



Norfolk County Council

Norfolk Health Overview and Scrutiny Committee

Date: **Thursday 19 March 2020**

Time: **10.00am**

Venue: **Edwards Room, County Hall, Norwich**

Persons attending the meeting are requested to turn off mobile phones.

Those members of the public or interested parties who have indicated to the Committee Officer, Hollie Adams (contact details below), before the meeting that they wish to speak will, at the discretion of the Chairman, be given a maximum of five minutes at the microphone. Others may ask to speak and this again is at the discretion of the Chairman. Speaking will be for the purpose of providing the committee with additional information or a different perspective on an item on the agenda, not for the purposes of seeking information from NHS or other organisations that should more properly be pursued through other channels. Relevant NHS or other organisations represented at the meeting will be given an opportunity to respond but will be under no obligation to do so.

Membership

MAIN MEMBER

Cllr Penny Carpenter

Cllr Michael Chenery
of Horsburgh

Cllr Fabian Eagle

Cllr Emma Flaxman-
Taylor

Cllr David Harrison
Cllr Brenda Jones

Cllr Chris Jones

Cllr Alexandra Kemp

Cllr Robert Kybird
Cllr Nigel Legg
Cllr Richard Price

SUBSTITUTE MEMBER

Cllr Roy Brame / Cllr Ian
Mackie / Cllr Graham Middleton
/ Cllr Thomas Smith / Cllr
Alison Thomas

Cllr Roy Brame / Cllr Ian
Mackie / Cllr Graham Middleton
/ Cllr Thomas Smith / Cllr
Alison Thomas

Cllr Roy Brame / Cllr Ian
Mackie / Cllr Graham Middleton
/ Cllr Thomas Smith / Cllr
Alison Thomas

Vacancy

Cllr Tim Adams
Cllr Julie Brociek-Coulton / Cllr
Emma Corlett

Cllr Julie Brociek-Coulton / Cllr
Emma Corlett

Cllr Anthony Bubb

Cllr Helen Crane
Cllr David Bills
Cllr Roy Brame / Cllr Ian
Mackie / Cllr Graham Middleton

REPRESENTING

Norfolk County Council

Norfolk County Council

Norfolk County Council

Great Yarmouth Borough
Council

Norfolk County Council

Norfolk County Council

Norfolk County Council

Borough Council of King's
Lynn and West Norfolk

Breckland District Council

South Norfolk District Council

Norfolk County Council

	/ Cllr Thomas Smith / Cllr Alison Thomas	
Cllr Sue Prutton	Cllr Peter Bulman	Broadland District Council
Cllr Jane Sarmezey	Cllr Matthew Fulton-McAlister	Norwich City Council
Cllr Emma Spagnola	Cllr Wendy Fredericks	North Norfolk District Council
Cllr Sheila Young	Cllr Roy Brame / Cllr Ian Mackie / Cllr Graham Middleton	Norfolk County Council
	/ Cllr Thomas Smith / Cllr Alison Thomas	

**For further details and general enquiries about this Agenda
please contact the Committee Officer:**

Hollie Adams on 01603 223029
or email committees@norfolk.gov.uk

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A g e n d a

1. To receive apologies and details of any substitute members attending

2. Minutes

To confirm the minutes of the meeting of the Norfolk Health Overview and Scrutiny Committee held on 13 February 2020.

(Page **5**)

3. Members to declare any Interests

If you have a **Disclosable Pecuniary Interest** in a matter to be considered at the meeting and that interest is on your Register of Interests you must not speak or vote on the matter.

If you have a **Disclosable Pecuniary Interest** in a matter to be considered at the meeting and that interest is not on your Register of Interests you must declare that interest at the meeting and not speak or vote on the matter

In either case you may remain in the room where the meeting is taking place. If you consider that it would be inappropriate in the circumstances to remain in the

room, you may leave the room while the matter is dealt with.

If you do not have a Disclosable Pecuniary Interest you may nevertheless have an **Other Interest** in a matter to be discussed if it affects, to a greater extent than others in your division

- Your wellbeing or financial position, or
- that of your family or close friends
- Any body -
 - Exercising functions of a public nature.
 - Directed to charitable purposes; or
 - One of whose principal purposes includes the influence of public opinion or policy (including any political party or trade union);

Of which you are in a position of general control or management.

If that is the case then you must declare such an interest but can speak and vote on the matter.


4. **To receive any items of business which the Chairman decides should be considered as a matter of urgency**
5. **Chairman's announcements**
6. **10:10 – 11:00 Norfolk and Suffolk NHS Foundation Trust** (Page **12**)
7. **11:00 – 11:50 Access to palliative and end of life care** (Page **33**)
11:50 - 12:00 Break
8. **12:00 – 12:50 Access to NHS dentistry** (Page **49**)
9. **12:50 – 13:00 Forward work programme** (Page **72**)
- Glossary of Terms and Abbreviations** (Page **76**)

Tom McCabe
Head of Paid Service

County Hall
Martineau Lane
Norwich

NR1 2DH

Date Agenda Published: 11 March 2020

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NORFOLK HEALTH OVERVIEW AND SCRUTINY COMMITTEE
Minutes of the meeting held at County Hall
At 10am on 13 February 2020

Members Present:

Cllr Penny Carpenter (Chairman)	Norfolk County Council
Cllr Nigel Legg (Vice-Chairman)	South Norfolk District Council
Cllr Michael Chenery of Horsburgh	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 Richard Price	Norfolk County Council
Cllr Sue Prutton	Broadland District Council
Cllr Emma Spagnola	North Norfolk District Council
Cllr Sheila Young	Norfolk County Council

Also Present:

David Brammer	Manager, Vida Healthcare
Melanie Craig	Chief Officer, Norfolk and Waveney Clinical Commissioning Groups (CCGs)
Howard Martin	Locality Director West Norfolk, Norfolk & Waveney CCGs
Sadie Parker	Associate Director for Primary Care, Norfolk & Waveney CCGs
Laura Skaife-Knight	Deputy Chief Executive, Queen Elizabeth Hospital NHS Foundation Trust (QEH)
Denise Smith	Chief Operating Officer, QEH
Cllr Thomas Smith	County Councillor for Gaywood South
Glyn Watkins	Chairman of Fairstead Surgery Public Participation Group
Ana Weston	Head of People and Governance, Vida Healthcare
Maureen Orr	Democratic Support and Scrutiny Team Manager
Greg Insull	Assistant Head of Democratic Services
Hollie Adams	Committee Officer

1 Apologies for Absence

- 1.1 Apologies were received from Cllr Jane Sarmezey,

2. Minutes

- 2.1 The minutes of the previous meeting held on 10 October 2019 were agreed as an accurate record and signed by the Chairman.

- 2.2 The Chairman noted the work of the Committee officer and Democratic Support and Scrutiny Team Manager in producing reports and minutes for the meetings
- 3. Declarations of Interest**
- 3.1 The Chairman declared an interest as a member of the MacMillan and James Paget cancer survivors' group
- 4. Urgent Business**
- 4.1 There were no items of urgent business.
- 5. Chairman's Announcements**
- 5.1 The Chairman:
- Noted the City Reach Update which had been circulated to the Committee; she was pleased that a review was due to take place to ensure continuity and safety of service. The Chairman suggested this was added to the forward plan.
 - Congratulated the Norfolk and Waveney health and care partnership on their work model
 - Updated Members about the first women's health day which she was hosting on behalf of Great Yarmouth borough council and DIAL. The event was due to be held on 5 March 2020.
- 6. The Queen Elizabeth NHS Foundation Trust**
- 6.1.1 The Committee received the report examining the Queen Elizabeth Hospital NHS Foundation Trust's (QEH) progress in response to the Care Quality Commission's (CQC) inspection between 5 March and 24 April 2019, published on 24 July 2019.
- 6.1.2 The Deputy Chief Executive, QEH, and the Chief Operating Officer, QEH, introduced the report and gave a presentation to the committee, as appended to the report
- The trust hoped to be out of special measures by Summer 2020 and was expected to be re-inspected by the CQC in spring or summer of 2020
 - A green rating in infection prevention and control could not be achieved until it could be shown that continued improvement could be maintained
 - The QEH had judged that 75 of the 206 actions identified by the CQC were complete
 - The QEH had been chosen to be the regional hub for middle management training
 - Professor Bee Wee had shared expertise on end of life care and helped inform the new end of life care strategy launched across the trust. A new end of life care consultant and fast track discharge nurse had been recruited and a new system for individualising end of life care was being embedded across the organisation
 - A business case had been submitted for a palliative care ambulance
 - A development programme was being put in place for matrons
 - Handling of complaints was being strengthened, including speed of response and learning from complaints, informed by learning from other organisations
 - A recent staff questionnaire had showed improvements in staff satisfaction
 - An observation area had been converted to an ambulance handover area to

support with better handover from ambulance to A&E staff

- Six out of the seven cancer standards were met; work was being done to improve the one requiring work, including ensuring patients were only being referred on a cancer pathway if the appropriate primary care tests had been carried out; a revised pathway was being developed to shorten the colorectal cancer pathway so that people meeting certain criteria could go straight to diagnostic testing
- To improve the waiting lists for urology and orthopaedics, the routine elective waiting lists in January and February 2020 had been scaled back and there had been work to try to minimise cancellations on the day of surgery

6.2 The following points were discussed and noted:

- Information on mental health emergencies at the QEH was queried; the Chief Operating Officer, QEH, agreed to share information with Members on the number of people presenting at the hospital with mental health emergencies by month, including presenting condition
- Officers were asked whether there was appropriate accommodation for people at the QEH experiencing psychiatric emergencies; the Chief Operating Officer replied that the accommodation was not of the quality that Officers would like. Work with staff to give them the skills to support patients presenting with mental health emergencies and a mental health liaison for the hospital had reduced the wait for a mental health assessment; the wait may be longer if sectioning was required
- The Chief Operating Officer confirmed that there was more space at the hospital than previously due to an increase in the discharge lounge capacity and doubling in size of the same day emergency care capacity made through the winter investment
- A Member raised that the CQC picked up that staff had “limited time to provide safe and compassionate services” and queried what was being done to improve this. The Chief Operating Officer, QEH, reported that since inspection a full nurse staffing review had taken place. These reviews would be carried out every 6 months. The vacancy rate across ward nurses had been reduced from 5% to 1%, which had improved care on the wards. The “frenetic environment” highlighted in the CQC report was impacted by the size and layout of wards.
- The Deputy Chief Executive, QEH, reported that many of the formal complaints could have been dealt with informally at ward level and therefore it was important to improve this. The matron development programme would ensure matrons were trained in the new standards and could therefore deliver a safe and consistent level of care on the wards. A bespoke piece of work was being carried out with ward managers around delivering expectations of care on wards
- The Chief Operating Officer, QEH, agreed to provide for Members a breakdown of the vacancy rate across ward-based and non-ward-based nurses in the hospital
- The Deputy Chief Executive, QEH, confirmed in response to a query that the estimated cost of a new hospital was half a billion pounds; the Department of Health found this to be unaffordable and asked the Trust to put in a bid consisting of a mixture of refurbishments and new builds. It was pointed out that the new bid, at £250m, was only half of the cost of a new hospital. Officers reassured Members that the bid would provide excellent facilities. Officers also confirmed that the diagnostic imaging service was not inadequate but not provided in the most efficient way at that time
- Digital record keeping had been highlighted in the CQC report; Officers reported that £20m of the bid for refurbishment of the hospital would be for digital infrastructure, on top of capital allocated annually from the trust’s budget towards digital infrastructure
- Officers confirmed that there were good turnover rates in maternity staff

- The Deputy Chief Executive, QEH, clarified that to clarify the actions raised by the CQC had been met, external auditors spent time on the wards and carried out interviews with staff to identify whether the improvements had been made by the Trust; from this, they recommended that Officers should write to the CQC to say that these actions should be lifted, with the trust's agreement
- The issue related to poor communication in paediatrics had been addressed
- The Chairman highlighted the issues for other patients caused by the proximity of the end of life rooms to the main wards; the Chief Operating Officer, QEH, noted this, and that the limited number of single rooms proved a challenge. Officers wanted to improve this environment.
- Members queried plans for the school of nursing in King's Lynn; the Deputy Chief Executive, QEH, updated the Committee that discussions had been held with local educational organisations and actions were being agreed to progress with developing the school. Discussions were also being held with the Nursing and Midwifery Council to ensure the school would be accredited, and it was hoped it would be open in 2021
- Work with partners to reduce demand in A&E from inappropriate attendances was raised; the Chief Operating Officer, QEH, was working with commissioners to ensure primary care streaming and with the ambulance service so that they could treat patients at home where appropriate
- The Deputy Chief Executive, QEH, clarified that the junior doctors' forum had been set up some time ago but was not well attended so officers had asked trainees what they wanted from the forum and re-energised it to make it more productive; since this time attendance had improved
- the Chief Officer, Norfolk and Waveney Clinical Commissioning Groups noted that since inspection progress had been seen, close working with other services was being developed, and she was pleased with the way that the QEH was working with the other 2 acute hospitals in Norfolk, particularly regarding integration of urology and digital services
- The Committee requested information on ambulance handover times in the next update

6.3 The Committee **AGREED:**

- (a) to receive a progress update in October 2020

6.4 The Committee took a break from 11.29 until 11.40

7. **Future of primary care (GP) services for residents of Fairstead, King's Lynn**

7.1.1 The Committee received the report setting out feedback received during the public consultation and Vida Healthcare & the CCG's responses to the points made; outcomes of the meetings between Vida Healthcare / the CCG and Borough Councillors held following Norfolk Health Overview and Scrutiny Committee's recommendation made on 25 July 2019; the CCG's recommendation to West Norfolk Primary Care Commissioning Committee on 31 January 2020 and the reasons for it; the PCCC's decisions on 31 January 2020 regarding the future of primary care (GP) services for the residents of Fairstead and the timetable for action

7.1.2 The Chief Officer, Norfolk and Waveney Clinical Commissioning Groups (CCGs) introduced the report:

- meetings had been held with the Borough Council for King's Lynn and West Norfolk, the public and Norfolk County Council to inform the approach

- from this it was decided that a different approach was needed to provide the services for the people of Fairstead Estate
- Officers had looked at capacity for the whole of King's Lynn, including workforce capacity across all surgeries
- Officers were working with the Borough Council to look at planning developments across King's Lynn and existing surgeries to see what further provision was needed
- The main concerns had been around the parking and transport in the original proposal
- The Locality Director West Norfolk, Norfolk & Waveney CCGs, was leading a community group which would inform development of the Fairstead offer

7.2.1 Cllr Thomas Smith, Cllr for Gaywood South, spoke to the Committee

- Cllr Smith thanked the Committee for their considerations of this matter
- Cllr Smith noted that there was improved local sentiment about this matter due to improved partnership working with the CCG and Vida Healthcare; he felt that the CCG and Vida Healthcare were working better with residents to promote what was better for them

7.2.2 Glyn Watkins, Chairman of Fairstead Surgery Public Participation Group spoke to the Committee:

- Mr Watkins thanked the Committee for their engagement in the consultation and thanked HealthWatch for their findings and for signposting decision makers to the Public Participation Group report
- Mr Watkins thanked the CCG for setting up the community group to assist them in considering other options for the residents of Fairstead; the Public Participation Group would be involved in this group
- Mr Watkins indicated some concerns about the Fairstead building which he felt needed addressing, including repairs to the outside wall, hedges and gate, redecorating the inside of reception and removal of the "we are not a company" sign and replacing this with a more welcoming sign and NHS logo.
- Mr Watkins noted that all 4 doctors had either left or retired, meaning there was no resident GP or supporting nurse, and some of the consulting rooms were closed
- Mr Watkins requested access to statistical data to assist the Public Participation Group with their work in assisting in development of proposals of options

7.3 The following points were discussed and noted:

- A discussion was held about why there was no GP at the Fairstead surgery site; due to noncompliance at the site, the premises needed improvement. It had not been possible to employ a GP to work at the site. The one doctor model was not suitable to continue with as it was not possible to have one GP on site due to lone working issues.
- The Head of People and Governance, Vida Healthcare, reassured the Committee that Vida Healthcare was providing a full service to residents either through other surgeries, such as Gayton or St Augustines, or home visits. The services which were able to be provided from the Fairstead surgery site at that time were long term conditions clinics, medication reviews with a pharmacist, phlebotomy, prescriptions, general reception advice and support, health promotion and administrative support
- The Locality Director West Norfolk, Norfolk & Waveney CCGs, confirmed that of the £25m capital funding provided to Norfolk and Waveney, £5m was for West Norfolk and a portion of this would be for development of Fairstead. On the 27 February the CCG would ask NHS England for approval to appoint a project

manager for the Norfolk and Waveney projects, and would ask for the work at Fairstead to be among the prioritised projects

- The Head of People and Governance, Vida Healthcare, reported that 2 Physician Associates had been recruited, which was a new role within the NHS, to develop ways to deliver services in different ways for residents. A Clinical Pharmacist had been appointed, and social prescribing was being developed.
- The Chief Officer, Norfolk and Waveney Clinical Commissioning Groups clarified that preliminary work would need to be carried out for the site before confirmation of a start date for work could be given, however confirmed the capital funding for the work was available. It was expected that the outline business case for development of healthcare on Fairstead Estate would be completed in Autumn 2020. It was possible that there may be some immediate improvements that could be made to the site
- Vida Healthcare were responsible for the care of patients on Fairstead Estate
- It was confirmed that Physician Associates had a medical degree at master's level; by extending the scope of staff roles the quality of care to patients could be improved. It was expected that the Physician Associate role would become an accredited role as part of the GP contract settlement
- A concern was raised that the population of Fairstead may use A&E if they did not have access to a GP
- In response to a concern about the lack of GP, the Chief Officer, Norfolk and Waveney CCGs, highlighted that the lack of GP at this site had been one of the reasons leading to the proposal to close the site and noted that it was not safe for GPs to work on their own. GPs were being encouraged to offer services on the Fairstead Estate through the wider partnership
- The chairman noted the issues related to GP retention and recruitment in the area and across the County and that GPs could not be made to work at the site.

7.4 The Committee **AGREED** that the CCG and Vida Healthcare:

- (a) Keep NHOSC informed regarding further options that may emerge for the future of primary care services for Fairstead and King's Lynn
- (b) Inform NHOSC of any new proposals for substantial change to the services, which may require consultation with the committee

8. Forward work programme

8.1 The Joint Committee received and discussed the forward work plan for the period March 2020 to July 2020.

8.2 The committee **AGREED** the forward work programme with the addition of the following items:

For 23 April 2020 meeting

- **Screening for cancer** – to include issues around:-
 - (a) take-up rates for breast and cervical screening
 - (b) the degree to which bowel screening, for which Norfolk and Waveney has one of the highest take-up levels in the country, translates through to lowering the incidence of colorectal cancer mortality in the population.
- **Childhood immunisation** – to examine issues around take-up levels.

For 8 October 2020 meeting

- **The Queen Elizabeth NHS Foundation Trust** – progress update

Additions to existing items:

- For 19 March 2020 meeting
 - **Access to NHS dentistry** – progress since report to NHOSC on 11 April 2019 - to also include information on provision of dentistry to patients who live in care homes and to prisoners.
 - **Norfolk and Suffolk NHS Foundation Trust** – response to Care Quality Commission report – to also include information on access to therapy for hearing impaired people.

The following items to be rescheduled:

- **Ambulance response and turnaround times** – brought forward from Sept 2020 to **23 April 2020** meeting in response to North Norfolk District Council Overview and Scrutiny Committee's request.
- **Merger of Norfolk and Waveney CCGs** – to examine how the potential new CCG has maintained local focus - to be rescheduled for at least 6 months after the establishment of the new CCG.

Agenda items to be programmed for later in 2020:

- **Provision of accessible health services for disabled patients / service users** (e.g. visually impaired or hearing-impaired people) – to examine practical issues of access and confidentiality.
- **Suicide prevention** – to examine ongoing preventative work in light of concerns about increasing suicide rates.

New NHOSC briefing items:

- **Prison healthcare** – information on levels of provision including all types of physical primary care and mental health care.
- **ME/CFS (myalgic encephalomyelitis / chronic fatigue syndrome)** – information in relation to numbers of patients being seen at the new Aylsham ME/CFS clinic; numbers of patients diagnosed in Norfolk; prescription of melatonin.
- **Cancer survival rates** – comparison of survival rates in Norfolk with national survival rates.

Chairman

The meeting ended at 12.36



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**Norfolk and Suffolk NHS Foundation Trust – response to the Care Quality
Commission report – progress update**

**Suggested approach from Maureen Orr, Democratic Support and Scrutiny
Team Manager**

Follow up to previous scrutiny of Norfolk and Suffolk NHS Foundation Trust (NSFT) and examination of the Trust and commissioners' response to the report of the Care Quality Commission's (CQC) inspection between 7 October and 6 November 2019, published on 15 January 2020.

1. Purpose of today's meeting

- 1.1 To follow up on previous scrutiny of NSFT's and commissioners' response to the CQC inspection report published on 28 November 2018 which rated NSFT as 'inadequate' overall and the latest CQC report which rates the Trust as 'requires improvement'.

The key focus areas for today's meeting are:-

- (a) NSFT's progress towards meeting the requirements highlighted by the CQC latest inspection.
- (b) The commissioners' and wider health and care system's actions to support NSFT to improve.

- 1.2 NSFT has been asked to provide information and supporting data where appropriate in relation to the following areas:-

- Staffing levels
- Staff morale
- Timely access to services
- Methods of keeping people safe while on the referral waiting list
- Out of area placements
- Reporting of incidents and incidents of harm
- Discharge delays
- Delivery of new initiatives
- Method and arrangements for provision of mental health therapy to people with hearing impairment
- Any other developments that NHOSC should be aware of.

NSFT's report is attached at **Appendix A**.

- 1.3 Representatives from NSFT and representatives from the Norfolk and Waveney Clinical Commissioning Groups (CCGs) will attend the meeting to answer NHOSC's questions about the commissioning of mental health services and NSFT's action to improve the provision of services.

2. Background

2.1 CQC report on inspection of NSFT in Oct – Nov 2019

- 2.1.1 The report of the CQC's latest inspection of NSFT in October – November 2019 is available on the CQC website (see link at 5.1 below). The CQC found that the Trust had improved since the September 2018 inspection and upgraded its overall rating from 'inadequate' to 'requires improvement'. The table below shows the ratings of services within the Trust and whether their position had improved (↑), deteriorated (↓) or stayed the same (→↔) since the previous inspection of each service. Latest inspection dates are included in the table.

Ratings for mental health services

	Safe	Effective	Caring	Responsive	Well-led	Overall
Acute wards for adults of working age and psychiatric intensive care units	Requires improvement ↑ Oct 2019	Requires improvement →↔ Oct 2019	Good ↑ Oct 2019	Requires improvement ↑ Oct 2019	Requires improvement ↑ Oct 2019	Requires improvement ↑ Oct 2019
Wards for older people with mental health problems	Good ↑	Good →↔	Good →↔	Good →↔	Good ↑	Good ↑
Wards for people with a learning disability or autism	Inadequate ↓ Oct 2019	Good ↑ Oct 2019	Good ↑ Oct 2019	Requires improvement ↓ Oct 2019	Good ↑ Oct 2018	Requires improvement →↔ Oct 2019
Community-based mental health services for adults of working age	Requires improvement ↑ Oct 2019	Requires improvement →↔ Oct 2019	Good →↔ Oct 2019	Good ↑ Oct 2019	Requires improvement ↑ Oct 2019	Requires improvement ↑ Sept 2019
Mental health crisis services and health-based places of safety	Requires improvement →↔ Oct 2019	Good →↔ Oct 2019	Good →↔ 2019	Requires improvement →↔ 2019	Requires improvement ↑ 2019	Requires improvement →↔ 2019
Specialist community mental health services for children and young people	Requires improvement ↑ Oct 2019	Requires improvement ↓ Oct 2018	Requires improvement ↓ Oct 2019	Inadequate →↔ Oct 2019	Inadequate →↔ Oct 2019	Inadequate →↔ Oct 2019
Community-based mental health services for older people	Good ↑ Oct 2019	Good ↑ Oct 2019	Good →↔ Oct 2019	Good ↑ Oct 2019	Good ↑ Oct 2019	Good ↑ Oct 2019
Community mental health services for people with a learning disability or autism	Good →↔ Oct 2019	Good →↔ Oct 2019	Good →↔ Oct 2019	Requires improvement ↓ Oct 2019	Good →↔ Oct 2019	Good →↔ Oct 2019

- 2.1.2 The CQC identified 36 actions the Trust must take to comply with its legal obligations and a further 20 it should take to prevent it from failing to comply with legal requirements in future. The CQC noted early improvements in nearly all areas but it was too soon to say if changes would be sustained.

Specialist children and young people community health teams were still rated 'inadequate' overall, and in the 'responsive' and 'well-led' domains. Some of the concerns noted within the services were:-

- Waiting lists remained high
- Staffing was a concern

The other area in which NSFT received an 'inadequate' rating, was in 'safety' of **Wards for people with a learning disability or autism**

NOTE - The NSFT facility is in Ipswich. In Norfolk 6 beds for people with a learning disability or autism are provided at Astley Court, Little Plumstead, by Hertfordshire Partnership University NHS Foundation Trust (HPFT). HPFT's service across all such wards is currently rated 'outstanding' by the CQC (last inspection in Jan-Feb 2018).

2.2 **Wider developments around mental health services in Norfolk and Waveney**

These involve all partners involved in mental health commissioning and service provision, not just NSFT. The wider developments aim to manage demand for mental health services by addressing need as early as possible and /or preventing escalating severity of need, where possible.

- 2.2.1 The Norfolk and Waveney Health and Care Partnership's (the Sustainability Transformation Partnership (STP)) set out its commitments for adult mental health services and how it planned to meet them in '*Norfolk and Waveney Adult Mental Health Strategy, March 2019*'. The commitments were:-

1. To increase our focus on prevention and wellbeing
2. To make the routes into and through mental health services more clear and easy to understand for everyone
3. To support the management of mental health issues in primary care settings (such as within your GP practice)
4. To provide appropriate support for those people who are in crisis
5. To ensure effective in-patient care for those that need it most (that being beds in hospitals are other care facilities)
6. To ensure the whole system is focused on working in an integrated way to care for patients

The starting point for work to improve children's and young people's mental health services was the '*Transforming mental health services for children and*

young people in Norfolk and Waveney – Feedback report to the Norfolk and Waveney system, January 2019’ report by ReThink Partners.

Both documents are available on the STP website via the following link:-

<https://www.norfolkandwaveneypartnership.org.uk/publication/key-documents>

(the children’s mental health document is listed as ‘CAMHS report by ReThink Partners for Norfolk and Waveney STP 2019’)

- 2.2.2 CCG partners in the Norfolk and Waveney Health and Care Partnership have provided updates to NHOSC Members via the NHOSC Briefing about work to remodel and improve adults’, children’s and young people’s mental health services across the county. The latest updates were in October 2019 (adults services) and February 2020 (children’s services). Copies are available from the Democratic Support and Scrutiny Team Manager on request. In summary the briefings covered:-

(a) Children’s & young people’s mental health services

(Oct 2019 & Feb 2020 NHOSC Briefing)

- A new model of care to be introduced for children, young people or young adults up to their 26th birthday, investing in early prevention and aiming to return those with difficulties to a Thriving state.
- The model will move away from a tiered system that creates gaps and exacerbates waiting times and aims to create coherent and resource-efficient communities of mental health and wellbeing support for children, young people and families.
- 19 December 2019 - first meeting of the Alliance Board, a new governing body with oversight for mental health and wellbeing of children and young people. One of the top priorities is meaningful representation, participation and involvement of young people as part of the transformation process.
- Two successful mental health champion training sessions delivered by representatives of the Anna Freud National Centre for Children and Families attended by 20 schools and 20 mental health practitioners.
- The aim is to be working to the new Alliance arrangements from October 2020.

(b) Adults mental health services

(Oct 2019 NHOSC Briefing)

- A new model of integrated mental health care and support based in Primary Care Networks (PCN) to be introduced with parts of the model

rolled out to some PCNs. Challenges were identified including workforce, funding, estates and expectations.

- In the new model for patients with needs ranging from 'mild' to 'moderate' the GP would remain the responsible clinician, working in a multi-disciplinary team approach with the patient, GP Champions, appropriate primary care practitioners / clinicians, family and carers, psychiatric support, peer support, social care and voluntary sector support to understand the patient's need and triage them to the right service pathway.
- The model facilitates onward referral for services such as IAPT (Improving Access to Psychological Therapies) and dementia support if needed.
- The range of therapies within the model will include:-
 - Guided self help
 - Psychological therapies including CBT (cognitive behavioural therapy), CAT (cognitive analytic therapy), EMDR (eye movement desensitisation and reprocessing)
 - Social and peer support including social prescribing, recovery college 1:1 peer support.

2.2.3 In October 2019, the Norfolk and Waveney Health and Care Partnership (N&W H&CP) also announced details of **successful bids for national funding** to support mental health service improvement. These were in addition to existing funding streams:-

(a) Adult and general

- Over £1.9m in 2019-21 to increase and bolster mental health liaison services at both the James Paget University Hospitals NHS Foundation Trust and Queen Elizabeth Hospital King's Lynn NHS Foundation Trust, bringing both hospitals in line with Norfolk and Norwich University Hospitals NHS Foundation Trust.
- £1.1m over two years to increase staffing levels across Norfolk and Suffolk Foundation NHS Trust's Crisis Resolution and Home Treatment Teams, focusing on developing 7-day, 24-hour provision across Norfolk and Waveney.
- £540k over two years to develop a 'Crisis House' service located centrally in Norfolk, aimed at enabling people to access support to prevent a mental health hospital admission and support a rapid return to their everyday living. This project is being prioritised to ensure a Crisis House can be established and start benefitting local people

rapidly. (This is in addition to the Community Wellbeing Hub being planned at Churchman House in Norwich, expected to open in 2020.)

- £177k of non-recurrent funding in 19-20 to further develop perinatal mental health services locally, building on the Community Perinatal Mental Health Service launched in 2017. The funding will focus on developing a cross agency triage system to stream patients into appropriate mental health services that meet their needs, as well as continuing outreach work through local partners Get Me Out The Four Walls.

(b) Children and young people

Norfolk and Waveney has been awarded in excess of £700,000 in funding for four important areas of development for children and young people's mental health and wellbeing support

- Four new Children & Young People's Wellbeing Practitioners (CWPs), to add to the existing two cohorts of CWPs in our system.
- Trailblazer funding from NHS England for two Mental Health Support Teams to provide enhanced targeted support to CYP, families and staff in education settings.
- The University of East Anglia submitted a successful bid to deliver accredited training for eight new Emotional Mental Health Practitioners who will be recruited to the two Mental Health Support Teams. This enables specialist training to be delivered locally and build local training capacity.
- Development funding to work up a larger bid to embed trauma informed practice across Norfolk and Waveney.

2.3 Previous reports to NHOSC and Great Yarmouth and Waveney Joint Health Scrutiny Committee (GY&W JHSC)

2.3.1 NHOSC last received a report on NSFT's progress on 25 July 2019. The report and minutes of the meeting are available through the following link:- [NHOSC 25 July 2019](#)

NSFT updated the committee on changes to Trust governance, progress with staff recruitment, reducing inappropriate out-of-area placements, providing additional beds at Hellesdon hospital, reducing the use of patient seclusion and restraint, and other matters. The Chief Executive made it clear that a lot more work would be required for the Trust to reach a good position.

2.3.2 As agreed by NHOSC on 25 July 2019 two Members visited the Samphire Ward, Chatterton House, in September 2019 to see the new facilities for the specialist adult acute service in King's Lynn.

- 2.3.3 The last report on 'Mental health service provision in Great Yarmouth and Waveney' to **GY&W JHSC** was on 7 February 2020. The report is available through the following link:-

[GY&W JHSC 7 Feb 2020](#)

The Joint Committee received an update on NSFT's progress in the Great Yarmouth and Waveney area and heard from CCG representatives about the N&W H&CP's ambitions for reshaping adult and children's mental health services and progress to date.

3. Suggested approach

- 3.1 After the NSFT representatives have introduced their report, the committee may wish to discuss the following areas with them and the commissioning representatives:-

The pace of improvement

- (a) What are main the barriers to faster progress towards achieving timely access to NSFT's service?
- (b) Given that the wider Norfolk and Waveney Health and Care Partnership's work to improve mental health support for children and young people in community settings is likely to take some time to come to fruition, what more can commissioners and NSFT do to reduce waiting times for current services and ensure safety of children and young people on the waiting list?
- (c) The adult mental health strategy aims for more people with 'mild' to 'moderate' need to be treated within a primary care setting with the GP remaining the responsible clinician. NSFT is in the process of implementing five pilots within primary care to support development of these services. How extensive are these pilots and, given the pressures on GP primary care, when do the CCGs expect the new model to be full operational?
- (d) NSFT's report at Appendix A notes that measures to reduce out of area placements have had a considerable impact but numbers have been increasing again since January 2020. The upcoming establishment of a crisis house; the Churchman House wellbeing hub and the pilot 'personality disorders' pathway in Norwich are expected to reduce demand for beds and reduce out of area placements.

What is included in each of these services, where will the crisis house be located and when are each of the new services expected to be in place?

Staffing, organisational culture and morale

- (e) What more can be done to increase staffing levels in the specialist community mental health services for children and young people?

- (f) NSFT's report at Appendix A describes the results of the 2019 staff survey as 'very disappointing'. What more can NSFT do to hasten culture change and improve staff morale at the Trust, and what can the CCGs do to support them?

Delayed transfers of care

- (g) There is an upward trend in delayed transfers of care from NSFT. Recognising that an STP (Sustainability Transformation Partnership) housing summit will be taking place on 1 April 2020, which will look to address the lack of adequate supported housing provision, what other areas could STP partners improve to address the situation?

Service specific items

- (h) NSFT's report at Appendix A notes that use of an external agency to provide British Sign Language accredited therapist to provide therapy for people with hearing impairment is a potential area for development, which would require a strategic approach with commissioners and input from expert agencies. What would be required to allow this to happen?
- (i) How is NSFT's new Core 24 liaison service provided to the acute hospitals (already in place at the QEH & NNUH; due to start at the JPH on 1 April 2020) – by telephone or by staff presence? What has the take-up rate been to date?

4. Action

4.1 The committee may wish to consider whether:-

- (a) To make comments or recommendations as a result of today's discussion.
- (b) To ask for further information or updates at a future meeting or in the NHOSC Briefing.

OR

- (c) The committee's scrutiny of this subject is complete for the present.

5. Background documents

- 5.1 Care Quality Commission NSFT inspection report published 15 Jan 2020
https://www.cqc.org.uk/sites/default/files/new_reports/AAAJ6743.pdf
- 5.2 Norfolk and Waveney Adult Mental Health Strategy, March 2019
<https://www.norfolkandwaveneypartnership.org.uk/publication/key-documents>

- 5.3 Transforming mental health services for children and young people in Norfolk and Waveney – Feedback report to the Norfolk and Waveney system, January 2019 (report by ReThink Partners)
<https://www.norfolkandwaveneypartnership.org.uk/publication/key-documents>
(report listed as CAMHS report by ReThink Partners for Norfolk and Waveney STP 2019)
- 5.4 Reports to Norfolk Health Overview and Scrutiny Committee and minutes of meetings
[NHOSC 19 July 2019](#)
[NHOSC 17 January 2019](#)
- 5.5 Report to Great Yarmouth and Waveney Joint Health Scrutiny Committee
[GY&W JHSC 7 Feb 2020](#)



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Report To:	Norfolk Health Overview and Scrutiny Committee
Meeting Date:	Thursday 19 th March 2020
Title of Report:	NSFT Report to NHOSC
Action Sought:	For Information
Editor / compiler:	Oli Matthews, Head of Strategy and Business Development
Director:	Stuart Richardson, Chief Operating Officer

Introduction

This report provides an update following the Care Quality Commission's (CQC) October 2019 inspection and its subsequent report. It highlights our current position in relation to our quality improvement plan and addresses topics about which HOSC members have requested information or updates:

- Staffing levels and morale
- Access to services
- Keeping people safe while waiting
- Out of area placements
- Reporting of incidents and incidents of harm
- Discharge delays
- Delivery of new initiatives
- Mental health therapy to people with hearing impairment

Since our last HOSC report in July 2019 Dan Dalton has commenced in role as Chief Medical Officer, following the retirement of Dr Bohdan Solomka, and Mason Fitzgerald has been appointed Deputy Chief Executive and Director of Strategy.

1.0 CQC inspection findings

1.1 NSFT was inspected by the CQC in October 2019 and reported on their findings in February. The Trust received an overall rating of 'requires improvement', having been considered 'inadequate' following a previous inspection in 2018. In its report, the CQC noted the Trust had made "early improvements in almost all areas" and singled out older people's services for praise. In total, inspectors found improvements in 22 of the 48 areas it examined while 21 remained the same.

NHOSC, 19.03.2020 NSFT Report	Version <1.0>	Author: Oli Matthews Department: Strategy and Partnerships
Page 1 of 12	Date produced: 11.03.2020	Retention period: 30 years 21

1.2 The CQC highlighted a number of areas where a particular focus on improvement is required. Quality improvement plans have been revised to address these at a Care Group level and Trust-wide.

1.1 Children and Young People: There remain long waiting lists to access services in Norfolk and a high level of vacancies. While governance practices have improved, there is more to do to ensure performance and risk are managed well. To address this a new partnership approach to rapid improvement has been established with four priority workstreams: Access, service user involvement, care and safety planning and culture. The senior leadership team is now established and focused on achieving the necessary improvement in these areas.

1.2 Medicines Management: There was not effective oversight of medicines management nor checking of emergency equipment and medicines management issues had not been identified. To address this, medication-focused quality and safety reviews have been established and we are devolving pharmacists to operational teams.

1.3 Culture: The cultural changes which have shown improvement in some areas have not yet been sufficiently embedded in all services to achieve wholesale change. The Care Group leadership teams which are now in place are key to modelling the desired change, by demonstrating clinically credible, and visibly present management and creating the conditions where a culture of compassion can thrive. There is an increased focus on embracing difference and diversity and putting people before process.

1.3 Each Care Group is responsible for its own local improvement plan and progress is overseen by the Executive at Quality Performance Meetings.

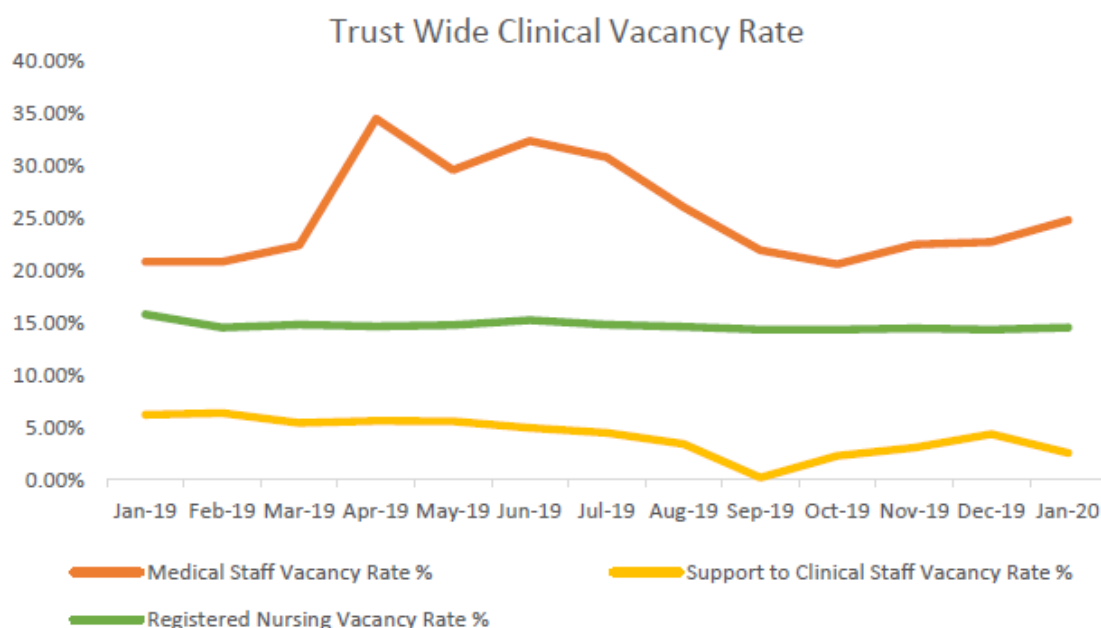
1.4 NSFT remains in Special Measures, which provides the Trust with continued support from NHS England and the wider system. We recognise that we are on a long improvement journey. It is imperative that we now maintain momentum towards our ambition of delivering high quality and effective services for our patients and be in the top quarter of mental health trusts by 2023 for the safety and quality of our services (as outlined in our strategy which was shared with HOSC in July 2019).

1.5 The full CQC report and summary are available for download from the CQC website.

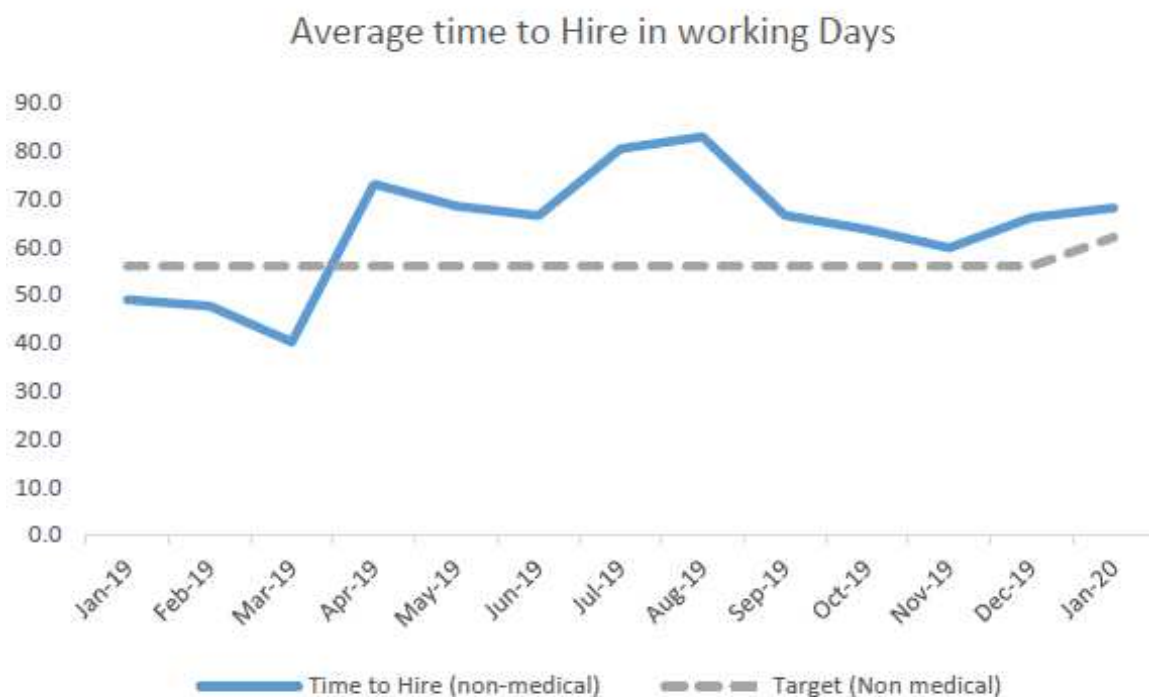
2.0 Staffing levels

2.1 While the overall vacancy rate has improved since the last report, staffing levels continue to be a challenge. At end of January 2020 the overall

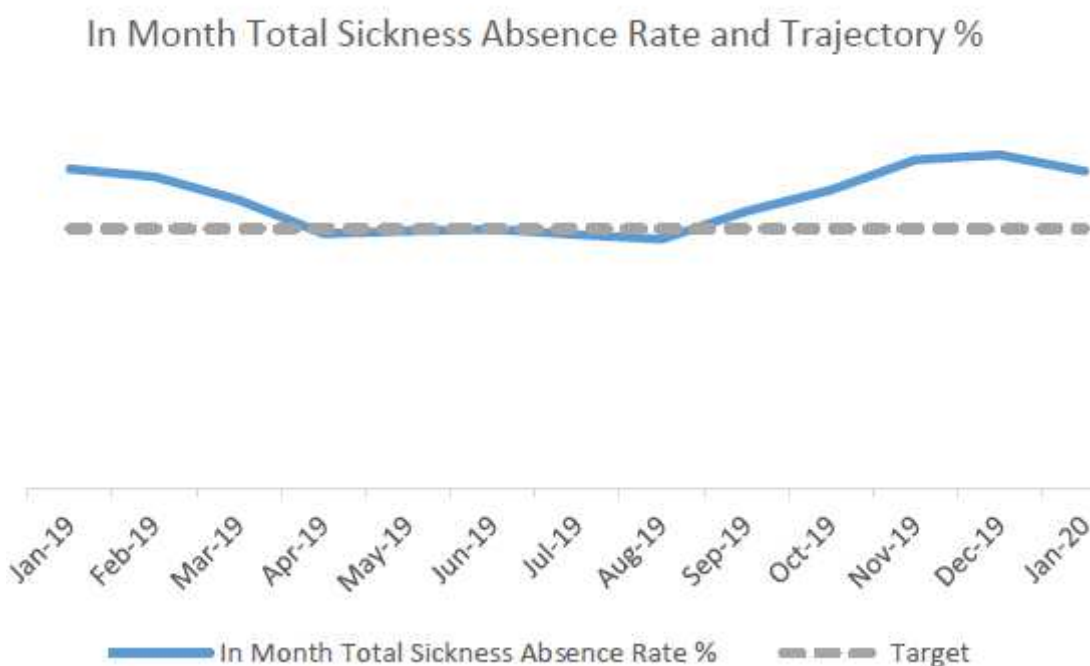
vacancy rate was 8.58%, which remains above the target of 7.3%. There were 311 clinical staffing vacancies within the Trust. 24% of medical roles and 14% of nursing roles are vacant. Some progress has been made in the year to reduce the number of nursing vacancies (from 202 to 189) but medical vacancies have increased from 49 to 61 in the same period. Two doctors joined the Trust in February and we have recently recruited five Speciality and Associate Specialist doctors from outside Europe who are expected to start over the next few months.



2.2 Time to from advert approval to the person starting in post averaged 68 days in January. Turnover remains problematic with little improvement being made on the number of staff leaving voluntarily. Both measures of turnover are above target. In the year to January 2020, 501 people left the organisation. In year to January 2019 485 staff left.



2.3 Staff sickness absence increased to 5.17% in January 2020, this is above the target of 4.69%. As a comparison the monthly rate in January 2019 was 5.26%. In total 6,898 days were lost due to sickness absence in January 2020. In the year to January 2020 days lost to absence were equivalent to 199 wte staff.



3.0 Annual Staff Survey results and staff morale

3.1 The NHS Staff Survey was undertaken in October and November 2019 as a census (all staff) survey. The results, which were published in February were very disappointing, but reinforce the importance of the work being undertaken around culture change and engaging and empowering our staff.

3.2 The overall response rate was 48% (2,019 responses), which was five percentage points lower than in 2018 and slightly below the average for mental health / learning disability trusts in England (54%).

3.3 The Survey is made up of 90 questions and results are grouped into 11 key themes:

- Equality, diversity & inclusion
- Health & wellbeing
- Immediate managers
- Morale
- Quality of appraisals
- Quality of care
- Safe environment - Bullying & harassment
- Safe environment – Violence
- Safety culture
- Staff engagement
- Team working

Of these, when compared to the average, NSFT has:

- No themes above average
- One theme equal to the average
- 10 themes below average (of which 5 are ranked lowest scores nationally).

3.4 Two key themes have seen statistically significant improvement: quality of appraisals and quality of care. Two key themes have seen a significantly lower score than last year. These are health and wellbeing and immediate managers. No other themes show any statistically significant changes (positive or negative).

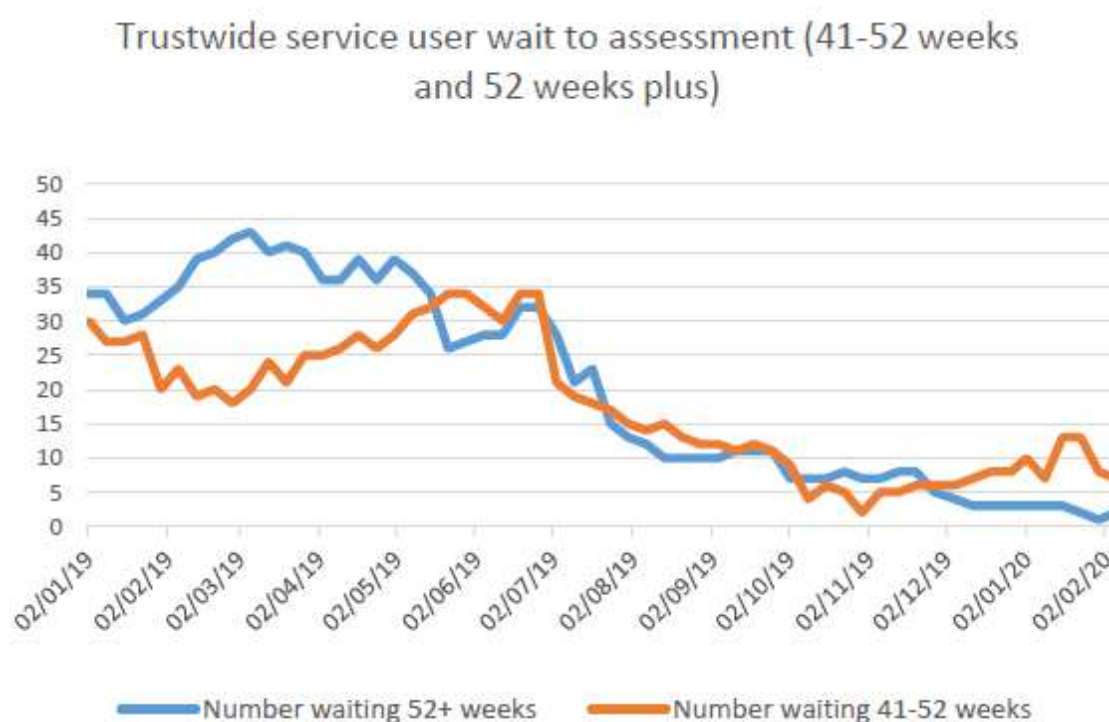
3.5 Whilst the overall trends show a general improvement over the last five years, performance remains poor compared to our peers and is not what our staff deserve. We recognise that we need to do better, and more quickly. Our Trust's People Plan focuses on the following areas of improvement:

- Completing phase two of the Care Group leadership review to simplify and strengthen local clinical leadership
- Implementing our Equality, Diversity and Inclusion Strategy
- Improving organisational culture and staff experience
- Implementing a more just and learning culture and putting people first within employee relations processes

- Maximising supply, recruitment and retention, with a focus on registered nurses and doctors; making sure they feel more welcome, valued, safe and confident in their work
- Reviewing and implementing a programme of leadership development.

4.0 Timely Access to Services

4.1 Timely access to services remains a significant challenge, but some progress has been made since our previous report. The number of people waiting over 52 weeks and between 41 and 52 weeks has been reduced considerably.



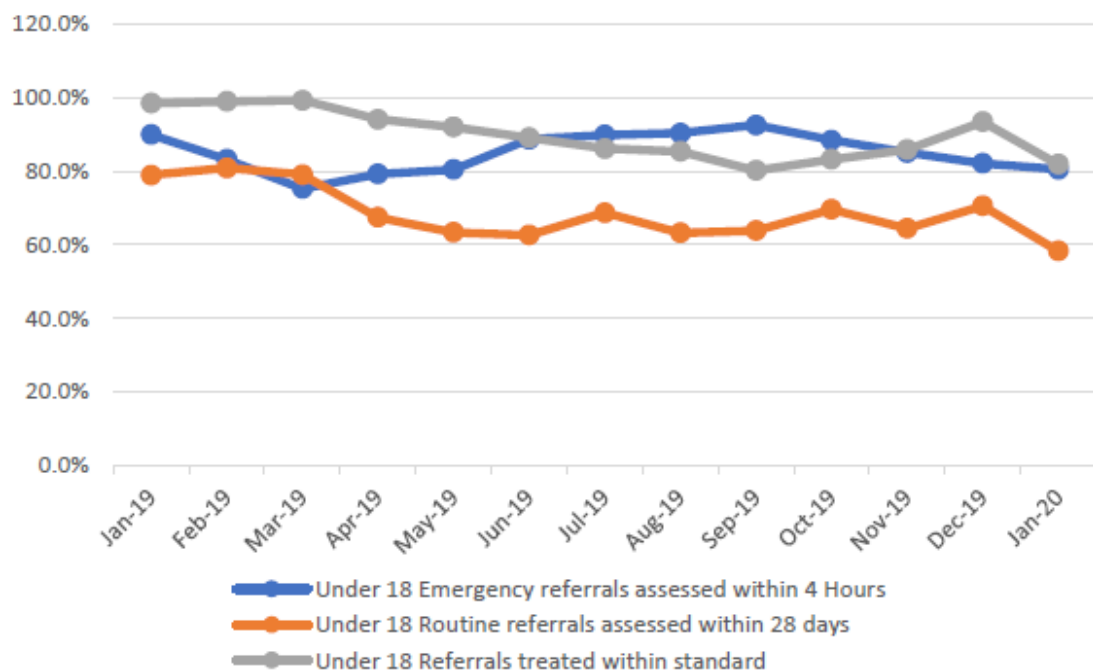
4.2 There has been a sustained reduction in the number of emergency assessment breaches in recent months, which reflects improved processes. Emergency assessments are conducted face to face rather than over the phone.

4 hour breaches by month



4.3 Timely assessment and treatment rates for under 18s remains a major challenge in Norfolk and Waveney as people are waiting too long for services. This is the key focus of the Children Families and Young People Care Group. We are currently providing intensive support to the team, with a rapid improvement board in place.

Trust Wide Under 18's Access Rates



5.0 Keeping people safe while waiting for services

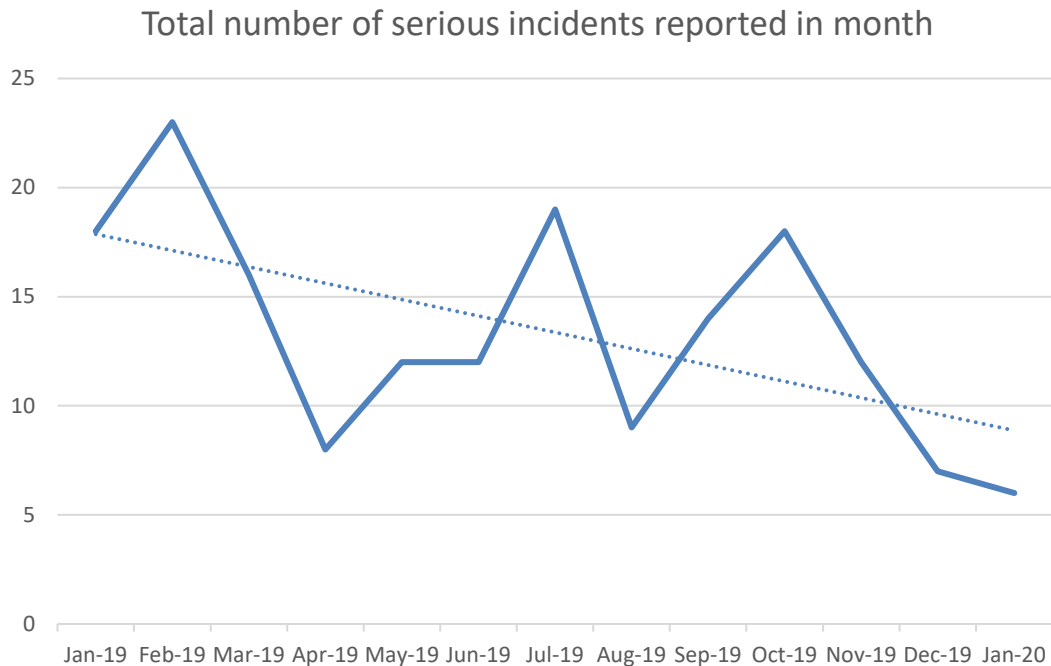
- 5.1 HOSC has asked for more details about how we keep people safe while they are waiting to receive services.
- 5.2 An immediate Clinical Harm Review process was put in place in May 2018. This introduced a red/amber/green (RAG) status for referrals at assessment with intervention levels set on the clinical system. This process has been reviewed with service users and teams. The risk of harm to individual service users is individually considered within the assessment appointment using the 'My Safety Plan' within the Combined Core and Risk Assessment within the electronic patient record. This means that service users waiting to be seen are contacted in line with their needs and risk level.
- 5.3 The process also includes a wider audit schedule to look for potential harm as a result of breaches, delay to treatment and change of clinical priority decisions as well as reviews of serious incidents and complaints. The audit results are acted on by the Care Group Clinical Directors and overseen by the Quality Committee.
- 5.4 A monthly Strategic Harm Review is now part of the monthly contract monitoring meetings with Norfolk and Suffolk commissioners to receive the overview of compliance and examine the extent and types of breach in performance standards, reasons for these and demonstration that clinical harm has been considered and responded to. An Access Improvement Meeting is held to include wider stakeholders including people participation leads and system partners.
- 5.5 Regular Quality and Safety Reviews are being held with community teams to ensure that the safety of people accessing and waiting for services is demonstrated to be at the forefront of clinician's interventions and in the oversight of managers and team leaders.
- 5.6 The trust has ensured that everyone who receives an emergency 4-hour referral is seen in a face to face appointment within the timeframe. Breaches of this commitment have reduced considerably in recent months as illustrated in section four above.

6.0 Restrictive interventions

- 6.1 The use of restraint continues to fall across our inpatient areas. Two particular areas of note are secure services and our psychiatric intensive care unit, Rollesby ward. Since July 2019 Secure reduced the average number of restraints per 1000 bed days by 66%, from 13 to five and a reduction in prone restraints from an average of three to one. Rollesby

ward have also experienced a reduction in the use of seclusion since July 2019, reducing their average use from 24 to seven – a reduction of 71%.

6.2 The number of serious incidents reported each month is maintaining its downward trend. NSFT continues to be among the highest reporters of no-harm serious incidents.



7.0 Care Planning

7.1 Changes in the way that CPA is measured are being discussed with Norfolk our CCGs. Following a programme of engagement and development, our CPA Mobilisation Group developed a set of tools to measure the quality of CPA (in addition to completeness, which is currently measured) and inform and support improvement. These have been accepted internally and are now awaiting the approval of the CCG.

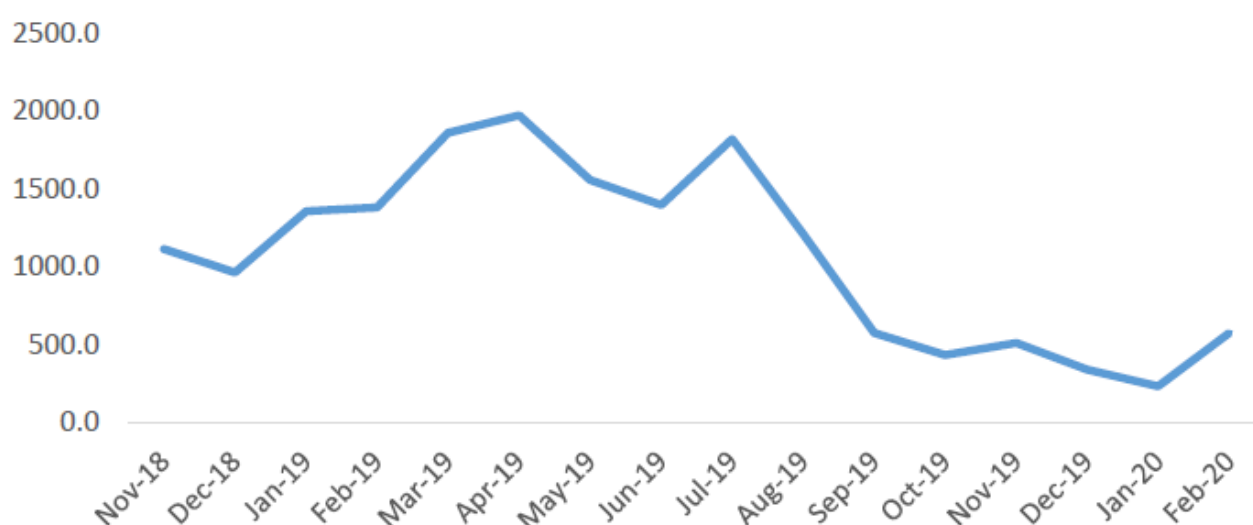
7.2 Changes to community services, including care planning are set out in the NHS Long Term Plan. It is anticipated that new guidance regarding a replacement for CPA will be issued shortly.

8.0 Out of Area Placements

8.1 A number of initiatives to reduce Out of Area Placements (OAPs) from their peak of 79 people out of are in March 2019 have had a considerable impact. These include the opening of a 16 bedded admission ward, enhancing community teams, implementing our Patient Flow group and

taking a more focused approach to improved bed management, inappropriate admissions and timely discharge. Trust-wide OAPs reduced to single figures in January but have since increased again to 25 at time of writing. The upcoming establishment of a crisis house, Churchman House wellbeing hub and the pilot “personality disorders” pathway in Norwich are expected to reduce demand for beds and have a positive impact on OAPs.

Out of area placements for adult mental health services (excluding specialist placements) - Total bed days



Out of Area Placements by number of individual service users (excluding specialist placements)

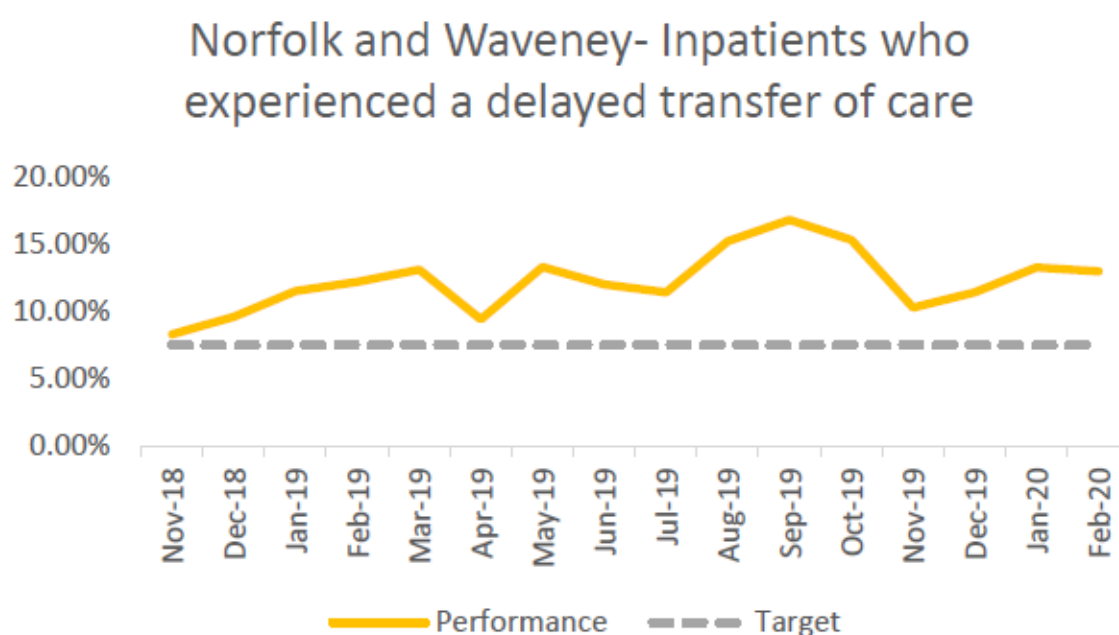


9.0 Delayed Transfers of Care (DToC)

9.1 A contributing factor to the number of OAPs is the number of delayed transfers of care. This is particularly evident in relation to older people's services, where a lack of suitable onward placements results in delays to discharge. Local authority partners are investing in an inpatient social care team for older people which we anticipate will reduce delays.

9.2 There is an overall upward trend in the number of DToCs which we are working closely with colleagues (including the local authority) within the STP to resolve. An additional staff member has been assigned to work with ward managers on potential delays, and DToC is a focus of our weekly review meetings.

9.3 A lack of adequate supported housing provision also prevents people from being discharged in a timely way. A housing summit has been organised by the STP which will be taking place on 1st April 2020.



10.0 New initiatives

10.1 Core 24 liaison services are in place at the QEH and NNUH hospitals and will be in place at the JPH from 1st April. These are 24-hour liaison services, closely aligned with the crisis resolution home treatment teams (CRHT).

10.2 Increased staffing is now in place within the CRHTs following increased funding.

- 10.3 We are in the process of implementing five pilots within primary care to support the development of primary care mental health services. These will inform further developments, with associated investment in 2020/21.

11.0 Therapy for deaf people

- 11.1 HOSC has asked for details of the service we offer to deaf people with mental health needs.
- 11.2 Currently deaf people access mental health services with the support of British Sign Language (BSL) interpreters. When a deaf person needs to access services the BSL interpreters are booked through INTRAN. The BSL interpreters are based in Norfolk and work closely with the local deaf community. They are trained to a very high level, and quality is closely overseen by INTRAN.
- 11.3 To our knowledge we have not previously explored using an external agency to provide BSL accredited therapists. This is a potential area for development, which would require a strategic approach with commissioners and input from expert agencies. Any details that HOSC has regarding concerns about the current provision would be welcomed and we can explore the options available in addressing this, potentially in collaboration with Norfolk County Council's Sensory Support Unit.

Access to palliative and end of life care

Suggested approach from Maureen Orr, Democratic Support and Scrutiny Team Manager

Examination of the progress made by NHS commissioner and provider partners to improve palliative and end of life care services for adults in Norfolk.

1.0 Purpose of today's meeting

- 1.1 The committee will have the opportunity to examine progress made by NHS commissioner and provider partners since this subject was last on its agenda in September 2019.
- 1.2 The Clinical Commissioning Groups (CCGs) have been asked to provide an update on behalf of the local partners in the Norfolk and Waveney Sustainability Transformation Partnership (STP) Palliative and End of Life Collaborative Group. The STP is now known as The Norfolk and Waveney Health and Care Partnership (N&W HCP). The Collaborative Group includes:-
 - **Commissioners:** Norwich Clinical Commissioning Group, North Norfolk Clinical Commissioning Group, Great Yarmouth and Waveney Clinical Commissioning Group, South Norfolk Clinical Commissioning Group and West Norfolk Clinical Commissioning Group, Norfolk County Council and Suffolk County Council
 - **Norfolk Public Health** and Suffolk Public Health
 - **Providers:** James Paget University Hospital NHS Foundation Trust, East Coast Community Healthcare CIC, Norfolk Community Health and Care NHS Trust, Norfolk and Norwich University Hospital NHS Foundation Trust, IC24, East of England Ambulance Trust, The Queen Elizabeth Hospital Kings Lynn NHS Foundation Trust, Norfolk and Suffolk NHS Foundation Trust
 - **Charitable Trusts:** Macmillan Cancer Support, Big C, Marie Curie, Priscilla Bacon Centre, Priscilla Bacon Norfolk Hospice Care Ltd, St Nicholas Hospice Care, St Elizabeth Hospice, East Coast Hospice and Norfolk Hospice (Tapping House) and Swaffham and Litcham Hospice
 - **Education and Research Body:** University of East Anglia Research Centre.

The CCGs report, attached at **Appendix A**, covers progress across Norfolk including the Great Yarmouth area where progress with adult palliative and

end of life care has previously been examined by the Great Yarmouth and Waveney Joint Health Scrutiny Committee.

Appendix A also provides a link to the published version of the Norfolk and Waveney STP Palliative and End of Life Care Strategy for Adults 2019-2024 and Appendix document on the N&W HCP website. The text of these is the same as the version provided for NHOSC's background information on 5 September 2019 (see link at paragraph 5.1 below) but the formatting has changed and photos have been added. A link to the version published on the STP website is also included at paragraph 5.3 below.

The CCGs have also provided a summary of the Strategy, which is attached at **Appendix B**.

- 1.3 Representatives from the Collaborative Group will attend to present the report and answer Members' questions.

2.0 Background

2.1 Previous report to Norfolk Health Overview and Scrutiny Committee

- 2.1.1 The last report to NHOSC was on 5 September 2019. The agenda papers and minutes of the meeting are available via the following link at 5.2 below. The committee received the Norfolk and Waveney STP Palliative and End of Life Care Strategy for Adults 2019 – 2024, which set out the Collaborative's objectives and priorities as follows:-
- 2.1.2 On 5 September 2019 NHOSC heard about plans to improve end of life care at the Queen Elizabeth Hospital and west Norfolk and that Hospice at Home had been introduced across the county (with an equivalent service in the Great Yarmouth and Waveney area).
- 2.1.3 Concerns were raised about difficulties in getting care packages for end of life patients to be discharged from the Norfolk and Norwich hospital; particularly those patients with more complex needs. This was due in part to the complexity of the system and numbers of different agencies involved and in part to unavailability of space in care homes and home care services.
- 2.1.4 A new post was being created to look at care provider quality and resilience to help prevent care homes closing. Joint posts were being created to ensure joint health and social care assessments were carried out and to look at how the NHS, care homes and residential care could be helped with complexities in the system. Work was also underway to address how volunteers could be developed to support carers, and to map and address gaps in provision.
- 2.1.5 Members of NHOSC visited the Queen Elizabeth Hospital (QEH) on 27 January 2020 and heard about the hospital's improvements to its pathway for identifying end of life patients and establishing plans of care for them.

2.2 Previous report to Great Yarmouth and Waveney Joint Health Scrutiny Committee

- 2.2.1 The last report to GY&W JHSC was on 12 July 2019. The agenda papers and minutes of the meeting are available via the following link at 5.3 below.
- 2.2.2 The Joint Committee noted the significant progress in provision of palliative and end of life care services in GY&W and suggested that consideration should be given to enhancing the support, training and guidance provided to families and carers when a person dies, working with other agencies (e.g. police and ambulance) and to promote more use of the 24/7 advice line.
- 2.2.3 The Joint Committee also asked for a further update in 12 months' time regarding demand for the service, performance indicators, feedback on quality, utilisation of the 24/7 advice line and advanced care planning. The Palliative and End of Life Collaborative Group have been asked to include this information in their report for today's meeting (Appendix A).
- 2.2.4 Members of GY&W JHSC visited Beccles hospital on 8 November 2019 to see the specialist palliative care ward and discuss the new service with staff.

3.0 Suggested approach

- 3.1 After the Palliative and End of Life Care Collaborative Group partners have presented their report you may wish to explore the following areas:-

Hospital admissions and discharges of end of life patients

- (a) What has been done to address the concerns raised at NHOSC in September 2019 regarding the difficulty of discharging of end of life patients from the Norfolk and Norwich hospital in terms of the complexity of the system and availability of places in care homes and home care to support these patients?
- (b) The report at Appendix A notes a rise in the numbers of patient deaths with three or more admissions to hospital prior to death (a rise of 18.4% from 2017-18 to 2018-19). Does this suggest a problem with the model of 'hospice at home' and similar services or that there are not enough to meet demand?
- (c) To what extent is the system currently able to support end of life patients with complex needs outside of the acute hospitals?

Psychological support for patients and families

- (d) At the last meeting NHOSC heard that psychological bereavement support would begin in September 2019 and that voluntary and statutory services would map gaps in service provision and ways of meeting them. What progress has there been in this area across the county?

Levels of specialist provision

- (e) In previous meetings Members have noted the large deficit in the numbers of specialist palliative inpatient beds available in Norfolk and the numbers recommended by National Palliative Guidance for our population level (a deficit of 7 beds in west Norfolk, 31-43 in central Norfolk and 17 in Great Yarmouth and Waveney¹). What more can the Collaborative Group partners do to speed up the provision of additional beds?
- (f) The update from the Head of Acute Transformation and Clinical Programmes at Appendix A mentions increased referrals to the Specialist Palliative Care Service in central Norfolk, a waiting list for the 6 specialist palliative care beds in Great Yarmouth and Waveney, and increased demand leading to likely unmet need in West Norfolk. What more can the Collaborative Group partners do to increase the level of provision overall?

Staffing

- (g) Have the Collaborative Group partners had any success in addressing the shortage in the specialist palliative care workforce across Norfolk?

Record sharing

- (h) The report at Appendix A outlines work to roll out the ReSPECT (Recommended Summary Plan for Emergency Care and Treatment) with engagement by patient transport providers, the acute hospitals and community services. What progress has been made towards provision of an Electronic Palliative Care Coordination System (EPaCCS) in Norfolk, or interim methods of improving record sharing between organisations around the wishes of end of life patients?

4.0 Action

4.1 The committee may wish to consider whether:-

- (a) To make comments or recommendations as a result of today's discussion.
- (b) To ask for further information or updates at a future meeting or in the NHOSC Briefing.
OR
- (c) The committee's scrutiny of this subject is complete for the present.

¹ Norfolk and Waveney STP Palliative and End of Life Care Strategy for Adults 2019-2024, page 17 (published on STP website – see link at 5.3 below)

5. Background documents

- 5.1 Reports to Norfolk Health Overview and Scrutiny Committee and minutes of meetings
[NHOSC 5 Sept 2019](#) (agenda item 6)
[NHOSC 18 October 2018](#) (agenda item 6)
- 5.2 Report to Great Yarmouth and Waveney Joint Health Scrutiny Committee and minutes of meeting
[GY&W JHSC 12 July 2019](#) (agenda item 6)
- 5.3 Norfolk and Waveney STP Palliative and End of Life Care Strategy for Adults 2019-2024 and Appendix
<https://www.norfolkandwaveneypartnership.org.uk/publication/key-documents>



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Norfolk Health Overview and Scrutiny Committee
19 March 2020

Access to Palliative and End of Life Care - Update

Introduction

Following the previous submissions to Norfolk HOSC in October 2018 and September 2019 this reports presents an update on the progress made on the Palliative Care and End of Life programme with the ReSPECT (Recommended Summary Plan for Emergency Care and Treatment) implementation and further information on system and locality services.

1. Norfolk and Waveney STP Palliative and End of Life Care Programme and ReSPECT

- 1.1 The Palliative and End of Life Care Programme has developed since 2018 and a strategy for Norfolk and Waveney was produced in 2019 with seven work streams. These were detailed in the September 2019 HOSC Report. Electronic copies of the strategy and appendix can be accessed here:
<https://www.norfolkandwaveneypartnership.org.uk/publication/key-documents>
- 1.2 From January to December 2019 we estimate that the number of acute admissions to hospital in the 12 months prior to dying in hospital was 9,604 for Norfolk and Waveney. This is an average of 2.3 admissions per patient.
- 1.3 The number of patients deaths with three or more emergency admissions in the three months prior to death has seen an increase of 18.4% from 2017-18 to 2018-19.
- 1.4 This data provides us with an opportunity to work collaboratively to prevent unnecessary admissions and to understand what role community services play in community resilience.
- 1.5 Norfolk and Waveney also received an allocation from the national £25 million for adult and children and young people's hospices and palliative services. The programme has received twenty proposals from partners and stakeholders to utilise Norfolk and Waveney's allocation of £451k. A panel had appraised the proposals and the final recommendations will be approved at the CCG's Executive Management Board in March.
- 1.6 Norfolk and Waveney were successful in a bid to Macmillan for a Macmillan GP to join the Norwich locality, linking in with the three existing Macmillan GPs that currently cover the West, North and South and Great Yarmouth & Waveney areas. The focus of the bid was to support Primary Care Networks with the implementation of ReSPECT.
- 1.7 The Implementation of ReSPECT has commenced and a public launch was held in February, attended by the public and stakeholders.

- 1.8 ReSPECT is a process that creates personalised recommendations for a person's clinical care in a future emergency in which they are unable to make or express choices.
- 1.9 It is a national initiative that is being rolled out across the UK, so that a person's ReSPECT plan will be recognised and used wherever they are when an emergency occurs.
- 1.10 We are working with many health and social care providers in Norfolk and Waveney as implementing organisations and have had excellent engagement with the following: EEAST, NNUH, QEH, JPUH, West Suffolk Hospital, NCH&C, ECCH, NSFT, ERS, Ezec (patient transport services), Adult Social Care, Norfolk and Suffolk Care and Support, VCSE sector and Primary Care.
- 1.11 ReSPECT will begin to be implemented by these organisations from mid-March 2020 on a phased programme.

2. Central Norfolk and NNUH

- 2.1 Within Central Norfolk the Specialist Palliative Care Service continues to see a rise in referrals which is congruent with the increased referrals within the NNUH.
- 2.2 Social Care provision is an integral part of supporting people either at home or within care settings and continues to see heavy demands put upon the system to supply good quality end of life care.
- 2.3 The NNUH's educators are rolling out training, encompassing the Ten Core Competencies for End of Life Care. This essential in supporting care providers, who have generalist palliative care skills, to be more confident in supporting people in their care.
- 2.4 NNUH are reviewing pathways for palliative homeless patients being admitted to the hospital and have developed rapid response pathways for patients in accident and emergency to be smoothly transitioned to ward based care. The Trust is also awaiting the outcome of the CQC inspection undertaken in December 2019.
- 2.5 The Hospice at Home team that was funded by central Norfolk CCGs is supporting people to die at home, as their preferred place of care. As Primary Care Networks develop the hospice at home model will become more community based and amalgamate with current local services.
- 2.6 NCH&C continue to work closely with Priscilla Bacon Hospice Charity in readiness for the new Hospice planned in Norwich.
- 2.7 Additional syringe drivers have been provided to NNUH and NCH&C, funded via winter monies and two Palliative and End of Life Care Home Facilitators have been recruited to support care homes across Central Norfolk. Two full time posts across Central Norfolk will provide clinical support, education and advice to enable registered care providers to delivery high quality person-centred care, which supports the dying person's wishes and avoids unnecessary hospital admissions in the last days of life. This role also sign posts other professionals.

3. Great Yarmouth and Waveney and ECCH

- 3.1 There are six consultant-led specialist palliative care beds in place at Beccles Hospital, which are operating at full capacity currently. There is a waiting list system with care plans in place to support patients whilst they wait for a bed to become available.
- 3.2 Day services are running from Beccles Hospital, with support from specialist palliative care nurses and the OneCall 24/7 advice line is well utilised (average of 350 calls per month in Great Yarmouth and Waveney).
- 3.3 The counselling service is operating from Beccles Hospital, Martham Medical Centre and the in the community and a bereavement group has been established at the Louise Hamilton Centre.
- 3.4 St Elizabeth Hospice's consultants in-reach into the James Paget University Hospital to assist with the management of patients identified as having specialist palliative care needs. This has had a positive impact within the hospital and the community.
- 3.5 Clinical nurse specialists, working with the Primary Care Home community teams, attend weekly multidisciplinary team meetings whilst supporting a caseload. These nurses and the specialist palliative care medical team support patients in the community who are in their own homes.
- 3.6 East Coast Hospice is progressing and is hoping to make a significant step forward in the next few months to benefit all the community.

4. West Norfolk and the QEHL

- 4.1 Enhanced and specialist palliative and end of life care is delivered via an integrated palliative care service which includes a new inpatient unit at Norfolk Hospice Tapping House.
- 4.2 Activity levels have significantly increased, as have palliative and end of life referrals to non-specialist services. These demand pressures are likely leading to unmet needs in the area.
- 4.3 The Queen Elizabeth Hospital's CQC inspection highlighted weaknesses in the services for palliative and end of life care. Norfolk and Waveney CCGs are working collaboratively to identify consultant capacity and the opportunities to improve community support.
- 4.4 NHS England and Improvement recently worked with the QEHL to address improvement through a series of projects conducted over 90 days. The West Local Delivery Group has engaged with these projects.

5. The Big C and Education Developments

- 5.1 The Palliative Care Coordinator role is funded by the Big C. The role coordinates education working with numerous professionals in Norfolk and Waveney. Generalist staff are taking on a lot of palliative and end of life care, in

nursing and residential homes, community settings and hospitals, so the target cohort for training is generalists.

- 5.2 The education sub group from the programme has developed ten core competencies to support all health professionals.
- 5.3 A training passport has also been developed for practitioners, so that this training is recognised should the staff member move between organisations.
- 5.4 Study days have been delivered and are planned for health and social care organisations across Norfolk and Waveney. The training has already been well received.

6. Conclusion

- 6.1 Norfolk and Waveney partners continue to work collaboratively to coordinate care and improve palliative and end of life care services. Partners work together from several organisations for the best outcome for patients and are committed to providing the “best possible death” for their clients.
- 6.2 There are opportunities to identify gaps and improve services, which forms the work plan for commissioners, under the palliative and end of life care strategy. This work includes development of digital solutions to support the electronic patient record and sharing of pertinent information; access to bereavement services and developing compassionate communities in Norfolk and Waveney.

Gita Prasad

Head of Acute Transformation and Clinical Programmes, Norfolk and Waveney CCGs

in good health

The Norfolk and Waveney Health and Care Partnership

Norfolk and Waveney Health and Care Partnership

Palliative and End of Life Care Strategy for Adults



A Summary

2019 - 2024



Welcome

This booklet is an introduction to the Palliative and End of Life Care Strategy for Norfolk and Waveney. The full strategy is available online on the In Good Health website or for a paper copy or alternative formats (such as large print or other languages) telephone 01603 613325.

Palliative and End of Life Care is one of the most challenging aspects of acute (hospital) and community based care – delivering good care which provides support and dignity to patients and their families at the end of their lives.

The majority of individuals state that their Preferred Place of Death would be outside a hospital setting¹ Hospitals are not always the most appropriate setting for people with palliative or end of life needs and alternative care options need to be developed.

The number of deaths within England and Wales will rise by an additional 130,000 deaths each year by 2040 and more than half of which will be in people aged 85 years or older. We need to acknowledge these trends and increasing complexity of care throughout all care settings. In response, we will support the quality and experience of care for patients and carers in all stages - from diagnosis to bereavement.

The Norfolk and Waveney Health and Care Partnership Palliative and End of Life Collaborative Group for palliative and end of life care for adults, is made up of the following organisations:

- Norfolk and Waveney Clinical Commissioning Group, Norfolk County Council and Suffolk County Council
- Norfolk Public Health and Suffolk Public Health
- Providers: James Paget University Hospital NHS Foundation Trust, East Coast Community Healthcare CIC, Norfolk Community Health and Care NHS Trust, Norfolk and Norwich University Hospital NHS Foundation Trust, IC24, East of England Ambulance Trust, The Queen Elizabeth Hospital Kings Lynn NHS Foundation Trust, Norfolk and Suffolk NHS Foundation Trust
- Charitable Trusts: Macmillan Cancer Support, Big C Cancer Charity, Marie Curie, Priscilla Bacon Centre, Priscilla Bacon Norfolk Hospice Care Ltd, St Nicholas Hospice Care, St Elizabeth Hospice, East Coast Hospice and Norfolk Hospice (Tapping House), St Nicholas Hospice and Swaffham and Litcham Hospice
- Education and Research Body: University of East Anglia Health and Social Care Partners.

The Collaborative Group would like to introduce you to our jointly developed and refreshed summary document of our Palliative and End of Life Care strategy for adults.

Palliative and End of Life care is a priority for Norfolk and Waveney Health and Care Partnership which requires everyone in health, social care and voluntary organisations, to speak with one voice. More must be done to ensure that high quality, accessible palliative and end of life care is consistently better for all of us.



¹ (National Survey of Bereaved People (VOICES): England, 2015).

Our Strategy in Summary

This is our strategy and (proposed) model of delivering palliative care in Norfolk and Waveney

Norfolk and Waveney STP Palliative and End of Life Strategy

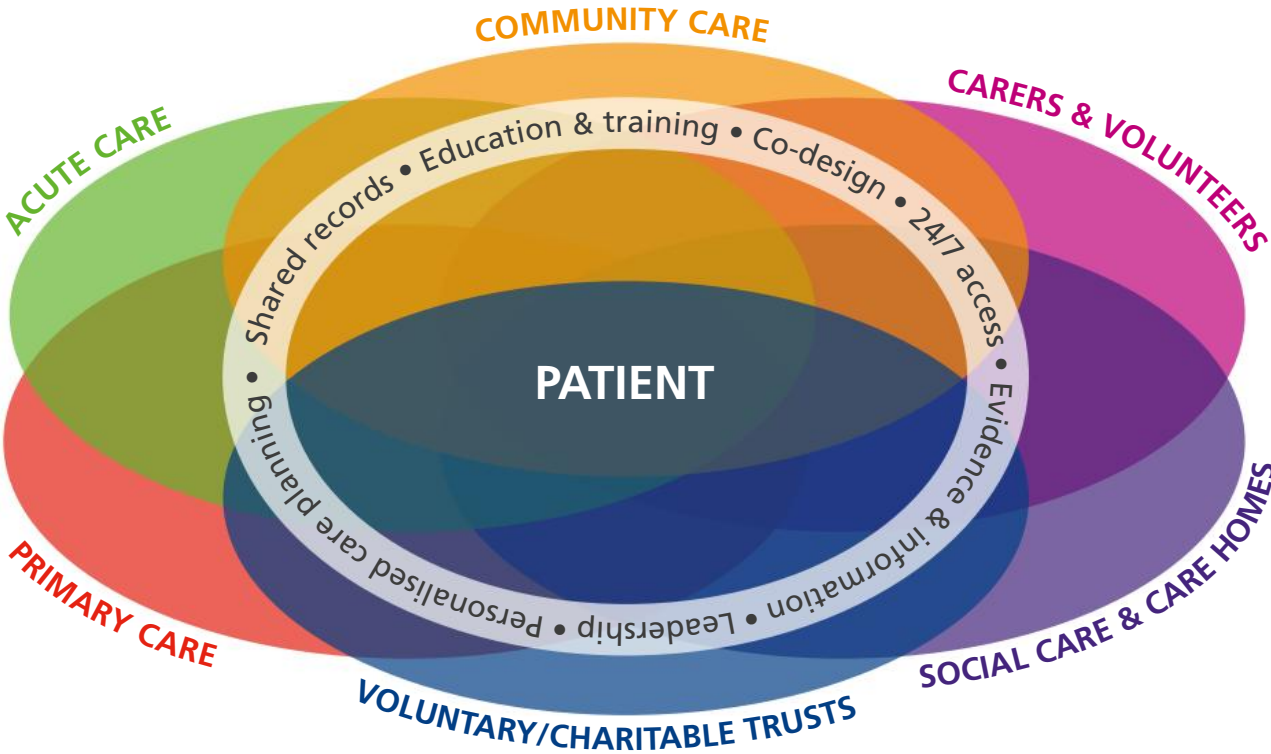
Vision

Through a new integrated palliative and end of life model of care we will ensure people and their carers/family receive care and support that is coordinated and which meets their individual needs – irrespective of care provider, diagnosis, circumstance or place of residence in Norfolk and Waveney, from diagnosis through to bereavement.

Objectives for delivering an integrated model

- Consistency across Norfolk and Waveney for palliative care provision, e.g. equity in 24/7 professional advice line, carers advice line, Hospice at Home, Social Care services, dedicated enhanced palliative care beds and psychological and bereavement services
- Capacity to provide palliative and end of life care, e.g. develop the workforce across health and social care, supporting the voluntary, community and social enterprise (VCSE) sector with training and development and assess the need for more specialist beds
- Coordinated approach to information/documentation, workforce (including volunteers), education, systems, audit research, performance and complaints and patient engagement
- Compliance in helping people take control, such as the ability to access personal health budgets for palliative or end of life care
- Partnership working and pathway development with other work streams, i.e. Care Homes
- Partnership working with health, social care and the VCSE sector
- Social engagement with community partnership, such as different faith and culture groups
- Consistent approach to person centred outcome measures, population needs assessments, monitoring and benchmarking
- Financial balance through a decrease in hospital admissions, e.g. emergency admissions compared with Preferred Place of Death (PPOD).

The structure we will use to deliver the new model



How we plan to achieve our vision and objectives

- Leadership and coordination via the STP Palliative and End of Life Care Collaborative Group
- Commissioners, health and social care providers and voluntary groups working collaboratively to develop and deliver an integrated model for Palliative and End of Life Care through aligning services across Norfolk and Waveney
- Collaborative working with Primary Care Networks, Public Health and University of East Anglia Research Centre to ensure we are continuously ensuring population health needs are met
- Increasing system awareness and appropriate utilisation of commissioned palliative care services
- Delivery via the seven Collaborative working groups
- Interface with other STP work streams, e.g. workforce, care homes and dementia.

The Norfolk and Waveney Picture

The Six National ‘Ambitions for Palliative Care and End of Life’ provides a framework for local action to improve the quality and accessibility of Palliative and End of Life Care. The framework consists of six

1. Each person is seen as an individual
2. Each person gets fair access to care
3. Maximising comfort and wellbeing
4. Care is coordinated
5. All staff are prepared to care
6. Each community is prepared to help

ambitions with eight foundations that need to be in place to support achievement. The Six National Ambitions for Palliative & End of Life Care are;

Personalised care planning	Shared records
Education & training	24/7 access
Evidence & information	Involving, supporting and caring for those important to the dying person
Co-design	Leadership

What our Norfolk and Waveney Palliative and End of Life Care Provision looks like now

Health and social care services for people living in the Norfolk and Waveney STP area are provided by a large number of organisations and these organisations are generally represented on the Collaborative Group.

Across the STP area there are:

- Norfolk and Waveney Clinical Commissioning Group (CCG)
- 104 primary care general practices
- 3 acute trusts - the James Paget University Hospitals NHS Foundation Trust (JPUH) based in Great Yarmouth, the Norfolk and Norwich University Hospital Foundation Trust (NNUHFT) located on the outskirts of

- Norwich and the Queen Elizabeth Hospital (QEH) in King’s Lynn
- People living in West and South Norfolk may be geographically closer to and may choose to receive acute care services from hospitals outside of their STP area, including Addenbrookes Hospital in Cambridge, Papworth Hospital Papworth Road, Cambridge and the West Suffolk Hospital in Bury St Edmunds.
 - Adult Community services are primarily provided by two community trusts - the Norfolk Community & Health Care NHS Trust (NCHC) and the East Coast Community Healthcare CIC (ECCH)

- The Norfolk and Suffolk Foundation Trust (NSFT) is the largest provider of Mental Health (MH) services across the STP area
- 111 and Out of Hours GP (OOH) is provided by IC24
- Emergency response by the East of England Ambulance Service NHS Trust (EEAST)
- Norfolk County Council and Suffolk County Council fund a proportion of social care which is means tested. Many people fund their own care. Social care across Norfolk & Waveney footprint is provided by around 570 registered independent care providers. This consists of 400 residential care homes, 67 of which provide nursing care, 150 Homecare agencies, 22 supported living schemes, 24 Extra Care housing developments and 1 Shared Lives scheme. There is also an increasing number of people who receive Direct Payments and use that to employ their own staff as Personal Assistants. This is a small but growing part of the care workforce that is almost completely overlooked.
- Hospice provision is currently provided by a range of organisations – Priscilla Bacon Centre, St Nicholas Hospice Care, St Elizabeth Hospice, Swaffham and Litcham Hospice, East Coast Hospice and The Norfolk Hospice (Tapping House)
- In addition, there are a number of voluntary sector and charitable trusts, who are key to supporting health and social care services
- Unpaid Carers & Volunteers

To develop a service for patients, their relatives and carers across Norfolk and Waveney, the Collaborative Group is recommending that together, the system works towards one model of care. Developing one service whilst recognising local diversity.

People who face a progressive life limiting illness require different levels of health and social care at different points in their life. As well as receiving treatment specific to their underlying life limiting condition they are likely to have palliative and end of life care needs. Many patients are well cared for by their teams but occasionally will need enhanced and/or specialist care at some point.

Why we need to change

Within Norfolk and Waveney we have a higher than average ageing population, with more people living longer but with more complex illnesses. We have a skilled workforce which is ageing and recruitment is a big challenge.

Nationally, Norfolk and Waveney is in a unique position as the specialist palliative care unit within central Norfolk is 100% funded by the NHS and the other hospices receive differing NHS contributions. This both leads to challenges and opportunities.

Our Vision

Our vision, is based on the Six National Ambitions for Palliative & End of Life Care document which states that:

“Death and dying are inevitable. Palliative and end of life care must be a priority. The quality and accessibility of this care will affect all of us and it must be made consistently better for all of us.”

People living with a palliative illness and those approaching the end of their lives, deserve and have a right to appropriate care, compassionately delivered by the health and social care workforce and informal carers. The primary aim is to ensure that all people with palliative and end of life care needs in Norfolk and Waveney can say:

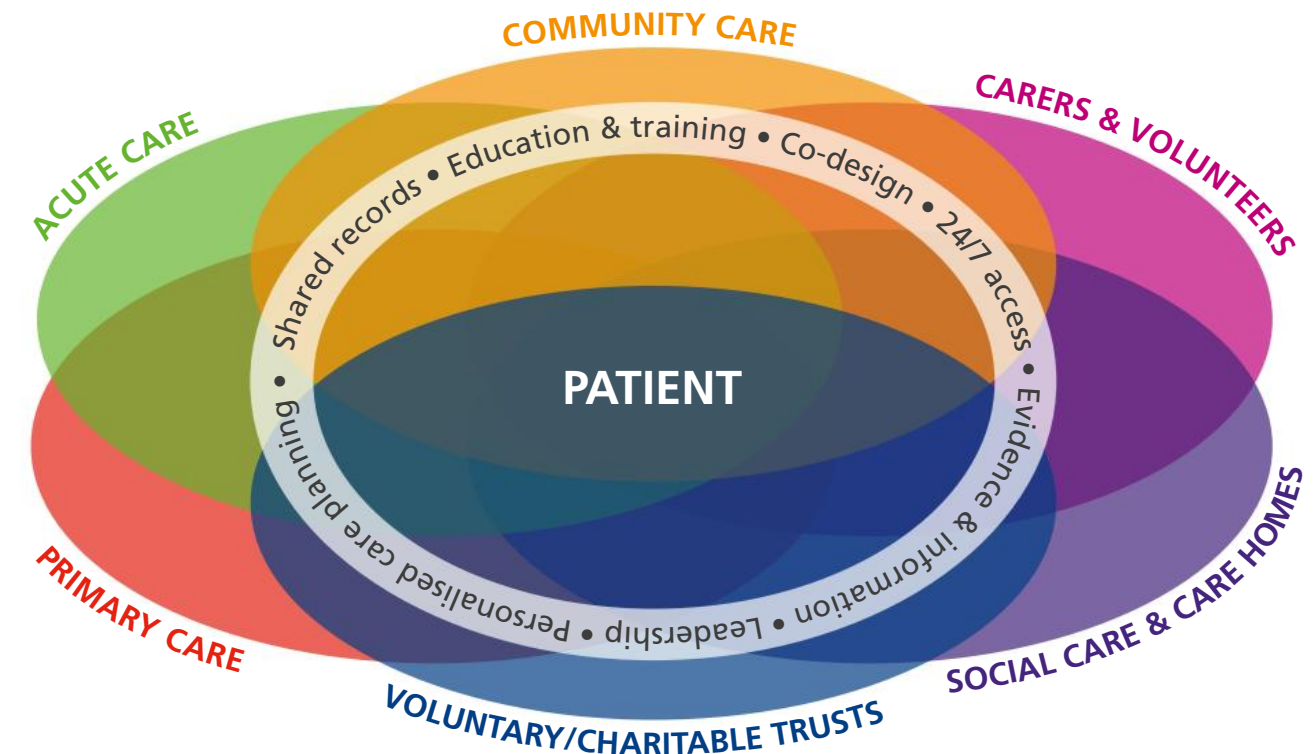
“I can make the last stage of my life as good as possible because everyone works together confidently, honestly and consistently to help me and the people who are important to me, including my carer(s).”

For the Collaborative Group, our local vision is:

“Through a new integrated palliative and end of life model of care we will ensure people and their carers/family receive care and support that is coordinated and which meets their individual needs - irrespective of care provider, diagnosis, circumstance or place of residence in Norfolk and Waveney from diagnosis through to bereavement.”

“Death and dying are inevitable. Palliative and end of life care must be a priority.”

How we will deliver the New Model



To develop a model across Norfolk and Waveney it is essential we work towards one service and one model of care. This will ensure that everyone has fair access to palliative care and end of life care services.

The Collaborative Group will work with the Integrated Care System and Local Delivery Groups to develop the palliative and end of life care model. This will ensure service delivery is designed and implemented at all levels.

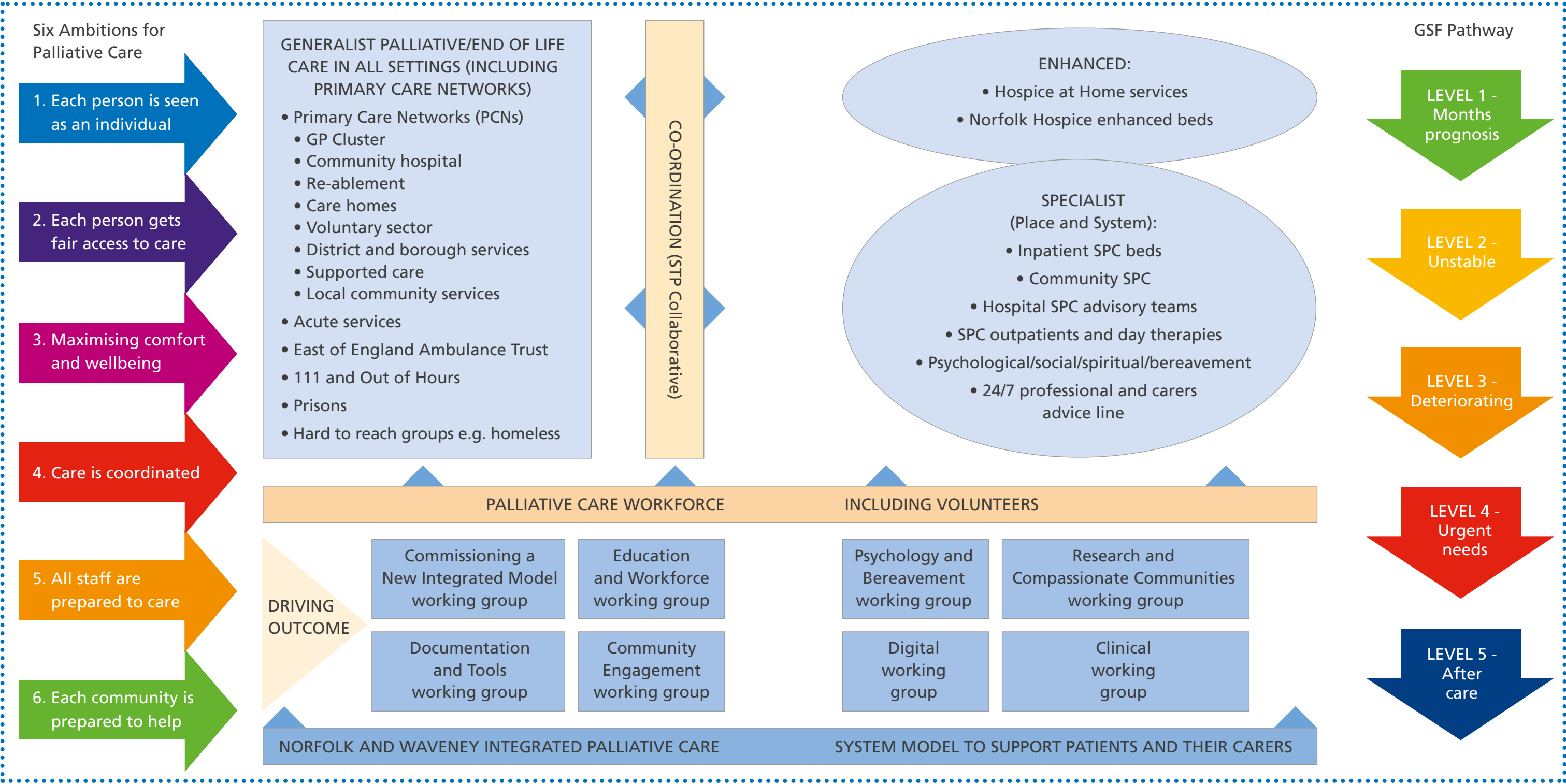
For Primary Care Networks this could include physiotherapists, occupational therapists, social care and spiritual/psychological services. Using experience and skills in palliative and end of life care, with access to the Voluntary Community and Social Enterprise sector, we will work as an integrated team to deliver the new model of palliative and end of life care by 2024.

Our Model

Our model is underpinned by the Six National Ambitions for Palliative & End of Life Care.

The diagram below illustrates the way services might provide different types of care as decided by local negotiation.

Within Norfolk and Waveney specialist palliative care providers will be involved in providing and leading the provision of some aspects of palliative and end of life care and locally it will be determined which services are generalist, or specialist led.



For more information please visit
www.norfolkandwaveneypartnership.org.uk/



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Access to NHS Dentistry in Norfolk

Suggested approach from Maureen Orr, Democratic Support and Scrutiny Team Manager

A report on progress regarding access to NHS dentistry across Norfolk since April 2019.

1. Purpose of today's meeting

1.1 On 11 April 2019 Norfolk Health Overview and Scrutiny Committee (NHOSC) asked for a progress report for today's meeting. The service commissioners, NHS England & NHS Improvement, East of England (NHS E&I) have been asked to provide a progress update on the following points. These are the focus areas for today's meeting:-

- An update on which dental practices across Norfolk are currently accepting new NHS patients and any progress with the accuracy of this information on the NHS website
- The outcome of the procurements for special care dentistry, primary care orthodontic and dental out of hours services which were underway in April 2019
 - Including description of changes in referral pathways, locations of services and opening times.
 - Implications of the change in the referral pathway to special care dentistry, especially for a patient with special needs who does not have a regular dentist and who needs urgent treatment
- Action taken following a review of NHS England & NHS Improvement commissioning intentions for the west Norfolk area, which was due to be completed in July 2019
- 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 general public

- Details of the arrangements by which patients who live in care homes access NHS dental primary care
 - Any other relevant information
- 1.2 At its meeting on 13 February 2020 NHOSC also asked for information to be provided on the arrangements by which prisoners in Norfolk access NHS dental primary care. This information has been provided to Members via the March 2020 NHOSC Briefing as part of a wider briefing on prison healthcare in Norfolk.
- 1.3 Members should note that it is the general and specialist dental services commissioned by NHS England & NHS Improvement, East of England, that are the subject of today's meeting, not the preventative services commissioned by Norfolk County Council Public Health, i.e. the Norfolk Health Child Programme and oral health promotion services in Children's Centres and schools.
- 1.4 NHS E&I have provided the report at **Appendix A**, with additional information on the eligibility criteria for the Special Care Dentistry Service and the numbers and patient categories receiving the service at **Appendix B**. Representatives from NHS E&I and the Local Dental Network for East Anglia will attend to answer Members' questions.
- 1.5 The Local Dental Network is chaired by a dentist and includes local clinicians, managers from the NHS England local team, patient representatives, secondary care clinicians, local dental committee representatives and educational supervisors. Their remit is to:-
- Support the implementation of national strategy and policy at local level
 - Work with key stakeholders on the development and delivery of local priorities
 - Provide local clinical leadership
- 1.6 Norfolk Local Dental Committee (LDC) has provided the paper attached at **Appendix C** assessing progress with the issues currently facing dentistry in Norfolk. A representative will attend the meeting.

The Local Dental Committee is an independent body which represents dental practitioners and has a statutory right to be consulted by NHS England on issues relating to the dental profession.

2. **Previous reports to NHOSC, subsequent developments and other background information**

- 2.1 The last report to NHOSC on 'Access to NHS Dentistry in Norfolk' was on 11 April 2019 (agenda papers and minutes are available through the link at 5.1 below). At that stage procurement was underway for special care dentistry (i.e. for people with an intellectual disability or who are affected by other medical, physical or psychiatric issues), primary care

orthodontic and dental out of hours services. Due to commercial sensitivity it was not possible to discuss the details of prospective new services at the time.

On 1 October 2019 NHS E&I announced that the contract to deliver Special Care Dentistry across Norfolk and Waveney had been awarded to Community Dental Services CIC (Community Interest Company). It also highlighted that in response to new guidance recently published referrals to the service can only come from general dental practitioners. Previously referrals to Special Care Dentistry could be made directly from various sources, including health visitors, care homes, the learning disabilities team and other healthcare professionals.

2.2 An earlier report to NHOSC in May 2018 focused exclusively on access to dentistry in the west Norfolk area, including access for families of service personnel at RAF Marham. The agenda papers and minutes are available via the link at 5.1 below.

2.3 In June 2019 the Care Quality Commission (CQC) published '*Smiling matters – Oral health in care homes*', which is available on their website via the following link:- [CQC Smiling Matters report](#)
This national study found that only around half of care homes provided specific staff training to support people's daily mouth care and that awareness of the relevant NICE guideline (NG48, published in July 2016) was low. Examples of good, joined-up practice between care homes and dentists were uncommon and all too often treatment would only be sought when people were in pain. The CQC made recommendations at national level to NHS England, care home providers, local social care commissioners, the dental profession and Health Education England in the following areas:-

- Awareness raising of oral care with the public, service users, their families and carers
- Awareness and implementation of NICE guideline 'Oral health for adults in care homes' (NG48)
- Training for care home staff
- Guidance for the dental profession
- Dental provision and commissioning
- Assessment of NICE guideline NG48

3. Suggested approach

3.1 After the representatives of NHS E&I and Norfolk Local Dental Committee have introduced their papers, Members may wish to examine the following areas:-

Levels of provision

- (a) The snapshot of dental practices open to new NHS patients in February 2020 (Appendix A, appendix 1) illustrates the difficulty

of access. Does NHS E&I have plans for increasing overall NHS provision?

Recruitment

- (b) What is the current position with regard to vacancies at dental practices in Norfolk and the recruitment of dentists?
- (c) Is NHSE&I taking any new steps to support recruitment and retention of dentists in Norfolk?
- (d) Given the shortage of specialists in restorative dentistry, what can the commissioners do to assist the Norfolk and Norwich Hospital to recruit a specialist?

Dental services for care home patients

- (e) NHSE&I's report at Appendix A acknowledges that an increasing number of older patients living in care homes are not receiving dental care. It also mentions a primary care pilot being rolled out across the East of England to improve oral health in care homes. What is the target number of care homes to be involved in the pilot in Norfolk, how long will it run and what additional service will residents receive during the pilot?

Special Care Dentistry

- (f) The LDC report at Appendix B mentions concern about the referral pathway to Special Care Dentistry for vulnerable patients. Details of the pathway are set out in NHSE&I's report at Appendix A.
 - i. What effect have the new referrals arrangements (i.e. via a dental general practitioner only) had on the numbers attending for special care dentistry?
 - ii. Do the commissioners consider the new pathway is working adequately for the most vulnerable patients?

NHSE&I national initiatives for children's oral health

- (g) The LDC report at Appendix B mentions two national initiatives known as Dental Check by One and Starting Well which targets prevention to very young children and their parents. It is understood that NHSE&I commissions these services in other parts of the country. Can they be introduced in Norfolk?

4. Action

4.1 The committee may wish to consider whether:-

(a) To make comments or recommendations as a result of today's discussion.

(b) To ask for further information or updates at a future meeting or in the NHOSC Briefing

OR

(c) The committee's scrutiny of this subject is complete for the present.

5. Background documents

5.1 Reports to Norfolk Health Overview and Scrutiny Committee and minutes of meetings

[NHOSC 11 April 2019](#) (agenda item 6)

[NHOSC 24 May 2018](#) (agenda item 8)

5.2 'Smiling matters – Oral health in care homes', June 2019, Care Quality Commission

[CQC Smiling Matters report](#)

5.3 National Institute for Health and Care Excellence (NICE) guideline NG48, July 2016 – Oral health for adults in care homes

<https://www.nice.org.uk/guidance/ng48>



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**NHS England and NHS Improvement Report for
General Dental Services (Norfolk)
Norfolk County Council Health and Scrutiny Committee**

March 2020

A progress update on access to dentistry across Norfolk since April 2019

Practices currently accepting patients across Norfolk

Dental practices are able to open and close their lists to new patients and do not require consent from NHS England to do this.

In February 2020 there were 95 practices providing NHS general dental services of which 20 practices reported as currently accepting new adult patients and 35 accepting children.

List of dental practices accepting patients attached as Appendix 1.

As there is no contractual obligation for practices to keep information up to date on the NHS website, NHS England and NHS Improvement continue to work with practice to encourage the importance of the NHS website reflecting the current acceptance criteria.

Outcome of procurements

Special care dentistry

The contract to deliver Special Care Dental Services across Norfolk and Waveney was awarded to Community Dental Services CIC. The new service commenced on 1 October 2019.

Change in referral pathway

The former arrangements for this service were provided through a Community Dental Service. Historically, referrals were received directly in to the service from several providers including Health Visitors, Care Homes, Learning Disabilities Team and other Healthcare professionals.

The referral route in to the service has changed from the former arrangements as this is a specialist service. The Special Care Dental Service (SCDS) will offer

specialised and Specialist-led services including timely, appropriate and effective personal preventive and restorative interventions for all children and adults to whom this definition applies resident within the population.

Patients will be only accepted by the SCDS on referral from general dental practitioners (GDPs), who will be expected to have attempted themselves to assess oral health needs of the patient and carry out appropriate and necessary treatment, but to have found this beyond the usual skillset of a GDP or the usual facilities of a primary care dental practice setting, which is in-line with the Guide for Commissioning Dental Specialities; Special Care Dentistry that has been published.

Location of services and opening times

Location and opening hours of the Special Care Dentistry Services across Norfolk and Waveney:

- Siskin Dental Centre (Norwich): Monday to Friday 8.30am until 5.00pm, patients can also contact the service, between 8.30am and 5pm via the single point of access number at the Siskin clinic; 0333 2079954
- Attleborough Dental Clinic: Monday to Wednesday 9.00am until 4.30pm
- Dereham Dental Clinic: Wednesday 9.00am until 4.30pm
- Swaffham: currently by appointment only.
- St James (Kings Lynn): Tuesday 9.00am until 4.30pm and Friday 9.00am until 4.30pm
- Sheringham: Currently Wednesday 9.00am until 4.30pm, changing from 31st October to Thursday 9.00am until 4.30pm
- Thorpe: Tuesday, Wednesday, Thursday and Friday 9.00am until 4.30pm
- Newberry Dental Clinic (Great Yarmouth): Monday to Friday 8.30am until 5.00pm
- Thetford: 8.30am until 5.00pm Tuesday to Friday

Implications of the change in the referral pathway to special care dentistry, especially for a patient with special needs who does not have a regular dentist and who needs urgent treatment

The implication of the change in the referral pathway, to special care dentistry, is that patients will be required to be registered with a general dentist practice to enable them to be referred on to the SCDS, if this service is required and the patient meets the criteria for the service.

Commissioner are working very closely with the new service through this transition phase to ensure that patients receive the treatment that they require. This is also being reviewed with other key stakeholders, across the wider dental network.

If a patient does not have a regular dentist and require urgent dental care for any patient experiencing dental pain, facial swelling or dental trauma can access treatment through a Dental Access Centre for emergency treatment.

The Dental Access Service can make a referral in to the Special Care Dentistry Service if the patient meets the criteria for this service and if a referral is required.

Arrangements by which patients who live in care homes access NHS dental primary care

Residents in a Care Home who require access to NHS Dental Primary Care would do so by attending an appointment with their regular dentist or finding a dentist in their local area. If the resident requires a Domiciliary Service then there are two ways in which care can be accessed in Norfolk:

- Through a General Dental Practice called Castle and Costa who provide a Domiciliary Service in Norwich.
- If a resident requires the Special Care Dental Service, if they meet the criteria, a referral would be required from a general dental practitioner as described above.

Primary care orthodontic procurement

Further to the update in March 2019, NHS England & NHS Improvement commenced the procurement of the PDS orthodontic services across East. The procurement was undertaken on a regional basis and involved seven batches with East Anglia in the final batch. The call for competition for the final batch was scheduled to go live in January 2020.

A decision to abandon the procurement was made as 'NHS England has decided that it is unable to make an assured, unequivocal award' as 'issues were identified in the scoring of the bids and how the process dealt with multiple bids from the same/similar providers'. This was communicated to bidders on 13 December 2019.

Commissioners proposed an interim measure of extending all of the PDS orthodontic agreements up to 31 March 2022. This has been communicated to the providers along with the relevant contract variations. This extension was felt to be sensible and safe for patients, incumbent providers and the Commissioners whilst next steps are considered.

Dental out of hours services

Following the procurement process, the new provider has commenced delivering services in September 2019 at the following sites:

Night Dental OOH

The Siskin Centre, Community Hospital, Bowthorpe Road, Norwich NR2 3TU

Night Dental OOH

Dental Access Centre, 6 King Street, Kings Lynn, Norfolk, PE30 1ES.

In addition, the new provider commenced delivering services in the Great Yarmouth and Waveney area in January 2020:

Night Dental OOH

Currently delivering services from Dental Suite, James Paget University NHS Trust, Lowestoft Road, Gorleston NR31 6LA. The service will be relocating in April 2020.

Across the system clinical triage is available:

- Saturday 9am-5pm
- Sundays 9am-4pm
- Public/bank holidays 9am-4pm

Clinical services are available between 9:30-5:30 Saturday and Sunday and public/bank holidays.

NHS England and NHS Improvement is having regular meetings with the new provider whilst the new services get established.

Additionally, OOH services are being provided by the Dental Design Studio between 09:00 - 12:00 at 21-23 Regent Rd, Lowestoft NR32 1PA on Saturdays until the end of March 2020.

Action taken following a review of NHS England & NHS Improvement commissioning intentions for the west Norfolk area

The Dental Strategy group has been reviewing service provision with emphasis on areas where there are known gaps and poor access to routine and urgent dental care, this includes West Norfolk. As a result of this work, NHS England and NHS Improvement in the short-term continue to offer practices in West Norfolk non-recurrent activity to ensure patients have access to general dental services.

In addition a new service will be commissioned in Kings Lynn and the south Norfolk areas with a procurement expected to commence during the early part of 2020/21 with the view that a new service will be commence as soon as possible and by April 2021/22.

An update on progress towards provision of dental services in Marham

An engagement event for potential providers of dental services for the local population was held at RAF Marham on Thursday 11 October 2019. The event which outlined the vision of NHS England and NHS Improvement for services, was supported by RAF Marham and well attended.

NHS England and NHS Improvement undertook a local procurement during November/December 2019. 'Dentistry for You' was selected as the preferred provider. The provider is currently working with NHS England and NHS Improvement along with RAF Marham and the Armed Forces Covenant during the mobilisation phase. The new service is on target to commence delivering services in April 2020.

Urgent care and oral health stabilisation pilot – PDS pilot agreements

Following approval to implement PDS pilot agreements in areas of known poor access NHS England and NHS Improvement held marketing/engagement events with providers in West Norfolk. NHS England and NHS Improvement continues to seek engagement with West Norfolk providers to participate in the pilot.

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).

MY Mouth Matters – oral health in care homes

Working in conjunction with Public Health England, Health Education England, NHS England and NHS Improvement is initiating a pilot to continue to progress a regional systems approach to improving oral health and access to dental care in care homes across the East of England region.

There is an increasing number of older patients care home residents who are not receiving dental care. Those living in care homes are considered a vulnerable group and evidence suggest they are experiencing inequalities in oral health outcomes such as access to routine dentistry and daily mouth care.

The proposed primary care pilot has been approved to be rolled out across East of England. The pilot scheme aims to improve oral health and reduce inequalities in access to dental care services for this vulnerable group of residents in care homes through a combination of commissioned outreach sessions through primary care dental team's delivery of training and improving health literacy and enhancing access through establishing care pathways and facilitating access to care in general dental practice settings. It is likely that some Care Homes in Norfolk will be engaged with as part of the pilot.

The pilot contracts will run initially for one year with KPIs association with data collection and reporting of outcomes to support effective evaluation. The results of the evaluation will support the scaling up of a broader East of England approach. The pilot will have flexibility built-in to allow for variation by area and as it progresses. The pilot will operate as a professionally-led integrated pilot delivering prevention and care through primary care providers (GDS/CDS) linked to geographically co-located care homes.

The pilot will help commissioners and systems leaders to identify needs and gaps for a region wide approach.

An engagement event is being held on 25 March 2020. (For further information <https://www.eventbrite.co.uk/e/my-mouth-matters-oral-health-in-care-homes-in-the-east-of-england-event-tickets-88843901501>)

Subject to successful provider engagement the intention is to mobilise the pilots between June to August 2020.

Child oral health – Starting Well Core

NHS England and NHS Improvement Dental Strategy Group have been undertaking scoping work around access to dental care for young children and has put forward

options to improve access to care and prevention with a view to ensuring a universal approach across the East of England. Work on this project is ongoing with a view to engaging with providers early in 2020/21.

Progress towards establishing dental therapy training in Norfolk

Dental therapists can provide a significant amount of the dental care that a dentist can provide. Therapists usually work alongside dentists and we aim to broaden the 'team approach' to dentistry.

NHS England and NHS Improvement are working with the University of Essex to start a BSc programme in September 2020 with training practices across East Anglia including Norfolk. The LDN will be working closely with Health Education England, the Local Dental Committee and local dentists in Norfolk to encourage them to take up this opportunity to increase the diversity of the dental workforce.

We aim to create a process to encourage the therapist trainees to remain in the final training practice after completion to improve retention of the workforce in parts of Norfolk. NHSE and the LDN will work closely together to facilitate these plans where recruitment issues remain a problem.

Progress toward provision of restorative dentistry at the Norfolk and Norwich Hospital

Norfolk and Norwich University Hospital Trust is undertaking a recruitment process. It should be noted that there is a national shortage of specialists in restorative dentistry.

Details of the arrangement by which prisoners in Norfolk access NHS dental primary care

NHS England and NHS Improvement Health and Justice Team are responsible for commissioning health services including dental care for the prison population.

Prisons in Norfolk are located as follows:

- HMP Norwich Prison Knox Road, Norwich NR1 4LU
- HMP Bure, Jaguar Drive, Badersfield, Norwich NR10 5GB
- HMP Wayland, Griston, Thetford IP25 6RL

Primary care dental services for routine and urgent dental care are commissioned at each prison site.

Information relating specifically to prison health care is included in the March 2020 NHOSC Briefing.

Any other relevant information

Engagement with providers

NHS England and NHS Improvement is in the process of setting up a Dental Development Provider Forum. This working group will be for dental providers and commissioners to discuss initiatives that are important to the region and which would benefit dental patients with a view to looking at ways in which initiatives could be implemented. The first meeting will be in March 2020.

Debbie Walters, Senior Contract Manager, Primary Care Dental February 2020

Appendix 1 Practices taking on patients February 2020



Appended overleaf.

Appendix 1 - Practices taking on patients February 2020

Provider	Surgery Name	Treatment Address Line 1	Treatment Address Line 2	Treatment Address Postcode	Phone	Accepting new adult NHS patients	Accepting new adult patients entitled to free NHS dental care	Accepting children as new NHS patients
M and H Tehrani, Jinesh Vaghela, Jiten Vaghela and K Patel		56 High Street	Dereham	NR19 1DR	01362 692044	Yes	Yes	Yes
Rookwood Dental Practice	Rookwood Dental Surgery	Connaught Road	Attleborough	NR17 2BN	01953 454216	No	No	No
Oasis Dental Care Ltd		26 Redenhall Road	Harleston	IP20 9ER	01379 854466	No	No	No
Oasis Dental Care Ltd	20 Market Place		North Walsham	NR28 9BP	01692 406103	No	No	No
Oasis Dental Care Ltd	1 Gwersylt Villas	Cowper Road	Dereham	NR19 2BY	01362 654955	No	No	No
Whitecross Dental Care Ltd	6 Townsend House	Guildhall Street	Thetford	IP24 2DT	01842 755373	No	No	No
Whitecross Dental Care Ltd	Oradental	115-117 High Street	Kings Lynn	PE30 1DD	01553 777710	No	No	No
Whitecross Dental Care Ltd	Terrace House Dental Surgery	15A Market Place	North Walsham	NR28 9BP	01692 405891	No	No	No
IDH Limited	Guildhall Dental Practice	9 Upper Goat Lane	Norwich	NR2 1EW	01603 760032	No	No	No
IDH Limited	Market Place Dental Practice	1 Bridewell Street	Wymondham	NR18 0AR	01953 601801	No	No	No
IDH Limited	Purfleet Dental Practice	10 - 11 Purfleet Street	Kings Lynn	PE30 1ER	01553 777330	No	No	No
IDH Limited		116 Lowestoft Road	Gorleston	NR31 6NB	01493 665933	No	No	No
Beechcroft Dental Care Ltd	Beechcroft Dental Practice	Beechcroft	Norwich	NR5 0RS	01603 747651	Yes	Yes	Yes
Corner House Norwich LLP	Corner House Dental Practice	31 Unthank Road	Norwich	NR2 2PB	01603 621613	No	No	No
Zain Shamoon		185 Wroxham Road	Norwich	NR7 8AG	01603 427500	Yes	Yes	Yes
Parish Vaid & Snehal Radia & Sanjay Shah		183 Reephams Road	Norwich	NR6 5NZ	01603 408362	Yes	Yes	Yes
Dr P Vaid, S Radia and S Shah	Clarence House Dental Surgery	High Street	Watton	IP25 6AW	01953 882777	No	No	Yes if parent a patient

Provider	Surgery Name	Treatment Address Line 1	Treatment Address Line 2	Treatment Address Postcode	Phone	Accepting new adult NHS patients	Accepting new adult patients entitled to free NHS dental care	Accepting children as new NHS patients
Golden Triangle Practice LLP		88 Earham Road	Norwich	NR2 3HA	01603 627455	No	No	No
UEA Dentists	UEA Health Centre	Earham Road	Norwich	NR4 7TJ	01603 592173	Yes	Yes	N/A
Parish Vaid and Snehal Radia and Sanjay Shah	Carlton Lodge Dental Surgery	5 Augusta Street	Sheringham	NR26 8LA	01263 823119	No	No	No
Graham Best Limited	Corner House Dental Surgery	24 Norwich Road	Cromer	NR27 0AX	01263 512390	No	No	No
Wood, Bryant & Coyle	66 High Street	Gorleston	Great Yarmouth	NR31 6RQ	01493 802667	No	No	No
Wood, Bryant & Coyle	20 Market Place		North Walsham	NR28 9BP	01692 406103	No	No	No
Apex Dental Care Ltd		65 Mount Street	Diss	IP22 4QQ	01379 643693	No	No	No
Dr P Vaid, Dr S Radia and Dr S Shah		39 High Street	Downham Market	PE38 9HF	01953 882777	No	No	No
S Emami, M Dehghanpour, J Vaghela, J Vaghela and K Patel		56 High Street	Dereham	NR19 1DR	01362 692044	Yes	Yes	Yes
Orford Hill Limited	8 Orford Hill		Norwich	NR1 3QD	01603 762900	No	No	No
Peirson Services Ltd		148 150 Aylsham Road	Norwich	NR3 2HD	01603 425885	Yes	Yes	Yes
Mr M Eyrumlu and Mr A Eyrumlu	3 Gayton Road		Kings Lynn	PE30 4EA	01553 767790	No	No	No
Taverham Dental Health Clinic Limited	Taverham Dental Health Centre	230 Fakenham Road	Taverham	NR8 6QW	01603 865666	No	No	No
Ms Teresa Kleinhans		65 Norwich Road	Fakenham	NR21 8BA	01328 862363	No	No	Yes
Brundall Practice Limited	Brundall Dental Services	5 Links Avenue	Brundall	NR13 5LL	01603 211490	Yes	Yes	Yes
Hunstanton Dental Practice		38 Northgate	Hunstanton	PE36 6DR	01485 532486	No	No	No
Woodview Dental Health Dental Practice Partnership	Woodview Dental Health Practice	Burgh Road	Aylsham	NR11 6AJ	01263 733577	No	No	No

Provider	Surgery Name	Treatment Address Line 1	Treatment Address Line 2	Treatment Address Postcode	Phone	Accepting new adult NHS patients	Accepting new adult patients entitled to free NHS dental care	Accepting children as new NHS patients
Parish Vaid & Snehal Radia & Sanjay Shah		2/3 Crown Road	Great Yarmouth	NR30 2JN	01493 842313	Yes	Yes	Yes
Parish Vaid & Snehal Radia & Sanjay Shah		84 Blenheim Road	Norwich	NR7 8AL	01603 404634	No	No	No
Parish Vaid & Snehal Radia & Sanjay Shah		84 Blenheim Road	Norwich	NR7 8AL	01603 404634	No	No	No
Parish Vaid & Snehal Radia & Sanjay Shah		2/3 Crown Road	Great Yarmouth	NR30 2JN	01493 842313	Yes	Yes	Yes
Parish Vaid & Snehal Radia & Sanjay Shah	Ormesby Village Surgery	Pippin Close	Ormesby	NR29 3RW	01493 730384	No	No	No
Esmerelle Limited	Church Street Dental Practice	London House	Church Street	NR17 2AH	01953 454358	No	No	No
Witard Dental Practice		23 Witard Road	Norwich	NR7 9XD	01603 432026	Yes	Yes	Yes
The Loddon Dental Practice	Loddon Dental Practice	40-48 George Lane	Loddon	NR14 6QH	01508 520399	No	No	No
West Earlham Dental Health Practice Limited		50 Earlham West Centre	Norwich	NR5 8AD	01603 250583	Yes	Yes	Yes
Apex Dental Care Partnership Gorleston-on-Sea	66 High Street	Gorleston	Great Yarmouth	NR31 6RQ	01493 802667	No	No	No
Treetops Dental Practice Limited	Treetops Dental Practice	Suite 1, 11 Pottergate	Norwich	NR2 1DS	01603 660090	No	No	No
Peacock & Shrestha	Peacock & Shrestha	42 Prince of Wales Road	Norwich	NR1 1LG	01603 629344	No	No	No
Simply Smile Manor House		The Street	Long Stratton	NR15 2XJ	01508 530514	No	No	No
DMJ Norwich Limited		124 Barrack Street	Norwich	NR3 1TL	01603 219024	No	No	Yes - if parent a patient
Diss Dental Health Centre Limited		3 Mount Street	Diss	IP22 4QG	01379 642522	Yes	Yes	Yes
Compass Clinic Ltd	Compass Clinic	Kelling Hospital	High Kelling	NR25 6QA	01328 710999	No	No	No

Provider	Surgery Name	Treatment Address Line 1	Treatment Address Line 2	Treatment Address Postcode	Phone	Accepting new adult NHS patients	Accepting new adult patients entitled to free NHS dental care	Accepting children as new NHS patients
Enslin Limited		17 - 19 West Street	Cromer	NR27 9HZ	01263 515229	No	No	No
Mazdak Eyrumlu and Azad Eyrumlu	Direct Dental Services	107 Wootton Road	Kings Lynn	PE30 4DJ	01553 817840	Yes	Yes	Yes
All Saints Green Dental Clinic Limited	All Saints Dental Clinic	55 All Saints Green	Norwich	NR1 3LY	01603 623 936	No	No	No
Miss Susan Allen and Mr Terence Michael Jones		1 Station Road	Hopton	NR31 9BE	01502 732124	No	No	No
Best, Hardy & Abeln	Corner House Dental Surgery	24 Norwich Road	Cromer	NR27 0AX	01263 512390	No	No	No
Mr IS Smith	Grange Dental Surgery	Lynn Road	Snettisham	PE31 7QB	01485 541875	Yes	Yes	Yes
Mr RA Burkett	Heartsease Dental Surgery	199 Plumstead Road	Norwich	NR1 4AB	01603 700435	Yes-from april	Yes-from april	Yes
The Little House Dental Surgery	The Little House Dental Surgery	75 Spixworth Road	Old Catton	NR6 7NQ	01603 415760	No	No	No
The Dental Design Studio	6 St Ann's House	18 St Ann's Street	Kings Lynn	PE30 1LT	01553 762909	No	No	Yes
Mr RF Tilly		The Common	Mulbarton	NR14 8AE	01508 578889	No	No	Yes
Mr AA Khodadadian	Fair Green Dental Practice	63a Denmark Street	Diss	IP22 4BE	01379 651689	No	No	No
Mr IO Oshiga	Beechcroft Dental Practice	Beechcroft	Norwich	NR5 0RS	01603 747651	Yes 15/18 week wait	Yes 15/18 week wait	Yes
Mr G Karatzopoulos		The Green	Acle	NR13 3QX	01493 750757	No	No	No
Mr N Lawrence	Lynn Road Dental Practice	51 53A Lynn Road	Kings Lynn	PE30 4PR	01553 767543	No	N/A	Yes
Mr A Brown	88 Hall Road		Norwich	NR1 3HP	01603 621623	Yes	Yes	Yes
Miss K Rustage		86 Crostwick Lane	Spixworth	NR10 3AF	01603 898414	No	No	No
Mr JS Frost	Cotman House Dental Surgery	7 St Martins Palace Plain	Norwich	NR3 1RN	01603 766288	No	No	Yes
Brooklyn House	33 Norwich Road		Fakenham	NR21 8AU	01328 862620	No	No	No
Station House Dental Surgery	Station House Dental Surgery	45 High Street	Stalham	NR12 9AH	01692 531214	No	No	no
Mrs AM Rae	Hall Farm Dental Surgery	Roydon Hall	Roydon	PE32 1AR	01485 600431	No	No	No

Provider	Surgery Name	Treatment Address Line 1	Treatment Address Line 2	Treatment Address Postcode	Phone	Accepting new adult NHS patients	Accepting new adult patients entitled to free NHS dental care	Accepting children as new NHS patients
Mr MC Ackerman		33A Great Melton Road	Hethersett	NR9 3AB	01603 810220	No	No	Yes
Mr S Elphick and Mr V Patnam		541 Earlham Road	Norwich	NR4 7HW	01603 453331	No	No	Yes
Mrs JA Hassan	High Street	Hopton	Diss	IP22 2QX	01953 688110	No	No	No
Mr WK Dryden		Castle Farm Barn	Castle Rising	PE31 6AG	01553 631094	No	No	No
Mr JG Plummer		30 Sussex Road	Gorleston	NR31 6PF	01493 604666	No	No	Yes
Mr JG Plummer	Caister Medical Centre	West Road	Caister On Sea	NR30 5AQ	01493 728351	No	No	Yes
Mr JG Plummer		5 Upper Stafford Avenue	Norwich	NR5 0AB	01603 744007	No	No	No
Mr JG Plummer	Wymondham Medical Centre	Postmill Close	Wymondham	NR18 0RF	01953 601501	No	No	Yes
Mr JG Plummer	John G Plummer And Associates	83 Mary Chapman Close	Norwich	NR7 0UD	01603 700900	No	No	Yes
Mr JG Plummer	The Old Medical Centre	Beccles Road	Bradwell	NR31 8HB	01493 662717	No	No	No
Mr JG Plummer	J G Plummer And Associates	Greyfriars Chambers	Great Yarmouth	NR30 2QP	01493 842559	No	No	No
Mr JG Plummer	Hemsby Medical Centre	1 Kings Court	Hemsby	NR29 4EW	01493 732433	no	no	Yes if parent a patient
Mr JG Plummer	John G Plummer And Associates	83 Mary Chapman Close	Norwich	NR7 0UD	01603 700900	No	No	Yes
Mr LS Khangura		49 Ipswich Road	Norwich	NR2 2LN	01603 507321	No	No	No
Denteam Dental Centre		527 Earlham Road	Norwich	NR4 7HN	01603 406666	No	No	No
Mr RB De Villiers		49 Yarmouth Road	North Walsham	NR28 9AT	01692 404863	No	No	No
Dental Surgery		148 150 Aylsham Road	Norwich	NR3 2HD	01603 425885	Yes	Yes	Yes
Mr JM Stokes		10 - 12 Cathedral Street	Norwich	NR1 1LX	01603 628963	No	No	No
Mrs TL Kleinhans		65 Norwich Road	Fakenham	NR21 8BA	01328 862363	No	No	Yes
Mr NJ Sumser-Lupson		86 Crostwick Lane	Spixworth	NR10 3AF	01603 898414	No	No	No

Provider	Surgery Name	Treatment Address Line 1	Treatment Address Line 2	Treatment Address Postcode	Phone	Accepting new adult NHS patients	Accepting new adult patients entitled to free NHS dental care	Accepting children as new NHS patients
Mr M Patel		21 Red Lion Street	Aylsham	NR11 6ER	01263 732127	No	No	No
Mr MF Bergendal		37 Bridge Street	Fakenham	NR21 9AG	01328 853555	No	No	No
Mr MR Goodarzi	Fair Green Dental Practice	63a Denmark Street	Diss	IP22 4BE	01379 651689	No	No	No
Ramesh Sharma		3 The Pightle	Swaffham	PE37 7DF	01760 721335	Yes	Yes	Yes
London House		Church Street	Attleborough	NR17 2AH	01953 454358	No	No	No

**NHS England and NHS Improvement Report for
General Dental Services (Norfolk)
Norfolk County Council Health and Scrutiny Committee
March 2020**

Special Care Dental Services

1. What are the criteria that patients must meet before being eligible for the Special Care Dentistry service?

Although many people with special oral health care needs may receive most of their care from a GDP for most of the time, occasionally they may have an exacerbation of their condition, or require treatment that requires more specialised management, and so may require a referral to the SCDS.

Access to the SCDS will not be defined by a particular category of problem, impairment, disease or disability. These may be difficult to define accurately and may be multiple. However, adopting broadly-defined categories as a tool to monitor the activity of the SCDS is likely to be valuable. The current categories for adopted for service monitoring are:

- *Dental anxiety and behaviour management*
- *Medical complexity*
- *Learning disability*
- *Limitations of personal mobility presenting a barrier to attending general dental practice without additional support*
- *Other physical disability*
- *Patients who report relevant Mental Health issues*
- *Bariatric (weight of patient exceeds safe limit of dental chairs in practice)*
- *Looked After Children*

2. How many patients use the SCD service

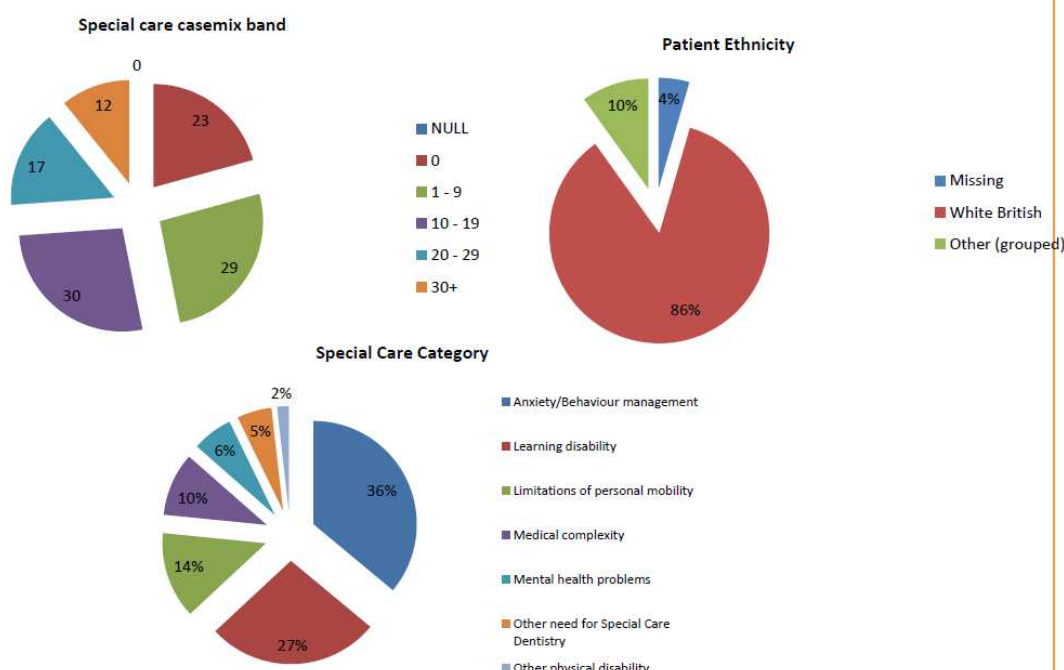
Norfolk Community Health and Care

The snapshot below details the breakdown of case mix and Special Care category of the patients that were engaged with the Special Care Dental Service when it was managed by Norfolk Community Health and Care. This details the full case mix for the month of June 2019.

Performance Report

2.1 – Dental – Activity – Casemix, Patient ethnicity and Special care category

Dental Activity – Courses of treatment completed in the reporting month



Key to special care casemix bands:-

- 0** Standard patient
- 1 - 9** Some complexity
- 10 - 19** Moderate complexity
- 20 - 29** Severe complexity
- 30+** Extreme complexity

The British Dental Association casemix tool was developed to help dentists to review the complexity of patients according to six identifiable criteria:-

- Ability to communicate
- Ability to co-operate
- Medical status
- Oral risk factors
- Access to oral care
- Legal and ethical barriers to care

The weighting scores across all six criteria are summed to give a total score for each course of treatment. These are then allocated to one of the bands above.

The numbers in the segments of the Special Care Casemix Band pie chart above relate to the numbers of patients in each of the casemix bands in June 2019.

Norfolk & Waveney Special Care Dental Service

Approximately 2400 patients were seen in the Special Care Dental Service between 1 October 2019 to 28 February 2020.

Report to Norfolk County Council Health Overview and Scrutiny Committee.

This report has been compiled to provide an update to the HOS committee on changes and improvements to NHS dentistry in Norfolk since the last examination by HOSC in April 2019. It might be helpful to read this report alongside that which was submitted by Norfolk Local Dental Committee in March 2019 to provide the context. The report 2019 report is available via the following link [NHOSC 11 April 2019](#) (agenda item 6, appendix B).

From a national perspective the plans to introduce a reform of the current dental contract for primary care NHS dentistry in England is progressing, albeit slowly with an anticipated roll out from 2021/22 although this date has been delayed due to a number of external factors such as Brexit and a general election. The proposals to place greater emphasis on prevention and for patients to register with a dentist haven't changed and both of these factors would be seen as an improvement. As with the introduction of the GPs contract some years ago the discussions are now centered on transitional arrangements to allow a smooth change from the existing contract to the new way of working without unexpected impacts for either NHSE or practice owners.

Issues that are specific to Norfolk include.

1. **Access.** The difficulties for patients to access an NHS dentist in the west Norfolk area of the county were highlighted six months ago, exacerbated by the closure of an NHS practice in that area. I am pleased to report that the commissioners have recognised the problems that this has created and are actively addressing these concerns. One area of concern was the difficulty that patient's with toothache experienced in accessing a dentist for emergency treatment in that area and so a pilot was set up to assist patients in finding a dentist and receiving emergency treatment. The uptake by the profession for this pilot has been limited probably because most colleagues in west Norfolk are working at full capacity already and also because recruitment of dentists has been challenging for several years. A second initiative from the commissioners has been to expand the dental workforce in west Norfolk by commissioning a new dental practice at RAF Marham, the details of which will be provided by the commissioners in their report to HOSC. Interest was good at the professional engagement meeting held recently and assuming the practice can recruit professional staff this will be seen as an improvement to clinical services in that part of the county. This practice is due to start accepting patients in April 2020.
2. **Procurement of services.** As reported previously procurement initiatives have been undertaken recently for Special Care dentistry with the new contractor starting in October 2019 and a dental out of hours contract starting in September 2019. Both of these contracts have been taken up by new contractors. Some areas of concern that particularly relate to the new Special Care Dentistry contract is the change in the referral pathway for these vulnerable patients. The previous contract allowed for patients to be referred by those working in different health care and social care sectors, GPs, social workers and health visitors amongst others. The new contract, however restricts referrals from dentists only with the consequent difficulties for those most vulnerable members of our community finding a general dentist who has capacity to undertake an examination for them prior to being referred into the specialist service. This change presents the very real possibility of these patients not being able to access the specialist care they require. The LDC has been in dialogue with the commissioners to try and address this problem.

Orthodontic procurement has not been progressing smoothly either. The procurement of NHS orthodontics has been a nationwide exercise with the south of England and London regions having already completed the process.

The Midlands and East were about to embark on their own procurement but in early December 2019 it was announced that the process was to be abandoned across the entire region. The reason given was that 'Issues were identified in the scoring of the bids and how the process dealt with multiple bids from the same/similar providers' and as a result 'NHS England has decided that it is unable to make an assured, unequivocal award'. Current contracts have been rolled on until April 2022 but this has created great uncertainty for those current contract holders. When the contract termination date is regularly changed it is difficult to plan the through flow of patients. The impact to patients has probably not been felt as severely as it might have been due to the professionalism of the current providers of orthodontic activity in the county who have been continuing to provide a high quality service under very difficult circumstances. When the lot sizes were initially published there was the potential for a reduction of orthodontic provision of 50% in Norwich which would have had a serious impact on the ability of children accessing treatment in our largest urban part of the county. The LDC and commissioners worked together in a very positive collaboration and a much better distribution of lot sizes was agreed. It is hoped that when the further procurement of orthodontic services is commenced that these lot sizes will be retained. Procurement is a very unsettling period for current contractors, disruptive for commissioners who have to spend a large amount of time and effort on this exercise and for patients, particularly if they are on the waiting list or under treatment of one orthodontist who might not be awarded a new contract and has to be transferred to a new contractor. It is quite likely that under the NHS Long Term Plan announcement the reprocurement of time limited contracts will be replaced by a different process using a 'best value test' and the profession and commissioners would both see this as a positive step.

3. **Flexible commissioning.** This term was used in the LDCs previous report to HOSC and has gained popularity over the past 9 months as a way of diverting some of the unspent dental budget, known as clawback, into other dental initiatives in the county. Flexible commissioning provides the commissioners or dental practices with the opportunity to identify services that might benefit the community and use some of this money to offer contracts to well performing practices or to help support practices that might not be performing to their maximum potential. An example might be that a practice who can't reach their activity target for a number of reasons might be able to via some of their contract money to offer a domiciliary service in their area. It offers the commissioners flexibility to provide services by avoiding the clumsy procurement rules for larger contracts. It is under the flexible commissioning principles that the new practice in Marham is being commissioned and the LDC welcome the use of clawback money in this way. The LDC are disappointed however that the commissioners have still to invest in two national initiatives known as Dental Check by One and Starting Well which use flexible commissioning to target prevention to very young children and their parents. This has been embraced in many parts of England and the LDC would urge the commissioners in Norfolk to follow this proven benefit to support child oral health in the county.
4. **Recruitment/retention.** As previously reported to HOSC and also in this report, recruitment is still seriously contributing to the difficulty of NHS dentists in the county to deliver treatment. Quite simply, practice owners can't recruit sufficient staff to provide the quantity of dentistry anticipated. The LDC have recognised this situation and whilst limited in what it can do to contribute to addressing this crisis they have set up a project to highlight dentistry as a career to school students who are considering career options. This project includes the

commissioning of a video for dissemination to Careers teachers in secondary schools with supporting brochures and attendance at Careers Fairs. The link is <https://vimeo.com/352695716> . It is well recognised that many dental students, once graduating will return to their place of upbringing. If the number of dental students from Norfolk can be increased then there is likely to be a higher proportion returning to Norfolk to work long term in the county.

5. **Child oral health.** The LDC have been working closely with Norfolk County Council to reinforce the information available to new parents, families and children to improve oral health in the county on the Just1Norfolk platform. This is soon to be launched together with an initiative to provide oral health education for some health care workers who come into contact with new mothers. These projects in addition to the Dental Check by 1 and Starting Well initiatives' which we hope to see commissioned soon, will make significant inroads into the poor oral health of children in some parts of the county. We are still witnessing large numbers of children being referred to have decayed teeth extracted under a general anaesthetic and this number is remaining stubbornly high with long waiting lists, sometimes up to 24 months. The impact on the most vulnerable in our community can't be underestimated and it should be an area of focus for all in the county responsible for commissioning, organising and delivering dental education and care, particularly as recent statistics from PHE suggest that the number of children attending dentists in Norfolk are the lowest in the region.
6. **Other services.** A previous report to this committee highlighted the problems of dentists accessing specialist referral services for patients requiring complex restorative work, root fillings, crown and bridge and periodontal (gum) treatments. In many cases patients still have to travel to London and then there is no guarantee that they will be accepted for treatment. This was reported to HOSC in 2014 and the situation has not moved on since then. The proposed Dental Therapist School in Norfolk is still being discussed but no progress has been announced and certainly no indication of a timetable for this project has been forthcoming. The poor level of oral health care of residents in care homes has recently been highlighted in a CQC report - Smiling Matters - and discussions between the LDC and commissioners has brought this problem into focus in the county. The commissioners have acknowledged the issues faced by care home residents in accessing dentists and for care homes to be able to request a visit from a dentist to a care home and work is progressing to develop a regional pilot to address these shortcomings.
7. **NHS reorganisation.** The NHS has recently completed yet another reorganisation geographically and the combining of the CCGs in Norfolk is an example of this. Within dentistry the commissioning region has been expanded to include Hertfordshire, Bedfordshire and Milton Keynes. How this reorganisation will affect NHS dentistry in the region is still to be felt but the impact on staff is significant. Norfolk LDC have enjoyed a good working relationship with the commissioners and chair of the Local Dental Network. This partnering has seen the benefits that patients might experience in the near to mid term future and indeed there have been encouraging signs from recent meetings the LDCs have had with the regional commissioning team. There will be opportunities with the NHS reorganisation which must be identified and taken advantage of, Primary Care Networks being one particular opportunity, and Norfolk LDC intends to continue to collaborate with and encourage the NHS commissioners to provide opportunities for the delivery of high quality dentistry in the county over the forthcoming years.

Nick Stolls (Norfolk Local Dental Committee Secretary) February 20th 2020

Norfolk Health Overview and Scrutiny Committee

ACTION REQUIRED

Members are asked to suggest issues for the forward work programme that they would like to bring to the committee's attention. Members are also asked to consider the current forward work programme:-

- whether there are topics to be added or deleted, postponed or brought forward;
- to agree the briefings, scrutiny topics and dates below.

Proposed Forward Work Programme 2020

Meeting dates	Briefings/Main scrutiny topic/initial review of topics/follow-ups	Administrative business
23 April 2020	<p><u>Screening for cancer</u> – to include issues around:-</p> <ul style="list-style-type: none"> (a) take-up rates for breast and cervical screening (b) the degree to which bowel screening, for which Norfolk and Waveney has one of the highest take-up levels in the country, translates through to lowering the incidence of colorectal cancer in the population. <p><u>Childhood immunisation</u> – to examine issues around take-up levels</p> <p><u>Ambulance response and turnaround times</u> – update since Sept 2019</p>	
28 May 2020	<p><u>Children's speech and language therapy (SLT) (central & west Norfolk)</u> – update on progress of the re-modelled service since October 2019 and including:-</p> <ul style="list-style-type: none"> • Implications for service across the speech, language and communication needs spectrum following discussions on children's integrated health provision (meeting planned for 25 October 2019) • Details of staffing and vacancies in the SLT service. <p><u>Adult autism diagnosis with pre and post diagnosis support – Autism Service Norfolk</u> – update since October 2019 and including information on the staffing of the service and the impact of the new model of service on other services.</p>	

30 Jul 2020	<u>Local action to address health and care workforce shortages</u> – update	

NOTE: These items are provisional only. The OSC reserves the right to reschedule this draft timetable.

Provisional dates for reports to the Committee / items in the Briefing 2019-20

- 8 October 2020
(Agenda item) - The Queen Elizabeth NHS Foundation Trust – progress update since Feb 2020
- 8 October 2020 at earliest
(Agenda item) - Merger of Norfolk and Waveney CCGs – to examine how the (potential) new CCG has maintained local focus
- Date to be scheduled*
(Agenda item) - Provision of accessible health services for disabled patients / service users (e.g. visually impaired or hearing impaired people) – to examine practical issues of access and confidentiality
- Date to be scheduled*
(Agenda item) - Suicide prevention – to examine ongoing preventative work in light of concerns about increasing suicide rates.

Other activities

- Visit to be arranged
(in 2020) - Follow-up visit to the Older People's Emergency Department (OPED), Norfolk and Norwich hospital to be arranged after expansion works are completed in 2019-20.

Main Committee Members have a formal link with the following local healthcare commissioners and providers:-

Clinical Commissioning Groups

North Norfolk	-	Emma Spagnola (substitute David Harrison)
South Norfolk	-	Dr Nigel Legg (substitute Robert Kybird)
Gt Yarmouth and Waveney	-	Emma Flaxman-Taylor
West Norfolk	-	Michael Chenery of Horsbrugh (substitute Sheila Young)
Norwich	-	Brenda Jones

Norfolk and Waveney Joint Strategic Commissioning Committee

Link	-	Penny Carpenter
Substitute for meetings held in west and north Norfolk	-	Michael Chenery of Horsbrugh
Substitute for meetings held in east and south Norfolk	-	Dr Nigel Legg

NHS Provider Trusts

Queen Elizabeth Hospital, King's Lynn NHS Foundation Trust	-	Sheila Young (substitute Michael Chenery of Horsbrugh)
Norfolk and Suffolk NHS Foundation Trust (mental health trust)	-	David Harrison (substitute Michael Chenery of Horsbrugh)
Norfolk and Norwich University Hospitals NHS Foundation Trust	-	Dr Nigel Legg (substitute David Harrison)
James Paget University Hospitals NHS Foundation Trust	-	Emma Flaxman-Taylor
Norfolk Community Health and Care NHS Trust	-	Emma Spagnola



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Norfolk Health Overview and Scrutiny Committee 19 March 2020

Glossary of Terms and Abbreviations

BSL	British Sign Language
CAT	Cognitive analytic therapy
CBT	Cognitive Behavioural Therapy
CCG	Clinical Commissioning Group
CDS	Community dental service
CPA	Care plan approach
CQC	Care Quality Commission – the independent regulator of health and social care in England. Its purpose is to make sure health and social care services provide people with safe, effective, high quality care and encourage care services to improve.
CRHT	Crisis resolution home treatment
CWP	Children & Young People's Wellbeing Practitioner
CYP	Children and young people
DToC	Delayed Transfers of Care
ECCH	East Coast Community Healthcare – community interest company
EEAST	East of England Ambulance Service NHS Trust
EMDR	Eye Movement Desensitisation and Reprocessing
EPaCCS	Electronic Palliative Care Coordination System
ERS	Patient transport organisation
GDP	General dental practitioner
GDS	General dental service
GY&W JHSC	Great Yarmouth and Waveney Joint health Scrutiny Committee (which includes Members from Norfolk and Suffolk Health overview and Scrutiny Committees)
IAPT	Improving Access to Psychological Therapies
IPOC	Individualised plan of care
JPUH / JPH	James Paget University Hospital NHS Foundation Trust
LDC	Local Dental Committee
LDN	Local Dental Network
NCH&C	Norfolk Community Health and Care NHS Trust
NG	<p>NICE Guidance - Evidence-based recommendations produced by NICE. There are 6 types of guidance:</p> <ul style="list-style-type: none"> • guidelines covering clinical topics, medicines practice, public health and social care • diagnostics guidance • highly specialised technology guidance • interventional procedures guidance • medical technologies guidance • technology appraisals guidance.

	All guidance is developed by independent committees and is consulted on. NICE may also publish a range of supporting documents for each piece of guidance, including advice on how to put the guidance into practice, and on its costs, and the evidence it is based on.
NHOSC	Norfolk Health Overview and Scrutiny Committee
NHSE&I EoE	<p>NHS England and NHS Improvement, East of England. One of seven regional teams that support the commissioning services and directly commission some primary care services and specialised services.</p> <p>Formerly two separate organisations, NHS E and NHS I merged in April 2019 with the NHS England Chief Executive taking the helm for both organisations.</p> <p>NHS Improvement, which itself was created in 2015 by the merger of two former organisations, Monitor and the Trust Development Authority, was formerly the regulator of NHS Foundation Trust, other NHS Trusts and independent providers that provided NHS funded care.</p>
NICE	National Institute for Health and Care Excellence
NNUH	Norfolk and Norwich University Hospitals NHS Foundation Trust
NSFT	Norfolk and Suffolk NHS Foundation Trust (the mental health trust)
N&W H&CP	Norfolk and Waveney Health and Care Partnership
OAP	Out of area placement
OOH	Out of hours
PCN	Primary Care Network
PDS	Personal Dental Services – one of the agreements under which NHS dental services can be commissioned
PHE	Public Health England
QEH KL	Queen Elizabeth Hospital NHS Foundation Trust, King's Lynn
RAG	Red / amber / green -
ReSPECT	Recommended Summary Plan for Emergency Care and Treatment
SCDS	Special Care Dental Service
STP	Sustainability & transformation plan / partnership (from 2019 known as the Health and Care Partnership for Norfolk and Waveney)
VCSE	Voluntary community and social enterprise