Norfolk County Council

Norfolk Health Overview and Scrutiny Committee

Date: **Thursday 30 July 2020**

Time: **10.00am**

Venue: **Virtual meeting**

Pursuant to The Local Authorities and Police and Crime Panels (Coronavirus) (Flexibility of Local Authority Police and Crime Panel Meetings) (England and Wales) Regulations 2020, the 30 July 2020 meeting of Norfolk Health Overview and Scrutiny Committee (NHOSC) will be held using video conferencing.

Please click here to view the live meeting online.

Committee Members and other participants: DO NOT follow this link, you will be sent a separate link to join the meeting.

Members of the public or interested parties may, at the discretion of the Chairman, 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, Hollie Adams (contact details below) by **no later than 5.00pm on Monday 27 July 2020**. 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 Penny Carpenter	Cllr Roy Brame / Cllr Ian Mackie / Cllr Graham Middleton / Cllr Haydn Thirtle / Cllr Alison Thomas	Norfolk County Council
Cllr Michael Chenery of Horsbrugh	Cllr Roy Brame / Cllr Ian Mackie / Cllr Graham Middleton / Cllr Haydn Thirtle / Cllr Alison Thomas	Norfolk County Council
Cllr Fabian Eagle	Cllr Roy Brame / Cllr Ian Mackie / Cllr Graham Middleton / Cllr Haydn Thirtle / Cllr Alison Thomas	Norfolk County Council

Cllr Emma Flaxman-Taylor	*Vacancy*	Great Yarmouth Borough Council
Cllr David Harrison	Cllr Tim Adams	Norfolk County Council
Cllr Brenda Jones	Cllr Julie Brociek-Coulton / Cllr Emma Corlett	Norfolk County Council
Cllr Chris Jones	Cllr Julie Brociek-Coulton / Cllr Emma Corlett	Norfolk County Council
Cllr Alexandra Kemp	Cllr Anthony Bubb	Borough Council of King's Lynn and West Norfolk
Cllr Robert Kybird	Cllr Helen Crane	Breckland District Council
Cllr Nigel Legg	Cllr David Bills	South Norfolk District Council
Cllr Laura McCartney-Gray	Cllr Cate Oliver	Norwich City Council
Cllr Richard Price	Cllr Roy Brame / Cllr Ian Mackie / Cllr Graham Middleton / Cllr Haydn Thirtle / Cllr Alison Thomas	Norfolk County Council
Cllr Sue Prutton	Cllr Peter Bulman	Broadland District Council
Cllr Emma Spagnola	Cllr Wendy Fredericks	North Norfolk District Council
Cllr Sheila Young	Cllr Roy Brame / Cllr Ian Mackie / Cllr Graham Middleton / Cllr Haydn Thirtle / Cllr Alison Thomas	Norfolk County Council
CO-OPTED MEMBER (non voting)	**CO-OPTED SUBSTITUTE MEMBER** (non voting)	**REPRESENTING**
Cllr Keith Robinson	Cllr Stephen Burroughes / Cllr Helen Armitage	Suffolk Health Scrutiny Committee
Cllr Judy Cloke	Cllr Stephen Burroughes / Cllr Helen Armitage	Suffolk Health Scrutiny Committee

For further details and general enquiries about this Agenda please contact the Committee Officer:
Hollie Adams on 01603 223029
or email committees@norfolk.gov.uk

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A g e n d a

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

2. **Election of Chairman**

The Chairman to be elected from the Norfolk County Council Members on the Committee.

3. Election of Vice-Chairman

The Vice-Chairman to be elected from the Norfolk district council Members on the Committee.

4. Minutes

To confirm the minutes of the meeting of the Norfolk Health Overview and Scrutiny Committee held on 13 February 2020. (Page **5**)

5. 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.

6. To receive any items of business which the Chairman decides should be considered as a matter of urgency

7.	**Chairman's announcements**	
8.	**Covid 19 – overview of the effects on local NHS services** Report by Norfolk and Waveney CCG	(Page **12**)
9.	**NHOSC appointments** To appoint link Members with the CCG and local NHS trusts	(Page **33**)
10.	**Forward work programme**	(Page **35**)
	Glossary of Terms and Abbreviations	(Page **42**)

Tom McCabe
Head of Paid Service

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Date Agenda Published: 22 July 2020

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Norfolk County Council

NORFOLK HEALTH OVERVIEW AND SCRUTINY COMMITTEE
Minutes of the meeting held at County Hall
At 10am on 13 February 2020

Members Present:

Cllr Penny Carpenter (Chairman)	Norfolk County Council
Cllr Nigel Legg (Vice-Chairman)	South Norfolk District Council
Cllr Michael Chenery of Horsbrugh	Norfolk County Council
Cllr Fabian Eagle	Norfolk County Council
Cllr Emma Flaxman-Taylor	Great Yarmouth Borough Council
Cllr David Harrison	Norfolk County Council
Cllr Brenda Jones	Norfolk County Council
Cllr Chris Jones	Norfolk County Council
Cllr Alexandra Kemp	Borough Council of King's Lynn and West Norfolk
Cllr Robert Kybird	Breckland District Council
Cllr Richard Price	Norfolk County Council
Cllr Sue Prutton	Broadland District Council
Cllr Emma Spagnola	North Norfolk District Council
Cllr Sheila Young	Norfolk County Council

Also Present:

David Brammer	Manager, Vida Healthcare
Melanie Craig	Chief Officer, Norfolk and Waveney Clinical Commissioning Groups (CCGs)
Howard Martin	Locality Director West Norfolk, Norfolk & Waveney CCGs
Sadie Parker	Associate Director for Primary Care, Norfolk & Waveney CCGs
Laura Skaife-Knight	Deputy Chief Executive, Queen Elizabeth Hospital NHS Foundation Trust (QEH)
Denise Smith	Chief Operating Officer, QEH
Cllr Thomas Smith	County Councillor for Gaywood South
Glyn Watkins	Chairman of Fairstead Surgery Public Participation Group
Ana Weston	Head of People and Governance, Vida Healthcare
Maureen Orr	Democratic Support and Scrutiny Team Manager
Greg Insull	Assistant Head of Democratic Services
Hollie Adams	Committee Officer

1 Apologies for Absence

1.1 Apologies were received from Cllr Jane Sarmezey,

2. Minutes

2.1 The minutes of the previous meeting held on 10 October 2019 were agreed as an accurate record and signed by the Chairman.

2.2 The Chairman noted the work of the Committee officer and Democratic Support and Scrutiny Team Manager in producing reports and minutes for the meetings

3. Declarations of Interest

3.1 The Chairman declared an interest as a member of the MacMillan and James Paget cancer survivors' group

4. Urgent Business

4.1 There were no items of urgent business.

5. Chairman's Announcements

5.1 The Chairman:

- Noted the City Reach Update which had been circulated to the Committee; she was pleased that a review was due to take place to ensure continuity and safety of service. The Chairman suggested this was added to the forward plan.
- Congratulated the Norfolk and Waveney health and care partnership on their work model
- Updated Members about the first women's health day which she was hosting on behalf of Great Yarmouth borough council and DIAL. The event was due to be held on 5 March 2020.

6. The Queen Elizabeth NHS Foundation Trust

6.1.1 The Committee received the report examining the Queen Elizabeth Hospital NHS Foundation Trust's (QEH) progress in response to the Care Quality Commission's (CQC) inspection between 5 March and 24 April 2019, published on 24 July 2019.

6.1.2 The Deputy Chief Executive, QEH, and the Chief Operating Officer, QEH, introduced the report and gave a presentation to the committee, as appended to the report

- The trust hoped to be out of special measures by Summer 2020 and was expected to be re-inspected by the CQC in spring or summer of 2020
- A green rating in infection prevention and control could not be achieved until it could be shown that continued improvement could be maintained
- The QEH had judged that 75 of the 206 actions identified by the CQC were complete
- The QEH had been chosen to be the regional hub for middle management training
- Professor Bee Wee had shared expertise on end of life care and helped inform the new end of life care strategy launched across the trust. A new end of life care consultant and fast track discharge nurse had been recruited and a new system for individualising end of life care was being embedded across the organisation
- A business case had been submitted for a palliative care ambulance
- A development programme was being put in place for matrons
- Handling of complaints was being strengthened, including speed of response and learning from complaints, informed by learning from other organisations
- A recent staff questionnaire had showed improvements in staff satisfaction
- An observation area had been converted to an ambulance handover area to

support with better handover from ambulance to A&E staff

- Six out of the seven cancer standards were met; work was being done to improve the one requiring work, including ensuring patients were only being referred on a cancer pathway if the appropriate primary care tests had been carried out; a revised pathway was being developed to shorten the colorectal cancer pathway so that people meeting certain criteria could go straight to diagnostic testing
- To improve the waiting lists for urology and orthopaedics, the routine elective waiting lists in January and February 2020 had been scaled back and there had been work to try to minimise cancellations on the day of surgery

6.2 The following points were discussed and noted:

- Information on mental health emergencies at the QEH was queried; the Chief Operating Officer, QEH, agreed to share information with Members on the number of people presenting at the hospital with mental health emergencies by month, including presenting condition
- Officers were asked whether there was appropriate accommodation for people at the QEH experiencing psychiatric emergencies; the Chief Operating Officer replied that the accommodation was not of the quality that Officers would like. Work with staff to give them the skills to support patients presenting with mental health emergencies and a mental health liaison for the hospital had reduced the wait for a mental health assessment; the wait may be longer if sectioning was required
- The Chief Operating Officer confirmed that there was more space at the hospital than previously due to an increase in the discharge lounge capacity and doubling in size of the same day emergency care capacity made through the winter investment
- A Member raised that the CQC picked up that staff had "limited time to provide safe and compassionate services" and queried what was being done to improve this. The Chief Operating Officer, QEH, reported that since inspection a full nurse staffing review had taken place. These reviews would be carried out every 6 months. The vacancy rate across ward nurses had been reduced from 5% to 1%, which had improved care on the wards. The "frenetic environment" highlighted in the CQC report was impacted by the size and layout of wards.
- The Deputy Chief Executive, QEH, reported that many of the formal complaints could have been dealt with informally at ward level and therefore it was important to improve this. The matron development programme would ensure matrons were trained in the new standards and could therefore deliver a safe and consistent level of care on the wards. A bespoke piece of work was being carried out with ward managers around delivering expectations of care on wards
- The Chief Operating Officer, QEH, agreed to provide for Members a breakdown of the vacancy rate across ward-based and non-ward-based nurses in the hospital
- The Deputy Chief Executive, QEH, confirmed in response to a query that the estimated cost of a new hospital was half a billion pounds; the Department of Health found this to be unaffordable and asked the Trust to put in a bid consisting of a mixture of refurbishments and new builds. It was pointed out that the new bid, at £250m, was only half of the cost of a new hospital. Officers reassured Members that the bid would provide excellent facilities. Officers also confirmed that the diagnostic imaging service was not inadequate but not provided in the most efficient way at that time
- Digital record keeping had been highlighted in the CQC report; Officers reported that £20m of the bid for refurbishment of the hospital would be for digital infrastructure, on top of capital allocated annually from the trust's budget towards digital infrastructure
- Officers confirmed that there were good turnover rates in maternity staff

- The Deputy Chief Executive, QEH, clarified that to clarify the actions raised by the CQC had been met, external auditors spent time on the wards and carried out interviews with staff to identify whether the improvements had been made by the Trust; from this, they recommended that Officers should write to the CQC to say that these actions should be lifted, with the trust's agreement
- The issue related to poor communication in paediatrics had been addressed
- The Chairman highlighted the issues for other patients caused by the proximity of the end of life rooms to the main wards; the Chief Operating Officer, QEH, noted this, and that the limited number of single rooms proved a challenge. Officers wanted to improve this environment.
- Members queried plans for the school of nursing in King's Lynn; the Deputy Chief Executive, QEH, updated the Committee that discussions had been held with local educational organisations and actions were being agreed to progress with developing the school. Discussions were also being held with the Nursing and Midwifery Council to ensure the school would be accredited, and it was hoped it would be open in 2021
- Work with partners to reduce demand in A&E from inappropriate attendances was raised; the Chief Operating Officer, QEH, was working with commissioners to ensure primary care streaming and with the ambulance service so that they could treat patients at home where appropriate
- The Deputy Chief Executive, QEH, clarified that the junior doctors' forum had been set up some time ago but was not well attended so officers had asked trainees what they wanted from the forum and re-energised it to make it more productive; since this time attendance had improved
- the Chief Officer, Norfolk and Waveney Clinical Commissioning Groups noted that since inspection progress had been seen, close working with other services was being developed, and she was pleased with the way that the QEH was working with the other 2 acute hospitals in Norfolk, particularly regarding integration of urology and digital services
- The Committee requested information on ambulance handover times in the next update

6.3 The Committee **AGREED**:

(a) to receive a progress update in October 2020

6.4 The Committee took a break from 11.29 until 11.40

7. Future of primary care (GP) services for residents of Fairstead, King's Lynn

7.1.1 The Committee received the report setting out feedback received during the public consultation and Vida Healthcare & the CCG's responses to the points made; outcomes of the meetings between Vida Healthcare / the CCG and Borough Councillors held following Norfolk Health Overview and Scrutiny Committee's recommendation made on 25 July 2019; the CCG's recommendation to West Norfolk Primary Care Commissioning Committee on 31 January 2020 and the reasons for it; the PCCC's decisions on 31 January 2020 regarding the future of primary care (GP) services for the residents of Fairstead and the timetable for action

7.1.2 The Chief Officer, Norfolk and Waveney Clinical Commissioning Groups (CCGs) introduced the report:

- meetings had been held with the Borough Council for King's Lynn and West Norfolk, the public and Norfolk County Council to inform the approach

- from this it was decided that a different approach was needed to provide the services for the people of Fairstead Estate
- Officers had looked at capacity for the whole of King's Lynn, including workforce capacity across all surgeries
- Officers were working with the Borough Council to look at planning developments across King's Lynn and existing surgeries to see what further provision was needed
- The main concerns had been around the parking and transport in the original proposal
- The Locality Director West Norfolk, Norfolk & Waveney CCGs, was leading a community group which would inform development of the Fairstead offer

7.2.1 Cllr Thomas Smith, Cllr for Gaywood South, spoke to the Committee

- Cllr Smith thanked the Committee for their considerations of this matter
- Cllr Smith noted that there was improved local sentiment about this matter due to improved partnership working with the CCG and Vida Healthcare; he felt that the CCG and Vida Healthcare were working better with residents to promote what was better for them

7.2.2 Glyn Watkins, Chairman of Fairstead Surgery Public Participation Group spoke to the Committee:

- Mr Watkins thanked the Committee for their engagement in the consultation and thanked HealthWatch for their findings and for signposting decision makers to the Public Participation Group report
- Mr Watkins thanked the CCG for setting up the community group to assist them in considering other options for the residents of Fairstead; the Public Participation Group would be involved in this group
- Mr Watkins indicated some concerns about the Fairstead building which he felt needed addressing, including repairs to the outside wall, hedges and gate, redecorating the inside of reception and removal of the "we are not a company" sign and replacing this with a more welcoming sign and NHS logo.
- Mr Watkins noted that all 4 doctors had either left or retired, meaning there was no resident GP or supporting nurse, and some of the consulting rooms were closed
- Mr Watkins requested access to statistical data to assist the Public Participation Group with their work in assisting in development of proposals of options

7.3 The following points were discussed and noted:

- A discussion was held about why there was no GP at the Fairstead surgery site; due to noncompliance at the site, the premises needed improvement. It had not been possible to employ a GP to work at the site. The one doctor model was not suitable to continue with as it was not possible to have one GP on site due to lone working issues.
- The Head of People and Governance, Vida Healthcare, reassured the Committee that Vida Healthcare was providing a full service to residents either through other surgeries, such as Gayton or St Augustines, or home visits. The services which were able to be provided from the Fairstead surgery site at that time were long term conditions clinics, medication reviews with a pharmacist, phlebotomy, prescriptions, general reception advice and support, health promotion and administrative support
- The Locality Director West Norfolk, Norfolk & Waveney CCGs, confirmed that of the £25m capital funding provided to Norfolk and Waveney, £5m was for West Norfolk and a portion of this would be for development of Fairstead. On the 27 February the CCG would ask NHS England for approval to appoint a project

manager for the Norfolk and Waveney projects, and would ask for the work at Fairstead to be among the prioritised projects

- The Head of People and Governance, Vida Healthcare, reported that 2 Physician Associates had been recruited, which was a new role within the NHS, to develop ways to deliver services in different ways for residents. A Clinical Pharmacist had been appointed, and social prescribing was being developed.
- The Chief Officer, Norfolk and Waveney Clinical Commissioning Groups clarified that preliminary work would need to be carried out for the site before confirmation of a start date for work could be given, however confirmed the capital funding for the work was available. It was expected that the outline business case for development of healthcare on Fairstead Estate would be completed in Autumn 2020. It was possible that there may be some immediate improvements that could be made to the site
- Vida Healthcare were responsible for the care of patients on Fairstead Estate
- It was confirmed that Physician Associates had a medical degree at master's level; by extending the scope of staff roles the quality of care to patients could be improved. It was expected that the Physician Associate role would become an accredited role as part of the GP contract settlement
- A concern was raised that the population of Fairstead may use A&E if they did not have access to a GP
- In response to a concern about the lack of GP, the Chief Officer, Norfolk and Waveney CCGs, highlighted that the lack of GP at this site had been one of the reasons leading to the proposal to close the site and noted that it was not safe for GPs to work on their own. GPs were being encouraged to offer services on the Fairstead Estate through the wider partnership
- The chairman noted the issues related to GP retention and recruitment in the area and across the County and that GPs could not be made to work at the site.

7.4 The Committee **AGREED** that the CCG and Vida Healthcare:

(a) Keep NHOSC informed regarding further options that may emerge for the future of primary care services for Fairstead and King's Lynn

(b) Inform NHOSC of any new proposals for substantial change to the services, which may require consultation with the committee

8. Forward work programme

8.1 The Joint Committee received and discussed the forward work plan for the period March 2020 to July 2020.

8.2 The committee **AGREED** the forward work programme with the addition of the following items:

For 23 April 2020 meeting

- **Screening for cancer** – to include issues around:-
  (a) take-up rates for breast and cervical screening
  (b) the degree to which bowel screening, for which Norfolk and Waveney has one of the highest take-up levels in the country, translates through to lowering the incidence of colorectal cancer mortality in the population.
- **Childhood immunisation** – to examine issues around take-up levels.

For 8 October 2020 meeting

- **The Queen Elizabeth NHS Foundation Trust** – progress update

Additions to existing items:

- For 19 March 2020 meeting
  - **Access to NHS dentistry** – progress since report to NHOSC on 11 April 2019 - to also include information on provision of dentistry to patients who live in care homes and to prisoners.
  - **Norfolk and Suffolk NHS Foundation Trust** – response to Care Quality Commission report – to also include information on access to therapy for hearing impaired people.

The following items to be rescheduled:

- **Ambulance response and turnaround times** – brought forward from Sept 2020 to **23 April 2020** meeting in response to North Norfolk District Council Overview and Scrutiny Committee's request.
- **Merger of Norfolk and Waveney CCGs** – to examine how the potential new CCG has maintained local focus - to be rescheduled for at least 6 months after the establishment of the new CCG.

Agenda items to be programmed for later in 2020:

- **Provision of accessible health services for disabled patients / service users** (e.g. visually impaired or hearing-impaired people) – to examine practical issues of access and confidentiality.
- **Suicide prevention** – to examine ongoing preventative work in light of concerns about increasing suicide rates.

New NHOSC briefing items:

- **Prison healthcare** –information on levels of provision including all types of physical primary care and mental health care.
- **ME/CFS (myalgic encephalomyelitis / chronic fatigue syndrome)** – information in relation to numbers of patients being seen at the new Aylsham ME/CFS clinic; numbers of patients diagnosed in Norfolk; prescription of melatonin.
- **Cancer survival rates** – comparison of survival rates in Norfolk with national survival rates.

Chairman

The meeting ended at 12.36

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Covid 19 – overview of the effects on local NHS services

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

An overview report on the effects of the Covid 19 outbreak on local NHS services with emphasis on the current operational position and plans for the immediate future.

1. Purpose of today's meeting

1.1 To receive an overview report from Norfolk and Waveney Clinical Commissioning Group (CCG) on the effects of the Covid 19 outbreak on local NHS services to enable the committee to understand the current operational position in primary, community and acute care (physical & mental health) in terms of:-

- Suspended services
- Reconfigured services
- Unaffected services (if any)
- NHS Covid 19 specific services / arrangements

and any short to medium term operational developments currently being planned.

1.2 The CCG has provided the information attached at **Appendix A.** Representatives will attend the meeting to give a short presentation explaining the current situation and to answer Members' questions.

1.3 Major decisions regarding NHS action in response to the Covid 19 pandemic were made at national level. Local NHS managers have discretion over the way that national decisions are implemented locally. Scrutiny of the national decisions is beyond Norfolk Health Overview and Scrutiny Committee's scope and the committee will need to focus on action that is within the discretion of the local NHS organisations.

1.4 Information gathered during today's discussion will help the Committee to shape an effective forward work programme of scrutiny.

2. Background

2.1 NHS response to the Covid 19 outbreak

2.1.1 The first phase of UK-wide NHS preparation for and response to Covid 19 was triggered on 30 January 2020 with the declaration of a Level 4

National Incident. In a Level 4 incident NHS England can take command of all NHS resources across England[1]. Rapid repurposing of NHS services, staffing and capacity across the country was initiated on 17 March 2020 under instructions from the NHS Chief Executive and Chief Operating Officer.

2.1.2 The second phase for the NHS began on 29 April 2020 with a letter from the NHS Chief Executive and Chief Operating Officer to all CCGs, NHS trusts and other healthcare providers. They were asked to step up non-Covid19 urgent services as soon as possible, including:-

- Urgent and routine surgery and care services
- Cancer services
- Services for cardiovascular disease, heart attacks and stroke
- Maternity services
- Primary care services
- Community services
- Mental health and learning disability / autism services
- Screening and immunisation services
- Reducing the risk of cross-infection and supporting the safe switch-on of services by scaling up the use of technology-enabled care

This was to be done while maintaining ongoing infection prevention and control in all NHS organisations, with appropriate cohorting of Covid/non-Covid patients.

Increased demand for Covid19 aftercare and support in community health services, primary care, and mental health was anticipated.

It was also noted that emergency activity had sharply reduced and there was uncertainty over the timing and extent of a likely rebound in demand. Local services needed to be ready for a rebound whenever it came. An expanded winter 'flu vaccination programme and a school vaccination 'catch-up' programme was also anticipated.

General practice was advised to continue to stratify and proactively contact high-risk patients with ongoing care needs, including those who were in the 'shielding' cohort to ensure they were accessing needed care and receiving their medications.

2.2 NHOSC during the outbreak

2.2.1 On 17 March the Chairman and Vice Chairman of Norfolk Health Overview and Scrutiny Committee (NHOSC) agreed that the NHOSC meetings planned for 19 March and 23 April 2020 would not go ahead. The local NHS was entirely focused on its response to the outbreak, including temporary reconfiguration of services and redeployment of

[1] NHS England's Emergency Preparedness, Resilience and Response Framework 2015, page 33

staff to support the high priority patient-facing services. Also, the Government had introduced social distancing and other measures on 16 March 2020 to delay the spread of the virus.

2.2.2 The decision to cancel 28 May 2020 NHOSC was taken on 15 April when it was clear the local NHS would not have capacity to report to that meeting, with many staff diverted to other high priority duties.

2.2.3 Since 16 April 2020 NHOSC Members have received a regular 'Update on what the NHS in Norfolk and Waveney is doing to respond to coronavirus' briefing and other updates from the CCG and local NHS provider organisations have been circulated on an ad hoc basis during the period when the committee has not been meeting.

3. Suggested approach

3.1 It is important to recognise that the NHS response to the Covid 19 outbreak is ongoing, that local NHS managers continue to work within a framework set at national level and their main focus is still on responding to the crisis. Within the national framework they can and do exercise some discretion over how services are organised within the local area. NHOSC Members, drawing on intelligence in local communities, can voice concerns and raise issues to help local NHS managers with the ongoing task of delivering health services in the best way possible for patients.

3.2 After the CCG representatives have given their presentation Members may wish to discuss current operations and plans for the immediate future with them.

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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Norfolk and Waveney
Clinical Commissioning Group

The NHS response to COVID-19 in Norfolk and Waveney

All health services, in all parts of the country, have been affected by the COVID-19 pandemic in one way or another. This report provides a summary of how health services in Norfolk and Waveney have changed and the impact that the pandemic has had on local health services.

It's important to note that we are still in a national level four incident and as such the NHS has a command and control structure in place to guide our response and many changes and policies have been, and continue to be, decided nationally.

- There has however been a collaborative response from the Norfolk and Waveney system which has resulted in use of local assets and innovations. In addition to working with our wider partners including the police and district councils as part of the Local Resilience Forum, we also have some health and social care groups. Each Group is working across health and social care partners with a focus as set out below. In particular, the following groups have helped to co-ordinate local activity: The Clinical Capacity Group, which has been focussed on planning for the peak in demand as a result of the incident. The membership of this group is made up of clinical leads from CCGs and health providers as well as the Director of Public Health.
- The Chief Executive Group, which comprises of the Chief Executives of the CCG, each of the system providers as well as the Director of Adult Social Care, Director of Children's Services and the Director of Public Health. This group makes decisions on behalf of the system as necessary for the incident.
- The Workforce and Wellbeing Group, led by Anna Morgan, STP Director of Workforce, which looks at workforce capacity and resilience during the incident as well as measures for staff wellbeing.

This paper describes the situation in relation to services that were suspended, reconfigured (by which a broad interpretation of reconfiguration, in terms of changes to protocols, has been included) or unaffected. In addition, NHS Covid-19 specific services and arrangements are described.

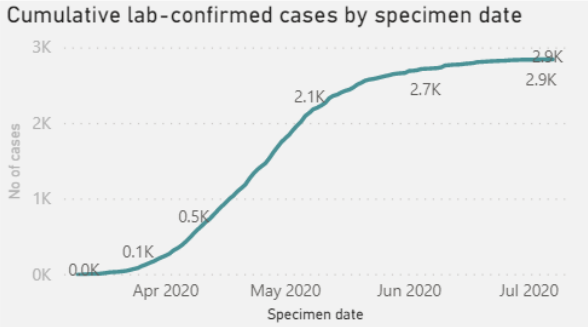
At the time of writing, Norfolk and Waveney has submitted draft plans for recovery of services to NHS England and NHS Improvement, known as the Phase 3 plan. These are still not a final version agreed with our regulator, but its main points are described here. At this stage it is very difficult to advise members of the Health Scrutiny Committee of an exact timetable for recovery for the following reasons:

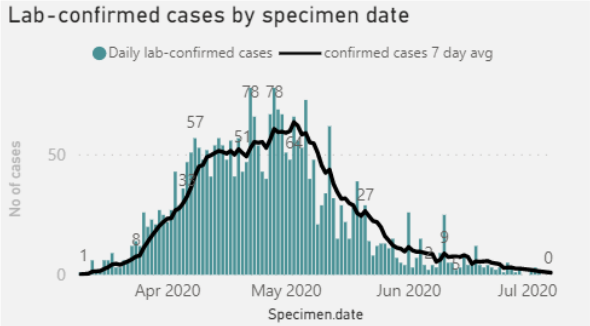
- The possibility of a second peak
- Requirement for external funding for part of the capacity for recovery
- We expect to receive detailed recovery plans for five specialities, which local systems will be expected to prioritise and execute under national direction and guidance. At the time of writing, only one of these specialties has been announced (gastroenterology).

Disease tracking data for Norfolk

As of 7 July 2020, there have been 2,851 lab confirmed cases of COVID-19 in Norfolk. This equates to 316 people per 100,000, which is lower than the regional and national rates.

1. Cumulative lab-confirmed cases of COVID-19 and cases by specimen date





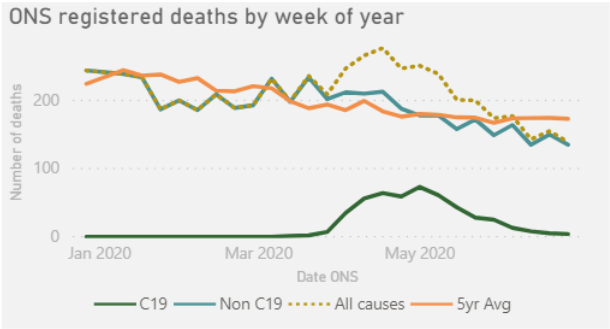
2. Lab-confirmed cases of COVID-19 by district council area

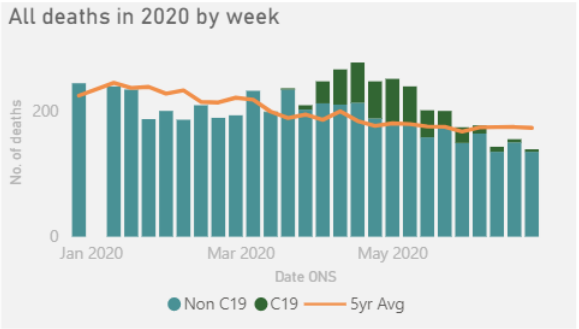
District case rate per 100,000 population as at: **07 July 2020**

Area.name	Confirmed Cases	Cumulative lab confirmed cases rate per 100,000	Rate Rank
Breckland	430	309	231
Broadland	404	312	230
Great Yarmouth	339	341	203
King's Lynn and West Norfolk	848	559	53
North Norfolk	217	208	291
Norwich	289	205	292
South Norfolk	324	235	282
Norfolk	2851	316	
East of England	23518	379	
England	246992	441	

As of the week ending 26 June 2020, 484 deaths in Norfolk have COVID-19 recorded on the death certificate.

3. ONS registered deaths in Norfolk





4. ONS registered deaths by district

District Covid-19 related deaths by setting:

Area name	Care home	Elsewhere	Home	Hospice	Hospital	Other communal establishment	**Total**
Breckland	35	0	1	2	52	0	**90**
Broadland	22	0	0	6	42	0	**70**
Great Yarmouth	9	0	2	0	38	0	**49**
King's Lynn and West Norfolk	26	2	3	2	109	0	**142**
North Norfolk	9	0	3	2	39	0	**53**
Norwich	8	0	2	1	13	0	**24**
South Norfolk	31	0	4	1	20	0	**56**
Total	**140**	**2**	**15**	**14**	**313**	**0**	**484**

As of 6 July 2020, the regional R value for the East of England was 0.99. The reproduction number (R) is the average number of secondary infections produced by one infected person.

An R number of one means that on average every person who is infected will infect one other person, meaning the total number of new infections is stable. If R is greater than one the epidemic is generally seen to be growing, if R is less than one the epidemic is shrinking.

5. Regional R Value in alphabetical order

Regional R Value as at 6th July 2020:

	Region	Median	95% CrI (lower)	95% CrI (upper)
1	East_of_England	0.99	0.75	1.27
2	London	0.92	0.69	1.17
3	Midlands	0.95	0.76	1.16
4	North_East_and_Yorkshire	1.00	0.77	1.27
5	North_West	0.93	0.73	1.17
6	South_East	0.96	0.72	1.20
7	South_West	0.82	0.58	1.11

The table above refers to Confidence intervals (95% CrI). These are a statistical method of cautioning against comparing numbers in different areas, as the numbers involved may relatively low. Regions are displayed in alphabetical order.

More data about the impact of COVID-19 on Norfolk can be found at: https://bit.ly/Norfolk_Covid19_Public.

R numbers will be significantly affected by national policies in relation to openings and closures, travel, social distancing and isolation; however the NHS in Norfolk and Waveney continues to use its established communication channels, such as websites and social media, to promote behaviours which should slow the rate of infection.

How the health and care system in Norfolk and Waveney has worked together during the pandemic

Without question, in response to the pandemic we've seen more system working and we've been quicker at reaching consensus on issues, implementing changes rapidly and providing mutual aid. Local health and care organisations have undoubtedly worked well together to respond to the emergency.

For example, we have worked together to:

- **Increase critical care capacity from 21 to 129 beds.** The NNUH has also been designated as a regional surge centre, which would provide another 170 beds, if needed.
- **Increase community capacity**, opening over 200 beds in community hospitals, residential care and mental health since the start of the pandemic.

- **Put in place new arrangements for discharging patients**, including the implementation of the discharge hub, D2A and community response teams and agreement of revised CHC assessment / fast track procedures.
- **Establish a local testing service**. We have been able to utilise diagnostic facilities available at the UEA and Norfolk and Norwich University Hospital NHS Foundation Trust to test over 51,000 staff and patients to see if they have COVID-19. We've also carried out over 22,500 antibody tests, to see if staff and patients have previously had COVID-19. Having a local testing service has meant we have been able to test people quicker, and get their results quicker, helping to reduce the spread of the virus.
- **Establish a local PPE service**, to provide personal protective equipment to local GP practices and smaller health providers, as well as social care services. We have been able to supply more than 623,000 items of PPE (Personal Protective Equipment) to GP surgeries, care homes, patient transport organisations and care providers.
- **Use population health management to proactively identify and support those at greatest risk from COVID-19.** Covid Protect is a pioneering initiative developed by the NHS in Norfolk and Waveney. Patients were asked to record their health symptoms on a regular basis via a portal or through specially trained call handlers and nearly 23,000 patients have been assisted through this scheme.
- **Provide support to care homes**. This has included infection, prevention and control training, and clinical advice and support around staff and resident testing. We have also commissioned an enhanced service from GP practices and have been facilitating work to integrate teams to provide support more effectively. To date, 35% of care homes in Norfolk have had an outbreak, which is the lowest rate in the East of England, and below the national average.

Our workforce has of course been fundamental to everything we have been able to achieve over the past few months. Staff have been incredibly adaptable and we've deployed them flexibly across the health and care system. For example, many of the CCG's staff with a clinical registration have been working for our trusts on the frontline, providing care to patients. While other CCG staff have taken on completely different roles, from sourcing and distributing PPE, to working as call handlers for our Prescription Ordering Direct service to enable patients to order their repeat prescriptions over the phone.

We have also increased our workforce significantly. In Norfolk and Waveney we have had the most staff return to work for the NHS in the eastern region:

- **384 registered staff** made themselves available (33 medics, 285 nursing staff and 66 allied health professionals).
- **298 unregistered staff**, included 222 healthcare assistants, also came forward.

- **514 students and trainees**, including pre-registration students, volunteered to be involved.

As a result, the region has asked us to coordinate the Bring Back Staff (colleagues returning to the NHS) for the Eastern region, which we have agreed to do. It means that we will oversee the deployment of these staff. The Prime Minister's Implementation Unit (PMIU) has also interviewed us to find out why we were so successful in converting interest in returning to work into action.

Changes to how people access care during the pandemic

We have made a number of changes to how people access care over the past few months, primarily in order to keep patients and staff safe. Some of these were planned anyway, for example many of the digital innovations we've made were included in our draft five-year plan and they have been rapidly implemented. Others are a direct response to the pandemic.

Some of these changes will remain in place and form a key part of how health services are delivered in future, while others will remain in place for as long as is necessary in order keep patients and staff safe from COVID-19.

We are undertaking research and engagement to understand what local people think of the changes we have made and to understand if there are further steps we can take to improve people's experience of and access to health services.

Here is summary of the changes we have made:

Established separate sites and areas for people with and without COVID-19

For people who need to physically go to a healthcare setting we have created separate sites, and in larger buildings distinct zones, for patients with and without COVID-19. This included creating a separate A&E department at the NNUH, although this has closed again for now as the number of people being hospitalised has significantly reduced. We have also created a series of 'hot sites' for people with COVID-19 (or symptoms of COVID-19), who need to see a GP or practice nurse face-to-face.

Trusts and GP practices have also put in place a range of other measures to make it safer for patients and staff, including the appropriate use of PPE for staff and face coverings for patients, additional handwashing stations and hand sanitiser, and social distancing measures. Trusts have also used technology to enable virtual visiting.

Increased use of phone and digital triage

All GP practices in Norfolk and Waveney have moved to phone and digital triage. This means that if a patient needs to contact their GP practice that they have to phone or complete a secure form on their practice's website, and that they cannot just go to their practice to book an appointment. Over 80% of GP practices are now using online consultations, which enable patients to contact them via their website.

Increased use of video and telephone appointments

We have rapidly increased the number of video and telephone appointments being used. For example:

- The three hospitals have seen a 500% increase in non-face-to-face appointments (1,033 in w/c 5 January to 5,897 w/c 19 April). This will have been a new experience for many patients and clinicians, and to ensure that patients are still getting safe and effective care, colleagues are following a number of national guidelines in relation to this topic such as NHS England's *Clinical guide for the management of remote consultations and remote working in secondary care during the coronavirus pandemic*, and more detailed guidelines available from Royal Colleges in relation to specific specialties.
- The majority of GP practices are now offering patients video appointments.

This has been supported by giving health and care professionals the tools to work remotely. For example, we have:

- Developed and rolled out a cloud-based Virtual Clinical Desktop service to provide clinical staff access to clinical applications from any computer in any location (which has enabled those shielding and self-isolating to work).
- Developed in partnership a Radiology Virtual Desktop to allow Radiographers and Radiologists ability to perform specialist services remotely.
- The CCG has provided GPs and practice staff with 400 laptops (with webcams), 500 webcams, 500 headsets and 50 iPads.

Increased use of 111

Nationally, people have been encouraged to use 111 online if they have COVID-19 symptoms, or to call if they could not access the online service. Following a letter from Sir Simon Stevens and Amanda Pritchard (Chief Executive Officer and Chief Operating Officer of NHS England) to local health systems, we are planning additional 111 capacity and moving to a 111 First model of care to encourage patients to make contact with a clinician, primary care or 111, prior to attending the emergency department to reduce the risk of infection spreading to or from the hospital, prevent overcrowding and protect bed capacity.

The impact of the pandemic on health and care services in Norfolk and Waveney

Emergency care

As has been the case across the country, we saw a significant reduction in the number of people attending A&E and emergency admissions to hospital earlier in the pandemic. However, these are now returning to pre-COVID-19 levels.

No urgent care services were suspended, the NHS remained open for "urgent and emergency care" throughout the pandemic. With the exception of urology

emergencies at the James Paget Hospital going to the Norfolk and Norwich as a temporary measure, there was no reconfiguration, in the sense that care was not shifted away from their pre-Covid-19 locations. All urgent and emergency care services were however affected in the way they had to change their standard operating procedures to deal with infection control measures, PPE, social distancing as with other areas of the health service. Emergency departments separated Covid and non-Covid patients and had a colour coded system: yellow for Covid areas and Green for non-Covid areas.

Enhanced discharge arrangements were put in place after lockdown to increase bed capacity for the predicted surge in admissions. The hospital reviewed those patients currently staying under new criteria which clinicians developed and followed. Where safe, if patients did have specific reasons to remain an inpatient in hospital, they were referred to the Community Hubs.

The NHS in Norfolk and Waveney continues to promote the message people should seek medical advice if they are worried about their health, to attend clinics and appointments and not to let health conditions get worse and risk having an emergency.

Urgent and cancer care

Throughout the pandemic we have strived to maintain urgent care services and cancer care. In part we have done this by working with the independent sector to increase our capacity. As part of the national agreement with independent sector providers, we have been working with Spire Healthcare's Norwich hospital and BMI Sandringham. Each week on average they are providing:

- 25 cancer procedures
- 44 other high priority procedures
- 1,000 outpatient and chemotherapy treatments

Again, in line with other parts of the country, we have seen a reduction in people going to their GP and being referred on to the cancer pathway. There have been reduced numbers of two week wait cancer referrals during the pandemic. The referral numbers are now significantly increasing, but have not achieved pre-pandemic levels yet. This could be due to a number of factors, including patient shielding. We have been proactive in putting out local media messaging to patients to contact their GP if they have worrying symptoms. According to the latest data, cancer referrals have increased for all three of our acute trusts:

- JPUH has increased by 45% since early May
- NNUH has increased by 31% since early May
- QEH has more than doubled since early May

The three national cancer screening programmes for cervical, breast and bowel cancer were significantly affected by the pandemic. These are currently restarting but there will be a backlog of patients to be invited.

Some of the diagnostic tests that patients need to see if they have cancer or not, have been affected by the pandemic. This includes continuation, but severe restrictions on, endoscopy services due to COVID-19 infection risks, as stipulated by guidance from the British Society for Gastroenterology, and this is particular problem area as this procedure is not easily replicated by virtual technologies. A Norfolk and Waveney wide group has been established to co-ordinate efforts to increase capacity and prioritise patients, which includes an exploration of the use of CT (computerised tomography) scans of the bowel and a bid to be a pilot for video capsule endoscopy, where the patient swallows a camera and is able to capture internal images. The exact impact of these alternatives is uncertain at this stage, as patient with a polyp which needs removal will still need a physical endoscopy.

Overall, challenges for providing cancer care and treatments at the moment include reduced capacity due to infection prevention and control measures, staffing issues related to COVID-19 and patient concerns regarding proceeding with cancer tests and/or treatments in the hospital care setting.

In response, we have adapted clinical pathways to reduce risk, in line with national guidance. We have re-sited some services, for example acute oncology onto ‘green sites’ and we have maximised our use of the independent sector to continue as much cancer surgery as possible. We have developed a modelling tool to help us plan the demand and capacity needed for the restoration of cancer care to pre-COVID-19 levels, including diagnostic services.

We are reviewing how we use our cancer transformation funding to enable us to best care for people during the pandemic. We will be working closely with local Primary Care Networks to support them in their new contract which looks to improve earlier cancer diagnosis rates and cancer screening uptake.

We continue to work closely with specialist commissioning colleagues from the regional NHSE/I team and are linking with the work of the East of England Cancer Workstream.

Elective care

On 17th March 2020, Sir Simon Stevens and Amanda Pritchard wrote to all hospital Chief Executives and instructed them to postpone all non-urgent elective operations from 15th April at the latest, for a period of at least three months, with the discretion to wind down elective activity in advance of that date, to free up staff for refresher training, beds, theatres, and recovery facilities for adaptation work. This enabled the NHS and social care to look after people with Covid-19 and in particular provide critical care capacity which was a major concern and unknown at the start of the pandemic.

In addition, some radiology services were affected. For example, there used to be drop in services for Chest X-rays at Cromer and the James Paget Hospital which were ceased, with alternative arrangements for booked appointments put in place.

During this time, referrals from GPs to hospitals have either been accepted directly onto the waiting list (as this case with the James Paget University Hospital) or kept stored in the system and subsequently added to the waiting list in order of original referral date after a review by a consultant.

The local system saw a reduction in referrals to hospitals, as a result of fewer people going into general practice. The number of people on our hospital waiting lists has therefore fallen during the pandemic. However, we have not been treating as many people as normal and so those that are on the waiting list are waiting longer.

We anticipate that hospital waiting lists will increase significantly as the number of people referred to hospital for treatment increases and as a result of our reduced capacity for treating people for the following reasons:

- New infection prevention and control measures
- Shielding of clinicians who might otherwise be providing treatment
- National guidance on cessation of certain treatments due to risks and benefits

We are taking the following measures to minimise the impact of the suspension; in particular these relate to outpatient appointments. Managing demand for these is vital for freeing up capacity for operations, particularly in relation to consultant time:

- Promoting the use of advice and guidance; a national system where GPs can share patient details with a hospital consultant who then might be able to provide advice which allows the GP to change the treatment plan without the need for the patient to go for a hospital appointment.
- Setting up or expanding community models which provide an alternative to hospital appointments, such as the review electronic images of skin conditions by consultants.
- Jointly reviewing referral criteria for the most common operations or procedures on the waiting list, such as tonsillectomy, hip and knee replacements, varicose veins and hernias.

Data has been published nationally by NHS England and Improvement regarding waiting times and, as reported locally, it shows an increase in people experiencing waits of 40 or 52 weeks. We recognise how worrying this is for people concerned and must also acknowledge it was an inevitable consequence of the nationally-mandated measures to create emergency capacity to treat people with Coronavirus. In order to deal with this, the priority for the health system will be more focused on avoiding harm coming to a patient through a delay; commissioners, the hospitals and the regulators agree that such patients would take precedence over a patient who might be close to breaching a national target but whose outcome is unlikely to be worse if delayed. Lead clinicians across the three trusts have established harm review processes adapted towards this end.

Additionally commissioners are sourcing additional independent sector capacity to undertake operations or provide follow-up care, in the following clinical areas: example:

- Community optometrists for glaucoma and cataract follow ups
- Hernias
- Hands
- Cataract surgery
- Gynaecology
- Day cases

In some cases (for example radiology requests to the Norfolk and Norwich) patients are being reassessed in case their condition has deteriorated and made the request urgent, or their symptoms have subsided. The reassessments themselves take clinical time and resource so we will exploring ways in which this could or should be expanded carefully.

Maternity services

Pregnant women have been included in the list of people at moderate risk (clinically vulnerable) as a precaution. As a result, pregnant women have been asked to stay at home as much as possible during the pandemic and to follow the advice on social distancing.

In line with national guidance, all of our trusts have made changes to how maternity services are delivered. There has been some variation across the system and some reasonable adjustments have been made to support more vulnerable families, but here is a summary of the changes that have been made:

Antenatal care

- All trusts made adjustments to the schedule of visits in line with national guidance, in order to maintain standards of care whilst also reducing the number of face-to-face contacts. This has resulted in some appointments being changed to phone or video calls.

- Pregnant women are asked to attend face-to-face antenatal appointments and scan appointments alone. Social distancing measures have been put in place in all waiting areas.
- Antenatal classes are already online and available via Just One Norfolk.
- There are restrictions in place for visiting on antenatal wards, with limited visiting for partners and no other visitors allowed.

Giving birth

- In line with national guidance, all women and birth partners are swabbed on admission.
- Only one birth partner is permitted to attend.
- If a pregnant woman has COVID-19 symptoms, then they have to give birth on a delivery suite rather than on a midwifery led unit.
- Homebirths have continued to run throughout the pandemic at the NNUH and QEH, but not the JPUH.
- The midwifery led units are now all operating (the unit at the JPUH was initially closed to create a yellow zone).

Postnatal care

- There is limited visiting on postnatal wards and the Neonatal Intensive Care Units (NICU).
- All trusts have made adjustments to the schedule of postnatal visits in line with national guidance, in order to maintain standards of care whilst also reducing the number of face-to-face contacts. This had resulted in some appointments being changed to phone or video calls, or online support. For example, breast feeding peer supporters are not allowed on the wards, so this support is being offered online.
- Parents and carers are not able to register the birth of their baby as this has to be done in person, so instead they have been asked to notify the county council online and they will then be contacted for registration at a later date. Norfolk County Council is now making the necessary adjustments to enable social distancing and to keep customers and staff save, prior to starting to register birth.

Primary and community care

Our 105 GP practices across Norfolk and Waveney have rapidly transformed over the phase one period of the pandemic response, building on the strong progress already made in developing PCNs (Primary Care Networks), and have reconfigured services to one of total triage and hot and cold zoning.

On 14 April 2020, NHSE/I wrote to GPs and commissioners setting-out guidance on how primary care services adapt to manage the continued delivery of services, this included guidance on services that should be prioritised and those that could be deprioritised or suspended. These included:

- Where practices experience high demand on services, it is important to prioritise time sensitive vaccines for babies, children and pregnant women:
    - All routine childhood immunisations offered to babies and infants including vaccines due at one year of age including the first MMR dose
    - All doses of targeted hepatitis B vaccines for at-risk infants should also be offered in a timely manner
    - Pertussis vaccination in pregnancy
    - Pneumococcal vaccination for those in risk groups from 2 to 64 years of age and those aged 65 years and over (subject to supplies of PPV23 and clinical prioritisation)
- Due to the public health advice on social distancing and shielding, practices are not expected to offer the opportunistic shingles vaccine for those aged 70 years, unless the patient is already in the GP practice for another reason.
- Practices may wish to suspend the offer of a consultation within six months to new patients joining the practice list (including alcohol dependency screening).
- The Newborn and Infant Physical Examination (NIPE) infant check can be delayed until 8 weeks of age to coincide with the first primary childhood immunisations so they can be done in one visit.
- Clinicians may decide not provide health checks for the over 75s, if in their clinical judgement it is not the right priority for a patient.
- Routine medication reviews can be deferred if necessary unless they can be viably conducted remotely and/or in exceptional cases in person or by home visit as per local clinical discretion. Key medication reviews should continue where a patient is being regularly monitored.
- Clinical reviews of frailty can be deferred including medication review, patient discussion, potential medical interventions and recording of those interventions for patients over 65 living with severe frailty.

In Norfolk and Waveney some practices and primary care networks have been able to continue to provide most services throughout the pandemic, albeit in different ways using online consultations and telephone and video appointments. While at points and in line with the national guidance, some practices and primary care networks have prioritised providing more urgent care. Reasons for this include:

- Capacity has been reduced by the need to socially distance patients within the surgery, because of enhanced cleaning between patients and the need to don and doff PPE.
- At risk staff are having to shield or work in different ways and as such may be off site and working remotely.
- Many practices had staff with symptoms who had to self-isolate for 7 days, or 14 days if they had a symptomatic household member, which again affected capacity. This has improved with our testing capacity.
- Hot sites and virtual teams are operated using practices' staff for treating suspected and confirmed COVID-19 patients, thus reducing capacity in practices.

From 1 July 2020, NHSE/I guidance to practices is that they should resume the following services if these have been deprioritised: new patient reviews, routine medication reviews, over-75 health checks and clinical reviews of frailty.

During phase two of the pandemic response, the CCG will continue to support general practice through our dedicated primary care incident response room, and in localities focus on the following:

- Ensuring patients have clear information on how to access services and make appointments. We will continue to ask patients to attend face-to-face services only when it is really necessary. Where possible, appointments will be offered using remote services such as a video or phone consultation.
- Taking a risk stratification approach to restoring services and proactively contacting patients, including ensuring that shielded patients continue to receive appropriate care in their homes. We will build on our Covid Protect model of care in this approach.
- To further support care homes we have rapidly expanded local enhanced services to all practices across Norfolk and Waveney and formalised the alignment of care homes to PCNs and practices. The next piece of work is integrating with community and mental health services.
- We will work with the acute trusts and the Local Medical Committee to ensure that referrals continue to be made appropriately and we will work with practices to increase the use of advice and guidance services.
- We will deliver as much routine work as we safely can, with a focus on screening, vaccination and immunisations.

- We will continue to provide PPE to practices. To date we have been doing this where there has been disruption to their normal supplies, however we are now offering practices the opportunity to come to us directly in the first instance for their PPE.
- We have made strong progress in rolling out more hardware and software to the majority of practices to enable online consultations and video. consultations, as well as homeworking for clinicians. We will continue to build on this programme of work to encourage all practices to implement this technology.

Throughout this work we will continue to support PCNs to develop and ensure they can recruit the additional workforce they need to undertake the above, with a strong focus on supporting enhanced health in care homes. At the same time, we are doing a lot of work to risk assess staff to ensure they can safely work while the virus continues to circulate.

The anticipated build-up of activity in primary care, which is potentially additional to business as usual demand will need to be carefully monitored and managed. A significant amount of planning is being undertaken by and with our primary care networks to develop resilient plans for winter, including flu planning.

GP practice capacity is likely to be impacted for the foreseeable future by the need for continued hot and cold zoning of patients, social distancing, increased home visiting and the requirement to don and doff PPE.

One of the biggest challenges facing primary care and community care is supporting the long-term recovery of people who've had COVID-19. While we have significantly increase our community capacity during the pandemic, we need to do more to ensure that we have sufficient community capacity to support people's recovery and to respond in the event of a local outbreak or a second wave of infections. We are developing plans to put this in place.

Mental health

Like other areas of the country and similarly to physical health referrals, we have seen a reduction in referrals to mental health services (both to the Wellbeing Service and secondary care).

Referrals are now starting to increase again. We anticipate and are planning for a significant increase in the number of people referred to mental health services in the coming weeks and months.

No adult mental health services have been suspended during the pandemic, although there was a reduction in electroconvulsive therapy (ECT) due to the availability of anaesthetists. Many face-to-face services have been delivered digitally or over the telephone, though some services have been harder to deliver remotely. Memory assessment clinics have been particularly hard to deliver remotely – so while they were not stopped they were reduced considerably, but are increasing

again now. We are reinstating face-to-face services where this is necessary, but we envisage video-based interactions continuing to grow in the coming months, where they appropriately meet people's needs.

Other mental health services have made significant changes to how they care for people, these include:

First Response

We rapidly set-up and launched 'First Response' on 15 April. It is a freephone 24/7 helpline offering immediate support for people experiencing mental health difficulties during the coronavirus pandemic. It is staffed by mental health professionals from NSFT. It provides reassurance, self-help advice, support and signposting designed to avoid the need for people to attend hospital, except in the case of a medical emergency.

The helpline is available to members of the public of any age, regardless of whether or not they are an existing NSFT service user. The line is also open to other healthcare professionals, such as GPs, ambulance and social care staff, who need to make referrals or seek advice when working with people undergoing mental health difficulties. First Response is available on 0808 196 3494.

Support for children and young people's mental health and emotional wellbeing

NSFT has commissioned a counselling and emotional wellbeing support service to help young people through the coronavirus pandemic and beyond.

Called Kooth, the free website offers 11 to 25-year-olds across Norfolk and Waveney access to online counselling delivered by qualified counsellors 365 days a year, either on a drop-in basis or through bookable chat sessions. It also gives young people the chance to benefit from peer support and a wide range of self-help materials, as well as contribute to moderated forums. It has worked well in Suffolk since it started in 2019.

Young people can use the website to seek support or advice on any topic they wish, from managing their feelings during the pandemic or coping with exam stress or bullying to seeking help for an eating disorder, dealing with suicidal thoughts or handling sexual abuse. They can also track their mood with a goal tracker, as well as note their thoughts in an online journal.

Kooth is accredited by the British Association for Counselling and Psychotherapy (BACP). Young people can access the website by visiting www.kooth.com.

We have also created one place where people can find out how to access a range of mental health advice and support for 0-25's in Norfolk and Waveney: www.justonenorfolk.nhs.uk/mentalhealth. On the website people can find out how they can get advice and support without the need for a referral.

Wellbeing Service

NSFT's Wellbeing Service has been running a series of webinars throughout the pandemic, on topics such as healthy relationships for couples, sleep, isolation and being out of work.

Recovery College

The Recovery College, run by NSFT, has also been running webinars throughout the pandemic to help people on the road to recovery from mental health issues. The webinars have given people the chance to get used to online service where they can be anonymous, and they are now launching more interactive Zoom sessions. Participants will be able to join small discussion groups, share online information and take part in tasks, just as if they were in a classroom.

NSFT are keen to open these courses to other people in the community who may be experiencing mental health challenges, but do not meet the threshold to come under NSFT care. Courses on the timetable will include How to Tell Your Story, Moving On, Wellness Planning and Safety Planning. More information is available here: www.nsft.nhs.uk/Get-involved/Pages/Recovery-College.aspx.

NSFT has opened its Staff Support Line to other local health and care workers

On Monday, 20 April, NSFT expanded its staff support line to other local health and care workers. Staff from NSFT run the confidential helpline, 2pm – 5pm, seven days a week. Psychological practitioners can give advice, talk through difficult shifts and discuss current working challenges. Staff can call the helpline on: 0300 123 1335.

The next phase of the NHS response to the pandemic

We remain in a national level four incident and are taking a measured and managed approach to restarting health services paused during the pandemic.

Short-term priorities

Our immediate focus has been on urgent services (such as those patients requiring urgent treatment from their GP, hospital, ambulance or community services provider) and cancer care. We have been able to maintain many of these services throughout the pandemic,. This phase of the NHS response is operationally focused on restoring wider services and planning for and managing winter. Key elements include:

- Maintaining our preparedness for another spike or wave of infections, including critical care capacity. This includes implementing our Local Outbreak Control Plan.
- Supporting the long-term recovery of people who've had COVID-19 (e.g. by ensuring we have sufficient community capacity – this will also help to reduce the length of time patients stay in our hospitals).
- Minimising the risks to non-COVID-19 services (e.g. by maintaining separate yellow / green sites, using PPE appropriately and having sufficient diagnostics and testing capacity in place to run services safely).

- Starting to address the backlog of operations and other planned care.
- Maximising the uptake of flu vaccination
- Continuing to restore mental health services (to address both the backlog and the increased need for them).
- Protecting our staff, e.g. by supporting staff wellbeing and increasing workforce numbers.
- Understanding what people think of the changes we've made to health and care services as a result of the pandemic.

At the time of writing, Norfolk and Waveney has submitted draft plans for recovery of services to NHS England and NHS Improvement, known as the Phase 3 plan. These are still not a final version agreed with our regulator, but its main points are described here. At this stage it is very difficult to advise members of the Health Scrutiny Committee of an exact timetable for recovery for the following reasons:

- The possibility of a second peak
- Requirement for external funding for part of the capacity for recovery
- We expect to receive detailed recovery plans for five specialities, which local systems will be expected to prioritise and execute under national direction and guidance. At the time of writing, only one of these specialties has been announced (gastroenterology).

Medium and longer term priorities

From April 2021, the NHS response is likely to become more strategically focused than the current operational phase, this may include revised national planning frameworks and potentially new contract and payment frameworks, as well as a review of our local five year plan.

But we will still be continuing to respond to the impact that COVID-19 has already had on services, including addressing the backlog of operations and other planned care, delivering mental health services and meeting the likely increase in demand for them, and providing support for people recovering from the virus.

Norfolk Health Overview and Scrutiny Committee appointments

Report by Maureen Orr, Democratic Support and Scrutiny Team Manager

The Committee is asked to appoint Members to act as links with the CCG and local NHS provider organisations.

1. Link roles

1.1 Norfolk Health Overview and Scrutiny Committee (NHOSC) appoints link Members to attend local NHS meetings held in public in the same way as a member of the public might attend. Their role is to observe the meetings, keep abreast of developments in the organisation for which they are the link and alert NHOSC to any issues that they think may require the committee's attention.

1.2 In the past this has involved attending local NHS meetings in person but many organisations now have arrangements for live streaming of meetings or publish recordings of the meetings, so Members may fulfil the role on a virtual basis in these cases. Arrangements are likely to change during the Covid 19 outbreak so Members will need to watch the organisation's website for updates.

1.3 A nominated Member or a nominated substitute may attend in the capacity of NHOSC link member. Other Members of NHOSC may attend CCG or local NHS provider trust meetings as members of the public if they wish.

1.4 The link roles and the Members who currently hold them are listed below:-

CCG / Provider Trust	**Governing Body / Board meeting schedule**	**Current NHOSC link**
Norfolk and Waveney CCG	Every other month, on the last Tuesday, 1.30 – 6.00pm. Next meeting Tues 29 Sept 2020	***VACANCY*** ***(substitute – VACANCY)***
James Paget University Hospitals NHS Foundation Trust	Every other month, on the last Friday, 9.30am. Next meeting Fri 31 July 2020.	Emma Flaxman-Taylor

Norfolk Community Health and Care NHS Trust	Monthly, usually on the last Wednesday, usually from 10.00 – 11.30am but Next meeting Weds 5 August 2020, 9.30am	Emma Spagnola
Norfolk & Norwich University Hospitals NHS Foundation Trust	Usually every other month, on the first Wednesday, 9.30am. Next meeting Weds 5 August 2020	Dr Nigel Legg (substitute - David Harrison)
Norfolk & Suffolk NHS Foundation Trust	Every other month on the 3rd Thursday, 12.30 – 4.00pm. Next meeting Thurs 17 Sept 2020	David Harrison (substitute - Michael Chenery of Horsbrugh)
Queen Elizabeth Hospital NHS Foundation Trust	Monthly, on the first Tuesday, 10.00am. Next meeting Tues 4 August 2020	Sheila Young (substitute - Michael Chenery of Horsbrugh)

3. Action

3.1 The Committee is asked to:-

(a) Appoint a link Member and substitute link Member with Norfolk and Waveney CCG.

(b) Confirm the continuation the provider trust link Members in their roles or appoint different Members. Substitutes may also be appointed if the committee wishes.

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Norfolk Health Overview and Scrutiny Committee
Forward Work Programme

The committee is asked to consider and agree its draft forward work programme.

1. Background

1.1 Norfolk Health Overview and Scrutiny Committee (NHOSC) last met on 13 February 2020. Agenda papers were published for a scheduled meeting on 19 March but the meeting did not go ahead due to the emerging situation with Covid19. The topics on the March agenda were:-

Access to NHS dentistry – progress since report to NHOSC on 11 April 2019

Norfolk and Suffolk NHS Foundation Trust – response to the CQC report

Access to palliative and end of life care – update on progress since Sept 2019

There were numerous other topics already on the NHOSC forward work programme and others which Members had been intending to propose in March.

1.2 The Covid 19 pandemic is ongoing and continues to be the main focus for NHS managers and staff. Some staff are redeployed from their usual roles to support pandemic-related work elsewhere and the Committee may need to be mindful of focusing requests for information on essential information only at this time.

1.3 Norfolk County Council has expressed the intention that all meetings, including NHOSC, will be held wholly virtually until at least the end of 2020. NHOSC may therefore wish to consider limiting the length of its virtual meeting to around two hours, which would allow time for two substantive topics at each meeting.

2. Proposals

2.1 NHOSC is scheduled to meet on the following dates during the remainder of the 2020-21 municipal year:-

Thursday, 3 September 2020
Thursday, 8 October 2020
Thursday, 26 November 2020
Thursday, 4 February 2021
Thursday, 18 March 2021

A list of topics, which includes all that were already on the NHOSC programme and others that were likely to have been raised at the meeting on 19 March, is attached at **Appendix A**. The list includes proposals for whether the item should be dealt with by a written information update in the NHOSC Briefing or as an agenda item for discussion at a future meeting. Meeting dates are suggested for some topics.

2.2 It is suggested that after today's meeting, the subject of response to Covid 19 is covered as a theme within each topic that NHOSC examines.

3. Action

3.1 The committee is asked to consider the list at **Appendix A** and agree a forward work programme for NHOSC based on the subjects and dates suggested.

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Norfolk Health Overview and Scrutiny Committee

Forward Work Programme planning *(subjects include those that were identified for scrutiny before the Covid 19 outbreak)*:-

AGENDA ITEMS

Potential subject	**Potential date**	**Comments**
NHS dentistry - access	3 Sept 2020	Was on agenda for 19 Mar 2020 (cancelled meeting). Report was already published in Mar. A brief update report required, also addressing changes due to Covid 19. Members have raised concerns about access to urgent dentistry during the lockdown period. Including arrangement for dentistry for patients from certain settings, e.g. care homes; prisons. NHSE attendance required.
Norfolk and Suffolk NHS Foundation Trust – progress	3 Sept 2020	Was on agenda for 19 Mar 2020 (cancelled meeting). Report was already published in Mar. A brief update report required, also addressing changes due to Covid 19. Members have raised concerns about changes to service during lockdown period (i.e. CYP community service, central Norfolk) NSFT & CCG attendance required (including Associate Director - Children, Young People and Maternity for the CCG)
Palliative and end of life care – access	8 Oct 2020	Was on agenda for 19 Mar 2020 (cancelled meeting). Report was already published in Mar. A brief update report required, also addressing changes due to Covid 19. CCG & provider attendance required (i.e. reps from EoL Collaborative)

Ambulance response and turnaround times – progress	8 Oct 2020	Was on the programme for 23 Apr 2020 (cancelled meeting) In Jan 2020 NNDC Scrutiny Committee formally requested NHOSC to look at this subject quarterly. Pressure on ambulance service eased in some respects during the lockdown period (reduced attendance at A&Es) but is picking up again. Report to include effects of Covid 19 on the service. EEAST, CCG & NNUH attendance required.
Cancer services – screening rates and survival rates	26 Nov 2020	Cancer screening was on the programme for 23 Apr 2020 (cancelled meeting). Information on cancer survival rates was included in the March 2020 NHOSC Briefing. Services suspended during lockdown. Possible impact – cancers not detected so early leading to poorer survival rates; general public reluctance to attend healthcare settings - therefore of increased concern. NHSE(PHE) & STP Cancer Programme Board attendance required
Childhood immunisation – take-up rates	26 Nov 2020	Was on the programme for 23 Apr 2020 (cancelled meeting) Services suspended during lockdown. Possible future impact in terms of catch-up and general public reluctance to attend healthcare settings. NHSE(PHE) attendance required
Provision of accessible health services for disabled patients / service users (e.g. visually impaired or hearing impaired people) – to examine practical issues of access and confidentiality	4 Feb 2021	Was previously added to the programme but no date had been scheduled. Required attendees – CCG and providers identified by Members (or patient representative groups), e.g. NSFT; acute hospitals
Suicide prevention – to examine ongoing preventative work in light	4 Feb 2021	Was previously added to the programme but no date had been scheduled. Required attendees – CCG; NCC Public Health; NSFT;

of concerns about increasing suicide rates.		
The Queen Elizabeth NHS Foundation Trust – progress	18 Mar 2021	Was previously scheduled for 8 Oct 2020 (agenda item). Required attendees – QEH & CCG representatives.
Vulnerable adults primary care service Norwich (replacing City Reach) – progress	18 Mar 2021	A follow-up to the report received by NHOSC on 10 Oct 2019. Required attendees – CCG; provider representatives (if it's an agenda item).
Local actions to address health and care workforce shortages	Spring – summer 2021	Was formerly on the programme for 30 Jul 2020. Recruitment drive during the Covid 19 outbreak, return to work of retired NHS staff and early introduction of student doctors will have changed the situation. Required attendees – representatives from STP Workforce Workstream

NHOSC BRIEFING ITEM (i.e. written updates only)

Diabetes care within primary care services (legacy subject from GY&W JHSC)	Oct 2020	Assurance was given at the last meeting of GY&W Joint Health Scrutiny Committee that this subject would be picked up.
Primary Care Networks – an update on the development of Primary Care Networks, including performance of phlebotomy services in GY&W, GP recruitment & retention and availability of appointments (legacy subject from GY&W JHSC)	Oct 2020	Assurance was given at the last meeting of GY&W Joint Health Scrutiny Committee that this subject would be picked up.

Norfolk and Waveney Health and Care Partnership Five-Year Plan – to explore implementation of new care pathways (a legacy subject from GY&W JHSC)	Oct 2020	Assurance was given at the last meeting of GY&W Joint Health Scrutiny Committee that this subject would be picked up.
Merger of Norfolk and Waveney CCGs – to examine how the new CCG has maintained local focus	Summer 2021	Was previously scheduled for 8 Oct 2020 (agenda item). The new CCG was established on 1 April 2020 and has been dealing with the Covid 19 outbreak in all local areas from the beginning. A written update on how the CCG is maintaining local focus to be received in the NHOSC Briefing after the CCG has been in operation for 1 year.

OTHER SUBJECTS RAISED BY NHOSC MEMBERS (not added to the programme)

Children's neurodevelopmental disorders (i.e. autism and other conditions) – waiting times for diagnosis		NHOSC had children's waiting times for autism diagnosis on its agenda in January 2018. Broadening the subject to 'Children's neurodevelopmental disorders' would acknowledge the children who go a similar diagnositic pathway but receive a diagnosis of a different condition. Subject raised by Cllr Penny Carpenter & Cllr Brenda Jones.
Prison healthcare		Information was included in the March 2020 NHOSC Briefing NHS dentistry for prisoners can be covered in the wider 'NHS dentistry – access' topic for 3 Sept 2020 Subject raised by Cllr Chris Jones & Cllr Brenda Jones
Community pharmacy capacity		In light of Covid 19 - new concerns about community pharmacy capacity and arrangements for provision of medicines as winter approaches and about the extent of liaison with local planning authorities on future capacity requirements. Subject raised by Cllr Nigel Legg

ME/CFS progress		Concern about:- • Potential increase in incidence of post viral ME/CFS in those who recover from Covid 19 • Ongoing concerns about quality of service available, particularly to those suffering severe ME/CFS Note – new NICE Guidance is expected in December 2020 and the CCG has undertaken to provide a NICE compliant service. Subject raised by Cllr Richard Price

Norfolk Health Overview and Scrutiny Committee 30 July 2020

Glossary of Terms and Abbreviations

A&E	Accident and emergency
BACP	British Association for Counselling and Psychotherapy
CCG	Clinical Commissioning Group
CFS	Chronic Fatigue Syndrome
CHC	Continuing Healthcare
CQC	Care Quality Commission – the independent regulator of health and social care in England. Its purpose is to make sure health and social care services provide people with safe, effective, high quality care and encourage care services to improve.
CT	Computerised Tomography Scan – Uses X Rays And A Computer To Make Images Of The Inside Of The Body
CYP	Children and young people
D2A	Discharge to Assess – patients in hospital are identified as being suitable for a pathway which involved discharge to a suitable care setting and assessment for NHS Continuing Healthcare at a later date. The patient's care is funded by the NHS until the CHC assessment is carried out. NHS funding after that point is dependent on the outcome of the CHC assessment.
ECT	Electroconvulsive Therapy
EEAST	East Of England Ambulance Service NHS Trust
EOL	End of Life
GP	General Practitioner
GY&W	Great Yarmouth And Waveney
GY&W JHSC	Great Yarmouth and Waveney Joint health Scrutiny Committee
HSC	Health Scrutiny Committee
JPUH	James Paget University Hospital
ME	Myalgic Encephalomyelitis
MMR	Measles, mumps, rubella
NCC	Norfolk County Council
NHOSC	Norfolk Health Overview and Scrutiny Committee
NHSE&I EoE	NHS England and NHS Improvement, East of England. One of seven regional teams that support the commissioning services and directly commission some primary care services and specialised services. Formerly two separate organisations, NHS E and NHS I merged in April 2019 with the NHS England Chief Executive taking the helm for both organisations.

	NHS Improvement, which itself was created in 2015 by the merger of two former organisations, Monitor and the Trust Development Authority, was formerly the regulator of NHS Foundation Trust, other NHS Trusts and independent providers that provided NHS funded care.
NHSE(PHE)	NHS England (Public Health England)
NICE	National Institute for Health and Care Excellence
NICU	Neonatal intensive care unit
NIPE	Newborn and infant physical examination
NNUH (N&N, NNUHFT)	Norfolk and Norwich University Hospitals NHS Foundation Trust
NSFT	Norfolk and Suffolk NHS Foundation Trust (the mental health trust)
ONS	Office of National Statistics
PCN	Primary Care Network
PMIU	The Prime Minister's Implementation Unit
PPE	Personal protective equipment
PPV23	Pneumococcal polysaccharide vaccine
QEH	Queen Elizabeth Hospital, King's Lynn
R	Reproduction number – the average number of secondary infections produced by one infected person
STP	Sustainability & transformation plan / partnership (from 2019 known as the Health and Care Partnership for Norfolk and Waveney)
UEA	University of East Anglia