

**NORFOLK HEALTH OVERVIEW AND SCRUTINY COMMITTEE
MINUTES OF THE MEETING HELD AT COUNTY HALL, NORWICH
on 12 July 2018**

Present:

Michael Chenery of Horsbrugh (Chairman)	Norfolk County Council
Mrs A Claussen-Reynolds	North Norfolk District Council
Miss K Clipsham (substitute for Ms E Corlett)	Norfolk County Council
Mr F Eagle	Norfolk County Council
Mr D Fullman	Norwich City Council
Mrs S Fraser	Borough Council of King's Lynn and West Norfolk
Mr D Harrison	Norfolk County Council
Mrs B Jones	Norfolk County Council
Dr N Legg	South Norfolk District Council
Mr G Middleton	Norfolk County Council
Mr R Price	Norfolk County Council
Mrs S Young	Norfolk County Council

Also Present:

Tracy McLean	Head of Children, Young People and Maternity Services for Norfolk and Waveney (hosted by Great Yarmouth and Waveney CCG)
Rebecca Hulme	Chief Nurse and Director of Children, Young People and Maternity, Great Yarmouth and Waveney CCG
Prof Erika Denton	Associate Medical Director, Norfolk and Norwich University Hospitals NHS Foundation Trust
Lesley Deacon	Head of Midwifery & Associate Chief Nurse for Gynaecology & Paediatrics, The Queen Elizabeth Hospital NHS Foundation Trust
Louise Bassett	Local Maternity System (LMS) Programme Manager, attended for the maternity item
Jonathan Williams	Chief Executive, East Coast Community Healthcare
Louise Barrett	Deputy Director Health Improvement & Children's Services, East Coast Community Healthcare
Michael Bateman	Head of Education High Needs SEND Service, Norfolk County Council
Lorraine DeVere	Family Voice Norfolk

Maxine Webb	SENsational Families
Maureen Orr	Democratic Support and Scrutiny Team Manager
Chris Walton	Head of Democratic Services
Tim Shaw	Committee Officer

1 Apologies for Absence

- 1.1 Apologies for absence were received from Ms E Corlett, Ms E Flaxman-Taylor, Mrs L Hemsall and Mr P Wilkinson.

2. Minutes

- 2.1 The minutes of the previous meeting held on 24 May 2018 were confirmed by the Committee and signed by the Chairman.

3. Declarations of Interest

- 3.1 There were no declarations of interest.

4. Urgent Business

- 4.1 There were no items of urgent business.

5. Chairman's Announcements-Norfolk Community Health and Care NHS Trust

- 5.1 The Chairman informed the Committee that Norfolk Community Health and Care NHS Trust had been rated 'Outstanding' by the Care Quality Commission and was the first stand-alone NHS community services trust in England to receive the 'outstanding' rating. This was an excellent achievement and Members asked that their congratulations be sent to the Trust and to its former Chief Executive, Roisin Fallon-Williams.

6 Maternity Services

- 6.1 The Committee received a suggested approach by Maureen Orr, Democratic Support and Scrutiny Team Manager, about how the Committee might like to examine local progress towards national ambitions for improvement of maternity services by 2020.
- 6.2 The Committee received evidence from Tracy McLean, Head of Children, Young People and Maternity Services for Norfolk and Waveney (hosted by Great Yarmouth and Waveney CCG), Rebecca Hulme, Chief Nurse and Director of Children, Young People and Maternity, Great Yarmouth and Waveney CCG, Prof Erika Denton, Associate Medical Director, Norfolk and Norwich University Hospitals NHS Foundation Trust, Lesley Deacon, Head of Midwifery & Associate Chief Nurse for Gynaecology & Paediatrics, Queen Elizabeth Hospital NHS Foundation Trust and Debbie Bassett, Local Maternity System (LMS) Programme Manager.

6.3 The Committee heard that the Norfolk and Waveney Local Maternity System (LMS) recognised the critical importance of engaging with staff, and with women and their families, in the local planning and delivery of the aspirations set out in 'Better Births'.

6.4 Some of the key challenges facing the LMS that were discussed during the meeting were identified as: -

- The geographical factors which restricted women's access to the maternity service such as travel times between locations and poor road networks.
- The NNUH was frequently working at full capacity and historically had struggled to accept in-utero transfers from across the region.
- The Queen Elizabeth Hospital (QEH) and the James Paget Hospital (JPUH) had experienced problems recruiting suitable doctors.
- The Homebirth Service at QEH was newly established.
- Numerous workforce challenges ahead for the recruitment of nurses and midwives as well as doctors.
- Engaging all three hospitals in the development and implementation of the NHS Improvement Maternity and Neonatal Quality Improvement programme.
- Issues linked to reducing smoking in pregnancy and weight reduction.
- Ensuring that the mental health needs of new parents were not overlooked by health and social care professionals and that these problems were appropriately supported and treated. The Committee heard that this was being done by developing joint multi professional training, shared guidelines and practises as well as developing an entirely new model of supporting women with pre-existing or new perinatal mental health needs.
- Appropriate handling of the feed-back from patients on a range of issues linked to the Friends and Family Test. The Committee heard that the scores for all three hospitals were currently rated good. The feed-back had shown mainly good experiences of care in the delivery suite and Maternity Led Birthing Units.
- Other challenges for maternity services were linked to: the achievement of national targets for still births by 2025, the level of support required during antenatal care, the level of support required for home births and providing all pregnant women with a personalised care plan, based on an LMS wide standard plan, that was localised to each hospital and then personalised to each woman and her partner.

6.5 The Committee was informed that the Local Maternity System (LMS) had published the Sustainability Transformation Partnership (STP) Delivery Plan for LMS for Norfolk and Waveney (now referred to as the Operational Plan) on the In Good Health (STP) section of Healthwatch Norfolk's website see: <https://www.healthwatchnorfolk.co.uk/ingoodhealth/stp-reports-and-papers/>

6.6 The STP delivery plan was broken down into eight workstreams which were set out in the report, each led by one of the heads of midwifery with representation from all three hospitals at the workstream meetings. The Committee heard that specific progress against the delivery plan and towards maternity services transformation was monitored by the LMS board. The Heads of Midwifery and the project manager met on a fortnightly basis to review progress and resolve and discuss any issues arising within the workstreams.

6.7 The Committee also heard that a consultant midwife had been taken on to work across all three trusts and that a new Bereavement Midwife role had been created at the NNUH to support families who experienced baby loss. Earlier in the year, the hospital signed up to the National Bereavement Care Pathway (NBCP) for

pregnancy and baby loss backed by Sands (Stillbirth and neonatal death charity). This pioneering project aimed to improve the overall quality of bereavement care for parents and families whose baby had died before, during or shortly after birth. The new role had been taken up by a member of staff whom worked across gynaecology, midwifery services and also linked with the Neonatal Intensive Care Unit to support women and families who had experienced baby loss. The bereavement pathway also included miscarriage, termination for fetal abnormalities and baby loss up to first year of life.

6.8 In response to questions the LMS representatives said that the average ratio of midwives : caseload across the county is around 1:30, Norfolk is in line with other parts of the country in terms of rates of caesarean sections, the local maternity units often operate at above 90% of capacity and the LMS will be looking at capacity requirements.

6.9 The Committee noted:

- **Members would be provided with details of the feedback given to the LMS by service users when this became available from the speakers.**
- **Maternity services were not included in the latest CQC inspection at the NNUH but a follow-up to the 2017 inspection was expected in due course. Details of the outcome of the follow-up inspection would be provided to Members by the Democratic Support and Scrutiny Team Manager via the NHOSC Briefing when available.**

7 Children's Speech and Language Therapy

7.1 The Committee received a suggested approach by Maureen Orr, Democratic Support and Scrutiny Team Manager, to an update report from commissioners on access to and waiting times for children's speech and language therapy (SLT) in Norfolk.

7.2 The Committee received evidence from Tracy McLean, Head of Children, Young People and Maternity Services for Norfolk and Waveney (hosted by Great Yarmouth and Waveney CCG), Rebecca Hulme, Chief Nurse and Director of Children, Young People and Maternity, Great Yarmouth and Waveney CCG, Jonathan Williams, Chief Executive, East Coast Community Healthcare and Louise Barrett, Deputy Director Health Improvement & Children's Services, East Coast Community Healthcare. The Committee also heard from Lorraine De Vere, Family Voice Norfolk (an organisation that included parents of children with a range of disabilities that could be consulted on family issues) and Maxine Webb, SENSational Families who gave an overview of the responses that they had received to a survey of parents that they had conducted about SLT generally since Sept (including stakeholder group meetings) and their experience of the independent review process.

7.3 The speakers informed the Committee that Speech and Language Therapy (SLT) services in Norfolk were commissioned under two separate contracts. The first contract was to provide an integrated speech and language therapy service commissioned jointly by 4 of the 5 CCGs in Norfolk (all except for Great Yarmouth and Waveney Clinical Commissioning Group (CCG)) and Norfolk County Council Children's Services. The commissioners had a Section 75 Agreement pooled fund which covered the contract from 4 April 2016 to 31 May 2020. The service area for the Norfolk County Council educational element of the contract was Norfolk-wide, including Great Yarmouth, but the health element was for central and west Norfolk

only. The second contract was for a speech and language therapy service commissioned by Great Yarmouth and Waveney CCG for its own area under a contract running from 2011 to 2019 and providing the health element of the service for Great Yarmouth and Waveney. The contract holder in both cases was East Coast Community Healthcare (ECCH) who were represented at the meeting.

7.4 The Commissioners of SLT services for Norfolk, including the central, west and Great Yarmouth areas, reported to the Committee on the following issues:-

- The outcome of the Better Communication CIC independent review of the central and west Norfolk SLT service. The recommendations of the review were interim at this stage and were to be finalised within a few weeks.
- Progress on establishing a stakeholder group and a task and finish group that included representation from the NHS and the County Council to address issues of concern to parents and any changes to the service that had been made as a result. The task and finish group would examine how head teachers and social workers could be given an opportunity to put forward their views on how the service should be developed.
- Changes in the current staffing workload, including types of vacancies and the trend since the report to NHOSC in September 2017. This information included a comparison between the commissioned capacity and actual numbers of referrals. Detailed figures were set out in the report.
- Waiting times from referral to first intervention; and waiting times for those children who were referred back into the system for review after having been discharged.
- Key performance indicators (KPIs) - current performance against KPIs and trend in performance since the last report to NHOSC.
- Complaints / user feedback – numbers of complaints; complaint themes; user satisfaction survey feedback since the last report to NHOSC.
- Information about the take-up of drop in sessions at venues across the county.
- It was noted that East Coast Community Healthcare (ECCH) had in the past paid for eight children to receive additional enhanced services from independent therapists but this option was no longer available.
- In response to questions it was confirmed that the principle point of access to the ECCH service was via a telephone appointment for a family member or a referring professional (unless the family attended a drop-in session). Often this led on to ECCH accepting the referral. The telephone conversation enabled the therapist to understand the issues and concerns and offer initial advice and support before the first face-to-face appointment. Sometimes concerns could be satisfied during the initial telephone conversation.
- The commissioners confirmed that service user families' representatives (including Family voice Norfolk) would be included in the stakeholder group for SLT which would be established by the autumn.
- The level of funding resources available for the SLT service was struggling to keep pace with demand. The NHS and Children's Services had to very carefully consider the outcome of the independent review and the level of resources that could be provided for SLT against other priorities, and find new ways of working.

7.5 The Committee noted:

- **The comments that SENSational Families had collected from families would be provided to Committee Members via the NHOSC Briefing.**

- The Commissioners of SLT services for Norfolk would provide an update on the outcome of the independent review of the integrated SLT service (central & west Norfolk) when it was finalised, along with details of the agreed actions / changes arising from it. Members would receive this information via the NHOSC Briefing.
- Children's Services would examine the situation regarding specific cases at the Wherry School, which were raised during the meeting by the Vice-Chairman, Cllr Legg.

8 Norfolk Health Overview and Scrutiny Committee Appointments

8.1 This item was deferred to the next meeting of the Committee.

9 Forward Work Programme

9.1 The Committee received a report from Maureen Orr, Democratic Support and Scrutiny Team Manager, that set out the current forward work programme.

9.2 The Committee agreed the Forward Work Programme with the following additions:-

For the agenda on 18 October 2018:-

- Access to palliative and end of life care – examination of NICE and other guidance on what should be provided and comparison with the services available in Norfolk.
- Norfolk and Norwich University Hospitals NHS Foundation Trust – response to the Care Quality Commission report; including discussion on capacity of the hospital.

For the NHOSC Briefing:-

- Children's autism services (central & west Norfolk) – assessment and diagnosis – update on progress since January 2018.
- Gender dysphoria – services for young people
- Children's speech and language therapy – outcome of the independent review of the integrated service in central and west Norfolk.

9.3 It was noted that Great Yarmouth and Waveney Joint Health Scrutiny Committee would be examining the myalgic encephalomyelitis (ME/CFS) service, which was commissioned jointly across Norfolk and Suffolk, on 26 October 2016. At the request of the NHOSC, the report would be circulated to Members for information.

Chairman

The meeting concluded at 1 pm



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