

**NORFOLK HEALTH OVERVIEW AND SCRUTINY COMMITTEE  
MINUTES OF THE MEETING HELD AT COUNTY HALL, NORWICH  
on 7<sup>th</sup> September 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 B Jones	Norfolk County Council
Dr N Legg	South Norfolk District Council
Mr R Price	Norfolk County Council
Mrs J Brociek-Coulton	Norwich City Council
Mr P Wilkinson	Breckland District Council
Mrs S Young	Norfolk County Council

**Also Present:**

Karin Bryant	Assistant Director of Clinical Commissioning, NHS Norwich CCG
Nicki Rider	Integrated Commissioning Manager, Education Inclusion Service, Children's Services, Norfolk County Council
Melanie Craig	Chief Officer, Great Yarmouth and Waveney CCG
Tracy McLean	Head of Children, Young People and Maternity Services for Norfolk and Waveney
Jonathon Williams	Chief Executive, East Coast Community Healthcare
Louise Denby	Deputy Director, Health Improvement and Children's Services, East Coast Community Health Care
Trevor Wang	Family Voice
Hayley Huckle	Parent from SENSational parents group
Rupert	Parent from Unique Children in Norwich group
Timothy Shayes	Head of Transformation, North Norfolk CCG
Anne Borrows	Acting Assistant Director, Clinical Transformation, North Norfolk CCG
Mark Burgis	Chief Operating Officer, North Norfolk CCG
David Russell	Cromer Town Council
Alan Hunter	Head of Service (Children), Norfolk Community Health and Care NHS Trust
Dr Michelle Trollope	Clinical Psychologist, Joint Clinical Lead for the ASD Diagnostic Pathway, Norfolk Community Health and Care NHS Trust
Clare Smith	Parent and Director of Asperger Training Services
Anne Ebbage	Autism Anglia
Maureen Orr	Democratic Support and Scrutiny Team Manager
Chris Walton	Head of Democratic Services
Karen Haywood	Democratic Support and Scrutiny Team Manager

## **1. Apologies for Absence**

Apologies for absence were received from Glyn Williams (North Norfolk District Council) and Lana Hemsall (Broadland District Council).

## **2. Minutes**

The minutes of the previous meeting held on 20<sup>th</sup> July 2017 were confirmed by the Committee and signed by the Chairman.

## **3. Declarations of Interest**

There were no declarations of interest.

## **4. Urgent Business**

There were no items of urgent business.

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

### **5.1 Visit to the East of England Ambulance Service, NHS Trust Emergency Operations Centre, Hellesdon.**

The Chairman reminded the Committee that a visit to the Emergency Operations Centre had been arranged for the afternoon. The Committee had 'Ambulance response and turnaround times' on the agenda for 26 October and the visit would provide useful background information.

A further visit was to be arranged for Members who were unable to attend today:-  
Julie Brociek-Coulton  
Michael Chenery of Horsbrugh  
Emma Corlett  
Brenda Jones

## **6 Children's Speech and Language Therapy**

6.1 The Committee received a suggested approach by Maureen Orr, Democratic Support and Scrutiny Team Manager, to a report from commissioners on access to and waiting times for children's speech and language therapy (SLT) in Norfolk.

6.2 The Committee received evidence from

- Karin Bryant, Assistant Director of Clinical Commissioning, NHS Norwich CCG
- Nicki Rider, Integrated Commissioning Manager, Education Inclusion Services, Children's Services NCC,
- Melanie Craig, Chief Officer, Great Yarmouth and Waveney CCG,
- Tracy McLean, Head of Children, Young People and Maternity Services for Norfolk and Waveney,
- Jonathan Williams, Chief Executive, East Coast Community Healthcare,
- Louise Denby, Deputy Director Health Improvement and Children's Services, East Coast Community Healthcare.
- Trevor Wang - Family Voice

- Hayley and Rupert - Parents

### 6.3 The following key points were noted:

- Karin Bryant informed the Committee that the changes to the model of service had been undertaken following best practice guidance from the Royal College of Speech and Language therapists in order to achieve the best possible outcomes and support for children and young people. She said that the model was working well and performance was improving, although it was acknowledged that the implementation of the system had been challenging and had taken a while to bed in.
- Feedback from service users had highlighted a degree of dissatisfaction with the changes to the service citing a lack of individualised care and a move towards more group based support.
- Karin Bryant said that it was important that families were engaged with any changes to the service and feedback was welcomed in order that the service could be improved. Work was being undertaken to look at improving engagement with families and a Task and Finish would be established. A Stakeholder group would also be established to bring together providers, commissioners and families.
- In response to a query as to whether the service was 'therapy' or 'consultation' based, Louise Denby said that it was a combination of both. She acknowledged that some families had experienced more changes than they would have liked and while there would inevitably be some staff changes in the service they would seek to keep this to a minimum and have consistency over therapists visiting families wherever possible.
- Following concerns raised by the Committee that some families were seeking private support, Nicki Rider said that all children were assessed according to clinical need however there were some families that would wish for more services than their child had been assessed as needing.
- In response to a query as to whether the service had previously been under commissioned, Louise Denby said that there had been more demand in the system than the service had capacity to deliver. She stressed however that this under commission would not affect the interaction that would have been made at the assessment stage. Therapists would put forward a package based on need, not what was available.
- Following an issue raised by the Committee regarding KPI 4b (The number of new EHCPs that required SaLT input) Karin Bryant said that this figure of 62% had improved and data for August indicated that the figure now stood at 92.4%.
- The Committee queried whether children who were discharged early would then automatically return to the 'back of the queue' in seeking an assessment. In response, Louise Denby said that a child may be discharged while work was being undertaken on their case however, they would come back into the system once recommendations had been successfully implemented. She explained that there were two waiting lists; one for new referrals and one for those on review.

- In response to a question as to why it had taken so long for the service to improve, Karin Bryant acknowledged that there had been problems in the first 6 months of the new contract however the situation had improved significantly since then. The establishment of a Children and Young Peoples' network to include children and young people commissioners and providers would be an important forum in driving these improvements. Since moving to a single commissioning model it was now easier to look at complaints across the whole of the County and to consider any emerging themes and localised issues.
- The Committee welcomed Trevor Wang from Family Voice to the meeting. Trevor Wang welcomed the creation of a stakeholder group, which he said had previously been missing from the process but expressed some concerns that the system based approach still wasn't working, with many families waiting longer than the target time. Communication was a key concern for families and there was a strong sense of confusion as to whether the service was a therapy or consultation service and the existence of two waiting lists, one for new referrals and one for those on review, was not widely known amongst families. He stressed that early intervention was important, and vital, as otherwise children were being placed in emotional and educational difficulties which could manifest itself in behavioural problems later on.
- The Committee welcomed two parents to the Committee who had experience of using the new service. One parent said that communications had been poor, the service was not very child centred, or friendly, with a focus on targets and 'getting the job done' and that there was not enough time allowed for the service to build trust with the child. The second parent explained the circumstances surrounding her son, and how she had now turned to private sessions to support his SLT needs. In response to the issues raised Jonathon Williams said that there was a need to be cautious about commenting on individual cases however, he believed that the service was now starting to get on top of the situation and that they would think about how this would now be further improved going forward. He stressed that he was proud of the professionals involved in the service.
- In response to a question as to whether East Coast were the best people to deliver the service, Karin Bryant said that the service had been subject to a procurement process with input from bodies, such as Family Voice, and that she considered they were doing a good job. The contract would end at May 2020 and there was an option to extend this until 2022. Before considering any extension they would seek the evidence based views of families and stakeholder groups.
- The Committee said that they had no criticism of individual therapists, who were doing a fantastic job, however concerns still remained about the service being commissioned. It was agreed that the issue be brought back to Committee at a future meeting to update them on the progress of the services across Norfolk, in terms of performance and the new initiatives to establish a stakeholder group and a task & finish group to address issues.

6.4 The Committee **agreed** that the commissioners and providers attend a future meeting to update NHOSC on the progress of the services across Norfolk, in terms of performance and the new initiatives to establish a stakeholder group and a task & finish group to address issues.

## **7 Consultation of the future of Benjamin Court healthcare unit, Cromer**

- 7.1 The Committee received a suggested approach by Maureen Orr, Democratic Support and Scrutiny Team Manager, to a consultation from the North Norfolk Commissioning Group.
- 7.2 The Committee received evidence from Timothy Shayes, Head of Transformation, North Norfolk CCG; Anne Borrows, Acting Assistant Director, Clinical Transformation, North Norfolk CCG and Mark Burgis - Chief Operating Officer, North Norfolk CCG.
- 7.3 The following key points were noted:
- David Harrison welcomed the proposed changes in the consultation and in particular the provision for palliative care at Benjamin Court.
  - Mark Burgis informed the Committee that he appreciated that there may be some anxieties locally about the changes however he believed that it presented an exciting opportunity. In response to a question as to whether he was confident that the proposals would meet future needs in light of the changing demographic, he said that intermediate beds would be available in Kelling and North Walsham and local feedback had indicated that people generally wanted to continue to be cared for at home.
  - In response to a question Timothy Shayes said that training would be provided for nurses to provide palliative care within the unit although many already provided such care in the community.
  - David Russell from Cromer Town Council attended the meeting and raised concerns over the non-provision of respite beds in the proposal and asked for further clarification on the provision of integrated healthcare between Benjamin Court and Cromer Hospital. In response Timothy Shayes said that the vision was to create a new community hub of integrated health and social care with discussions taking place with the Norfolk and Norwich Hospital to provide some services at Benjamin Court. It was noted that respite care was provided through Norfolk County Council and there were no proposed changes to this provision.
- 7.4 Members of the committee made supportive comments about the Benjamin Court Steering Group's preferred options for the future use of Benjamin Court. NHOSC agreed no formal comments in response to the consultation.

The Committee **agreed** to ask for an update on progress when changes at Benjamin Court had been implemented.

## **8 Children's autism and sensory processing assessment/sensory integration therapy.**

- 8.1 The Committee received a report by Maureen Orr, Democratic Support and Scrutiny Team Manager to a report from Commissioners on access to autism services and sensory processing assessment/sensory integration therapy in central and west Norfolk.
- 8.2 The Committee received evidence from:

- Melanie Craig - Chief Officer, Great Yarmouth and Waveney CCG
- Tracy McLean - Head of Children, Young People and Maternity Services for Norfolk and Waveney, hosted by Great Yarmouth and Waveney CCG.
- Alan Hunter - Head of Service (Children), Norfolk Community Health and Care NHS Trust
- Dr Michelle Trollope - Clinical Psychologist, Joint Clinical Lead for the ASD Diagnostic Pathway, Norfolk Community Health and Care NHS Trust.

### 8.3 The following key points were noted:

- Melanie Craig informed the Committee that there had been a significant increase in demand for the service in the last five years and it was clear that services had not kept up with demand. In anticipating the question of whether they had commissioned enough, she said that they hadn't. Moving forward they were now addressing the backlog which had been unacceptable for families and children. A more strategic approach to providing the service would now be taken and she was confident that with the additional investment provided that this would dramatically improve waiting times. Support for families would continue and it was important that improved communication was part of any changes. There would also be an increase in oversight and monitoring and these principles would be applied to managing the waiting list.
- Melanie Craig said that while there had been additional investments made in the past these had not been sufficient. She acknowledged that co-ordination with the County Council services had not been adequate in the past but that this was now in a stronger position than previously. There was a need for a more strategic approach to be taken across all 5 CCGs around planning and working with partners.
- Dr Trollope explained that there were two separate pathways each with a separate waiting period. The first pathway was referral to a Paediatrician which would take up to 18 weeks. After that the child would be transferred to the Autistic Spectrum Disorders (ASD) pathway and join the waiting list for an ASD assessment. She acknowledged that for families the waiting starts at the point they are referred to the Paediatrician. Delays had occurred in the ASD assessment and diagnosis pathway due to a previous lack of clinicians.
- Dr Trollope acknowledged that the pathways appeared cumbersome but explained that initial assessment by a Paediatrician was essential to rule out other developmental and medical conditions, especially in the first 5 years of life. The service was working with Paediatricians to shorten the pathway through skilled triage, especially for children over 5 years, which could see them referred on more quickly to the ASD assessment pathway. Work was also underway to standardise the recording of information in the Paediatrician pathway so that it was more meaningful for those working in the ASD pathway.
- Following concerns raised by the Committee that the system did not appear to be very 'child-centred', Dr Trollope said that one of the main themes that had been raised was families having to repeat their 'story' at different stages of the pathway. She reiterated that it was important for children, especially those under the age of 6 to first see a Paediatrician before entering the ASD assessment / diagnosis pathway. Alan Hunter explained that the assessment and diagnosis of ASDs was complex and it was necessary for children to have two assessments by two professionals before the diagnosis could be

made. In response to an earlier question regarding transition of children when they reached 18 years, Dr Trollope said that no child who was waiting for ASD assessment would be discharged if they turned 18 before assessment / diagnosis was completed. It was sometimes possible for young people just under 18 years old to be referred to the Aspergers Service.

- In response to concerns raised by a parent as to the sensory and integration aspects of the service, Alan Hunter said that he was conscious that young people with autism often had unique sensory skills and the service would be discussing with commissioners the potential for adding more sensory expertise to the assessment team.
- Although she could not divulge the level of additional investment proposed at this stage, as it was still subject to negotiation, Melanie Craig informed the Committee that it would be significant and would focus on additional capacity, specialist support and positive support for families. While the team had not previously had enough resources to deal with the level of demand and backlog the extra funding would allow an increase in capacity to deal with this. There would also be increased monitoring of waiting lists and a more intelligent use of information in order to be more pre-emptive in directing resources.
- In response to a query as to whether schools were engaged in providing support Dr Trollope said that they provided an assessment service suggesting what support would be useful for a young person and that they would work with schools where possible.
- Anne Ebbage from Autism Anglia attended the meeting. She said that she was pleased to hear that the service would be working to shorten waiting lists and stressed that there was increasing demand for autism to be diagnosed. She said that the Voluntary Sector were not funded to provide services and many working in the sector did not have the necessary qualifications to provide the support that parents were looking for, particularly in their own homes.
- Clare Smith, Parent and Director of Asperger Training Services, attended the meeting and raised concerns about the length of time taken to do ASD assessments in Norfolk. In Teeside her daughter had been diagnosed within 4 months of referral. In response Dr Trollope said that delays had been as a result of there not being enough clinicians to undertake assessments and while any potential delays needed to be communicated to families this delay shouldn't be two years. Responding to an issue regarding staff having left the Asperger Service Norfolk, Dr Trollope said that she understood that this was still a fully functioning service albeit with depleted resources at the moment.
- Melanie Craig pointed out that the NHS leads for the assessment and diagnosis of ASDs. The Local Authority is the lead agency for the provision of any support that comes after diagnosis.
- Responding to an issue from the Committee regarding equality of access for children and young people without strong advocates, Tracy McLean said that this was an issue that they would give consideration to, particularly when working with young people on how to influence services for the future.

- 8.4 The Committee **agreed** that the commissioners and providers attend a future meeting to update NHOSC on progress with commissioning additional capacity for the service and the situation in terms of reducing waiting times for assessment and diagnosis.

## **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:

26 Oct 2017 – Norfolk and Waveney Sustainability Transformation Plan

- Progress update. Members of Suffolk Health Scrutiny Committee to be invited to attend NHOSC on an informal basis on this occasion, to represent Waveney.

Children's speech & language services & Children's autism services (central & west Norfolk) to be added to a future agenda (to be programmed).

Benjamin Court, Cromer – NHOSC to receive a progress update when changes have been implemented.

### **Chairman**

The meeting concluded at 13.10 pm



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