

**NORFOLK HEALTH OVERVIEW AND SCRUTINY COMMITTEE
MINUTES OF THE MEETING HELD AT COUNTY HALL, NORWICH
on 15 July 2021**

Present:

Cllr Alison Thomas (elected Chair)	Norfolk County Council
Cllr Tim Adams (substitute for Cllr L Shires)	Norfolk County Council
Cllr Daniel Candon	Great Yarmouth Borough Council
Cllr Penny Carpenter	Norfolk County Council
Cllr Michael Chenery of Horsburgh	Norfolk County Council
Cllr Brenda Jones	Norfolk County Council
Cllr Alexandra Kemp	Borough Council of King's Lynn and West Norfolk
Cllr Robert Kybird	Breckland District Council
Cllr Nigel Legg	South Norfolk District Council
Cllr Richard Price	Norfolk County Council
Cllr Sue Prutton	Broadland District council
Cllr Robert Savage	Norfolk County Council

Co-Opted Members

Cllr Colin Hedgley	Suffolk Health Scrutiny Committee
Cllr Keith Robinson	Suffolk Health Scrutiny Committee

Also Present in person:

Cath Byford	Chief Nurse, Norfolk and Waveney CCG
Sue Herring	Member of the public speaking to the item on access to local NHS services for patients with sensory impairments (item 9)
Alan Hunter	Norfolk Community Health & Care NHS Trust (item 10)
Abigail Ife	Newberry Child Development Centre hosted by James Paget University Hospitals NHS Foundation Trust (item 10)
Joanne Scott	Newberry Child Development Centre hosted by James Paget University Hospitals NHS Foundation Trust (item 10)
Rebecca Hulme	Associate Director - Children, Young People and Maternity, NHS Norfolk and Waveney CCG (item 10)
Karen Haywood	Democratic Services Manager
Maureen Orr	Democratic Support and Scrutiny Team Manager
Jonathan Hall	Committee Officer
Tim Shaw	Committee Officer

Present via video link

Dr Mark Lim	Norfolk and Waveney CCG (item 8)
Maggie Tween	Norfolk and Waveney CCG (item 8)
Erika Denton	Norfolk & Norwich University Hospitals NHS Foundation Trust (item 8)

Mike Saunders	Norfolk & Norwich University Hospitals NHS Foundation Trust (item 8)
Sarah Miller	East of England North Cancer Alliance (item 8)
Linda Hunter	East of England North Cancer Alliance (item 8)
Marie Rogerson	NHS England and NHS Improvement – East of England (item 8)
Dr Jamie Scott	NHS England and NHS Improvement – East of England (item 8)
Sadie Parker	Norfolk & Waveney CCG (item 9)
Fiona Theadom	Norfolk & Waveney CCG (item 9)
Jude Bowler	NHS England & Improvement (commissioners of the British Sign Language interpreting service) (item 9)
Jessamy Kinghorn	NHS England & Improvement (commissioners of the British Sign Language interpreting service) (item 9)
Millie Pateman	DA Languages (providers of the British Sign Language interpreting service) (item 9)
Guilia Cardarello	DA Languages (providers of the British Sign Language interpreting service) (item 9)
Amanda Aylmer	DA Languages (providers of the British Sign Language interpreting service) (item 9)
Nicky Smith	Norfolk Community Health and Care NHS Trust (item 9)
Paul Morris	Norfolk Community Health and Care NHS Trust (item 9)
Jacky Copping	James Paget University Hospitals NHS Foundation Trust (item 9)
Emily Leeks	James Paget University Hospitals NHS Foundation Trust (item 9)
Ali Jennings	East Coast Community Healthcare (item 9)
Nick Wright	East Coast Community Healthcare (item 9)
Teresa Howard	Member of the public speaking to the item on access to local NHS services for patients with sensory impairments (item 9)

1 Election of Chair

1.1 Resolved (unanimously)

That Cllr Alison Thomas be elected Chair of the Committee for the ensuing year.

(Cllr Alison Thomas in the Chair)

2 Election of Vice-Chair

2.1 Resolved (unanimously)

That Cllr Daniel Candon be elected Vice-Chair of the Committee for the ensuing year

3A Apologies for Absence

3.1 Apologies for absence were received from Cllr Barry Duffin, Cllr Lucy Shires and Cllr Emma Spagnola.

- 3.2 It was noted that Norwich City Council did not currently have a representative in place.

4. Minutes

- 4.1 The minutes of the previous meeting held on 18 March 2021 were confirmed by the Committee and signed by the Chair.

5. Declarations of Interest

- 5.1 Cllr Penny Carpenter declared an “other interest” in item 8 as she was a cancer patient, a County Councillor for Cancer UK and on the Cancer Champions Network for the UK.
- 5.2 Cllr Daniel Candon declared an “other interest” because his work for Cloe Smith MP meant that he had links with various NHS organisations.
- 5.3 Cllr Alison Thomas declared an “other interest” in item 10 as some years ago one of her children was in receipt of support from services for Children’s neurodevelopmental disorders.

6. Urgent Business

- 6.1 There were no items of urgent business.

7. Chair’s Announcements

- 7.1 The Chair placed on record the Committee’s thanks to Cllr Penny Carpenter and Cllr Nigel Legg, for all their work as the previous Chair and vice-chair respectively of the Committee.
- 7.2 The Chair announced the sad passing of Cllr David Bradford MBE who served on this Committee for many years. David died on 1 May 2021. He represented Crome ward on Norwich City Council from 1978 until 2019 and was a well-liked and much valued member of this Committee from around the time of its inception in the early 2000s until 2014. David was passionate about helping people and, as a wheelchair user himself, he was always an effective champion for disability rights.
- 7.3 The Committee held a minute’s silence to remember David.

8 Cancer Services

- 8.1 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 provision of cancer services in Norfolk and Waveney in the light of Covid-19, including cancer screening diagnostic and treatment services. The Committee received update reports on cancer services from NHS Norfolk and Waveney (at appendices A and B to the suggested approach) that explained service developments since this matter was last considered in October 2020.
- 8.2 The Committee received evidence in person from Cath Byford, Chief Nurse, Norfolk and Waveney CCG and via video link from other representatives of Norfolk and Waveney CCG, representatives of Norfolk and Norwich University hospitals NHS Foundation Trust, East of England North Cancer Alliance (which brought together NHS clinical & other senior leaders and patients / local communities to improve

cancer pathways and outcomes) and NHS England and NHS Improvement – East of England.

8.3 The following key points were noted:

- The speakers said that waiting times for primary care cancer services were expected to recover to pre-pandemic levels by March 2022.
- The speakers main concern was about achieving and maintaining waiting times standards for patient access to none- urgent cancer services.
- It was pointed out that the three acute hospitals for Norfolk and Waveney ran regular publicity campaigns on Face Book and on Twitter to increase communication with those patients who were hard to reach. Healthwatch assisted with these campaigns.
- The public at large received health care messages through specific local media campaigns targeted at encouraging patients to seek help from their GPs.
- The range of options open to patients to interact with GPs had significantly increased since the start of the pandemic, however, some patients remained reluctant to make use of on-line platforms and preferred to phone their GP, particularly where they sought a same day response.
- During the pandemic GP practices had made extensive use of alternatives to in person face to face contact, however, the situation was starting to return to normal.
- The three acute hospitals historically had different approaches to the provision of cancer services. A number of measures were, however, planned to take place over the next 12 months aimed at providing more equitable cancer services throughout the whole of Norfolk and Waveney, that aligned cancer services through the introduction of a single pathway and reduced the disparity in individual hospital waiting times, but these improvements could mean that more patients had to travel greater distances to receive care outside of their locality.
- In reply to questions it was pointed out that since the start of the pandemic the three acute hospitals had struggled to keep pace with the increased demand for breast cancer referrals and the need to meet the standard referral time of no more than two weeks.
- The speakers attributed the delay in responding to patient needs to pandemic related staffing issues and to a significant increase in demand for initial consultation appointments. They said that mitigation measures had been put in place to meet capacity requirements through use of weekend and evening clinics.
- The Chair said that she knew of a constituent who had waited over 5 weeks for an initial consultation and the speakers said that they would take up this matter after the meeting.
- The speakers said that telephone contact was maintained with those people in greatest need throughout the pandemic.
- The speakers pointed out that patient waiting lists were being re-evaluated in terms of priority and that all three acute hospitals had appointed surveillance lead officers to help maintain the required standards for those patients who were in greatest need. These leads were tasked with overseeing the quality of cancer care pathways and they would be willing to follow up outside of the meeting on any specific patient needs that Councillors might have.
- Councillors pointed out that patients were unsure as to the timetable for NHS cancer services returning to normal following the pandemic and that this matter should be the subject of a publicity campaign.

- In reply it was pointed out that the take up of breast screening services was expected to return to normal by the Autumn.
- It was pointed out that during the peak of the pandemic the acute hospitals had used private cancer services according to the availability of such local provision (available mainly in Norwich and King's Lynn). The Committee was assured that while cancer services at the acute hospitals were being re-established the use of private cancer services would be maintained but in different ways.
- Councillors suggested that the measures taken by the NHS to encourage the take up of screening services and to provide follow up for patients who failed to meet appointments for cancer services should be strengthened.
- In reply the speakers said that an NHS study was underway in Norfolk to identify why some patients failed to meet appointments. Following an evaluation, the results of this study would be shared widely with interested parties.
- The possible implementation of text messaging was an additional measure to be explored.
- Cancer patients continued to present themselves though A&E Departments and to be transferred between hospitals where needed.
- Hospital transport was available for those who lacked the means of attending appointments.

8.4 The Committee noted that there would be a single waiting list for cancer services across the Norfolk & Waveney system in due course.

8.5 The Committee agreed that they needed to receive further information on the process for follow-up appointments with people who did not respond to cancer screening invitations.

8.6 The Committee agreed to recommend:

- **That Norfolk & Waveney CCG, Norfolk and Norwich University Hospital NHS Foundation Trust (NNUH) & NHS England & Improvement (NHSE&I) should explore whether more could be done to improve communication with patients to provide for a better service and in particular:**
 - **Inform people that primary care remains open for patients with concerns and that they should come forward.**
 - **Keep patients informed about cancer services waiting times.**

8.7 The Chair thanked those speakers who had attended the meeting for this item.

9 Access to local NHS services for patients with sensory impairments

9.1 The Committee received a briefing report by Maureen Orr, Democratic Support and Scrutiny Manager about Access to local NHS services for patients with sensory impairments

9.2 The Committee received evidence in person from Cath Byford, Chief Nurse, Norfolk and Waveney CCG and via video link from other representatives of Norfolk and Waveney CCG, NHS England & Improvement (commissioners of the British Sign Language interpreting service) and (as the providers of services) from DA Languages (providers of the British Sign Language interpreting service), Norfolk Community Health and Care NHS Trust, James Paget University Hospitals NHS Foundation Trust and East Coast Community Healthcare.

9.3 The Chair pointed out that British Sign Language interpreters were joining the meeting for this item and that they would be visible for people watching on YouTube. The interpreters were secured through the Council's INTRAN contract via Deaf Connexions.

9.4 The Committee heard from the following members of the public who had given notice that they wished to speak to the meeting

- (i) **Teresa Howard** joined the meeting by Microsoft Teams and gave examples of where there were delays in waiting times and problems in gaining access to qualified Sign Language Interpreters and particularly in delays for eye tests appointments of more than two weeks.
- (ii) **Sue Herring** joined the meeting in person. Her parents were both profoundly Deaf, British Sign Language users in their mid-80s and had faced issues trying to access primary health care in Norfolk since April 2019. Sue Herring shared the impact this had on her brother and herself as children of deaf adults.

9.5 The following key points were noted:

- Speakers from NHSE&I and N&W CCG said that they would welcome an opportunity to meet with members of the public who spoke in the meeting to discuss their individual concerns about BSL interpreting, if they wished.
- Councillors expressed disappointment with a lack of progress since they had last considered the subject in November 2020 particularly around finding new ways to reduce barriers to users of the BSL interpreting service and in expanding training on accessibility.
- It was pointed out that DA Languages (as provider of the BSL interpreting service) would not attempt to take on appointments that they did not consider they could support. This meant that they were unable to meet the requirements of 4% of the 400 appointments that they were asked to take on.
- There were ongoing communication and expectation issues with some of the bodies that made use of the service.
- Issues regarding access to psychological therapies for the small number of BSL users who require them were planned to be discussed with the mental health commissioning team in the next few weeks.
- There had not been the progress in extending accessibility for BSL users that was expected to have been made by this time.
- The contract for a new service described in the report would be launched in the next few weeks and would include the provision of face to face support.
- The speakers pointed out that training and education of all staff within primary care services would form a key component of the mobilisation plans for the new interpreting contract working in collaboration with the new supplier(s) once appointed. There would be an ongoing requirement under the new contract terms for the new supplier to undertake a rolling programme of training in conjunction with the N&W CCG.

9.6 The Committee noted:

- That NHSE&I and N&W CCG offered to meet with members of the public who spoke at the meeting regarding BSL interpreting, if they wish.
- NHOSC councillors and the wider network needed information about how they could report specific individual issues and to whom.
- There was disappointment with lack of progress since the subject was last considered by the Committee in November 2020.

- **The Committee would need to return to the subject soon.**

- 9.7 The Committee recommended that the CCG and providers should consider mandatory training with regular refreshers for front line staff in the requirements and implementation of the Accessibility Information Standard.**
- 9.8 The Chair placed on record the Committee's thanks to the speakers and members of the public who attended the meeting for this item.**
- 10 Children's neurodevelopmental disorders – waiting times for assessment and diagnosis**
- 10.1** The Committee received a suggested approach by Maureen Orr, Democratic Support and Scrutiny Manager.
- 10.2** The Committee received evidence in person from Cath Byford, Chief Nurse, Norfolk and Waveney CCG. Alan Hunter, Head of Service (Children) , Norfolk Community Health & Care NHS Trust, Abigail Ife, Divisional Operations Manager Paediatrics, Newberry Child Development Centre hosted by James Paget University Hospitals NHS Foundation Trust, Joanne Scott, Matron, Children's Outpatient Services Newberry Child Development Centre hosted by James Paget University Hospitals NHS Foundation Trust and Rebecca Hulme, Associate Director - Children, Young People and Maternity, NHS Norfolk and Waveney CCG.
- 10.3** The following key points were noted:
- The Chair placed on record the Committee's thanks to Family Voice for the paper that they had produced for this item.
 - There was concern expressed about the effectiveness of private diagnosis for some children with neurodevelopmental disorders and whether this private diagnosis sometimes led to treatment that might not always be necessary.
 - Some children were being denied places at two specialist schools in the Norwich area because of delays in receiving an assessment of their condition.
 - There were insufficient places at specialist schools for those with the greatest needs.
 - The speakers said that access to the right school should not rely on labelling a child with a particular condition.
 - The needs of many children could be met in mainstream schools.
 - The long waiting times for assessment and diagnosis were a sign of an underfunded service.
 - There was a disparity in service provision across the county.
 - Three-year funding from the Government (targeted at dealing with the effects of Covid-19) would be used to help meet the backlog of assessments.
 - Graduates to the profession usually completed courses in the Autumn. Graduates were then subject to an on the job training period that could take many months before they were fully capable of dealing with assessments and diagnosis on their own.
 - There were options for the recruitment of different levels of staffing to deal with backlogs.
- 10.4 The Committee noted the long waiting times for assessment and disparity in service provision between the east of the county and the central and west areas.**

10.5 The Committee supported:

- **Plans for the Family Action service to be a permanent service and would like to see it expanded if possible.**
- **Work to share good practice across the two children's NDD services in Norfolk and Waveney.**

10.6 The Committee noted that Norfolk County Council should do as much as it could to support schools to complete the reports that were necessary for children in the NDD pathways.

10.7 The Committee agreed to return to the subject at a future meeting and to request a short report that:

- **Clarified demand and capacity in the service and the consequent funding gap.**
- **Set out the top priorities for action in the short to medium term**
- **Identified opportunities to improve processes within the pathways (potentially by sharing good practice across the two services).**

10.8 The Chair placed on record the Committee's thanks to the speakers for this item.

11 Norfolk Health Overview and Scrutiny Committee Appointments

11.1 The Committee received a report about the appointment of Councillors to act as links with the CCG and local NHS provider organisations. It was noted that those Councillors who were appointed would be able to attend local NHS organisations meetings in public, in the same way as a member of the public might attend.

11.2 The Committee agreed to the continuation of the current link councillors (one NHOSC Councillor for each local NHS provider organisation) as set out in the report.

11.3 The Committee also agreed to the appointment of the following Councillors to fill vacant link role positions:

(a) James Paget University Hospitals NHS Foundation Trust

Cllr Penny Carpenter
(Substitute – Cllr Daniel Candon)

(b) Norfolk & Suffolk NHS Foundation Trust

Cllr Brenda Jones
(Substitute – Cllr Daniel Candon)

(c) Queen Elizabeth Hospital NHS Foundation Trust

Cllr Michael Chenery of Horsburgh
(Substitute – Cllr Alexandra Kemp)

12 Forward Work Programme

12.1 The Committee received a report from Maureen Orr, Democratic Support and Scrutiny Manager which set out the current forward work programme that was agreed subject to the following:

12.2 The Committee agreed for their future work programme:

- There should be an update report to the 2 September 2021 meeting about the Ambulance Service. The report to include information on the implications of the Education and Skills Funding Agency's withdrawal of funding for apprenticeship learning at the East of England Ambulance Service NHS Trust.
- A report to a future meeting on the Norfolk & Suffolk NHS Foundation Trust (NSFT) use of out of area beds, including use of older people's beds at the Julian hospital for younger patients.
- A report to a future meeting on eating disorders, including the availability of specialist beds.
- A report to a future meeting on annual physical health checks for people with learning disabilities that examines the progress that has been made.
- A report to a future meeting on access to dentistry in Norfolk and Waveney.

12.3 The committee agreed for the NHOSC Member Briefing:

- NSFT – progress in response to Care Quality Commission requirements.
- Primary care in King's Lynn – update on progress towards a new surgery in South Lynn.

Chair

The meeting concluded at 1.45 pm



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