

**NORFOLK HEALTH OVERVIEW AND SCRUTINY COMMITTEE
MINUTES OF THE MEETING HELD AT COUNTY HALL, NORWICH
On 3 December 2015**

Present:

Mr C Aldred	Norfolk County Council
Mr R Bearman	Norfolk County Council
Mr M Carttiss (Chairman)	Norfolk County Council
Mrs J Chamberlin	Norfolk County Council
Michael Chenery of Horsbrugh	Norfolk County Council
Mr D Harrison	Norfolk County Council
Mrs L Hemsall	Broadland District Council
Dr N Legg	South Norfolk District Council
Mrs S Matthews	Breckland District Council
Mrs M Stone	Norfolk County Council

Substitute Member Present:

Mrs M Fairhead for Mrs S Weymouth, Great Yarmouth Borough Council
Ms L Grahame for Ms S Bogelein, Norwich City Council
Mrs M Wilkinson for Mr B Bremner, Norfolk County Council

Also Present:

Dr Louise Smith	Director of Public Health, Norfolk County Council
Dr Martin Hawkings	Consultant in Public Health, Norfolk County Council
Jonathan Stanley	Child and Adolescent Mental Health Services (CAMHS) Strategic Commissioner, Norfolk County Council and Clinical Commissioning Groups
Clive Rennie	Assistant Director of Commissioning Mental Health and Learning Disabilities, NHS and Norfolk County Council
Denise Clark	Interim Head of Specialised Mental Health (East of England), NHS England Specialised Commissioning
Andy Goff	Improvement and Development Manager, Norfolk and Suffolk NHS Foundation Trust
Dr Catherine Thomas	CAMHS Consultant Psychiatrist, Norfolk and Suffolk NHS Foundation Trust
Dr Sara Ramirez-Overend	CAMHS Consultant Psychiatrist, Norfolk and Suffolk NHS Foundation Trust
Dr Kiran Chitale	CAMHS Consultant Psychiatrist, Norfolk and Suffolk NHS Foundation Trust
Dan Mobbs	Chief Executive of MAP (one of the providers of tier 2 child and adolescent mental health services in Norfolk, as part of the Point 1 consortium)
Andrew Fox	Deputy Director of Operations at the James Paget University Hospitals NHS Foundation Trust
Dr Kneale Metcalf	Consultant Physician, Norfolk and Norwich University Hospitals NHS Foundation Trust

Candy Jeffries	Cardiovascular Strategic Clinical Network Manager (East of England), NHS England
Dr Mazhar Zaidi	Stroke and Orthogeriatrics Consultant and Divisional Director for the Emergency Division, James Paget University Hospitals NHS Foundation Trust
Colin and Joyce Bell	Members of the Public
Deborah Wooler	Head of Specialist Rehabilitation, Norfolk Community Health & Care NHS Trust
Manjari Mull	Stroke Services Manager, Norfolk and Norwich Hospital
James Joyce	County Councillor and Chairman of Children's Services Committee, Norfolk County Council
Chris Walton	Head of Democratic Services
Maureen Orr	Democratic Support and Scrutiny Team Manager
Tim Shaw	Committee Officer

1. Apologies for Absence

Apologies for absence were received from Ms S Bogelein, Norwich City Council, Mr B Bremner, Norfolk County Council, Mrs A Claussen-Reynolds, North Norfolk District Council, Mrs S Young, Borough Council of King's Lynn and West Norfolk and Mrs S Weymouth, Great Yarmouth Borough Council

2. Minutes

The minutes of the previous meeting held on 15 October 2015 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: NHS Workforce Planning in Norfolk – response from Ben Gummer MP, Parliamentary Under Secretary of State for Care Quality

5.1 The Chairman referred to a letter from Ben Gummer MP, Parliamentary Under Secretary of State for Care Quality, in response to the Committee's letter to the Secretary of State for Health, regarding NHS workforce planning in Norfolk. Copies of the letter had been emailed to Members before the meeting and were laid on the table in the Committee room for information.

5.2 The Committee agreed that the Chairman and Mrs Stone (the Chairman of the Scrutiny Task and Finish Group) should be co-signatories to a letter to Simon Stevens, Chief Executive of NHS England, about the key issues of concern to Members, namely, Service Increment Funding for Teaching (SIFT) and the importance of speeding up the progress towards a fair share of funding for Norwich Medical School.

6 Children's Mental Health Services in Norfolk

- 6.1 The Committee received a suggested approach from the Democratic Support and Scrutiny Team Manager to the issues and concerns raised in the terms of reference for scrutiny of children's mental health services that were agreed by the Committee in September 2015. The report provided the Committee with an opportunity to discuss Norfolk's Local Transformation Plan for children and young people's mental health with the commissioners and providers of such services.
- 6.2 The Committee received evidence from Dr L Smith, Director of Public Health, Norfolk County Council, Dr Martin Hawkings, Consultant in Public Health, Norfolk County Council, Jonathan Stanley, Child and Adolescent Mental Health Services (CAMHS) Strategic Commissioner, Norfolk County Council and Clinical Commissioning Groups, Clive Rennie, Assistant Director of Commissioning Mental Health and Learning Disabilities, NHS and Norfolk County Council, Denise Clark, Interim Head of Specialised Mental Health (East of England), NHS England Specialised Commissioning, Andy Goff, Improvement and Development Manager, Norfolk and Suffolk NHS Foundation Trust, Dr Catherine Thomas, CAMHS Consultant Psychiatrist, Norfolk and Suffolk NHS Foundation Trust, Dr Sara Ramirez-Overend, CAMHS Consultant Psychiatrist, Norfolk and Suffolk NHS Foundation Trust, Dr Kiran Chitale, CAMHS Consultant Psychiatrist, Norfolk and Suffolk NHS Foundation Trust, Dan Mobbs, Chief Executive of MAP (one of the providers of tier 2 child and adolescent mental health services in Norfolk, as part of the Point 1 consortium), Andrew Fox, Deputy Director of Operations at the James Paget University Hospitals NHS Foundation Trust.
- 6.3 In his introductory remarks, the Chairman said that Child and Adolescent Mental Health Services (CAMHS) were jointly commissioned by the NHS Clinical Commissioning Groups and Norfolk County Council Children's Services using pooled funds. The services were provided by NHS and voluntary sector organisations. In a joint commissioning situation it was impossible to scrutinise the health service in isolation from the local authority service and the CAMHS commissioners worked across both organisations. If there were to be any recommendations from the NHOSC then they would be reported to Children's Services Committee as well as to the relevant NHS organisations.
- 6.4 The Committee received a short presentation by Dr Martin Hawkings on the numbers and spread of children's mental health needs throughout Norfolk.
- 6.5 In the course of discussion the following key points were made:
- The witnesses said that one in ten children and young people needed support or treatment for mental health problems. These problems ranged from short spells of depression or anxiety through to severe and persistent conditions that could isolate, disrupt and frighten those who experienced them.
 - Mental health problems in young people could result in lower educational attainment and were strongly associated with behaviours that posed a serious risk to health, such as social isolation, eating disorders, self-harm and criminal activity.
 - In Norwich and Great Yarmouth, a higher than average percentage of children and young people with mental health issues entered the youth justice system. Norwich and Great Yarmouth also had a higher than

average number of recorded cases of self-harm amongst children and young people.

- Dr Martin Hawkings was asked to provide details about how the level of self-harm amongst children in deprived areas of Norfolk (particularly Great Yarmouth) compared to the levels in similar areas of deprivation nationwide.
- The witnesses said that many adult mental health problems were present before the age of 18.
- Early intervention avoided young people falling into crisis and avoided expensive and longer term interventions in adulthood. Continued support throughout teenage years, and into the early 20s, avoided a sudden fall off in support on reaching adulthood.
- Child and Adolescent Mental Health Services (CAMHS) were making a number of fundamental changes in how mental health services were delivered, moving away from a system defined in terms of the services provided by public and voluntary organisations (the ‘tiered’ model described in the report) towards a system that was built around a more co-ordinated approach to meeting the needs of children, young people and their families generally.
- For instance, steps were being taken to embed Tier 3 teams in children’s centres. Three dedicated teams had been set up in children’s centres in King’s Lynn, Great Yarmouth and Norwich.
- The Committee was informed that children’s centres, schools, school health services, youth centres, primary care and District Councils all had their own important roles to play in providing a means of delivering mental health promotion and prevention activities, and worked best on mental health issues when they operated together on a whole-system basis.
- In Norfolk as a whole there was a 25% year on year increase in the number of children with eating disorders. The CAMHS staff visited schools to work alongside teachers and school staff to tackle this issue.
- It was pointed out by a Member that Norwich City Council had introduced a “Street Champions” Scheme that would be able to provide assistance to CAMHS in identifying and promoting ways to tackle mental health issues in the City.
- The witnesses said that for a number of years the rising number of referrals accompanied with the squeeze on budgets had led to increasing delays for treatment.
- The award of an extra £1.9m per year of Government funding to develop local provision for children and young people with mental health needs in Norfolk and Waveney was seen by the witnesses as a positive step forward. They said a large amount of this new money would be invested directly into bolstering the care pathway for children and young people, providing additional support to the Police on mental health issues and in meeting the costs of recruiting and employing additional CAMHS staff, and providing for the training of more “home grown” staff.
- The Point 1 service was commissioned to provide a “maximum average” of 6 sessions of support per client. This meant that some children and young people received significantly more than 6 sessions. The witnesses said that in services where there were no limits on the number of sessions, clients on average had 8 sessions.
- The witnesses said that there was evidence to show that most young children and their families favoured a “family centred” approach to meeting mental health needs and supported the initiatives, such as the “Think Family” and the local “Compass Outreach” programmes that were mentioned in the report. However, for some of the hard to reach young

people in their late teens a one to one service might be considered more appropriate.

- The availability of public transport and travelling distances were important issues for parents and carers who had to go outside of their immediate area to get the kind of specialist services for their children that they needed.
- Members stressed the importance of regular mental health assessments for “Looked After” Children who needed them.
- The witnesses estimated that only 25% of children with mental health issues were issued with a Statement of Special Educational Needs.
- The witnesses added that Norfolk as a whole was ahead of the average for most of the performance benchmarks and targets for children with mental health needs that were mentioned in the report. For instance, the waiting time in Norfolk for first treatment was estimated at 8 weeks which compared with a national target of 18 weeks and waiting times of up to a year in other parts of the country.
- The witnesses said that it was difficult to put in place meaningful long term performance targets for children’s mental health services when many of the leading causes of mental health were linked to family breakdowns and social problems in society generally. However, significant further improvements in CAMHS services should be clearly visible in the next two years.

- 6.4 The Committee **agreed** to carry out a further assessment of the progress of children’s mental health services at a future meeting. Members’ were asked to raise any outstanding issues of concern on this subject that they might wish to raise at a future meeting to Maureen Orr so that they could be considered for inclusion in the forward work programme when the Committee next meets in February 2015.

7 **Stroke Services in Norfolk**

- 7.1 The Norfolk and Waveney Stroke Network (the Network) updated Members on developments in stroke services following the recommendations made by the Committee in July 2014. The Network’s progress report drew together updates from all the organisations to which the Committee had originally made recommendations.
- 7.2 The Committee received evidence from Dr Kneale Metcalf, Consultant Physician, Norfolk and Norwich University Hospitals NHS Foundation Trust, Candy Jeffries, Cardiovascular Strategic Clinical Network Manager (East of England), NHS England, Dr Mazhar Zaidi, Stroke and Orthogeriatrics Consultant and Divisional Director for the Emergency Division, James Paget University Hospitals NHS Foundation Trust. The Committee also heard from Colin and Joyce Bell, members of the public.
- 7.3 In the course of discussion the following key points were made:
- The witnesses from the Norfolk and Waveney Stroke Network (the Network) updated Members’ on the progress made in stroke care since this issue was last reported to the Committee in November 2014.
 - The witnesses said that the position of clinical lead was shared between consultants in the Network and that the acute hospitals were benefiting from a coordinated approach to best practice.
 - The Network was continuing to work with EEAST on the number and location of ambulance bases in Norfolk. The travelling times to the hyper

acute stroke units remained below expectations in some areas of north and south Norfolk.

- The ageing population was likely to increase the numbers of people living with a disability arising from stroke.
- The ages of those who were being treated for stroke had continued to fall and it was not uncommon for people aged in their 50s to require assistance.
- The Committee was informed that the James Paget University Hospitals NHS Trust (JPH) had advertised nationally to increase numbers of stroke specialist consultants and nurses in its service and continued to experience significant recruitment difficulties. The recruitment process had, however, identified two potential candidates for senior stroke positions at the JPH who were due to complete their training shortly.
- The Committee was pleased to hear that the NNUH had 6 stroke specialist consultants and 5 specialist registrars.
- Further details as to numbers of specialist stroke staffing and numbers of rehabilitation beds throughout Norfolk could be found at Appendix A to these minutes (this revises the figures that Members received before the meeting).
- Overall, the stroke services at the NNUH and at the JPH were in a better position now than they were in 12 months ago.
- At the present time, 13 stroke patients at the NNUH were waiting for transfer of care or discharge outside of the hospital. Discharge from the hospital was led by a specialist stroke support team.
- Witnesses considered that delays in processing of patients, particularly for entitlement to Continuing Health Care, were a more significant part of the problem than the availability of intermediate care beds. Great Yarmouth and Waveney CCG had commissioned 7 beds where patients could wait for assessment.
- With regard to improving specialist stroke cover, a dedicated stroke consultant was available at the NNUH at weekends. This was considered a significant improvement since the issue was last been reported to the Committee.
- The witnesses said that more in-depth analysis was required of the data that the Sentinel Stroke National Audit Programme (SSNAP) was generating in relation to stroke services in Norfolk.
- The Cardiovascular Strategic Clinical Network Manager (East of England) said that the National Clinical Director for Stroke had been visiting hospitals in Norfolk and would be looking at ways to support links between them.
- Mrs Bell, a member of the public, spoke about the difficulties stroke carers within the family could experience in getting the right kind of stroke support to be able to provide care at home and how stroke related issues could lead to depression, mental health issues and family breakdowns. She also emphasised the importance of making it easy for people to be referred back into the rehabilitative service if necessary.

7.4 The Committee **agreed** :

1. To note the recommendations of the Review of Stroke Rehabilitation report to the Norfolk and Waveney Stroke Network, commissioners and providers.
2. To ask for a further update from Norfolk and Waveney Stroke Network at a future meeting.

8. **Forward work programme**

- 8.1 The forward programme was **agreed** with the following additions:-

For the meeting on 25 February 2015

CCG commissioning intentions for 2016-17 (the three central Norfolk CCGs and West Norfolk CCG)

Continuing Health Care in Norfolk – to examine the new processes with the three central Norfolk CCGs and West Norfolk CCG.

Children's mental health services in Norfolk – when the Committee should undertake further scrutiny and the issues that should be scrutinised. Members were asked to send details of the issues they wished to examine further to Maureen Orr, Democratic Support and Scrutiny Team Manager.

For a future date – to be arranged

An update from Norfolk and Waveney Stroke Network on progress with stroke services.

- 8.2 Members who had any other items which they wished to have considered for inclusion in the forward work programme were asked to contact Maureen Orr, Democratic Support and Scrutiny Team Manager in the first instance.

Chairman

The meeting concluded at 12.05 pm



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JPH Stroke Unit Specialist staffing

For 5 HASU beds (monitored) and 25 ASU/rehab beds

		WTE posts	WTE in post (including agency and Locum)	Bank/Agency/Locum cover	Comments
Medical	Cons	3.1	3.1	(1 of these is agency locum)	
	Spr	1	1		
	Sho	(3 WTE rotating junior doctors on stroke unit, non specialist)			not dedicated to stroke, shared with OPM
Nursing	Band 8A	0			
	Band 7	3	3		
	Band 6	8.45	8.45		
	Band 5	26.25	17.61	0.51	
Unqualified	Band 4	0	0		Generic worker role
	Band 3	0	0		Generic worker role
	Band 2	19.71	15.41		
OT	Band 8A	0	0		
	Band 7	1	1		
	Band 6	1	1		
	Band 5	1	1		
	Band 4	0.89	0.89		
	Band 3	0	0		
Physio	Band 8A	0.9	0.9		
	Band 7	1	1		
	Band 6	1	1		
	Band 5	1	1		
	Band 4	0.89	0.89		
	Band 2	0.74	0.74		
SaLT	Band 8A				
	Band 7	0.2	0.2		1 wte band 5 covering mat leave fixed term contract

	Band 6	0.9	0.9		
	Band 5	1	1		
	Band 4	0	0		
	Band 3	0	0		
Dietetics	Band 8A	0	0		
	Band 7	0	0		
	Band 6	0	0		
	Band 5	0.3	0.3		
Psychology	Band 8A	0	0		
	Band 4	0	0		

ESD team Average caseload 22 patients

OT				
	Band 7	1	0	(vacancy out to advert)
	Band 6	1	1	
	Band 5	0	0	
	Band 4	1.4	1.4	
	Band 3	0	0	
Physio	Band 8A	0	0	
	Band 7	1	1	
	Band 6	1	1	
	Band 5	0	0	
	Band 4	1.4	1.4	
	Band 2	0	0	
SaLT	Band 8A			
	Band 7	0.5	0.5	
	Band 6	0	0	
	Band 5	0	0	
Nursing	Band 6	0.5	0.5	
	Band 5	0	0	

QEH Stroke Unit Specialist staffing

Total bed base is 28

		WTE posts	WTE in post (including agency and Locum)	Bank/Agency/Locum cover	Comments
Medical	Cons	4	4	1	
	Spr	2	2		
	Sho	4	4	1	
Nursing	Band 8A	1	1		
	Band 7				
	Band 6	12	10		
	Band 5	19	16		
Unqualified	Band 4	1	1		
	Band 3	5	5		
	Band 2	15	15	2	
OT	Band 8A	0	0		
	Band 7	1.6	1.6		
	Band 6	3	3		
	Band 5	2	2		
	Band 4	2.72	2.72	OT & PT Assistant	
	Band 3	0	0		
Physio	Band 8A	0	0		
	Band 7	2.2	2.2		
	Band 6	2	2		
	Band 5	1	1		
	Band 4	0	0		
	Band 3	2.52	2.52	OT & PT Assistant	
SaLT	Band 8A	0.1WTE	0.1WTE		
	Band 7	3.0 WTE	3.0 WTE.From 08/04/16 2.64WTE		1 wte band 5 covering mat leave fixed term contract

	Band 6				
	Band 5	0.9WTE	0.9 WTE.From 1/02/16 1.0WTE		
	Band 4	1.0WTE	1.0WTE		
	Band 3	0	0		
Deitetics	Band 8A	0.5	0.5		
	Band 7		0.75		
	Band 6				
	Band 5	0.3	0.3		
Psychology	Band 8A	0.2	0.2		
	Band 4	0.2	0.2		

NNUH Stroke Unit Specialist staffing

For 12 HASU beds (monitored) and 38 ASU beds

		WTE posts	WTE in post (including agency and Locum)	Bank/Agency/Locum cover	Comments
Medical	Cons	6.2	6.2	1 of these is a locum	
	Spr	5	5		
	Sho	3	3		not dedicated to stroke, shared with OPM
Nursing	Band 8A	0.5	0.5		
	Band 7	2	2		
	Band 6	14.44	12.64		Vacancy filled - waiting for staff to start
	Band 5	41.26	36.04		Out to advert
Unqualified	Band 4	4	3		
	Band 3	0.8	1		
	Band 2	34.27	28.7		
OT	Band 8A	0.58	0.58		
	Band 7	1	1		
	Band 6	2.2	2.2		
	Band 5	2	2		
	Band 4	0	0		
	Band 3	0.5	0.5		
Physio	Band 8A	0.2	0.2		
	Band 7	0.6	0.6		
	Band 6	2.41	2.41		
	Band 5	2	2		
	Band 4	0	0		
	Band 3	1.41	1.41		
	Band 2	1.31	1.31		

SaLT	Band 8A				1 wte band 5 covering mat leave fixed term contract
	Band 7	1.3	1.3		This is temporary
	Band 6	1	1		
	Band 5	1	1		
	Band 4	0	0		
	Band 3	0	0		
Deitetics	Band 8A	0	0		
	Band 7	0	0		
	Band 6	0.6	0.6		
	Band 5	0	0		
Psychology	Band 8A	0.8	0.8		shared across pathway Beech, ESD and Acute stroke services
	Band 4	1	1		Maternity leave cover being arranged.

Central Norfolk Stroke Reahabilitation Unit (NNUH commision from NCHC)

For 24 Rehab beds

		WTE posts	WTE in post (including agency and Locum)	Bank/Agency/Locum cover	Comments
Medical	Cons				3 times a week ward round from consultants at NNUH
	Spr				
	Sho	1	1		1 CMT doctor is available, this is managed by NNUH.
Nursing	Band 8A				
	Band 7	1	1		
	Band 6	2	2		
	Band 5	14.58	13.13	Bank and agency utilised as per safer staffing	
Unqualified	Band 4	0	0		
	Band 3	0	0		
	Band 2	19.54	17.2	Bank and agency utilised as per safer staffing	
OT	Band 8A	0	0		
	Band 7	0.66	0.66		
	Band 6	1.48	1.48		
	Band 5	2	2		
	Band 4	4.08	4.08		Generic therapy role shared within therapy team
	Band 3	0	0		
Physio	Band 8A	0	0		
	Band 7	1	0.8		1 day of research not back filled
	Band 6	1	1		on mat leave backfilled with band 5 wte
	Band 5	2	2		
	Band 4	as above	as above		

	Band 3	0	0		
SaLT	Band 8A	0	0		
	Band 7	0.8	0.8		
	Band 6	0	0		
	Band 5	1	1		5/6 developmental post
	Band 4	as above	as above		
	Band 3	0	0		
Deitetics	Band 8A	0	0		
	Band 7	0.3	0.3		
	Band 6	0.4	0.4		
	Band 5	0	0		
Psychology	Band 8A	0.8	0.8		shared across pathway Beech, ESD and Acute stroke services
	Band 4	1	1		Maternity leave cover being arranged.

ESD Service for Central Norfolk (NNUH commission from NCHC)

Covering North Norfolk, Norwich and South Norfolk

		WTE posts	WTE in post (including agency and Locum)	Bank/Agency/Locum cover	Comments
Medical	Cons				3 times a week consultants from NNUH available for advise at ESD
	Spr	0	0		
	Sho	0	0		
Nursing	Band 8A				
	Band 7	1.91	1.91		
	Band 6	1.64	1.64		
	Band 5	1.54	1.54		
Unqualified	Band 4	3	3		Generic worker role
	Band 3	7.6	7.6		Generic worker role
	Band 2	0	0		
OT	Band 8A	0	0		
	Band 7	0.64	0.64		
	Band 6	0.6	6		
	Band 5	2	2		
	Band 4	as above	as above		
	Band 3	as above	as above		
Physio	Band 8A	0	0		
	Band 7	0.64	0.64		
	Band 6	1	1		
	Band 5	2	2		
	Band 4	as above	as above		
	Band 3	as above	as above		
SaLT	Band 8A	0	0		
	Band 7	0.8	0.08		1 wte band 5 covering mat leave fixed term contract
	Band 6	0	0		

	Band 5	1	1		
	Band 4	as above	as above		
	Band 3	as above	as above		
Deitetics	Band 8A	0	0		
	Band 7	0	0		
	Band 6	0	0		
	Band 5	0	0		
Psychology	Band 8A	0.8	0.8		shared across pathway Beech, ESD and Acute stroke services
	Band 4	1	1		Maternity leave cover being arranged.