

NORFOLK HEALTH OVERVIEW AND SCRUTINY COMMITTEE
Minutes of the meeting held at County Hall
on 9 November 2023

Members Present

Cllr Jeanette McMullen	Great Yarmouth Borough Council
Cllr Stuart Dark	Norfolk County Council
Cllr Lesley Bambridge	Norfolk County Council
Cllr Pallavi Devulapalli	Borough Council of King's Lynn and West Norfolk
Cllr Robert Savage	Norfolk County Council
Cllr Justin Cork	South Norfolk District Council
Cllr Lucy Shires	Norfolk County Council
Cllr Richard Price	Norfolk County Council
Cllr Jill Boyle	North Norfolk District Council
Cllr Fran Whymark	Norfolk County Council

Co-opted Member (non voting):

Cllr Edward Back	Suffolk Health Scrutiny Committee
Cllr Edward Thompson	Suffolk Health Scrutiny Committee

Substitute Members Present

Cllr Maxine Webb

Also Present:

Tricia D'Orsi	Executive Director of Nursing – Integrated Care Board (ICB)
Sadie Parker	Director of Primary Care
Fiona Theadom	Head of Primary Care Commissioning
Chris Bean	Head of Acute Transformation and Clinical Programmes
Dr Caroline Barry	Palliative Care Consult and Clinical Adviser to the ICB on Palliative and End of Life Care
Marlini Finney	Director of Strategic Finance, St Elizabeth Hospice
Jason Stokes	Norfolk Local Dental Committee Secretary
Peter Randall	Democratic Support and Scrutiny Manager
Maisie Coldman	Committee Officer

1 Apologies for Absence

- 1.1 Apologies for absence were received from Cllr Tipple, Cllr Kybird, Cllr Jones (substituted by Cllr Webb), Cllr Kirk and Cllr Prinsley.

2. Minutes

- 2.1 The minutes of the previous meeting held on 14 September 2023 were agreed as an accurate record of the meeting subject to the following corrections:

- Cllr Richard Price was present at the meeting,
- Tricia D’Orsi’s job title was corrected to Executive Director of Nursing,
- With regard to item 8.1 paragraph 3, Cllr Webb raised that the ICB noted that an item on Speech and language therapy was appropriate and due, but it had been added onto the forward plan as a briefing note and not a substantive item.

3. Declarations of Interest

- 3.1 Cllr Webb declared an ‘other interest’ in relation to the dentistry item as she had used the disabilities specialist service.

4. Urgent Business

- 4.1 There were no items of urgent business.

5. Chairman’s Announcements

- 5.1 The chair shared with the committee that Cath Byford, Deputy Chief Executive, and Chief People Officer, requested that an update be shared with NHOSC to clarify a comment made at the last meeting on 14 September 2023. Due to an administrative error, the letter written to the Parliamentary and Health Service Ombudsman, in which there was an offer to meet him to discuss the concerns that he had raised, was not sent. Cath Byford wanted the committee to know that the explanation to NHOSC was made in good faith and she apologised for the error. The BBC, who reported on the September meeting, has been contacted, and so has the Parliamentary and Health Service Ombudsman, Mr. Rob Behren CBE.

- 5.2 The Chair updated the committee on the progress of some of the work that had been undertaken by the Norfolk & Suffolk Foundation Trust since the meeting on 14 September 2023. There had been weekly meetings to develop the action plan, and the following work had been completed and or discussed:

- Agreement on principles, benefits, and risks,
- Co-production principles which included working with bereaved relatives,
- Outline the improvement plan that will supplement the recommendation noted within the Grant Thornton report,
- Plan a schedule for improvements and activities.

The committee would receive an email noting the letter received from Caroline Donovan, Interim CEO of Norfolk and Suffolk Foundation NHS Trust, Tracey Bleakley CEO of Norfolk and Waveney ICS, and Ed Garratt OBE, CEO of Suffolk and North East Essex ICS. An email received from Rt Hon Patricia Hewitt would also be shared with the committee.

The authors of the Forever Gone report asked to attend today’s meeting. The Chair advised that this was not appropriate but that he would meet with them, alongside officers, to discuss any difficulties they may be experiencing as part of the co-produced action plan process..

6. Access to NHS Dentistry in Norfolk and Waveney

- 6.1 Sadie Parker, Director of Primary Care - Norfolk and Waveney ICB, introduced to the committee the report on NHS Dental Services in Norfolk and Waveney. Following

engagement with the Local Dental Committee and Local Dental Professional Network, the ICB committed to three priorities. These included listening to the views of local dental professionals, considering how the local dental workforce can be strengthened, and listening to feedback from patients to improve treatment and access.

The long-term plan was still being developed and there was an ambition to have it published by March 2024. A short-term dental plan was produced in September 2023 that included actions to be implemented immediately. The committee heard that these actions had included the commissioning of an urgent service pilot, agreeing to investment for oral health intervention and prevention for children, and a short-term workforce plan that included incentives.

The ICB was pleased with the progress that had been made as part of the short-term dental plan but acknowledged that the challenges within dentistry in Norfolk and Waveney, including the NHS dental contract, were difficult and it would take time for residents to see changes.

- 6.2 Jason Stokes, Norfolk Local Dental Committee Secretary, noted that the working relationship and interactions with the ICB had improved. They highlighted to members the difficulties that the NHS dental contract posed for dental practices and that private work was being sought to fill the gap that NHS work had created. Any improvements to dentistry would need to include changes to the NHS contract. This was coupled with local pressures on workforce and the changes to the processes that enable people to move to the UK from abroad to work in dentistry.
- 6.3 The committee receive the annexed report (6) on progress regarding integration of NHS dentistry services into Norfolk and Waveney ICB since 1 April 2023.
- 6.4 The following discussion points and questions were asked to Jason Stokes:
- A member asked if it would be possible to offer incentives for practices to take on additional NHS contracts. In response, Jason Stokes shared with the committee that most practices were working flat out and there was not a pool of dentists to recruit from to help ease the pressure. Taking on NHS business was not profitable for practices and the pay was not sufficient to deliver quality staff and training.
 - The improvement in the relationship with the ICB was attributed to the move to a place-based approach. This allowed for the ICB to have honest conversations with dental providers, practice owners, and managers to understand the challenges. Whilst there had been improvements, it was appreciated that there was still a long way to go.
 - Tricia D'Orsi, Executive Director of Nursing, ICB, acknowledged the contributions that the team had made and their openness to listen. This was not just the contribution of the ICB but also the Integrated Care System (ICS).
 - Concerning training dental staff and dentists, the committee heard that the key to this issue was understanding why staff do not want to work for NHS practices. Whilst training additional dental staff and dentists was important, ensuring adequate working conditions and pay would also play an important role in retaining staff.
 - Previously, dentists had come to the UK from abroad, additional barriers to this process emerged as a consequence of the UK leaving the European Union. Additionally, for dentists from abroad to practice in the UK, there was a

requirement to pass a test. Discussions were being had to streamline and speed up this process. Recruiting dentists from abroad, however, did not solve the challenges of retaining staff.

6.5 Fiona Theadom, Head of Primary Care Commissioning, noted that improving patient access was closely linked to recruitment and retention. There was a need to create an environment that attracts dentists and dental staff, to find different ways of working, and to upskill staff. The changes would require working closely with system partners, the NHS, and the Primary Care Team.

6.6 The following discussion points and clarifications were offered:

- Following a member's question, it was noted that the ICB was looking into the possibility of overseas recruitment, this would need to be explored further to understand the processes and any restrictions. In response to this, a member questioned if overseas recruitment was appropriate given that they would be recruited into an environment that UK dentists would not work in.
- The ICB does not have the jurisdiction to establish a Dentist School in Norfolk, there are also no Dentistry University places.
- Suffolk has opened a Dental Training School that intends to train and educate both qualified and trainee dental professionals. The University of East Anglia was looking to implement something similar in Norfolk and Waveney, although, a member questioned if this would result in dental professionals staying in Norfolk and Waveney long-term.
- Once dentists have completed their schooling, they are required to do foundation years of training. There were limited opportunities for foundation training in Norfolk and Waveney, encouraging practices to become a training school, and dentists to come to Norfolk and Waveney, was an area that needed focus. The committee heard that the assignment of placements was managed nationally and that places locally had struggled to be filled.
- It was appreciated by members that not all the barriers to an effective dentistry service were the responsibility of the ICB to resolve and that the solutions to some issues would require lobbying the government.
- A member shared anecdotal evidence of a resident who struggled to access local dentistry treatment and ended up visiting A&E which resulted in oral surgery and time off work. In response, the committee heard that this was not an isolated event and that the ICB had heard similar stories. The Urgent Treatment Service has now gone live with the ambition that if you call 111 with a dentistry problem, you will be triaged to a local appointment. It was felt that making members aware of the Urgent Treatment Service would be beneficial and also that bringing the progress of this service back to HOSC would be worthwhile. A member shared that they had used these new services and it had been a positive experience.
- It was shared that it would be a long time until general access to dentistry was improved and the ICB could not put a timeframe on when this would happen.
- There was currently no resource capacity to assess the oral hygiene and dental decay of every five-year-old in Norfolk, figures were based on the proportion of children surveyed. Children and Young people's oral health had been identified

as a priority for the long-term dental plan. The ICB shared that there were around 7 practices that were working with the ICB on oral health prevention in schools.

- In response to a member's question on whether the Community Dental Service in Norwich had changed, it was confirmed that it had not changed but that a general dental service that operates 8 till 8 was also now occupied in the Siskin Centre. The committee heard that community dental services were facing the same challenges concerning the workforce and that a good working relationship was being built with the ICB to improve services. Ensuring that community dental services can provide sufficient care and support to patients would be incorporated into the long-term dental plan. NHOSC members would receive a briefing note that outlined the services that are provided through the community dental service.
- Within the ICB was a Learning Disability and Autism Programme Board that would closely look at health checks and how there can be better integration across the ICS. It was confirmed that there was currently no dental clinical check or screening.
- The importance of ensuring that people were aware of the work being done and what was available for people to access now was highlighted. The ICB acknowledged that there were always improvements that could be done around communication and that they were considering setting up a specific meeting with Councillors to inform them of changes and progress. However, it was noted that the size of the team was limited, and thus, hosting meetings and focus groups meant less time working on other priorities.
- Conversations were being had with the Nursing School at the College of West Anglia in West Norfolk to discuss the possibility of training dental nurses.
- Public health was responsible for school dental nurses' initiatives within schools. The committee had previously received a briefing note on this topic and there was an offer from Public Health to attend a meeting and present the work on dentistry that falls in their remit.
- A member shared that they had heard that there were vacant dental chairs and questioned the reason for this. In response, the committee heard that vacant dental chairs are often the result of not having the workforce to resource them. The detail of the specific examples the member provided was not known and there would be further exploration of this.
- The difficulties that the NHS contact poses were known and the ICB was exploring solutions such as flexible commissioning. The ICB was also reviewing the rates of units of dental activity (UDA), this was being completed with the support of other localities who were doing similar reviews.
- It was noted that the ICB does not work with dental practices in the same way as GP practices and the dental practices can fund premises out of UDA funding.
- With respect to the UDA funding and rates, a member asked how these were set and by whom. In response, it was shared with members that the rates were established when the NHS contract was set up in 2006 and was based on a year of treatment. They were calculated by units of dental activity and contract activity; they have been uplifted since 2006. Commissioners can change the rate, and this was being looked at.

- There was no information on dentistry waiting lists or how many people have access to a dentist. Members heard that in NHS dentistry, you are only a practice patient whilst you are receiving treatment.

6.7 The chair concluded the discussions and noted the progress that has been made to dental services in Norfolk and Waveney since the ICB gained responsibility. It was appreciated that the process to improve access to density would take time but that positive steps were being taken, including reviewing the NHS contract. Communication of changes made, and those that still need to be made, needed to be shared across the system so that responses could be streamlined, and resources used effectively. The Norfolk Health Overview and Scrutiny Committee has previously written to the Sectary of State and local MPs to note concerns with no substantial changes occurring. It was recommended that there be further communication with the Sectary of State to reiterate concerns, particularly noting the barriers that the NHS contract presents.

6.8 Summary of actions:

- The Committee would receive a briefing note that provided a six-month update on the progress of the Urgent Treatment Service and an overview of the provisions provided by the Community Dental Service.
- Public Health would attend an NHOSC meeting to share the work being done on prevention,
- A letter would be written to the Sectary of State that outlines the concerns of the current NHS dental contract and encourage that this be amended.

Cllr Webb left the meeting at 11:40.

7. Patient Pathway: Palliative and End of Life Care (PEOLC)

7.1 Chris Bean, Head of Acute Transformation and Clinical Programmes – Norfolk and Waveney ICB, and Dr Caroline Barry, Palliative Care Consult and Clinical Adviser to the ICB on Palliative and end-of-life care, introduced the report on PEOLC. A review has been taking place since May 2023 to look at the PEOLC services that the ICB commissions across Norfolk and Waveney and to ensure that statutory duties are being met. From the review, nine urgent actions and six long-term objectives were identified. The ICB has recently refreshed its PEOLC programme board with representation from across the system, this included representation from a range of partner organisations. The committee heard that there was significant policy in this area and that actions needed to be thought through and in line with policy.

7.2 The committee receive the annexed report (7) on Palliative and End of Life Care (PEOLC) provided by Norfolk and Waveney ICB.

7.3 The following discussion points and clarifications were offered:

- It was clarified that whilst the Queen Elizabeth Hospital (QEH) in Kings Lynn operated on 5-day weekday services, patients still receive end-of-life care. QEH staff receive training to ensure that they can offer PEOLC support when specialist services are not available. For specific care, help can be accessed through a helpline. There was an aspiration to move towards a service that operated 7 days a week. The ICB worked closely with the teams in QEH.

- Specialist beds required specialist consultant-level in-patient support; this was different from the support offered by hospices, such as Tapping House, which were considered to be an enhanced service as they do not have a named consultant.
- A member asked if the Louise Hamilton Centre at James Paget Hospital (JPH), which provided palliative care support, and complementary and relaxation therapies was operating and providing the same services it was before the Covid-19 pandemic. In response, Marlini Finney, Director of Strategic Finance, at St Elizabeth Hospice shared that St Elizabeth Hospice was moving into the center and the current focus was on providing community provisions.
- A member requested that data on deaths be represented in percentages and not bar charts as they felt that it could allow for misinterpretation of the amount of deaths in hospitals.
- The shortage of community matrons was raised by a member, they asked if work could be done to fill the gaps and ensure that people were dying with dignity at home. Work around this was being driven, and guided by, the National Delivery Plan and the three pillars of quality, access, and sustainability. Palliative specialist care teams were often small and the need to invest in the workforce on the ground was acknowledged. The member of the Borough Council of King's Lynn and West Norfolk asked if the ICB could produce protected learning time on Palliative Care.
- Members felt that palliative care needed to be included in the implementation of the Shared Care Records (SCR). In response to this, members were informed that barriers needed to be overcome before implementation and that electronic patient records across acute hospitals were unlikely to be the reality for a few years yet.
- The Chair shared his experience from his recent outing with the Ambulance service and read to the committee an email from a patient's wife. He highlighted the importance of palliative and hospice support in the home and that in the case he witnessed, an end-of-life package was not in place. The Chair asked what information was available for carers to ensure a death with dignity. In response, the committee heard that a key part of access was future planning and being able to recognise when someone was approaching their last year of life. The programme board was going to look at what would ensure that advance care planning can take place, additionally, raising awareness of death, death literacy, and wider community involvement was all felt to be important.
- The lack of knowledge within Mental Health services working with older people about end-of-life care was raised and the Vice-Chair wondered if there was an opportunity for joint working and education to address this gap. In response, Dr Caroline Barry felt that Palliative Care needed to work alongside professionals and see where they can add value. Within the ICB there was a specialty advisor for Mental Health, Dementia, and Frailty, who was working closely to help support the development of programmes of work. Additionally, collaborative work between NSFT and the ICB on the Parity of Esteem agenda would touch on this.
- Members shared their thanks to the Palliative and End of Life Care for all the work that they do.

7.4 The Chair thanked the speakers for attending and for presenting the report to the committee. He recognised how difficult it could be working in PEOLC, and conversations around death.

7.5 Summary of actions:

- Members would receive a briefing note on the Transformation Plan.

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** the details for both briefings and future meetings.

8.2 The next meeting was scheduled for 18 January 2024, the digital transformation strategy and an update from NSFT were expected as items. There would be an opportunity for members to input into the forward work programme at the workshop due to be held in January 2024. Speech and Language Therapy and Maternity services would be brought as substantive items to NHSOC.

8.3 Members identified the following topics as potential items to be considered:

- An overview of Public Health services and initiatives with a particular focus on dentistry,
- The logistics of NHS 111, including an overview of the mental health response cars; Trica D’Orsi noted that this could be a collaborative item with Integrated Care 24, EAST, and the ICB as commissioners,
- An analysis of the collapse of One Norwich practice to understand what happened and what can be learned,
- An update on the over 40’s health checkups to understand what value they have offered; this service was commissioned with Public Health and the ICB would be happy to collaborate,
- An update on menopause services and women’s help hubs,
- Overview of the changes to policing and their response to mental health from a health angle.

8.4 A member suggested that Blue Badges, and the difficulties obtaining them, be explored. This was not in the remit of the ICB or HOSC to explore. The People and Communities committee at Norfolk County Council may be best placed to explore this.

Fran Whymark Chair Health and Overview Scrutiny Committee

The meeting ended at 12:23



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