

**NORFOLK HEALTH OVERVIEW AND SCRUTINY COMMITTEE  
MINUTES OF THE MEETING HELD AT COUNTY HALL, NORWICH  
On 20 July 2017**

**Present:**

Michael Chenery of Horsbrugh	Norfolk County Council
Ms E Corlett	Norfolk County Council
Mr F Eagle	Norfolk County Council
Mrs M Fairhead	Great Yarmouth Borough Council
Mrs S Fraser	King's Lynn and West Norfolk Borough Council
Mr A Grant	Norfolk County Council
Mr D Harrison	Norfolk County Council
Mrs L Hempsall	Broadland District Council
Mrs B Jones	Norfolk County Council
Dr N Legg	South Norfolk District Council
Mrs J Brociek-Coulton	Norwich City Council
Mr P Wilkinson	Breckland District Council
Mrs S Young	Norfolk County Council

**Also Present:**

Michael Scott	Chief Executive, Norfolk and Suffolk NHS Foundation Trust
Clive Rennie	Assistant Director of Commissioning Mental Health and Learning Disabilities, Norfolk's Clinical Commissioning Groups & Norfolk County Council
Inspector Lucy King	Mental Health Team, Norfolk Constabulary
Terry O'Shea	Campaign to Save Mental Health Services in Norfolk and Suffolk
Jonathan Stanley	Child and Adolescent Mental Health Services (CAMHS) Strategic Commissioner, Norfolk County Council & Norfolk's Clinical Commissioning Groups
Andy Goff	Improvement and Development Manager, Norfolk and Suffolk NHS Foundation Trust
Mark Scrogie	CAMHS Strategic Lead, Point 1
Maureen Orr	Democratic Support and Scrutiny Team Manager
Chris Walton	Head of Democratic Services
Tim Shaw	Committee Officer

**1. Apologies for Absence**

Apologies for absence were received from Mr R Price and Mr G Williams.

## **2. Minutes**

The minutes of the previous meeting held on 25 May 2017 were confirmed by the Committee and signed by the Chairman.

## **3. Declarations of Interest**

Mrs B Jones declared a disclosable pecuniary interest in items 6 and 7 because her husband worked for the NSFT. Mrs Jones left the room and took no part in any of the Committee's discussions or in the decisions reached regarding these items.

Ms E Corlett informed the Committee that she had an "other interest" as a member of the Campaign to Save Mental Health Services in Norfolk and Suffolk.

## **4. Urgent Business**

There were no items of urgent business.

## **5. Chairman's Announcement**

- 5.1** The Chairman welcomed to the meeting the newly appointed Members and those Members who were returning to the Committee following the County Council election in May 2017.

## **6 Availability of acute mental health beds**

- 6.1** The Committee received a suggested approach by Maureen Orr, Democratic Support and Scrutiny Team Manager, to a report from Norfolk and Suffolk NHS Foundation Trust that provided an update on the availability of acute mental health beds in Norfolk in light of concern about reports in February 2017 of prolonged detention of individuals in police custody awaiting a mental health bed and about the level of out-of-area placements.
- 6.2** The Committee received evidence from Michael Scott, Chief Executive, Norfolk and Suffolk NHS Foundation Trust (NSFT), Clive Rennie, Assistant Director of Commissioning Mental Health and Learning Disabilities, Norfolk's Clinical Commissioning Groups & Norfolk County Council and Inspector Lucy King, Mental Health Team, Norfolk Constabulary.
- 6.3** The following key points were noted:
- Mr Scott summarised the current position with regards to the actions that the NSFT was taking in response to the independent Bed Review that was completed by Mental Health Strategies (MHS).
  - Mr Scott said that by undertaking the action on capacity and service transformation issues identified by MHS, and adjusting the pattern of alternatives to admission, then the current number of beds available to the NSFT from within its area should be sufficient.
  - The mental health team working on the Norfolk and Waveney STP would include many of the recommendations arising from the bed review within the STP work plan.
  - Mr Scott said that the extent to which people with acute mental health needs were being placed out of area provided an indication of the priority that the NSFT gave to finding patients suitable beds.

- In reply to questions, Mr Scott added that the lack of availability of acute mental health beds was to a large extent a problem of hospital discharge and of finding alternatives to admission.
- A number of progressive initiatives to tackle mental health issues that had been shown to work elsewhere in the country were to be introduced in Norfolk.
- The speakers said that these initiatives included providing a small number of additional step down beds and crisis café(s) (starting initially in Norwich) to support people experiencing heightened emotional distress.
- The NSFT accepted that a community personality disorder service that consisted of a small team, specialising in the management and treatment of personality disorder and complex difficulties, would be another useful addition to current services. The new service would not be a replacement for any existing services. It would provide therapy and signposting for those service users whose difficulties were too complex to be managed solely within secondary mental health care teams and provide a Tier 1 - 2 service for service users with mild (Tier 1) and moderate (Tier 2) personality disorders. The design of the service was expected by the end of 2017-18.
- It was noted that regular monthly meetings were held with Commissioners to discuss ways in which the NSFT could meet the increasing demand for its services.
- Mrs Young said that she had taken up with the West Norfolk CCG the continued use of Admiral Nurses who were mental health nurses specialising in dementia care. The Admiral Nurse Service was highly regarded and had been shown to help prevent unnecessary admissions to hospital.
- The speakers said that steps were being taken to address the variation in suicide rates which had continued to increase in the Norwich and Great Yarmouth areas and to identify the reasons for these variations. They said that mental health patients were at the highest risk of taking their own lives in the first few weeks after being discharged from hospital.
- In reply to questions, the speakers said that people with mental health problems were not being discharged from hospital to inappropriate “bed and breakfast accommodation.”
- The speakers added that ensuring service users had a suitable and settled place to live on discharge from hospital aided recovery from mental health problems and prevented suicide attempts. By working in partnership, mental health providers and housing associations could provide better pathways and outcomes for service users. People with mental health problems, particularly those with a serious mental illness, could sometimes find it difficult to secure and maintain good quality single person accommodation.
- A number of examples were given to the Committee of where the CCGs and third party housing providers in the Great Yarmouth area were working together to ensure appropriate step-down accommodation was available. The Committee considered it regrettable that this type of accommodation was not seen as a priority for most social housing providers. Members spoke about how the NSFT and Norfolk’s Local Authorities needed to better align their housing priorities to ensure they were making the best use of their joint resources. The integration of housing with discharge planning was seen as being crucial if delayed discharges were to be avoided.
- It was pointed out by the speakers that Norfolk County Council had received £18m of one off funding to address housing and social care issues related to patient discharge from hospital. Mr Scott said that he would meet with colleagues from the County Council to discuss how this money could be used to help break down the organisational barriers that prevented Mental Health Services and Social Care systems working together in a better way.

- Some Members spoke about what appeared to be a disconnect in terms of overall mental health staffing levels and in particular how the mental health operational teams were struggling to provide the right skill-mix and generally deal with staffing gaps.
- In reply to questions, the speakers accepted that there was a range of variance across Norfolk and Suffolk in mental health service staffing models, in referral and admission rates and in the operation of community mental health teams.
- The speakers explained how the NSFT had engaged in a number of initiatives to improve staffing levels including collaborative recruitment, skill mix reviews and assistant practitioner development. They said that staffing issues in Kings Lynn associated with the pressures and difficulties of managing detention under Section 136 of the Mental Health Act would be addressed at the next meeting of the West Norfolk CCG.
- Upholding people's human rights was seen by Members of the Committee as being a major issue for many people with mental health issues.
- Inspector Lucy King explained the reasons why individuals who had been assessed as requiring hospital admission had been detained in police custody for long periods of time while waiting to be transferred to mental health facilities. This was usually due to no beds being available and/or because the ambulance/patient transport service was abnormally busy.
- It was noted that Members had been given an opportunity to attend the Norfolk Police HQ to gain an improved understanding of the pressures and difficulties of managing people with mental health problems who had been detained under the Police and Criminal Evidence Act.
- Terry O'Shea of the Campaign to Save Mental Health Services in Norfolk and Suffolk explained the difference of opinion that the Campaign had with the NSFT about the public perception of the current state of affairs with mental health services in Norfolk and Suffolk. He said that the publication of the report of the current Care Quality Commission inspection of Norfolk and Suffolk NHS Foundation Trust could be expected to provide an accurate assessment of the service and should be reviewed by the Committee when it became available.

#### **6.4 The Committee agreed to ask:**

1. The NSFT to supply information on the level of spending in recent months on out of Trust bed days.
2. The Norfolk Constabulary to supply information on the numbers of people who were detained in police custody waiting for a bed following assessment under the Mental Health Act in the past year, once a Data Sharing Agreement between Norfolk County Council & Norfolk Constabulary was put in place.

#### **6.5 The Committee made further comments about the availability of acute mental health beds when considering its forward work programme (see minute 9 below).**

### **7 Waiting times for children's mental health services in Norfolk**

- 7.1 The Committee received a suggested approach by Maureen Orr, Democratic Support and Scrutiny Team Manager, to a report from the 5 Clinical Commissioning Groups in Norfolk and Waveney on the standards set for referral to treatment at each level of children's mental health services and on current actual waiting times.
- 7.2 The Committee received evidence from Jonathan Stanley, Child and Adolescent Mental Health Services (CAMHS) Strategic Commissioner, Norfolk County Council &

Norfolk's Clinical Commissioning Groups, Clive Rennie, Assistant Director of Commissioning Mental Health and Learning Disabilities, Norfolk's Clinical Commissioning Groups & Norfolk County Council, Andy Goff, Improvement and Development Manager, Norfolk and Suffolk NHS Foundation Trust and Mark Scrogie, CAMHS Strategic Lead, Point 1.

7.3 The following key points were noted:

- The speakers explained the standards set for referral to treatment at each level of children's mental health services and on current actual waiting times.
- It was noted that the table at paragraph 2.2 of the report explained the current waiting time standards and where they were met. The table also highlighted some areas, particularly within the NSFT service, where current waiting time standards were not being met.
- The Committee discussed the standards set for referral to assessment and assessment to treatment times, and current performance across the service.
- In reply to questions, the speakers said that the local waiting time standard for urgent referrals to NSFT services had been reduced from 72 hours to 120 hours for all except those living in the Great Yarmouth and Waveney area.
- Members expressed the view that additional staffing was required to deal with the demands that were being placed on the crisis element of the service.
- It was pointed out that the 2017/19 contract negotiations with NSFT had led to the local waiting time target moving from an up to 8 week wait (for at least 80% of patients) to an up to 12 week wait (for at least 90% of patients).
- It was noted that approximately 80% of all referrals to NSFT CAMHS were accepted as at June 2017. Approximately 92% of referrals to Point 1 CAMHS were accepted.
- The Government's Five Year Forward View target was that by 2021 at least 35% of children with diagnosable mental health conditions would be able to access NHS-funded community services to meet their needs.
- Members were informed that new national waiting time standards were likely to be introduced by the Government in the autumn.
- The speakers said that CAMHS had extended the hours of support and guidance that it provided for children and young people to between 8am to 8pm. In reply to questions, it was pointed out that this had been achieved by a reallocation of existing staffing resources and the full range of mental health services were not available for all of these hours, but that access to some of the services around tea-time and in the early evening was very useful for some families.
- The speakers elaborated on the plan that they had made for the introduction of the link worker scheme that was referred to in the report. The plan was for five link workers to be taken on to work with named leads within schools across Norfolk and Waveney. Two examples in the Great Yarmouth area of where joint working with schools, families and young children had already proved to be a success were explained to the Committee.
- Members were concerned about the numbers of non-referred children who were not getting the support that they needed but accepted that the five CCGs and the County Council had no alternative than to operate within available resources.
- In reply to questions, the speakers said that the five CCGs and Norfolk County Council spent between £15m and £18m on children's services mental health services. To extend support to children in need of help for whom referral to targeted mental health services was not considered necessary would require increased spending of between two to three times more than was currently being spent on children's mental health services.

- The five CCGs had committed to maintaining the 2015-16 level of increased investment (£1.9m extra per year), but not the potential additional uplift in following years. The uplift to the five CCGs was not ring fenced and had to be considered against all other service cost pressures.
- To gain an understanding of the overall LTP funding picture, the Committee was of the view that the five CCGs should be asked to provide information about the current year's allocation and the 'gap' in terms of government allocation compared to how much CCGs had passed on directly into recurrent CAMHS activity.

#### 7.4 The Committee **agreed** to write to:-

- (a) The Secretary of State for Health expressing the opinion that:-
  - i. uplift funding for Local Transformation Plans (LTP) for children's mental health services should be ring-fenced
  - ii. the national target of at least 35% of children with diagnosable mental health conditions accessing local NHS-funded community services by 2020/21 sets the target too low.
- (b) The five CCGs in Norfolk seeking information on the amount of LTP uplift funding allocated to them and how this money is being spent.

*Note: Copies of the letters to the Secretary of State and the CCGs can be found as appendices to these minutes.*

#### 7.5 The Committee **agreed** that the Children's Services Committee should take forward regular monitoring of the Local Transformation Plan for children's mental health services, in line with the recommendation of Children's Services Committee Task & Finish Group on Children's Emotional Wellbeing and Mental Health, which was previously endorsed by the Committee on 6 April 2017:-

'That the Local Transformation Plan be scrutinised on a regular bases by Children's Services Committee in order to ensure it is delivering for the children and young people of Norfolk'.

### 8 **Norfolk Health Overview and Scrutiny Committee appointments**

#### 8.1 The Committee received a report by Maureen Orr, Democratic Support and Scrutiny Team Manager that asked Members to make appointments to link roles and to a potential Norfolk and Waveney Joint Health Scrutiny Committee.

#### 8.2 The Committee **agreed** to:-

- (a) Appoint Mrs Lana Hempsall as a substitute link member with Norfolk Community Health and Care NHS Trust.
- (b) Confirm that all members of NHOSC will serve on a potential Norfolk and Waveney Joint Health Scrutiny Committee with Suffolk to receive consultation arising from the Norfolk and Waveney STP on a cross-border footprint which goes wider than the Great Yarmouth and Waveney area.

### 9 **Forward work programme**

#### 9.1 The Committee received a report from Maureen Orr, Democratic Support and Scrutiny Team Manager, that set out the current forward work programme.

- 9.2** The forward work programme was **agreed** as set out in the agenda papers with the addition of 'Consultation on the future Benjamin Court Healthcare Unit, Cromer', which was added to the agenda for 7 September 2017.
- 9.3** It was **agreed** to await the publication of the report of the current Care Quality Commission inspection of Norfolk and Suffolk NHS Foundation Trust before deciding whether any further mental health issues needed to be added to the forward work programme.
- 9.4** In reply to questions, it was **noted** that the issues relating to hospital staff satisfaction surveys were not within the Committee's remit.

#### Chairman

The meeting concluded at 13.20 pm



If you need these minutes in large print, audio, Braille, alternative format or in a different language please contact Tim Shaw on 0344 8008020 or 0344 8008011 (text phone) and we will do our best to help.

#### Appendix A to the minutes

#### Norfolk Health Overview and Scrutiny Committee

The Rt Hon Jeremy Hunt MP  
Secretary of State for Health  
Department of Health  
Richmond House  
79 Whitehall  
London  
SW1A 2NS

County Hall  
Martineau Lane  
Norwich  
Norfolk  
NR1 2DH

**Direct Dialling Number:** (01603) 228912

**Email:** [maureen.orr@norfolk.gov.uk](mailto:maureen.orr@norfolk.gov.uk)

26 July 2017

Dear Mr Hunt

#### Children's mental health services

Norfolk Health Overview and Scrutiny Committee has been following the implementation of the Norfolk and Waveney Local Transformation Plan (LTP) for children's mental health services since 2015. We have seen that the local LTP is thorough, that it is making progress and that on average the waiting times for children's mental health services in Norfolk are shorter than in many other parts of the country. However, we are concerned about rising demand, the needs threshold at which children can access the services and whether the level of resourcing is adequate to respond to children's needs.

We appreciate the government's emphasis on mental health reform and the additional investment that has come with it. This is reflected in Norfolk and Waveney STP where mental health is a priority. We also appreciate that the national target of access to NHS-funded community services to meet the needs of at least 35% of children and young people with diagnosable mental health conditions by 2020/21 represents a significant improvement on the historic and current position. However, we cannot see how it fits with 'parity of esteem' with other NHS services and we think the target should be higher than 35%.

One action at national level which we believe would support better local access to CAMHS services would be to ring-fence the LTP funding. In Norfolk and Waveney there is a gap of £1.2m per annum between the LTP allocation from NHS England and the amount passed on directly into recurrent children's mental health services activity. We know that locally the funding received from NHS England for the Eating Disorders service is allocated to the service in full and we have seen how much better that service performs in terms of patient waiting times compared to the general children's mental health services.

I have copied this letter to NHS England but would be pleased to hear your views about the level at which the access target is set for NHS-funded community services for children's mental health and about ring-fencing of LTP funding.

Yours sincerely

Michael Chenery of Horsbrugh  
Chairman of Norfolk Health Overview and Scrutiny Committee

Copies to:- Mr S Stevens, NHS England

## **APPENDIX B to the minutes**

### **Norfolk Health Overview and Scrutiny Committee**

*Letter to Chief Officers of the 5 CCGs  
In Norfolk*

County Hall  
Martineau Lane  
Norwich  
Norfolk  
NR1 2DH

Letter sent by email

**Direct Dialling Number:** (01603) 228912

**Email:** [maureen.orr@norfolk.gov.uk](mailto:maureen.orr@norfolk.gov.uk)

26 July 2017

Dear

### **Children's mental health services**

Norfolk Health Overview and Scrutiny Committee (NHOSC) has been following the implementation of the Norfolk and Waveney Local Transformation Plan (LTP) for children's mental health services since 2015. We have seen that the local LTP is thorough, that it is making progress and that on average the waiting times for children's mental health services in Norfolk are shorter than in many other parts of the country. However, we are concerned about rising demand, the needs threshold at which children can access services and whether the level of resourcing is adequate to respond to children's needs.



We understand that the financial uplifts for the LTP provided by NHS England in 2016/17 and 2017/18 within CCGs' baseline core funding have not been passed on directly into recurrent children's mental health service activity and that the recurrent funding is now £1.2m below the NHS England allocation to the five CCGs in Norfolk.

We know that the LTP for children's mental health has to be considered alongside all of the other services that you fund and that CCG budgets are under pressure. However, we would like confirmation from you of the amount of LTP uplift funding that NHS England allocated to your CCG in 2016/17 and 2017/18, how this money has been used and your reasons for not passing it directly into the recurrent children's mental health services. We know that there has been additional one-off funding provided for certain elements of children's mental health services in these years but we are interested in your reasons for not passing the full uplift into recurrent services.

NHOSC has written to the Secretary of State for Health expressing concern that the national target of access to NHS-funded community services to meet the needs of at least 35% of children and young people with diagnosable mental health conditions by 2020/21 is too low and does not fit with 'parity of esteem' for mental health services. I attach a copy of the letter for information. It also expresses our opinion that ring-fencing of LTP funding would better support local access to CAMHS services.

We have also written to the other four CCGs in Norfolk.

Thank you for your attention to this matter and I look forward to hearing from you.

Yours sincerely

Michael Chenery of Horsbrugh  
Chairman of Norfolk Health Overview and Scrutiny Committee

Encl: Letter to The Rt Honourable Jeremy Hunt MP, Secretary of State for Health