Norfolk County Council

NORFOLK HEALTH OVERVIEW AND SCRUTINY COMMITTEE
Minutes of the meeting held at County Hall
on 6 July 2023.

Members Present:

Cllr Jeanette McMullen	Great Yarmouth Borough Council
Cllr Stuart Dark	Norfolk County Council
Cllr Brenda Jones	Norfolk County Council
Cllr Robert Kybird	Breckland District Council
Cllr Justin Cork (Vice-Chair)	South Norfolk District Council
Cllr Richard Price	Norfolk County Council
Cllr Lucy Shires	Norfolk County Council
Cllr Peter Prinsley	Norwich City Council
Cllr Jill Boyle	North Norfolk District Council
Cllr Julian Kirk	Norfolk County Council
Cllr Lesley Bambridge	Norfolk County Council

Substitute Members Present
Cllr Long substituted Cllr Whymark

Also Present:

Tricia D'Orsi	Executive Director of Nursing – Norfolk and Waveney Integrated Care Board (ICB)
Erika Denton	Medical Director - Norfolk and Norwich University Hospitals NHS Foundation Trust
Nancy Fontaine	Chief Nurse - Norfolk and Norwich University Hospitals NHS Foundation Trust
Chris Cobb	Chief Operating Officer - ICB
Nigel Kee	Chief Operating Officer - James Paget University Hospitals NHS Foundation Trust
Alice Webster	Chief Executive Officer - Queen Elizabeth Hospital NHS Foundation Trust
Kerry Broome	Deputy Chief Operating Officer - Queen Elizabeth Hospital NHS Foundation Trust
Diane Smith	Senior Programme Manager, Adult Mental Health - ICB
Rebecca Hulme	Director - Children, Young People and Maternity - ICB
Peter Randall	Democratic Support and Scrutiny Manager
Liz Chandler	Scrutiny & Research Officer
Maisie Coldman	Trainee Committee Officer

1. Apologies

1.1 Apologies for absence were received from Cllr Tipple and the Chair Cllr Whymark (substituted by Cllr Long), Vice-chair Cllr Cork chaired the meeting. Kings Lynn and West Norfolk Council had not yet appointed a representative to the committee.

2. Minutes

2.1 The minutes of the previous meeting held on the 1 June 2023 were agreed as an accurate record of the meeting.

3. Declarations of Interest

3.1 Cllr Bambridge declared 'an other' interest, they are a council appointed governor at the Queen Elizabeth Hospital.

4. Urgent Business

4.1 There were no items of urgent business.

5. Chairman's Announcements

5.1 There were no Chairman's announcements.

6. Outpatient and inpatient services in Norfolk

6.1 Chris Cobb, Chief Operating Officer of the ICB, provided the committee with a report overview that highlighted national targets for waiting times and their trajectory over the last three years. The committee heard that the Covid pandemic had impacted waiting times. The Norfolk and Norwich University Hospital (NNUH) became a Super Surge Centre for Intensive Care and Covid cases from March 2020 to June 2021, which took staff and resources away from routine activity, including appointments and treatment. Additionally, industrial action had impacted capacity, resulting in approximately 50% of appointments being cancelled on those days. NNUH joined the national Go Further Faster outpatient program to provide support and guidance from Getting it Right First Time (GIRFT) and the Royal Colleges to 14 specialties, intending to have no patients waiting over 52 weeks for their first appointment in these specialties on April 1, 2024.

6.2 Nigel Kee, Chief Operating Officer at James Paget University Hospitals (JPUH) NHS Foundation Trust, shared the collaborative work that had occurred across the acutes, including the use of mutual aid. They discussed waiting times at the James Paget University Hospital and noted that the increase in two-week wait referrals had increased the pressure on outpatient appointments being delivered in 14 days. Work had also been done with the intensive support team from NHS England to ensure that the data collected was robust and of high quality.

6.3 Alice Webster, Chief Executive Officer at Queen Elizabeth Hospital (QEH) NHS Foundation Trust, shared that diagnostic testing was a challenge. Last year, the trust was identified as the worst-performing NHS Provider in the country. Improvements had been made to put them on track for recovery to 95% by April 2025 per national planning guidance. Two new MRI scanners and an Endoscopy unit have been conceived as part of this work.

6.4 The committee received the annexed report (6) from Dr Liz Chandler, Scrutiny and Research Officer, on the joint reports from Norfolk and Norwich University Hospitals NHS Foundation Trust, James Paget University Hospitals Foundation Trust, and the Queen Elizabeth Hospital King's Lynn NHS Foundation Trust regarding outpatient and inpatient services at Norfolk's three hospitals.

6.5 The following discussion points and clarifications were offered:

- A member shared anecdotal evidence of their experience in accessing treatment and questioned the knock-on impact of long waiting times on other specialities, such as pain management. It was acknowledged that the waitlist needs to be reduced. The QEH was in the process of developing a mechanism to adopt the Patient Initiated Follow-Up (PIFU), pioneered by NNUH, which would allow patients and their carers to initiate their appointments as and when they need them. This process was thought to offer clearer patient pathways and create additional capacity to reduce the waitlist. Patients and services would be informed of changes when they are implemented.

- It was clarified that cancer metrics are behind. The recent increase in demand for skin and breast cancer, coupled with days lost due to industrial action, have contributed to the most recent figures. The committee heard that this was not a reflection of poor performance or processes and that improvements are expected to be made over the summer and autumn periods of 2023.

- Norfolk has three of the five worst digitally mature hospitals in the country. Thus, the move to an Electronic Patient Record (EPR) system was a welcome improvement to the acute hospitals and was felt to be a tool that would improve the patient journey and experience. The EPR system would span across the acutes and would operate as one system that included all elements of the health care system. The procurement process was underway, and members were assured that while there was no NHS electronic system, the process of procurement has strict criteria for private companies, and data would not be used for private profit. Patients would also have access to interfacing that would allow them to prevent certain information from being shared. Concerning funding, this had been agreed upon nationally, but there was a risk that there would be a shortfall, and additional financial support might need to be sought from partnerships. Members of the committee felt that they may be able to help communicate the support and funding required once the funding gap was known.

- The ICB had been having conversations with the Public Health team to establish an assurance meeting to better understand what services are being commissioned concerning substance misuse and how these marry up to community needs.

- The issues faced are being addressed both in the short and long term. In the short term, the goal was to reduce the waiting list back to a national level in the next 3 to 5 years. The establishment of a single patient tracking list was to inform part of this work, this would give patients the option to travel to receive treatment where it was available. Following this, the hope was that there would be the capacity to see people much earlier, and that the offer across Norfolk would become more balanced. The Workforce Strategy sets out a long-term ambition in relation to staffing issues; however, the challenge remains turning strategy into increased staffing numbers.

- The development of a single Patient Tracking List (PTL) involved the creation of a computerised system that the acute trust could work with. This has been tested across different specialties and within the three acute hospitals. QEH had encountered difficulties, whilst these are solved, JPUH and NNUH can go

live with the pilot scheme with the ambition of having it rolled out fully by the end of the year.

- It was acknowledged that there was more that could be done to highlight careers within health and social care. Working with students to inform them of career options before they selected their options was thought to be a worthwhile avenue to explore. The development of the new apprentices and shortened education routes as part of the Workforce Strategy might offer an incentive early on.

- The acute trusts are regularly reviewing recruitment and retention. Members heard the scale of the issue to recruit in relation to nursing. In England, there are 47,000 vacancies for band 5 junior nurses, this was coupled with a reduction in interest in becoming a nurse. This raised concerns as the NNUH, for example, needs 120 newly qualified nurses annually, this would rise to between 140 – 160 in 2025 and to 200 in 2028. While the ambition was to recruit into vacancies, ensuring safe and operational staffing levels, achieved through agency and bank staff, was essential at times. The JPUH vacancy position was largely positive, this was attributed to the success of overseas recruitment and the quality of work that they have been able to offer. The Workforce Strategy outlines that international recruitment would reduce with the hoped update of apprenticeships a shortened education routes. In respect to the retention of staff, work was being done to support the wellbeing of staff; there was also a recruitment hub in Norfolk.

- A member shared anecdotal evidence and questioned if the struggles with car parking had an impact on retention rates. It was clarified that changes have been made to allow staff to purchase a car parking space. Additionally, there are an extra 1000 spaces at the NNUH. It was acknowledged that communication surrounding these changes could be improved.

- In response to a member question that asked for comments on the request for a pay increase, the speakers noted that wages are dictated by a national pay scale and that colleague's decisions to take part in industrial action or not are supported.

- Members of the committee were offered reassurance that communication, collaboration, and learning were occurring between trusts.

- Members of the committee requested that future reports have a standardised reporting system to make them easier to interpret.

6.6 The chair concluded the discussion:

- The chair noted that the EPR process would be included as part of the digital transformation strategy item later in the year. The committee would be able to explore the funding and implementation. Any actions agreed by the committee concerning the Electronic Paper Record system should occur at the meeting in November.

- A briefing noting an update regarding PIFU would be considered.

- Conversations surrounding the workforce issues (vacancy rates, recruitment, retention) were felt to be needed.

7. Eating disorder services in Norfolk and Waveney

7.1 Diane Smith, Senior Programme Manager, Adult Mental Health at the ICB, provided the committee with an overview of the report.

7.2 The committee received the annexed report (7) from Dr Liz Chandler, Scrutiny and Research Officer, on the report from Norfolk and Waveney Integrated Care Board (N&WICB) regarding eating disorder services in Norfolk and Waveney.

7.3 The following discussion points were discussed and noted:

- There was a desire to shift focus to early intervention, prevention, and building resilience into services. This had already been happening as part of the Family Hubs and Healthy Child Programme. The impact of deprivation and poverty needs to be understood so that improvements can be made in collaboration with partners. Members spoke of the importance of this given the rise in food insecurity and the risk that young children would adopt an unhealthy relationship with food.

- Intervention and initiatives in school settings were discussed as being key to early intervention. School staff were felt to be well placed to notice the signs of an eating disorder. There are mental health support teams in schools, but it was thought that more could be done to raise awareness of disordered eating and eating disorders among young people.

- It was clarified that eating disorders are more prevalent amongst girls and although boys are experiencing an increasing occurrence of eating disorders, this was often presented differently. The treatment offered to people with eating disorders remains the same regardless of the person's sex, it was personalised, and goal based for that specific person.

- Training was available to all and can be accessed through the Just One Norfolk Website.

- In the East of England, there are two eating disorder children units, one in Cambridge and another in the independent sector. Where possible, it was preferred to treat people in the community and thus, very few people are admitted to an in-person unit. The committee heard that the length of stay, and people requiring those beds, have reduced.

- It was clarified that the Dragonfly unit was still operating but, given the specialised nature of treatment required, doesn't treat patients with an eating disorder. The unit was a general adolescent psychiatric unit.

- Social media's influence was thought to affect the increase of disordered eating and eating disorders.

- There was no upper age limit to access adult services. Specific pathways had been established for people with severe and enduring needs.

- For many young people with an eating disorder, this would not impact their education as they were typically high achievers.

7.4 The chair concluded the discussion:

- The chair noted members' feelings of appreciation for the work and staff involved that had afforded improvements to take place, particularly regarding the decrease in in-patient beds being required.

- Members of the committee would receive a future update around the discussions to increase local capacity and eating disorder inpatient beds.

- Further exploration to understand the role of the NHOSC in encouraging partnership work between Norfolk County Council, Children Services, the ICB, and mental health trusts was required.

8. Forward Work Programme

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

8.2 The addition of the mortality review to the meeting in September prompted members to enquire if a joint Health Overview and Scrutiny Committee (JHOSC) meeting would be appropriate given that the data included Suffolk. It was clarified that JHOSCs are set up for specific issues, thus, there would need to be agreement from the Norfolk and Suffolk HOSCs to develop a JHOSC. If agreed, a meeting would likely take place at the end of the year at the earliest. An alternative would be for Norfolk and Suffolk HOSC to share their thoughts and learnings from the mortality review with each other. This would be taken away and discussed with the chair.

8.3 Members requested the possibility of a briefing note on the impact of food poverty on the health of the Norfolk population and also access to disabled facilities grants.

8.4 It was confirmed that dentistry was on the forward work programme for September. Although, members heard that given the limited amount of time that the ICB has had responsibility for dentistry, flexibility surrounding the update might be required.

8.5 Cllr Lucy Shires was appointed to the Norfolk and Norwich University Hospitals NHS Foundation Trust link role. Cllr Jeanette McMullen was appointed to be the substitute for the Norfolk and Suffolk NHS Foundation Trust link role.

Justin Cork Vice-Chair
Health and Overview Scrutiny Committee

The Chair thanked all attendees and closed the meeting at 12:16