Norfolk County Council

Norfolk Health Overview and Scrutiny Committee

Date: **Thursday 4 November 2021**

Time: **10.00am**

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 Monday 1 November 2021**. 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	SUBSTITUTE MEMBER	REPRESENTING
Cllr Daniel Candon	*Vacancy*	Great Yarmouth Borough Council
Cllr Penny Carpenter	Cllr Carl Annison / Cllr Michael Dalby / Cllr Chris Dawson / Cllr Lana Hempsall / Cllr Jane James	Norfolk County Council
Cllr Barry Duffin	Cllr Carl Annison / Cllr Michael Dalby / Cllr Chris Dawson / Cllr Lana Hempsall / Cllr Jane James	Norfolk County Council
Cllr Brenda Jones	Cllr Emma Corlett	Norfolk County Council
Cllr Alexandra Kemp	Cllr Michael de Whalley	Borough Council of King's Lynn and West Norfolk
Cllr Julian Kirk	Cllr Carl Annison / Cllr Michael Dalby / Cllr Chris Dawson / Cllr Lana Hempsall / Cllr Jane James	Norfolk County Council
Cllr Robert Kybird	Cllr Fabian Eagle	Breckland District Council
Cllr Nigel Legg	Cllr David Bills	South Norfolk District Council
Cllr Ian Stutely	Cllr Adam Giles	Norwich City Council

Cllr Richard Price	Cllr Carl Annison / Cllr Michael Dalby / Cllr Chris Dawson / Cllr Lana Hempsall / Cllr Jane James	Norfolk County Council
Cllr Sue Prutton	Cllr Peter Bulman	Broadland District Council
Cllr Robert Savage	Cllr Carl Annison / Cllr Michael Dalby / Cllr Chris Dawson / Cllr Lana Hempsall / Cllr Jane James	Norfolk County Council
Cllr Lucy Shires	Cllr Tim Adams	Norfolk County Council
Cllr Emma Spagnola	Cllr Adam Varley	North Norfolk District Council
Cllr Alison Thomas	Cllr Carl Annison / Cllr Michael Dalby / Cllr Chris Dawson / Cllr Lana Hempsall / Cllr Jane James	Norfolk County Council
CO-OPTED MEMBER (non voting)	**CO-OPTED SUBSTITUTE MEMBER** (non voting)	**REPRESENTING**
Cllr Colin Hedgley	Cllr Edward Back / Cllr Jessica Fleming	Suffolk Health Scrutiny Committee
Cllr Keith Robinson	Cllr Jessica Fleming	Suffolk Health Scrutiny Committee

For further details and general enquiries about this Agenda please contact the Committee Officer:
Jonathan Hall on 01603 679437
or email committees@norfolk.gov.uk

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Councillors and Officers attending the meeting will be taking a lateral flow test in advance. They will also be required to wear face masks when they are moving around the room but may remove them once seated. We would like to request that anyone attending the meeting does the same to help make the event safe for all those attending. Information about symptom-free testing is available here.

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 2 September 2021. (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 – 11:10 Eating disorders (Page 13)

Appendix A – the commissioners' report (Page 19)

	11:10 – 11:20	**BREAK**	
7.	**11:20 – 12:20**	**Norfolk and Suffolk NHS Foundation Trust (NSFT) – use of out of area beds**	(Page 45)
		Appendix A – NSFT's report	(To follow)
		Appendix B – NSFT Protocol & Flowchart for the placement of service users in out of area / private care	(Page 51)
8.	**12:20 – 12:40**	**Cawston Park Hospital – Safeguarding Adults Review report – a briefing**	(Page 56)
9.	**12:40 – 12:50**	**Forward work programme**	(Page 62)
Glossary of Terms and Abbreviations			(Page 65)

Tom McCabe
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Date Agenda Published: 27 October 2021

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Norfolk County Council

NORFOLK HEALTH OVERVIEW AND SCRUTINY COMMITTEE
MINUTES OF THE MEETING HELD AT COUNTY HALL, NORWICH
on 2nd September 2021

Present:

Cllr Alison Thomas(Chair)	Norfolk County Council
Cllr Daniel Candon	Great Yarmouth Borough Council
Cllr Penny Carpenter	Norfolk County Council
Cllr Brenda Jones	Norfolk County Council
Cllr Alexandra Kemp	Borough Council of King's Lynn and West Norfolk
Cllr Julian Kirk	Norfolk County Council
Cllr Robert Kybird	Breckland District Council
Cllr Nigel Legg	South Norfolk District Council
Cllr Richard Price	Norfolk County Council
Cllr Sue Prutton	Broadland District council
Cllr Robert Savage	Norfolk County Council
Cllr Lucy Shires	Norfolk County Council

Co-Opted Members

Cllr Edward Back (substitute for Cllr Colin Hedgley)	Suffolk Health Scrutiny Committee
Cllr Keith Robinson	Suffolk Health Scrutiny Committee

Also Present in person:

Marcus Bailey	Chief Operating Officer - East of England Ambulance Service NHS Foundation Trust (item 6)
Mark Burgis	Director of Primary & Community Care – Norfolk & Waveney CCG
Terry Hicks	Head of Operations Norfolk & Waveney - East of England Ambulance Service NHS Foundation Trust (item 6)
Janka Rodziewicz	Chief Executive Officer - OneNorwich Practices (item 7)
Maureen Orr	Democratic Support and Scrutiny Team Manager
Jonathan Hall	Committee Officer

Present via video link

Cath Byford	Chief Nurse, Norfolk and Waveney CCG
John Harris	Head of East of England Ambulance Commissioning Consortium (item 6)
Cursty Pepper	Deputy Chief Operating Officer - Norfolk & Norwich University Hospitals NHS Foundation Trust (item 6)
Paul Walker	EPRR (Emergency Preparedness, Resilience and Response - Norfolk & Norwich University Hospitals NHS Foundation Trust (item 6)
Nicola Cotttington	Deputy Chief Operating Officer – James Paget University Hospitals NHS Foundation Trust (item 6)

Denise Smith	Chief Operating Officer – The Queen Elizabeth Hospital NHS Foundation Trust (Item 6)
Emma Bugg	Associate Director of Primary Care Network Development Norwich – Norfolk & Waveney CCG (item 7)
Dr Joanne Walsh	GP and Partner (Castle Partnership) OneNorwich Practices (item 7)
Emma Miller	Senior Services Manager - OneNorwich Practices (Item 7)
Emma Frith	Service Manager (outgoing) - OneNorwich Practices (Item 7)
Francesca Bullman	Contracts Manager - OneNorwich Practices (Item 7)
Nick Guy	Service Manager OneNorwich Practices (item 7)
Dr Victoria Holliday	Chair – North Norfolk Coastal Ambulance Response Times Working Party & North Norfolk District Councillor (Item 6)
David Russell	Community Engagement Co Ordinnator – Norfolk & Waveney Sector & Ambassador for the East of England Amblulance Service NHS Trust (Item 6)

1. Apologies for Absence and details of substitutes

1.1 Apologies for absence were received from Cllr Robert Kybird, Cllr Colin Hedgley and Cllr Alexandra Kemp. Cllr Edward Back was substituting for Cllr Colin Hedgley.

1.2 It was noted that Norwich City Council did not currently have a representative in place but will make an appointment on 9th September 2021.

1.3 The Chair advised of a change of membership since the last meeting**.** Cllr Michael Chenery stood down from the committee following his appointment as the County Council's appointee to the Norfolk & Suffolk NHS Foundation Trust's (NSFT) Council of Governors and NSFT's Constitution does not permit an NHOSC member to hold that role. Cllr Julian Kirk has been appointed to replace Cllr Chenery.

2. Minutes

The minutes of the previous meeting held on 15 July 2021 were confirmed by the Committee and signed by the Chair.

3. Declarations of Interest

3.1 Cllr Alison Thomas clarified her position as a member of the Norfolk & Norwich University Hospital Council of Governors. There is nothing in the hospital's constitution to prevent a member of the Health Overview & Scrutiny Committee (HOSC) from being a member of its Council of Governors and nothing within the County Council constitution to prevent it. After having received legal advice, the hospital are satisfied for Cllr Thomas to hold both roles.

4. Urgent Business

4.1 There were no items of urgent business.

5. Chair's Announcements

5.1 The Chair had no announcements.

6. Ambulance Service

6.1 The Committee received a suggested approach by Maureen Orr, Democratic Support and Scrutiny Manager, on how the Committee might like to examine the situation regarding ambulance response and turnaround times in Norfolk and Waveney since October 2020, the issues affecting the East of England Ambulance Service Trust's (EEAST) performance and the actions that had been taken to address them. The Committee received update reports (at appendix A to the suggested approach) on response times and turnaround times at the acute hospitals, detailed data for 4 postcodes of concern (NR23, 25, 26 and 27) as well as how current performance compared with previous years before the pandemic. In addition, the reports also covered the measures taken to improve emergency response to patients with mental health requirements, actions taken to address the issues raised in the CQC report in September 2020 and information on the Educational & Skills Funding Agency's withdrawal of funding for apprenticeship learning. The committee had last considered the Ambulance service in October 2020.

6.2 The Committee received evidence in person from Marcus Bailey, Chief Operating Officer of EEAST and Mark Burgis Director of Primary & Community Care for Norfolk and Waveney CCG and via video link from representatives of East of England Ambulance Commissioning Consortium, Norwich & Norwich University Hospital NHS Foundation Trust, James Paget University Hospital and the Queen Elizabeth Hospital NHS Foundation Trusts.

6.3 The Committee heard from the following members of the public who had given notice that they wished to speak to the meeting. Each speaker had a maximum of 5 minutes to speak to the committee.

6.3.1 **David Russell**, Community Engagement Co Ordinator for Norfolk & Waveney Sector and Ambassador with the EEAST joined the meeting by Microsoft Teams and acknowledged that the Ambulance Service was extremely hard pressed and were providing an excellent service in difficult circumstances. He thought that working with partners including the County Council, that the demand for an ambulance could be reduced if individuals considered whether an ambulance was the correct response for their medical issue.

6.3.2 **Dr Victoria Holliday,** Chair of North Norfolk Costal Ambulance Response Times Working Party also joined the meeting virtually and updated the meeting on how the working party had progressed since its inception in 2019. Whilst overall response times remained much the same, by drilling down into the postcode data (NR23 to NR27) individual areas of concern can be identified. The siting of ambulances was also important as postcode NR22 (Walsingham) testified. Improvements of the service from the working party are best encouraged from the bottom up and working with the community and partners was essential. Notable successes of the working party were the piloting of access to mental health clinicians and the retention of the 2 rapid response vehicles situated at Cromer and North Walsham. The working party was currently working on helping recruitment for more First Responders, ambulance routing for faster travel, adding additional resource to the Wells area as well as helping the CCG to promote the messaging to the public for the forthcoming winter flu season. The working party would like to see additional Rapid Response Vehicles (RRV) deployed in the area to reduce response times. However, it was acknowledged that although these vehicles do not transport patients they were essential, because even if quick turn around times of ambulances happened on

every occasion, response targets would still be difficult to achieve without the use of RRV.

6.4 The following points were noted:

- The Chief Operating Officer outlined the priorities of the new Chief Executive of EEAST. They were to ensure that the cultural journey continued from reactive dealing with issues to sustainability and transformation of the service. This included sustainable finance, performance and staffing and continuing to drive improvements. Covid continued to have a significant direct and indirect impact on both staff and the service.
- The EEAST were already having to escalate their plans for winter demand levels.
- Working with the community, other health partners and educating the public were all key components in improving the service response times.
- Pilots such as the cycle response units had worked well in areas such as Wells next the Sea and many good solutions came from the community who used and experienced the service.
- Hoax calls were not a major issue, however inappropriate calls which need to be redirected to the most appropriate service provider were increasing.
- EEAST undertook to check whether it or its partners had statistics or other information on the extent to which the ambulance service was called upon because of other more appropriate services not be being available to patients when they need them and to provide any available statistics or information to NHOSC.
- It was acknowledged that difficulties in obtaining GP appointments was placing extra stress on the service and that greater working with partners such as local GPs and the NHS 111 service was required to ensure demand was reduced to those needing an ambulance. Calls to 111 and 999 are triaged and clinicians were available to call handlers to offset the need to despatch an ambulance.
- Councillors expressed frustration that Primary Care was yet to return to a “business as normal” model and that the ambulance service was being used as a service of last resort. In response the speakers advised Covid was still having a large impact in the practicalities of delivering a pre Covid service and that many people now found the new ways of engaging with Primary Care providers more convenient. However, in some cases emails and online responses now outweighed calls to GP surgeries meaning an adjustment to working practices was required.
- It was recognised that not everyone could or would embrace new methods of engagement with Primary Care. The speakers advised that as services move back to a more pre Covid model, a blend of new and old methods available was desirable. This should reduce demand on the ambulance service. Working with local partners was essential to ensure the most vulnerable and unwell are protected.
- Norfolk was a popular tourist destination which meant that the ambulance service had increased demand in summer and this was being perpetuated by the current “staycation” trend. Primary Care and other health care providers do anticipate this increase in demand and introduced additional services such as summer clinics at James Paget Hospital.
- The ambulance service is recruiting a further six mental health clinicians to add to the existing two to help meet demand. Good work had also been undertaken working with the local police force to deal with mental health issues that arise.
- In response to questions concerning assaults on ambulance staff the speakers advised that the service had 38 trauma practitioners to support

affected staff as well as access to a 24 hour mental health phone line. An additional £500,000 has been invested on top of the existing provision for well being with the EEAST having 4 wellbeing hubs to signpost staff to. All employees had been given a small card to carry with them which provided details of all well being and mental health help available.

- Councillors were pleased to hear that the ambulance service had zero tolerance towards assaults and prosecutions were sought in all assault cases. A trial of wearing body cameras was to be rolled out to deter would be offenders. Callers who abused verbally were cautioned and a red card system was available for frequent offenders. The service was also updating its lone working policy.
- The Chairman commented that not all negativity was from external sources and that poor behaviour from colleagues should also be called out and dealt with. This response needed to be embedded within the DNA of the service.
- Handovers at the acute hospitals are both slick and prompt and EEAST had showcased their approach nationally as a best practice for colleagues across the country to adopt. Delays are caused by capacity levels and the complexities around Covid pathways for admissions. Collaboration across the ICS was essential and at some times early signposting was required to divert ambulances away from areas with extreme pressures.
- A request was made from the committee to receive updated figures on ambulance service hours lost at hospitals while waiting to hand over patients. The last data made available was issued in October 2020. The Chief Operating Officer agreed to send the figures to the Scrutiny Manager.

6.5 The Chairman concluded the discussion by acknowledging:

- The challenges to the service are real and the coming winter season may bring more difficulties
- Further public awareness and education was required to ensure people only called for an ambulance when one was required.
- The return to face to face appointments for Primary Care was required to reduce pressure on the service.
- The service had implemented positive steps to help staff wellbeing and that the investment in mental health services for staff was excellent. It was also pleasing to note this help is offered at work so staff do not take their worries and stresses home with them.
- The situation regarding turnaround times was noted and the collaborative working taking place to reduce these. The issue was complicated and multi layered and capacity at the acute hospitals was a key issue.
- The committee whilst mindful of work pressures is unlikely to return to this subject again within 12 months. Future discussion topics for the service would be the apprenticeship programme which was due to be transferred shortly and it would be prudent to allow this to bed in before scrutiny takes place.
- The service was a precious and stretched resource and should be used sparingly, and that all health care providers, partners, stakeholders and the general public had a part to play in helping the ambulance service progress.
- Councillors could help by encouraging members of the public not to call the ambulance service unless absolutely necessary. Equally they could assist residents who are having difficulty accessing the type of primary care consultation that is most appropriate for them.

6.6 The Chairman thanked the NHS representatives for attending and for all the hard work that was being undertaken in very difficult circumstances.

The committee took a short break and reconvened at 11.20am

7. Vulnerable Adults Primary Care Service, Norwich

7.1 The Committee received a suggested approach by Maureen Orr, Democratic Support and Scrutiny Manager, on how the Committee might like to examine the progress of the new service for vulnerable adults primary care in Norwich. The Committee received a report on the service from NHS Norfolk and Waveney CCG and OneNorwich Practices (at appendicex A to the suggested approach) that explained service developments since this new service started in April 2020.

The following key points were noted:

7.2

- The service has a detailed tracking system which ensures all medication, procedures, tests and appointments are fulfilled.
- Patients are moved along the tiers at their own pace until they can move to a permanent primary care provider usually after six months.
- Patients will travel to other towns around Norfolk and Suffolk. Through its Integrated Care Co-ordinator the service had good connections with other service providers and charities across the area which helped it keep track of its patients and their needs.
- Thetford, Great Yarmouth and King's Lynn had been recognised as areas where patients with similar characteristics needed to be served. There were integrated services for patients in those areas but they had been commissioned in a different way. The CCG was in the early stages of evaluating the Norwich service and considering consistency across its area including Waveney.
- The new service has provided greater resilience for the users.
- There was capacity for about 100 people on tier one. Support required for tier two varies greatly so the capacity is not capped. The model goal is to move individuals on to a sustainable Primary Care provider.
- The service is tracked to ensure extra demand is flagged early on in the process so extra resource can be deployed.
- Stringent efforts to maintain contact with the travelling community are made through various sources including voluntary sector, police and Primary Care providers.
- The service addresses a wider range ofneeds than the previous service so comparisons are difficult but existing users have experienced great benefits in the new service.
- The People from Abroad team are working with the service, voluntary groups, hospitals and charities to help refugees arriving in the county. The service has found the translation service provided by DA Languages to be of a high standard.

7.3 The Chairman concluded the discussion by acknowledging:

- The report was very pleasing and that the new service was moving forward positively. Great support was being shown to vulnerable adults. It s very likely

that more refugees would be arriving soon from areas such as Afghanistan, who will benefit from the service.
- The set up, management and tracking of the new service was working well as individuals moved up and down the tiers.
- It would be desirable to have a consistent vulnerable adults' primary care service across Norfolk and Waveney.

7.4 The Chairman thanked all those who had taken part in the discussion both online and in person.

8 Forward Work Programme

8.1 There was a vacancy for a committee link with The Queen Elizabeth Hospital The Chairman proposed Cllr Julian Kirk, seconded by Cllr Penny Carpenter.

RESOLVED unanimously to appoint Cllr Julian Kirk to the vacant position.

8.2 The Committee received a report from Maureen Orr, Democratic Support and Scrutiny Manager which set out the current forward work programme and briefing details that was agreed subject to the following:

8.3 The Committee agreed additionally for their future work programme:
- There would be a shorter report / follow up of NHS services for patients with sensory impairments in the January 2022 meeting to allow time for a report into access to primary care appointments within a COVID 19 pandemic context.

8.4 The committee agreed additionally for the NHOSC Member Briefing:
- ME / CFS – add data to briefing in December 2021 to reflect connection between Long Covid and ME / CFS. Update on the information provided to GPsto assist with diagnosis of ME/CFS and long Covid..
- Cancer Services – waiting times data to be included in October 2021 briefing together with how implementation of the national guidelines are being fulfilled within Norwich & Waveney CCG. This item would be considered on 4th November meeting for inclusion on a future agenda.
- Drug and alcohol dependency services – information on increases in demand and capacity during the COVID 19 pandemic.
- Mental Health Intensive Care Beds. – Clarification on future situation regarding use of these beds at Hellesdon Hospital. To be included in October 2021 briefing with a view to inclusion in a future committee meeting agenda.

Meeting ended 12.29pm

Cllr Alison Thomas, Chair

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Eating disorder services

Suggested approach from Maureen Orr, Democratic Support and Scrutiny Team Manager

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.

1. Purpose of today's meeting

1.1 The focus areas for today's meeting are:-

- the sharp increase in the demand for community and specialist services, particularly children's
- the rise in acuity of need
- steps being taken to meet current needs
- measures needed to address the root causes

1.2 NHS Norfolk and Waveney CCG who commission specialist community eating disorder services and the regional Provider Collaboratives who commission in-patient beds for adults and children were asked to provide a joint report with:-

(a) Figures showing the trend in demand for the children's and adults' community and in-patient eating disorders services over the past two years
(b) Details of current capacity across the children's and adults' community and specialist services (including specialist beds) in comparison to current demand.
(c) The numbers of Norfolk & 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.
(d) Analysis of the root causes of the increase in demand
(e) Measures being taken to address the root causes (where these are within the scope of health and social care)
(f) Steps being taken to meet the immediate high level of need, which will persist until measures to address the root causes take effect.

The report is attached at **Appendix A**.

1.3 **Community based** specialist eating disorder services for adults and children are commissioned by **Norfolk and Waveney CCG**.

The provider organisations from which the CCG commissions the services are listed in Appendix A, paragraph 1.2.

1.4 **In-patient** specialised eating disorder beds are commissioned by **NHS-led Provider Collaboratives**, which took over this function from NHS England & NHS Improvement Specialised Commissioning in July 2021. There is more detail about the new Provider Collaboratives in paragraph 2.2 below.

The provider organisations from which the Provider Collaboratives commission the in-patient eating disorder services are set out in Appendix A, paragraph 2.2.1 (adults' services) and 2.2.2 (children's & young people's services).

1.5 Representatives from the CCG, East of England Provider Collaborative and the providers of eating disorder services in the community, Cambridge and Peterborough NHS Foundation Trust and Norfolk and Suffolk NHS Foundation Trust, have been invited to attend the meeting to answer NHOSC's questions.

2. Background information

2.1 Access standards

2.1.1 Children and young people

There are national access and waiting time standards for children and young people's access to eating disorders services. These require NICE concordant treatment to start within a maximum of 4 weeks from first contact with a designated healthcare professional for routine cases and within 1 week for urgent cases. Services are expected to meet these standards in 95% of cases.

2.1.2 Adults

There are no equivalent national standards for adult services but local standards have been agreed for assessments in the CPFT service:-

- 100% of urgent assessments taking place within 4 days.
- 90% of routine assessments taking place within 28 days.

Current waiting times in Norfolk are included in the CCG's report at Appendix A, paragraph 2.1, diagrams 3 -5.

2.2 Establishment of NHS-led Provider Collaboratives

2.2.1 The establishment of NHS-led Provider Collaboratives mentioned in paragraph 1.4 above, represents a shift in the approach to commissioning of specialised mental health services such as the eating disorders in-patient service.

The Collaboratives include providers from a range of backgrounds, including voluntary sector, NHS trusts and independent sector providers who have agreed to work together to improve the care pathway for their local population. They are also expected to work closely with established partnerships within local Integrated Care System partnerships which includes local government.

Each Collaborative is led by an NHS service provider which takes responsibility for the budget and commissioning the service pathway for their given population. The Lead Provider remains accountable to NHS England and NHS Improvement for the commissioning of high-quality, specialised services.

The key principles which underpin the Provider Collaborative model are:-

- Collaboration between Providers and across local systems
- Experts by Experience and clinicians leading improvements in care pathways
- Managing resources across the collaborative to invest in community alternatives and reduce inappropriate admissions/care away from home
- Working with local stakeholders
- Improvements in quality, patient experience and outcomes driving change
- Advancing equality for the local population

2.2.2 There are three NHS-led Provider Collaboratives in the East of England:-

East of England Children's & Young People's Provider Collaborative
Lead organisation:- Hertfordshire Partnership University NHS Foundation Trust.
Commissioners of:- children and young people's mental health in-patient services (including specialised services for eating disorders).

East of England Adult Eating Disorder Provider Collaborative
Lead organisation:- Cambridgeshire and Peterborough NHS Foundation Trust
Commissioners of:- adult eating disorder services (in-patient)

East of England Adult Secure Provider Collaborative (East of England)
Lead organisation:- Essex Partnership University NHS Foundation Trust
Commissioners of:- adult low and medium secure services (in-patient)

The three provider collaboratives are managed collectively as the **East of England Provider Collaborative**, overseen by a Board comprised of non-executive directors and Chief Executives of the partner provider Trusts. They receive commissioning support from the collaborative's Transformation and Commissioning Team (TACT), which is hosted by Cambridge and Peterborough NHS Foundation Trust.

2.3 **Previous report to Norfolk Health Overview and Scrutiny Committee (NHOSC)**

2.3.1 The committee last received a report on eating disorder services in April 2019. The report and minutes of the meeting are available via the following link NHOSC 11 April 2019 (item 8).

At that time there was particular concern about recruitment and retention of staff in the CPFT community service for adults over 18 in central and west Norfolk. Access to the service was temporarily restricted to only those with urgent / severe symptoms. NHOSC members received confirmation in the October 2019 NHOSC Briefing that normal operating had been restored in September and the CCG undertook to notify the committee should there be a reversion to temporary restricted access. There have been no notifications of this.

2.4 **Local learning & improvement**

2.4.1 On 28 September 2021 Norfolk and Waveney CCG Governing Body received a paper which referred to the inquests held in Cambridgeshire and Peterborough following the deaths of five women with eating disorders and the subsequent Regulation 28 Prevention of Future Deaths (PFD) report issued on 3 March 2021.

The report is available via the following link Norfolk & Waveney CCG Governing Body 28 Sept 2021 (agenda item 15)
It outlined the CCG's work with system partners in response to the PFD recommendations and associated reports. The key points are covered within the CCG and Provider Collaborative attached at Appendix A.

3.0 Suggested approach

3.1 Councillors may wish to examine the following areas with the representatives from the CCG, Provider Collaboratives and community service providers:-

(a) What more can be done in the short term to meet the current very high levels of demand and reduce waiting times?

(b) How are the commissioners and providers planning for high levels of demand which may be expected to continue until preventative measures take effect?

(c) Preventative work requires a whole system effort. What additional action from other organisations would NHS representatives consider highest priority?

(d) There has been a reduction in the number of adult patients with eating disorders placed in in-patient beds over the past three year but more of those patients are being placed in out of area units. Is this because the number of beds in the region has reduced, or because more patients from other areas are being placed here?

(e) The commissioners' report at Appendix A, paragraph 2.4, notes that plans for alternatives to admission have been accelerated and expanded. Are the providers of community eating disorders services satisfied that patients are getting access to in-patient units as and when necessary?

(f) The commissioners' report at Appendix A, paragraph 4.2.1, mentions CAMHS bed closures which have resulted in continuing difficulties in managing demand. What is the reason for these bed closures and how quickly can they be re-opened?

(g) Has the NHS-led Provider Collaborative model been introduced specifically to address the issues around demand for and capacity in in-patient services? In what way is it expected to improve patients' experience of the service?

(h) Has the community eating disorder service for adults over 18 in central and west Norfolk continued to operate with normal access criteria since September 2019?

(i) The commissioners' report at Appendix A, paragraph 2.3.2, mentions funded specific inpatient care, treatment and rehabilitation placements for a small number of individuals when other 'usual' options have been unavailable. Where are these placements and are the commissioners fully assured that they are 'purposeful admissions' as described in Appendix A, paragraph 4.1.1(c)?

4.0 Action

4.1 The committee may wish to consider whether to make comments and / or recommendations to the based on the information received at today's meeting.

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Agenda item: 6

Subject:	**Eating Disorders**
Presented by:	**Cath Byford, Chief Nurse**
Prepared by:	**Collated by Diane Smith, Senior Programme Manager in Adult Mental Health Strategic Commissioning, Norfolk and Waveney CCG**
Submitted to:	**Norfolk Health Overview and Scrutiny Committee**
Date:	**4th November 2021**

Purpose of paper:

To provide Norfolk Health Overview and Scrutiny Committee 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:

The NHS Long Term Plan (2019) set out the need to transform and invest further in eating disorders services. Since 2020 and the start of the Covid pandemic, the demand for eating disorder services has increased to around double that of pre-pandemic levels. Increased demand, and severity of presentation has had a knock-on impact on other areas of the health system such as increased acute hospital admissions.

Using the Long Term Plan as a key driver, and to respond to changing needs, the Norfolk and Waveney system has worked collaboratively to meet immediate needs and manage risk. We are also developing the provision of high quality and sustainable services to all with an eating disorder need, through system-wide engagement and development of a strategy to focus improvement and innovation for the forthcoming years.

This paper brings together a substantial body of work, occurring through a collaborative approach by a range of stakeholders across all areas of the Norfolk and Waveney system as well as the Regional Provider Collaborative, and NHSE/I leads.

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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 behaviors may include eating too much, or too little or worrying about your weight or body shape. Anyone can get an eating disorder but is most commonly affects those between 13 and 17 years old. Eating disorders 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 eating disorders, 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 eating disorder 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.

There have also been some noteworthy reports into cases which have instigated improvements in eating disorders provision. One critical report was: *Ignoring the alarms: How NHS eating disorder services are failing patients* (2017). Parliamentary and Health Service Ombudsman. This report led to several follow-up reports looking into changes made as a result and further next steps to making improvements.

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

1.2 Provision of services for Norfolk & Waveney residents

The Norfolk and Waveney system has specialist services available for people with eating disorders. 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, and together provide an all-age approach for people experiencing eating disorders.

Table 1

Adult or CYP services	VCSE or Statutory	Area covered	Provider
Adult services	Statutory	North Norfolk, South Norfolk, West Norfolk, Norwich	Cambridge and Peterborough NHS Foundation Trust
		Great Yarmouth and Waveney	Norfolk and Suffolk NHS Foundation Trust
	VCSE	All of Norfolk and Waveney	Eating Matters
Children's and young people's services	Statutory	All of Norfolk and Waveney	Norfolk and Suffolk NHS Foundation Trust

These services work with a range of other system partners to provide the care and support needed for people with eating disorders, 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.

2. Demand and Capacity and the impact on Performance

The Norfolk and Waveney system monitors a number of different metrics to analyse and understand the demand, capacity and profile of need in services and performance against national standards. There is a range of data from different providers i.e. not all data is reported from the statutory and VCSE Eating Disorder services. For example, eating disorder activity data is collected on Acute admissions, specialist inpatient admissions and primary care to build a picture of how the pathway is functioning and how needs are being met both within and outside of Norfolk and Waveney.

2.1 Norfolk and Waveney Community Eating Disorders Providers

All providers of eating disorders services are shown in the diagrams 1 and 2. These figures show that during the initial stages of the COVID-19 pandemic, services saw a drop in activity equating to around half of pre-pandemic levels. Following the easing of COVID-19 restrictions in the summer of 2020, all eating disorders services saw substantial increases in activity, equalling to levels around double the pre-pandemic levels.

Services were set up to meet the needs and the activity demands of the pre-pandemic levels. CYP staffing has been historically based on a national workforce calculator, which itself was based on 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 staffing levels were not set-up to meet the current demand on a sustained basis.

The Norfolk and Waveney system has committed funds to support the staffing of CYP ED services to the recommended levels.

Adult eating disorder services have not had a resource akin to the national workforce calculator for CYP ED, until the establishment of the East of England Provider Collaborative which 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 and 2021/22, as set out in section 4.1.2. Aside from investing financially to support services to meet demand, there is a significant need to invest in professional development of the existing and expanded workforce. Workforce needs are further expanded on throughout this paper.

Diagram 1 - Norfolk and Waveney eating disorder providers referrals

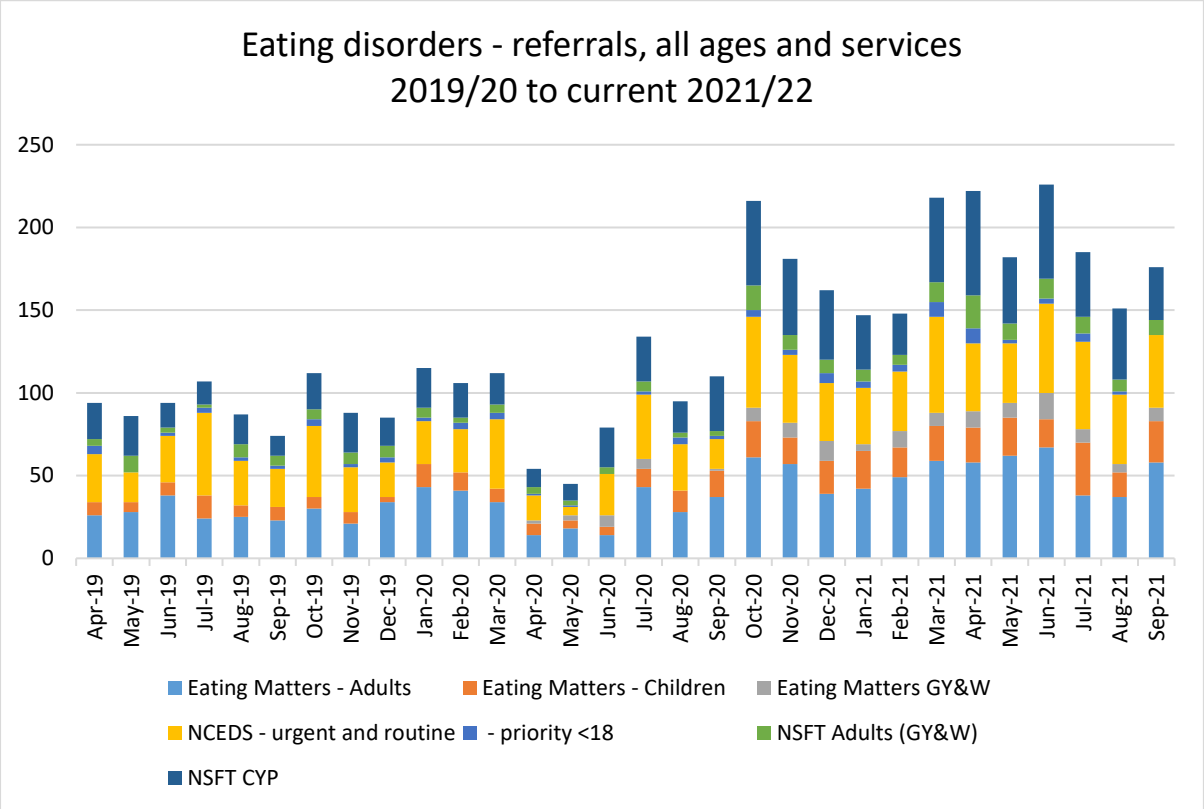
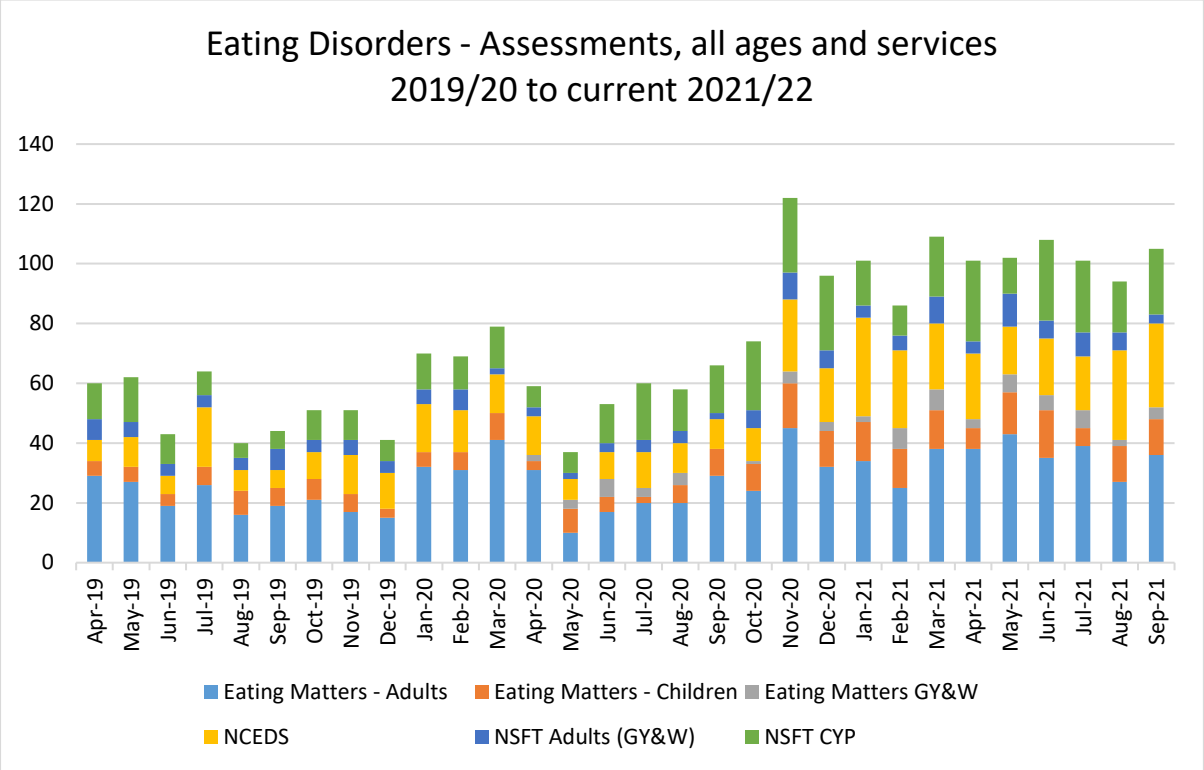


Diagram 2 - Norfolk and Waveney eating disorder providers assessments



As you can see from the above diagrams, referral rates and assessments have doubled since the start of the pandemic, and this has started to have an impact on performance against national waiting time standards, particularly in the Children and Young People (Under 19) service.

Diagram 3 - Norfolk and Waveney adult performance against national standards

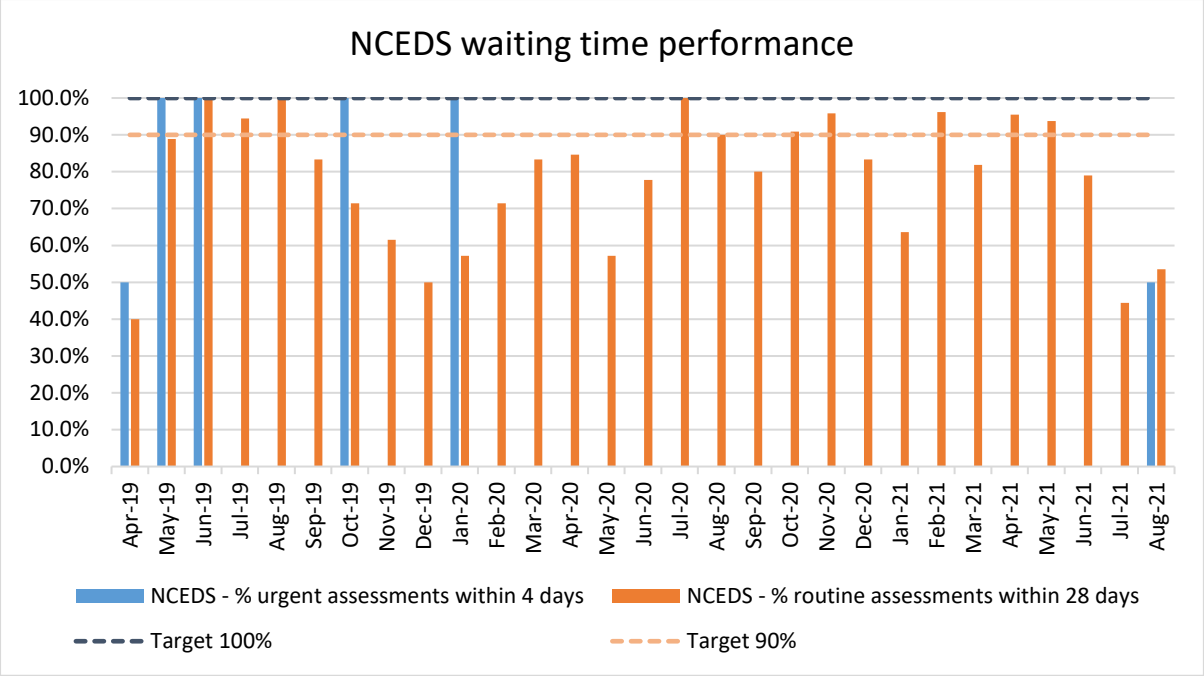
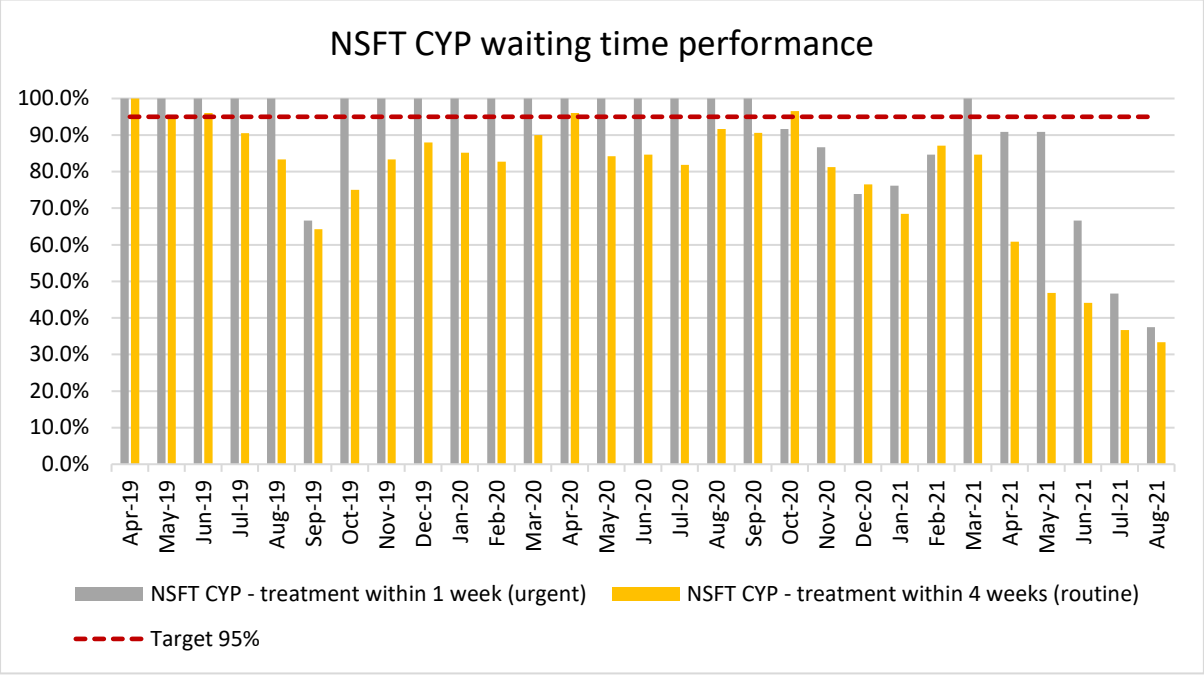


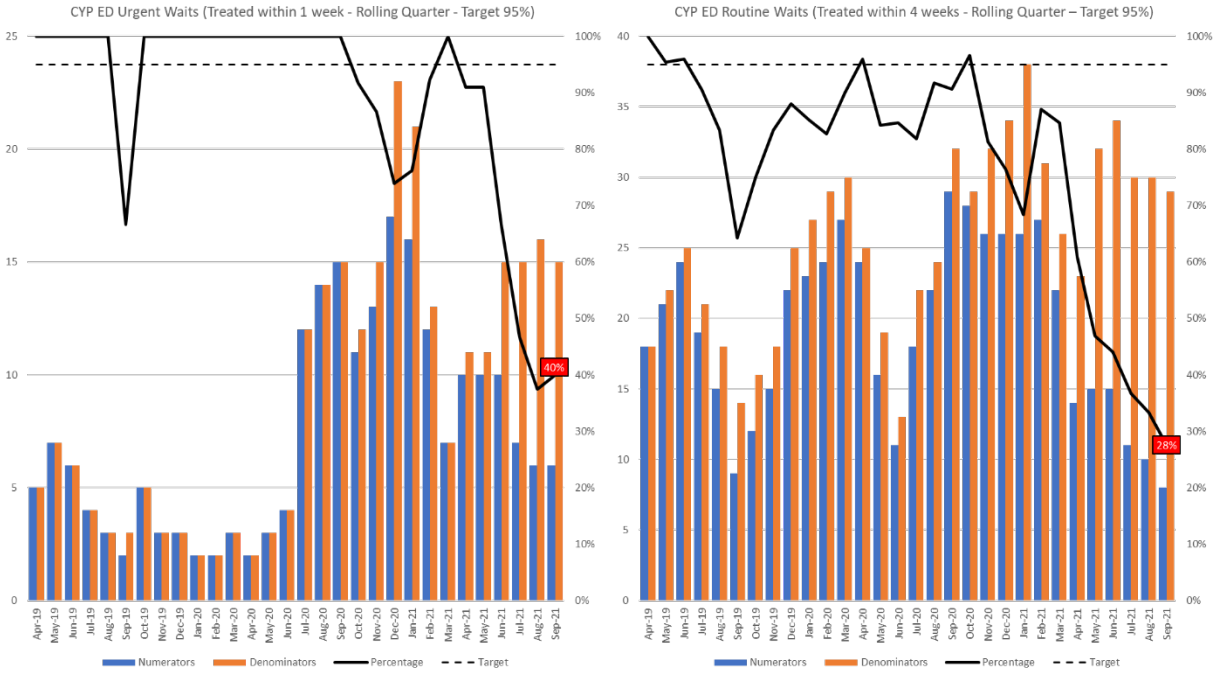
Diagram 4 - Norfolk and Waveney CYP performance against national access and waiting time standards



The diagrams below for CYP also demonstrate that the services have not only experienced an increase in referrals and the number of children and young people requiring assessment, but a significant increase in the level of acuity, with the

number of urgent referrals more than quadrupling pre-covid levels. This impacts significantly on capacity and the team's ability to meet the access and waiting time standards.

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



2.2 Specialist Eating Disorders Units

Specialist eating disorder units (SEDU's) are inpatient facilities accessed when biological, psychological or social reasons create significant risk to an individual, which 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 the East of England saw NHS-Led Provider Collaboratives take on this function for adult eating disorders and Children and Young People Mental Health inpatient services (CYPMHS). Provider Collaboratives aim to shift the approach to commissioning these specialised services. 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 Adults

There are three Adult Eating Disorders units within the East of England region:

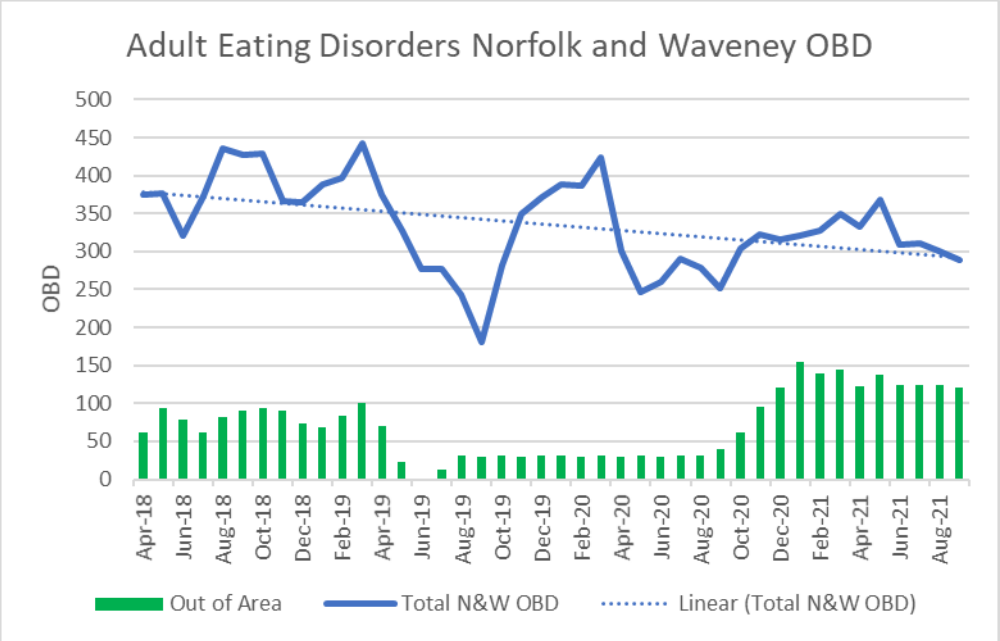
- Ward S3 at Addenbrookes, operated by Cambridge and Peterborough NHS FT (12 Beds).
- Newmarket House – Independent Sector (10 Beds).
- Priory Chelmsford – Independent Sector (16 Beds).

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 specialist bed be required or if there is no available capacity in the units in region.

Over the last three years there have been between 8 and 16 Norfolk and Waveney patients in adult SEDU beds at any one time. This varies month to month, but overall, there has been a reduction in the number of patients placed in IP beds over the past three years which is positive. However, an increasing proportion of the activity is in out of area units (Source NCDR).

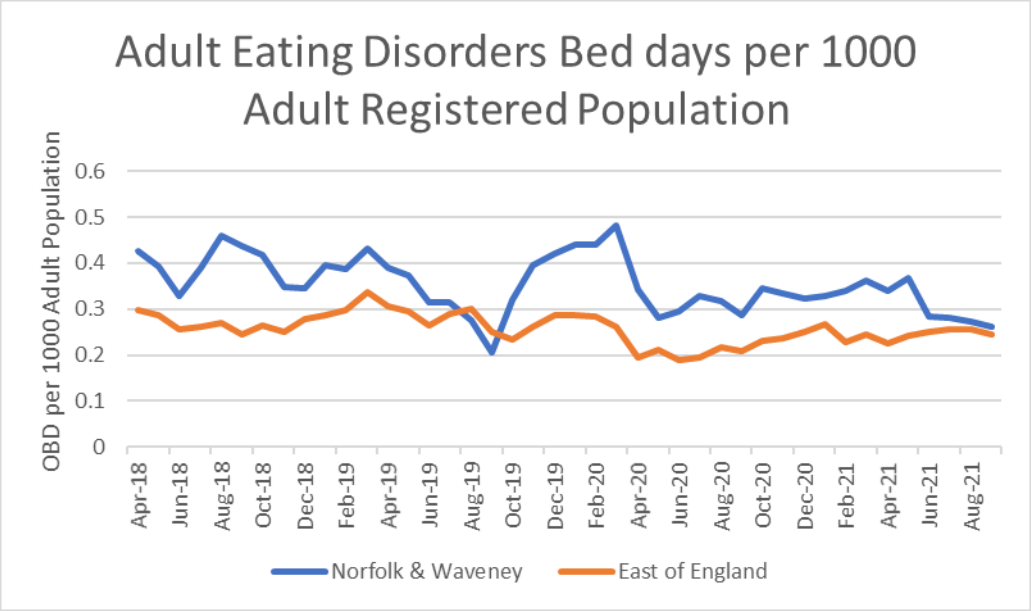
The blue line shows total OBDs in the month, and the green bars the activity out of area.

Diagram 3



The level of inpatient activity in Norfolk and Waveney has historically been higher than the regional average. The graph below compares CCG and regional activity levels, expressed as number of occupied bed days per 1000 Adult population (GP list size at 31 Mar 21).
It should be noted that in the last six months, the Norfolk and Waveney activity rate has reduced and is currently much closer to the regional average.

Diagram 4



2.2.2 CYP

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

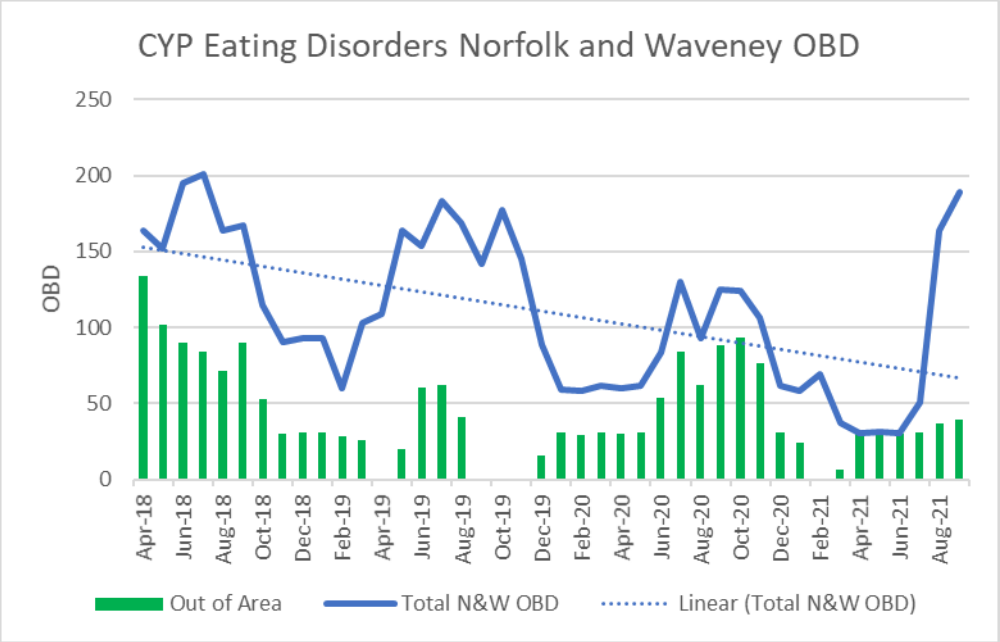
- The Phoenix Unit operated by Cambridge and Peterborough NHS FT (12 Beds).
- Elysium Rhodes Wood – Independent Sector (10 Beds).

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 specialist bed be required or if there is no available capacity in the units in region.

Over the last three years there have been between 1 and 8 Norfolk and Waveney 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 IP beds over the past three years. In the last month there were a significant number of YP placed in IP units, it is not clear yet if this is indicative of an upturn in activity or is a one-off anomaly (Source NCDR)

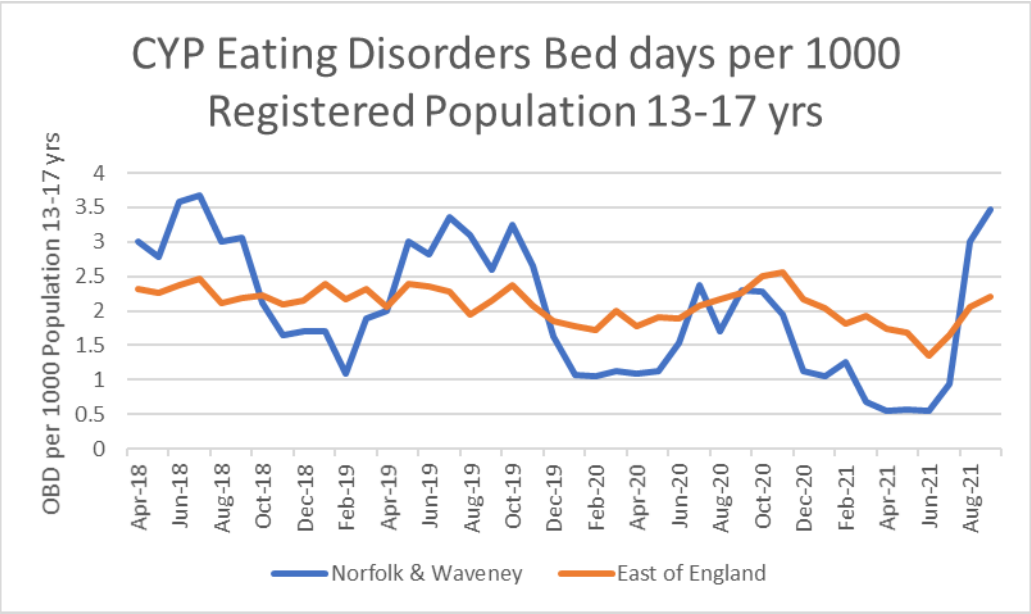
The blue line shows total OBDs in the month and the green bars the activity out of area.

Diagram 5



The low numbers and variability of OBD activity makes it difficult to draw conclusions from a comparison of CCG and regional activity rates. The graph below compares CCG and regional activity levels, expressed as number of occupied bed days per 1000 population 13-17 yrs. (GP list size at 31 Mar 21).

Diagram 6



2.3 Other areas of eating disorders activity

The CCG looks at a wide variety of information to understand the demands and flow of needs for eating disorders i.e. the care pathway.

2.3.1 Acute hospital activity

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 intervention with close medical support in order to be safely stabilised.

Diagram 7 – shows the admissions where there is an eating disorder noted anywhere in the acute coding for an individual – not the primary reason for admission. Diagram 8 – shows the length of stay for all admissions in that month.

Diagram 7

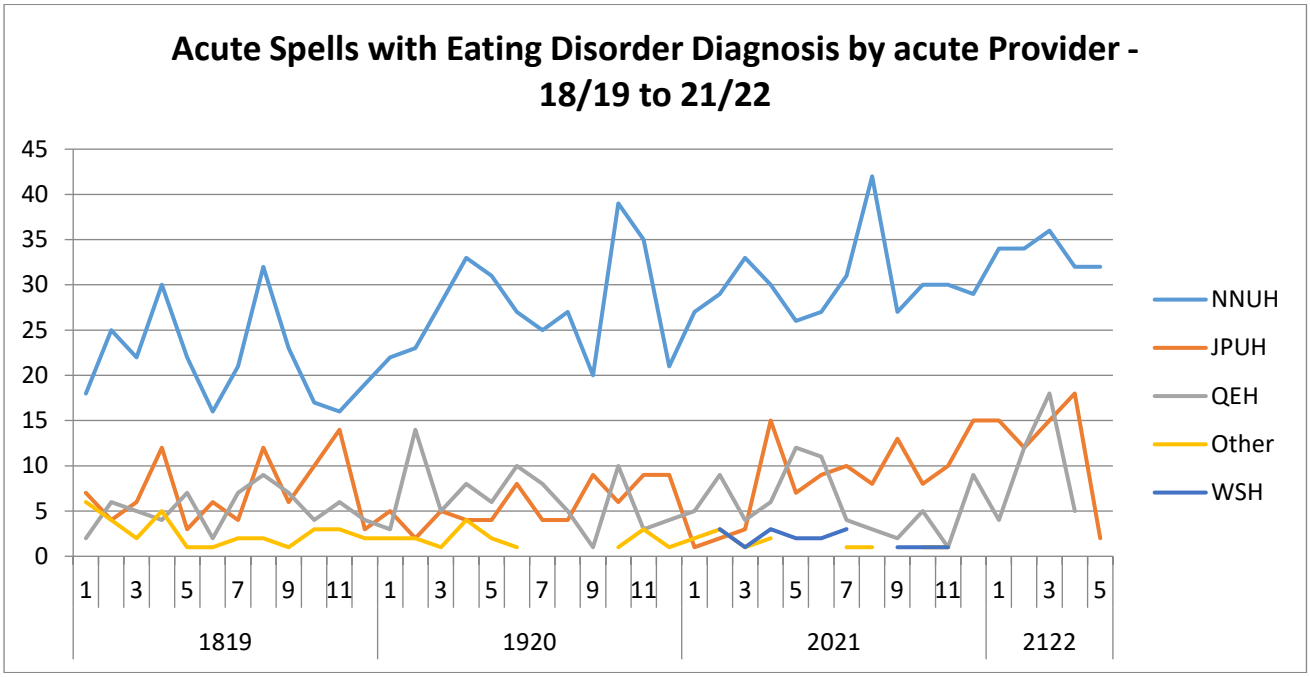
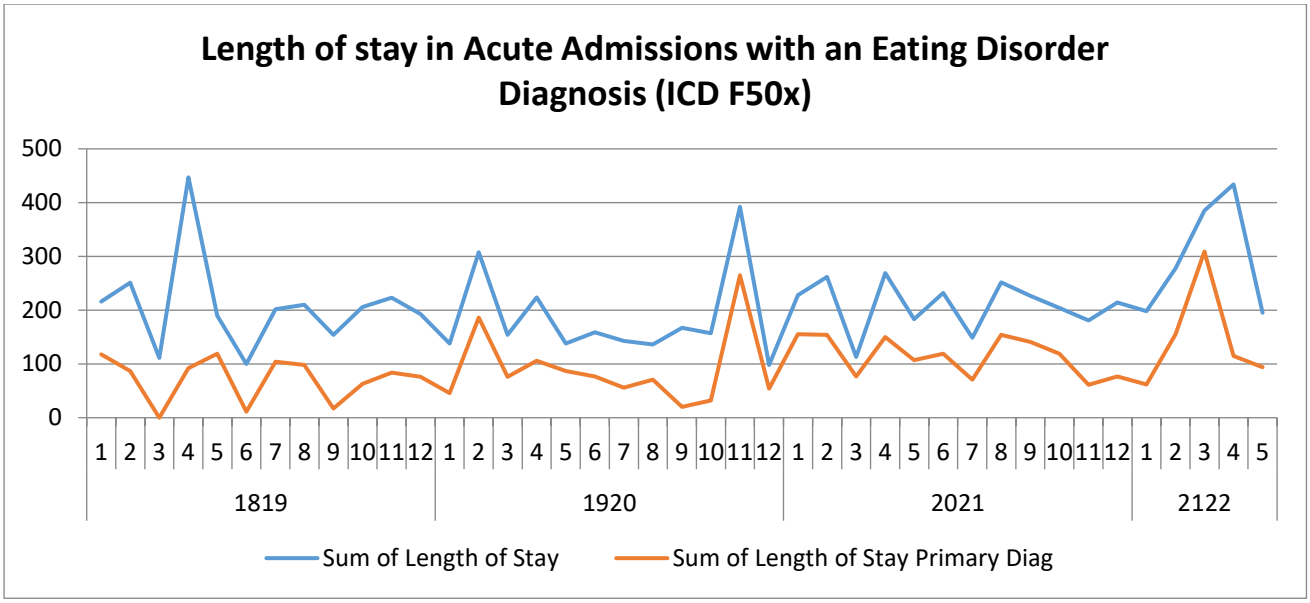


Diagram 8



2.3.2 Other

During the financial years 2019/20, 2020/21 and 2021/22 the Norfolk and Waveney CCG has funded specific inpatient care and treatment and rehabilitation placements for a small number of individuals. This has occurred when other 'usual' options have been unavailable – such as when there has been no available SEDU capacity. Over these 3 financial years, the CCG has spent £1.565m on 1,937 days of 'bed-based' services.

2.4 COVID-19 impact on demand

Locally, regionally and nationally eating disorder services are reporting sustained increased demand, both in terms of numbers and acuity of people presenting. From the months prior to COVID-19 (Q3 2019/20) to the most recent data (Q1 2021/22), overall referrals to and subsequent assessments by Norfolk & Waveney ED services almost doubled - increasing by average 85%. Within this, there has been a four-fold increase in urgent referrals for CYP, with higher complexity and acuity and many presenting for the first time in A&E, unknown to services and requiring immediate admission for medicals stabilisation.

Alongside this, there is a regional and national increased demand for and challenges in accessing specialist eating disorder beds. This has increased lengths of stay on acute wards significantly, until an appropriate specialist bed is found. Norfolk & Waveney has accelerated and expanded plans for alternatives to admission as a result.

3. Root causes

3.1. Pre-COVID

Public Health have recently refreshed prevalence data for eating disorders. This outlined that, 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 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].

3.2. COVID impact on root causes

Research remains ongoing into the reasons why COVID-19 has had an impact of the scale that has been seen on the presentation of eating disorder needs. The following sections, 3.2.1 and 3.2.2, are based on insights from Norfolk and Waveney specialist teams as to how COVID-19 might have influenced the root causes of eating disorders already known.

3.2.1. Children & Young People – the impact of COVID-19

The impact of COVID-19 on young people presenting with eating disorders is not yet fully understood. However, there are likely a number of ways in which the pandemic may have negatively affected young people and increased the number and needs of young people with an eating disorder.

a) **Daily routines -** the pandemic has significantly disrupted daily routines. This has led to long periods where there were constraints on routine outside activity which may have impacted on some young people's health and weight and concerns about their shape.

[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

b) **Social support -** the pandemic reduced the social support available to young people, at the same time preventing them finding and adapting new ways to cope with any fears or anxieties.

c) **Virtual contact -** The long periods of time with reduced or online-only contact with friends, schools and family beyond the home is impossible at this stage to measure, but these are known to be supporting factors in young people and to not have access to them is likely to have had a significant impact.

d) **Social media -** The pandemic has increased reliance on social media and video conferencing across young people. This has increased exposure to anxiety-provoking media related to health and eating. Increased exposure will have increased awareness and anxiety of health concerns around immunity, contagion and may well have contributed to some increased symptoms of eating disorders.

e) **Self-regulation -** we have had feedback that young people who used to engage in sporting or other activities lost these outlets for self-regulating emotions and anxieties with little to replace them. Increased time at home in potentially stressful situations is likely to have contributed for some to increased anxieties and symptoms of eating disorders.

As yet, there is not an evidenced causal link between COVID-19 and the increased demand in eating disorders.

3.2.2. Adults – the impact of COVID-19

As with children and young people, the impact of COVID-19 on presentation of adult eating disorders is not clearly understood. Cambridge and Peterborough Foundation Trust (CPFT) teams in Norfolk and Cambridge have seen a significant increase in pressure on our eating disorder services due to the pandemic. There appear to be a number of factors contributing to the increase in demand.

a) **Social isolation** – lack of peer support. The eating disorder community is a close knit one and patients often rely on peers for support and social contact. Patients may not have access to their usual establishments to exercise as a means of control. Lock down meant people were isolated in the home, often with families where dynamics were difficult and highly emotive. This also resulted in increasingly challenging situations for carers.

b) **Loss of routine and structure** - Lockdowns affected meal planning, shopping, exercising and discipline around the eating disorder raising anxieties and perpetuating a loss of control.

c) **Increased need to take responsibility for self** - People who were already struggling with motivation and commitment to recovery became ambivalent, further deceasing self-esteem and negative thinking patterns. Intolerance of uncertainty has proved difficult to deal with especially for those with a co-existing Autism Spectrum Disorder diagnosis.

d) **Access to services** - The pandemic has impacted on people in different ways. While some have flourished with the transition to online psychological therapies

and support, finding it more convenient and accessible, a large number have felt detached from eating disorder services, GP services and third sector organisations. Uncertainty around this has caused some to delay in seeking help and contributed to undetected deterioration in the community.

e) **Social media –** Due to increased isolation, people have relied heavily on social media with unhelpful social messages and portrayals of 'perfect' people. Social media has also played a part in raising anxieties around physical health in a population of people who are already physically compromised.

3.3. Steps to address root causes

There are several pieces of work underway which will support root causes being addressed:

a) **Strategy development -** The Norfolk and Waveney system is working to draft a strategy for eating disorders provision in Norfolk and Waveney moving forwards – set out in more detail in section 4.1.1. This sets out key focusses on spotting the signs of eating disorders, identifying needs and intervening early. This will require building workforce and community awareness and knowledge.
As part of this work we are collaborating with the Norfolk Public Health team to generate an update to the prevalence of eating disorders and profile of needs.

Furthermore, the Public Health team are partners on the strategy development to ensure that there is an appropriate focus and actions planned which will address the underlying causes and triggers for eating disorders. This work will look at whole population needs as well as more specific needs of high-risk groups.

b) **Introduction of Intensive Community Support pathway** – This pathway is being set up as part of the East of England Collaborative work rather than in response to the impact of COVID-19 alone, however for those being treated in their own homes, it will significantly address some of the root causes identified which currently have a negative impact.

c) **Staff training and development** – Due to the increase in online interventions we have invested significantly in staff training to deliver MANTRA groups to address waiting lists and offer a NICE recommended treatment earlier. We have also invested in training for CAT, SSCM and CBT. Staff have become very skilled at delivering these interventions online and feedback has been very positive.

d) **Increase in support for families and carers** – Due to the increased pressure on families and carers we have increased support available to them in the form of groups, education and peer support. This better equips those supporting someone with an eating disorder with any difficulties which may arise in the home environment.

4. Addressing needs and quality improvement

4.1. Actions to date and planned in Norfolk & Waveney

Norfolk & Waveney clinicians and commissioners are working in collaboration to address issues identified, and coordinate 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 includes work with East of England regional NHSE/I colleagues and associated All Age Eating Disorder Strategic Oversight Board. The following outlines the specific ongoing work in Norfolk & Waveney:

4.1.1. A strategic approach to improvements

The *Norfolk & Waveney all-age Eating Disorders Strategic and Local Clinical Leadership Group* has been established since Quarter 3 of 2020/21. This group brings together the following stakeholders, to inform developments and improvements across the system:

- Local experts by experience
- Clinical and operational leaders in Norfolk & Waveney
- NHSE/I and the new Provider Collaborative
- Mental Health, Learning Disabilities, Social Care, Public Health Primary Care and Physical health

The above group is:

a) Coordinating and authoring of an all-age eating disorders **strategy**
b) Developing **alternatives to admission** across all ages of provision, which includes use of funding specifically allocated through the Spending Review but built into recurrent financial planning. Both day unit and intensive community support are in train, as appropriate to populations.
c) Focusing on **Purposeful admissions**: We are working with inpatient colleagues – both acute and Specialist units - to maximize the benefit of admissions through training and capacity building to support care planning, risk management, treatment and meal support.
d) Developing system resources and pathways for **all ED diagnoses** (e.g. Avoidant & Restrictive Food Intake Disorder) and eating related challenges related to co-morbid needs (e.g. LD&A and Mental Health) but not diagnosable ED.
e) Leading on **Workforce** development:
    i. Collaboration with workforce system leads to maximise specialist staff available
    ii. Scoping and developing a system upskilling programme, to enable earlier identification and support, and support work across teams.
f) Identifying and commissioning robust **Carer support and education** and this is being built into the substantive plans for services moving forwards.

4.1.2. Adult service parity

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

N&W CCG has invested well above the expected amount of LTP 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 saw increased resources on 2019/20. This is accompanied by the inclusion of eating disorders as a priority group in the transformation of community mental health services.

Investment has supported key expansion areas in adult eating disorders, namely:

- Full implementation of FREED (First episode Rapid Early Intervention for Eating Disorders) early intervention across Norfolk & Waveney. This will bring evidence-based interventions to people earlier and demonstrates improved outcomes.
- Increases to core staffing in community-based specialist ED teams, including new Clinical Associate Psychologist roles to expand the workforce group.
- Carer support across Norfolk & Waveney to support those who are living with or otherwise supporting someone with an eating disorder.
- Introduction of a community based intensive support service which will step up levels of support available in the community in order to prevent further escalation of need and subsequent inpatient admission. This approach will also provide step down from inpatient beds to graduate support and ensure admissions are only as long as necessary.
    - The above will see an increase in excess of 66% in our specialist adult ED teams (additional 19WTE funded posts, including nursing, allied health professionals, support workers and psychology)
- Offer of the medical monitoring LCS across all practices

4.1.3. Children's & Young Peoples (Under 18 years) Investment

Norfolk & Waveney CCG has invested the full additional monies allocated through the Local Transformation Plan for CYP-ED and locally identified funding, bringing the current spend to just over £2.1m. In addition to this, further national allocations were made in 2021/22 totalling £703K. This funding is being used to support the following developments:

- A Day Unit as an alternative to admission for very unwell patients to enable them to seek intensive support and treatment whilst remaining at home.
- Commission additional capacity through the VCSE and private providers to support lower risk cases.
- Parent / Carer support - Norfolk & Waveney CCG is working with the Chair of the East of England Eating Disorder Network to develop an online parent / carer support group, which will provide peer support, training opportunities and a safe platform to share experiences and learning. Additional training for parent / carers through BEAT (national eating disorder charity).

- Training specifically aimed at acute hospitals. Dedicated assistant and senior practitioners within acute paediatric settings to support CYP admitted with an eating disorder.

4.1.4. Coordination and transition between services

Through the Parliamentary and Health Service Ombudsman's report, *Ignoring the Alarms: How NHS eating disorder services are failing patients'* (2017), the coordination of services and associated care planning was identified as needing addressing to improve quality and safety. Consequentially, the NICE Eating Disorders Quality Standards [QS175] (2018) identified 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 has in place:

- A local protocol between services for transitioning from CYP to adult ED services, which is started 6 months in advance wherever possible;
- Regular case meetings for those being admitted to or discharged from acute hospital;
- Involvement of case management during a specialist eating disorder inpatient treatment to improve consistency and support individuals during transitions between community and inpatient settings for example;
- Regular and extraordinary system-wide case review for those needing additional community-based coordination;
- MaRSiPAN policies and system conversations to support Quality Improvement

4.1.5. 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, in 2014, *Management of Really Sick People with Anorexia Nervosa* (MaRSiPAN) guidance to 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.

In Norfolk and Waveney, a Norfolk and Waveney-wide MaRSiPAN working group has been in operation since 2017 to ensure policies and associated pathways are in place and working, and to share best practice and challenges in order to seek system solutions. As at 1st October 2021, all acute hospital trusts have MaRSiPAN processes in place for adults and children, and all policies are current with the exception of the children's and young peoples MaRSiPAN policy at the Queen Elizabeth hospital in Kings Lynn.

4.1.6. Medical Monitoring

Norfolk and Waveney have had in place a Locally Commissioned Service (LCS) for medical monitoring in primary care since 2017. During 2021 this was reviewed in consultation with the Local Medical Committee (LMC) and comprehensively offered to all practices. As a result, 66% of practices in Norfolk & Waveney now support people with eating disorders to have their medical needs monitored in primary care.

There remain some significant challenges in ensuring provision of medical monitoring for every patient registered with a GP in Norfolk & Waveney. We are liaising with colleagues in NHSE/I with regards to areas in the national guidance that need to be more directive. We continue to work with both the delegated commissioning team and locality teams to support practices to take up this provision for this vulnerable group.

We are working with eating disorders providers to establish ways of providing medical monitoring aligned to the NICE and NHSE/I guidance (2019), supporting uptake in Primary Care.

Table 2 – national guidance on medical monitoring provision

CED service	Primary care
Person is at high medical risk and/or unable to reliably adhere to physical health monitoring in a primary care setting	Person is at moderate risk but recognises their need for health care and seeks it Person is at low medical risk Person is discharged from the CED service

4.1.7. Training

National recommendations have been made regards training. While these have been focussed on GMC / HEE, as a system we 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:

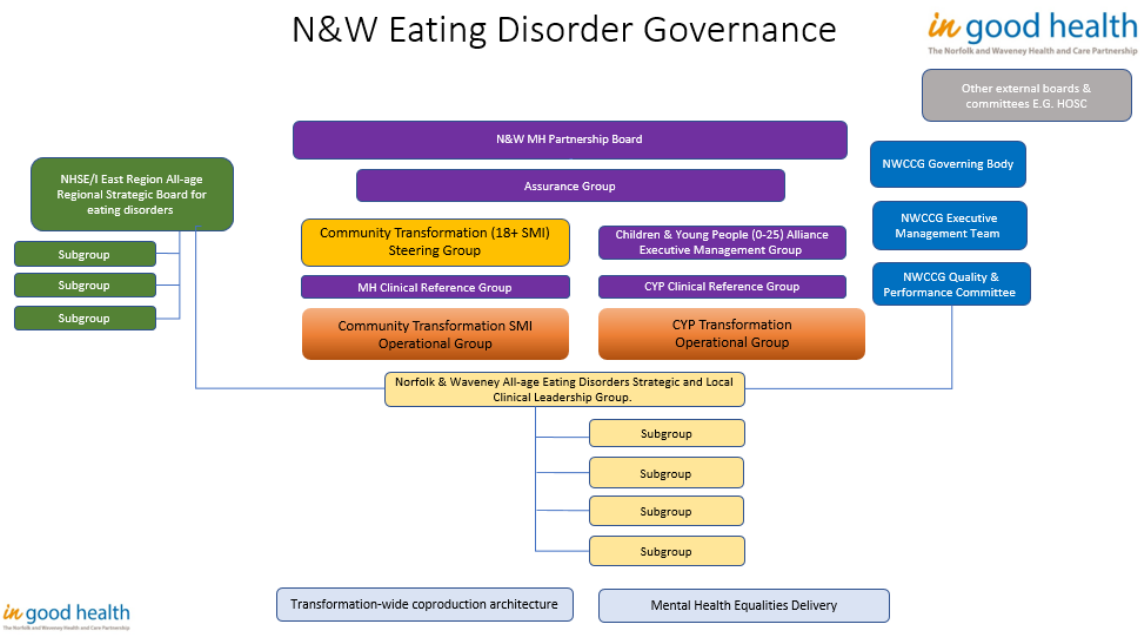
- As part of the LCS for medical monitoring (section 4.1.6), the eating disorders team offer training to primary care clinicians and clinicians working in other areas as appropriate.
- The CCG has supported teams to access and has directly funded in some instances:
    - Specialist Supportive Clinical 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

There is a recognised significant need to upskill staff across the system to prevent, recognise and identify eating disorders, and provide early treatment, support and co-working. In response, the CCG is working to:

- Scope and support the upskilling of non-eating disorders staff – clinical and non-clinical – across the Norfolk & Waveney system to increase awareness and skills, to support earlier identification and system-wide interventions. This is happening through NSFT and Primary Care training resources & systems.
- Support system training for the management of patients with Avoidant Restrictive Food Intake Disorder (ARFID)
- Coordinate training resources with the NHSE/I regional oversight group which the CCG are involved with directly.

4.1.8. Norfolk and Waveney Governance for eating disorders

Diagram 9 – Norfolk and Waveney Eating Disorders Governance



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 CAMHS activity.

4.2.1. Children's and Adolescents Mental Health Services (CAMHs)

As at the end of September there were 15 ED patients awaiting admissions, which is a reduction from 26 at the end of August, with a number of bed closures which has resulted in continued difficulties managing demand.

A CAMHs task and finish group was established in August, recognising the challenges and a need to take action. This resulted in the production of a stock take paper with the key actions below:

- Establish a CAMHs ED task and finish group to propose a revised end to end pathway
- Review of cases with a length of stay over 100 days with initial feedback on emerging themes and common barriers to discharge identified as:

    - Difficulties with establishing good engagement with Community Teams to ensure discharge works effectively and does not result in premature re-admission.
    - Difficult family dynamics that do not support discharge home for the child or young person.
    - Availability of the right placements e.g. supported accommodation.
    - Vacancies in therapy offer in SEDU resulting in longer length of stay than was anticipated.
    - Access step up beds mainly Low Secure Unit (LSU) and ED beds so remain in current bed unable to move on.

It is critical to re-open NHS block commissioned bed stock. Not doing so will mean a significant number of young people placed far from home if beds become available and a financial pressure on the collaborative.

Work to implement NICE guidance on Eating Disorders is paramount. As well as improved patient experience, this has the potential to treat more children and young people with an eating disorder outside of hospital.

There is an over representation of patients requiring Psychiatric Intensive Care Unit (PICU) (18) or LSU (26) beds compared to bed stock (10) and (18) respectively. Some of these patients will require management within existing facilities and the collaborative may wish to consider a higher number of these beds within its stock.

Experience from Hertfordshire Partnership Foundation Trust (HPFT) is that a number of patients who would otherwise have been admitted to hospital were managed in the community via intensive home treatment. Any investment in this area is likely to decrease the overall demand for beds further. Therefore, the bed stock and type and size of units will need to be kept under continuous review as we implement our Transformation Plans.

72-hour admissions and a ‘red to green’ approach are cited as further initiatives that reduce length of stay in hospital and therefore increase available capacity.

Workforce is identified as the main challenge to implementation.

The following recommendations will be developed in more detail following agreement within the Provider Collaborative that these are the priorities for resolving the issues identified:

- Work is progressed to design and implement a new pathway for children with eating disorders as a matter of priority. This is underway and is due to report by the end of October.

- Plans to implement Home Treatment Teams are operationalised as soon as possible under the Collaborative's Transformation Plans.
- The collaborative should consider options to increase the number of PICU or low secure beds available within the bed stock released by the efficiencies set out above, and as part of this work consider how we can support planning for further HDAs across our units.
- A clinically led working group / learning set is implemented to support units to manage children with challenging behaviour.
- Work has started on developing a supportive, responsive and clearer approach to getting commissioning approval for bed closures. The approach is designed to be supportive and will include network calls, which will enable providers within the collaborative to offer mutual support. The process aims to be responsive to the specific circumstances the unit is facing whilst ensuring that any closures are time-limited with robust conditions for re-opening. The process will be consulted on across clinical specialties and enacted within the next month.
- 72-hour admissions and a 'red to green' approach should be progressed.
- Review outcomes from the first 100-day review exercise including any themes or barriers to discharge and develop plans to address.
- The collaborative should review existing workforce planning arrangements and consider implementing a collaborative group that identifies and adopts best practice.

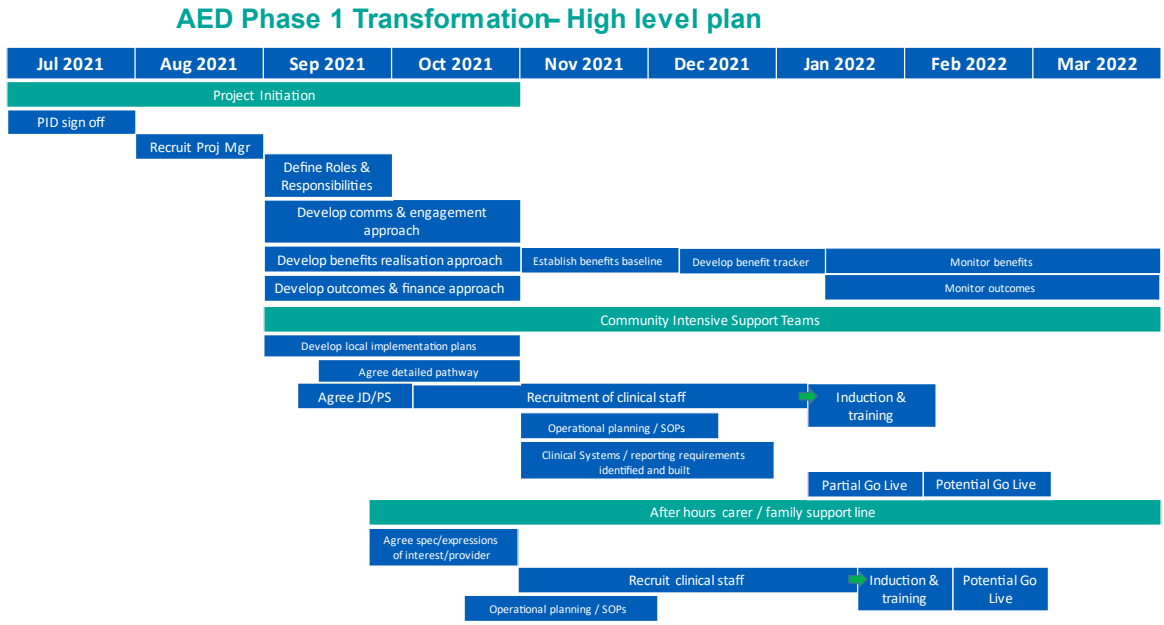
4.2.2. Adult Eating Disorders

As at the end of September there are 53 people recorded occupying specialised eating disorder beds, 32 of which are within the East of England and 21 people out of area. There are 15 people awaiting an eating disorder bed, 2 of whom would be consider a priority, which is a reduction of 3 from last month. This is across the region.

Funding was secured to support transformation activities in year 1 across the Provider Collaborative with the focus being on enhancing or developing Intensive Home Treatment teams with one of those areas being Norfolk Community Eating Disorders Team, which is hosted by CPFT. In addition to centralising the referral and bed management function. There are weekly meetings chaired by CPFT, as the lead provider for Adult Eating Disorders to review and prioritise new referrals.

The high-level timeline below sets out the dates, and Norfolk Community Eating Disorder Services (NCEDs), CPFT and HPFT have reviewed, and agreed that whilst these remain challenging, they are realistic.

Diagram 10 – Adult ED Provider Collaborative transformation timeline



There are a number of dependencies identified which pose risks to delivery:

- Recruitment of the specialist workforce is a significant risk and the timescales that have been identified may be impacted by this. Any adjustments will be reported through the governance structure.
- Due to the limited availability of specialist skills, it may be necessary to extend the training timescales for new staff. This will be monitored closely.
- The timescales identified are dependent on the local clinical teams having capacity to engage and progress the service implementation.

4.3. Actions to date and planned by NHSE/I

At the NHSE&I Regional Mental Health Board meeting on 09 November 2020, the Board members agreed 9 key strategic actions for prioritising support to systems on all-age ED and accelerating service improvement. One of these 9 strategic actions was the **establishment of a single oversight function across the regional footprint**. The aim of this board to bring together and align the functions of NHSE&I&I to provide co-ordination and senior strategic leadership to ED transformation, with representation from all the relevant decision making organisations.

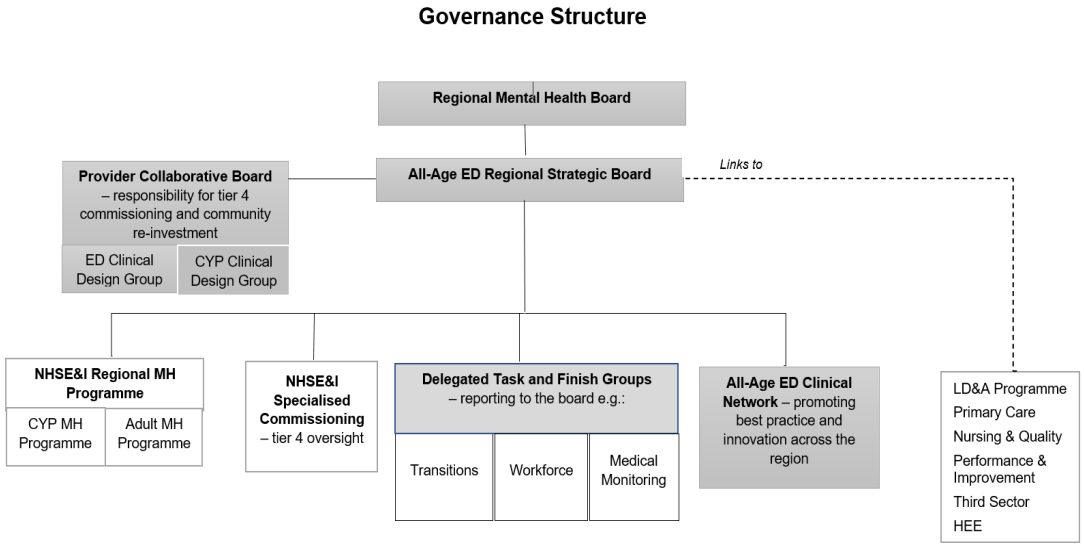
The Regional All-Age Eating Disorders Strategic Oversight Board reports to the Regional Mental Health Board, providing, for example, written reports, action plans and risk register summaries.

The key responsibilities of the Regional All-Age Eating Disorders Strategic Oversight Board are:

- To develop and lead a single regional strategy for the transformation of all-age ED services across the East of England.
- To ensure there is effective regional co-ordination of all improvement work related to ED, including implementation of LTP ambitions for ED, PHSO 'Ignoring the Alarms' guidance, the Prevention of Future Deaths Report (March 21) and other relevant regional and national documents.
- To ensure clear delegation of leadership and accountability for all involved areas of NHSE&I&I.
- To maintain oversight of the whole pathway approach for ED including early intervention and primary care, CAMHS, Specialist Community Eating Disorder Services, Adult Community Services, Acute Care, Inpatient Services, The Provider Collaborative and Third Sector care provision.
- To lead and be accountable for the quality of clinical pathways across all-age ED services – identifying which programmes within NHSE&I&I are best placed to lead on implementing policy ambitions and monitoring progress against these.
- To lead an 'all-age' strategy for ED working across CYP and adult services to ensure pathways are designed around the individual and support transition of care.
- To be accountable for the governance of all-age ED transformation, maintaining oversight of system performance, clinical risk, serious incidents and capacity and demand constraints.
- To maintain oversight and regional leadership of all transformation funding and additional investment into Eating Disorders – this is separate to the core service delivery budget which remains the responsibility of the provider collaborative.
- To link directly with national ED leads in CYP and adult programmes.

NHSE&I Eastern Region All Age Eating Disorder Strategy and Oversight Board function and structure:

Diagram 11 – NHSE&I governance structure for the Eating Disorders Strategy and Oversight Board



Membership consists of a Senior rep from each ICS, the Provider Collaborative, a Service User, a Parent and Carer, NHSE&I (including the ED Clinical Leads, Head of Mental Health and Eating Disorder Programme Leads), Chair of Eating Disorder Network (Parent and Carer), Primary Care, NHSE National Team rep and HEE.

5. Conclusion

Considerable improvements and investments in services have taken place in recent years, however given current demand this needs to continue at pace in order to deliver best practice services and meet the increasing incidence of eating disorders. This must also respond to the rising demand and acuity of all forms of disordered eating that have presented during the COVID-19 pandemic.

Future focused developments and improvements will be mapped in the all-age eating disorder strategy, currently under development with involvement of experts by experience and stakeholders including the Provider Collaborative and NHSE/I. There are several key system dependencies including the development of specialist workforce and the increased awareness and knowledge across health and social care and our communities.

Eating Disorder conditions impact upon all aspects of health and well-being and have a recognised high mortality rate. The wide-ranging approach described in this paper is necessary to support all ages, all presentations and enable recovery for people experiencing this challenging condition.

Norfolk and Suffolk NHS Foundation Trust – out of area placements

Suggested approach from Maureen Orr, Democratic Support and Scrutiny Manager

Examination of the situation regarding placement of Norfolk and Suffolk NHS Foundation Trust (NSFT) patients in out of area beds and the ongoing work across the system to eliminate the need for such placements.

1. Purpose of today's meeting

1.1 The focus areas for today's meeting are:-

(a) The placement of Norfolk and Waveney mental health patients in beds which are:-

1) Outside of NSFT's geographic area.
2) Within NSFT's geographic area but outside of the patient's home locality.
3) Within NSFT's geographic area but outside of the Trust's facilities (i.e. in independent hospitals).

(b) Placement of younger adults on Blickling ward at the Julian Hospital, Norwich, which is a ward designed for care of elderly adults with functional mental health needs.

The item is about unavailability of acute mental health beds that should be available to local people within the NSFT area.

1.2 NSFT was asked to provide a report covering:-

- Numbers of the different categories of patients placed out of area, out of home locality, within area but outside of the Trust's own facilities.
- Trends in the out of area, out of locality and out of Trust data over the past two years.
- Details of the geographic locations and providers used for out of area and out of Trust placements.
- Information on arrangements for conveying people to and from their out of area admission destinations.
- Details of action which has and will be taken to reduce out of area placements.
- Details of action which has and will be taken to mitigate the effects of out of area placements on patients and their families / carers.

- Explanation of why it was not possible for NSFT to meet the national ambition to eliminate out of area placements by 2020-21 and when the Trust expects to be able to stop the practice.
- The age on admission of all patients admitted to Blickling ward, Julian hospital in 2021.

NSFT's paper is attached at **Appendix A** (*to follow*).

Representatives from NSFT and the CCG will attend the meeting to answer councillors' questions.

2. Background

2.1 National ambition

2.1.1 The 2016 'Five Year Forward View for Mental Health' recommended reduction and elimination of inappropriate out of area placements for acute mental health care as quickly as possible.

The Government set a national ambition to eliminate them by 2020-21. Despite increased investment in mental health services this has not been met and the Covid 19 pandemic has increased the pressures on services.

An out of area placement makes it more difficult to ensure continuity of care and effective discharge planning for the patient. It also more it more difficult for them to maintain contact with family, carers and friends.

There are some circumstances where an out of area placement may be appropriate; for example where there are safeguarding issues.

2.2 Local progress

2.2.2 When NSFT last attended NHOSC, in **September 2020**, out of area placements had reduced from a trust-wide peak of 1,974 bed days (79 people) in March 2019 to 363 bed days in May 2020. The Trust said this had been achieved by opening a 16 bedded admission ward, enhancing community teams, implementing a Patient Flow group and taking a more focused approach to improved bed management, inappropriate admissions and timely discharge.

NSFT's report in **July 2019** acknowledged that the Trust was an outlier in terms of high numbers of patients placed out of area and mentioned the following initiatives to reduce the numbers:-

- Additional Band 6 Inappropriate Out of Area Placement Care Co-Ordinators (3 x WTE in post from 1st July 2019).
- Red 2 Green & Delayed Transfer of Care Management – patient journey improvement tool.
- 16 new adult assessment beds on Yare Ward (to open September 2019).

- Personality Disorder pilot project. Initially in Central Norfolk (from November 2019).
- Crisis house provision in Central Norfolk (from October 2019).
- Central Norfolk based rehab and recovery service (from April 2020).

2.3 **NHOSC's concerns**

2.3.2 NHOSC has had concerns about out of area placements in acute mental health since 2014-15. The commissioners and NSFT have always assured NHOSC of their commitment to reducing the numbers, which have fluctuated over the years. There have been times when there has been a sustained downward trend in the numbers but they have always risen again.

2.3.3 In December 2017 the committee made two recommendations in relation to use of out of area beds:-

1. NSFT should give NHOSC a more detailed account to provide assurance of its oversight of the service received by patients in out-sourced beds.

   NHSOC received NSFT's protocol for placement of patients in out of area / private care in April 2018. A copy is attached at **Appendix B**.

2. The CCGs should provide funding to enable NSFT to open 15 adult acute beds at Yare Ward, Hellesdon Hospital

   A 16 bed ward was eventually opened in 2019 (see paragraph 2.2.2 above)

In light of continued out of area placements, NHOSC recommended to the CCG and NSFT in April 2018 that:-

3. The local NHS should reimburse travel costs for families of service users who are placed in out-of-area beds due to unavailability of local beds (i.e. placed out-of-area for non-clinical reasons).

   This recommendation was rejected and the committee subsequently took it up with NHS England but without success.

2.3.4 In recent months NHOSC members have raised questions connected to use of out of area beds and related pressures within the patient flow system:-

(a) How many people were conveyed to an out of area destination by hospital transport and how many were taken by friends, family or others in the past year?

The concern was over the safety of transport methods used to take patients who are acutely mentally ill to distant destinations.

NSFT's answer was provided in the August 2021 NHOSC Briefing. They explained that the information requested was not readily available and to provide it would require review of patient records which they did not have capacity to undertake.

They also explained that hospital transport could be used if the patient is being taken from a general acute hospital, and that patients detained under the Mental Health Act have their transport organised by the AMHP (Approved Mental Health Professional) service.

Informal patients could choose how they were transported. Following a rigorous and detailed risk assessment, taking into account the service user's wishes, and what is in their best interests, friends and family could be involved with transporting them to their destination if they wished.

Community Teams or Crisis Resolution and Home Treatment Teams could also transport patients. NSFT also used a list of approved transport providers.

(b) How many service users have been discharged from acute mental health beds to hotel / B&B accommodation in the past year?

This is relevant to today's subject because reducing delayed discharges from acute mental health beds reduces the need for out of area placements. The concern was that pressure to discharge patients may result in vulnerable patients being discharged to unsuitable accommodation.

NSFT's response was provided in the August NHOSC Briefing. They explained that it is District Councils who arrange temporary accommodation for people who need it and that NSFT did not hold the information to be readily able to answer the question.

NSFT was able to report that in the year from 12 July 2020 to 12 July 2021 825 patients were discharged from acute mental health beds in Norfolk and Waveney to their usual place of residence and 46 patients were discharged to a temporary address. Temporary addresses could include friends, family, hostel, council temporary accommodation (including B&Bs), self-funded hotels, supported or residential accommodation, or step-down facilities such as Evolve. To identify how many of the 46 patients discharged to temporary

accommodation were sent to hotels / B&Bs would involve reviewing each of the patient records and they did not have capacity within the team to do that.

The Trust explained that when people leave its hospitals, where they go comes down to availability, suitability and patient choice along with capacity to make that decision. They continue to keep in contact, taking a contact number and address so that they can carry out follow-up appointments.

NSFT confirmed that in each case its clinicians must be satisfied that patients who are ready for discharge from hospital are going to a suitable environment for continued recovery. The clinicians are not able to inspect the accommodation themselves but rely on the district councils to provide suitable places.

(c) Future location of NSFT intensive care beds

At its meeting on 2 Sept 2021 NHOSC agreed to ask NSFT for a briefing on how intensive care beds at Hellesdon hospital (Rollesby ward), which have been temporarily closed since March 2021, will be used when they re-open. There was concern that there may be a plan for the Hellesdon beds to be female only and Ipswich beds to be male only, with the attendant difficulties of out of local area placements.

NSFT provided a briefing in the October 2021 NHOSC Briefing which explained that there is national clinically-led reasoning that having single gender services in PICU (Psychiatric Intensive Care Unit) services, particularly for women, is better for service users. They recognised that any proposals would need to be discussed with commissioners and other partners before decisions were made.

The renovation work at Rollesby ward is due to be completed in December 2021.

3. Suggested approach

3.1 NHOSC may wish to discuss the following areas with NSFT and commissioner representatives:-

(a) What are the main barriers that have prevented the elimination of use of out of area acute mental health beds?

(b) Are NSFT and the commissioners satisfied that there are sufficient safeguards against use of unsuitable transport to distant locations when the pressure is on to place an acutely ill patient in an acute mental health facility?

(c) Are NSFT and the commissioners satisfied that there is adequate communication with district councils and sufficient safeguards against discharge of patients to unsuitable accommodation when the pressure is on to maintain patient flow through the acute mental health beds and

avoid out of area admissions?

(d) What are the CCG's views about the financial cost of placing patients out of area or out of Trust (in independent facilities) compared to the cost of providing more community mental health services to avoid admissions or providing more acute mental health beds within NSFT?

(e) Investment in mental health services has increased in recent years as a proportion of the overall NHS budget and initiatives have been taken locally to reduce out of area placements. What else can be done to improve the situation?

(f) Would NSFT and the commissioners agree that people have a right to expect that mental health intensive care should be available for both men and women within the Norfolk and Waveney area?

4. Action

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

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PROTOCOL & FLOWCHART FOR THE PLACEMENT OF SERVICE USERS IN OUT OF AREA / PRIVATE CARE

This flowchart has been developed as a reminder for all staff when considering an out of area or private placement, to ensure that all reasonable considerations have been made. The guidance is issued following learning from an incident in Hertfordshire which can be accessed at http://www.mills-reeve.com/herfordshire_partnership_trust_July2012.

The guidance applies to all services and age groups across the Trust.

All practitioners have a statutory responsibility to recognise and report safeguarding concerns to safeguard children and vulnerable adults. If you are concerned about a placement, or a staff member's behaviour within that placement, a safeguarding referral must be considered alongside any report of a clinical or quality concern. Please contact the NSFT Safeguarding Team for advice; xxxxxxxxx or xxxxxxxxxxxx.

There are four types of out of area placement:

1. Service user to be placed by the specialist commissioning group – see part 1
2. Adults to be placed in beds commissioned by the Trust – see part 2
3. Older people placed in residential care – see part 3
4. Learning Disability placements commissioned by CCGs – see part 4

Part 1

Applies to:

- Tier 4 CAMHS
- Secure Services
- Eating Disorder Services
- Perinatal Services
- Learning Disability Services

Follow the process set out by EoE SCG.

The care co-ordinator remains responsible and must ensure they organise and attend regular CPA reviews.

What happens if concerns are raised about the placement?

The area team monitor the quality of placements but if a member of staff has clinical concerns about the care being given at the home, they should report this to xxxxxxx on xxxxxxxx or xxxxxxxx.

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Part 2. The need to find a placement for an adult may arise for two reasons, a) a specialist placement is required to meet their needs and b) when the Trust has no beds available in an emergency situation.

Applies to:
a)Adults to be placed in beds commissioned by the Trust

Need for private placement identified (rationale recorded in patient's records)

↓

Potential placement identified

↓

Is the placement compliant with CQC standards? Check at www.cqc.org.uk

YES ↓

Does the CQC website identify this as a suitable placement, e.g. does it meet the needs of the service user?

YES ↓

Has the placement been used before and found to meet client's needs?

YES ↓

Has a full clinical and contextual risk assessment been completed, and carers consulted where appropriate?

YES ↓

Make application

NO ↓

Ensure this is completed

NO ↓

As part of the risk assessment, the clinician should undertake a visit to the placement

↓

Has a full clinical and contextual risk assessment been completed, and carers consulted where appropriate?

YES ↓

Make application

NO ↓

Ensure this is completed

NO ↓

Explore suitable alternative

NO ↓

Placement will not be authorised

b)What happens in an emergency?
If a placement is required in an emergency, e.g. out of hours, the same principles apply. If in **extreme** circumstances a person is placed in a home that has not been used previously, the staff member responsible for the placement must visit the home either at the time of placement or within 24 hours to ensure the patient's needs are met.

What happens if concerns are raised later on?
Some placements may last for many months and if during that time the care co-ordinator has concerns about the placement they should raise them initially with the home manager. Serious concerns that are not addressed can be raised directly with the CQC. If the home receives an inspection and is found to be non compliant, the care co-ordinator should discuss this with the service user and their relatives. If they are happy with the care and the non compliance issues do not affect the treatment received, this should be documented and the situation remain under review. If there are concerns however, then an alternative placement should be considered.

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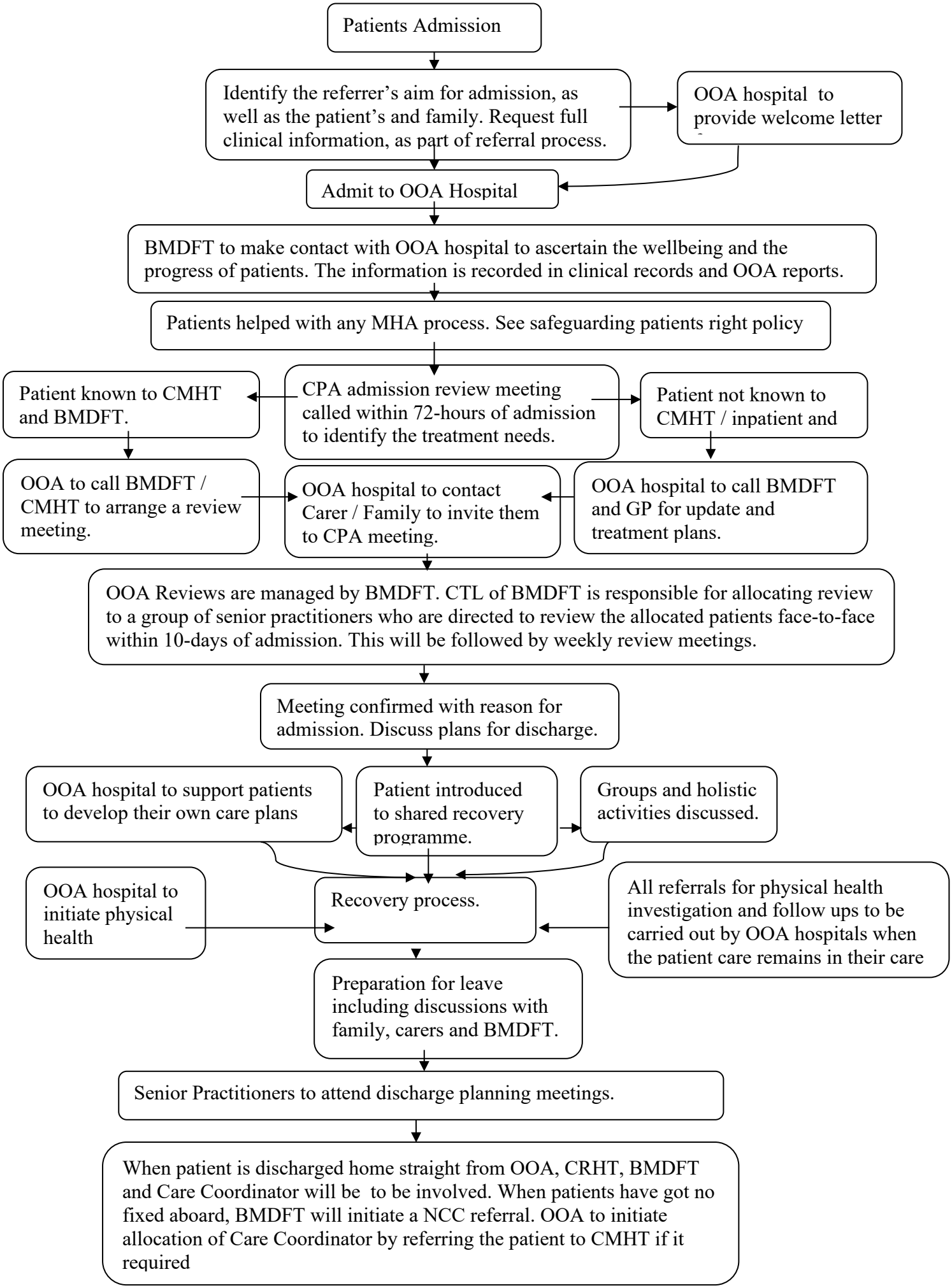

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CRHT to be informed by OOA hospital if the patient requires a trial leave before finally discharged from hospital. In that case CRHT will do the discharge process after the trial leave. BMFT to be kept informed..

Part 3

Applies to:
Older people placed in nursing or residential care commissioned by Norfolk or Suffolk social services.

Any concerns with the care in nursing and residential homes should be reported to the active social worker (if available) or directly to the County Council.

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NHS Foundation Trust

Part 4

Applies to:
Learning Disability placements commissioned by Clinical Commissioning Groups

Need for private placement identified (rationale recorded in patient's records)

↓

Discuss with relevant CCG

↓

Potential placement identified

↓

Is the placement compliant with CQC standards? Check at www.cqc.org.uk

YES ↓

Does the CQC website identify this as a suitable placement, e.g. does it meet the needs of the service user?

YES ↓

Has the placement been used before and found to meet client's needs?

YES ↓

Has a full clinical and contextual risk assessment been completed, and carers consulted where appropriate?

YES ↓

Proceed to place

NO ↓

Ensure this is completed

NO ↓

As part of the risk assessment, the clinician should undertake a visit to the placement

↓

Has a full clinical and contextual risk assessment been completed, and carers consulted where appropriate?

YES ↓

Proceed to place

NO ↓

Ensure this is completed

NO ↓

Explore suitable alternative

N.B. At any point in the process, if there are clinical concerns that a placement may not be appropriate this should be clearly documented.

NO ↓

Placement will not be authorised

What happens in an emergency?
If a placement is required in an emergency, e.g. out of hours, the same principles apply. If in **extreme** circumstances a person is placed in a home that has not been used previously, the staff member responsible for the placement must visit the home either at the time of placement or within 24 hours to ensure the patient's needs are met.

What happens if concerns are raised later on?
Some placements may last for many months and if during that time the care co-ordinator has concerns about the placement they should raise them initially with the home manager. Serious concerns that are not addressed can be raised directly with the CQC and shared with the CCG quality lead. If the home receives an inspection and is found to be non compliant, the care co-ordinator should discuss this with the service user and their relatives. If they are happy with the care and the non compliance issues do not affect the treatment received, this should be documented and the situation remain under review. If there are concerns however, then an alternative placement should be considered.

Cawston Park Hospital Safeguarding Adults Review - Briefing

Introduction by Maureen Orr, Democratic Support and Scrutiny Manager

The Chair of Norfolk Safeguarding Adults Board (NSAB) has been invited to brief the committee on the recommendations in the report of the Cawston Park Hospital Safeguarding Adults Review (SAR), which was published on 9 September 2021, and the plans of the NSAB and local partners around implementation of the recommendations.

1. Purpose of today's meeting

1.1 To receive a short briefing from the Chair of Norfolk SAB which will include an overview of the SAR, its recommendations and progress in discussions with other organisations about how the recommendations will be implemented.

The Chair of Norfolk SAB's briefing is annexed to this paper. The briefing is for information and is not a scrutiny item.

1.2 NHOSC members will note that NSAB describes its role as "to oversee and seek assurance around the implementation of the action plan and hold partners to account for its delivery".

NHOSC could act in a way that is complementary to NSAB's work by scrutinising the local health and social care partners' joint progress towards implementing the recommendations that are relevant to them.

2. Action

2.1 NHOSC is invited to consider adding 'Cawston Park Hospital Safeguarding Adults Review – scrutiny of local health and social care partners' joint progress to implement recommendations' to its forward work programme for 2022.

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Norfolk Health Overview and Scrutiny Committee
4 November 2021

Briefing by the Chair of Norfolk Safeguarding Adults Board

Cawston Park Hospital Safeguarding Adults Review

Joanna, Jon & Ben

This briefing by the Chair of Norfolk Safeguarding Adults Board (NSAB) updates the committee on the recommendations in the Safeguarding Adults Review (SAR) report into the deaths of three young adults: Joanna, "Jon" and Ben (all in their 30s). They had learning disabilities and had been patients at Cawston Park Hospital. They died within a 27-month period (April 2018 to July 2020).

The SAR was published on the NSAB website on 9th September 2021.

It sets out the plans of the SAB and local partners around implementation of the recommendations.

1. Background

1.1 NSAB commissioned the SAR in July 2019 into the deaths of Joanna and Jon. In December 2020 Ben was included in this review. Sadly all three young adults died at the hospital between April 2019 and December 2020.

1.2 The SAR looked at –

- Overall case management of the three people
- Commissioning of services
- Provider – Jeesal Group
- Quality assurance
- Adult safeguarding

1.3 In addition, consideration of the wider system issue of the provision of support nationally to adults with learning disability and autism and the place of specialist private hospitals was included.

1.3 The recommendations of the SAR were wide ranging and related to challenges in structures and the whole health and care system.

1.4 A total of **13** recommendations for system change and learning are made.

1.5 The role of NSAB is to oversee and seek assurance around the implementation of the action plan and hold partners to account for its delivery.

2. Local recommendations

2.1 Of the 13 recommendations **4** are specific to Norfolk.

2.2 Recommendation B & C: Norfolk & Waveney CCG (N&WCCG) and Adult Social Services Department (ASSD) should review commissioning arrangements to embrace "ethical commissioning".
Three scoping meetings have been held between senior officers from ASSD and partners to agree a way forward. There have been a significant number of offers of help and support and a desire to co-produce a service designed to meet the needs of Norfolk residents.

Recommendation E: All remaining Norfolk patients to be transferred (All patients were removed and the hospital closed on 12 May 2021)

Recommendation L: N&WCCG / ASSD should move away from a "*medical admissions and social care discharges*"

Recommendation M: Addressing racism of people with cognitive impairments. Guidance to providers has been published on the NSAB website. Work to be commenced on gathering the efforts and experiences of the Norfolk's service providers in challenging racism and racist stereotyping and convening "world café" conversations

2.3 Recommendations B and L are linked and an initial scoping meeting has been held between partners to agree a way forward. There have been offers of help and support and a desire to co-produce a service designed to meet the needs of Norfolk residents.

3 National Recommendations

3.1 Recommendation A: Law Commission – to review the legal position of private companies re; corporate governance.

A meeting held with the Law Commission on 14th October 2021 NSAB and supported by local MP Jerome Mayhew (Broadland). The meeting discussed the current project criteria between the Lord Chancellor and Law Commissioners of which there is a review underway in relation to corporate criminal liability. This however is focused more upon financial criminality and issues within the health and care system had not been identified until raised by the SAR. The next steps were agreed as the requirement for a further submission to persuade government that the solution lies within changes to legislation.

The SAR has also been raised in an adjournment debate in Parliament by Mr Mayhew MP on 21st September. Gillian Keegan Minster for Health & Social Care responded and included the following

- Department for Health and Social Care (DHSC) are currently working with NHS/Care Quality Commission/Local Authorities to identify unacceptable services and take appropriate action

- NHS/E will review each inpatient – ensuring a clear plan to discharge
- CQC have a central role in identifying poor quality and to act. Improved inspection regime taking more account of family's views
- Must not tolerate poor quality care and treatment
- Restraint and seclusion – increased transparency and reporting to CQC and Use of Force Act November 2021
- There should be no unnecessary delays in discharges. MHA review should have limited scope if people with LD/A do not have a diagnosed mental health condition
- Services more community based
- Inpatients services should be characterised by being short stay, close to home and of the right quality
- Identification of best practice and right workforce

3.2 Recommendation D & H & I NHSE to review each inpatient – ensuring a clear plan to discharge which are proactive and include

- several questions that should be asked covering physical health, activities, support to use Continuous Positive Airway Pressure machines (CPAP)
- evidence of strengthened mechanisms for discharge dates, stability of accommodation, physical/mental health needs.

NSAB met with NHSE/I on 25th August 2021 which was followed up with a formal response to the recommendations covering four key points.

1) NHSE/I be undertaking a review with CCGs of every single inpatient with Learning Disabilities and/or autism in a mental health inpatient care setting
2) NHSE/I will refresh the guidance for commissioners to include when they are deciding about a placement
3) NSHE/I will review the commissioners oversight guidance – including checking daily activities, physical healthcare, sleep, and medication
4) NHSE/I to develop specific guidance on CPAP and how to support individuals in its use.

3.3 Recommendation F & G: DHSC Representations to be made about what additional rights and protections will be afforded to adults with LD/A who

become vulnerable to detention under the same clinical settings under the Mental Capacity Act.

Meeting held with DHSC on 21st September 2021. A general response was that many issues highlighted were already in train and would be covered within the "**Building the Right Support**" Action Plan to be published in late October 2021.

A second meeting held on 12th October discussed the proposed changes to the Mental Health Act 2007 (MHA). DHSC confirmed that the intention was that the MHA should not be used for people with LD/A and should only apply when people had a co-occurring mental health condition. LD/A will no longer be considered a mental disorder for which someone can be detained for treatment under Section 3 of the act. The proposed changes to legislation also include a duty on commissioners to collaborate to ensure services are community based and will put Care and Treatment reviews on a statutory footing.

The legislation to amend the act will most likely not be placed before parliament until May 2022.

3.4 Recommendation J & K: Care Quality Commission – the legal process of registration cancelation should proceed irrespective of a service's improvements if these are attributable to the on-going effects of the NHS/LA/ and others.

Norfolk's SAB should set out for CQC's Chief Executive the consequences of Cawston Park Hospital's failure to enable family-centred approaches and engage with the expertise of patients' relatives.

CQC may wish to confirm

(i) that it has no remit to determine whether patients should remain in such services, not least since this conflicts with national policy; and

(ii) what specific actions it proposes to take in relation to locked wards in specialist hospitals and units.

A meeting was held with Deputy Chief Insp Deborah Ivanova on 10th September 2021. General response included:

- Changing the way CQC regulate services and will now consider all LD services including the involvement of families
- Shorter more frequent inspection visits
- The development of new tools and training
- Regulations also mean CQC need to take into account how safe it is to move residents/patients when services are closed

- Outlined a difficult balance between use of CCTV and patient privacy
- Offered a main commitment not to register places like Cawston Park (an example was given of one that had been refused recently)

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Norfolk Health Overview and Scrutiny Committee

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.

Proposed Forward Work Programme 2022

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

Meeting dates	*Main agenda items*	*Notes*
20 Jan 2022	Access to local NHS primary care services for patients who are British Sign Language (BSL) users – follow up to the issues raised on behalf of BSL users during the 'Access for patients with sensory impairments' item at 15 July 2021 NHOSC – a short item focused on factual updates since July 2021. Access to GP primary care in Norfolk & Waveney To examine:- • the proposed new models of care and the service that people want and need. • the tension between guidance to offer patients a choice on how they access the service and guidance on infection control. Access to NHS dentistry in Norfolk & Waveney – follow up to 3 Sept 2020 NHOSC.	
10 Mar 2022	Prison healthcare – access to physical and mental health services Queen Elizabeth Hospital NHS Foundation Trust – progress report	

Agenda items – dates to be scheduled

May 2022 - Children's neurodevelopmental disorders -waiting times for assessment & diagnosis – follow up to 15 July 2021 NHOSC

- Annual physical health checks for people with learning disabilities – to examine progress.

Information to be provided in the NHOSC Briefing 2021-22

Dec 2021 - **Childhood immunisation** - update on take-up rates (follow-up from NHOSC 8/10/20 meeting)

- **Myalgic Encephalomyelitis / Chronic Fatigue Syndrome (ME/CFS) service** – steps taken by the CCG and service provider to comply with new NICE Guidance
(Depending on publication of new NICE Guidance. Publication was expected on 18 August 2021 but NICE announced on 17 August that publication was paused because of issues raised during the pre-publication period with the final guideline. It needed time to consider next steps.)
Briefing also to include:-
    - Data on how many people in each locality in Norfolk and Waveney are registered with the ME/CFS service and additionally how many people have been assessed as having long Covid.
    - An update on whether GPs across Norfolk and Waveney have been updated on symptoms of ME/CFS and long Covid.
(This is a follow-up to the Great Yarmouth and Waveney Joint Health Scrutiny Committee October 2018 recommendation that the CCG should look to provide a short briefing note for GPs to raise awareness of ME/CFS and the services that were available and that the briefing should be regularly updated to cover relevant developments).

Feb 2022 - **Health and care workforce shortages** – update on local action to address shortages (follow-up from NHOSC 18/3/21 meeting)

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

Norfolk and Waveney CCG	-	Chair of NHOSC (substitute Vice Chair of NHOSC)
Queen Elizabeth Hospital, King's Lynn NHS Foundation Trust	-	Julian Kirk (substitute Alexandra Kemp)

Norfolk and Suffolk NHS Foundation Trust (mental health trust)	-	Brenda Jones (substitute Daniel Candon)
Norfolk and Norwich University Hospitals NHS Foundation Trust	-	Dr Nigel Legg
James Paget University Hospitals NHS Foundation Trust	-	Penny Carpenter (substitute Daniel Candon)
Norfolk Community Health and Care NHS Trust	-	Emma Spagnola

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Glossary of Terms and Abbreviations

A&E	Accident and emergency
AMHP	Approved Mental Health Practitioner / Professional
AFRID	Avoidant Restrictive Food Intake Disorder
BEAT	A UK eating disorders charity founded in 1989
BMDFT	Bed management discharge facilitation group
CAMHS	Child and adolescent mental health service
CAT	Cognitive analytic therapy
CBT	Cognitive behavioural therapy
CCG	Clinical Commissioning Group
CED	Community eating disorder (service)
CMHT	Crisis Management Home Treatment team
CPA	Care Programme Approach – a package that may be used to plan mental health care
CPFT	Cambridge and Peterborough NHS Foundation Trust (a mental health trust)
CQC	Care Quality Commission
CTL	Clinical team lead
CYP	Children and young people
CYPMHS	Children and Young People Mental Health Service
ED	Eating disorders
EoE	East of England
ERS	ERS Medical – provides a range of specialist patient transport and courier services to the NHS and wider healthcare sector
FREED	First episode Rapid Early Intervention for Eating Disorders
GMC	General Medical Council
GY&W	Great Yarmouth and Waveney
HEE	Health Education England
HPFT	Hertfordshire Partnership NHS Foundation Trust (a mental health trust)
IP	In-patient
JD	Job description
LCS	Locally commissioned service
LD&A	Learning disabilities and autism
LSU	Low Secure Unit
LTP	Long Term Plan
MANTRA	Maudsley Model of Anorexia Nervosa Treatment for Adults
MaRSiPAN	Management of Really Sick People with Anorexia Nervosa
MH	Mental health
MHA	Mental Health Act

NCDR	National Commissioning Data Repository – a web-based application developed by Arden and GEM (Greater East Midlands) commissioning support untit on behalf of NHS England. The portal empowers CCGs to collaborate for the commissioning of specialised services.
NCEDS	Norfolk Community Eating Disorder Service – the community eating disorders service run by Cambridge and Peterborough NHS Foundation Trust for adults in central and west Norfolk with moderate to severe eating disorders.
NHOSC	Norfolk Health Overview and Scrutiny Committee
NHSE&I EoE	NHS England and NHS Improvement, East of England
NICE	National Institute for Health and Care Excellence
NSFT	Norfolk and Suffolk NHS Foundation Trust (a mental health trust)
NSSI	Non-Suicidal Self Injury (formally known as self-harm)
OOA	Out of area
OBDs	Occupied bed days
PFD	Prevention of future deaths
PHSO	Parliamentary Health Service Ombudsman
PICU	Psychiatric intensive care unit
PID	Project initiation document
PS	Person specification
SAB	Safeguarding Adults Board
SAR	Safeguarding Adults Review
SCG	Specialised Commissioning Group
SEDU	Specialist eating disorder unit
SOP	Strategic Outline Plan
SSCM	Specialist Supportive Clinical Management
TACT	Transformation and Commissioning Team
VCSE	Voluntary community and social enterprise
WTE	Whole time equivalent
YP	Young people