

**NORFOLK HEALTH OVERVIEW AND SCRUTINY COMMITTEE**  
**Minutes of the meeting held on Microsoft Teams (virtual meeting)**  
**at 10am on 30 July 2020**

**Members Present:**

Cllr Penny Carpenter (Chairman)	Norfolk County Council
Cllr Nigel Legg (Vice-Chairman)	South Norfolk District Council
Cllr Michael Chenery of Horsbrugh	Norfolk County Council
Cllr Fabian Eagle	Norfolk County Council
Cllr Emma Flaxman-Taylor	Great Yarmouth Borough Council
Cllr David Harrison	Norfolk County Council
Cllr Brenda Jones	Norfolk County Council
Cllr Chris Jones	Norfolk County Council
Cllr Alexandra Kemp	Borough Council of King's Lynn and West Norfolk
Cllr Robert Kybird	Breckland District Council
Cllr Laura McCartney-Gray	Norwich City Council
Cllr Richard Price	Norfolk County Council
Cllr Emma Spagnola	North Norfolk District Council
Cllr Sheila Young	Norfolk District Council
Cllr Sue Prutton	Broadland District Council

**Co-Opted Members Present**

Cllr Judy Cloke	Suffolk Health Scrutiny Committee
Cllr Keith Robinson	Suffolk Health Scrutiny Committee

**Also Present:**

Hollie Adams	Committee Officer, Norfolk County Council
Cath Byford	Chief Nurse, NHS Norfolk and Waveney Clinical Commissioning Group (CCG)
Melanie Craig	Chief Officer, NHS Norfolk and Waveney CCG, and Executive Lead, Norfolk and Waveney Health and Care Partnership
Dr Daniel Dalton	Chief Medical Officer, Norfolk and Suffolk NHS Foundation Trust
Dr Clare Hambling	GP, Bridge Street Surgery, and Governing Body member, NHS Norfolk and Waveney CCG
Maureen Orr	Democratic Support and Scrutiny Team Manager, Norfolk County Council
Andrew Palmer	Programme Director, Norfolk and Waveney Health and Care Partnership
Dr Jeanine Smirl	GP, St Stephen's Gate Medical Practice, and Clinical Director, Norwich Primary Care Network

**1 Apologies for Absence**

- 1.1 No apologies were received.

**2. Election of Chair**

- 2.1 Cllr Michael Chenery of Horsbrugh, seconded by Cllr Emma Flaxman-Taylor, nominated Cllr Penny Carpenter.
- 2.2 Cllr Penny Carpenter was **DULY ELECTED** as Chairman for the ensuing council year.

- 2.3 The Chairman welcomed new members to the Committee: co-opted Members from the Suffolk Health and Scrutiny Committee Councillors Keith Robinson and Judy Cloke; and the new representative for Norwich City Council Cllr Laura McCartney-Gray.

### **3. Election of Vice-Chairman**

- 3.1 Cllr Fabian Eagle, seconded by Cllr Emma Flaxman-Taylor, nominated Cllr Nigel Legg.
- 3.2 Cllr Nigel Legg was **DULY ELECTED** as Vice-Chairman for the ensuing Council year.

### **4. Minutes**

- 4.1 The minutes of the previous meeting held on 13 February 2020 were **AGREED** as an accurate record.

### **5. Declarations of Interest**

- 5.1 The following interests were declared:
- Cllr Sheila Young declared a non-pecuniary interest as a carer
  - Cllr Emma Flaxman-Taylor declared a non-pecuniary interest as a Governor of the James Paget Hospital and Member of the Health and Well Being Board

### **6. Urgent Business**

- 6.1 There were no items of urgent business.

### **7. Chairman's Announcements**

- 7.1 The Chairman:
- Expressed thanks to all health and care staff, frontline workers and managers for their hard work over the past months, all who had supported health and social care and those who had returned to work in health and social care during the pandemic. She spoke of healthcare workers who had been personally affected by Covid-19 and noted the bravery and professionalism of frontline staff who continued to run services throughout the pandemic.
  - Shared with the Committee information about the International Women's Day Health Event held on 5 March 2020 in Great Yarmouth by Great Yarmouth Borough Council and local charity DIAL. The event had a good turnout, and feedback received from the event would be used to inform work in communities. A key piece of feedback was that families would like more space to eat outside together with their children.
  - Marked the retirement of Chris Walton, who had provided a great support to the Chairman and to the Committee; the Committee wished him well for the future.

### **8. Covid-19 – overview of the effects on local NHS services**

- 8.1.1 The Committee received the overview report from Norfolk and Waveney Clinical Commissioning Group (CCG) on the effects of the Covid-19 outbreak on local NHS services to enable the committee to understand the current operational position in primary, community and acute care (physical & mental health) in terms of suspended

services, reconfigured services, unaffected services (if any), NHS Covid-19 specific services / arrangements and any short to medium term operational developments being planned. The Chairman reminded the Committee that the Covid-19 outbreak was a level 4 incident for the NHS and major decisions in response to the pandemic had been taken nationally, not locally.

8.1.2 The Committee viewed a presentation given by representatives of Norfolk and Waveney CCG ([see appendix A](#)):

- The support received from the public, voluntary sector, organisations and Councils was noted
- The changes made to services during the pandemic were already in the national and Norfolk and Waveney long term plans, such as establishing a mental health advice line and digital GP services, but were brought forward more quickly.
- The presentation included statistics and data for Waveney and East Suffolk which was not included in the substantive report
- Norfolk and East Suffolk had a lower rate of positive Covid-19 cases than nationally
- Outbreaks reported at care homes could include residents, staff or both. The rate of care home deaths in both Norfolk and Suffolk were lower than nationally; carers and the community teams were thanked for their hard work
- People from black, Asian and minority ethnic backgrounds and those with diabetes experienced a higher risk of mortality and hospital admission from Covid-19
- Twice-weekly meetings were arranged from the start of the pandemic to coordinate the GP response; a triage system was introduced to identify which patients could be supported from home and which would benefit from face-to-face support. Clean sites were set up to allow vulnerable patients to access appointments.
- Care homes were given advice and guidance around covid-19.
- Volunteer call handlers were available to contact patients identified as vulnerable.
- A prolonged increase in demand for mental health services was expected due to people directly affected by Covid-19, traumatised by going through a pandemic, not having access to usual mental health services and other impacts of the pandemic. There were an estimated 3000 people who did not access services but who required mental health support in the first 8 weeks of the pandemic. Around 4500 new people had accessed services using the phone support line.
- Twenty percent of mental health contacts were face-to-face during the pandemic.
- Capacity of 111 was increased during the pandemic
- The number of patients waiting in hospital for more than 21 days had been halved since April 2020 using the discharge to assess process and 7-day discharge team
- Green sites, designated Covid-19 free sites, were in place for cancer treatment

8.2 The following points were discussed and noted:

- The Vice-Chairman requested clarification on diagnosis of Covid-19 and certification of deaths in care homes during the pandemic, and whether a good level of care for residents had continued; the GP, St Stephen's Gate Medical Practice, and Clinical Director, Norwich Primary Care Network, confirmed that all care home patients suspected of having Covid-19 had been tested. During the pandemic, weekly check-ins to care homes had continued and advanced home visits were offered through GPs. She felt that the excess death data recorded in Norfolk was accurate.
- The Chief Officer, NHS Norfolk and Waveney CCG, and Executive Lead, Norfolk and Waveney Health and Care Partnership, **agreed** to provide the data on East Suffolk and Waveney shown in the presentation to Cllr Keith Robinson. GP practices in Waveney and Suffolk, as in Norfolk, had adapted practice to keep staff and patients safe, including zoning, using digital triage and some face-to-face

appointments where appropriate and safe. Healthwatch Suffolk surveyed the public and found that around three quarters of patients who responded liked the changes. CCG representatives acknowledged that this meant there was a proportion who were not happy, therefore, it was important to provide a mix of digital and face-to-face services. Face-to-face consultations would increase gradually until a balance was found between patient need and safety.

- CCG representatives were asked what adjustments had been made for people with disabilities, impairments or with English as a second language with the increase in online and digital services. The Chief Officer, NHS Norfolk and Waveney CCG, and Executive Lead, Norfolk and Waveney Health and Care Partnership, reported that Officers were working with Norfolk and Suffolk CCGs to ensure information was as accessible as possible. Translation services to other languages and sign language were available. Transparent face masks had also been being explored as an option to provide better communication to people with sensory disorders.
- It was confirmed that, where required, people would be offered a home visit.
- Information was requested on work to reduce risk for people with diabetes; a coordinated helpline had been set up, lead by the Norfolk and Norwich University Hospital and supported by the other two acute hospitals in Norfolk to provide access to advice and guidance to ensure good support for people with diabetes. An education programme set up for people with type 2 diabetes had so far been taken up by 2000 people. Some people with diabetes had not always received all their care processes; webinars were organised with GP practices to look at how they could support these people. Retinal screening services had been asked to prioritise people on basis of need.
- Postponement of long-term reviews of people with long term conditions was a concern, particularly regarding the long-term impact. A risk stratification tool had been developed for GP practices to ensure that people of greatest need were targeted first when reintroducing services.
- A Member queried the new discharge arrangements and whether it had resulted in more patients going to care homes. The GP, St Stephen's Gate Medical Practice, and Clinical Director, Norwich Primary Care Network and the Chief Nurse, NHS Norfolk and Waveney CCG gave background to the changes:
  - At the beginning of the pandemic, hospitals were given direction to discharge as many patients who were fit to be discharged as possible to make room for the expected surge of Covid-19 patients. Norfolk challenged this policy.
  - At the end of March 2020, Public Health England policy was that patients were not tested for Covid-19 before discharge into care homes; patients with Covid-19 could be discharged to care homes after 7 days.
  - Norfolk doctors had noticed that care home residents and other elderly patients sometimes did not experience typical covid-19 symptoms; an audit was carried out in a Norfolk care home which showed that 10% of residents who tested positive showed no symptoms. The data from this audit was used to challenge the discharge policy further.
  - Teams were pulled together to form a 24/7 integrated discharge team in partnership with care homes, supporting them to keep residents isolated and gain access to PPE.
  - A decision was made locally to bring forward covid-19 testing to two days before discharge so that the result was known when patients were discharged.
  - Removing the need for continuing health care and other assessments prior to discharge prevented people staying in hospital longer than needed, and a system wide group was set up to identify additional capacity in the system.
  - Care association representatives gave feedback that the NHS had not pushed

residents into care homes in an unsafe manner.

- There had been enough PPE within the NHS to lend to other providers. The trusts worked cooperatively to ensure all services had the PPE they needed when supplies were lower at the start of the pandemic; a PPE Cell was set up to support the supply across the system and supply GP practices
- The mental health trust had been able to undertake home visits as needed such as for administering medication.
- NHS and CCG representatives were asked how many people with learning disabilities had contracted and passed away from Covid-19. The Chief Nurse, NHS Norfolk and Waveney CCG, responded that this data was not yet available as local and national testing data were not collated. The number of people who had died from Covid-19 with a learning disability could be gathered from information recorded by the registration office. The number of people with a learning disability who had died over the past 3 months was lower than average, and this would be looked into further to ensure accuracy.
- The Chief Officer, NHS Norfolk and Waveney CCG, and Executive Lead, Norfolk and Waveney Health and Care Partnership, **agreed** to circulate information on staff vacancy and sickness figures; results from regular staff surveys showed that staff felt more valued in all sectors. NHS staff who had returned during the pandemic had been re-employed, so some vacancies had been filled. The Chief Medical Officer, Norfolk and Suffolk NHS Foundation Trust, reported that total staff sickness had reduced during the pandemic. The total number of staff who reported feeling under pressure had also reduced. Time had been invested in listening to staff: staff support lines were in place for the NHS and local NHS, and a weekly staff satisfaction poll was carried out.
- The Chairman noted that the number of staff returning to work in the NHS in Norfolk had outperformed the rest of the country; the Prime Minister had asked Norfolk to lead the national scheme in this area.
- A Councillor raised a concern that agencies of home-based carers were not routinely testing community carers; the Chief Nurse, NHS Norfolk and Waveney CCG, **agreed** to raise this with the team who met daily regarding care providers.
- A Member asked if progress of Covid-19 could be monitored differently than via death certification. CCG representatives confirmed that new hospital admissions and test results in the community, care homes and NHS settings were also used.
- The long-term plan for Covid-19 was queried. The Chief Officer, NHS Norfolk and Waveney CCG, and Executive Lead, Norfolk and Waveney Health and Care Partnership, confirmed that planning was ongoing for scenarios involving Covid-19 in the community in the long term.
- The Chief Officer, NHS Norfolk and Waveney CCG, and Executive Lead, Norfolk and Waveney Health and Care Partnership, reported in response to a query that changes made during the pandemic had accelerated the support to help people return home or to a care home once medically fit or as soon thereafter. The Norfolk Escalation Avoidance Team were providing 7-day a week support to the discharge team and GPs, supporting complex cases to be discharged. The system had commissioned additional beds and, due to the home first approach ambition, reablement home based care had been commissioned to support people to return home. As a result of the home first approach, many of the commissioned beds had not been used. Much of the bureaucracy and assessments had been altered so assessments were carried out once people had returned home; it was a goal for this approach to continue.
- A Member asked about considerations for long term impacts of Covid-19 such as long-term impacts on the immune system reported by some patients. CCG representatives confirmed that learning from international information had shown

that some people went on to experience respiratory conditions, fatigue, aches and pains or neurological conditions.

- A Member asked if there were enough vaccines to cover the additional cohorts eligible for the flu vaccination campaign. The Chief Officer, NHS Norfolk and Waveney CCG, and Executive Lead, Norfolk and Waveney Health and Care Partnership, confirmed that increased orders were being organised. It was possible that the existing cohort would be targeted first, followed by those under the new eligibility criteria.
- The lack of publicity around what services hospitals were offering was raised. The Chief Officer, NHS Norfolk and Waveney CCG, and Executive Lead, Norfolk and Waveney Health and Care Partnership, reported that there was a barrier to progress in diagnostic procedures due to infection risk. Many elective surgeries were cancelled in the first months of the pandemic and as these were rearranged, people were prioritised by clinical need. It was acknowledged that effective communication with the public in this area was an area for improvement.
- The Sandringham hospital had been used for urgent cancer and elective surgery. The Chairman asked whether cancer screening programmes and chemotherapy had continued during the pandemic. The Chief Officer, NHS Norfolk and Waveney CCG, and Executive Lead, Norfolk and Waveney Health and Care Partnership, reported that many chemotherapy services were able to continue at the Spire private hospital during the pandemic. NHS England ran the screening programmes and would be able to give information on whether these had continued.
- The Chairman thanked all CCG representatives for their responses to the Committee's questions.

8.3.1 The committee **NOTED** the report and made the following requests for information to be circulated to the Committee in a briefing document:

- Staff and staffing:
  - Staff vacancies and staff absence rates across the local healthcare system.
  - Plans for supporting staff / staffing resilience during the ongoing Covid 19 pandemic.
- Plans for future capacity of services under Covid-safe conditions:
  - Diagnostics capacity
  - Elective surgery capacity.
- Effects of Covid 19 on people with learning disabilities and other disabilities:
  - Comparative death rate figures
- Plans for care of patients with diabetes during the ongoing Covid 19 outbreak (details; e.g. will the plan include dietary management?)

8.3.2 The CCG representatives noted a Councillor's concern about the extent to which employers have established monitoring for Covid-19 in carers going into people's homes and will raise the issue with a team that meet daily regarding care providers

8.4 The Committee took a break from 12.30 to 12.40

## 9. Norfolk Health Overview and Scrutiny Committee appointments

9.1 The Committee received the report asking them to review CCG and NHS provider organisation link appointments.

9.2 The Chairman proposed herself for the link role for Norfolk and Waveney with the Vice-Chairman as her substitute. The Committee **AGREED** this proposal. There were no other proposed changes to the link members.

- 9.3 The Committee:
- **APPOINTED** the Chairman to the link role with Norfolk & Waveney CCG.
  - **APPOINTED** the Vice Chairman as substitute to the link role with Norfolk & Waveney CCG
  - **AGREED** that all other appointments to link roles would remain the same
10. **Forward Work Programme**
- 10.1 The Committee reviewed the forward work programme for the period September 2020 - October 2021
- 10.2 The following points were discussed and noted:
- Covid-19 would be a theme running through all meetings.
  - Some items raised in previous meetings by Committee Members had been covered in a Member briefing; since Members had not come back to the Democratic Support and Scrutiny Team Manager to indicate they would like a further report or briefing on the item they were not shown on the forward plan.
  - The number of reports that could be considered this year, 2020-21, was influenced by the time commitment of the NHS representatives in light of ongoing events. It had been determined that 2 items per meeting would be ideal. Some Members raised concerns that not all issues may be covered across the year. The Chairman proposed holding longer, 3 item meetings with a break in the middle. The Democratic Support and Scrutiny Team Manager **agreed** to explore with NHS colleagues if they had capacity to accommodate this.
- 10.3 The Committee **AGREED** that:
- The committee would aim to take 3 substantive items at each meeting.
  - The meetings should be a maximum of 3 hours long and include a break.
  - The forward work programme would be redrafted and circulated following discussion with NHS colleagues regarding capacity to support 3 substantive items per meeting.
  - The following items would be added to the programme as Agenda items:
    - Children's neurodevelopmental disorders (i.e. autism and other conditions) – waiting times for diagnosis
    - Prison healthcare
  - The following items would be added to the programme as Briefing items:
    - Community pharmacy (following a meeting to be arranged between the Vice Chairman and representatives from Public Health and the Local Pharmaceutical Committee)
    - ME/CFS progress – the CCG's response to new NICE guidance (NICE expect to publish the new guidance in December 2020)
    - Primary care capacity in King's Lynn (following on from the consultation with NHOSC regarding the Fairstead practice).
  - The Public Health Annual Report would be circulated to Committee Members.

The meeting ended at 13:08

**Chairman**

