

**NORFOLK HEALTH OVERVIEW AND SCRUTINY COMMITTEE  
MINUTES OF THE MEETING HELD AT COUNTY HALL, NORWICH  
on 11 April 2019**

**Present:**

Michael Chenery of Horsbrugh (Chairman)	Norfolk County Council
Dr C Jones (sub for Ms E Corlett)	Norfolk County Council
Mr F Eagle	Norfolk County Council
Mrs S Fraser	Borough Council of King's Lynn and West Norfolk
Mr D Harrison	Norfolk County Council
Mrs B Jones	Norfolk County Council
Dr N Legg	South Norfolk District Council
Mr R Price	Norfolk County Council
Mrs S Young	Norfolk County Council

**Also Present:**

David Barter	Head of Commissioning, NHS England Midlands and East (East)
Debbie Walters	Contract Manager, Primary Care Dental, NHS England Midlands and East (East)
Tom Norfolk	Chairman, Norfolk Local Dental Network
Nick Stolls	Secretary, Norfolk Local Dental Committee
Alexandra Kemp	County Councillor for Clenchwarton and King's Lynn South
Judith Bell	Operations Manager, Healthwatch Norfolk
Frank Sims	Chief Officer, South and North Norfolk CCGs (South Norfolk is the lead CCG for mental health commissioning)
Clive Rennie	Assistant Director Integrated Commissioning (Mental Health and Learning Disabilities), representing the CCGs
Denise Clark	Interim Head of Specialised Mental Health, Regional Specialised Commissioning, NHS England Midlands and East (East).
Julie Frake Harris	Director of Operations, Cambridge and Peterborough NHS Foundation Trust (provider of Norfolk Community Eating Disorders Service for adults over 18 years, central and west Norfolk)
Linda Stevens	Deputy Locality Manager, Norfolk and Suffolk NHS Foundation Trust (covering NSFT Eating Disorder services across Norfolk)
Dr Louise Brabbins	Specialised Eating Disorders Psychiatrist, Community Eating Disorders Service (GY&W), Norfolk and Suffolk NHS Foundation Trust
Yolande Russell	Chief Executive Officer, Eating Matters (provider of services for adults over 18 years with mild eating disorders across Norfolk and Waveney)
Tom Quinn	Director of External Affairs, Beat eating disorders charity
Sarah Middleton	Service user

Jane Poppitt	Norfolk Community Eating Disorders, Cambridge and Peterborough NHS Foundation Trust
Davia Barzdaitiene	Norfolk Community Eating Disorders, Cambridge and Peterborough NHS Foundation Trust
Madeleine Thatham	Norfolk Community Eating Disorders, Cambridge and Peterborough NHS Foundation Trust
Fiona Lain	Norfolk and Suffolk NHS Foundation Trust
Dr Marita Bulto	Norfolk and Suffolk NHS Foundation Trust
Helen Waters	Trustee, Eating Matters
Diane Smith	Transformation Manager, Mental Health and Learning Disabilities, South Norfolk CCG
Maureen Orr	Democratic Support and Scrutiny Team Manager
Chris Walton	Head of Democratic Services
Tim Shaw	Committee Officer

## **1 Apologies for Absence**

- 1.1 Apologies for absence were received from Mrs A Claussen-Reynolds, Ms E Corlett, Ms E Flaxman-Taylor, Mr D Fullman, Mr G Middleton, Mr F O'Neill and Mr P Wilkinson.

## **2. Minutes**

- 2.1 The minutes of the previous meeting held on 28 February 2019 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**

- 5.1 The Chairman drew the Committee's attention to a health scrutiny training session for Members that would be held in the Conference Room, South Wing, County Hall on Tuesday 28 May 2019 starting at 2 pm.
- 5.2 The Chairman said that this was the last meeting of the NHOSC that Tim Shaw would routinely attend. Tim had regularly attended health scrutiny meetings since the inception of the NHOSC and would be supporting other committees when the County Council's new system of governance was introduced in May 2019. Members thanked him for his support.

## **6 Access to NHS Dentistry in Norfolk**

- 6.1 The Committee received a suggested approach by Maureen Orr, Democratic Support and Scrutiny Team Manager, to a report on access to NHS dentistry across Norfolk and a follow-up on action to improve access to NHS dentistry in the west Norfolk area.

- 6.2** The Committee received evidence from David Barter, Head of Commissioning, NHS England Midlands and East (East), Debbie Walters, Contract Manager, Primary Care Dental, NHS England Midlands and East (East), Tom Norfolk, Chairman, Norfolk Local Dental Network and Nick Stolls, Secretary, Norfolk Local Dental Committee.
- 6.3** The Committee also heard from Alexandra Kemp, County Councillor for Clenchwarton and King's Lynn South and Judith Bell, Operations Manager, Healthwatch Norfolk.
- 6.4** The Chairman drew the Committee's attention to paragraph 3.4 of the covering report about commercial confidentiality. He said the NHS England representatives were not able to answer questions that could potentially compromise the ongoing procurements for special care dentistry, primary care orthodontic services and dental out of hours services. Yesterday NHS England (East) had distributed pre-election guidance which meant that the speakers were also not able to answer questions (e) or (h) on page 21 of the agenda papers. It would be possible to obtain answers to these questions later.
- 6.5** Alexandra Kemp said that two pensioner constituents had contacted her about having to travel to Skegness in Lincolnshire and to Suffolk to access treatment, because NHS Dental Surgeries in King's Lynn had written to patients to say they had been deregistered and that they could no longer be treated even though there was no formal process for registration. Alexandra Kemp asked what steps the NHS had taken to map the needs and provide enough NHS dental provision in King's Lynn and West Norfolk, including for children, pensioners and vulnerable groups. She also asked why there was no integrated health plan and cost-benefit analysis for Dental Health and Prevention in the STP Plan; how much money was spent on the high number of children, reported in the press, as having teeth extracted at the Queen Elizabeth Hospital because they could not access dental treatment, and how much money was spent in acute hospitals on issues such as heart problems, caused or contributed to, by the neglect of dental hygiene, with the lack of access to NHS Dentistry.
- 6.6** Judith Bell, Operations Manager, Healthwatch Norfolk, said that Healthwatch Norfolk had a good working relationship with the local dental profession and was in regular contact with the Norfolk Local Dental Committee about issues of patient access to NHS dental services and dental practices that were taking on NHS patients. Healthwatch Norfolk had conducted a quick test of availability of NHS dentistry by phoning all 50 dental practices that were listed in the report from NHS England as NHS practices. This had shown that 14 dental practices were accepting NHS patients (28%); 22 were not accepting NHS patients (although 4 had said they would be later in the year) (44%); 2 were orthodontists and so provided a specialist/ not general service (4%) and 12 could not be contacted on the phone (24%).
- 6.7** During discussion the following key points were made:
- The speakers from NHS England Midlands and East (East) said that action continued to be taken to improve access to dental services for patients from all parts of west Norfolk, including for the families of service personnel at RAF Marham, however, due to issues of commercial confidentiality the current position regarding the completion of the procurement processes for special care dentistry, primary care orthodontic services and dental out of hours services could not be reported to the Committee at this time.

- Members were assured that funds released by the closure of dental practices in Snettisham and East Harling would be fully re-allocated towards the recommissioning of dental activity in West Norfolk and South Norfolk.
- It was pointed out that alternative arrangements for patients from East Harling were now in place and those for Snettisham had yet to be completed.
- The Committee was informed that NHS England (East) would recommission dental services in the Unthank Road area of Norwich, following the closure of a dental practice.
- The speakers explained to the Committee how dental services in primary care were commissioned and delivered. They referred to the many strengths in the current system that they wanted to maintain and build upon. They also described the challenges that they needed to address in the interests of sustainability, efficiency and improved quality, and in meeting their goals of improving oral health and continuing to improve access to NHS dental services.
- It was pointed out that a full list of dental practices and performance data was available in the report presented to the Committee.
- Members were concerned that this data showed that none of the dental practices had achieved their 96% UDA (Unit of Dental Activity) activity targets.
- In reply to questions, the speakers from East said that the data on achievement of activity targets did not represent a complete financial year. Where dental practices failed to deliver on contracted activity they were more closely monitored and could have dental activity withdrawn.
- The speakers from East added that their approach to commissioning was based on improving oral health and good clinical outcomes; NHS England (East) continued to design potential new contractual arrangements for NHS dentistry based on quality and outcomes and supported a focus on preventative care and continuing care rather than purely dental activity.
- The Secretary to the Local Dental Committee (LDC) said that the increase in the unused dental budget (known as clawback money) which had continued to rise year on year was a sign that activity targets had become more difficult to achieve. The dental profession wanted clawback money recycled back into dental practices and used to fund 'flexible commissioning'.
- The Committee heard that flexible commissioning could mean some of the clawback money was used to provide additional emergency slots in dental practices to take the pressures off the existing emergency care providers or possibly to expand domiciliary services and care home treatments. The Secretary to the LDC said that they were in constructive discussions with the commissioners to arrive at a position where patients might access specialist orthodontic services more readily.
- The Committee was informed that it was likely that restorative dentistry at the Norfolk and Norwich hospital (NNUH) would be re-established. Funding was in place and there was interest in the role. It was hoped that a programme could be established to upskill General Dental Practitioners for dental surgery.
- The re-procurement of services would allow the shortcomings in the Kings Lynn area, which was one of the worst areas for the availability of specialist orthodontic activity, to be addressed.
- It was noted that community dental services were available for people with special care needs and that when the public required access to out of hours emergency dental treatment they were asked to contact NHS 111 in the first instance.
- The Committee asked for changes to special care dentistry, primary care orthodontic and dental out of hours services as a result of the current re-procurements to be reported to a future meeting of the Committee.

- The Secretary to the Norfolk LDC said that the Dental Strategy Group's 2018 review of current service provision in Norfolk had shown that 75% of all dental practices and 84% of the largest dental practices were struggling to recruit dentists. Some 67% of dentists were known to be considering reducing their working hours or leaving NHS dentistry.
- Members discussed the difficulties in recruiting dentists to work in rural areas of Norfolk. Members were informed that Norfolk's recruitment difficulties were like those found in rural areas elsewhere in the country. Newly-qualified dentists from urban areas were often unwilling to work in rural areas and looked to move to London, Birmingham and other large English cities to find suitable employment.
- The Chairman of the Local Dental Network said that there was sufficient student demand in Norfolk for a school for dental therapists to be set up in the Norwich area. The proposed new school could run on similar lines to a school for dental therapists run by Essex University. The necessary permissions to build such a school in Norfolk (with similar governance arrangements as for the school in Essex) were being explored. The proposed new school could take on students from September 2020. In the meantime arrangements were being made with the Essex school for dental therapists to take up placements in Norfolk.
- The Chairman of the Local Dental Network added that dental therapists were more likely to remain in the area where they completed their training.
- In reply to questions about the role of dental therapists on graduation, the Chairman of the Local Dental Network said that they were increasingly important members of all dental teams and likely to be a particularly important component of future NHS dental care. More dental practices were taking on dental therapists to handle much of the routine dental work. Provided they had completed appropriate training, dental therapists could perform extended duties and provide treatment under supervision in a range of places in the community, such as schools and care homes.
- A Member then questioned whether a Norfolk dental school would improve the availability of dental care for Norfolk patients; he said that there were excellent learning facilities for doctors, nurses and paramedics in Norfolk but there remained a lack of doctors, nurses and paramedics.
- Members were of the view that the main barriers to public access to dental services were the cost of dental care, perceptions of need, lack of access and dental anxiety.
- Members said that patients wanted to be able to access clearer information about the dental charges system.
- Members also said that continuing care from a familiar dental practice over time had benefits for a patient's oral health. Children living in areas of social deprivation were less likely to attend for restorative care; their irregular pattern of dental attendance mirroring that of their parents.
- In reply to questions, the Secretary to the Norfolk LDC said that Children's Centres were places where hard to reach families could obtain information on a casual basis about dental issues that they were unable to access through normal day to day activities. The closure of most of these centres could significantly weaken the impact on hard to reach groups of planned new programmes of oral health education for children.

**6.8** The Committee noted the information provided in the report and during the discussion at today's meeting.

**6.9** It was agreed that speakers from NHS England Midlands and East (East) and the Local Dental Network should return to the Committee with a progress update in

around 6 months' time (to be scheduled for November 2019). The report to include (not exclusively):

- The outcome of current procurements for special care dentistry, primary care orthodontic and dental out of hours services.
- The commissioners' response to the Local Dental Committee's suggestion of 'flexible commissioning' (e.g. additional emergency slots in practices, or expansion of domiciliary or care home treatments).
- Progress towards establishing dental therapy training in Norfolk.
- Progress toward provision of restorative dentistry at the Norfolk and Norwich Hospital.
- An update on progress towards provision of dental services at RAF Marham for the families of service personnel and the public.

It was further agreed that a representative from RAF Marham should be invited to attend the meeting when this topic was next discussed, should this become necessary.

## **7 Eating Disorder Services**

- 7.1** The Committee received a suggested approach by Maureen Orr, Democratic Support and Scrutiny Team Manager, to an examination of access to eating disorder services for patients in Norfolk including adults and children, community and specialist in-patient services.
- 7.2** The Committee received evidence from Frank Sims, Chief Officer, South and North Norfolk CCGs (South Norfolk is the lead CCG for mental health commissioning), Clive Rennie, Assistant Director Integrated Commissioning (Mental Health and Learning Disabilities), representing the CCGs, Denise Clark, Interim Head of Specialised Mental Health, Regional Specialised Commissioning, NHS England Midlands and East (East), Julie Frake Harris, Director of Operations, Cambridge and Peterborough NHS Foundation Trust (provider of Norfolk Community Eating Disorders Service for adults over 18 years, central and west Norfolk), Linda Stevens, Deputy Locality Manager, Norfolk and Suffolk NHS Foundation Trust (covering NSFT Eating Disorder services across Norfolk), Dr Louise Brabbins, Specialised Eating Disorders Psychiatrist, Community Eating Disorders Service (GY&W), Norfolk and Suffolk NHS Foundation Trust and Yolande Russell, Eating Matters.
- 7.3** The Committee also heard from Tom Quinn, Director of External Affairs for BEAT (the national Eating Disorders charity) and Sarah Middleton, a service user.
- 7.4** Sarah Middleton, s service user, said that she had lived with anorexia for more than 30 years and was concerned that patients were often not deemed ill enough to access treatment from the NHS but too ill to obtain support from charities. She said that while she was able to discuss her condition with her GP, GPs were not best placed to provide the kind of specialist help that people in her position needed.
- 7.5** Tom Quinn, Director of External Affairs for BEAT said that the charity provided helplines / moderated online forums for those affected by eating disorders and remained concerned that because treatment was only accessible to the most severely ill this was sending the wrong message to people with eating disorders considered to be not ill enough to deserve treatment. The long waiting times to be seen by a GP had left GPs in the difficult position of being responsible for patients they might not be best placed to help.

**7.6** During discussion the following key points were made:

- The Committee was informed about the areas of responsibility of each of the organisations that were represented at today's meeting.
- The information showed that there were lengthy waiting times for eating disorders services.
- The Committee noted that the national access and waiting time standards for eating disorders services for children and young people did not apply for adult services.
- The Committee was informed that Children's and Young Peoples Eating Disorder Services across the Norfolk and Waveney area were commissioned from Norfolk and Suffolk NHS Foundation Trust (NSFT).
- Public Health England had been commissioned to undertake a review of demographics and capacity in relation to eating disorders in-patient beds. The local review in the eastern region would be completed imminently. A national review was also underway.
- The Committee heard that the specialist and community eating disorder services were looking at co-ordinating with each other and with primary care to ensure that patients were safely transferred between the services or discharged from eating disorder services.
- It was pointed out that NICE quality standards stated that people with eating disorders who were supported by more than one service should have a care plan that explained how the eating disorder services would work together.
- It was also pointed out that Norfolk Community Eating Disorders Service (NCEDS) was a small but highly specialised team of dedicated clinicians who prioritised patients according to need and clinical risk. The NCEDS was run by CPFT who provided the services that were explained in the report.
- In reply to questions, the speakers said that the restriction of NCEDS services to severe cases only had been a temporary emergency measure due to a shortage of suitably trained and appropriately qualified specialist staff. The CPFT had now successfully recruited new clinical staff and the service was expected to return to normal operating staffing numbers/criteria by July 2019.
- The limited capacity of NCEDS and of other eating disorder service providers would, however, continue to mean that most adults with an eating disorder were unable to access specialist treatment and had to rely on on-line services for help.
- In reply to questions, the speakers agreed to provide details after the meeting about the on-line services that were available to people living in Norfolk, how these on-line services could be accessed and the range of outcomes that were available for those who used them.
- Members were concerned that in practice patients had to have a body mass index (BMI) of below 15 to qualify for treatment but that BMI did not provide an accurate assessment of risk. Access based on BMI could mean those who were desperate for help attempted to lose more weight. As people waited for treatment a severe deterioration in condition often led to planned or emergency hospital admission.
- The Committee noted that those people who had not been able to obtain treatment relied on GPs or other non-specialists, who might not be best placed to spot the signs of deterioration in the patients' mental condition. The workload and responsibility that was placed on GPs to manage vulnerable patients meant that GPs could run the risk of working over and above their levels of competency.

**7.7** NHOSC noted the information provided in the report and during the discussion at today's meeting.

- 7.8** The CCG representatives were asked to provide research evidence regarding the effectiveness of the online treatment resources available to patients with eating disorders in Norfolk.
- 7.9** The CCG representatives and NHS England Midlands and East (East) were asked to return to NHOSC with a progress update in around 6 months' time (to be scheduled for November 2019).
- 8 Forward Work Programme**
- 8.1** The Committee received a report from Maureen Orr, Democratic Support and Scrutiny Team Manager, that set out the current forward work programme.
- 8.2** The Forward Work Programme for NHOSC meetings was agreed with the addition of the following items:
- 28 November 2019
- Access to NHS dentistry
  - Eating disorder services
- 8.3** The Committee also agreed that information should be included in the NHOSC Briefing on the systems used by IC24 (the NHS 111 and primary care out of hours provider) to find addresses in Norfolk, especially in rural areas where there might be unadopted roads and no street lighting.

### **Chairman**

The meeting concluded at 12.50 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.**