

**NORFOLK HEALTH OVERVIEW AND SCRUTINY COMMITTEE**  
**Minutes of the meeting held at County Hall**  
**on 14<sup>th</sup> July 2022**

**Members Present:**

Cllr Alison Thomas (Chair)	Norfolk County Council
Cllr Julie Brociek-Coulton	Norwich City Council
Cllr Penny Carpenter	Norfolk County Council
Cllr Brenda Jones	Norfolk County Council
Cllr Alexandra Kemp	Borough Council of King's Lynn and West Norfolk
Cllr Robert Kybird	Breckland District Council
Cllr Nigel Legg	South Norfolk District Council
Cllr Richard Price	Norfolk County Council
Cllr Lucy Shires	Norfolk County Council
Cllr Emma Spagnola	North Norfolk District Council

**Co-opted Member (non voting):**

Cllr Edward Back	Suffolk Health Scrutiny Committee
Cllr Keith Robinson	Suffolk Health Scrutiny Committee

**Substitute Members Present**

Cllr Fabian Eagle substituting for Cllr Julian Kirk

**Also Present:**

Clare Angell (item 7)	Deputy Head of Children, Young People and Maternity Services – Norfolk & Waveney Integrated Care Board
Tricia D'orsi	Director of Nursing - Norfolk & Waveney Integrated Care Board
Alison Furniss (item 7)	Parent Carer Representatives and Board Member – Family Voice Norfolk
Kirsty Gannon (item 7)	Parent Carer Representatives and Board Member – Family Voice Norfolk
Rebecca Hulme (item 7)	Associate Director for Children, Young People and Maternity Services - Norfolk & Waveney Integrated Care Board
Abigail Ife (item 7)	Divisional Operations Manager – James Paget University Hospital Trust
Shepherd Ncube (item 6)	Head of Delegated Primary Care Commissioning - Norfolk & Waveney Integrated Care Board
Joanne Scott (item 7)	Matron, Community Paediatrics Services, Children & Young People Services – James Paget University Hospital Trust
Diane Smith (item 6)	Senior Programme Manager, Mental Health Strategic Commissioning Team - Norfolk & Waveney Integrated Care Board
Amie Swithenbank (item 7)	Interim Head of Children, Young People and Administrative Services – Norfolk Community Health & Care Trust
Mark Walker (item 7)	Operations Director – Specialist Systems Operations and Children's Services - Norfolk Community Health & Care Trust

**Online:**

Dr Ardyn Ross (item 6)	Practising GP Partner – Norfolk & Waveney Primary Care
Emma Willey (item 6)	Head of Mental Health - Norfolk & Waveney Integrated Care Board

**Officers:**

## **1 Apologies for Absence**

- 1.1 Apologies for absence were received from Cllr Sue Prutton, Cllr Robert Savage, Cllr Daniel Candon, Cllr Barry Duffin and Cllr Julian Kirk (substitute Cllr Fabian Eagle). Cllr Eagle is both a District and County Councillor but was substituting for the County Council.

## **2. Minutes**

- 2.1 The minutes of the previous meetings held on 12 May 2022 and 28 June 2022 were agreed as an accurate record of the meetings and signed by the Chair.

## **3. Declarations of Interest**

- 3.1 Cllr Spagnola declared that she was a member of Family Voice Norfolk in relation to Item 7.

## **4. Urgent Business**

- 4.1 There were no items of urgent business.

## **5. Chair's Announcements**

- 5.1 The Chair had no announcements.

## **6 Annual Health Checks for: people aged over 14 with Learning Disabilities, Looked After Children and Adults with Severe Mental Illness in Norfolk and Waveney**

- 6.1 The Committee received the annexed report (6) from Dr Liz Chandler, Scrutiny & Research Officer, which provided an update on progress since the briefing to members in March 2021.
- 6.2 The Committee received evidence in person from representatives of Norfolk & Waveney Integrated Care Board, Shepherd Ncube, Head of Delegated Primary Care Commissioning and Diane Smith Senior programme Manager, Mental Health Strategic Commissioning Team and online from Emma Willey head of Mental Health and Dr Ardyn Ross, practising GP Partner.
- 6.3 The reports submitted were taken as read and during the ensuing discussion the following points were noted:
- The committee were pleased to note that proactive home visits to carry out annual health checks were taking place to capture the 2000 individuals whose check was outstanding from quarters 3 and 4.
  - Upskilling of all healthcare professionals that engaged with patients was helping to increase the number of annual checks taking. More work was required in this area but progress was being made.
  - GP practices were moving to a system where checks are spread out over a 12 month period to manage workflows more effectively. The practices were also

encouraging the families of patients with a learning disability to get in touch to promote the checks and to ensure these were carried out in a timely fashion.

- A birthday card initiative had been introduced where a patient on their fourteenth birthday received a card encouraging them to come for a check and to follow up annually. It was hoped that starting at this age would lead to patients developing the habit of an annual check to continue into adulthood.
- Working with the voluntary sector had become an important element to help to reach out to all those eligible for an annual health check.
- Learnings from the short term funded initiatives to help increase the number of checks taking place had been incorporated into the governance structure and were being used to help secure long term funding to ensure the momentum was not lost.
- Plans were in place to ensure those checks that did not take place last year and were being prioritised did not affect the drive to ensure new patients were contacted and checks undertaken.
- Young people aged 14 and upwards were encouraged to undertake an annual health check. Prior to that age parents and guardians would be contacted directly.
- Work had taken place to encourage young people (14 years and upward) which included creating a video, co-produced by the young people themselves to demystify the checks as well as providing information in an easy read format.
- Care coordinators were being utilised by GP practices to help identify and contact those who had not undertaken a health check.
- Learning Disability teams had been visiting GP practices to ensure they were as welcoming and reassuring as possible for those attending for the annual health check.
- Annual Health checks were regularly promoted in primary care webinars and publications to reflect the importance of the checks to primary care staff.
- Combining the different groups of annual health checks, for example those with an eating disorder and a learning disability, demonstrated to GP practices that undertaking the checks would help support the financial viability of the roles of the mental health practitioners.
- It was acknowledged that both recovery workers and peer support workers could also engage and undertake checks to aid the workload of the mental health practitioners.
- There were a number of strands to help increase the number of health checks being undertaken, including drop in services, working with the voluntary sector and using other healthcare professionals. The difficulties for recruitment to new roles was a concern, although these concerns were across the sector in all areas and not just mental health.
- Some checks if not fully completed were not being signed off if one or more elements of the check had not been completed. However, not all elements were relevant for every patient. It was acknowledged that work was required to analyse the data to reflect those situations and correct them.
- The longest outstanding annual health check was 3 months and plans were in place with the two providers to increase capacity and ensure the quality of the checks.
- It was hoped for the future that any strategy meeting for a child would include all healthcare professionals including those that had undertaken the annual health check. However, currently if that wasn't possible other professionals at that meeting would have the knowledge of the patients and the data available from their annual check.

- 6.4 The Chair concluded the discussion summarising that the improvement in Learning Disabilities annual health checks from 49% to 79% was significant and it was hoped that this momentum would continue. The capacity issue around checks for looked after children remained a challenge but the recruitment of the roles by NCHC should be in place in August 2022 which would help increase the number of checks undertaken within the catch up programme. The peripatetic pilot had been successful and it was hoped that more sustainable long term funding could be found for these roles. The Chair thanked colleagues from NHS and ICB for attending.

The committee undertook a comfort break and re convened at 11.20am

## **7 Children's Neurodevelopmental Disorders - waiting times for assessment & diagnosis**

- 7.1 The Committee received the annexed report (7) from Dr Liz Chandler, Scrutiny & Research Officer, which provided an update on waiting times for assessment and diagnosis for neurodevelopment disorders since the last report to the committee in July 2021.
- 7.2 The Committee received evidence in person from representatives of Norfolk & Waveney Integrated Care Board; Clare Angell Deputy Head of Children, Young People and Maternity (CYPM) Services, Rebecca Hulme, Associate Director for Children, Young People and Maternity Services and James Paget University Hospital Trust; Joanne Scott Matron, Community Paediatrics Services, CYP Services, Abigail Ife, Divisional Operations Manager James Paget University Hospital and Norfolk Community Health and Care Trust; Amie Swithenbank Interim Head of Children, Young People and Administrative Services, Mark Walker, Operations Director - Specialist, System Operations and Children's Services and Family Voice Norfolk: Kirsty Gannon, Parent Governor and Alison Furniss, Parent Governor.
- 7.3 The reports submitted were taken as read and during the ensuing discussion the following points were noted:
- It was accepted that the waiting time for diagnoses was longer than was desirable and that every effort was being made to reduce these times. The journey to diagnoses was long and support and guidance was required at every step. Partners and stakeholders alike, including parents were working together to improve matters and there were a number of positive changes taking place.
  - Additional educational needs should be met by schools and colleges regardless of whether or not a pupil had a defined diagnosis.
  - The waiting lists to first assessment had increased over the past 12 months due to the impact that Covid had on schools. This increase was anticipated by the system as early indicating symptoms in children had not been picked up.
  - Waiting times for the James Paget University Hospital were now on par with those levels for Central and West Norfolk.
  - Norfolk Community Care and Health Trust had secured additional funding to help recruit more clinicians although the impact of this is unlikely to be seen until 2023.
  - An additional £1.6m had been secured over the next 3 years to establish a key worker team to support children where a diagnoses of a learning disability and/or autism or where there was a suspected likely diagnoses. The team had been in place since September 2021 and had contacted over 1500 families already. The impact of this was making a real difference for families.
  - A further £300,000 had been secured to provide a pathway for avoidant restrictive food intake disorder (ARFID). This pathway had finished the scoping

stage and work was being undertaken with mental health colleagues on how this pathway would feature in mental health services.

- Funding of £200,000 had also been secured to test initiative models of care. It was acknowledged that the status quo of care pathways could not continue especially in a post pandemic environment.
- The next 12 months would also see the results of a £1m funding requirement to test the results of the assessment framework for diagnoses. It was known that the independent sector did have the ability to undertake assessment but this had not been considered previously by the public sector. These options were now being explored although it was too early to provide results at this stage, confidence was high that this involvement would help reduce waiting times for assessment.
- Measures were in place to talk to educational colleagues to avoid an independent diagnoses not being accepted by schools and colleges particularly as the independent sector was likely to feature more with the additional funding of £1m.
- The key worker team would provide support if an individual was highly likely to be confirmed as neuro divergent, on a waiting list and at risk of admission.
- This was no requirement for an educational psychologist assessment to be undertaken before assessment of an individual could take place, although it was acknowledged that the pathway for assessment was long and varied as the needs of every individual was complex. Diagnoses was life long so pursuing this line of assessment had to be carefully considered.
- Prevention was key to ensuring that help and support was given at the earliest opportunity and that work was taking place not only with schools but with early years providers as well to help identify a child's needs.
- It was acknowledged that since the last CQC and OFSTED reports from 2020 the service was in a very different place and significant measures had been put in place to improve services although there was still some way to go the overall trend was upward.
- The £1m funding to work with the independent sector to reduce diagnoses waits was not recurrent funding. However, once the model had been established any further monies available could quickly be utilised in the same manner.

- 7.4 The Chair concluded the discussion and thanked Clare Angell and her team for their passion and understanding of the challenges that existed and the determination to improve services. It was hoped that the additional funding mentioned and the initiatives to help improve services would reduce waiting times for diagnoses and provide support and guidance to families. Additionally, schools and early years providers could treat the symptoms and make the adjustments needed without having to have a diagnosis. Those who home schooled also required the same level of support and should not be forgotten by the system. Cllr Spagnola indicated that she was happy to work with Clare Angell outside of the committee to provide that additional information and comment.

The Chair recommended that this topic be added to a briefing note to the committee in fifteen months' time at which point the committee could decide whether to add the item again to the forward work programme.

## **8 Forward Work Programme**

- 8.1 The Committee received a report from Peter Randall, Democratic Support and Scrutiny Manager which set out the current forward work programme and briefing details that were agreed subject to the following additions:

### Briefing

August 2022

- Update on NHS dentistry services in Norfolk.
- Additional information on provision of training for GP surgeries for menopause services.

October 2022

- Fragmentation of crisis provision in mental health

Date TBC

- Data on numbers and symptoms of those suffering with long COVID.
- Coordination and administration of patients transferred between acute hospitals.

### Meeting

November 2022

- NHS dentistry services – access for patients and award of new NHS contracts.

- 8.2 The Chair encouraged members to attend one of the briefing sessions to be given by NSFT which the committee would discuss in September 2022. A letter from the Health Minister had been received regarding dentistry in Norfolk but had yet to be distributed to the committee. The Chair considered that given the circumstances that dentistry was an item that would need to be added to the forward work plan in the near future.

**Alison Thomas Chair  
Health and Overview Scrutiny Committee**

The meeting ended at 12.27pm



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