

NORFOLK HEALTH OVERVIEW AND SCRUTINY COMMITTEE
Minutes of the meeting held at County Hall
on 9 May 2024

Members Present:

Cllr Lesley Bambridge	Norfolk County Council
Cllr Brenda Jones	Norfolk County Council
Cllr Pallavi Devulapalli	Borough Council of King's Lynn and West Norfolk
Cllr Julian Kirk	Norfolk County Council
Cllr Robert Kybird	Breckland District Council
Cllr Peter Prinsley	Norwich City Council
Cllr Richard Price	Norfolk County Council
Cllr Adrian Tipple	Broadland District Council
Cllr Robert Savage	Norfolk County Council
Cllr Lucy Shires	Norfolk County Council
Cllr Jill Boyle	North Norfolk District Council
Cllr Fran Whymark	Norfolk County Council

Co-opted Member (non voting):

Cllr Edward Thompson	Suffolk Health Scrutiny Committee
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Substitute Members Present

Cllr Tom FitzPatrick	Norfolk County Council
Cllr Jennifer Newcombe	Great Yarmouth Borough Council
Cllr John Morland	South Norfolk District Council

Also Present:

Tricia D'Orsi	Executive Director of Nursing, NHS Norfolk and Waveney Integrated Care Board (N&WICB)
Gary O'Hare	Governance and Safety Advisor, Norfolk and Suffolk Foundation Trust (NSFT)
Rebecca Driver	Director of Communications and Engagement, NSFT
Zoe Billingham	Chair, NSFT
Dr Andrew Kelso	Medical Director, NHS Suffolk and North East Essex Integrated Care Board
Nicola Lovett	Lead Midwife, Local Maternity and Neonatal System(LMNS)
Toni Jeary	Programme Manager, LMNS
Rebecca Hulme	Director of Children, Young People and Maternity, N&WICB
Stephanie Pease	Director of Midwifery, Norfolk and Norwich University Hospital
Karen Haywood	Democratic Services Manager
Dr Liz Chandler	Scrutiny and Research Officer
Maisie Coldman	Committee Officer

1. Election of Chair

- 1.1 The committee officer opened the meeting and invited nominations for the election of the Chair. Cllr Whymark was nominated by Cllr Price and seconded by Cllr Bambridge. Cllr Jones was nominated by Cllr Shires and seconded by Cllr Boyle. Following a vote, Cllr Jones was elected the Chair for the forthcoming year.

- 1.2 The Chair requested that the meeting be adjourned for 5 minutes. The meeting resumed at 10:08.

2. Election of Vice-Chair

- 2.1 Cllr Jones thanked members for electing her as Chair for the forthcoming year and invited nominations for the election of Vice Chair. Cllr Devulapalli was nominated by Cllr Shires and seconded by Boyle. All in agreement. Cllr Devulapalli was elected Vice Chair for the forthcoming year

3. Apologies for Absence

- 3.1 Apologies for absence were received from Cllr Cork (substituted by Cllr Morland), Cllr McMullen (substituted by Cllr Newcombe), Cllr Dark (substituted by Cllr Fitzpatrick) and Cllr Back.

4. Minutes

- 4.1 The minutes of the previous meeting held on 21 March 2024 were **agreed** as an accurate record of the meeting.

5. Declarations of Interest

- 5.1 There were no declarations of interest.

6. Urgent Business

- 6.1 There were no items of urgent business.

7. Chair's Announcements

- 7.1 There were no Chair's announcements.

8. Update on the Norfolk and Suffolk Foundation Trust (NSFT) mortality data action plan

- 8.1 Zoe Billingham, Chair of NSFT, introduced the report and highlighted that it was important to remember that the numbers represent people who have lost their lives. She thanked the members of the Suffolk and Norfolk Health Overview and Scrutiny Committees for their attendance at an informal briefing and spoke about the collaborative work that was occurring between NSFT and the Integrated Care Board (ICB).
- 8.2 Gary O'Hare, Governance and Safety Advisor, NSFT, reiterated to the committee that sensitivity was needed when discussing the figures because each number represents someone who has passed. The committee heard that the report contained data collected since November from the new system that had been developed. The data collected had been broken down into different demographics including age and ethnicity. Bereaved family members were involved in the development of the action plan and were engaged to help determine how to present the data most appropriately. It was shared that legacy cases were being reviewed which would provide NSFT with 5 years' worth of information around mortality which would be used to inform learning and plans.

- 8.3 Tricia D'Orsi, Executive Director of Nursing, N&WICB, highlighted to members the rigor that was been applied to strengthening the processes that NSFT uses. It was acknowledged that work was still required, but that there was confidence in what had already been completed and that NSFT would not be in the same position concerning mortality reporting in the future.
- 8.4 Dr Andrew Kelso, Medical Director, Suffolk and North East Essex ICB, shared with the committee that scrutiny surrounding the learnings from deaths was welcomed. The rigor and curiosity that NSFT was showing, which previously was not present, was highlighted.
- 8.5 The committee received the annexed report (8) from Dr Liz Chandler, Scrutiny and Research Officer, that noted information to aid the examination of the of the Update on the NSFT mortality data action plan.
- 8.6 The following discussion points and clarifications were offered:
- The legacy cases would span back over 5 years which would include the Covid 19 pandemic. A member asked if this could impact the classification of death, noting that death certificates may indicate Covid 19 as the cause of death when this might not have been the case. In response, the committee heard that the automated data collection was not being solely relied on and that clinicians had been asked to review the notes to make an informed decision about how to classify a death.
 - Members acknowledged the use of respectful and humane language included within the report and the inclusion of an easy-to-read version. Members also thanked the team for the work that had been, and would continue to be, carried out concerning recording and reporting mortality data.
 - A member asked how the Integrated Care System was managing the comorbidity and correlation between physical ill health and mental ill health. In response, it was noted that within primary care, with the support of the ICB, health checks were available for people who had mental ill health presentations. The committee heard that uptake for this was improving but more needed to be done across the system to address the relationship between physical and mental ill health. Additionally, national policy dictates that people who experience a particular health need should receive an annual review. People who experience mental ill health do not always attend the annual reviews thus increasing the difficulty in having oversight of conditions. Dr Kelso noted that to understand mental ill health, there needed to be an understanding of the clinical effectiveness and outcome of a programme.
 - Concerning the Family Liaison Officer (FLO) roles, a member asked if NSFT was able to ensure that there would be sufficient support long term. Gary O'Hare shared with the committee that they had currently recruited two FLOs and that they would be working with bereaved families and within the wider community. The support of a FLO had not previously been offered to bereaved families, the addition of this role meant that the opportunity to receive support was now available as and when it was required. The committee heard that specific training was in place to support FLOs in their role. NSFT noted that they would be happy to return to a future HOSC meeting to update the committee on the progress of these roles. Cllr Whymark suggested the recommendation that NSFT return in 6 months to

share another update on the progress being made and again in 12 months to update on the role of the FLOs.

- A member felt that the improved accuracy and integrity of the data should be highlighted when comparing the old mortality recording system with the new system in place. In response, the committee heard that the graph that highlighted the difference between the mortality reporting systems was intended to show that the new system relied on data from multiple places and that there were checks to ensure that the data was appropriate. It was highlighted that an independent consultant would be used to check the data used following the review of the legacy cases. Gary O'Hare shared that the point about demonstrating data accuracy and integrity would be reflected on.
- Regarding the ethnicity overview data, a member expressed their concerns about the incompleteness of ethnicity data. Gary O'Hare shared this concern and noted that the ethnicity data was a point of shame. He highlighted that the incompleteness was a result of notes not being filled in fully and that this had been raised as a learning point. Efforts were being undertaken to ensure that records were fully completed.
- It was confirmed that once the review of the legacy cases had been completed and shared with the NSFT Board it would be made available to view; this was anticipated in the early summer. NSFT was keen to ensure that the review was not shared until they were confident that the information was accurate.
- A member was keen to ensure that the work being completed would be used to prevent deaths and not just to be used as a means of auditing mortality data. In response, it was noted that mortality data would be used as evidence to underpin the transformation of NSFT services and there were ambitions that the mortality data would be used nationally to influence change too. Tricia D'Orsi highlighted to members the workaround mortality data recording and reporting was not being carried out in isolation. Work was happening to review the different aspects and services of the trust. The efforts to understand the data would raise issues that have historically been avoided which would require a response from the whole system. The issues included housing, drug and substance abuse, loneliness, etc.
- The difficulties in recruiting into psychiatry were a national problem and harder in rural areas. Trica D'Orsi shared that a new Medical Director would be joining the trust in September, and it was hoped that this would attract other people to NSFT.
- The Chair asked if the recommendation noted in the Forever Gone: Losing Count of Patient Deaths report had been incorporated into the improvements being made. Gary O'Hare confirmed that the Grant Thornton co-produced action plan was developed in conjunction with the Forever Gone: Losing Count of Patient Deaths report. The authors of the report were no longer engaging with the work, but members were assured that bereaved families were still being represented. The committee also heard that all officers in attendance for the item had read the Forever Gone: Losing Count of Patient Deaths report and that the report had been included with the Terms of Reference of the Deaths Action Plan Management Group.
- Following a member's question about how NSFT benchmarked against other trusts, it was shared that there was no national benchmarking for mortality

and deaths. This meant that all trusts were using different data, which made comparisons hard. It was hoped that with national networking and engagement with the Department for Health, a national standard would be developed to support benchmarking. Members of HOSC felt that national benchmarking was needed.

- A member shared with the committee the community-based initiatives that operated in their local area that aim to tackle the gaps between health services and other services. Zoe Billingham also highlighted the work being carried out at Broadland and South Norfolk District Council within the Health Hubs. It was felt that district councils provide/could provide the opportunity for people to access mental health provision.

8.7 The Chair concluded the discussion and summarised the key points of the committee which included the need for joint working across the system, the importance of accurate and integral data, the concerns with the incompleteness of ethnicity data, and the need for national benchmarking data. She thanked NSFT for their presentation and noted the positive improvements that had been made.

8.8 Summary of actions:

- NSFT to return in 6 months to provide an update on the mortality data action plan and in 12 months to update on the new Family Liaison Officer roles.
- HOSC to look at the impact of chronic conditions on mental health, specifically the data and what is in place to measure and support the wellbeing of those with chronic conditions across the system.
- NSFT to share legacy mortality data with HOSC when available.
- NSFT to provide the Terms of Reference for the Learning from Deaths Action Group.
- The committee supported the establishment of a single nationally agreed measure of mortality.

The committee took a short break. The meeting resumed at 11:30.

9. Local Maternity Neonatal System (LMNS)

9.1 Tricia D'Orsi, Executive Director of Nursing, N&WICB, introduced the Local Maternity Neonatal System (LMNS) report to the committee and highlighted that the report was an opportunity to update the committee on maternity and prenatal services. Across the system, there was evidence of good work happening but there were still areas of concern, these included smoking, obesity, stillbirth rates and mental health support. Public Health and primary care were working with the LMNS to improve stillbirth rates. Quality and oversight were maintained across the LMNS. The committee heard that the Norfolk and Norwich University Hospital (NNUH) and Queen Elizabeth Hospital Kings Lynn (QEH) both had a rating of good. The James Paget University Hospital (JPUH) had a section 29 notice raised; members were assured that work had been done with the team to improve the governance.

9.2 The committee received the annexed report (9) from Dr Liz Chandler, Scrutiny and Research Officer, that noted information to aid the examination of Local Maternity Neonatal System (LMNS).

9.3 The following discussion points and clarifications were offered:

- A member asked what was being done to target support to people with health inequalities. In response to this, the committee heard that the areas of Norfolk that required support were known to the system and that work was being targeted in those localities through the Life Programme and Family Hubs. There was a new hub in North Walsham where maternity services were engaging.
- A member asked for reassurance that work was occurring to improve the health outcomes for women of colour, particularly given the stillbirth statistics. In response, the committee heard that the system was ashamed that people of colour who deliver babies, had poorer health outcomes. Members were assured that there was a three-year delivery plan to address this already in place.
- Following a question about how pelvic floor dysfunction support was being made available to the public, it was confirmed that there was a campaign advertised in hospitals. Additionally, all women who are triaged with the pelvic floor teams are invited into the services, as are people booking into midwifery. For people who do not initially engage with the service, there was a mechanism for GPs to follow up at the 6-week post-natal appointment. Work was also being carried out to integrate the service into the health visitors during the post-natal period. The committee heard that the services were a collaboration of maternity and physiotherapy services.
- It was confirmed that there were strong connections between LMNS and regional teams to ensure that provision was consistent across the county including for people who attended hospitals outside the border.
- The JPUH was expecting a Care Quality Commission inspection in 2024. This had not happened yet, and it was expected to be an unannounced visit.
- It was questioned by a member what the situation and impact of Covid 19 was on maternal deaths as it was noted in the report of the second leading cause of death. Members heard that the figures are nationally driven and that it was not an issue across the system in Norfolk. Covid 19 was no longer tested for unless someone was symptomatic, but people were offered the Covid 19 vaccination. Infection control was still being taken seriously across the system.
- It was noted that it was a national standard to have a separate room for bereaved families. A member shared anecdotal evidence of their visit to the QEH where they were shown around the bereaved family room highlighting how impressed they were with the service.
- Members requested a separate maternity briefing that included details on sexually transmitted infections (STIs) and drug and alcohol substance misuse.

- A member appreciated the inclusion of health inequalities and the work that was associated with this. They felt that it would be beneficial for all reports to contain information on health inequalities.
- A new smoking and pregnancy pathway has been launched. This was led by maternity services but was in partnership with Norfolk County Council (NCC), other councils that were on the border of the acute hospitals, and Norfolk Public Health. Additionally, NCC was funding Nicotine Replacement Therapy and maternity services were involved with the smoking incentive scheme trial and JPUH. Members of the committee discussed whether the People and Communities Select Committee at NCC could look into smoking cessation and what was being carried out at the family hubs.
- A member opined that society needed to encourage and support breast feeding and requested councils and health services do what they can within their spheres of influence to ensure that their facilities are welcome places for breast feeding mothers. This sentiment was welcomed by officers.

Cllr Tipple left the meeting at 11:55.

Cllr Morland left the meeting at 12:00.

9.4 The chair concluded the discussion, noting the topics that members had raised. These included health inequalities, smoking cessation, breastfeeding, the Pelvic Floor Dysfunction Service, and the separate room for bereaved families. The Chair thanked the speakers for attending the meeting.

9.5 Summary of actions:

- HOSC to examine health inequalities in a future meeting. Health inequalities to be included in every report moving forward.
- HOSC to receive a briefing containing data and information on the work being done with pregnant/new mothers who have issues with substance and alcohol misuse.
- HOSC to receive a briefing containing data and information on screening for and effects of STIs in pregnant/new mothers.
- HOSC to request the People and Communities Committee examine smoking cessation and family hubs in relation to families that are expecting children and share the reports with the committee.
- HOSC to recommend to NCC that it works with partner organisations to help ensure that children born into poverty have a better start in life.

10. Proposed Forward Work Programme 2024/25

10.1 The Committee received a report from Dr Liz Chandler, which set out the current forward work programme and briefing details. The Committee **agreed** the details for both briefings and future meetings.

10.2 The following comments were made:

- Members felt that it would be beneficial to have information on the dysfluency service ahead of the item on speech and language therapy. Tricia D'Orsi noted that this could be included in the briefing.
- A member requested an item on the health care services for prisoners. Tricia D'Orsi shared that the ICB could be the commissioners of this report and that they would have conversations regarding this.
- A member requested that the update on the density plan be scheduled for the September meeting as they felt the speech and language therapy item, scheduled for the meeting prior, would be relevant.
- A member referred to a doctor who had been able to treat diabetes, they wondered if it would be worthwhile exploring their methods as it resulted in a reduction of cost and improvement of health.
- Long Covid 19 and ME/CFS was suggested as a topic to explore as a meeting agenda item. Trica D'Orsi noted that a briefing for HOSC was already being prepared regarding this topic and it was suggested that the committee wait until this had been received before deciding if they wished to bring it as an item to a formal meeting.
- Dr Liz Chandler would look at scheduling some of the suggested items for the committee to consider.

10.3 Cllr Price used this opportunity to express disappointment about the decision to close Blakeney Branch Surgery and this was endorsed by the Chair.

Brenda Jones, Chair
Health and Overview Scrutiny Committee

The meeting ended at 12:15



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