

**NORFOLK HEALTH OVERVIEW AND SCRUTINY COMMITTEE
MINUTES OF THE MEETING HELD AT COUNTY HALL, NORWICH
on 4th November 2021**

Present:

Cllr Alison Thomas(Chair)	Norfolk County Council
Cllr Daniel Candon	Great Yarmouth Borough Council
Cllr Penny Carpenter	Norfolk County Council
Cllr Emma Corlett substitute for Cllr Brenda Jones	Norfolk County Council
Cllr Alexandra Kemp	Borough Council of King's Lynn and West Norfolk
Cllr Michael Dalby substitute for Cllr Julian Kirk	Norfolk County Council
Cllr Robert Kybird	Breckland District Council
Cllr David Bills substitute for Cllr Nigel Legg	South Norfolk District Council
Cllr Richard Price	Norfolk County Council
Cllr Sue Prutton	Broadland District council
Cllr Lana Hemsall substitute for Cllr Robert Savage	Norfolk County Council
Cllr Lucy Shires	Norfolk County Council
Cllr Ian Stutley	Norwich City Council
Cllr Adam Varley substitute for Cllr Emma Spagnola	North Norfolk District Council

Co-Opted Members

Cllr Edward Back	Suffolk Health Scrutiny Committee
Cllr Keith Robinson	Suffolk Health Scrutiny Committee

Also Present in person:

Cath Byford	Chief Nurse, Norfolk and Waveney CCG (All items)
Rebecca Hulme	Associate Director – Children Young People & Maternity, Norfolk and Waveney CCG (All items)

Jo Yellon	Associate Director of Mental Health, Norfolk and Waveney CCG (items 6&7)
Diane Smith	Senior Programme Manager, Mental Health Strategic Commissioning Team, Norfolk and Waveney CCG (Item 6)
Rebecca Hulme	Associate Director – Children Young People & Maternity, Norfolk and Waveney CCG (Item 6)
Dan Dalton	Chief Medical Officer - Norfolk & Suffolk NHS Foundation Trust (item7)
Amy Eagle	Interim Chief Operating Officer - Norfolk & Suffolk NHS Foundation Trust (Item7)

Maureen Orr
Jonathan Hall

Democratic Support and Scrutiny Team Manager
Committee Officer

Present via video link

Rebecca Mann	Head of Integration and Alliance – Children’s Mental Health Norfolk & Waveney CCG (Item 6)
Nikki Brown	Head of Finance - East of England Provider Collaborative(Item 6)
Kaeron Dodson	Head of Transformation - East of England Provider Collaborative (Item 6)
Dr Jaco Serfontain	Adult Eating Disorders lead consultant - East of England Provider Collaborative (Item 6)
Mike Bell	Senior Quality Improvement Manager, Adult Eating Disorders and Physical Health in Serious Mental Illness, Regional Mental Health Team – NHS England (Item 6)
Jane Poppitt	Matron for eating disorders-Cambridgeshire and Peterborough NHS Foundation Trust (Item 6)
Michelle Espley	Adult and Specialist General Manager - Cambridgeshire and Peterborough NHS Foundation Trust (Item 6)
Rob Mack	Service Director, Specialist Services - Norfolk and Suffolk NHS Foundation Trust (Item 6)
Yolande Russel	Chief Executive Officer – Eating Matters (Item 6)
Emma Willey	Head of Mental Health, Mental Health Strategic Commissioning team - Norfolk & Waveney CCG (item 7)
Heather Roach	Chair - Norfolk Safeguarding Adults Board (Item 8)

1. Apologies for Absence and details of substitutes

- 1.1 Apologies for absence were received from Cllr Barry Duffin, Cllr Robert Savage (substitute Cllr Lana Hemsall), Cllr Brenda Jones (substitute Cllr Emma Corlett) Cllr Julian Kirk (substitute Cllr Michael Dalby) Cllr Nigel Legg (substitute Cllr David Bills) and Cllr Emma Spagnola (substitute Cllr Adam Varley)
- 1.2 The Chair welcomed the newly appointed representative of Norwich City Council, Cllr Ian Stutley to the committee.

2. Minutes

The minutes of the previous meeting held on 2 September 2021 were confirmed by the Committee and signed by the Chair.

3. Declarations of Interest

- 3.1 Cllr Alison Thomas disclosed an other interest in that she was the Cabinet Member for Housing at South Norfolk District Council. Cllr Penny Carpenter disclosed an other interest as a board member of the Norfolk Safeguarding Board (Item 8). Cllr

Emma Corlett disclosed an other interest as an employee of Norfolk & Norwich University Hospital and also Norfolk Community Health & Care.

4. Urgent Business

- 4.1 There were no items of urgent business.

5. Chair's Announcements

- 5.1 The Chair had no announcements.

6. Eating Disorders

- 6.1 The Committee received a suggested approach by Maureen Orr, Democratic Support and Scrutiny Manager, on how the Committee might like to examine the situation regarding the service for Eating Disorders which is commissioned by Norfolk & Waveney CCG. The In-patient specialised eating disorder beds are commissioned by NHS-led Provider Collaboratives, which took over this function from NHS England & NHS Improvement Specialised Commissioning in July 2021. Different approaches exist for services provided for children and young people and Adult services and national standards for care only exist for Children and Young People, at which services are expected to meet 95% of the standard.

The Committee received update reports (at appendix A to the suggested approach) which detailed the NHS Long Term Plan (2019) which set out the need to transform and invest further in eating disorders services. Since 2020 and the start of the Covid pandemic, the demand for eating disorder services has increased to around double that of pre-pandemic levels. Increased demand, and severity of presentation has had a knock-on impact on other areas of the health system such as increased acute hospital admissions.

Using the Long Term Plan as a key driver, and to respond to changing needs, the Norfolk and Waveney system has worked collaboratively to meet immediate needs and manage risk as well as developing the provision of high quality and sustainable services to all with an eating disorder need, through system-wide engagement and development of a strategy to focus improvement and innovation for the forthcoming years.

The committee has last considered the Eating Disorder service in April 2019.

- 6.2 The Committee received evidence in person from representatives of Norfolk and Waveney CCG: Cath Byford, Chief Nurse, Rebecca Hulme Associate Director – Children and Young People & Maternity, Jo Yellon Associate Director of Mental Health and Diane Smith Senior Programme Manager, Mental Health Strategic Commissioning Team and via video link from representatives of East of England Provider Collaborative: Nikki Brown, Head of Finance, Kaeron Dodson, Head of Transformation and Dr Jaco Serfontain, Adult Eating Disorders lead consultant. Rebecca Mann, Head of Integration & Alliance – Children's Mental Health Norfolk from Norfolk & Waveney CCG and Mike Bell Senior Quality Improvement Manager from NHS England. As well as representatives from Cambridgeshire & Peterborough NHS Foundation Trust: Jane Poppitt, Matron for eating disorders and Michelle Espley Adult & Specialist General Manager, representing Norfolk & Suffolk NHS Foundation Trust, Rob Mack, Service Director Specialist Services and Yolande Russel Chief Executive Officer from Eating Matters charity.

6.3 The reports submitted were taken as read and during the ensuing discussion the following points were noted:

- Patients (Children) are managed by the community teams and also by the voluntary sector whilst waiting to be seen. The majority of patients are seen within the target of 4 to 6 weeks.
- Outcomes for children are better if they are treated within the community rather than as an in patient.
- Voluntary support is both online and face to face, although virtual support is mainly for older children only. Covid has meant that virtual support has become predominant.
- The charity Eating Matters offers 20 one to one counselling sessions for children and adults.
- The business case for the proposed Intensive Treatment Pathway does present a danger that existing staff may be drawn away from other services but a more blended approach was required to tackle the relentless demand for services.
- Patients presenting for the first time often have more severe symptoms than previously seen and this matches the overall trend seen nationally.
- There is a known challenge regarding patients waiting to be seen and the possibility they may fall through the gaps on the pathway.
- Groups have been set up to receive feedback to gain knowledge of patient experience and how early intervention work has helped.
- Demand for current services is at an unprecedented level.
- Early intervention models are being developed to help reduce the demand before patients present with a greater need of treatment.
- Case loads averaged out at approximately 12 to 15 patients per staff member but detailed data would be provided within the next committee briefing.
- The service does work with NCC Children Services and Schools on preventative measures to combat increasing pressures from Social Media imagery. However, it was noted that disordered eating does not relate to body image and this symptom has meant a change of approach for the service, due to its complexities. A mixed picture of symptoms had been seen during the pandemic period.
- The number of in patient beds available is hampered by the lack of community services for those that could be discharged.
- Early targeting by use of preventative pathway services in the community would decrease numbers of in patients, although these services currently need improvement.
- The staffing levels required in the specialist units, particularly for children who are presenting with high levels of acuity is an enormous challenge. This has been exacerbated by the pandemic.
- Some beds have been closed due to Covid and to safeguard other patients due to the complex and demanding needs of patients putting pressures on staff. This has also increased lengths of stay in hospital as a result.
- Continued service development has taken place involving additional roles such as Clinical Associate Psychologists and allied health professionals to increase the mix of skills involved to help patients. Staffing numbers generally in adult services had also increased significantly in percentage terms.
- Children services adopted a bespoke approach whilst an infrastructure within health partners and the community was being built. This should help the service to become more robust in the future.
- The waiting list for admission to a specialist unit from acute hospital beds was very small, although the last 6 months had been a challenge.

The Chairman concluded the discussion by acknowledging:

- The service has seen an increase in demand as a result of the pandemic and that the level of demand has remained consistently high.
- Much work had been done but more is required, especially around early intervention to prevent the need for services when patients may present with greater acuity.
- An interim briefing would be provided in six months time after which the committee can schedule the item in the forward work programme if required.
- Members were encouraged to contact the Chair directly for requests for information and data to be included in the briefing report.

The Chairman thanked all those for attending both online and in person.

The committee took a short break and reconvened at 11.22am

7. Norfolk & Suffolk NHS Foundation Trust (NSFT) – use of out of area beds

- 7.1** The Committee received a briefing report by Maureen Orr, Democratic Support and Scrutiny Manager about the progress of the use of out of area beds for acute mental health patients and beds that are within the locality but are outside of the Trust's control i.e. private providers. The 2016 'Five Year Forward View for Mental Health' recommended reduction and elimination of inappropriate out of area placements for acute mental health care as quickly as possible, and the Government set a national ambition to eliminate them by 2020-21. Despite increased investment in mental health services this has not been met and the Covid 19 pandemic has increased the pressures on services.

Progress had been made from March 2019 to May 2020 where out of area bed days had reduced to 363 from 1974 and this was largely due to opening a 16 bedded admission ward, enhancing community teams, implementing a Patient Flow group and taking a more focused approach to improved bed management, inappropriate admissions and timely discharge. However, more recently numbers had risen again.

The Committee received evidence in person from representatives of Norfolk and Waveney CCG: Cath Byford, Chief Nurse, and Jo Yellon Associate Director of Mental Health, and representatives of Norfolk & Suffolk NHS Foundation Trust Dan Dalton, Chief Medical Officer and Amy Eagle Interim Chief Operating Officer and via video link from representative of Norfolk and Waveney CCG Emma Willey, Head of Mental Health, Mental health Strategic Commissioning Team.

- 7.2** The Committee received a suggested approach by Maureen Orr, Democratic Support and Scrutiny Manager, on how the Committee might like to examine the situation regarding the service at 2.3.4 of the report.
- 7.3** The following key points were noted during the discussion:
- The numbers of patients categorised as delayed transfer of care on hospital wards out numbers those number of beds commissioned out of area.
 - Patients discharged to bed and breakfast accommodation do have a wrap around support package to help them following discharge.
 - More suitable accommodation was required to be provided by districts so that bed and breakfast temporary accommodation did not need to be utilised. The central Norwich area was particularly challenging for suitable provision.

- Mental health is a whole system issue and includes demands for social work, housing needs and employment opportunities and not wholly reliant on the NHS.
- There is a national issue for provision of mental health beds and whilst commissioning out of area beds is undesirable this is only undertaken where the need of the patient demands it.
- There is an out of area matron placed to liaise with those patients placed out of area to ensure quality of service is monitored and connectivity remains with a view to repatriation as quickly as possible.
- Early intervention to ensure demand can be managed will be key moving forward. The service is working with partners to achieve these aims. Once patients reach the need for NHS services this is often too late and could have been prevented.
- Quick access to local specialist mental health beds is required to ensure more focused shorter stays in hospital take place. This pathway is critical to prevent some of the more complex, resource heavy cases from arising.
- Male and female patients sometimes have different pathways for treatment and some female patients have been sent out of area because they needed single gender provision. Specialist care provision can not always be provided locally.
- The crisis resolution and home treatment teams work with patients before being admitted to an in patient bed and then only when that need is acute.
- The service has worked with local private providers to ring fence local beds to prevent the need for out of area placements. Blickling Ward was opened in particular to prevent older residents having to travel out of area.
- New clinical models are key to help manage demand in the future, especially around early intervention.
- NSFT to provide information on waiting lists for NSFT community services and the level of service commissioned in the block contract compared to the level of demand for the service.

7.4 The Chairman concluded the discussion by acknowledging:

- Local provision and early intervention was key. There was a tension around using private provision locally, even though it would be preferable to use NHS provision, as without the private local beds NSFT would end up having to use more beds out of area and it would be private provision anyway, with the consequent difficulties for families and the increased challenges of monitoring quality of care at a distance.
- Out of area placements did place families under strain and the role of the out of area matron was welcome.
- Challenges exist with discharge to appropriate accommodation and these delays of discharge often cause pressure on the system often resulting in the need to have placements out of area. There was a challenge back to district, borough and city councillors to check the level of housing provision available for patients who are being discharged from the acute mental health hospital and whether the resources should be increased
- Mental health provision relates to the whole community in relation to housing, social work and suitable and meaningful work. All partners need to work together to overcome the challenges.

7.5 The Chairman thanked all those who had taken part in the discussion both online and in person.

8.0 Cawston Park Hospital – Safeguarding Adults Review – a briefing

- 8.1 The Chair welcomed Heather Roach, Chair of Norfolk Safeguarding Adults Board to the meeting via video link. The Chair of the committee explained that this was not a scrutiny item for this meeting but was a briefing.
- 8.2 Heather Roach gave a presentation (appendix A) to the committee after which she responded to questions and it was noted:
- A review of ethical commissioning had already started.
 - More robust monitoring of service providers is required. A more inquisitive approach is needed to prevent issues that arose at Cawston Park, from happening again.
 - The issues around the failures at Cawston Park were complex and were exacerbated by the pandemic.

The Chair thanked Heather Roach for attending and the committee **agreed** to add:

- Cawston Park Hospital Safeguarding Adults Review – Scrutiny of local health and social care partners' joint progress to implement recommendations to the forward work programme for 2022.

9. Forward Work Programme

- 9.1 The Committee received a report from Maureen Orr, Democratic Support and Scrutiny Manager which set out the current forward work programme and briefing details that was agreed subject to the following:
- 9.2 The Committee **agreed** additionally for their future work programme:
- Cawston Park Hospital Safeguarding Adults Review – Scrutiny of local health and social care partners' joint progress to implement recommendations to the forward work programme for 2022.
- 9.3 The Committee **agreed** additionally for the NHOSC Member Briefing:
- April 2022 – Eating Disorders update to include data on workforce, staffing levels, clinical & administration, as well as current vacancy levels.

Meeting concluded at 13:14

Cllr Alison Thomas, Chair