

**NORFOLK HEALTH OVERVIEW AND SCRUTINY COMMITTEE
MINUTES OF THE MEETING HELD AT COUNTY HALL, NORWICH
On 8 September 2016**

Present:

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
Ms E Corlett	Norfolk County Council
Mr D Harrison	Norfolk County Council
Mrs L Hempsall	Broadland District Council
Dr N Legg	South Norfolk District Council
Dr K Maguire	Norwich City Council
Mrs M Stone	Norfolk County Council
Mrs S Weymouth	Great Yarmouth Borough Council
Mr P Wilkinson	Breckland District Council
Mrs S Young	King's Lynn and West Norfolk Borough Council

Substitute Member Present:

Mr P Gilmour for Mr C Aldred

Also Present:

Michael Scott	Chief Executive, Norfolk and Suffolk NHS Foundation Trust
Michael Lozano	Head of Patient Safety and Risk
Penny Jewkes	Representing the Campaign to Save Mental Health Services in Norfolk and Suffolk
Terry O'Shea	Representing the Campaign to Save Mental Health Services in Norfolk and Suffolk
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,
Ricky Cooper	Head of Social Work, Children's Services Norfolk County Council
Trish Hagan	Head of Children, Young People and Maternity Services, Great Yarmouth & Waveney CCG
Sue Spooner	Healthwatch Norfolk

Jane Shuttler	Member of the public; a 'Patient Voice' at NCH&C's Board meeting in April 2016
Jenny Beesley	Member of the public
Dorothy Hosein	Chief Executive, Queen Elizabeth Hospital NHS Foundation Trust
Julia Hunt	Acting Director of Nursing, James Paget University Hospitals NHS Foundation Trust
Louise Sokalsky	Divisional Nursing Director for Medicine, NNUH
Julie Noble	Lead Nurse Specialist Palliative Care, NNUH
Sarah Downey	Clinical Lead for End of Life Care, James Paget University Hospitals NHS Foundation Trust
Emma McKay	Norfolk and Norwich University Hospitals NHS Foundation Trust
Susie Capon	Deputy Director of Adult Services (Planned Care), East Coast Community Healthcare
Katie Soden	Lead Consultant, Priscilla Bacon Lodge for Specialist Palliative Care Services, Norfolk Community Health and Care NHS Trust
Lorraine Barrett	Director of Norfolk Adult Operations and Integration, Norfolk County Council Adult Social Care & Norfolk Community Health and Care NHS Trust
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 Mr C Aldred and Mr G Williams.

2. Minutes

The minutes of the previous meeting held on 26 May 2016 were confirmed by the Committee and signed by the Chairman.

3. Declarations of Interest

- 3.1 Ms E Corlett declared an "other interest" as a Member of the Campaign to Save Mental Health Services in Norfolk and Suffolk.
- 3.2 Mrs S Young declared an "other interest" in that she was a member of the West Norfolk Older Persons Forum and the West Norfolk Patient Partnership.

4. Urgent Business

There were no items of urgent business.

5. Chairman's Announcements

5.1 Tribute to the late Mr John Bracey

Members of the Committee stood in silent tribute to the memory of the late Mr John Bracey who had died on 26 August 2016 at the age of 93. Mr Bracey had served as the Broadland District Council representative on the Committee from November 2005 to April 2015 during which time he had made a significant contribution to health scrutiny. The Chairman said that Mr Bracey's vast experience and wisdom were invaluable to him and other Members, particularly during the years when Mr Bracey was Vice Chairman of the Committee from 2009 to 2014. Mr Bracey was a much-liked and well-respected Councillor and would be sadly missed.

5.2 Welcome to new Member of the Committee – Dr Kevin Maguire, replacing Ms Sandra Bogelein

The Chairman welcomed Dr Kevin Maguire to his first meeting of the Committee as the representative from Norwich City Council. It was noted that Dr Maguire had replaced Ms Sandra Bogelein who had made a significant contribution to the work of the Committee. Ms Bogelein was the substitute link member with Norfolk and Suffolk NHS Foundation Trust. The Chairman said that the Committee would have an opportunity to nominate a new substitute link member during consideration of the Forward Work Programme item at the end of the meeting.

5.3 Informal meeting with Mr Ian Newton, Department of Health, 2.00pm, Thursday 29 September 2016, County Hall

The Chairman reminded the Committee that Mr Ian Newton from the Department of Health would be attending County Hall on Thursday 29 September 2016 to meet informally with Members on the issue of the development of a primary care education and training tariff. The new tariff had implications for the future medical workforce in the county and the meeting followed on from the Committee's work on NHS Workforce Planning in Norfolk. The Managing Director of Norfolk County Council would be in attendance and the Chairman of the Local Medical Committee hoped to attend, surgery pressures permitting. A representative from Norwich Medical School had also been invited. Those Members of the Committee who had not already confirmed their attendance and would like to attend were asked to contact Mrs M Orr.

6 Norfolk and Suffolk NHS Foundation Trust – unexpected deaths

6.1 The Committee received a suggested approach by Maureen Orr, Democratic Support and Scrutiny Team Manager, to a report from the Norfolk and Suffolk NHS Foundation Trust that provided an update on the outcome of the independent review of unexpected deaths (between April 2012 and December 2015) that the Norfolk and Suffolk NHS Foundation Trust had commissioned of Verita in February 2015. The report provided a response to the recommendations of the Verita review and to NHS England's governance audit in April 2016.

6.2 The Committee received evidence from Michael Scott, Chief Executive, Norfolk and Suffolk NHS Foundation Trust and Michael Lozano, Head of Patient Safety and Risk, Norfolk and Suffolk NHS Foundation Trust. The Committee also heard from Penny Jewkes and Terry O' Shea who represented the Campaign to Save Mental Health Services in Norfolk and Suffolk.

6.3 The following key points were noted:

- The Committee's attention was drawn to Appendix C to the Committee report (that contained an action plan for the implementation of the recommendations that arose from the independent Verita investigation) and to NHS England's governance audit that aimed to provide an assurance to trusts and commissioners that unexpected deaths of people with mental health problems, including older people and those with learning disabilities, would be appropriately investigated.
- The Committee was informed that the classification of incidents at the NSFT was a local decision, made in accordance with NHS England's Serious Incident (SI) Framework. However, no standardised process was used throughout England for the determination of unexpected deaths requiring serious investigation. This made for a lack of consistency between trusts in the investigation and reporting thresholds for unexpected deaths.
- The NSFT reported incidents at a rate that was substantially higher than the national average for health trusts and included drug and alcohol services in its reported figures whereas the majority of mental health trusts did not provide these services. Deaths due to drugs and alcohol misuse made up for approximately 30% of the suicidal and unexpected deaths that were reported by the NSFT. Also, the NSFT could be expected to record more deaths because it was one of the largest mental health trusts in the country.
- There had been no change in the way in which the NSFT reported on deaths since before 2012.
- The NSFT had four members of staff who were tasked with investigating cases of suicide and unexpected death.
- In comparing the numbers of suicides at the local authority level with the national average the Verita report had found that most Norfolk and Suffolk local authority areas remained at or below the national average.
- The NSFT crisis and wellbeing service kept contact with some 30,000 people, many of whom were self-referred.
- The underfunding of mental health services, when compared to other health services, was of serious concern to the NSFT and was an issue that had been taken up with the Government.
- In reply to questions, Mr Scott reaffirmed to the Committee that the NSFT had accepted all the recommendations that arose from the Verita investigation. Verita had kept in regular contact with the NSFT throughout the investigation. The NSFT had not, however, consulted with its front line staff/ staff representatives about the terms of reference for the review.
- Action had already been taken in respect of many of the recommendations, particularly where they related to the training requirements of front-line staff.
- The actions that were required of the NSFT were monitored by the NSFT Board of Directors.
- The NSFT Board was working with the County Council's Public Health department on a comprehensive suicide prevention strategy for Norfolk. The NSFT Board was due to be presented with its own new draft suicide preventive strategy at a NSFT Board meeting by the end of the year.
- The witnesses said that the reason why unexpected deaths (while reported to the NSFT Board) were not discussed in any detail at Board meetings was

because a “quality and safety committee” of the Board held regular meetings to review unexpected deaths in the county.

- Information about issues of public concern could be found on the NSFT website.
- The witnesses said that the Patient Safety Team at the NSFT was reviewing its process of involving bereaved families and carers with a view to developing a more engaged, communicative and face to face approach. The NSFT was also examining the innovative approaches that were being taken elsewhere in the country to see what lessons could be learnt for Norfolk.
- The NSFT was looking to put in place new and innovative patient discharge arrangements and to work more closely with voluntary organisations like the Samaritans.
- The NSFT was also looking to develop its working relationship with the Police, partly through its presence at the Wymondham Police Control Centre, and to build on its countywide “Time for Talk” campaign and on the outcomes of a recent event held at the Forum in Norwich aimed at vulnerable men (who made up for 80% of the recorded cases of suicide in the country).
- Penny Jewkes and Terry O’ Shea (representatives of the Campaign to Save Mental Health Services in Norfolk and Suffolk) spoke about the withdrawal of the homeless and outreach service, the continuing year on year rise in the number of unexpected deaths in Norfolk (this being the sixth year of a year on year rise in the number of Coroner Reports that have raised issues of concern), an apparent lack of public information about the number of cases of suicide and unexpected deaths in the county and the limitations of the Verita review.

6.4 **RESOLVED**

That the Committee write to the NSFT to request detailed information that was either not included or was not fully explored in Verita’s review of unexpected deaths and in the discussion at today’s meeting.

7 **Children’s Mental Health Services in Norfolk**

- 7.1 The Committee received a suggested approach by Maureen Orr, Democratic Support and Scrutiny Team Manager, to reports that addressed the areas of children’s mental health services that were identified for further scrutiny at the meeting on 26 February 2016, following reports that were presented to the Committee on 3 December 2015.
- 7.2 The Committee received evidence from 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, Ricky Cooper, Head of Social Work, Children’s Services Norfolk County Council and Trish Hagan, Head of Children, Young People and Maternity Services, Great Yarmouth & Waveney CCG.
- 7.3 The following key points were noted:
- The NHS England assured LTP contained 12 agreed recurrent developments for children’s mental health services in Norfolk that were set out in Appendix B to the report.

- At this very early stage of what was a 5 year Development Plan some service developments had begun to be implemented and others remained at varying stages of planning and implementation.
- The 5 Norfolk CCGs remained committed to the allocation of the £1.9m for children's mental health services in Norfolk that was identified in the LTP process for 2016/17 onwards. The Norfolk CCGs were, however, unable to commit to provide a notional £0.25m of additional "uplift" that they were expected to meet from core baseline funding. This had implications for the agreed service developments in the published LTP. This matter was due to be examined by the Health and Wellbeing Board.
- The £1.9m would be partly spent on providing for the needs of children with serious eating disorders. It would also help fund new crisis pathways for meeting the out-of-hours needs of children's mental health.
- In addition, the £1.9m would go some way to addressing the effects of earlier reductions in spending and allow for improvements in the staffing situation and in waiting times.
- With reference to paragraph 2.3 of the report (at page 66 of the agenda) Members noted the recent improvements that had taken place in the arrangements for health assessments, and in particular the health assessments for Looked After Children. The health assessments were being carried out by a wider range of medical professionals than was the case in the past. They were also being carried out closer to the home of the child. The improvement in health assessments had been recognised by the Corporate Parenting Board.
- Under the Sustainability Transformation Plan process health and social care were working jointly to identify how to best deliver the services for Looked After Children.

7.4 **RESOLVED**

That in April 2017 the Committee receive an update on Children's Mental Health Services in Norfolk, covering:-

- Development of the service and early outcomes achieved by the Local Transformation Plan (LTP);
- Waiting times;
- Performance against LTP Key Performance Indicators;
- Staffing situation;
- Situation regarding two areas of special interest:-
 - Self Harm
 - Looked After Children.

8 **End of Life Care**

- 8.1 The Committee received a suggested approach by Maureen Orr, Democratic Support and Scrutiny Team Manager, to reports from NHS acute and community care providers on their responses to National Institute for Health and Care Excellence (NICE) guidance on the care of dying adults published in December 2015 and to the Care Quality Commission's (CQC) 'A different ending' report published in May 2016.

- 8.2 The Committee also received a presentation from Sue Spooner of Healthwatch on the findings of its 'Thinking Ahead' research report into the barriers to advanced care planning for end of life that could be found at Appendix G to the report. The presentation and the questions and answers session that followed highlighted the importance of people planning for end of life and being able to talk about the issues and concerns that they might have.
- 8.3 At the end of the presentation, Jennifer Beesley and Jane Shuttler (Members of the public with an interest in end of life issues), spoke about the concerns that they had with the services that were available for end of life care.
- 8.4 Jennifer Beesley spoke about the importance of timely advice to patients on end of life issues and of patients being able to obtain access to the right services and care within the community. She said that the contribution that was made on end of life issues by the voluntary sector should not be undervalued. The lack of in-patient beds in the Great Yarmouth area (and in the west of the county) was a matter of public concern. Jennifer Beesley also stressed the importance of good communication with both the patient and those important to the patient.
- 8.5 Jane Shuttler spoke about the importance of having in place staff who were adequately prepared to meet patient preferences about end of life issues. This included having in place suitable arrangements for the fast track discharge of patients to their own homes in the last days of life. Jane Shuttler said that the NHS was often slow to respond as patients had to wait indefinite times for care packages and even for an acceptance to their fast track application. The Committee noted that the personal experiences of Jane Shuttler were being used for staff training purposes on end of life issues.
- 8.6 The Committee then received evidence from Dorothy Hosein, Chief Executive, Queen Elizabeth Hospital NHS Foundation Trust, Sarah Downey, Clinical Lead for End of Life Care, James Paget University Hospitals NHS Foundation Trust, Emma McKay, Norfolk and Norwich University Hospitals NHS Foundation Trust, Susie Capon, Deputy Director of Adult Services (Planned Care), East Coast Community Healthcare, Katie Soden, Lead Consultant, Priscilla Bacon Lodge for Specialist Palliative Care Services, Norfolk Community Health and Care NHS Trust and Lorraine Barrett, Director of Norfolk Adult Operations and Integration, Norfolk County Council Adult Social Care & Norfolk Community Health and Care NHS Trust
- 8.6 The following key points were noted:
- Members spoke about the requirement for the family to receive clear and timely information about the care of the patient.
 - Members also spoke about the high quality of the work that was being done by specialist end of life nurses and by those working in the voluntary sector.
 - The witnesses spoke about how the voluntary sector took a leading role in service delivery and in patient feedback.
 - The witnesses also spoke about how they encouraged decision making in the person's last days of life and how they explained the dying persons' prognosis to the patient and family.
 - Following up with family, in a sensitive way at an appropriate stage after a person's death, was acknowledged as an important way of helping families and helping to improve services.
 - In addition the witnesses spoke about the importance of providing fully integrated services, adopting a person-centred approach to end of life issues,

of raising public awareness of planning for end of life issues and of assuring people that their wishes would be properly recorded and shared appropriately.

- It was pointed out that information had to be securely stored and shared in a way in which it could be clearly understood by a wide range of medical and care staff.
- Greater investment in training and education for all staff involved in end of life care was seen as crucial if the failings of how the Liverpool Care Pathway was implemented were to be avoided.

8.7 **RESOLVED**

1. That the Committee consider at a later date whether it wishes to return to the subject of end of life services.
2. That any further questions from Members about the subject of end of life issues should be sent to Maureen Orr for forwarding on to the appropriate NHS organisations to answer (and be reported back to Members in the Members Briefing Note).

9. **Forward Work Programme**

- 9.1 The Committee received a suggested approach by the report from Maureen Orr, Democratic Support and Scrutiny Team Manager, that set out a proposed forward work programme for the remainder of 2016.

9.2 **RESOLVED**

That the Committee:

1. Agree its forward work programme as set out in the report, subject to the subject of 'Community Pharmacy' being moved from 13 October 2016 to 12 January 2017 provisionally. It was noted that the proposals for community pharmacy were under review and NHS England Midlands and East (East) was unlikely to be in a position to discuss them with the Committee until after Christmas.
2. Note Members who had any other items which they wished to have considered for inclusion in the forward work programme should contact Maureen Orr, Democratic Support and Scrutiny Team Manager, in the first instance.

9.3 It was further **RESOLVED:**

That Margaret Stone be appointed as NHOSC's substitute link member with Norfolk and Suffolk NHS Foundation Trust.

Chairman

The meeting concluded at 13:30 pm



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