

NORFOLK HEALTH OVERVIEW AND SCRUTINY COMMITTEE
Minutes of the meeting held in the Council Chamber, County Hall
on 10 October 2019 at 2pm

Members Present:

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

Substitute Members Present:

Cllr Matthew Fulton-McAllister for Cllr Jane Sarmezey
Cllr Emma Corlett for Cllr Brenda Jones

Also Present:

Clare Angell	Senior Commissioning Manager for Children, Young People and Maternity, Norfolk and Waveney (hosted by GY&W CCG)
Michael Bateman	Special Educational Needs and Disabilities and Alternative Provision Transformation Lead, Children's Services, Norfolk County Council
Lorna Bright	Assistant Director of Integrated Operations (Mental Health and Learning Disabilities), Adult Social Services, Norfolk County Council
Karin Bryant	Associate Director of Local Commissioning for North Norfolk, Norwich and South Norfolk, Norfolk & Waveney CCGs
Cath Byford	Chief Nurse, the NHS Clinical Commissioning Groups for Norfolk & Waveney
Craig Chalmers	Director of Community Social Work, Adult Social Services, Norfolk County Council
Lorraine DeVere	Family Voice
Catherine Haig	Autism Services Norfolk Clinical Psychologist, Norfolk Community Health and Care NHS Trust
Jane Hayman	Headteacher, Fred Nicholson School, Dereham
Danielle Tebo	SENsational Families Group
Fiona Theadom	Contract Manager, NHS England & NHS Improvement, East of England
Patrick Thompson	member of the public
Mark Walker	Assistant Director for Vulnerable Adult Services, Norfolk Community Health & Care NHS Trust
Tracey Walton	Autism Commissioning Manager, Adult Social Services, Norfolk County Council
Rachel Webb	Director of Primary Care & Public Health, NHS England & NHS Improvement, East of England
Greg Insull	Assistant Head of Democratic Services
Maureen Orr	Democratic Support and Scrutiny Team Manager
Hollie Adams	Committee Officer

1. Election of Chair

- 1.1 Cllr Michael Chenery of Horsbrugh, seconded by Cllr Sheila Young, nominated Cllr Penny Carpenter. Cllr Emma Corlett, seconded by Cllr Alexandra Kemp, nominated Cllr Brenda Jones.
- 1.2 With 7 votes for Cllr Penny Carpenter and 5 votes for Cllr Brenda Jones, Cllr Penny Carpenter was elected as Chairman for the remainder of the ensuing Council year.
- 1.3 Cllr Penny Carpenter in the Chair

2 Apologies for Absence

- 2.1 Apologies were received from Cllr Brenda Jones (Cllr Emma Corlett substituting), Cllr Richard Price, Cllr Jane Sarmezey (Cllr Matthew Fulton-McAllister substituting) and Cllr Emma Spagnola.

3. Minutes

- 3.1 The minutes of the previous meeting held on 5 September 2019 were agreed as an accurate record and signed by the Chairman.

4. Declarations of Interest

- 4.1 There were no interests declared.

5. Urgent Business

- 5.1 There were no items of urgent business.

6. Chairman's Announcements

- 6.1 The Chairman had no announcements.

7. City Reach service

- 7.1.1 The Committee received the report examining the service provided by City Reach Health Services in comparison to the commissioned service level and how the service provider, Norfolk Community Health and Care NHS Trust, and commissioner, NHS England and NHS Improvement East of England Specialised Commissioning, supported by the local NHS Clinical Commissioning Group (CCG), were addressing staffing shortfalls that had affected the service.
- 7.1.2 The Chairman welcomed Officers who had attended the meeting to introduce the report and answer the Committee's questions. The Director of Primary Care & Public Health, NHS England & NHS Improvement, East of England, introduced the report:
 - Since the topic was last considered by the Committee, the team had made progress and recruited clinicians and felt that a safe service would be provided until the new model was introduced in 2020
- 7.2 The following points were discussed and noted:
 - Officers were asked whether the service was now adequately staffed; the Assistant

Director for Vulnerable Adult Services reported that the service was over-delivering to contract on staff; eight GP sessions, compared to the required five, were now provided per week.

- Members queried patient engagement; the Contract Manager, NHS England & NHS Improvement, reported there had been three service reviews in the past 6 years. Service users were involved in the service redesign from April 2020. Officers had mapped patient pathways and engaged with service user groups and providers of services in Norwich
- Cllr Robert Kybird arrived at 2.11
- A Member queried capacity at the five surgeries that will take on patients stepping down from the service in the new model; the Assistant Director for Vulnerable Adult Services reported that City Reach had 365 patients on their caseload; in practice this was closer to 200, around 40 patients per surgery
- A Member queried risk assessments in place to tackle recruitment barriers; the main barriers were around newly qualified GPs' lack of experience working with patients with mental health, drug abuse and related issues. Staff with experience working with this patient group had been recruited to pass on expertise and knowledge.
- The Associate Director of Local Commissioning for North Norfolk, Norwich and South Norfolk, Norfolk & Waveney CCGs, reported that Officers had engaged with GP practices to ensure they could accommodate patients; a workshop was held in March 2019, discussions held at CCG meetings and GP practices and primary care networks were on the development group; a meeting had been held with the practices who wanted to provide the enhanced service.
- Noting that Norwich was an outlier for drug related deaths, a Member queried how the new model would be safer for patients who could not be moved to primary care and if their voice had been sought. The Associate Director of Local Commissioning for North Norfolk, Norwich and South Norfolk, Norfolk & Waveney CCGs, reported that drop-in clinics, outreach and GP outreach were part of the new model.
- A concern was raised that no Equality Impact Assessment had been carried out; the Associate Director of Local Commissioning for North Norfolk, Norwich and South Norfolk, Norfolk & Waveney CCGs, **agreed** to take this away as an action
- The Assistant Director for Vulnerable Adult Services, Norfolk Community Health & Care NHS Trust, confirmed that the 8 GP sessions per week were carried out by a GP who could do enhanced prescribing; a nurse prescriber was also employed by the service. Prescribing staff were now available 5 days per week
- A Member noted there was no information in the report about staff training; the Assistant Director for Vulnerable Adult Service reported that skilled staff with experience and knowledge working with the patient group had been employed
- A Member queried whether work with asylum seekers and refugees would be in alignment with the People from Abroad team, and whether this work would be free from a "duty to report". The Associate Director of Local Commissioning for North Norfolk, Norwich and South Norfolk, Norfolk & Waveney CCGs, confirmed that the team aimed to commission a culture of asking no questions
- Members discussed the importance of patient perception and the impact colocation with the People from Abroad team could have on this
- The Chairman requested information about continuation of the service after March 2020. Commissioners and the provider would work together until March 2020 to ensure a smooth transition; funding was secured for after this time. The locum GP working for the service 2 days a week was due to leave in October 2019, however, new GPs had been recruited and this service would therefore continue.
- The Chairman queried access to dentistry; Officers reported that Norfolk Community Health & Care NHS Trust provided access dentistry at Norwich Community Hospital and in Kings Lynn for emergency dentistry. City Reach could

provide bus tickets and support workers to help homeless people attend appointments. A dentistry practice in the centre of Norwich worked with the Syrian resettlement scheme to support refugees and other vulnerable patients.

- Through service redesign, Officers hoped to achieve more sustainable staffing and step down for more patients to allow experts to focus on those with greatest need. Having more patients registered with a GP would make a wider range of services available to them.
- Availability of interpreters was queried; the Assistant Director for Vulnerable Adult Services reported that City Reach used the telephone interpreter service Language Line; the NHS had also commissioned a service offering telephone and face to face translation for primary care services.
- Specialist Hepatitis C clinics would continue in the new model via outreach, and it was hoped that GPs would also be involved moving forward
- Cllr Emma Corlett **proposed** that a paper was brought back to Committee, including evidence of consultation and patient participation in service redesign and an Equality Impact Assessment. The Chairman **agreed** with this proposal
- The Chief Nurse, the NHS Clinical Commissioning Groups for Norfolk & Waveney, noted that there was not a substantial change requiring consultation; she suggested that Officers submitted a Member briefing addressing the concerns raised. If Councillors still had concerns, a report could be brought back in 2020; Members **agreed** with this approach

7.3 Following the discussions with representatives at today's meeting the Committee **AGREED** that Commissioners would provide the following information for the November NHOSC Briefing:

- An explanation of exactly how the new service model will address issues experienced in the current service
- Evidence of engagement / involvement of patients in the design of the new service model
- Evidence of an Equality Impact Assessment of the change in service model.

To enable NHOSC Members to decide whether or not to propose the subject for a future NHOSC agenda

8. Children's speech and language therapy (central and west Norfolk)

8.1.1 The Committee received the report providing an update from Commissioners on access to and waiting times for children's integrated speech and language therapy in central and west Norfolk, focussing on the progress made following in a 30% uplift in funding which began in April 2019.

8.1.2 The Chairman welcomed Officers who had attended the meeting to answer the Committee's questions.

8.2.1 Member of the public, Patrick Thompson spoke on the item

- Mr Thompson was pleased with progress of the service, recruitment of extra therapists and good working between senior management; he was disappointed that some sections of the report did not reflect parent, carer and specialist school expectations, and felt this needed clarification
- Mr Thompson highlighted page 26 paragraph 2 of the report, which referred to additional resources in place; he hoped this included resource for cleft lip and palate patients, noting that they needed support during and after leaving school
- With reference to the suggested approach referencing an 18-week referral at page

26 section 3 3.1 paragraph b, Mr Thompson hoped that the indicators would allow patients with special needs to get input as soon as possible

- Mr Thompson queried whether the causes of unattended appointments had been considered, such as low income, single parents and travel expenses; he felt this needed attention from the provider.
- Mr Thompson noted that the report showed the service had improved, but felt there could still be a postcode lottery in provision of services

8.2.2 The Headteacher, Fred Nicholson School, Dereham, spoke to the Committee:

- schools took advice from professionals to assist in drawing up and delivering care plans, therefore therapists also acted as advisors to schools and teachers
- work on social and language interaction was ongoing during the day to day work at schools; the work of Speech and Language Therapy was only part of language development work in schools

8.2.3 The Representative from Family Voice spoke to the Committee:

- In the series of reports provided to the committee there were concerns which occurred many times
- Some schools didn't engage in the balanced model
- Some people with autism and other conditions found it hard to access support; as autism was not recognised as a learning disability there was no support for non-verbal autistic children. Selective mutism was reported as another area without support
- Parents had also noted long waits for services

8.2.4 The Representative from SENSational Families spoke to the Committee:

- There was a greater feeling of co-production with families since the last Committee meeting, however, she reported that autistic children were not able to access Speech and Language Therapy for support with communication and social issues
- Children with Downs syndrome with Speech and Language issues had been offered a "one size fits all" of 6 sessions, or an enhanced offer of 12 sessions, which was not based on what the child needed

8.2.5 The Special Educational Needs and Disabilities and Alternative Provision Transformation Lead, Children's Services, Norfolk County Council

- It was at the discretion of headteachers how they used their funding, however, Officers could work with schools to show them how to best use funding to support children with Speech and Language difficulties
- The Chairman felt that, at that time, some children may be 'falling through the net'
- Changes were ongoing, and the Council shared the same ethos as and had good engagement with stakeholders. Officers and Commissioners were aware of the areas where work was needed

8.3 The following points were discussed and noted:

- A Member discussed differences in quality of service provided in West Norfolk; the Senior Commissioning Manager for Children, Young People and Maternity, Norfolk and Waveney, was not aware of this and would find out information.
- A Member raised concerns over a postcode lottery in support for Children with Downs Syndrome accessing speech and language support.
- The Senior Commissioning Manager for Children, Young People & Maternity clarified that children would be supported by their school where possible so children who needed specialist input could be seen sooner. The Vice-Chairman was concerned there was insufficient resource in schools to provide Special Educational Needs and Disability (SEND) support, and reallocating resources

would not address this.

- The Special Educational Needs and Disabilities and Alternative Provision Transformation Lead clarified that Speech and Language Therapists identified therapy for children regardless of other presenting needs.
- Schools received £85m and £35m funding to meet children's SEND needs; it was at headteachers' discretion how to allocate their own school's funding.
- The service was moving towards an outcomes-focussed framework
- A Member queried staff sickness rates at SEND schools and the impact on children; the Headteacher of Fred Nicholson School, Dereham, replied that it was important to create school environments which supported ongoing language and communication development. She suggested providing training for whole schools in the recommissioning process to reduce the need to remove staff during the day for training, and introducing accreditation for staff providing advice to schools
- A Member noted that there was variation in provision from month to month; the Senior Commissioning Manager for Children, Young People and Maternity, Norfolk and Waveney, **agreed** to find out reasons for this and circulate to Members
- A meeting was due to be held in October 2019 with the Children's Health Commissioning Group to look at gaps in service, challenges and ways to meet them
- It was noted that NHS support available to schools was variable and suggested that availability of teaching assistants to support in schools should be improved
- Officers confirmed that providing therapy in blocks of 6 or 12 weeks was not based on evidence but was intended to allow progress to be reviewed and identify where children only required some of the sessions. The Representative of SENSational Families Group reported that Therapists were still allocating in full blocks
- The Senior Commissioning Manager for Children, Young People and Maternity confirmed that the 18-week referral time was an NHS constitutional standard
- It was clarified that screening was used to identify common communication difficulties which could be easily addressed. The graduated approach would ensure children who needed more intensive support received it quicker
- Officers confirmed that to decrease waiting time to 6 weeks, a significant increase in speech and language therapists and funding would be needed
- The Chairman felt there were gaps in provision which required further scrutiny. The Vice-Chairman suggested the topic was brought back to a future meeting with evidence that the whole spectrum of needs, including speech difficulties, were covered. Members discussed the possibility of making recommendations to Cabinet regarding the prioritisation and provision of speech and language therapy in schools. The Democratic Services and Scrutiny Support Manager advised and the Special Educational Needs and Disabilities & Alternative Provision Transformation Lead confirmed that running of schools was delegated to headteachers and they could not be directed by Council.
- Cllr Emma Corlett suggested that the Committee report should be shared with the Cabinet Member for Children's Services noting the geographical variation in service provided by schools.
- The Representative from Family Voice reported that at the SEND support peer review meeting in 2018 no alternative model was identified to provide special educational needs support in schools other than teaching assistants
- The Department for Education had confirmed that SEND funding would not be ringfenced; funding on school budgets was not ringfenced
- Information on the impact of additional staffing was **requested** in a future report
- The Chairman **proposed** that a report was brought back at a future meeting which would also be sent to the Cabinet Member for Children's Services
- The Senior Commissioning Manager for Children, Young People and Maternity, Norfolk and Waveney, reported that impacts from staffing and other changes

would start to be seen by the end of quarter 3 and **suggested** the report was brought back in 2020

8.4 Following the discussions with representatives at today's meeting the Committee **AGREED**

- That commissioners would bring a report to NHOSC in spring 2020 providing an update on the progress of the re-modelled service and including:
 - Implications for service across the speech, language and communication needs spectrum following discussions on children's integrated health provision (initial meeting planned for 25 October 2019)
 - Details of staffing and vacancies in the SLT service

8.5 The Committee had a break from 15:45 until 16:05

8.6 The Vice Chairman left the meeting during the break

9. **Adult autism diagnosis with pre and post diagnosis support – Autism Service Norfolk**

9.1.1 The Committee received the report giving information about Autism Service Norfolk, the service for assessment and diagnosis of autistic spectrum disorders (ASD) for adults in Norfolk and suggesting an approach to scrutiny

9.1.2 The Chairman welcomed Officers who had attended the meeting to answer the Committee's questions

9.2 The following points were discussed and noted:

- A Member queried the capacity to accommodate increased referrals; the Assistant Director of Integrated Operations (Mental Health & Learning Disabilities) reported that recruitment of speech and language therapists, bank staff, a clinical psychologist and 5 support workers would increase capacity from 1 to 5.6 full time equivalent staff, reduce the waiting list and increase productivity.
- There was an ambition to reduce the waiting list to the NICE (National Institute for Health and Care Excellence) target.
- The new Autistic Spectrum Disorder (ASD) definition covered all previous diagnoses; all people with these diagnoses would have access to services.
- The Autism Service Norfolk Clinical Psychologist reported that support sessions were delivered by experienced support workers with clinical support to help people come to terms with diagnosis, look at the impact on their life, signpost and support to access services
- A Member queried the local register; Officers confirmed that Liquid Logic would be used to ensure professionals were aware of people's needs and give information about the number of autistic people and the level of services needed in Norfolk. Liquid Logic was bound by patient confidentiality rules under GDPR (EU General Data Protection Regulation) regulations
- Cllr Fulton-McAllister shared the story of his autism diagnosis and felt that the long waiting times were issue, noting that some people would only seek diagnosis in a time of crisis; he felt that a Key Performance Indicator (KPI) should be in place of no more than a 4 week wait for people in crisis. The Director of Community Social Work **agreed** to look to introduce this KPI
- The Autism Service Norfolk Clinical Psychologist reported that staff prioritised support for people with immediate need by reviewing questionnaires.
- The Autism Commissioning Manager reported that monthly conversations were held to identify unmet needs and feed this into the Norfolk Autism Board.

- Officers were not fully confident that they could meet need at that time, however felt they could once all staff were recruited.
- Diagnosis of ASD in women was queried, noting the different presentation of signs in women and that current diagnostic techniques could overlook this. The Autism Service Norfolk Clinical Psychologist reported that assessment tools were being designed to highlight signs more applicable to women and that the multidisciplinary element of the team would support this.
- Work with the Norfolk Autism Partnership Board to co-create the Norfolk Autism Strategy included awareness raising. E-learning and face to face autism training had been introduced for partners to help raise awareness about autism including gender differences; the Autism Commissioning Manager **agreed** to share the e-training with Committee Members.
- The Assistant Director of Integrated Operations (Mental Health and Learning Disabilities) confirmed that vacancies were advertised locally and nationally. Organisation and development teams were working across the NHS and social services to promote Norfolk as an attractive place to work and live through the recruitment process. It was noted that more could be done to promote Norfolk as an affordable place to live. Relocation packages were offered.
- Concern was raised about the ability of staff to stay in contact with people about the likely timescale to wait for an appointment; Officers confirmed that moving forward they would be able to give a higher level of contact
- Norfolk Autism Partnership Board included a forum for people to let them know about issues by attending the forum or in other ways; these would be fed into the Board and direction of travel of the service
- In response to a query, the Autism Commissioning Manager reported that, post screening, 80% of people received a positive diagnosis; the post diagnosis support service prepared people for additional support they may need and how to manage their diagnosis. Officers wanted to make better links with other services such as mental health, social care and employment.
- The Assistant Director of Integrated Operations (Mental Health and Learning Disabilities) confirmed that the waiting time was measured from referral to start of assessment. The average time on the waiting list at that time was 72 weeks; the longest wait for a diagnostic assessment recorded was 208 weeks; over the past 6 months, priority patients were seen in an average of 46 weeks.
- Officers noted that it was important to think about post-diagnosis support outside of statutory services, such as voluntary services
- The drop-out rate from the waiting list was not measured at that time but it was thought to be low. The Autism Services Norfolk Clinical Psychologist **agreed** that dropout rate would be added as a KPI
- To give a diagnosis, enough markers of ASD during childhood were needed; it was recognised that some people did not have parents or did not have contact with their parents, therefore this part of diagnosis was not always possible. It was also the case that signs of autism were not always clear during childhood.
- The Chairman **requested** Officers to return with a report including information on staffing arrangements, noting her concerns about resilience in the team and the 72week average waiting time; she wanted to see more joined up recruitment across agencies. The report was also to include information on the impact of the new service model on other services. impact of the new service on other parts of the service included in the next report

9.3.1 Following the discussions with representatives at today's meeting the Committee **AGREED:**

- That Commissioners would bring a report back to NHOSC in 6 months' time (i.e.

May 2020), with a progress update and including information on the staffing of the service and impact of the new model of service on other services.

9.3.2 The Committee **RECOMMENDED** that the commissioners look to introduce a four-week waiting standard for people in crisis.

10. Forward work programme

10.1 The Committee received and considered the forward work plan outlining items for meetings from November 2019 to March 2020.

10.2.1 The Committee **APPOINTED**:

- Cllr Penny Carpenter as the Joint Strategic Commissioning Committee link
- Cllr Michael Chenery of Horsbrugh Norfolk and Suffolk NHS Foundation Trust substitute link

10.2.2 The Committee **AGREED** the forward work programme with the following alterations:-

- 28 Nov 2019 Agenda:
 - **AGREED** to remove the report on Eating disorder services. (On the understanding the access threshold has returned to the commissioned level and that NHOSC will be notified if there is a need to raise it in future).
 - **AGREED** to add a report on Future of primary care (GP) services for residents of Fairstead, King's Lynn
- 28 Nov 2019 Member Briefing:
 - **AGREED** to add information on City Reach service, Norwich (see item 7 above)
- Spring 2020 Agenda:
 - **AGREED** to add a report on Children's speech and language therapy (SLT) (central and west Norfolk) – update from 10 October 2019
- May 2020 Agenda:
 - **AGREED** to add a report on Merger of Norfolk and Waveney CCGs – to examine how the potential new CCG will maintain local focus (dependent on the CCGs' application for merger)
 - **AGREED** to add a report on Adult autism diagnosis with pre and post diagnosis – Autism Service Norfolk – update from 10 October 2019. Including information on the impact of the new model of service on other services

Chairman

The meeting ended at 17:12



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