

**NORFOLK HEALTH OVERVIEW AND SCRUTINY COMMITTEE  
MINUTES OF THE MEETING HELD AT COUNTY HALL, NORWICH  
on 7 December 2017**

**Present:**

Michael Chenery of Horsbrugh (Chairman)	Norfolk County Council
Mrs J Brociek-Coulton	Norwich City Council
Ms E Corlett	Norfolk County Council
Mr F Eagle	Norfolk County Council
Mrs S Fraser	King's Lynn and West Norfolk Borough Council
Mr D Harrison	Norfolk County Council
Mrs L Hempsall	Broadland District Council
Dr N Legg	South Norfolk District Council
Mr R Price	Norfolk County Council
Mrs S Young	Norfolk County Council

**Also Present:**

Julie Cave	Interim Chief Executive, Norfolk and Suffolk NHS Foundation Trust
Bohdan Solomka	Medical Director, Norfolk and Suffolk NHS Foundation Trust
Debbie White	Director of Operations, Norfolk and Suffolk NHS Foundation Trust
Jocelyn Pike	Chief Operating Officer, South Norfolk CCG (representing all the CCGs in Norfolk)
Dr Tony Palframan	South Norfolk Clinical Commissioning Group and Chair of Norfolk and Waveney Mental Health Network
Terry O'Shea	Campaign to Save Mental Health Services in Norfolk and Suffolk
Peter Oates	Communications Officer, Unison
Maureen Orr	Democratic Support and Scrutiny Team Manager
Chris Walton	Head of Democratic Services
Tim Shaw	Committee Officer

**1. Apologies for Absence**

Apologies for absence were received from Mr A Grant (Norfolk County Council), Mrs B Jones (Norfolk County Council), Mrs M Fairhead (Great Yarmouth Borough Council), Mr P Wilkinson (Breckland District Council) and Mr G Williams (North Norfolk District Council).

## **2. Minutes**

The minutes of the previous meeting held on 26 October 2017 were confirmed by the Committee and signed by the Chairman.

## **3. Declarations of Interest**

Mrs J Brociek-Coulton declared a personal interest as a member of UNISON and a member of the Labour Party which was affiliated to the Campaign to Save Mental Health Services in Norfolk and Suffolk.

Ms E Corlett declared a personal interest as a member of UNISON and a member of the Labour Party which was affiliated to the Campaign to Save Mental Health Services in Norfolk and Suffolk.

## **4. Urgent Business**

There were no items of urgent business.

## **5. Chairman's Announcements**

5.1 There were no Chairman's announcements.

## **6 Norfolk and Suffolk NHS Foundation Trust-mental health services in Norfolk**

6.1 The Committee received a suggested approach by Maureen Orr, Democratic Support and Scrutiny Team Manager, to the latest Care Quality Commission inspection of Norfolk and Suffolk NHS Foundation Trust (NSFT) on the provision of mental health services in Norfolk. The Committee also received (with a supplementary agenda) a letter from UNISON that contained additional information on the issue from the union perspective.

6.2 The Committee received evidence from Julie Cave, Interim Chief Executive, Norfolk and Suffolk NHS Foundation Trust, Bohdan Solomka, Medical Director, Norfolk and Suffolk NHS Foundation Trust, Debbie White, Director of Operations, Norfolk and Suffolk NHS Foundation Trust, Jocelyn Pike, Chief Operating Officer, South Norfolk CCG (representing all the CCGs in Norfolk) and Dr Tony Palframan, South Norfolk Clinical Commissioning Group and Chair of Norfolk and Waveney Mental Health Network. The Committee also heard from Terry O'Shea, Campaign to Save Mental Health Services in Norfolk and Suffolk and Peter Oates, Communications Officer, Unison.

6.3 In introducing and welcoming the speakers the Chairman said that the Norfolk and Suffolk NHS Foundation Trust and South Norfolk CCG (the lead commissioners for mental health services in Norfolk) were invited to today's meeting to discuss the response to the latest inspection of the Norfolk and Suffolk NHS Foundation Trust by the Care Quality Commission (CQC) and to consider how the mental health services moved on from here. He said that Members might wish to refer to NSFT's past actions in the course of seeking assurances about the Trust's current direction but with the Interim Chief Executive in attendance the main focus should be on the current service and improvements for the future.

6.4 In their introductory remarks the speakers made the following key points:

- The NSFT had been assigned an Improvement Director.

- The East London NHS Foundation Trust (ELFT) (rated 'outstanding' by the CQC) was the "buddy" Trust to the NSFT.
- While the NSFT itself was rated 'inadequate', the 'caring' by staff was rated as 'good'.
- The Interim Chief Executive drew a distinction between the action to deal with "systemic challenges" and the action to deal with the 'must dos' and 'should dos' contained within the CQC report.
- The ELFT provided support and advice with regards to the "systemic challenges" which were described as the long-term issues such as leadership, staff engagement, clinical engagement and the culture within the NSFT.
- The NSFT had already completed approximately a third of the 25 'must dos' and 'should dos' and expected work on the remainder to be completed by the end of March 2018. A re-inspection of the 'must do's' and 'should do's' would occur before July 2018 and a full inspection was expected within 12 months of the NSFT having entered 'special measures'. This was likely to be in the autumn of 2018.
- The CQC and NHS Improvement (NHS I) were monitoring the NSFT's progress.
- The speakers confirmed that the reporting mechanisms within the NSFT for delivering on the action plan were in place at Quality Programme Board and at Trust Board level.

**6.5** Terry O'Shea of the Campaign to Save Mental Health Services in Norfolk and Suffolk, spoke to a paper that the Campaign had submitted to the Committee and which could be found at Appendix D to the report. Terry O'Shea questioned the accuracy of the picture that could be drawn from data provided by the NSFT and the lead commissioners. He explained data provided by the Campaign which he said was more representative of the current overall picture and of the challenges faced by the NSFT.

**6.6** The Committee also heard from Peter Oates, Communications Officer, Unison, who spoke to a paper which they had submitted. This paper had been circulated to Members with a supplementary agenda.

**6.7** Maureen Orr, Democratic Support and Scrutiny Team Manager, said that one of the Campaign's questions was addressed to the Committee. Namely, "had the Committee been too wary of using its powers of referral to the Secretary of State?" In reply, Maureen Orr, Democratic Support and Scrutiny Team Manager, said that a health scrutiny committee could make referrals to the Secretary of State in two circumstances:-

1. When it had been consulted about a proposed substantial change to local health services and considered that the proposed change was not in the interests of the local health service.
2. When it had not been consulted about a substantial change and thought it should have been.

Maureen Orr, Democratic Support and Scrutiny Team Manager, said that referral was intended as a health scrutiny committee's power of last resort and it was right to be cautious about using it. Any referral must include evidence of the steps that health scrutiny had taken to try to reach agreement with the NHS body and evidence that the sustainability, or otherwise, of the local health service in the area had been taken into account. It would not be appropriate for the Committee to try to re-assess judgements made by NHOSC or any of the joint committees on which its members

had served in the past. Their decisions were based on the information available to them at the time.

**6.8** The Chairman then asked that Members question the NHS and CCG speakers within the following subject headings by allowing the whole Committee to ask questions relevant to each heading before moving on to the next heading.

- NSFT's overall approach to improvement
- Availability of beds and out of trust / out of area placements
- Staffing
- IT system
- Future commissioning strategy and funding

## **6.9 NSFT's overall approach to improvement**

The following key points were noted:

- The Chairman asked the speakers if they considered the NSFT to be too large an organisation. In reply, the speakers acknowledged that because the NSFT covered a large geographical area it was difficult to get messages out to all service users and all staff at the same time.
- The speakers said that the NSFT's service requirements were addressed through the Norfolk and Waveney STP and the Suffolk and North East Essex STP. If there were differences in mental health work-streams then this would have implications for the NSFT.
- The speakers explained the governance arrangements (set out in the report) that had been put in place to track and deliver progress against the action plan. In reply to questions, the speakers said that no further changes in personnel were proposed at Board level, however, the Board would be able to call on additional project management support if needed.
- The speakers said that in the past the NSFT was managed mainly from the centre. In the future the NSFT would drive forward improvements in service standards through a more decentralised area based management approach that involved placing more decision making powers with individual service leads.
- Members then questioned whether the actions the NSFT should take to get out of special measures were achievable within the current level of funding from the CCGs. (Note: See minutes 6.13 and 6.14 for more detailed comments on this matter).
- In reply, the speakers acknowledged that the NSFT required additional funding to cope with the rising demand for mental health services and to provide greater public access to mental health services.
- The NSFT was seeking additional investment to meet the demand for crisis and urgent care. This was one of the subjects of discussion that the NSFT was having with South Norfolk CCG ((the lead commissioners for mental health services in Norfolk) about mental health service funding for the financial year 2018/19.
- The speakers said that plans had been made for a crisis hub (and a small number of additional step down beds) to be set up and running in a city centre location by the end of October 2018. It was also planned to have a similar arrangement in place in the west and in the east of the county (with public transport made available to the hubs) at some future date.
- The introduction of crisis hubs would help reduce hospital admissions and alleviate the pressure on mental health beds.

- The speakers said that pressures on mental health beds could be reduced by the taking of measures to reduce transfers of care and the provision of more care in the community. The NSFT was currently dealing with an average of between eight and eleven health related delayed transfers of care a day.
- The NSFT recognised that it had to engage with the wider community; particularly those who were currently excluded from accessing NSFT services and those who were on the waiting list. With this in mind, the NSFT planned to undertake a service user and carer review of how the trust-wide set of standards for crisis, home treatment and in patient services would function in the future. The public consultation exercise would be with the broadest possible range of service users and members of the public, including recently discharged patients.
- Members were of the opinion that service users should be able to participate in the public consultation exercise at a time and place of their choosing.
- Members said that the NSFT should collect and keep data to show service user participation was representative of the service user population as a whole, in terms of age, gender, ethnicity and geographic locality.
- The speakers confirmed NSFT data collection included discharged patients and that discharged patients were monitored for a year after discharge.
- Members spoke about the need for more public information on the type of help that was available to members of the public and about where those with suicide tendencies could go to find help in the community in the quickest possible time.

#### **6.10 Availability of beds and out of trust / out of area placements**

The following key points were noted:

- Members said that the NSFT should acknowledge that there was not enough beds for working age adults and adults in later life, as identified by the CQC inspection and mentioned in the evidence provided to the Committee by Unison. The NSFT should look again at reopening redundant beds otherwise the Trust would continue to struggle.
- Members said that they expected the NSFT not to place patients in out of trust / out of area placements that were rated by the CQC as inadequate overall or inadequate for reasons of patient safety. They asked to be reassured that the NSFT planned to provide itself with a more robust and regular oversight of out of trust / out of area placements so that safeguarding, quality services and safety of care were fully monitored. In the event that an out of trust/out of area bed provider went into special measures it should be expected that the placement of NHS patients would cease with existing in-patients moved elsewhere as soon as it was clinically safe to do so.
- In reply, the speakers said that the NSFT had reviewed its procedures so to ensure senior management received a more regular oversight of trust / out of area placements. Senior clinicians now attended senior management meetings on a weekly basis to discuss the availability of beds and out of trust / out of area placements and to examine safety of care and quality of care issues.
- It was pointed out that NHS Improvement had added out-of-area placements to its single oversight framework as part of the national drive to eliminate out of area placements by 2020-21.
- By July 2018 the NSFT hoped to have an additional 15 beds opened at Yare Ward at Hellesdon Hospital. To achieve this aim, the NSFT had to negotiate funding from the CCGs for the extra beds and for the increased demands that this would place on staffing levels.

## **6.11 Staffing**

The following key points were noted:

- The speakers said that across the whole NHS system there were fundamental workforce challenges. Norfolk remained a difficult area in which to recruit and retain clinical staff and there were overall shortages of qualified staff with specialist skills. The challenges were all the more difficult to meet in the field of mental health where they were linked with having to deal with issues such as suicide risk, homelessness and the need for specialist social care support in the home environment. The NSFT intended to review its policies on suicide and dual diagnosis deaths in accordance with the policy published by the Department of Health in autumn 2017.
- The speakers said that the support and engagement of staff and stakeholders was fundamental to the success of the NSFT. They said that steps were being taken to bring mandatory training up to acceptable levels and to take staff training out to the localities.
- The speakers said that the NSFT was looking to find new ways to keep and develop existing staff and to put in place local incentives to attract staff to areas and services with the most vacancies.
- NSFT was liaising with NHS Improvement on the kinds of staff improvement issues that an external company could be asked to examine from January 2018.
- Members suggested that the NSFT and the CCGs should liaise with the Local Housing Authorities in Norfolk to identify housing opportunities available for incoming staff.
- The speakers pointed out that seven out of the nine locum doctors that were available in west Norfolk had recently taken on substantive positions with the NSFT.
- It was noted that the NSFT planned to introduce regular staff workshops and to encourage staff participation in monthly skype broadcasts by senior management.
- Going forward, finding new ways to empower frontline staff and encourage staff to share their experiences was seen as essential in setting the right culture of the organisation. It was recognised that the cultural issues would also have to be addressed by making recruitment and retention of existing staff an organisational priority.

## **6.12 IT system**

The following key points were noted:

- It was acknowledged by the speakers that the poor performance of the single electronic records system had a negative impact on staff morale and patient care.
- It was pointed out that because the agreement for the introduction of the electronic records system was between NHS Digital and the system suppliers, the NSFT was unfamiliar with some of the details contained in the contract. NSFT was working with NHS Digital and the system supplier to set a date by which improvements would be made.

- The existing contract was due to come up for renewal in the next 3 years at which time changes could be expected to be made to meet the particular requirements of mental health trusts such as the NSFT.

### **6.13 Future commissioning strategy and funding**

The following key points were noted:

- It was pointed out that there were 15 beds at the Fermoy Unit (and 1 escalation bed) and no plans to close the Fermoy Unit before relocation to Chatham House was completed in 2018.
- It was also pointed out that after Mundesley Hospital had closed in October 2107, NHS beds were commissioned at Priory Group's Ellingham Hospital in Attleborough (rated by the CQC as good overall). The Priory Group was reported to be looking at whether it would be possible to increase the small number of adult mental health beds that they had available.
- The overall cost to the NSFT of out-of-Trust placements had not increased as a result of patients transferring out of Mundesley Hospital.
- Members said that funding for mental health services should reflect "parity of esteem" with physical health services.
- It was noted that the funding issues had for the most part been considered by the Committee as part of the discussion of the other subject headings.
- Members said that the level of funding that the NSFT received from the commissioners had fallen in real terms in recent years. While in cash terms investment in the NSFT had risen, the percentage share of CCG budgets provided to the NSFT had fallen between 2013/14 and 2016/17. For 2017/18 the percentage share had continued to fall. As discussed earlier in the meeting, this came at a time when demand for NSFT services continued to rise.
- It was suggested that the CCGs should develop a formula for funding that took into account increases in referrals to secondary mental health care and demographic variation.

### **6.14 The Committee made the following comments and recommendations to the Commissioners and NSFT based on the information received during the meeting:**

- **NSFT and South Norfolk CCG (lead commissioners for mental health) should update the Committee on 5 April 2018 about progress with the action plan to address the Care Quality Commission (CQC) requirements.**
- **The Committee should be kept informed about NSFT's progress in advance of the 5th April 2018 meeting via the NHOSC Briefing.**
- **NHOSC Members were invited to visit the mental health services to learn more about progress.**
- **A detailed point made during the meeting by Cllr Corlett regarding the reduction of NSFT's share of CCG budgets since 2013/14 and the rise in demand for NSFT's services in the corresponding period should be put**

in writing. A written response should be provided by South Norfolk CCG and shared with NHOSC Members via the NHOSC Briefing.

**6.15 The Committee then went on to make the following more detailed comments and recommendations:**

**With regard to the NSFT overall approach to improvement**

**Comments:-**

- **NHOSC welcomed NSFT's approach to encouraging feedback from frontline staff.**

**Recommendations:-**

- 1. NSFT should ensure that service user participation in NSFT's improvement was genuine co-production, with the broadest range of service users possible and should monitor whether the service user participation was representative of the service user population as a whole.**
- 2. NSFT should give clear, easy to understand feedback to all service users about what service changes or developments had taken place as a result of their feedback, along with information on how to escalate concerns if the feedback was not acted on without reasonable explanation.**

**With regard to the availability of beds and out of trust / out of area placements**

- 3. NSFT should give NHOSC a more detailed account to provide assurance of its oversight of the service received by patients in out-sourced beds.**
- 4. The CCGs should provide funding to enable NSFT to open 15 adult acute beds at Yare Ward, Hellesdon Hospital.**

**With regard to staffing**

- 5. NSFT should consider use of retention bonuses rewarding length of service and special responsibility payments for hard to recruit areas.**
- 6. NSFT should consider the business case for 'return to practice' incentives for:-**
  - i) Those who were out of service that still had valid professional registration**
  - ii) Those whose professional registration had lapsed**
- 7. NSFT and the CCGs should liaise with all the Local Housing Authorities in Norfolk to identify housing opportunities available for incoming staff.**

**With regard to future commissioning strategy and funding**



- 8. The CCGs should develop a formula for funding that took into account increases in referrals to secondary mental health care and demographic variation.**

**7 Forward work programme**

- 7.1** The Committee received a report from Maureen Orr, Democratic Support and Scrutiny Team Manager, that set out the current forward work programme.
- 7.2** The forward work programme was agreed as set out in the agenda papers with the addition of the following item for the 5 April 2018 meeting:-
- **Norfolk and Suffolk NHS Foundation Trust – mental health services in Norfolk – an update on progress since 7 December 2017**
- 7.3** The Committee asked for information on the following items to be included in the January NHOSC Briefing to enable Members to decide whether or not they should be included on a future agenda:-
- **Maternity services – information on the rates of Caesarean sections at the N&N, JPUH and QEH; rates of spending on services (including health visiting); comparisons of neonatal health.**
  - **New A&E provision for the elderly at the N&N - an update on the initiative and on the effect it was having on the rest of the A&E service.**
  - **Pharmacy – information on the local impact of a dispute between the Department of Health and medicine suppliers over agreed costs of drugs.**
- 7.4** Cllr Brociek-Coulton agreed to provide Maureen Orr, Democratic Support and Scrutiny Team Manager, with information about current issues with the Speech and Language service so that these could be raised with the commissioners / provider in advance of their attendance at NHOSC on 5 April 2018.
- 7.5** The Committee was reminded that a Joint Norfolk and Waveney Health Scrutiny Committee would need to be established as and when the STP partners made specific proposals for substantial changes across the Norfolk and Waveney footprint. This would meet on the same day as NHOSC and might mean that subjects on the NHOSC forward work programme had to be rearranged for later dates.

**Chairman**

The meeting concluded at 13.00 pm



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.