT	No			✓	AN	*
FT-AN	✓	AN	✓	No		✓
MBT	No			No		✓
CBT-T	No			No		✓
FT-BN	✓	BN	✓	No		
AFP-AN	✓	AN	✓	No		
OSFED treatments should be offered using the treatment the OSFED most closely resembles.						

* The adult community ED team offer the alternative psychodynamic treatment of Mentalisation Based Therapy (MBT) which has the added benefit of being an evidence-based treatment approach for people with Personality Disorder.

4.1.6. UPDATED Management of Emergencies in Eating Disorders (MEED) – previously referred to as Management of Really Sick People with Anorexia Nervosa (MaRSiPAN)

Recognising the high risks related to medical care for people, the Royal College of Psychiatrists released Management of Really Sick People with Anorexia Nervosa (MaRSiPAN) guidance in 2014 to support clinicians assessing and managing the physical health of patients with severe eating disorders. This guidance supports the management of people with severe anorexia nervosa who are admitted to general medical units, providing guidance on managing risks such as those around psychiatric problems, non-adherence to nutritional treatment, and medical complications, such as re-feeding syndrome.

A Norfolk and Waveney-wide MaRSiPAN working group has been in operation since 2017. The group work collaboratively to ensure policies and associated pathways are in place and working effectively, and to seek and refine system solutions through sharing best practice and working through challenges.

The national MaRSiPAN guidance was revised (May 2022) and renamed MEED (Medical Emergencies in Eating Disorders). Correspondingly each of the three acute

hospitals in Norfolk and Waveney have either
revised their policies and procedures to incorporate MEED guidance or ensured that their existing policies already meet the standards. This new guidance will have a positive impact on reducing lengths of stay within the acute hospital and on patient experience.

4.1.7. UPDATED Medical Monitoring

Norfolk and Waveney have had in place a Locally Commissioned Service (LCS) for medical monitoring in primary care since 2017. This is regularly reviewed in consultation with the Local Medical Committee (LMC) and comprehensively offered to all practices. The LCS is supported by specialist consultation from the Community ED teams and training promoted to primary care.

Uptake of the LCS has improved since its introduction – a rise from 66% in 2021/22 to 91% in 22/23 - with primary care and ED teams collaborating to provide this service.
As a result, the present position is:

- 95 of 104 practices in Norfolk & Waveney support people through the LCS.
- Four of the nine remaining practices in Norfolk & Waveney have an arrangement with nearby practices to provide the LCS.
- The ICB continues to work with the remaining five practices to support individuals and establish routine processes.

There remain some challenges in ensuring provision of medical monitoring for every patient registered with a GP in Norfolk & Waveney. Work continues with system colleagues to review the medical monitoring options, with consideration of how options routinely meet the needs of all service users.

4.1.8. UPDATED Training

National recommendations have been made regarding training. While these are focussed on General Medical Council GMC / Health education England (HEE), Norfolk and Waveney partners recognise the need to support health and care staff across all disciplines and areas of work to increase their awareness and skills in this area. In Norfolk & Waveney training and upskilling is available as follows:

- As part of the LCS for medical monitoring (section 4.1.7), the eating disorders team offer training to primary care clinicians and clinicians working in other areas as appropriate.
- The ICB has supported teams to access and has directly funded in some instances:
    - Specialist Supportive Clinical Management & Maudsley Model of Anorexia Nervosa Treatment for Adults (MANTRA) for ED teams.
    - Training specifically for acute hospitals to help them effectively support CYP admitted with an eating disorder.
    - Awareness raising to primary care and education is taking place through flyers and webinars on spotting the signs and early support.

- ARFID training to Mental Health Support Team Link workers, offering training to Special Education Needs (SEN) and mainstream schools. As well as supporting LINK Workers in youth settings.

There is a recognised need to upskill staff across the system to prevent, recognise and identify eating disorders. This in turn assists early treatment, support and collaborative working. In order to further develop knowledge and skills, the ICB is working alongside the Regional NHSE Eating Disorder Oversight Group and Regional Health Education England leads in developing a framework for eating disorders training.

In addition to training for clinicians, training has also been developed and made available to people seeking to learn about eating disorders or for whom their role may potentially bring them into contact with people with an eating disorder. The strength of this training lies in the diversity of sources.

This training includes:

- A range of varied resources from MindEd
- NCEDS sessions to support general practice.
- Norfolk and Waveney MIND.
- NSFT CYP awareness and information sessions for parents and carers.

4.2. Actions to date and planned by Provider Collaborative

The East of England Provider Collaborative came into effect on 1st July 2021 and have undertaken activities to validate data, and a deep dive into CYPMH activity.

4.2.1. UPDATED Children and Adolescents Mental Health Services (CAMHS)

There continues to be significant pressure for specialised treatment for CYP who have an eating disorder. At the end of April 2023 there were eight young people requiring an eating disorder bed, five of whom require nasal gastric feeding. There is one young person from Norfolk and Waveney, with a six day wait for an eating disorder bed with nasal gastric feeding.

There are 50 CYP ED beds in region, with 39 beds occupied at end April 2023, 3 closed, and 8 are vacant.

The single point of access continued to embed processes increasing oversight and scrutiny of all referrals. This has resulted in a significant reduction in waiting times, with the longest waiting time of 100 days 12 months ago compared to 42 days at the end of April 2023.

The Collaborative continues to invest in alternatives
to admission with a focus on piloting the following schemes:

- Development of CYP regional ED pathway
- Peripatetic Dietician – delivering dietetic support within inpatient units across the region
- A short admission pathway – time limited inpatient admission for those in crisis
- Community Crisis admission avoidance team in Norfolk & Suffolk
- Bed review – recognising change in presentation and acuity determining requirement for bed types for next 2-4 years.

CYP MH workforce remains a major issue, with the collaborative recognising this and funding part-time fixed term project management capacity to understand opportunities to address this across all our commissioned specialist areas.

4.2.2. UPDATED Adult Eating Disorders

At the end of April 2023 there is one out of area patient who has elected for treatment outside of our region, and 34 individuals occupying local specialised beds. This is a major achievement, and the Adult Eating Disorder team are working hard to continue to offer in region admissions as first choice for every patient.

Investment from the Provider Collaborative to pilot alternatives to admission across the region are focusing on:

- Intensive Community Support in Cambridgeshire & Peterborough, Hertfordshire, in addition to Norfolk and Waveney which is funded by ICB.
- Virtual Intensive Treatment Service with a caseload of up to 8 services users across the region
- Mentoring and peer support for Consultant Psychiatrists to aid retention
- Bed review – establishing regional bed requirements to meet our populations needs for next 2-4 years

The biggest issue for both Children's and Young People's Mental Health and Adult Eating Disorders inpatient capacity is staff recruitment and retention as highlighted.

4.3. UPDATED Actions to date and planned by NHSE

The NHSE East of England All Age Eating Disorder Board was stepped down in late 2022 due to the changing landscape of the NHS and the need to enable and support change, whilst empowering systems to lead on community mental health transformation. The Regional Mental Health Team will continue to support eating disorder transformation within the wider context of community mental health transformation, having a key role in:

- Acting as the main voice to ICSs and the primary interaction between NHS England and systems.
- Translate national strategy and policy to fit local circumstances, ensuring local health inequalities and priorities are addressed.
- Agree 'local strategic priorities' with individual ICSs.

- Provide oversight to ICBs and agree oversight arrangements for place-based systems and organisations.
- Develop leadership within ICBs and providers.
- Within national frameworks, determine the 'how' of delivery to achieve outcomes and expectations to reflect local populations, workforce, service structures and digital capabilities.
- Develop mechanisms for systematically collating and sharing good practice and lessons learnt.
- Manage regional level relationships including regional government.
- Provide support to ICSs to enable delivery of the key eating disorder transformation priorities as outlined in the CMH Roadmap (see appendix 1)

NHSE Regional Project Plans

- The regionally led Transitions Task & Finish Group published core and specific transitions standards and ICBs have been provided with additional benchmarking tools to support quality improvement and planning in relation to implementation of these standards.
- Medical monitoring refreshed guidance was published in 2022 to support systems to fully implement and evaluate system level medical monitoring protocols.
- Severe and Enduring Eating Disorder (SEED) pathway best practice guidance published in 2022 following a regional task and finish group.
- NHSE continues to operate a quarterly East of England Eating Disorder Network Meeting to promote innovation, best practice and quality improvement.
- Alongside the Network Meeting, NHSE runs a monthly regional Eating Disorder Webinar Programme to support sharing best practice, innovation and research.
- NHSE facilitates the Body Project Community of Practice with the aim of supporting systems to rollout and deliver this early intervention body image programme with young people aged 13 to 25 years.
- Following the decommissioning of the CYP Strategic Data Collection Service data collection, regional support is provided to assist systems in improving data quality for submissions to the Mental Health Services Data Set.
- The national access and waiting time standard remains a priority, with support being provided to systems to achieve the 95% target for both routine and urgent referrals.

2023/2024 NHSE regional projects planned to support transformation:

- MEED (Medical Emergencies in Eating Disorders) all age conference planned for 19th June to support systems and providers to successfully develop and implement the new guidance and build system wide awareness.
- NHSE ARFID resources – the team will publish resources and training materials in one space to share with systems to share research, best practice and named links for other system leads to support sharing across the region and improve ARFID pathway development across the age ranges.

- Adult eating disorder workforce benchmarking – to evaluate skill mix, capacity and access to evidence-based therapies across the East of England – to support workforce planning and service design.

In addition to regional projects, the regional team work closely with the National Eating Disorder Team to ensure any national guidance, training, policies and best practice are shared with systems. The regional team also feedback system challenges at a national level to influence national policy and priorities including those relating to workforce and training.

4.4. UPDATED Service User Feedback

4.4.1. Adult Community Eating Disorders Services

From the Specialist Services Community Survey and Carers Survey responses for the period 1/4/22 – 31/3/23

NCEDS received a total of 31 surveys, 30 under the heading Specialist Services Community survey and one from carers with a total of 73 comments. One Serious Incident was reported in financial year 2022 / 23 and this was as a result of an information governance breach. The matter was subsequently reported via the duty of candour process.

Overall, the surveys reflected a positive experience of the service with the majority within the medium to high scoring range. Comments included:

1. *Straight away felt relaxed and was treated with kindness and empathy.*
2. *Very understanding, persistent and consistent approach. Set realistic goals. Always punctual and do what they say they will. They can also challenge when necessary.*
3. *Speedy service which stopped deterioration of my eating disorder.*

There were two negative surveys with 17 individual negative comments between them and where appropriate NCEDS have addressed these areas internally.

4.4.2. Children and Young People Community Eating Disorders Services

From the Family and Friends Test feedback process there was a total of 18 responses in the period 1/4/22 - 31/3/23. Of these, all bar one piece of feedback was positive.

Positive comments included:

1. “Best supportive, understanding team ever”.
2. “The doctor was very caring and understanding. We felt heard”.
3. “My therapist, has literally changed my life. The plan we have followed has been vital to my near full recovery. It’s been structured well and is always catered to me specifically meaning every session is relevant. She has saved me”.

4. “has helped me very much and changed my life..., doesn’t make me feel infantilised like many do when speaking to someone with an eating disorder. She also remembers details”.

The one negative feedback that was given noted:

1. “When in hospital don’t give any support. No consistency in who you see The workers try to intimidate when you first meet them which I found rude and off putting”.

Service colleagues have been invited to reflect on these bits of feedback and appropriate changes have been put in place. For example, a reminder to strive for consistent case workers and professionals to consistently work with service users, where practicable.

5. UPDATED Conclusion

Considerable improvements and investment in services have taken place in recent years, and Norfolk and Waveney eating disorder services are now in a much improved position to meet the needs of our population and lead the way, in the East of England, in many areas of service development and provision. All providers of services are working collaboratively to carry this momentum forwards and continue to drive forward improvements in care.

The system remains committed to the ongoing developments and improvements mapped out in the co-produced All-Age Eating Disorder Strategy. There are several key system dependencies including the development of a sufficient specialist workforce and the increased awareness and knowledge required across health, social care and our wider communities.

CYP services have benefitted greatly from new leadership and a strengthened clinical team over the past two years, driving improvements to pathways and processes. Despite significant pressures, the service has continually demonstrated a strong culture and commitment towards delivering the best possible care and has worked with stakeholders across the region to do so. This has resulted in efficiencies and increased capacity, with CYP and families benefiting positively from these improvements.

In the adult services, the culmination of increased core staffing, a whole system offer of FREED, Intensive Community Support and system upskilling has seen marked improvements in care and support. These can be summarised through:

- Starting out prior to transformation N&W system had one of the highest rates of SEDU admissions. Since transformation work started on improving the workforce, skill mix and introduction of an intensive support team – N&W are **now the lowest** in the East of England meaning that more individuals are receiving appropriate support in their communities.
- Waiting times to **access treatment now average 3.5 weeks** in community teams.
- **Acute hospital admissions have fallen** along with the lengths of stay experienced.

These significant improvements have been achieved
through co-production, joint working and commitment to delivering the best services possible to the people of Norfolk and Waveney.

The ICB, on behalf of the system, request support from the Norfolk Health Oversight and Scrutiny Committee in the following endeavours from the system all-age eating disorder strategy:

1. Escalate through public health governance routes to request national review against evidence-base of universal messaging on healthy eating - to consider potential impact of universal messaging upon people at risk of or living with an eating disorder and respond appropriately in campaigns.
2. Ask the 8 Health and Wellbeing Partnerships that operate in Norfolk and Waveney to raise awareness in local communities of eating disorders, through the available training. (see appendix 2 also)

Appendix 1

CMH Roadmap Annex v2 AED.pptx

Appendix 2

Communications Pack - eating disorc

6. Glossary

Abbreviation	Definition
AED	Adult Eating Disorders
AFP-AN	Adolescent-focused therapy for Anorexia Nervosa
ARFID	Avoidant Restrictive Food Intake Disorder
AWTS	Access and Waiting Time Standard
BEAT	Beat Eating Disorders Charity
CAMHS	Child and Adolescent Mental Health Services
CBT-ED	Cognitive Behavioural Therapy for Eating Disorders
CBT-T	Cognitive Behavioural Therapy-10
CCG	Clinical Commissioning Group
CPFT	Cambridge and Peterborough NHS Foundation Trust
CYPMH	Children and Young People Mental Health Services
ED / EDs	Eating Disorder(s)
EDITT	Eating Disorder Intensive Treatment Team
EMT	Executive Management Team

FPT	Focal Psychodynamic Therapy
FREED	First episode Rapid early intervention for Eating Disorders
FT-AN	Family Therapy for Eating Disorders
FT-BN	Family Therapy for Bulimia Nervosa
FTE	Full time equivalent
GMC	General Medical Council
GY&W	Great Yarmouth and Waveney
HEE	Health Education England
HOSC	Norfolk Health Oversight Scrutiny Committee
ICB	Integrated Care Board
ICS	Integrated Care System
ICST	Adult Intensive Support Team
IFD	Integrated Front Door
LCS	Locally Commissioned Service
LMC	Local Medical Committee
MANTRA	Maudsley Model of Anorexia Nervosa Treatment for Adults
MaRSiPAN	Management of Really Sick People with Anorexia Nervosa (replaced by MEED)
MBT	Mentalisation Based Therapy for Eating Disorder
MDT	Multi-disciplinary Team
MEED	Medical Emergencies in Eating Disorders (replaced MaRSiPAN)
N&W	Norfolk and Waveney
NCEDS	Norfolk Community Eating Disorders Service
NG69	NICE guidance 69
NHSE/I	NHS England and Improvement
NICE	National Institute for Health and Care Excellence
NSFT	Norfolk and Suffolk NHS Foundation Trust
NSSI	Non-suicidal Self-Injury
OBDs	Occupied Bed Days
OSFED	Other Specified Feeding and Eating Disorder
QS175	NICE Eating Disorder Quality Standards 2018
RTA	Referral to Assessment
SEDU	Specialist Eating Disorder Unit
SEED	Severe and Enduring Eating Disorders
SEN	Special Educational Needs
SLAM	South London and Maudsley
SSCM	Specialist Supportive Clinical Management
VCSE	Voluntary Community and Social Enterprise

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*
7 September 2023	**Patient pathway item** Accident and Emergency (A&E) services • To include assessment of suicide risk of patients in A&E as discussed at January's FWP workshop. **Norfolk and Suffolk NHS Foundation Trust (NSFT) mortality review** An examination of the independent review by Grant Thornton into NSFT's mortality recording and reporting and associated action plan.	All patient pathway items to include request for workforce strategy data for each area then to be collated into single sub-report in end-of-year report.
9 November 2023	**Patient pathway item** Hospital discharge/palliative care **Digital transformation strategy** 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.	

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

August 2023 - **Care Homes At Scale (CHAS**) – an overview of the services/support offered by CHAS. TBC.

- **Chronic Obstructive Pulmonary Disease (COPD)** – an overview of services/ support available to patients with COPD in Norfolk and Waveney. TBC.

- **My Views Matter** – an update from Healthwatch Norfolk about is report on residential care for people with learning disabilities and autism.

- **Long Covid** – to include data from N&WICB on the numbers of long-Covid patients in Norfolk and an analysis of the report from Healthwatch Norfolk.

- **Safeguarding Adults Review (SAR) into the deaths of Joanna, Jon and Ben at Cawston Park Hospital** – an update following the Year 2 Progress Summit held on 4 July 2023.

October 2023

- **N&WICB transfer of responsibility for primary care services** – a six-month update about the trainsfer of dentistry, pharmacy and ophthalmology from NHS England to N&WICB.

- **Public Health** – an overview of people's health in Norfolk. 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
- JPUH maternity services CQC inspection
- 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
- 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	-	TBC
James Paget University Hospitals NHS Foundation Trust	-	Cllr Jeanette McMullen
Norfolk Community Health and Care NHS Trust	-	Cllr Lucy Shires

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