Norfolk County Council

NORFOLK HEALTH OVERVIEW AND SCRUTINY COMMITTEE
Minutes of the meeting held at County Hall
on 10th November 2022

Members Present:

Cllr Alison Thomas (Chair)	Norfolk County Council
Cllr Julie Brociek-Coulton	Norwich City Council
Cllr Daniel Candon (Vice Chair)	Great Yarmouth Borough Council
Cllr Penny Carpenter	Norfolk County Council
Cllr Barry Duffin	Norfolk County Council
Cllr Alexandra Kemp	Borough Council of King's Lynn and West Norfolk
Cllr Julian Kirk	Norfolk County Council
Cllr Nigel Legg	South Norfolk District Council
Cllr Robert Savage	Norfolk County Council
Cllr Lucy Shires	Norfolk County Council
Co-opted Member (non voting):	
Cllr Edward Back	Suffolk Health Scrutiny Committee
Cllr Keith Robinson	Suffolk Health Scrutiny Committee

Substitute Members Present
Cllr Brian Long substituting for Cllr Richard Price

Also Present:

David Barter (item 6)	Head of Commissioning – NHS England (East of England)
Jessica Bendon (item 6)	Senior Dental Contract Manager- NHS England (East of England)
Cath Byford (item 7)	Deputy Chief Executive Officer and Chief People Officer – Norfolk & Suffolk NHS Foundation Trust (NSFT)
Tricia D'Orsi (all items)	Director of Nursing – Norfolk & Waveney Integrated Care Board (ICB)
Kathryn Ellis (item 7)	Director of Strategy & Partnership – Norfolk & Suffolk NHS Foundation Trust
Diane Hull (item 7)	Chief nurse – Norfolk & Suffolk NHS Foundation Trust
Stuart Richardson (item 7)	Chief Executive Officer - Norfolk & Suffolk NHS Foundation Trust
Nicky Shaw (item 7)	Lead Nurse - Norfolk & Suffolk NHS Foundation Trust
Emma Willey (item 7)	Head of Mental Health - Norfolk & Waveney Integrated Care Board

Officers:

Jonathan Hall	Committee Officer
Peter Randall	Democratic Support and Scrutiny Manager

1 Apologies for Absence

1.1 Apologies for absence were received from Cllr Sue Prutton, Cllr Robert Kybird and Cllr Richard Price (substitute Cllr Brian Long).

2. Minutes

2.1 The minutes of the previous meetings held on 8 September 2022 were agreed as an accurate record of the meetings and signed by the Chair.

3. Declarations of Interest

3.1 The following declarations were made:
Item 7
Cllr Lucy Shires advised she has links to the group working with one of the spokes for the Wellbeing Hub.

4. Urgent Business

4.1 There were no items of urgent business.

5. Chair's Announcements

5.1 The Chair had no announcements.

6 Access to Dentistry

6.1 The Committee received evidence in person from David Barter, Head of Commissioning, NHS England (East of England) and Jessica Bendon, Senior Dental Contract Manager, NHS England (East of England)

6.2 Dr Mark Ter-berg, a member of the public and dental surgeon of 30 years standing, addressed the committee and advised of the difficulties he had experienced and observed in dealing with NHS contract procurement. The NHS dental practice in Long Stratton had gone into liquidation in the summer and he offered to take on the practice and patients under an NHS contract. Months later he had yet to receive a reply from the NHS. He advised that only 4 tenders had been allocated from the 7 new contracts issued for Norfolk. Dr Ter-berg was particularly concerned about the provision of dental services for children and vulnerable groups in Norfolk.

6.3 The Chair thanked Dr Ter-berg for his comments. During the ensuing discussion the following points were noted:

- School dentistry was a service that could be provided by Public Health who had a statutory duty for oral health prevention and received the funding for such aims. It was not within the remit of NHS England to provide school dentistry.
- Services for vulnerable groups, such as those with mental health issues or disabilities, was provided by Community Dental Services Community Interest Company (CDS CIC) and worked on a referral model from high street dentists unable to provide the services required. The service was offered on clinical need and triage by the referring dentist. The funding for the CDS CIC service was provided by the Public Health department of the local authority, which holds the statutory duty for oral health and prevention.
- Strategies where being developed with ICBs to engage with children and young people on oral health and prevention. This work was funded by the Public Health department of the local authority, which holds w the statutory duty for oral health prevention.
- Members provided numerous examples of where their constituents had contacted the NHS 111 service for urgent dental treatment which referred them to a local NHS dentist who was unable or unwilling to help.
- David Barter advised that since 2006, NHS contracts did not allow the registration of patients such is a requirement of GP surgeries. There was no

need to register at an NHS dentist and anyone can receive NHS treatment at any NHS dentist. No NHS dentist should be closing lists (as they should not exist) although often NHS practices did contact patients for regular checkup appointments were capacity existed. Members offered evidence that NHS dentists were not behaving in this manner.

- NHS dentists are advised to hold open some appointments each day for urgent treatment which would be triaged by the NHS 111 number. A committee member advised that one constituent had contacted 42 NHS dentists in Norfolk without being able to obtain an appointment, despite the work required being urgent.
- NHS dentists that withdrew from their contracts had their workload offered to nearby NHS dentists to see if any capacity existed to take on more patients. If capacity could not be found, then Public Commission Regulation 2015 must be adhered to for a new dentist to take on that contract. This took considerable time and effort, and often created gaps in services whilst the process was undertaken.
- In response to a question about what the committee could do to help support the access to dentists, the need for joint working amongst all stakeholders was thought to be key. David Barter gave an example of messaging as a need for joint working to ensure patients keep the appointments they make. In King's Lynn, where one of the new NHS tenders was being established, 1294 appointments were made between July 2021 and October 2021, but only 902 were actually attended . This meant that almost 30% of appointments went unfilled and patients need to be encouraged from all stakeholders to attend their appointments.
- The King's Lynn new NHS practice is currently running a 9am to 5pm service but from 1st January 2023 it will offer an 8am to 8pm service 365 days a year including weekends and bank holidays in . This should increase capacity for urgent appointments.
- New NICE guidelines indicate that routine dental checkups for an orally healthy patient could be undertaken every 12 to 18 months rather than the anticipated historical 6 months considered previously. This could mean if NHS dentists prioritised patients on clinical need, then many more patients could be seen and conditions such as oral cancers could be spotted and treated earlier.
- A limiting factor to increasing NHS dentistry capacity was workforce constraints. Many NHS dentists had a mixed practice providing both private and NHS services. Where practices have struggled to attract dentists the NHS contract is often relinquished as service standards dictated by the NHS contract cannot be met.
- One aspect of the dental contract reform recently announced was the move towards a Dental Clinical Professional Model (DCP). This will allow patients to be seen by a variety of oral health care specialists and not necessarily just by a dentist. The upskilling of staff to move towards this model will help increase capacity for NHS dentists. This sort of model had worked well for GP surgeries where nurses, specialist staff and other clinicians provide services to patients where appropriate rather than requiring the time of a GP for routine health care.
- The possibility of setting up a dental school in Norfolk has been looked at previously. A school has a lead in time of 7 to 11 years and requires large amounts of funding. A school would have to be commissioned by the Department of Health and was not within the remit of NHS England. It takes 5 years for a dentist to train and so given the lead in time a school would not increase capacity in the short to medium term. The approach to encourage NHS dentists to become multi-skilled practices was thought to offer the best solution to increasing access to NHS dentistry.

- The ICB from 1st April 2023 will be responsible for the delegated commissioning of NHS dentistry. The ICB will be shortly working on a dental needs assessment, as they take over the service, to ascertain what services are available and what services need to be contracted.
- Jessica Bendon committed to look at the issue of school dentistry but commented that school dentists offered a very limited service and whilst an oral examination can take place, any work identified would still need to be undertaken in an NHS dental practice.
- Parents of children with special needs or learning difficulties were recommended to contact the CDS CIC service in Norfolk to arrange an appointment. Their request would be triaged according to clinical need.
- It was thought that the business mix for dentists to offer both private and NHS services was not working well. Some dental contract reform had helped, but there were still areas to consider to increase access and a new contract needed to be negotiated. Responsibility for contract reform would switch to the ICB in April 2023.
- Adding fluoride to the water supply was within the gift of the County Council, but it was acknowledged that this would be a controversial decision as individuals could not opt out.
- The report indicated NHS waiting time for dentists was reducing. David Barter explained that every time a patient received NHS care a FP17 form was completed which detailed the appointment and treatment received. It was from this data, when compared to numbers waiting for treatment, that the evidence to the statement in the report provided.

6.4 The Chair concluded the discussion:

- School and special needs dentistry commissioning was delivered from the preventative funding given by Public Health to NHS England. This commissioning would pass to the ICB in April 2023. The Chair suggested she wrote to the Director of Public Health and ask whether the funding would be prioritised for schools and special needs children and in addition seek opinion to the fluoridisation of the water supply.
- The new NHS contracts were due to move to an 8am to 8pm service 7 days a week from 1st January 2023.
- The Chair advised she would also write again to the Secretary of State for Health and all Norfolk MPs advising them of the committee's thoughts and proposed actions. A request for the Secretary of State to attend a future HOSC meeting would be included. The letter written in February 2022 had yet to receive an answer.

The committee undertook a comfort break and reconvened at 11.25am

7 Re-examination of the Norfolk & Suffolk NHS Foundation Trust (NSFT) improvement plan following the Care Quality Commission inspection from November – December 2021

7.1 The Committee received the annexed report (7) from Dr Liz Chandler, Scrutiny & Research Officer, which provided an additional update on the NSFT's improvement plan following the inadequate rating from the CQC inspection that took place in late 2021.

7.2 The Committee received evidence in person from representatives of Norfolk & Suffolk NHS Foundation Trust: Stuart Richardson Chief Executive Officer, Cath Byford, Deputy Chief Executive Officer and Chief People Officer, Kathryn Ellis,

Director of Strategy & Partnership, Diane Hull, Chief Nurse and Nicky Shaw Lead Nurse. Norfolk & Waveney Integrated Care Board (ICB);Tricia D'Orsi, Director of Nursing, and Emma Willey Head of Mental Health.

7.3 Stuart Richardson apologised that the previous report had not been of the required standard and was late and thanked the committee for the opportunity to revisit the item. He added that much work had been completed since the CQC inspection and that changes implemented to address the "must dos" (section 29A warning notices) were only the start and that the Trust needed to look at the deep rooted-causes that had created the issues and address these so changes become sustainable and are embedded in the culture of the Trust and its work.

7.6 The reports submitted were taken as read and during the ensuing discussion the following points were noted:

- The committee was pleased to see the improvements made and detailed in the report.
- Sustaining improvements was key to phase 2 of the recovery plan and accountability was a key driver to ensure changes were embedded. Learning from QEH colleagues had been taken forward in allowing wider stakeholders to check whether improvements had been sustained. An improvement board had also been established to ensure that partners within the system can help resolve issues both internally within NSFT and externally so that service users receive holistic care from across the health sector.
- A broad range of measures had been introduced by the Trust to support its staff who are struggling in the current economic climate. These include measures such as increasing mileage allowances and offering £150 supermarket vouchers, as well as establishing a £25,000 hardship fund.
- Improvements were also being made with Primary Care to help identify and support people as early detection and intervention are key to ensuring NSFT was not overwhelmed with demand at a later point down the patient's pathway. Voluntary groups and wider health sector partners were being considered to help those currently on waiting lists.
- It was acknowledged that mental health was an issue across the entire health care and voluntary sector and not that just of NSFT. There was a collaborative partnership approach particularly to offering community-based services such as the drop-in sessions at every wellbeing hub which often acted as a gateway for individuals in to other services.
- The Trust confirmed that no individual would be discharged into unsafe and inappropriate housing. If wrap around care packages were not fully in place the Trust would not permit a discharge of that patient.
- The Independent Mortality Review was currently a desktop review to collect the data and did not require co-production at this stage. Once the data had been verified this would be published.
- There were significant numbers awaiting discharge that was causing a backlog for those on the list waiting for a bed. If discharge could work effectively then supply would be able to meet demand. There were approximately 18 patients awaiting discharge.
- Improved measures to ensure safety on wards had been introduced. Any agency staff employed must have undertaken the Prevention of Management and Aggression training (PMA). Twice a day safety huddles are held to ensure there is adequate PMS trained staff on wards. All staff have comprehensive inductions before they start work, which includes safety protocols and procedures.
- Retention of staff is key as recruitment to roles at the Trust was very difficult and demanding. Several initiatives have been introduced to increase retention

rates such as a more robust exit interview for management to learn why staff are leaving. The culture within the Trust needed to change and extensive training, as well as encouraging individuals to speak out against bullying and intimidation, was being promoted by senior management.

- It was acknowledged that well motivated, respected and content staff provided a better service for patients and their families.
- All assessments were undertaken face-to-face, but initial introduction to the assessment process may be carried out by telephone or video call.
- It was acknowledged that people who are taken to custody when experiencing a mental health crisis are spending too long in a custody environment although the Police do have mental health workers within custody suites to provide advice and guidance.
- There was support for the REST hubs which are delivered in conjunction with Mind and the voluntary sector. The Police often spend a lot of time with Section 136 cases and these hubs were providing an opportunity for individuals to receive care and advice for a few days without needing to occupy police officers' time.
- The centralisation of Section 136 cases had been requested by the Police to help the flow of individuals they often have to to deal with.
- It was acknowledged that individuals with drug and alcohol dependency need to be given support and treatment for their mental health and addiction issues at the same time as often the two issues were intertwined.
- There was a need to undertake a clinical harm review so that data could be collated as to how many are waiting in the system and for what services. Reform in the community services could help individuals receive treatment and guidance and not necessarily wait for services to be delivered by NSFT which may be unsuitable.

7.7 The Chair concluded the discussion and thanked all from NSFT for their input.

- The Chair thanked the NSFT representatives for attending and for providing detailed answers to the committee's questions. It was encouraging to see the progress made in respect of the plan, but this was only at a first phase stage and many challengs still lie ahead.
- Culture issues across the Trust had been acknowledged and were being addressed at a senior level.
- Housing requirements to increase patients' timely discharge was a wider issue for all stakeholders, but was key to providing a better flow of patients.
- The Chair felt that the NSFT should return to the committee once the CQC had undertaken a follow-up inspection (due January 2023) and the outcome of this inspection was known. This should be updated to the committee in a briefing first with a view to the Trust returning in the summer of 2023.

8 Forward Work Programme

8.1 The Committee received a report from Peter Randall, Democratic Support and Scrutiny Manager which set out the current forward work programme and briefing details that were agreed subject to the following additions:

<u>Meetings</u>

- It was agreed that in January 2023, as there was only one item on the programme, that the remainder of the meeting would be set aside for discussion about possible topics to be included in the future programme. It was agreed that the following topics would be included as part of this discussion:

- COPD
- Provision of health services to the LGBTQ+ community.
- NNUH – data indicating the Trust has one of the highest death rates in England. Why is this happening?
- Pharmacy provision within Norfolk.
- QEH – impact on residents if funding not secured for new hospital.
- Cancer detection rates for disabled people.
- End of life care provision.
- Long-terms effect of vaping.

Alison Thomas Chair
Health and Overview Scrutiny Committee

The meeting ended at 12.47pm

IN TRAN
communication for all

If you need these minutes in large print, audio, Braille, alternative format or in a different language please contact Customer Services on 0344 800 8020 or Text Relay on 18001 0344 800 8020 (textphone) and we will do our best to help.