

NORFOLK HEALTH OVERVIEW AND SCRUTINY COMMITTEE
Minutes of the meeting held on Microsoft Teams (virtual meeting)
at 10am on 8 October 2020

Members Present:

Cllr Penny Carpenter (Chairman)	Norfolk County Council
Cllr Nigel Legg (Vice-Chairman)	South Norfolk District Council
Cllr Michael Chenery of Horsburgh	Norfolk County Council
Cllr Emma Corlett	Norfolk County Council
Cllr Helen Crane	Breckland District Council
Cllr Fabian Eagle	Norfolk County Council
Cllr Emma Flaxman-Taylor	Great Yarmouth Borough Council
Cllr David Harrison	Norfolk County Council
Cllr Chris Jones	Norfolk County Council
Cllr Alexandra Kemp	Borough Council of King's Lynn and West Norfolk
Cllr Laura McCartney-Gray	Norwich City 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

Co-opted Members Present

Cllr Judy Cloke	Suffolk Health Scrutiny Committee
Cllr Keith Robinson	Suffolk Health Scrutiny Committee

Also Present:

Hollie Adams	Committee Officer, Norfolk County Council
Marcus Bailey	Chief Operating Officer, East of England Ambulance Service NHS Trust
Nancy Campen	School Immunisation Team Leader, Cambridgeshire Community Services NHS Trust
Ross Collett	Associate Director of Urgent and Emergency Care, Norfolk & Waveney CCG (Clinical Commissioning Group)
Dr Sarah Flindall	Clinical Advisor to Children Young People and Maternity, Norfolk & Waveney CCG, and GP partner at East Norfolk Medical Practice
Dr Clare Hambling	GP, Bridge Street Surgery, and Governing Body member, NHS Norfolk and Waveney CCG
Dr Gavin Hancock	Representing consultants in the Emergency Department, Norfolk & Norwich University Hospitals NHS Foundation Trust
Terry Hicks	Head of Operations, Norfolk & Waveney East of England Ambulance Service NHS Trust
Dr Linda Hunter	Clinical Director, East of England Cancer Alliance North and Associate Medical Director, Norfolk and Norwich University Hospital NHS Trust
Dr Caroline Kavanagh	Associate Medical Director for Emergency and Urgent Care, Norfolk & Norwich University Hospitals NHS Foundation Trust
Dr Mark Lim	Associate Director of Planned Care and Cancer, Norfolk & Waveney CCG
Sarah Miller	Lead for Intelligence and Informatics, East of England Cancer Workstream & Head of Information Intelligence, East of England South Cancer Alliance NHS England & Improvement
Maureen Orr	Democratic Support and Scrutiny Team Manager, Norfolk County Council
Marie Rogerson	Public Health System Transformation Lead, NHS England and NHS Improvement, East of England

David Russell	Member of Cromer Town Council
Mike Saunders	Sustainable Operational Performance Programme Lead, East of England North/South Cancer Alliance
Dr Jamie Scott	Interim Screening and Immunisation Manager (covering Cancer and Adult Screening Programmes in East Anglia), NHS England and NHS Improvement, East of England
Denise Smith	Chief Operating Officer, Queen Elizabeth Hospital NHS Foundation Trust
Dr Shylaja Thomas	Lead for Screening and Immunisation, East Anglia NHS England and Improvement, East of England/ Public Health England East of England
John Webster	Director of Strategic Commissioning, Norfolk & Waveney CCG
Emily Woodhouse	Business Development Director, Healthwatch Norfolk

1. Apologies for Absence

- 1.1 Apologies were received from Cllr Brenda Jones (Cllr Emma Corlett substituting) and Cllr Robert Kybird (Cllr Helen Crane substituting).

2. Minutes

- 2.1 The minutes of the meeting on 3 September 2020 were agreed as an accurate record.

3. Declarations of Interest

- 3.1 The following interests were declared:
- Cllr Keith Robinson declared a non-pecuniary interest as he had a sister receiving cancer treatment at the James Paget University Hospital
 - The Chairman declared a non-pecuniary interest as a cancer patient at James Paget University Hospital.
 - Cllr David Harrison declared a non-pecuniary interest as his daughter was a paramedic.
 - Cllr Sheila Young declared a non-pecuniary interest as a carer.

4. Urgent Business

- 4.1 There were no items of urgent business.

5. Chairman's Announcements

- 5.1 The Chairman updated the Committee that she had recently attended the James Paget Hospital Annual General Meeting (AGM).

6. Cancer Services

- 6.1 The Committee received the report examining the situation regarding provision of cancer services in Norfolk and Waveney in light of Covid-19, including cancer screening, diagnostic and treatment services.
- 6.2 Healthwatch Norfolk had carried out research on people's experience of cancer services in Norfolk and Waveney and gave a short verbal presentation on their findings.
- Targeted engagement was carried out to gather the patient voice on experiences of

bowel, breast and cervical screening services, to find out why patients were not accessing screening, and ideas of how services could be more accessible.

- A survey was carried out which received 285 responses including 198 full responses; the results were shared with acute providers, the cancer board and voluntary sector partners
- A difference in experiences was reported across the three types of screening:
 - mobile breast screening was praised for convenience, but privacy and disability access were highlighted as issues
 - bowel screening home testing kits were described as helpful, convenient and informative and there was good satisfaction around the wait for results;
 - cervical screening had shown a variance in result timelines, and the main issues raised were discomfort and the impact of staff attitudes
- Staff attitudes were key to the screening process as this could impact on privacy, help reduce anxiety and impact on the likelihood of attending future screenings.
- GP surgeries were preferred to hospitals as they were more familiar and less intimidating
- There was more desire for out of hours appointments for those working full time
- Some people did not know what screenings they were entitled to and when the screenings stopped and why
- It was highlighted as important to reduce stigma and highlight the positive impacts of screening
- The full data can be found at the following links:
 - Experiences of Cancer Screening Services in Norfolk and Waveney:
<https://healthwatchnorfolk.co.uk/report/experiences-of-cancer-screening-services-in-norfolk-and-waveney/>
 - Experiences of Early Cancer Pathways and Diagnosis:
<https://healthwatchnorfolk.co.uk/report/experience-of-early-cancer-pathways-and-diagnosis/>

6.3 The following points were discussed and noted

- Cllr Robinson shared his sister's experience of being diagnosed with lymphatic cancer which had been delayed by a 6-month check-up being cancelled due to Covid-19 restrictions. He felt that people's outcomes could be affected by circumstances like this. The Associate Director of Planned Care and Cancer, Norfolk & Waveney CCG, **agreed** to discuss this further with Cllr Robinson after the meeting and **agreed** that the pathways involved would need to be looked at to ensure the pathways from outpatients into the cancer pathway were robust.
- A home testing FIT (faecal immunochemical test) kit was sent to people from the age of 60 to 75 every 2 years. If a positive test result was received a referral would be made for a screening colonoscopy. Over the next 5 years, bowel screening from age 55 would be phased out and replaced with the home testing FIT kit for people from the age of 50.
- The Vice-Chairman asked what was being done locally to prevent the 25% of colorectal cancers which presented in Accident and Emergency nationally. Cancer services and NHS representatives replied that work was being carried out with primary care clinicians on introduction of the FIT test in primary care, including for patients not eligible for a home testing kit. Primary care clinicians were asked to review clinical notes of late stage colorectal cancers which identified a number of reasons why patients were being diagnosed late such as patients being considered too young or symptoms being put down to other diseases.
- Cancer services and NHS representatives reported that throughout the pandemic cancer surgeries had been prioritised over other elective surgeries and there was evidence of them continuing within the appropriate timeframes. The 90% baseline

discussed in the report was for all elective surgeries and it was hoped that this would be reached by November 2020.

- Norfolk and Waveney Sustainability and Transformation Partnership (STP) had been successful in their bid for funding for computer endoscopy capsules as part of the pilot of a national study on use of computer tomography.
- At the start of the pandemic endoscopy services were restricted which impacted on diagnostics and caused a backlog; CT enemas were used to mitigate this, and results of FIT tests used to prioritise patients. The Norfolk and Norwich University Hospital was now at 75% of pre-pandemic levels for endoscopies. Use of St James surgery supported the Queen Elizabeth University Hospital with additional capacity.
- The Associate Director of Planned Care and Cancer, Norfolk & Waveney CCG, **agreed** to share figures for endoscopy recovery towards pre-pandemic levels for the three acute hospitals in Norfolk and Waveney.
- It was queried whether hospitals would be able to reach the 90% elective surgery target with the rising cases of Covid-19; representatives recognised that it would be challenging to meet this nationally set target but processes were being put in place to support hospitals for example looking into use of independent sector capacity.
- The impact of Covid-19 restriction on increased cancer morbidity due to delayed diagnosis was queried; representatives were unable to quantify this but there were concerns around patients with lung symptoms as Covid-19 could generate similar symptoms. Guidance had gone to primary care to advise that patients with a persistent cough should be investigated for cancer.
- The Lead for Intelligence and Informatics, East of England Cancer Workstream & Head of Information Intelligence, East of England South Cancer Alliance NHS England & Improvement, discussed the impact on cancer referrals and treatments during the pandemic. Cancer services and NHS representatives explained there had been work to support escalation of potential cancer cases by prioritising patients on a clinical basis and in terms of how long they had been waiting.
- Cancer services and NHS representatives reported that 93% of cancer patients were seen within 2-weeks of GP referral and all three acute hospitals in Norfolk and Waveney were looking to hit national targets, however in some areas there were backlogs but there were regular system meetings to discuss how these were being addressed. Some long waits could be impacted by patient choice and complicated patient treatment pathways.
- A report was due which set out what the UK was doing differently to other European countries where cancer outcomes were better. It was already known that diagnostics needed increasing so people were treated at an earlier stage, and the need for work on tobacco control, and the links between obesity and alcohol intake on certain cancers and cancer morbidity were noted.
- A Member asked what could be done to reach people with English as an additional language and people with poor access to medical services. Cancer services and NHS representatives replied that regular campaigns were run promoting screening and they worked with charities, Public Health teams and CCGs to help GPs identify patients being called for screening who needed further communication, including identifying any language barriers. To support this, leaflets were available in a range of languages and in simple language versions. People with physical and mental disabilities were offered additional support to attend screenings.
- More information was **requested** on the impact of different approaches to encourage and support different groups of people to attend screenings.
- Recruitment and retention of staff was queried; Cancer services and NHS representatives explained that from March to June 2020, some staff were redeployed to help with the Covid-19 response which impacted on screening work and diagnostics. There was a national shortage of breast cancer screening staff

and work was ongoing to address this and look at how the workforce could be used in a better way or how artificial intelligence could be used to support.

- In 2019, breast cancer screening at the James Paget Hospital had to close for 2 months due to staff shortages; a piece of work was now being carried out to look at how Acute Hospitals could work more closely to support each other; for example, with good IT links, images could be read remotely by a consultant radiologist.

6.4 The Norfolk and Waveney Overview and Scrutiny Committee (NHOSC):

- **ASKED** Norfolk and Waveney CCG to provide data on the level to which cancer diagnostic services (e.g. gastroscopy, endoscopy & flexible sigmoidoscopy), at each of the acute hospitals in Norfolk & Waveney are operating compared to pre-Covid levels (i.e. expressed as a percentage of the full operating level).
- **AGREED** that the NHOSC would receive an update at a meeting in 9 months' time focusing on:
 - i. The impact of Covid 19 on backlogs and waiting times within screening, diagnosis and treatment services
 - ii. The impact on cancer patient outcomes in Norfolk and Waveney
 - iii. Measures to encourage people to come forward for screening, particularly those who are vulnerable and need support
 - iv. Effectiveness of the measures to encourage people to come forward for screening.
- **ASKED** for an update on cancer workforce, to be included in the workforce update in Spring 2021.

7. Childhood Immunisations

7.1 The Committee received the report examining how the local NHS was managing provision of childhood immunisations in Norfolk and Waveney in a Covid-safe manner and what could be done to improve the take-up rate for childhood immunisations.

7.2 The following points were discussed and noted

- There was a difference in take-up at different age brackets due to a different cohort of children being included in the data caused by people moving home and by some of the boosters being deferred by parents giving the appearance of a lower take up at both ages. On starting school, the status of all children was checked, and those without the MMR or boosters were offered them in reception or year one.
- It was noted that there was a strong anti-vaccination group spreading false information, so teams were working hard to ensure the correct information was given to parents
- Childhood immunisations carried on throughout the pandemic with only a slight reduction in attendance in March to early April 2020. Guidance had been issued to school age providers on how to catch up with missed school vaccinations. Most of these had now been given with the remainder to be given over the next few months.
- There was evidence that primary care immunisation clinics were going to schedule; GPs were contacting women in the first 8 weeks as a priority and had been contacting them in the first 3 weeks to discuss the importance of vaccinations.
- When school vaccination clinics re-started, use of full PPE and the need to wipe down between each child greatly reduced their capacity; since September, community-based clinics had been set up in High Schools to provide vaccinations. The NHS was working in partnership with Carrow Road to provide a vaccination centre and links were in place with St Johns Ambulance to identify other possible venues if any schools were to go into lockdown.
- There was a discussion about the circulation of false information on social media

and the need for NHS England and CCGs to work jointly to circulate correct information to parents and carers so they could make informed choices

- As health services had moved more online, work was ongoing to see how parents could be supported ante and postnatally.
- It was noted that West Norfolk had a lower rate of immunisation take up than other districts in Norfolk. NHS representatives discussed work of West Norfolk and Great Yarmouth's Children and Young People Teams, Health Visitors and School Nurses to support increase in vaccination uptake and provision of correct information. Work was ongoing to ensure communication between the Child Health Immunisation team and GPs was transmitted in a timely manner so that when immunisation reminder letters were sent, GP practices could follow up with families.
- Support for parents and carers with English as an additional language was queried; representatives explained that the immunisation invitation letter was in simple language and GPs could provide support to parents and carers to understand the importance of immunisations. Support from Childrens Services to promote immunisation uptake was received from outreach services now that some of the Children's Centres had closed.
- An app was in development for parents to have an electronic child health record instead of the current red book; this would allow parents to receive alerts for appointments and immunisations via their phone
- Representatives explained that health prevention programmes never achieved 100% uptake, but 95% uptake of immunisation would give herd immunity.
- Vaccines for Covid-19 were being developed and the Joint Committee of Immunisation and Vaccination had published its guidance on this; it was proposed that the programme of vaccination against Covid-19 would begin with people in care homes and the elderly, followed by people over 80, reducing in 5 year age groups.

7.3 The Norfolk Health Overview and Scrutiny Committee:

- **REQUESTED** an annual update on childhood immunisation take-up rates in the NHOSC Briefing.

8. Ambulance response and turnaround times

8.1 The Committee received the report examining action to improve ambulance response and turnaround times since September 2019 and preparations for winter 2020-21 in light of Covid-19.

8.2.1 The Chairman gave a statement to the Committee about the recent CQC (Care Quality Commission) inspection of the East of England Ambulance Service NHS Trust (EEAST) in June 2020:

- The CQC found issues raised in its July 2019 report, when EEAST was rated 'Inadequate' in the 'Well led' domain, had not been fully addressed and was critical of the style of executive leadership; the CQC had issued urgent notices for EEAST to take action and recommended it be put in Special Measures.
- The Chairman noted that the performance of the ambulance service and the safety and wellbeing of Norfolk residents was linked to how effectively staff were led, supported and managed in the locality.
- She also pointed out that the CQC report did not say where the concerns raised came from, or where specific allegations of sexual abuse, bullying and harassment originated.

8.2.2 The Chief Operating Officer, EEAST, discussed that the CQC report had been distressing and difficult for the trust, but the Board accepted the findings of the report.

The newly formed board and Chair, formed in November 2019, were committed to looking at the pace and change required. and were focused on supporting and safeguarding patients and staff.

- 8.3 David Russell, Member of Cromer Town Council, spoke to the Committee:
- Cromer Town Council had read the CQC report and had been pleased to learn that “caring” had been reported as outstanding.
 - Cllr Russell noted that transport to the Norfolk and Norwich University Hospital Accident and Emergency Department had dropped to 943 due to Covid-19
 - Cllr Russell asked for a response on the email from Cromer Town Council sent to EEAST on action to improve the emergency response for patients with mental health needs. The Director of Strategic Commissioning, Norfolk & Waveney CCG, **agreed** to follow up on this after the meeting with Mr Russell and Cromer Town Council.
- 8.4 The following points were discussed and noted
- Targets and commissioning were focussed on improvement at the most local level. The new patient access standards allowed the Trust to focus on mean response times; this would mean that not all postcode levels would have the same level of response however there would be a focus on continuing local level improvement.
 - A Member noted that response times did not seem to have improved for a few years. The Chief Operating Officer, EEAST, clarified that there had been improvements over the past few years due to a more stable workforce however 2020 had been more challenging due to the pandemic.
 - A Member shared an anecdotal account of staff working long hours and not having time for a lunch break. The Chief Operating Officer, EEAST, reported on plans to focus on reducing the amount of staff ending later than their planned shifts; work was ongoing to ensuring staff not miss their breaks. There was a break point halfway through each 12-hour shift with 1.5 hours either side; if a staff member had not had a break after this time period the ambulance would automatically be stood down, unless they were with a patient.
 - It was noted that measures put in place at the Queen Elizabeth hospital to increase ambulance turnaround had been successful in early 2020 however turnaround had reduced again. The Chief Operating Officer, Queen Elizabeth Hospital NHS Foundation Trust, explained that before Covid-19, changes were made to the Queen Elizabeth Hospital A&E department and work carried out with EEAST to revise processes which helped increase ambulance turnover. When the Covid-19 pandemic hit, it was necessary to separate the A&E department into areas for people with suspected Covid-19 and those without. Due to restrictions on size of the department it was relocated to the day services department but had now been moved back to its original location. This work impacted on turnaround times.
 - The availability of early intervention vehicles in West Norfolk was queried; there was limited staff availability to provide early intervention vehicles in West Norfolk, however alternative pathways were in place to try and avoid hospital admissions
 - West Norfolk had residual vacancies which were being recruited to. Vacancies in all other parts of Norfolk and Waveney had been recruited to. A 2-year programme was being developed to train emergency medical technicians (EMTs) and paramedics to support them, followed by training the EMTs into paramedics
 - The STP had secured Aging Well funding to develop a 2-hour community response from wider community partners, which would provide some support in West Norfolk.
 - The level of enforcement taken by the CQC to ensure staff and patient safety was noted as concerning by a member of the Committee, and that the concerns were raised by 7 whistleblowers.
 - It was also noted that the CQC report flagged up a difference between processes in

place for staff to report concerns and staff confidence to use them; the Chief Operating Officer, EEAST, agreed that there was a need to support a culture to help staff to feel confident to speak up. He suggested bringing back more information on this area of work at a later date.

- Discussion was held about the system meeting urgent mental health needs; the Chief Operating Officer, EEAST, reported that there were now 2 advanced mental health practitioners in the control room to give advice to paramedics; there was an aim to have a further 6 practitioners to provide advice and signpost patients to the support they needed. The NSFT had set up an advice line for paramedics to contact mental health professionals for support and advice and to access patient records which helped avoid inappropriate admissions to emergency departments.
- The Chairman asked about VETS, the local volunteer emergency system which EEAST did not use in Norfolk and Waveney. EEAST instead used the GoodSAM app, which had over 1000 volunteers registered on it to provide support in communities. Representatives **agreed** to provide more detail on the decision behind this.
- A Member **asked** for information on lessons learned from past concerns.
- It was noted by a Member that when there were more staff available the response times were better. Representatives replied that during the pandemic support was put in place to support staff such as more availability of overtime. Staff availability could be affected by time taken to train new employees and seasonal variation in staff taking annual leave. A new rota profile had been implemented in 2020 which better met the needs of Norfolk and Waveney.
- It was queried what was being done to address bullying and intimidation of staff; the Chief Operating Officer, EEAST, replied that officers would listen to staff concerns and those raised in the CQC report with a focus on ensuring staff felt comfortable to speak up. A piece of work would be carried out on culture and behaviour to ensure leaders were as good as they could be, and staff felt valued.
- Cllr Helen Crane left the meeting at 13.03
- The Chairman was concerned that ambulance turnaround times could be affected by a need to keep beds available for a possible upsurge in Covid-19 cases. The Associate Medical Director for Emergency and Urgent Care, Norfolk & Norwich University Hospitals NHS Foundation Trust, replied that a large increase in cases had not yet been seen and empty beds were not yet being kept aside for Covid-19 cases. The Queen Elizabeth University Hospital was experiencing increasing cases with around 12 ambulance a day with suspected Covid-19 cases and 2 wards with Covid-19 or suspected Covid-19 patients.
- The Chairman asked whether the ambulance response times in Norfolk and Waveney would meet national standards. The Chief Operating Officer, EEAST, replied that there was a drive to meet the ARMP standards. A new policy was in place to reduce handover delays; work between the NNUH and EEAST meant that most patients arriving by ambulance were handed over in 35 to 15 minutes at this hospital.
- An internal team at EEAST could arrange same or next day Covid-19 testing for staff, with up to 5 days wait at the most.
- A discussion was held about gathering information from Covid-19 patients at hospital to support with picking up potential workplace outbreaks.
- Cllr Judy Cloke left the meeting at 13.21
- A Member suggested that EEAST, the CCG and NNUH work to develop work streams to support care leavers into the public service workforce, similar to the workstreams developed at the Queen Elizabeth Hospital.

- **ASKED** EEAST to provide additional information on the reasons they use the GoodSAM app but do not use the local volunteer emergency system (VETS)
- **ASKED** EEAST and the CCG to return to NHOSC in 6 months' time with:
 - i. An update on what has been done to address the CQC concerns about EEAST (i.e. in the September 2020 CQC report, including safeguarding of patients and staff). To include an explanation of the concerns in relation to Norfolk and Waveney, why the concerns persisted for so long, what EEAST has learned from the situation and its changes to policies and practices.
 - ii. A progress report on the measures being put in place to improve the emergency response to patients with mental health requirements, including data on the effect of those measures and an explanation of why the past concerns about the service for patients with mental health emergencies have persisted for so long and what has been learned.
- **ASKED** the CCG, EEAST and NNUH representatives present at the meeting to develop workstreams to support care leavers into the public service workforce (the QEH has already done work on this).

9. Forward work programme

- 9.1 The Norfolk Health Overview and Scrutiny Committee received and reviewed the forward work programme.
- 9.2 Norfolk and Waveney CCG were no longer proposing changes to the out of hours GP service and so were not bringing a consultation on this. Therefore, there was no need to call a meeting of Norfolk and Waveney Joint Health Scrutiny Committee.
- 9.3 The Norfolk Health Overview and Scrutiny Committee **AGREED** the forward work programme with the following additions and amendments:
- **26 Nov 2020 agenda**
 - St James' Practice, King's Lynn – proposed relocation – consultation by the Practice and Norfolk & Waveney CCG
 - **18 Mar 2021 agenda**
 - Queen Elizabeth Hospital NHS Foundation Trust – progress report (postponed from 26 Nov 2020 meeting)
 - Local actions to address health and care workforce shortages –progress update since July 2019
 - **Added to agenda in around 6 months' time**
 - Ambulance service (see paragraph 8.4 above)
 - **Added to agenda in around 9 months' time**
 - Cancer services (see paragraph 6.4 above)
 - **Information to be received in the NHOSC Briefing**
 - Data on the level to which cancer diagnostic services at each of the three acute hospitals in Norfolk & Waveney are operating compared to pre-Covid levels (i.e. expressed as a percentage of the full operating level).
 - An annual update on childhood immunisation take-up rates – next one required around October 2021
 - Information from EEAST on the reasons they use the GoodSAM app but do not use the local volunteer emergency system (VETS)

Chairman

The meeting ended at 13:31



If you need these minutes in large print, audio, Braille, alternative format or in a different language please contact Customer Services on 0344 800 8020 or Text Relay on 18001 0344 800 8020 (textphone) and we will do our best to help.