

NORFOLK HEALTH OVERVIEW AND SCRUTINY COMMITTEE
Minutes of the meeting held on Microsoft Teams (virtual meeting)
at 10am on 3 September 2020

Members Present:

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

Co-opted Members Present

Cllr Judy Cloke	Suffolk Health Scrutiny Committee
Cllr Stephen Burroughes	Suffolk Health Scrutiny Committee

Also Present:

Hollie Adams	Committee Officer, Norfolk County Council
David Barter	Head of Commissioning, NHS England and NHS Improvement, East of England
Dr Caroline Barry	Consultant in Palliative Care, Norfolk and Norwich University Hospitals NHS Foundation Trust and ReSPECT Lead
Jenny Beesley,	Chairman of East Coast Hospice
Dr Daniel Dalton	Medical Director, Norfolk and Suffolk NHS Foundation Trust (NSFT)
Pam Fenner	Clinical Lead Palliative and End of Life Care Programme
Rebecca Hulme	Associate Director - Children, Young People and Maternity, Norfolk and Waveney Clinical Commissioning Group (CCG)
Dr Ian Hume	Macmillan GP
Dr Sarah Maxwell	Clinical Director, Norfolk Children's and Young Peoples Services, NSFT
Tom Norfolk	General Dental Practitioner, Chair of East Anglia Local Dental Network and Lead Dental Practice Adviser of NHS England and NHS Improvement, East of England
Maureen Orr	Democratic Support and Scrutiny Team Manager, Norfolk County Council
Mark Payne	Senior Programme Manager for Mental Health
Gita Prasad	Head of Acute Transformation and Clinical Programmes, Norfolk and Waveney CCG
Dr Ardyn Ross	GP and Clinical Mental Health Lead, Norfolk and Waveney CCG
Dr Jeanine Smirl	Clinical Director of Norwich Primary Care Network & GP with special interest in palliative care
Nick Stolls	Secretary of Norfolk Local Dental Committee
John Webster	Director of Strategic Commissioning, Norfolk and Waveney CCG
Joanna Yellon	Associate Director of Mental Health, Norfolk and Waveney CCG

1 Apologies for Absence

Apologies were received from Cllr Eagle (Cllr Alison Thomas substituting), Cllr Emma Flaxman-Taylor and Cllr Keith Robinson (Cllr Stephen Burroughes substituting).

2. Minutes

2.1 The minutes of the meeting held on 30 July 2020 were agreed as an accurate record.

3. Declarations of Interest

3.1 The following interests were declared:

- Cllr Michael Chenery of Horsburgh declared a non-pecuniary interest as a Member of the new dental surgery at Marham
- The Chairman declared a non-pecuniary interest as Vice-Chairman of the James Paget Hospital cancer survivors' group, and as having a personal knowledge of registered speaker Jenny Beesley
- Cllr Emma Spagnola declared a non-pecuniary interest as she had a child who was waiting for Point One children's mental health support, and as a carer
- Cllr Sheila Young declared a non-pecuniary interest as a carer

4. Urgent Business

4.1 There were no items of urgent business.

5. Chairman's Announcements

5.1 The Chairman had no announcements.

6. Norfolk and Suffolk NHS Foundation Trust

6.1 The Committee received a report which was a follow up to previous scrutiny of Norfolk and Suffolk NHS Foundation Trust (NSFT) providing local NHS commissioners' responses to Care Quality Commission's (CQC) reports and examination of NSFT's current service in light of Covid-19 requirements.

6.2 The following points were discussed and noted

- The Thrive model for children's mental health was discussed; due to delays caused by the Covid-19 pandemic, arrangements around the contract had been extended. Despite this, work to achieve some aims of the model had been achieved, such as joint working, holding resources in one place, setting up advice lines and putting joint triage, assessments and outcome frameworks in place.
- As more services had moved online during the pandemic, NSFT were asked how the needs of people who did not have access to the internet or a telephone had been taken into account. The Medical Director, NSFT, replied that digital services had allowed 7500 people, instead of the usual 6500, to be seen per week. One in three contacts were face to face to accommodate those who required this type of service. Suffolk had supplied iPads to people in learning disability services to help them access online services; NSFT were looking at how to develop this in Norfolk
- The Medical Director, NSFT, confirmed that there were now around 200-300 bed

days of inappropriate out of area placements. At the peak of inappropriate out of area placements 70-90 people were inappropriately placed in out of area beds. NSFT were committed to preventing people going out of area inappropriately but it was recognised that some people may need to do so for specialist treatment not available locally. A rehabilitation strategy was being developed so people needing acute rehabilitation could be cared for locally and new approaches to treatment such as the personality disorder pathway had reduced the need for people to be sent out of area for specialist treatment.

- The wait time for assessment was queried; NSFT representatives explained that the wait time for assessment for young people varied in different parts of the County due to differences in capacity and demand. Benchmarking had shown that NSFT received three times as many referrals to its children's and young people's services as other areas. The NSFT planned to work with other organisations to provide additional avenues of support. The adult ADHD service had a long waiting list as demand was higher than capacity to meet it at that time.
- The Chairman asked what support was available to young people on the waiting list; NSFT representatives gave information on measures in place such as tracking of young people on the waiting list, face to face review meetings and the Kooth online service which was publicised to all young people on the waiting list. Other interventions were being looked into.
- A 24h crisis line had been set up, also available for those who were not already receiving NSFT support, providing immediate access to services
- Work would be carried out to reduce waiting lists and provide support to people before referral; it was recognised that there were often missed opportunities to support people at an earlier stage
- The Medical Director, NSFT, responded to a query for information on the long-term staffing plan for the NSFT; total staffing levels would increase by a third including an increased psychology and psychotherapy workforce, an enhanced peer support network and increased resource outside of the NSFT. Funding bids had been successful for 4 mental health support teams and 17 trainee posts made up of 6 children's wellbeing practitioners and 11 practitioners under other modalities
- The NSFT had worked with education settings to put in resources for when young people returned to schools, such as information on the NSFT website and contact details for first response advice lines and Kooth.
- The Associate Director, Children, Young People and Maternity, Norfolk & Waveney CCG agreed to provide Cllr Alison Thomas with further information regarding funding of Health Passports.
- It was pointed out that not all people in Norfolk had access to technology or had good internet signal; the Medical Director, NSFT, assured the Committee that all people on the NSFT case list had been contacted to ask if they were able to access digital consultations or if they required face to face care. Older people's wellbeing services had been carrying out face to face services and webinars to provide immediate support.
- The NSFT was working towards a combined digital platform so everyone could see what support was available to them. It was important to ensure that a range of choice was available but also that Norfolk's infrastructure was developed so online services were more accessible to all.
- NSFT representatives were asked what progress they had made since the last CQC visit. The Medical Director, NSFT, felt that the response of NSFT staff to the Covid-19 pandemic had been extraordinary. He reported that the CQC had reported positively when carrying out assurance visits and had given feedback on areas for improvement. He recognised that issues related to children's services would take time to reform but felt that leadership had improved since the last inspection
- The NSFT were queried about the mistaken discharge of around 300 young people.

The Clinical Director, Norfolk Children's and Young Peoples Services, NSFT, reported that at the beginning of the pandemic, a 50% reduction in staffing due to illness and shielding was expected. As part of planning for this, young people were written to offering them a different service and giving a timescale in which to ring in or be discharged. This resulted in around 300 young people being discharged. This decision was later reversed.

- It was noted that restrictive interventions had increased during the pandemic and staff training was queried. The Medical Director, NSFT, was keen to drive down interventions but recognised that there had been an increase at the start of the Covid-19 pandemic. He thought this could be related to fewer people in hospital but those patients requiring a higher level of intervention
- Training in positive behaviour support and de-escalation was important and would continue to be offered to staff and it was believed that NSFT staff of all levels received this training. The Chairman **requested** a briefing for Committee members on NSFT staff training around use of restraints and how staff managed interventions, and on the impact of Covid-19 on young people and support available in schools.
- NSFT representatives reported that there were mental health champions in schools across the county and a mental health link worker for all schools.
- The NSFT planned to review services brought in during the pandemic to identify which to take forward and which to discontinue.

6.3 The Norfolk Health Overview and Scrutiny Committee **ASKED** NSFT and Norfolk and Waveney CCG to provide an update via the NHOSC Briefing including:

- The extent to which different categories of staff (e.g. registered / non registered) are equally trained in the techniques needed to avoid physical restraint or seclusion of patients (e.g. de-escalation training / positive behaviour support)
- The extent to which mental health support for schools provides the necessary capacity to support pupils needs on the return to school after the Covid 19 home-schooling period.
- Accessibility of mental health services in the new Covid 19 environment; particularly access for those who cannot use communication technology.
- The situation regarding waiting lists for assessment and for treatment; including the effects of expansion of support in community and primary care on the numbers being added to waiting lists.
- Date of next CQC inspection.

7. Access to NHS Dentistry

7.1 The Committee received the report providing information on progress regarding access to NHS dentistry across Norfolk & Waveney following NHOSC's last examination of this subject in April 2019.

7.2 The following points were discussed and noted

- The chairman thanked Healthwatch and Family Voice for information they provided for inclusion in the report
- A Member asked about dentist capacity in West Norfolk and how many practices were accepting new patients; the General Dental Practitioner, Chair of East Anglia Local Dental Network and Lead Dental Practice Adviser of NHS England and NHS Improvement, East of England, acknowledged that there had been recruitment and retention issues in West Norfolk. A new dentist surgery had recently been set up in Marham and increasing practices in Kings Lynn was being looked at as well as inequalities of access, access for patients with urgent problems, and dental therapists to provide some NHS services.

- The updated figures on number of NHS dentists per 100,000 of population in Norfolk and Waveney were still being awaited
- Funding had been received to start up more specialist dentistry services in Norfolk, and staff for this had been recruited.
- Dentistry sector representatives confirmed that it was the responsibility of NHS England and NHS Improvement to commission NHS and secondary care dentistry in Norfolk. NHS dental services had been paused from 25 March 2020 to 8 June 2020 due to the pandemic and since reopening, the way services were delivered had needed to change due to the need for PPE, social distancing and to allow surgeries to lay empty for 1 hour between patients, reducing patient throughput at all surgeries. Due these measures, dentists could see 5-7 patients per day, a reduction from the usual 30-40.
- It was clarified that NHS surgeries did not have a registered list and patients could attend any NHS surgery to receive treatment.
- A Member queried why Healthwatch had only been able to find one practice providing NHS treatment; the Head of Commissioning, NHS England and NHS Improvement, East of England, thought this may be because not all practices were providing all services at that time due to the constraints caused by the pandemic
- From the first wave of the pandemic, dentistry sector representatives shared that they had learned the importance of all areas working together; this had allowed them to set up urgent dental care centres and to triage to ensure all patients were responded to quickly or referred to the urgent care centres. Urgent care centres were still in place in case of a second wave.
- Information in the report which highlighted that a third of parent carers waited over a year for specialist children's dental treatment was highlighted. Dentistry sector representatives replied that special care dentistry had now started up but faced social distancing restrictions, with patients triaged to prioritise those with the most acute needs. Special needs patients were ensured access to urgent care dentistry throughout the pandemic.
- Representatives were asked when the next full oral needs health assessment would be carried out. It was clarified that NHSE looked at the dental health needs of local populations on an ongoing basis and worked with the Local Dental Council and providers to commission services
- The lack of dentists taking on new NHS patients in Norfolk was discussed as a concern by the Committee.
- It was confirmed that if dentist providers handed back their contract to provide NHS services, it would be re-contracted with another dentist in the area. If this happened several times in one area, then new services would be commissioned
- The General Dental Practitioner, Chair of East Anglia Local Dental Network and Lead Dental Practice Adviser of NHS England and NHS Improvement, East of England, clarified that dental implants were excluded from primary care dentistry services however dentures and bridges were included
- It was noted that NHS dentistry was the only sector without an uplift of funding for the past 10 years
- NHSE was working with commissioners on the contract to develop something more fit for purpose.
- A concern was raised that there was not consistency of treatment across practices at the current time; dentistry sector representatives explained that consistency was difficult at that time due to practice-based restrictions caused by Covid-19. The urgent dental centres across Norfolk could accept referrals from all practices in Norfolk and many were open 7 days a week
- Dentistry sector representatives confirmed that the special care dental service were providing dentistry for care home residents; local dentists could refer patients to this service. In West Norfolk this was provided out of King's Lynn

- The Chairman noted the Committee's frustration at the lack of dentists to treat NHS patients, issues related to waiting times for children with special educational needs, and that some sections of the community were finding access to services difficult

7.3 The Norfolk Health Overview and Scrutiny Committee:

- **AGREED** to write to the Department of Health and Social Care regarding the national issues that appear to have hindered progress in providing sufficient NHS dentistry capacity in Norfolk and Waveney (e.g. the national dental contract). Draft letter to be circulated to committee members for comment before dispatch.
- **ASKED** NHS England & NHS Improvement to provide information on:
 - The number of dentists per 100,000 population (when available)
 - The current situation with regard to recruitment and retention of dentists in Norfolk and Waveney

The committee took a break from 12:08 until 12:15

8. Access to palliative and end of life care

- 8.1.1 The Committee received the report examining progress made by NHS commissioner and provider partners to improve palliative and end of life care services for adults in Norfolk and to respond to the effects of Covid 19.
- 8.1.2 The Chairman mentioned that points on this subject had been received from member of the public, Dr Patrick Thompson, and circulated to Members of the Committee and NHS representatives; Members could raise points made by Dr Thompson if they wished.
- 8.2.1 The Committee heard from registered speaker Jenny Beesley, Chairman of East Coast Hospice:
- Mrs Beesley raised three points about the report around choice, 24/7 outreach and what more the Collaboration Group could do to speed up provision of additional beds
 - Mrs Beesley noted that when she visited Beccles hospital, she was told that the palliative care consultant worked 9-5 and nurses could phone Ipswich hospital or a local GP for advice. She did not believe that this was meeting the aim of providing specialist palliative care and asked what the NHS would do to fulfil their contract in this regard
 - Mrs Beesley felt that the Collaboration Group could work better in partnership with hospices and organisations. East Cost Hospice had been told they did not meet criteria for funding despite the CCG setting the criteria and Mrs Beesley believed there were many other hospices that would struggle due to loss of funding. East Coast Hospice were willing to work in partnership with other hospices to save money
 - She believed that NHS Great Yarmouth and Waveney Collaboration Group should look at having 24/7 specialist palliative care doctor leads
- 8.2.2 The Head of Acute Transformation and Clinical Programmes, Norfolk and Waveney CCG, replied to Mrs Beesley's statement by explaining that in Great Yarmouth and Waveney, specialist support and advice was available 24/7 through beds in Beccles Hospital, home visits and by specialist consultants; the model had been commissioned by the CCG to be a 24/7 service so she **agreed** to find out what hours the consultants were available at Beccles Hospital were and send this information to Mrs Beesley
- 8.3 The following points were discussed and noted
- The Clinical Director of Norwich Primary Care Network & GP with special interest in palliative care, reported on the shift in use of hospice and end of life care; due to the

increased training in end of life symptom control, highly skilled nurses and professionals were in place to help manage these symptoms. There was a deficit in hospice beds at that time but there were beds available elsewhere such as hospice at home and hospice-like beds in care homes

- The proportion of people dying in hospices or at home was queried; the Clinical Director of Norwich Primary Care Network & GP with special interest in palliative care, reported that there had been an increase in people dying at home through choice. This had increased further during the pandemic as people wanted to have their relatives around them
- The capacity in the community and hospice at home team to cope with this increase was queried. As the hospice at home team were triaged through the Norfolk Escalation Avoidance Team, community nurses could also be called on if needed
- Palliative care sector representatives confirmed that East Coast Hospice colleagues were engaging with the Collaborative Group. Officers were looking at all localities to see what models of support people in the communities wanted and to see how to support the professional workforce. It was noted as important to listen to the needs of patients and their preferred routes of care
- Extra beds were provided at Tapping House during the pandemic and the Norfolk Escalation Avoidance Team worked with the virtual team to provide more capacity to support discharges.
- A Member asked if ministers of religions were able to access people as part of their end of life care; the Consultant in Palliative Care, Norfolk and Norwich University Hospitals NHS Foundation Trust and ReSPECT Lead, reported that at the Norfolk and Norwich University Hospital, the chaplaincy provided multi-faith laminated prayers to all wards and all patients' spiritual needs were assessed
- Provision of syringe drivers was queried; at the beginning of the pandemic it was anticipated that there would be difficulty obtaining them but due to investment over a year ago a shortage was not experienced
- Palliative care sector representatives confirmed that clearer information in the discharge summary helped by the ReSPECT process, and work ongoing to improve conversations around death helped improved patient care outside of acute settings.
- Specialist palliative care for people with motor neurone disease had been put in place, and specialist care for other non-malignant conditions was being looked into
- Palliative care sector representatives were asked about recruitment; Norfolk Community Health and Care had recruited a new palliative care consultant, the Big C were providing knowledge and support to the workforce and end of life care facilitators had been recruited in the central area to work with care homes and other providers. There were work force issues and therefore services were working together across areas to support skill mix and capacity.
- The shortage of consultants was a national issue, and this was being mitigated locally by having GPs with special interests and other professionals providing support such as clinical pharmacists supporting with end of life and symptom control and social prescribers helping with non-medical needs. The Compassionate Community approach was being piloted in Halesworth. If successful this model would be rolled out more widely throughout Norfolk
- Electronic sharing of documents related to end of life care was queried; the Head of Acute Transformation and Clinical Programmes, Norfolk and Waveney CCG acknowledged that Embedding Palliative Approaches to Care (EPAC) was not as good as in other areas and a digital version of the ReSPECT system needed to be put in place. The importance of using the same template across organisations for gathering information was noted
- Cllr Laura McCartney-Gray left the meeting at 1pm
- The Chairman noted the deficit of number of specialist palliative inpatient beds in Norfolk; the Head of Acute Transformation and Clinical Programmes, Norfolk and

Waveney CCG explained that the model had changed to look at the model of care rather than just provision of beds. She agreed to check the number of beds and circulate to the Committee

- Awareness of the ReSPECT document was being rolled out in general practice and the ambulance trust. Work was ongoing around having open conversations around death and there was an ambition to have connected care records
- The Clinical Director of Norwich Primary Care Network & GP with special interest in palliative care **agreed** to forward detailed data to the Committee on the numbers of people who died at home and in other settings.

8.4 The Norfolk Health Overview and Scrutiny Committee **ASKED** Palliative & End of Life Care Collaborative representatives to provide information on:

- The hours of Consultant cover provided for the specialist palliative care beds (& other beds) in Beccles, both in person and by telephone.
- Data on the numbers of specialist palliative care beds that are now considered necessary to meet the needs of the population of N&W, in light of the developing model of care for end of life (i.e. updating the figures supplied in the Norfolk and Waveney STP Palliative and End of Life Care Strategy for Adults 2019 – 2024).
- The numbers of additional specialist palliative care beds that have been provided across Norfolk and Waveney
- Numbers of people who die in various settings across Norfolk and Waveney (i.e. at home, in hospital, in hospice, and other settings)

9. Forward work programme

- 9.1 The Committee received and discussed the forward work programme which had been updated in line with the discussion held at the last Committee meeting.
- 9.2 The CCG had been in touch regarding a proposed change to GP out of hours services which would affect Norfolk and Waveney and it was therefore proposed that the Norfolk and Waveney Joint Health Scrutiny Committee was established to receive the consultation, on the afternoon of 8 October 2020, following on from the NHOSC meeting in the morning, after a lunch break. The Chairman asked Members to confirm with Maureen Orr if they were available for this afternoon meeting.
- 9.3 The Norfolk Health and Overview Scrutiny Committee **AGREED** the forward work programme with the following additional information included:
- **NHOSC Briefing** - Information to be sought from Norfolk and Waveney CCG on whether there have been changes to the commissioned ERS hospital transport service and information on how car transport services are operating at present.
 - **NHOSC agenda 8 October** - Childhood Immunisations item to include examination of record keeping into adulthood.

Also noted

- **Norfolk and Waveney Joint Health Scrutiny Committee** will meet on the afternoon of 8 October 2020 to receive consultation from N&W CCG on change to GP out of hours services.

The meeting ended at 13:08

Chairman



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