



Norfolk County Council

Norfolk Health Overview and Scrutiny Committee

Date: **Thursday 3 September 2020**

Time: **10.00am**

Venue: **Virtual meeting**

Pursuant to The Local Authorities and Police and Crime Panels (Coronavirus) (Flexibility of Local Authority Police and Crime Panel Meetings) (England and Wales) Regulations 2020, the 30 July 2020 meeting of Norfolk Health Overview and Scrutiny Committee (NHOSC) will be held using video conferencing.

[Please click here to view the live meeting online.](#)

Committee Members and other participants: DO NOT follow this link, you will be sent a separate link to join the meeting.

Members of the public or interested parties may, at the discretion of the Chairman, speak for up to five minutes on a matter relating to the following agenda. A speaker will need to give written notice of their wish to speak to Committee Officer, Hollie Adams (contact details below) by **no later than 5.00pm on Friday 28 August 2020**. Speaking will be for the purpose of providing the committee with additional information or a different perspective on an item on the agenda, not for the purposes of seeking information from NHS or other organisations that should more properly be pursued through other channels. Relevant NHS or other organisations represented at the meeting will be given an opportunity to respond but will be under no obligation to do so.

Membership

| MAIN MEMBER | SUBSTITUTE MEMBER | REPRESENTING |
|-----------------------------------|--|------------------------|
| Cllr Penny Carpenter | Cllr Roy Brame / Cllr Ian Mackie / Cllr Graham Middleton / Cllr Haydn Thirtle / Cllr Alison Thomas | Norfolk County Council |
| Cllr Michael Chenery of Horsbrugh | Cllr Roy Brame / Cllr Ian Mackie / Cllr Graham Middleton / Cllr Haydn Thirtle / Cllr Alison Thomas | Norfolk County Council |
| Cllr Fabian Eagle | Cllr Roy Brame / Cllr Ian Mackie / Cllr Graham Middleton / Cllr Haydn Thirtle / Cllr Alison Thomas | Norfolk County Council |

| | | |
|--|--|---|
| Cllr Emma Flaxman-Taylor | <i>Vacancy</i> | Great Yarmouth Borough Council |
| Cllr David Harrison | Cllr Tim Adams | Norfolk County Council |
| Cllr Brenda Jones | Cllr Julie Brociek-Coulton / Cllr Emma Corlett | Norfolk County Council |
| Cllr Chris Jones | Cllr Julie Brociek-Coulton / Cllr Emma Corlett | Norfolk County Council |
| Cllr Alexandra Kemp | Cllr Anthony Bubb | Borough Council of King's Lynn and West Norfolk |
| Cllr Robert Kybird | Cllr Helen Crane | Breckland District Council |
| Cllr Nigel Legg | Cllr David Bills | South Norfolk District Council |
| Cllr Laura McCartney-Gray | Cllr Cate Oliver | Norwich City Council |
| Cllr Richard Price | Cllr Roy Brame / Cllr Ian Mackie / Cllr Graham Middleton / Cllr Haydn Thirtle / Cllr Alison Thomas | Norfolk County Council |
| Cllr Sue Prutton | Cllr Peter Bulman | Broadland District Council |
| Cllr Emma Spagnola | Cllr Wendy Fredericks | North Norfolk District Council |
| Cllr Sheila Young | Cllr Roy Brame / Cllr Ian Mackie / Cllr Graham Middleton / Cllr Haydn Thirtle / Cllr Alison Thomas | Norfolk County Council |
| CO-OPTED MEMBER (non voting) | CO-OPTED SUBSTITUTE MEMBER (non voting) | REPRESENTING |
| Cllr Keith Robinson | Cllr Stephen Burroughes / Cllr Helen Armitage | Suffolk Health Scrutiny Committee |
| Cllr Judy Cloke | Cllr Stephen Burroughes / Cllr Helen Armitage | Suffolk Health Scrutiny Committee |

For further details and general enquiries about this Agenda please contact the Committee Officer:

Hollie Adams on 01603 223029
or email committees@norfolk.gov.uk

Under the Council's protocol on the use of media equipment at meetings held in public, this meeting may be filmed, recorded or photographed. Anyone who wishes to do so must inform the Chairman and ensure that it is done in a manner clearly visible to anyone present. The wishes of any individual not to be recorded or filmed must be appropriately respected.

A g e n d a

1. **To receive apologies and details of any substitute members attending**

2. Minutes

To confirm the minutes of the meeting of the Norfolk Health Overview and Scrutiny Committee held on 30 July 2020.

(Page 5)

3. Members to declare any Interests

If you have a **Disclosable Pecuniary Interest** in a matter to be considered at the meeting and that interest is on your Register of Interests you must not speak or vote on the matter.

If you have a **Disclosable Pecuniary Interest** in a matter to be considered at the meeting and that interest is not on your Register of Interests you must declare that interest at the meeting and not speak or vote on the matter

In either case you may remain in the room where the meeting is taking place. If you consider that it would be inappropriate in the circumstances to remain in the room, you may leave the room while the matter is dealt with.

If you do not have a Disclosable Pecuniary Interest you may nevertheless have an **Other Interest** in a matter to be discussed if it affects, to a greater extent than others in your division

- Your wellbeing or financial position, or
- that of your family or close friends
- Any body -
 - Exercising functions of a public nature.
 - Directed to charitable purposes; or
 - One of whose principal purposes includes the influence of public opinion or policy (including any political party or trade union);

Of which you are in a position of general control or management.

If that is the case then you must declare such an interest but can speak and vote on the matter.

4. To receive any items of business which the Chairman decides should be considered as a matter of urgency

5. Chairman's announcements

6. **10:05 – Norfolk and Suffolk NHS Foundation Trust** (Page **12**)
10:55
Progress report
7. **10:55 – Access to NHS dentistry** (Page **40**)
11:45
Report by the commissioners, NHS England & NHS Improvement
- 11:45 - Break**
12:05
8. **12:05 – Access to palliative and end of life care** (Page **77**)
12:55
Report by the commissioners
9. **12:55 – Forward work programme** (Page **91**)
13:00
- Glossary of Terms and Abbreviations** (Page **95**)

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Head of Paid Service

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NORFOLK HEALTH OVERVIEW AND SCRUTINY COMMITTEE
Minutes of the meeting held on Microsoft Teams (virtual meeting)
at 10am on 30 July 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 Fabian Eagle | Norfolk County Council |
| Cllr Emma Flaxman-Taylor | Great Yarmouth Borough 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 Emma Spagnola | North Norfolk District Council |
| Cllr Sheila Young | Norfolk District Council |
| Cllr Sue Prutton | Broadland District Council |

Co-Opted Members Present

| | |
|---------------------|-----------------------------------|
| Cllr Judy Cloke | Suffolk Health Scrutiny Committee |
| Cllr Keith Robinson | Suffolk Health Scrutiny Committee |

Also Present:

| | |
|-------------------|---|
| Hollie Adams | Committee Officer, Norfolk County Council |
| Cath Byford | Chief Nurse, NHS Norfolk and Waveney Clinical Commissioning Group (CCG) |
| Melanie Craig | Chief Officer, NHS Norfolk and Waveney CCG, and Executive Lead, Norfolk and Waveney Health and Care Partnership |
| Dr Daniel Dalton | Chief Medical Officer, Norfolk and Suffolk NHS Foundation Trust |
| Dr Clare Hambling | GP, Bridge Street Surgery, and Governing Body member, NHS Norfolk and Waveney CCG |
| Maureen Orr | Democratic Support and Scrutiny Team Manager, Norfolk County Council |
| Andrew Palmer | Programme Director, Norfolk and Waveney Health and Care Partnership |
| Dr Jeanine Smirl | GP, St Stephen's Gate Medical Practice, and Clinical Director, Norwich Primary Care Network |

1 Apologies for Absence

- 1.1 No apologies were received.

2. Election of Chair

- 2.1 Cllr Michael Chenery of Horsbrugh, seconded by Cllr Emma Flaxman-Taylor, nominated Cllr Penny Carpenter.
- 2.2 Cllr Penny Carpenter was **DULY ELECTED** as Chairman for the ensuing council year.

- 2.3 The Chairman welcomed new members to the Committee: co-opted Members from the Suffolk Health and Scrutiny Committee Councillors Keith Robinson and Judy Cloke; and the new representative for Norwich City Council Cllr Laura McCartney-Gray.

3. Election of Vice-Chairman

- 3.1 Cllr Fabian Eagle, seconded by Cllr Emma Flaxman-Taylor, nominated Cllr Nigel Legg.
- 3.2 Cllr Nigel Legg was **DULY ELECTED** as Vice-Chairman for the ensuing Council year.

4. Minutes

- 4.1 The minutes of the previous meeting held on 13 February 2020 were **AGREED** as an accurate record.

5. Declarations of Interest

- 5.1 The following interests were declared:
- Cllr Sheila Young declared a non-pecuniary interest as a carer
 - Cllr Emma Flaxman-Taylor declared a non-pecuniary interest as a Governor of the James Paget Hospital and Member of the Health and Well Being Board

6. Urgent Business

- 6.1 There were no items of urgent business.

7. Chairman's Announcements

- 7.1 The Chairman:
- Expressed thanks to all health and care staff, frontline workers and managers for their hard work over the past months, all who had supported health and social care and those who had returned to work in health and social care during the pandemic. She spoke of healthcare workers who had been personally affected by Covid-19 and noted the bravery and professionalism of frontline staff who continued to run services throughout the pandemic.
 - Shared with the Committee information about the International Women's Day Health Event held on 5 March 2020 in Great Yarmouth by Great Yarmouth Borough Council and local charity DIAL. The event had a good turnout, and feedback received from the event would be used to inform work in communities. A key piece of feedback was that families would like more space to eat outside together with their children.
 - Marked the retirement of Chris Walton, who had provided a great support to the Chairman and to the Committee; the Committee wished him well for the future.

8. Covid-19 – overview of the effects on local NHS services

- 8.1.1 The Committee received the overview report from Norfolk and Waveney Clinical Commissioning Group (CCG) on the effects of the Covid-19 outbreak on local NHS services to enable the committee to understand the current operational position in primary, community and acute care (physical & mental health) in terms of suspended

services, reconfigured services, unaffected services (if any), NHS Covid-19 specific services / arrangements and any short to medium term operational developments being planned. The Chairman reminded the Committee that the Covid-19 outbreak was a level 4 incident for the NHS and major decisions in response to the pandemic had been taken nationally, not locally.

8.1.2 The Committee viewed a presentation given by representatives of Norfolk and Waveney CCG ([see appendix A](#)):

- The support received from the public, voluntary sector, organisations and Councils was noted
- The changes made to services during the pandemic were already in the national and Norfolk and Waveney long term plans, such as establishing a mental health advice line and digital GP services, but were brought forward more quickly.
- The presentation included statistics and data for Waveney and East Suffolk which was not included in the substantive report
- Norfolk and East Suffolk had a lower rate of positive Covid-19 cases than nationally
- Outbreaks reported at care homes could include residents, staff or both. The rate of care home deaths in both Norfolk and Suffolk were lower than nationally; carers and the community teams were thanked for their hard work
- People from black, Asian and minority ethnic backgrounds and those with diabetes experienced a higher risk of mortality and hospital admission from Covid-19
- Twice-weekly meetings were arranged from the start of the pandemic to coordinate the GP response; a triage system was introduced to identify which patients could be supported from home and which would benefit from face-to-face support. Clean sites were set up to allow vulnerable patients to access appointments.
- Care homes were given advice and guidance around covid-19.
- Volunteer call handlers were available to contact patients identified as vulnerable.
- A prolonged increase in demand for mental health services was expected due to people directly affected by Covid-19, traumatised by going through a pandemic, not having access to usual mental health services and other impacts of the pandemic. There were an estimated 3000 people who did not access services but who required mental health support in the first 8 weeks of the pandemic. Around 4500 new people had accessed services using the phone support line.
- Twenty percent of mental health contacts were face-to-face during the pandemic.
- Capacity of 111 was increased during the pandemic
- The number of patients waiting in hospital for more than 21 days had been halved since April 2020 using the discharge to assess process and 7-day discharge team
- Green sites, designated Covid-19 free sites, were in place for cancer treatment

8.2 The following points were discussed and noted:

- The Vice-Chairman requested clarification on diagnosis of Covid-19 and certification of deaths in care homes during the pandemic, and whether a good level of care for residents had continued; the GP, St Stephen's Gate Medical Practice, and Clinical Director, Norwich Primary Care Network, confirmed that all care home patients suspected of having Covid-19 had been tested. During the pandemic, weekly check-ins to care homes had continued and advanced home visits were offered through GPs. She felt that the excess death data recorded in Norfolk was accurate.
- The Chief Officer, NHS Norfolk and Waveney CCG, and Executive Lead, Norfolk and Waveney Health and Care Partnership, **agreed** to provide the data on East Suffolk and Waveney shown in the presentation to Cllr Keith Robinson. GP practices in Waveney and Suffolk, as in Norfolk, had adapted practice to keep staff and patients safe, including zoning, using digital triage and some face-to-face

appointments where appropriate and safe. Healthwatch Suffolk surveyed the public and found that around three quarters of patients who responded liked the changes. CCG representatives acknowledged that this meant there was a proportion who were not happy, therefore, it was important to provide a mix of digital and face-to-face services. Face-to-face consultations would increase gradually until a balance was found between patient need and safety.

- CCG representatives were asked what adjustments had been made for people with disabilities, impairments or with English as a second language with the increase in online and digital services. The Chief Officer, NHS Norfolk and Waveney CCG, and Executive Lead, Norfolk and Waveney Health and Care Partnership, reported that Officers were working with Norfolk and Suffolk CCGs to ensure information was as accessible as possible. Translation services to other languages and sign language were available. Transparent face masks had also been being explored as an option to provide better communication to people with sensory disorders.
- It was confirmed that, where required, people would be offered a home visit.
- Information was requested on work to reduce risk for people with diabetes; a coordinated helpline had been set up, lead by the Norfolk and Norwich University Hospital and supported by the other two acute hospitals in Norfolk to provide access to advice and guidance to ensure good support for people with diabetes. An education programme set up for people with type 2 diabetes had so far been taken up by 2000 people. Some people with diabetes had not always received all their care processes; webinars were organised with GP practices to look at how they could support these people. Retinal screening services had been asked to prioritise people on basis of need.
- Postponement of long-term reviews of people with long term conditions was a concern, particularly regarding the long-term impact. A risk stratification tool had been developed for GP practices to ensure that people of greatest need were targeted first when reintroducing services.
- A Member queried the new discharge arrangements and whether it had resulted in more patients going to care homes. The GP, St Stephen's Gate Medical Practice, and Clinical Director, Norwich Primary Care Network and the Chief Nurse, NHS Norfolk and Waveney CCG gave background to the changes:
 - At the beginning of the pandemic, hospitals were given direction to discharge as many patients who were fit to be discharged as possible to make room for the expected surge of Covid-19 patients. Norfolk challenged this policy.
 - At the end of March 2020, Public Health England policy was that patients were not tested for Covid-19 before discharge into care homes; patients with Covid-19 could be discharged to care homes after 7 days.
 - Norfolk doctors had noticed that care home residents and other elderly patients sometimes did not experience typical covid-19 symptoms; an audit was carried out in a Norfolk care home which showed that 10% of residents who tested positive showed no symptoms. The data from this audit was used to challenge the discharge policy further.
 - Teams were pulled together to form a 24/7 integrated discharge team in partnership with care homes, supporting them to keep residents isolated and gain access to PPE.
 - A decision was made locally to bring forward covid-19 testing to two days before discharge so that the result was known when patients were discharged.
 - Removing the need for continuing health care and other assessments prior to discharge prevented people staying in hospital longer than needed, and a system wide group was set up to identify additional capacity in the system.
 - Care association representatives gave feedback that the NHS had not pushed

residents into care homes in an unsafe manner.

- There had been enough PPE within the NHS to lend to other providers. The trusts worked cooperatively to ensure all services had the PPE they needed when supplies were lower at the start of the pandemic; a PPE Cell was set up to support the supply across the system and supply GP practices
- The mental health trust had been able to undertake home visits as needed such as for administering medication.
- NHS and CCG representatives were asked how many people with learning disabilities had contracted and passed away from Covid-19. The Chief Nurse, NHS Norfolk and Waveney CCG, responded that this data was not yet available as local and national testing data were not collated. The number of people who had died from Covid-19 with a learning disability could be gathered from information recorded by the registration office. The number of people with a learning disability who had died over the past 3 months was lower than average, and this would be looked into further to ensure accuracy.
- The Chief Officer, NHS Norfolk and Waveney CCG, and Executive Lead, Norfolk and Waveney Health and Care Partnership, **agreed** to circulate information on staff vacancy and sickness figures; results from regular staff surveys showed that staff felt more valued in all sectors. NHS staff who had returned during the pandemic had been re-employed, so some vacancies had been filled. The Chief Medical Officer, Norfolk and Suffolk NHS Foundation Trust, reported that total staff sickness had reduced during the pandemic. The total number of staff who reported feeling under pressure had also reduced. Time had been invested in listening to staff: staff support lines were in place for the NHS and local NHS, and a weekly staff satisfaction poll was carried out.
- The Chairman noted that the number of staff returning to work in the NHS in Norfolk had outperformed the rest of the country; the Prime Minister had asked Norfolk to lead the national scheme in this area.
- A Councillor raised a concern that agencies of home-based carers were not routinely testing community carers; the Chief Nurse, NHS Norfolk and Waveney CCG, **agreed** to raise this with the team who met daily regarding care providers.
- A Member asked if progress of Covid-19 could be monitored differently than via death certification. CCG representatives confirmed that new hospital admissions and test results in the community, care homes and NHS settings were also used.
- The long-term plan for Covid-19 was queried. The Chief Officer, NHS Norfolk and Waveney CCG, and Executive Lead, Norfolk and Waveney Health and Care Partnership, confirmed that planning was ongoing for scenarios involving Covid-19 in the community in the long term.
- The Chief Officer, NHS Norfolk and Waveney CCG, and Executive Lead, Norfolk and Waveney Health and Care Partnership, reported in response to a query that changes made during the pandemic had accelerated the support to help people return home or to a care home once medically fit or as soon thereafter. The Norfolk Escalation Avoidance Team were providing 7-day a week support to the discharge team and GPs, supporting complex cases to be discharged. The system had commissioned additional beds and, due to the home first approach ambition, reablement home based care had been commissioned to support people to return home. As a result of the home first approach, many of the commissioned beds had not been used. Much of the bureaucracy and assessments had been altered so assessments were carried out once people had returned home; it was a goal for this approach to continue.
- A Member asked about considerations for long term impacts of Covid-19 such as long-term impacts on the immune system reported by some patients. CCG representatives confirmed that learning from international information had shown

that some people went on to experience respiratory conditions, fatigue, aches and pains or neurological conditions.

- A Member asked if there were enough vaccines to cover the additional cohorts eligible for the flu vaccination campaign. The Chief Officer, NHS Norfolk and Waveney CCG, and Executive Lead, Norfolk and Waveney Health and Care Partnership, confirmed that increased orders were being organised. It was possible that the existing cohort would be targeted first, followed by those under the new eligibility criteria.
- The lack of publicity around what services hospitals were offering was raised. The Chief Officer, NHS Norfolk and Waveney CCG, and Executive Lead, Norfolk and Waveney Health and Care Partnership, reported that there was a barrier to progress in diagnostic procedures due to infection risk. Many elective surgeries were cancelled in the first months of the pandemic and as these were rearranged, people were prioritised by clinical need. It was acknowledged that effective communication with the public in this area was an area for improvement.
- The Sandringham hospital had been used for urgent cancer and elective surgery. The Chairman asked whether cancer screening programmes and chemotherapy had continued during the pandemic. The Chief Officer, NHS Norfolk and Waveney CCG, and Executive Lead, Norfolk and Waveney Health and Care Partnership, reported that many chemotherapy services were able to continue at the Spire private hospital during the pandemic. NHS England ran the screening programmes and would be able to give information on whether these had continued.
- The Chairman thanked all CCG representatives for their responses to the Committee's questions.

8.3.1 The committee **NOTED** the report and made the following requests for information to be circulated to the Committee in a briefing document:

- Staff and staffing:
 - Staff vacancies and staff absence rates across the local healthcare system.
 - Plans for supporting staff / staffing resilience during the ongoing Covid 19 pandemic.
- Plans for future capacity of services under Covid-safe conditions:
 - Diagnostics capacity
 - Elective surgery capacity.
- Effects of Covid 19 on people with learning disabilities and other disabilities:
 - Comparative death rate figures
- Plans for care of patients with diabetes during the ongoing Covid 19 outbreak (details; e.g. will the plan include dietary management?)

8.3.2 The CCG representatives noted a Councillor's concern about the extent to which employers have established monitoring for Covid-19 in carers going into people's homes and will raise the issue with a team that meet daily regarding care providers

8.4 The Committee took a break from 12.30 to 12.40

9. Norfolk Health Overview and Scrutiny Committee appointments

9.1 The Committee received the report asking them to review CCG and NHS provider organisation link appointments.

9.2 The Chairman proposed herself for the link role for Norfolk and Waveney with the Vice-Chairman as her substitute. The Committee **AGREED** this proposal. There were no other proposed changes to the link members.

- 9.3 The Committee:
- **APPOINTED** the Chairman to the link role with Norfolk & Waveney CCG.
 - **APPOINTED** the Vice Chairman as substitute to the link role with Norfolk & Waveney CCG
 - **AGREED** that all other appointments to link roles would remain the same
10. **Forward Work Programme**
- 10.1 The Committee reviewed the forward work programme for the period September 2020 - October 2021
- 10.2 The following points were discussed and noted:
- Covid-19 would be a theme running through all meetings.
 - Some items raised in previous meetings by Committee Members had been covered in a Member briefing; since Members had not come back to the Democratic Support and Scrutiny Team Manager to indicate they would like a further report or briefing on the item they were not shown on the forward plan.
 - The number of reports that could be considered this year, 2020-21, was influenced by the time commitment of the NHS representatives in light of ongoing events. It had been determined that 2 items per meeting would be ideal. Some Members raised concerns that not all issues may be covered across the year. The Chairman proposed holding longer, 3 item meetings with a break in the middle. The Democratic Support and Scrutiny Team Manager **agreed** to explore with NHS colleagues if they had capacity to accommodate this.
- 10.3 The Committee **AGREED** that:
- The committee would aim to take 3 substantive items at each meeting.
 - The meetings should be a maximum of 3 hours long and include a break.
 - The forward work programme would be redrafted and circulated following discussion with NHS colleagues regarding capacity to support 3 substantive items per meeting.
 - The following items would be added to the programme as Agenda items:
 - Children's neurodevelopmental disorders (i.e. autism and other conditions) – waiting times for diagnosis
 - Prison healthcare
 - The following items would be added to the programme as Briefing items:
 - Community pharmacy (following a meeting to be arranged between the Vice Chairman and representatives from Public Health and the Local Pharmaceutical Committee)
 - ME/CFS progress – the CCG's response to new NICE guidance (NICE expect to publish the new guidance in December 2020)
 - Primary care capacity in King's Lynn (following on from the consultation with NHOSC regarding the Fairstead practice).
 - The Public Health Annual Report would be circulated to Committee Members.

The meeting ended at 13:08

Chairman

Norfolk and Suffolk NHS Foundation Trust – progress update

Suggested approach from Maureen Orr, Democratic Support and Scrutiny Team Manager

Follow up to previous scrutiny of Norfolk and Suffolk NHS Foundation Trust (NSFT) and local NHS commissioners' responses to Care Quality Commission's (CQC) reports and examination of NSFT's current service in light of Covid 19 requirements.

1. Purpose of today's meeting

1.1 To examine NSFT's progress in recent months and the trust and commissioners' response to CQC inspection reports:-

- Full inspection from 7 October – 6 November 2019 (report published on 15 January 2020) which rated the Trust as 'Requires Improvement' overall, but with specialist community mental health services for children and young people rated 'Inadequate'.
- Focused inspection of specialist community mental health services for children and young people from 24 – 25 February 2020 (report published on 1 May 2020). This inspection looked at the central Norfolk Childrens & Adolescents Mental Health Service (CAMHS) youth service based at St Stephens Road, Norwich.

The key focus areas for today's meeting are:-

- (a) NSFT's progress towards meeting the requirements highlighted by the CQC.
- (b) NSFT's and commissioners' action to meet demand for mental health services and provide safe services in light of the Covid 19 pandemic.
- (c) The commissioners' and wider health and care system's actions to support NSFT to improve.

1.2 NSFT had been due to report to NHOSC on 19 March 2020 but the meeting did not go ahead because of the Covid 19 outbreak. NSFT had been asked to provide information and supporting data where appropriate in relation to the following areas:-

- Staffing levels
- Staff morale

- Timely access to services
- Methods of keeping people safe while on the referral waiting list
- Out of area placements
- Reporting of incidents and incidents of harm
- Discharge delays
- Delivery of new initiatives
- Method and arrangements for provision of mental health therapy to people with hearing impairment
- Any other developments that NHOSC should be aware of

Its report was published in the Agenda pack for the meeting (item 6, appendix A) which is still available on our website via this link

[NHOSC 19 March 2020](#)

For today's meeting NSFT has been asked to update the information provided in March 2020 report and to add information on:-

- Action in response to the CQC's May 2020 inspection report on specialist community mental health services for children and young people
- Action to provide safe mental health services in light of the Covid 19 pandemic.

NSFT's report is attached at **Appendix A**.

- 1.3 Representatives from NSFT and representatives from the Norfolk and Waveney Clinical Commissioning Group (CCG) will attend the meeting to answer NHOSC's questions about the commissioning of mental health services and NSFT's action to improve the provision of services.

2. Background

2.1 CQC report on inspections of NSFT in Oct – Nov 2019 and the Children's & Young People's service 24 – 25 Feb 2020

- 2.1.1 The report of the CQC's inspection of NSFT in October – November 2019 is available on the CQC website (see link at 5.1 below). The CQC found that the Trust had improved since the last full inspection in September 2018 inspection and upgraded its overall rating from 'inadequate' to 'requires improvement'. The table below shows the ratings of services within the Trust and whether their position had improved (↑), deteriorated (↓) or stayed the same (→←) since the previous inspection of each service. Latest inspection dates are included in the table.

Ratings for mental health services

| | Safe | Effective | Caring | Responsive | Well-led | Overall |
|---|--|--|---------------------------------------|---------------------------------------|---------------------------------------|--|
| Acute wards for adults of working age and psychiatric intensive care units | Requires improvement ↑ Oct 2019 | Requires improvement →← Oct 2019 | Good ↑ Oct 2019 | Requires improvement ↑ Oct 2019 | Requires improvement ↑ Oct 2019 | Requires improvement ↑ Oct 2019 |
| Wards for older people with mental health problems | Good ↑ | Good →← | Good →← | Good →← | Good ↑ | Good ↑ |
| Wards for people with a learning disability or autism | Inadequate ↓ Oct 2019 | Good ↑ Oct 2019 | Good ↑ Oct 2019 | Requires improvement ↓ Oct 2019 | Good ↑ Oct 2018 | Requires improvement →← Oct 2019 |
| Community-based mental health services for adults of working age | Requires improvement ↑ Oct 2019 | Requires improvement →← Oct 2019 | Good →← Oct 2019 | Good ↑ Oct 2019 | Requires improvement ↑ Oct 2019 | Requires improvement ↑ Sept 2019 |
| Mental health crisis services and health-based places of safety | Requires improvement →← Oct 2019 | Good →← Oct 2019 | Good →← 2019 | Requires improvement →← 2019 | Requires improvement ↑ 2019 | Requires improvement →← 2019 |
| Specialist community mental health services for children and young people | Requires improvement ↑ Oct 2019 | Requires improvement ↓ Oct 2018 | Requires improvement ↓ Oct 2019 | Inadequate →← Oct 2019 | Inadequate →← Oct 2019 | Inadequate →← Oct 2019 |
| Community-based mental health services for older people | Good ↑ Oct 2019 | Good ↑ Oct 2019 | Good →← Oct 2019 | Good ↑ Oct 2019 | Good ↑ Oct 2019 | Good ↑ Oct 2019 |
| Community mental health services for people with a learning disability or autism | Good →← Oct 2019 | Good →← Oct 2019 | Good →← Oct 2019 | Requires improvement ↓ Oct 2019 | Good →← Oct 2019 | Good →← Oct 2019 |

- 2.1.2 Although the CQC noted early improvements in nearly all areas it was too soon to say (in Nov 2019) if changes would be sustained.

Specialist children and young people community health teams were still rated 'inadequate' overall, and in the 'responsive' and 'well-led' domains. Some of the concerns noted within the services were:-

- Waiting lists remained high
- Staffing was a concern

NOTE – NSFT also received an 'inadequate' rating in 'safety' of wards for people with a learning disability or autism. The NSFT facility is in Ipswich. In Norfolk 6 beds for people with a learning disability or autism are provided at Astley Court, Little Plumstead, by Hertfordshire Partnership University NHS Foundation Trust (HPFT). HPFT's service across all such wards is currently rated 'outstanding' by the CQC (last inspection in Jan-Feb 2018).

- 2.1.3 The results of the CQC's focused inspection of the Childrens & Adolescents Mental Health Service (CAMHS) youth service located at St Stephens Road,

Norwich, on 24 – 25 February 2020 is also available on the CQC website (see link at 5.1 below)

In summary, the CQC was concerned that:-

- Patients on the waiting list were not always being adequately monitored or supported.
- Staff were still referring to numerous waiting lists, which was confusing, ineffective and did not ensure there was appropriate oversight for the teams.
- Some appointments and therapy groups were being cancelled as there were not enough staff.
- The building at St Stephens Road, Norwich, was not well maintained and internet access at the time of the inspection was not reliable which meant that patient records were not always accessible.
- Governance arrangements were not yet working effectively for this service.

The CQC noted that the NSFT's leadership team was taking action to address these concerns.

2.2 Healthwatch Norfolk survey

- 2.2.1 Healthwatch Norfolk (HWN) conducted a survey of people's experiences during first 12 weeks of lockdown due to Covid 19. The results are available on HWN's website (final report July 2019):-
<https://healthwatchnorfolk.co.uk/wp-content/uploads/2020/07/HWN-COVID-19-Report.pdf>

HWN received 833 responses, of which 226 were incomplete. The report was based on 607 full, complete responses from across Norfolk. 50 referred to mental health appointment or treatment access, with the majority of those saying access was difficult. Comments quoted in the report included:-

"I'm currently in need of mental health support and I think phone calls would help me and others at this time due to heightened anxiety."

"It is harder to get assistance through NHS wellbeing, had to re-refer from one part of their system to another."

"My son has a severe mental illness [...] He has become psychotic because of anxiety about Covid 19 and GP, NSFT and NNUH seem to need me to be a go between to coordinate help while putting barriers in the way of me doing this ie patient confidentially."

"Was referred to the recover college months ago. Haven't heard anything. I think local mental health services are poor"

“The change to CAMHS stinks. Kicking children off the waiting lists saying they need to rerefer after coronavirus at the same time as shouting all over social media about their free accessible support is disgusting.”

“I am waiting to get back on the NHS wellbeing assistance courses.”

2.3 **Wider developments around mental health services in Norfolk and Waveney**

These involve all partners involved in mental health commissioning and service provision, not just NSFT. The wider developments aim to manage demand for mental health services by addressing need as early as possible and /or preventing escalating severity of need, where possible.

2.3.1 The Norfolk and Waveney Health and Care Partnership (N&W HCP), the Sustainability Transformation Partnership, set out its commitments for adult mental health services and how it planned to meet them in ‘*Norfolk and Waveney Adult Mental Health Strategy, March 2019*’. The commitments were:-

1. To increase our focus on prevention and wellbeing
2. To make the routes into and through mental health services more clear and easy to understand for everyone
3. To support the management of mental health issues in primary care settings (such as within your GP practice)
4. To provide appropriate support for those people who are in crisis
5. To ensure effective in-patient care for those that need it most (that being beds in hospitals are other care facilities)
6. To ensure the whole system is focused on working in an integrated way to care for patients

The starting point for work to improve children’s and young people’s mental health services was the ‘*Transforming mental health services for children and young people in Norfolk and Waveney – Feedback report to the Norfolk and Waveney system, January 2019*’ report by ReThink Partners.

Both documents are available on the N&W HCP website via the following link:-

<https://www.norfolkandwaveneypartnership.org.uk/publication/key-documents>
(the children’s mental health document is listed as ‘*CAMHS report by ReThink Partners for Norfolk and Waveney STP 2019*’)

2.3.2 CCG partners in the N&W HCP provided updates to NHOSC Members via the NHOSC Briefing about work to remodel and improve adults’, children’s and young people’s mental health services across the county. The latest updates were in October 2019 (adults services) and February 2020 (children’s

services). Copies are available from the Democratic Support and Scrutiny Team Manager on request. In summary the briefings covered:-

(a) Children's & young people's mental health services
(Oct 2019 & Feb 2020 NHOSC Briefing)

- A new model of care to be introduced for children, young people or young adults up to their 26th birthday, investing in early prevention and aiming to return those with difficulties to a Thriving state.
- The model to move away from a tiered system that creates gaps and exacerbates waiting times and to aim to create coherent and resource-efficient communities of mental health and wellbeing support for children, young people and families.
- 19 December 2019 - first meeting of the Alliance Board, a new governing body with oversight for mental health and wellbeing of children and young people. One of the top priorities was meaningful representation, participation and involvement of young people as part of the transformation process.
- Two successful mental health champion training sessions delivered by representatives of the Anna Freud National Centre for Children and Families attended by 20 schools and 20 mental health practitioners.
- The aim was to be working to the new Alliance arrangements from October 2020.

(b) Adults mental health services
(Oct 2019 NHOSC Briefing)

- A new model of integrated mental health care and support based in Primary Care Networks (PCN) was to be introduced with parts of the model rolled out to some PCNs. Challenges were identified including workforce, funding, estates and expectations.
- In the new model for patients with needs ranging from 'mild' to 'moderate' the GP would remain the responsible clinician, working in a multi-disciplinary team approach with the patient, GP Champions, appropriate primary care practitioners / clinicians, family and carers, psychiatric support, peer support, social care and voluntary sector support to understand the patient's need and triage them to the right service pathway.
- The model facilitated onward referral for services such as IAPT (Improving Access to Psychological Therapies) and dementia support if needed.
- The range of therapies within the model were to include:-

- Guided self help
- Psychological therapies including CBT (cognitive behavioural therapy), CAT (cognitive analytic therapy), EMDR (eye movement desensitisation and reprocessing)
- Social and peer support including social prescribing, recovery college 1:1 peer support.

2.3.3 In October 2019, the Norfolk and Waveney Health and Care Partnership (N&W H&CP) also announced details of **successful bids for national funding** to support mental health service improvement. These were in addition to existing funding streams:-

(a) Adult and general

- Over £1.9m in 2019-21 to increase and bolster mental health liaison services at both the James Paget University Hospitals NHS Foundation Trust and Queen Elizabeth Hospital King's Lynn NHS Foundation Trust, bringing both hospitals in line with Norfolk and Norwich University Hospitals NHS Foundation Trust.
- £1.1m over two years to increase staffing levels across Norfolk and Suffolk Foundation NHS Trust's Crisis Resolution and Home Treatment Teams, focusing on developing 7-day, 24-hour provision across Norfolk and Waveney.
- £540k over two years to develop a 'Crisis House' service located centrally in Norfolk, aimed at enabling people to access support to prevent a mental health hospital admission and support a rapid return to their everyday living. This project was being prioritised to ensure a Crisis House could be established and start benefitting local people rapidly. (This was in addition to the Community Wellbeing Hub being planned at Churchman House in Norwich, which was expected to open in 2020.)
- £177k of non-recurrent funding in 19-20 to further develop perinatal mental health services locally, building on the Community Perinatal Mental Health Service launched in 2017. The funding was to focus on developing a cross agency triage system to stream patients into appropriate mental health services that meet their needs, as well as continuing outreach work through local partners Get Me Out The Four Walls.

In 2019 NSFT was awarded £38m in Government funding to redevelop new facilities at the Hellesdon Hospital site in Norwich. It planned to use the money to build a new unit to which four of its existing wards (Glaven, Thurne, Waveney and Yare) would relocate. A fifth, brand new 16-bed ward was also to be created so that NSFT could increase its capacity and reduce the number of patients travelling out-of-area for treatment. In total, the wards

would provide 80 beds – 15 more than at the Hellesdon site. Work was expected to be complete in late summer 2024.

(b) Children and young people

Norfolk and Waveney had been awarded in excess of £700,000 in funding for four areas of development for children and young people's mental health and wellbeing support

- Four new Children & Young People's Wellbeing Practitioners (CWPs), to add to the existing two cohorts of CWPs in our system.
- Trailblazer funding from NHS England for two Mental Health Support Teams to provide enhanced targeted support to CYP, families and staff in education settings.
- The University of East Anglia had submitted a successful bid to deliver accredited training for eight new Emotional Mental Health Practitioners who were to be recruited to the two Mental Health Support Teams. This was to enable specialist training to be delivered locally and build local training capacity.
- Development funding to work up a larger bid to embed trauma informed practice across Norfolk and Waveney.

2.4 Previous reports to health scrutiny

- 2.4.1 NSFT representatives last attended NHOSC with a progress report on **25 July 2019**. The report and minutes of the meeting are available through the following link:-
[NHOSC 25 July 2019](#)

At that point the Chief Executive made it clear that a lot more work was required for the Trust to reach a good position.

- 2.4.2 As agreed by NHOSC on 25 July 2019 two Members visited the Sapphire Ward, Chatterton House, in September 2019 to see the new facilities for the specialist adult acute service in King's Lynn.

- 2.4.3 The last report on 'Mental health service provision in Great Yarmouth and Waveney' to **GY&W JHSC** was on **7 February 2020**. The report is available through the following link:-
[GY&W JHSC 7 Feb 2020](#)

The Joint Committee received an update on NSFT's progress in the Great Yarmouth and Waveney area and heard from CCG representatives about the N&W H&CP's ambitions for reshaping adult and children's mental health services and progress to date.

- 2.4.4 Norfolk and Waveney CCG and a representative from NSFT provided a brief update on mental health services to NHOSC on **30 July 2020** within the

'Covid 19 – overview of the effects on local NHS services' report. The report is available through the following link:-
[NHOSC 30 July 2020](#) (item 8, appendix A).

The report noted that referrals to the mental health services were starting to increase again following a reduction during earlier months of the outbreak. It was estimated that as a result of Covid 19 the additional demand for primary care, children and young people and older people's mental health services would be approximately 20%.

The report also set out the new services and significant actions in mental health services during the Covid 19 outbreak:-

- Increased use of **phone and video appointments**, e.g. phone calls increased by over 12,000 between February and June to community crisis services, countered by face-to-face contacts reducing by 8,500.
- **Moved services online**, including webinars run by the Wellbeing Service and the Recovery College.
- Rapidly launched '**First Response**', a 24/7 helpline offering immediate support for people experiencing mental health difficulties during the coronavirus pandemic.
- Commissioned **Kooth** and **Helios** to help young people through the coronavirus pandemic and beyond.
- Supported some of the **most vulnerable service users to find suitable accommodation**.
- Accelerated the **recruitment of PCN (primary care network) mental health teams**, to help prepare for the anticipated increase in demand. Further COVID-19-related expansion of primary care and community services was planned.

Kooth is a free website offering 11 to 25-year-olds online counselling delivered by qualified counsellors 365 days a year on either a drop-in basis or through bookable chat sessions. It also gives young people a chance to benefit from peer support and a wide range of self-help materials, as well as to contribute to moderated forums. Commissioned across Norfolk and Waveney by NSFT, it has been operational in Suffolk since 2019.

Helios provides online cognitive behavioural therapy (CBT)

Staff Support Line – on 20 April 2020 NSFT expanded its staff support line to other local health and care workers. The confidential helpline runs from 2pm – 5pm seven days a week. NSFT psychological practitioners give advice, talk through difficult shifts and discuss current work challenges with staff.

2.5 Other developments noted by NHOSC Members in recent months

- 2.5.1 In May 2020 NSFT issued a letter of apology to 326 people in the Children, Families and Young Persons Service in central Norfolk who had erroneously been sent an earlier letter telling them they were discharged from the service.

NSFT assured the Chairman of NHOSC at the time that there was no connection between the erroneous letter and the CQC's criticism of the waiting times for the children's and young people's service in central Norfolk (i.e. no intention of improving waiting time statistics by simply removing children & young people from the list, even though they were still in need of the service).

2.5.2 Members also noted reports of:-

- A significant increase in the use of patient restraint in NSFT during the Covid 19 outbreak, including prone restraint and seclusion of patients.
- A sharp rise in the number of inappropriate out-of-area placements during the Covid 19 outbreak.

The rate of inappropriate out-of-area placements rose between January and March 2020 but reduced again in later months.

3. Suggested approach

3.1 After the NSFT representatives have introduced their report, the committee may wish to discuss the following areas with them and the commissioning representatives:-

The pace of improvement and capacity to improve

- (a) To what extent do Covid 19 restrictions impact on NSFT's service capacity and its ability to bring down waiting times and reduce inappropriate out-of-area placements?
- (b) How have the changes in GP primary care due to Covid 19 impacted on the ambition for more people with 'mild' to 'moderate' need to be treated within a primary care setting with the GP remaining the responsible clinician?
- (c) Can NSFT and the commissioners explain the reasons why the Trust had not addressed all the concerns that CQC raised regarding the Children's & Young People's service in Sept 2018 and Oct – Nov 2019 before the CQC returned in Feb 2020 and once more found significant shortcomings in the C&YP service (central Norfolk)?
- (d) Given that demand for mental health services is expected to increase as a result of the Covid 19 outbreak, and the already long waiting times for the children, families and young people's service, what more can be done to expand services and especially those provided through schools?
- (e) Establishment of a crisis house; the Churchman House wellbeing hub and the pilot 'personality disorders' pathway in Norwich were expected

to contribute to reduced demand for beds and reduce out of area placements.

What is the current situation with each of these services and what more can be done to make sure the need for out-of-area placements continues to reduce?

Staffing, organisational culture and morale

- (f) What has been done to increase staffing levels in the specialist community mental health services for children and young people?
- (g) NSFT's report to NHOSC in March 2020 described the results of the 2019 staff survey as 'very disappointing'. What more can NSFT do hasten culture change and improve staff morale at the Trust, and what can the commissioners do to support them?

Service specific and other items

- (h) NSFT's report to NHOSC in March 2020 noted that use of an external agency to provide British Sign Language accredited therapist to provide therapy for people with hearing impairment is a potential area for development, which would require a strategic approach with commissioners and input from expert agencies. What would be required to allow this to happen?
- (i) How does NSFT's liaison service to the acute hospitals operate – by telephone or by staff presence? What has the take-up rate been to date? Has there been feedback on the success of the service?
- (j) NSFT has set out the action it is taking to tackle long waiting times in the central Norfolk Children & Young People's service in its report (Appendix B, paragraph 12) since February 2020 to reduce waiting times for the Children's & Young People's service. How long does NSFT expect it will be until waiting times are reduced to an acceptable level?
- (k) To what extent have service users been involved in developing the proposed changes to the Care Programme Approach and how does NSFT envisage that care planning will be improved?
- (l) Use of patient restraint increased in NSFT following the Covid 19 outbreak. Can NSFT explain how it is working to reduce the need for restrictive interventions?

4. Action

4.1 The committee may wish to consider whether:-

- (a) To make comments or recommendations as a result of today's discussion.

5. Background documents

5.1 Care Quality Commission NSFT inspection reports:-

Published 15 Jan 2020 (full inspection)

https://www.cqc.org.uk/sites/default/files/new_reports/AAAJ6743.pdf

Published 1 May 2020 (inspection of Specialist Community Mental Health Services for Children's & Young People, 80 St Stephens, Norwich (central Norfolk service)

https://www.cqc.org.uk/sites/default/files/new_reports/AAAJ9932.pdf

5.2 Norfolk and Waveney Adult Mental Health Strategy, March 2019

<https://www.norfolkandwaveneypartnership.org.uk/publication/key-documents>

5.3 Transforming mental health services for children and young people in Norfolk and Waveney – Feedback report to the Norfolk and Waveney system, January 2019 (report by ReThink Partners)

<https://www.norfolkandwaveneypartnership.org.uk/publication/key-documents>

(report listed as CAMHS report by ReThink Partners for Norfolk and Waveney STP 2019)

5.4 Healthwatch Norfolk report – 'Experiences of Covid-19 information and support in Norfolk and Waveney' July 2020

<https://healthwatchnorfolk.co.uk/wp-content/uploads/2020/07/HWN-COVID-19-Report.pdf>

5.5 Reports to Norfolk Health Overview and Scrutiny Committee and minutes of meetings

[NHOSC 19 July 2019](#)

[NHOSC 17 January 2019](#)

5.6 Report to Great Yarmouth and Waveney Joint Health Scrutiny Committee

[GY&W JHSC 7 Feb 2020](#)



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| | |
|---------------------------|--|
| Report To: | Norfolk Health Overview and Scrutiny Committee |
| Meeting Date: | Thursday 3 rd September 2020 |
| Title of Report: | NSFT Report to NHOSC |
| Action Sought: | For Information |
| Editor / compiler: | Stuart Richardson, Chief Operating Officer Mason Fitzgerald, Deputy CEO & Director of Strategic Partnerships |
| Director: | Dan Dalton, Chief Medical Officer Stuart Richardson, Chief Operating Officer Mason Fitzgerald, Deputy CEO & Director of Strategic Partnerships |

Introduction

This report provides an update following the Care Quality Commission's (CQC) October 2019 inspection and its subsequent report. It highlights our current position in relation to our quality improvement plan and addresses topics about which HOSC members have requested information or updates:

- Staffing levels and morale
- Access to services
- Keeping people safe while waiting
- Out of area placements
- Reporting of incidents and incidents of harm
- Discharge delays
- Delivery of new initiatives
- Mental health therapy to people with hearing impairment

This report was initially requested for the March 2020 meeting, which was cancelled due to COVID-19. The above items have been updated with their present status.

In addition to the items requested for the March 2020 report, this report covers:

- The use of patient restraint
- Specific action in response to the CQC's May 2020 inspection report on specialist community mental health services for children and young people

- Action to provide safe mental health services in light of the COVID-19 pandemic

1.0 CQC inspection findings

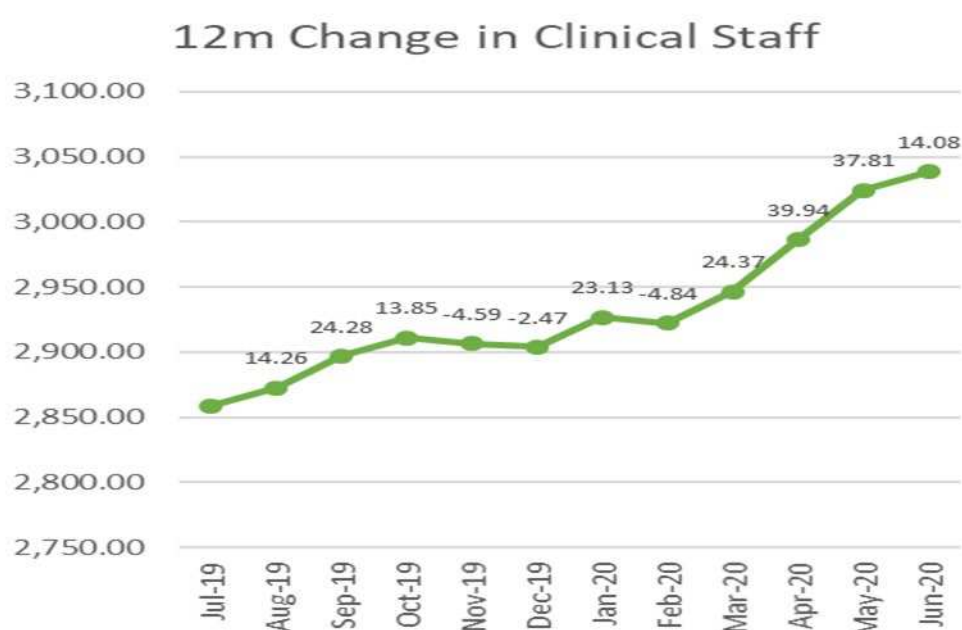
- 1.1 NSFT was inspected by the CQC in October 2019 and reported on their findings in February 2020. The Trust received an overall rating of 'requires improvement', having been considered 'inadequate' following a previous inspection in 2018. In its report, the CQC noted the Trust had made "early improvements in almost all areas" and singled out older people's services for praise. In total, inspectors found improvements in 22 of the 48 areas it examined while 21 remained the same.
- 1.2 The CQC highlighted a number of areas where a particular focus on improvement is required. Quality improvement plans have been revised to address these at a Care Group level and Trust-wide.
- 1.3 **Children and Young People:** There remain long waiting lists to access services in Norfolk and a high level of vacancies. While governance practices have improved, there is more to do to ensure performance and risk are managed well. This will be addressed in more detail below in light of the May 2020 CQC report.
- 1.4 **Medicines Management:** There was not effective oversight of medicines management, checking of emergency equipment and identification of medicines management issues. To address this, medication-focused quality and safety reviews have been established and we have devolved pharmacists to operational teams.
- 1.5 **Culture:** The cultural changes which have shown improvement in some areas have not yet been sufficiently embedded in all services to achieve wholesale change. The Care Group leadership teams which have been in place since September 2019 are key to modelling the desired change, by demonstrating clinically credible, and visibly present management, creating the conditions where a culture of compassion can thrive. There is an increased focus on embracing difference and diversity and putting people before process. There is generally positive feedback about the impact of the Care Group structure, including recent improvements in staff experience surveys.
- 1.6 Each Care Group is responsible for its own local improvement plan and progress is overseen by the Executive at Quality Performance Meetings.
- 1.7 NSFT remains in Special Measures, which provides the Trust with continued support from NHS England and the wider system. We recognise that we are on a long improvement journey. It is imperative that we now maintain momentum towards our ambition of delivering high quality and effective

services for our patients and be in the top quarter of mental health trusts by 2023 for the safety and quality of our services (as outlined in our strategy which was shared with HOSC in July 2019).

- 1.8 The full CQC report and summary are available for download from the CQC website.

2.0 Staffing levels

- 2.1 We have improved our recruitment pipeline and offer leading to an increase in staff of all types. There have been another 220 people joining our ranks this year, 179 of them being clinical staff.



- 2.2 The nursing vacancy rate is now 11.5%, the lowest in the last year. In Norfolk & Waveney we have made progress in recruiting to consultant psychiatrist posts and now have a 15% vacancy rate, and with all but one vacant post covered by locums.

3.0 Annual Staff Survey results and staff morale

- 3.1 The NHS Staff Survey was undertaken in October and November 2019 as a census (all staff) survey. The results, which were published in February were very disappointing, but reinforce the importance of the work being undertaken around culture change and engaging and empowering our staff.
- 3.2 The overall response rate was 48% (2,019 responses), which was five percentage points lower than in 2018 and slightly below the average for mental health / learning disability trusts in England (54%).

3.3 The Survey is made up of 90 questions and results are grouped into 11 key themes:

- Equality, diversity & inclusion
- Health & wellbeing
- Immediate managers
- Morale
- Quality of appraisals
- Quality of care
- Safe environment - Bullying & harassment
- Safe environment – Violence
- Safety culture
- Staff engagement
- Team working

Of these, when compared to the average, NSFT has:

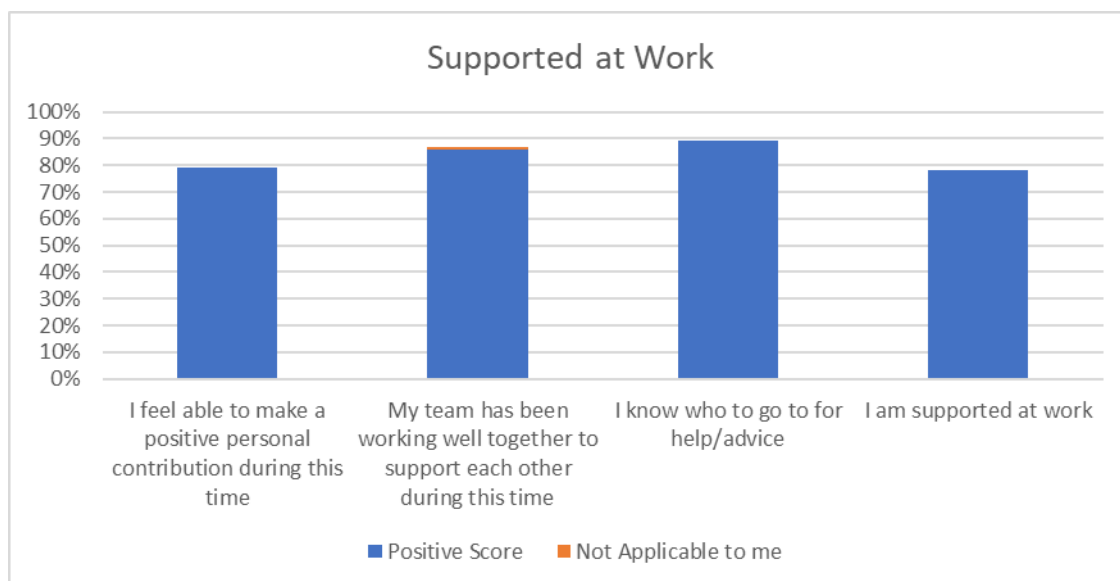
- No themes above average
- One theme equal to the average
- 10 themes below average

3.4 Two key themes have seen statistically significant improvement: quality of appraisals and quality of care. Two key themes have seen a significantly lower score than last year. These are health and wellbeing and immediate managers. No other themes show any statistically significant changes (positive or negative).

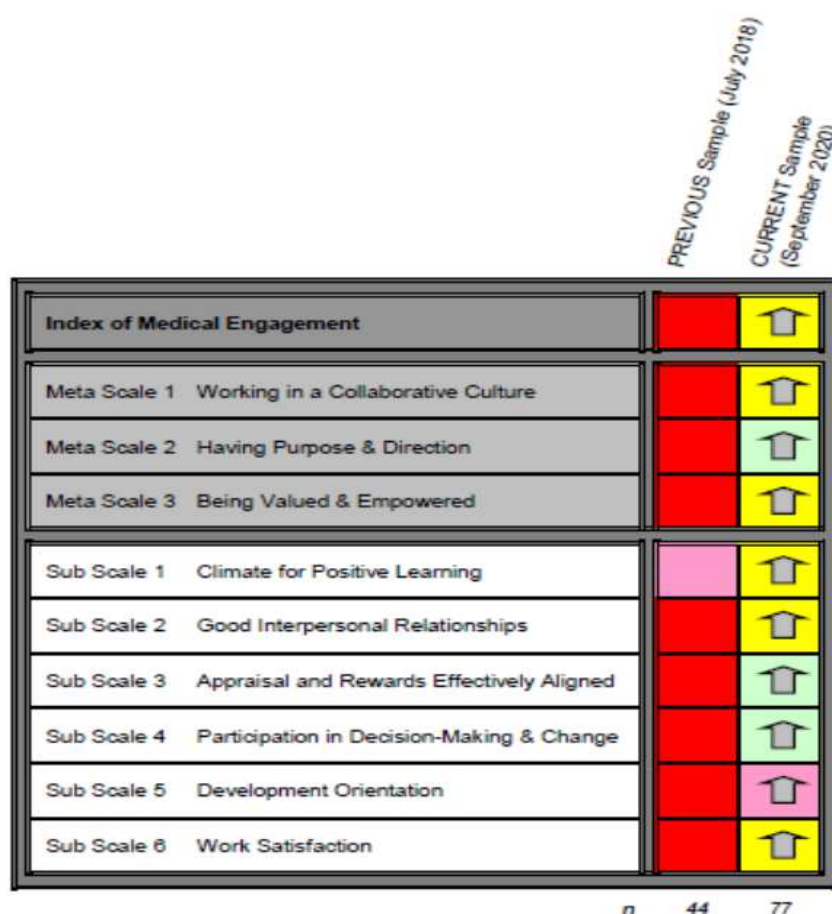
3.5 Whilst the overall trends show a general improvement over the last five years, performance remains poor compared to our peers and is not what our staff deserve. We recognise that we need to do better, and more quickly. Our Trust's People Plan focuses on the following areas of improvement:

- Completing phase two of the Care Group leadership review to simplify and strengthen local clinical leadership
- Implementing our Equality, Diversity and Inclusion Strategy
- Improving organisational culture and staff experience
- Implementing a more just and learning culture and putting people first within employee relations processes
- Maximising supply, recruitment and retention, with a focus on registered nurses and doctors; making sure they feel more welcome, valued, safe and confident in their work
- Reviewing and implementing a programme of leadership development.

3.6 Two recent surveys give cause for optimism that staff morale is now improving. The Trust undertook a survey of staff during March 2020 with questions focused on experience during COVID-19. There were 1226 responses. In general staff reported high levels of satisfaction with support and communication during the COVID period.



- 3.7 We have also improved staff engagement. Some 77 doctors replied this year to the externally produced Medical Engagement Survey which we received in May. Respondents felt that levels of engagement have improved in all ten areas since 2018, by an average of 40%.

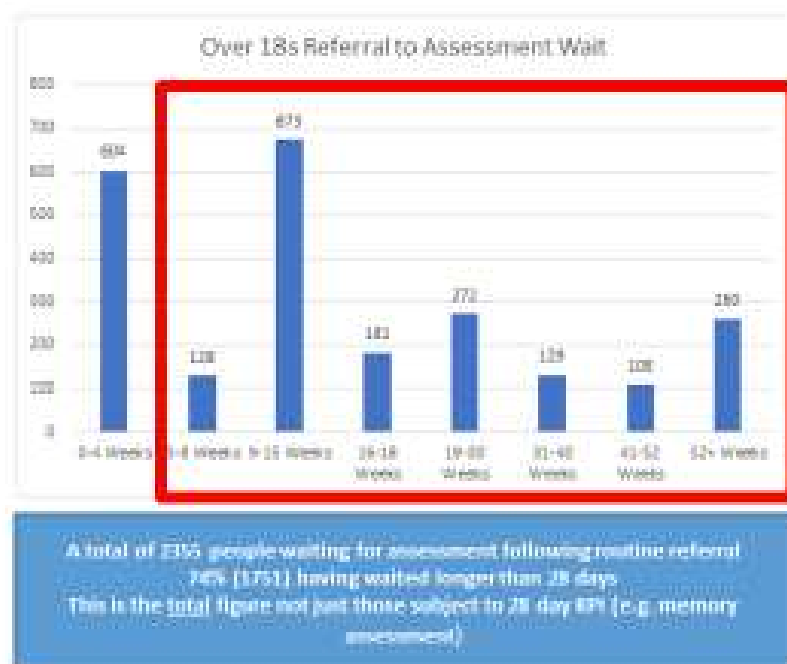


4 Timely Access to Services

- 4.1 Timely access to services remains a significant challenge, but some progress has been made since our previous report. The number of people waiting over 52 weeks and between 41 and 52 weeks has been reduced considerably.

The situation at the end of May 2020

Adults over the age of 18



The situation at the end of May 2020

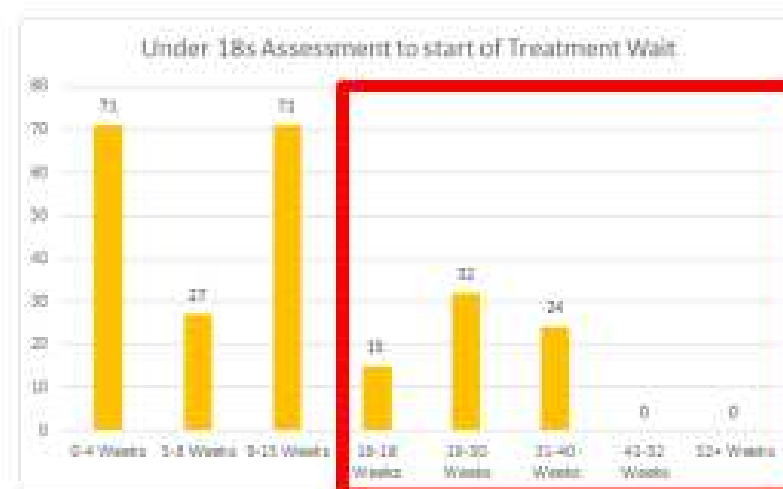
Young people under the age of 18



A total of 643 young people waiting for assessment following routine referral

78% (503) having waited longer than 28 days

This is the total figure not just those subject to 28 day KPI (e.g. ADHD)



A total of 240 young people waiting to start treatment following assessment:
28% (71) having waited longer than 18 weeks

This is the total figure not just those subject to 15 weeks KPI

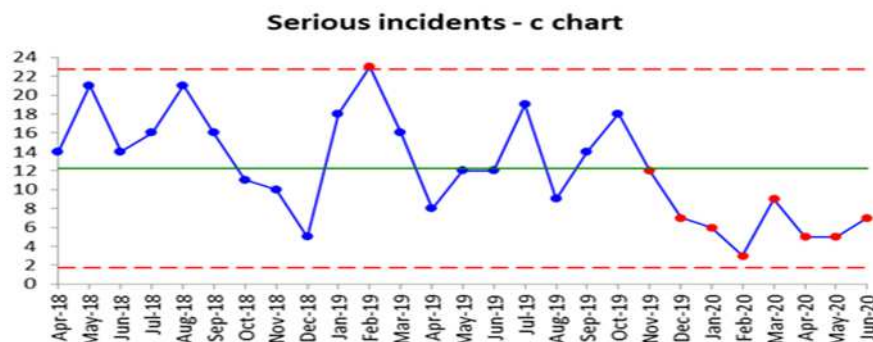
5 Keeping people safe while waiting for services

- 5.1 HOSC has asked for more details about how we keep people safe while they are waiting to receive services.
- 5.2 An immediate Clinical Harm Review process was put in place in May 2018. This introduced a red/amber/green (RAG) status for referrals at assessment with intervention levels set on the clinical system. This process has been reviewed with service users and teams. The risk of harm to individual service users is individually considered within the assessment appointment using the 'My Safety Plan' within the Combined Core and Risk Assessment within the electronic patient record. This means that service users waiting to be seen are contacted in line with their needs and risk level.
- 5.3 The process also includes a wider audit schedule to look for potential harm as a result of breaches, delay to treatment and change of clinical priority decisions as well as reviews of serious incidents and complaints. The audit results are acted on by the Care Group Clinical Directors and overseen by the Quality Committee.
- 5.4 A monthly Strategic Harm Review is now part of the monthly contract monitoring meetings with Norfolk and Suffolk commissioners to receive the overview of compliance and examine the extent and types of breach in performance standards, reasons for these and demonstration that clinical harm has been considered and responded to. An Access Improvement Meeting is held to include wider stakeholders including people participation leads and system partners.
- 5.5 Regular Quality and Safety Reviews are being held with community teams to ensure that the safety of people accessing and waiting for services is demonstrated to be at the forefront of clinician's interventions and in the oversight of managers and team leaders.

6 Restrictive interventions

- 6.1 The use of restrictive interventions experienced a rise at the time of the lockdown in March 2020 and continues to be elevated from pre COVID-19 levels. There were a range of influencing factors linked to the impacts on the direct delivery of care e.g. ability to use leave, communication challenges when wearing masks, impacts on day to day living. These are resolving as the response to the pandemic evolves. Additionally, on a wider scale, the impact of COVID-19 on the delivery of system community interventions continues to have an impact on the presentation of people requiring support from acute mental health services.

- 6.2 The number of serious incidents reported each month is maintaining its downward trend. NSFT continues to be among the highest reporters of no-harm serious incidents, which is an indication of an improving safety culture.

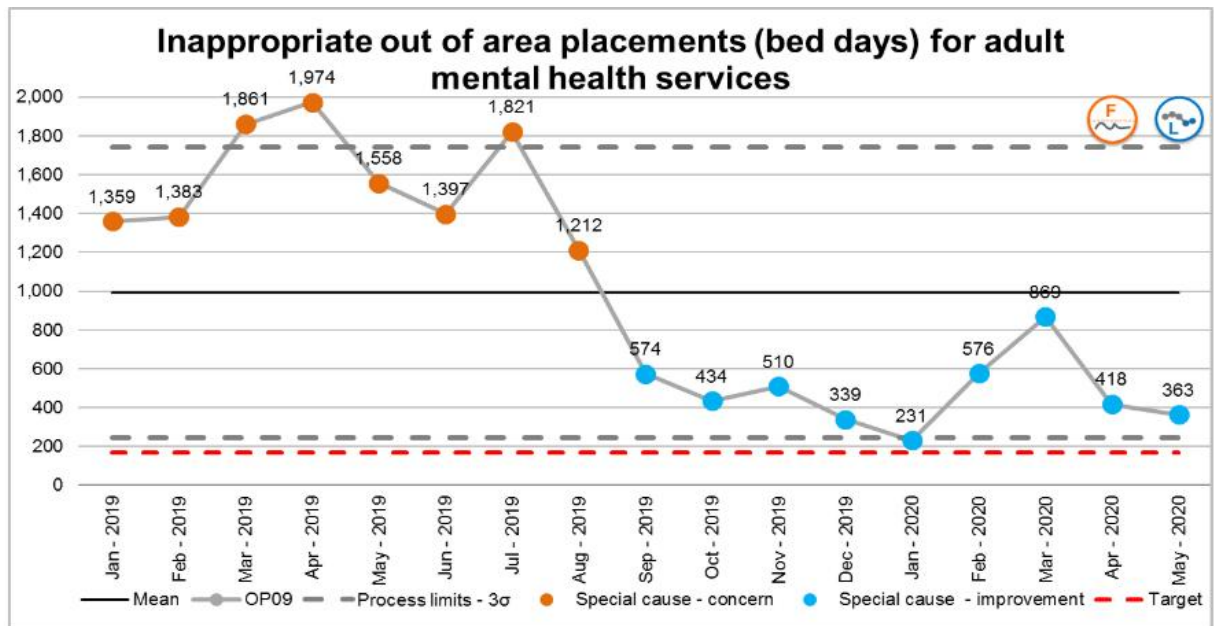


7 Care Planning

- 7.1 Changes in the way that CPA is measured are being discussed with Norfolk and Waveney CCGs. Following a programme of engagement and development, our CPA Mobilisation Group developed a set of tools to measure the quality of CPA (in addition to completeness, which is currently measured) and inform and support improvement. These have been accepted internally and are now awaiting the approval of the CCG.
- 7.2 Changes to community services, including care planning are set out in the NHS Long Term Plan. It is anticipated that new guidance regarding a replacement for CPA will be issued shortly.

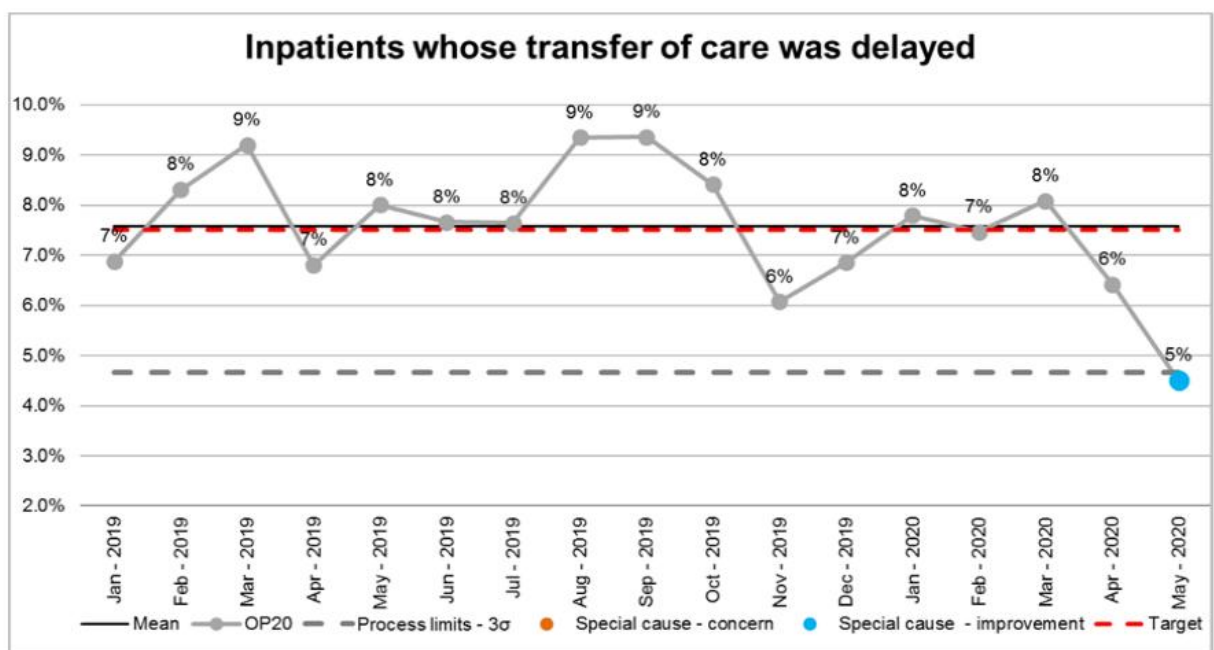
8 Out of Area Placements

- 8.1 A number of initiatives to reduce Out of Area Placements (OAPs) from their peak of 79 people out of area in March 2019 have had a considerable impact. These include the opening of a 16 bedded admission ward, enhancing community teams, implementing our Patient Flow group and taking a more focused approach to improved bed management, inappropriate admissions and timely discharge.



9 Delayed Transfers of Care (DToc)

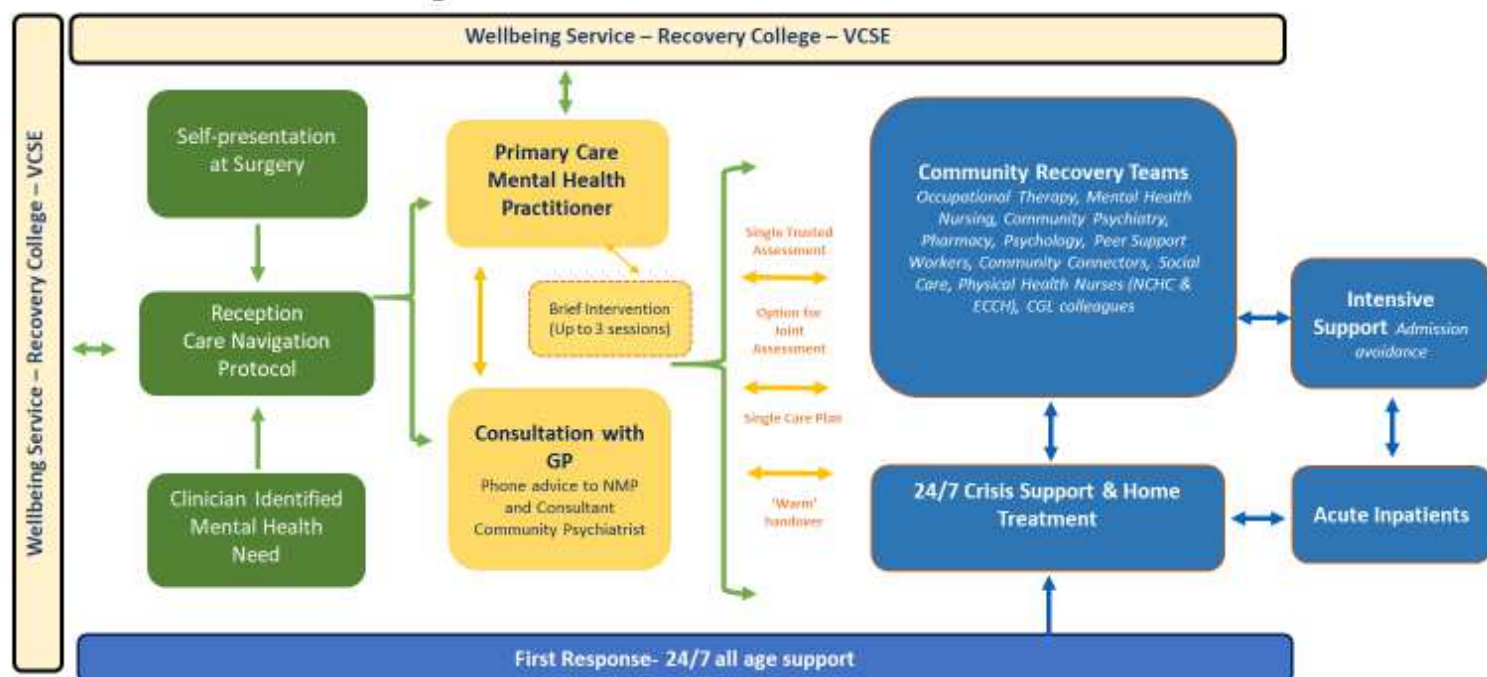
- 9.1 A contributing factor to the number of OAPs is the number of delayed transfers of care. This is particularly evident in relation to older people's services, where a lack of suitable onward placements results in delays to discharge. Local authority partners are investing in an inpatient social care team for older people which we anticipate will reduce delays.
- 9.2 There has recently been effective partnership working with the local authority and this has resulted in the number of delayed transfers reducing, as shown below.



10 New initiatives

- 10.1 Core 24 liaison services are in place at the Queen Elizabeth Hospital in Kings Lynn and Norfolk and Norwich University Hospital. These are 24-hour liaison services, closely aligned with the crisis resolution home treatment teams (CRHT). This service will be in place at the James Paget Hospital Great Yarmouth from 1st April 2021.
- 10.2 We have agreed additional investment with Norfolk and Waveney CCG to provide additional mental health support within primary care. This will support brief mental health interventions being provided within General Practice and also a smooth transition into secondary care as required. The new model also supports the NSFT Recovery College being accessible to everyone.

Enhanced Primary Care Offer



- 10.3 Norfolk and Waveney CCG have also supported the recurrent commissioning of the First Response Crisis Line. This support is available to people of any age, 24/7, with access to our Crisis Teams as required. The service has received over 10,000 calls since its launch in April 2020 from people across Norfolk and Suffolk who wanted help and support with their emotional and mental health.



First Response

Call: 0808 196 3494
(Freephone)

A 24/7 service for people of all ages in Norfolk and Suffolk requiring mental health care, advice and support.

11 Therapy for people who are deaf

- 11.1 HOSC has asked for details of the service we offer to hearing impaired people with mental health needs.
- 11.2 Currently hearing-impaired people access mental health services with the support of British Sign Language (BSL) interpreters. When someone needs to access services the BSL interpreters are booked through INTRAN. The BSL interpreters are based in Norfolk and work closely with the local hearing-impaired community. They are trained to a very high level, and quality is closely overseen by INTRAN.
- 11.3 To our knowledge we have not previously explored using an external agency to provide BSL accredited therapists. This is a potential area for development, which would require a strategic approach with commissioners and input from expert agencies. Any details that HOSC has regarding concerns about the current provision would be welcomed and we can explore the options available in addressing this, potentially in collaboration with Norfolk County Council's Sensory Support Unit.

12. Specific action in response to the CQC's May 2020 inspection report on specialist community mental health services for children and young people

- 12.1 To date, many changes have been made to better support those currently waiting for assessment and treatment. These include the implementation of a new waiting list tool to make it clearer who is on the waiting list, the introduction of a First Response 24/7 Helpline, 'Kooth' the online counselling service for young people, available to all who are waiting for support, the continued review and RAG rating of those on the waiting list and clinical harm reviews.
- 12.2 However, the Trust has now created a learning system that focuses on tackling the reduction of wait times, rather than just managing the existing problem. This includes an architecture of two steering groups and a rapid improvement board that oversees and supports the work. It also features a number of critical enablers that include: a single overarching aim and a clear family of measures to support improvement; dashboards that make it easier

to visualise demand and capacity; quality improvement training; involvement of families and young people; an access improvement support group providing bespoke support to teams and sharing stories of innovations and improvement. In addition to supporting continuous improvement, this learning system engenders a culture of service user and staff involvement, a bias towards action learning and working collaboratively with wider system partners.

- 12.3 The Rapid Improvement Board, which has Care Group leadership, family member and executive team representation first met on 7 July to receive QI training, set outcomes, process and balance measures for the overall learning system and develop a strategy and change ideas to start testing to improve access to the service. They now meet on a monthly basis to oversee the improvement work.
- 12.6 An Access Improvement Group that is composed of staff with informatics, quality improvement, access improvement and operational experience is being led by the Director of Improvement and directly supporting leadership teams in both Care Groups as well as those leading QI work.
- 12.7 A new flow dashboard, designed in collaboration with front line staff and leadership teams is now live. The dashboard enables over 20 measures that cover activity, backlog and demand to be seen as time series analysis and can be viewed at Trust level, Care Group level, or at individual team level. This has provided a step change in how the service views and understands flow and has enabled the identification of a series of bottlenecks.
- 12.8 Front line staff in both care groups are undertaking process mapping and demand and capacity analysis to understand where opportunities may exist to improve processes that will improve access to services. Quality Improvement training is also being provided to staff.
- 12.9 In addition to a series of operational changes that are currently being implemented across the system, three QI projects are being led by front line staff and partners are now being supported by the Access Improvement Group. In the 80 St Stephens South team, a QI project being led by a consultant psychiatrist and operational lead is starting to focus on testing change ideas around caseload management, variation and contacts. Another QI project in central Norfolk is focused on working closely with a high referring GP service to divert inappropriate referrals before they are made. Finally, in Great Yarmouth and Waveney, a new QI project is being set up, in partnership with local GPs, to focus on improving the referral process for children and younger people. It is anticipated that further QI projects will emerge in the coming months, focusing directly on new learning from the flow dashboards, process mapping and demand and capacity analysis.

13. Action to provide safe mental health services in light of the Covid 19 pandemic

13.1 NSFT services were disrupted during the initial phase of the COVID-19 pandemic, as staff moved to help out areas most affected by COVID-19, and adjusted to working from home. Approximately 50% of the workforce shifted to working from home and there were significant increases in use of telephone and video for contact with service users and carers. Referrals decreased during March and April but have now risen again to pre-COVID levels.

13.2 There were a number of new services and significant actions in mental health services during the Covid 19 outbreak:-

- Increased use of phone and video appointments, e.g. phone calls increased by over 12,000 between February and June to community crisis services, countered by face-to-face contacts reducing by 8,500.
- Moved services online, including webinars run by the Wellbeing Service and the Recovery College.
- Rapidly launched 'First Response', a 24/7 helpline offering immediate support for people experiencing mental health difficulties during the coronavirus pandemic.
- Commissioned Kooth and Helios to help young people through the coronavirus pandemic and beyond. Kooth is a free website offering 11 to 25-year-olds online counselling delivered by qualified counsellors 365 days a year on either a drop-in basis or through bookable chat sessions. It also gives young people a chance to benefit from peer support and a wide range of self-help materials, as well as to contribute to moderated forums. Commissioned across Norfolk and Waveney by NSFT, it has been operational in Suffolk since 2019. Helios provides online cognitive behavioural therapy (CBT).
- Supported some of the most vulnerable service users to find suitable accommodation.
- Accelerated the recruitment of PCN (primary care network) mental health teams, to help prepare for the anticipated increase in demand. Further COVID-19-related expansion of primary care and community services was planned.
- Staff Support Line – on 20 April 2020 NSFT expanded its staff support line to other local health and care workers. The confidential helpline runs from 2pm – 5pm seven days a week. NSFT psychological practitioners give advice, talk through difficult shifts and discuss current work challenges with staff.

13.3 NSFT has a formal Recovery Workstream in place and is working closely with commissioners and stakeholders. The main components of the Recovery plan are:

- Learning from the first phase of COVID, embedding positive changes such as use of technology and increased working with the VCSE, and evaluating changes made to services during this time

- Further development of our wellbeing and support offer to staff, as well as developing policies and training for the continued use of remote working, and ensuring workplaces are COVID secure
- Development of our clinical services in order to meet the mental health Long Term plan ambitions and address the increased demand for services
- Carrying our formal debrief and lessons learned exercises in relation to Phase one, and preparing for future waves and/or local lockdowns with partners

- 13.4 The developments set out above, and particularly the Enhanced Primary Care Offer, as well as additional investment for IAPT services, are designed to meet some of the additional demand for services.
- 13.5 We have submitted information to the Norfolk & Waveney STP in order to inform the COVID Phase 3 submission made in August. A further submission is required by 21 September and again NSFT are providing information regarding the increased demand for mental health services and the associated costs and service developments required.

Access to NHS Dentistry in Norfolk & Waveney

Suggested approach from Maureen Orr, Democratic Support and Scrutiny Team Manager

A report on progress regarding access to NHS dentistry across Norfolk & Waveney since April 2019.

1. Purpose of today's meeting

- 1.1 Following NHOSC's last examination of this subject on 11 April 2019 (covering the county of Norfolk) the service commissioners NHS England and NHS Improvement, East of England (NHS E&I) were due to report back to the committee on 19 March 2020. The meeting did not go ahead because of the Covid 19 outbreak but the report prepared for that meeting is still available on our website via the following link:- [NHOSC 19 March 2020](#) (agenda item 8, appendix A & B)

For today's meeting, the commissioners have been asked to expand the focus to include Waveney and to update their report to include:-

- Arrangements made for dentistry in light of the Covid 19 outbreak and plans for the immediate future.
- Arrangements for dentistry for those in settings where it is impossible / very difficult to them to travel to a dentist e.g. care homes; prisons.

They have also been asked to provide an update on all the areas that were covered in the March 2020 report:-

- Which dental practices are currently accepting new NHS patients and any progress with the accuracy of this information on the NHS website
- The outcome of the procurements for special care dentistry, primary care orthodontic and dental out of hours services which were underway in April 2019
 - Including description of changes in referral pathways, locations of services and opening times.
 - Implications of the change in the referral pathway to special care dentistry, especially for a patient with special needs who does not have a regular dentist and who needs urgent treatment

- Action taken following a review of NHS England & NHS Improvement commissioning intentions for the west Norfolk area, which was due to be completed in July 2019
- The commissioners' response to the Local Dental Committee's suggestion of 'flexible commissioning' (e.g. additional emergency slots in practices, or expansion of domiciliary or care home treatments).
- Progress towards establishing dental therapy training in Norfolk
- Progress toward provision of restorative dentistry at the Norfolk and Norwich Hospital
- An update on progress towards provision of dental services at RAF Marham for the families of service personnel and the general public
- Details of the arrangements by which patients who live in care homes access NHS dental primary care
- Any other relevant information

NHS E&I have provided the report at **Appendix A**.

Representatives from NHS E&I and the Local Dental Network for East Anglia will attend to answer Members' questions.

- 1.2 The Local Dental Network (LDN) is chaired by a dentist and includes local clinicians, managers from the NHS England local team, patient representatives, secondary care clinicians, local dental committee representatives and educational supervisors. Their remit is to:-

- Support the implementation of national strategy and policy at local level
- Work with key stakeholders on the development and delivery of local priorities
- Provide local clinical leadership

- 1.3 Norfolk Local Dental Committee (LDC) has provided the paper attached at **Appendix B** assessing progress with the issues currently facing dentistry in Norfolk. A representative will attend the meeting.

The Local Dental Committee is an independent body which represents dental practitioners and has a statutory right to be consulted by NHS England on issues relating to the dental profession.

- 1.4 One of Healthwatch Norfolk's (HWN) roles is to signpost people to services and most of the daily enquiries it receives are about dental services. HWN has reported to NHOSC in the past that the 'Find a dentist' service on the NHS website is not up to the task as much of the information is out-of-date or unavailable. This is still the case. HWN

has looked at the information for 90 dental practices across Norfolk on the NHS website:-

- 31 had not recently updated the NHS website (50+ days since last update) so whether or not they were taking on new NHS patients was unknown
- 59 had recently updated the website:-
 - 2 were taking on new NHS patients
 - 37 were taking on new NHS patients only by referral of a dental practitioner
 - 20 were not taking on new NHS patients

In July Healthwatch began telephoning the dental practices which the NHS website said were taking new NHS patients, or were taking them on by referral of a dental practitioner. At the end of July 2020 it had contacted 16 of the 39 and found that none of those 16 were actually taking on any new NHS patients at all. The results of the HWN telephone survey to the end of July 2020 are attached at **Appendix C**.

At present the only dental practice in the county that Healthwatch Norfolk knows for sure is taking on new NHS patients is the new dental practice at Marham.

- 1.5 On hearing that NHOSC had this subject on its agenda Family Voice, offered to provide a short paper summarising the issues that many of its members with children and young people with Special Educational Needs and Disabilities (SEND) have had with access to dentistry both before and during the Covid 19 outbreak. Family Voices' paper is attached at **Appendix D**. Their full report, including appendices setting out comments from survey respondents, is available on their website:- <https://www.familyvoice.org.uk/wp-content/uploads/2020/08/FV-5-min-Focus-on-dental-services-Aug-2020.pdf>

Family Voice is an independent, voluntary organisation for parents and carers funded by the Department for Education, Norfolk County Council and the Norfolk & Waveney Clinical Commissioning Group (CCG)

- 1.6 Members should note that it is the general and specialist dental services commissioned by NHS England & NHS Improvement, East of England, that are the subject of today's meeting, not the preventative services commissioned by Norfolk County Council Public Health, i.e. the Norfolk Health Child Programme and oral health promotion services in Children's Centres and schools.

2. Background information

2.1 Previous reports to NHOSC

- 2.1.1 The last time the dentistry commissioners attended NHOSC was on 11 April 2019 (agenda papers, including the 'Access to NHS dentistry

in Norfolk' report and minutes of the meeting are available through the link at 5.1 below).

It was noted that in 2018-19 the West Norfolk CCG area had the lowest number of dentists providing NHS dentistry in the county, with 37 dentists per 100,000 of population against the English average of 44 dentists per 100,000. North Norfolk was second lowest with 39 dentists per 100,000. All other CCG areas in Norfolk and Waveney were above the English average.

At that stage procurement was underway for special care dentistry (i.e. for people with an intellectual disability or who are affected by other medical, physical or psychiatric issues), primary care orthodontic and dental out of hours services.

On 1 October 2019 NHS E&I announced that the contract to deliver **Special Care Dentistry** across Norfolk and Waveney had been awarded to Community Dental Services CIC (Community Interest Company). It also highlighted that in response to new guidance recently published referrals to the service could only come from general dental practitioners. Previously referrals to Special Care Dentistry could be made directly from various sources, including health visitors, care homes, the learning disabilities team and other healthcare professionals.

The report to 19 March 2020 NHOSC informed the committee that the procurement of the PDS (personal dental services) **orthodontic services** across East Anglia had been abandoned because NHS England & NHS Improvement had decided it was unable to make an assured, unequivocal award as 'issues were identified in the scoring of the bids and how the process dealt with multiple bids from the same/similar providers'. As an interim measure existing PDS orthodontic agreements were extended up to 31 March 2022. This extension was felt to be sensible and safe for patients, incumbent providers and the Commissioners whilst next steps were considered.

- 2.1.2 An earlier report to NHOSC in May 2018 focused exclusively on access to dentistry in the west Norfolk area, including access for families of service personnel at RAF Marham. The agenda papers and minutes are available via the link at 5.1 below.

A new dental practice has now opened at **Marham** providing both NHS and private dentistry to the general public and the families of service personnel at RAF Marham. NHSE&I supplied a video virtual tour of the facility, which was circulated to west Norfolk NHOSC Members on 20 July 2020:-

<https://youtu.be/wAmJWdJBolQ>

2.2 Care Quality Commission report – ‘Smiling matters – Oral health in care homes’

2.2.1 In June 2019 the Care Quality Commission (CQC) published ‘*Smiling matters – Oral health in care homes*’, which is available on their website via the following link:- [CQC Smiling Matters report](#)

2.2.2 This national study found that only around half of care homes provided specific staff training to support people’s daily mouth care and that awareness of the relevant NICE guideline (NG48, published in July 2016) was low. Examples of good, joined-up practice between care homes and dentists were uncommon and all too often treatment would only be sought when people were in pain.

2.2.3 The CQC made recommendations at national level to NHS England, care home providers, local social care commissioners, the dental profession and Health Education England in the following areas:-

- Awareness raising of oral care with the public, service users, their families and carers
- Awareness and implementation of NICE guideline ‘Oral health for adults in care homes’ (NG48)
- Training for care home staff
- Guidance for the dental profession
- Dental provision and commissioning
- Assessment of NICE guideline NG48

2.3 Healthwatch Norfolk survey of experiences during Covid 19

2.3.1 Healthwatch Norfolk (HWN) conducted a survey of people’s experiences during first 12 weeks of lockdown due to Covid 19. The results are available on HWN’s website (final report July 2019:- <https://healthwatchnorfolk.co.uk/wp-content/uploads/2020/07/HWN-COVID-19-Report.pdf>)

HWN received 833 responses, of which 226 were incomplete. The report was based on 607 full, complete responses from across Norfolk. 47 referred to dental appointment or treatment access, with the majority of those saying access was difficult. Comments quoted in the report included:-

“No access to dental Care for my 7 year old who has now had tooth ache for 2 Weeks, only advice give was to give her calpol”

“Severe tooth aches for last 2 months - told to take painkillers and eat on the other side!”

“Needed a dental emergency and was extremely difficult to access was in constant pain”

“Cannot access urgent dental care despite being in pain for over two weeks due to a broken tooth/filling”

“Very little dental service currently available.”

“Our son has had to wait for his braces appointment - moved from March to Jun”

“Was unable to get dental appointment”

3. Suggested approach

3.1 Members may wish to examine the following areas:-

Levels of provision and access

- (a) Bearing in mind that many people found it difficult to access NHS dental services before the Covid 19 outbreak, what has been the effect of the pandemic on access and what can now be done to mitigate it?
- (b) Healthwatch Norfolk’s telephone survey to find dental practices open to new NHS patients illustrates the difficulty of access. Does NHS E&I have plans for increasing overall NHS dentistry provision across Norfolk & Waveney?
- (c) NHS E&I’s report mentions plans to commission new services in King’s Lynn and South Norfolk but the procurement process has been delayed because of Covid 19. How has the pandemic prevented the procurement process?
- (d) NHS E&I’s report mentions that a King’s Lynn dental practice has given notice that it will close on 30 November 2020. In the short term the commissioners plan to liaise with other providers in the King’s Lynn area to provide additional capacity. As west Norfolk has already been under-served before the closure of this dental practice, are other local providers likely to have capacity to take on additional NHS patients?
- (e) According to 2018-19 data North Norfolk was below the English average for NHS dentists per 100,000 of population. Are there plans to commission more services in that area?
- (f) When will the next full Oral Health Needs Assessment for Norfolk and Waveney be done?
- (g) What is the current situation across Norfolk and Waveney with regard to access to NHS hospital treatment for certain serious dental and oral conditions (including access for restorative

dentistry)? How far do residents need to travel to receive these services?

- (h) Bearing in mind that procurement of new PDS orthodontic services was abandoned in 2019, is the current orthodontic capacity able to meet demand?
- (i) NHSE&I's report mentions that 2019-20 data on population per dentists and the number of dentists providing NHS dentistry was scheduled to be published on 27 August 2020, and that NHSE&I would share the information when available. How do the latest figures compare with the previous year (2018-19 data is listed at paragraph 2.1.1.)

Recruitment

- (j) What is the current position with regard to vacancies at dental practices in Norfolk and the recruitment of dentists?
- (k) Is NHSE&I taking any new steps to support recruitment and retention of dentists in Norfolk?
- (l) Given the shortage of specialists in restorative dentistry, what can the commissioners do to assist the Norfolk and Norwich Hospital to recruit a specialist

Dental services for care home patients – response to the CQC findings

- (m) NHSE&I's report acknowledges that an increasing number of older patients living in care homes are not receiving dental care. A pilot, which is expected to start in September 2020, will support the provision of assessments of oral health care and care planning for all residents. How many care homes will be involved in the pilot in Norfolk & Waveney and how long will it take for all care homes residents to be supported in this way?

Domiciliary dental services

- (n) It appears from NHS E&I's report that just one provider, based in Norwich, offers a domiciliary service for those who need it. Does this provider take the service to patients across Norfolk and Waveney? Can the Special Care Dentistry service provide domiciliary treatment where it is needed?

Special Care Dentistry

- (o) The LDC report at Appendix B mentions concern about the referral pathway to Special Care Dentistry for vulnerable

patients. Details of the pathway are set out in NHSE&I's report at Appendix A (only a general dental practitioner can refer a vulnerable patient to the Special Care Dentistry service and the concern is that people may not be able to access a dentist who can make the referral).

- i. What was the main reason for introducing the requirement that only those referred by a general dental practitioner can access the Special Care Dentistry service?
 - ii. How well do the commissioners consider the new pathway works for the vulnerable patients who need the service? (e.g. those with mental health issues or learning difficulties)
 - iii. Has it been practical to expect vulnerable patients / their carers to get a referral to the Special Care Dentistry service from a general dental practitioner during the Covid 19 pandemic?
- (p) Family Voice's survey in August 2020 (Appendix D) found that a third of parent carers, who were waiting for a referral, had been waiting for over a year to see a specialist dentist (there were 86 respondents to the survey in total, representing 90 children and young people with special educational needs and disabilities. Can the commissioners say whether this result reflects that wider picture in Norfolk and Waveney and what length of waiting time they would consider acceptable?

NHSE&I national initiatives for children's oral health (separate from local Public Health services)

- (q) The LDC report at Appendix B mentions two national initiatives known as Dental Check by One and Starting Well which targets prevention to very young children and their parents. It is understood that NHSE&I commissions these services in other parts of the country. Can they be introduced in Norfolk and Waveney and how would they join up with existing services commissioned by Norfolk County Council Public Health?

4. Action

4.1 The committee may wish to consider whether:-

- (a) To make comments or recommendations as a result of today's discussion.

5. Background documents

- 5.1 Reports to Norfolk Health Overview and Scrutiny Committee and minutes of meetings
[NHOSC 19 March 2020](#) (agenda item 8)
[NHOSC 11 April 2019](#) (agenda item 6)
[NHOSC 24 May 2018](#) (agenda item 8)
- 5.2 'Smiling matters – Oral health in care homes', June 2019, Care Quality Commission
[CQC Smiling Matters report](#)
- 5.3 National Institute for Health and Care Excellence (NICE) guideline NG48, July 2016 – Oral health for adults in care homes
<https://www.nice.org.uk/guidance/ng48>



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**NHS England and NHS Improvement Report for
General Dental Services (Norfolk and Waveney)
Norfolk and Waveney County Council Health and Scrutiny
Committee
August 2020**

Progress report regarding access to dentistry across Norfolk and Waveney

Arrangements made for dentistry in light of the COVID 19 outbreak and plans for the immediate future.

Practices currently accepting patients across Norfolk and Waveney

Following the Prime Minister's announcement on 25 March 2020, in relation to implementing social distancing measures to slow down the spread of COVID-19, the Committee will be aware that all non-urgent face to face dental activity was stopped.

In response to this directive and in conjunction with Public Health, NHS England and Improvement made a number of necessary changes to the delivery of dental services in the East of England region.

Across every NHS region local Urgent Dental Care (UDC) systems were created to provide care for people with urgent dental problems.

These hubs were established to meet the distinct needs of people with the following urgent dental care needs:

1. Those who are possible or confirmed COVID-19 patients – including patients with symptoms, or those living in their household.
2. Those who are 'shielded', as being at most-significant risk from COVID-19.
3. Those who are vulnerable/at increased risk from COVID-19.
4. Any other people who do not fit one of the above categories.

Eleven Urgent Dental Care centres were put in place in Norfolk and Waveney, as a response to the initial restrictions.

During this period NHS England and NHS Improvement – East of England received 14 complaints from dental patients in Norfolk and Waveney, including MP correspondence on behalf of patients.

All Dental Practices with an NHS contract were expected during the initial restrictions, to offer advice, analgesics and antibiotics (3As) to any patients who presented to them in need of urgent dental care.

Further to the latest publication from the Office of the Chief Dental Officer, all dental practices were able re-open from 8 June 2020, providing they met the safety standards set by Public Health England and NHS England and Improvement.

Whilst there are social distancing and Infection, Prevention and Control (IPC) measures in place, NHS England and NHS Improvement did not expect all NHS practices to open providing a full range of services from 8 June 2020. The Chief Dental Officer for England has set out that:

‘We are asking that all dental practices commence opening from Monday 8 June for all face to face care, where practices assess that they have the necessary IPC and PPE requirements in place.

Our advice is that the sequencing and scheduling of patients for treatment as services resume should take into account:

- the urgency of needs
- the particular unmet needs of vulnerable groups
- available capacity to undertake activity

Progression to resumption of the full range of routine dental care will be risk-managed by the individual practice and can include aerosol-generating procedures (AGPs), subject to following the necessary IPC and PPE requirements. Dental practices should also take steps to risk assess their workforce and take commensurate actions.

There also remains a need to be able to respond to any local or national re-imposition of public health measures should they arise.”

Number of practices providing face to face services in Norfolk and Waveney since the resumption of dental services on 8 June 2020

There are 90 NHS Dental Surgeries providing face to face services and 10 offering advice, analgesics and antibiotics (3As) in Norfolk and Waveney, since the resumption of dentistry on 8 June 2020. These surgeries are supporting the 11 Urgent Dental Care centres put in place as a response to the initial restrictions. All surgeries will as a minimum be providing remote telephone triage, assessment, pain relief and prescription. If a practice is open for face to face contact, during this phase, NHS England and NHS Improvement – East of England expect, that if they have capacity, they should offer to see any patient within their NHS contract, if this is clinically indicated.

These practices will provide either Non-Aerosol Generating Procedures only or Non AGPs and AGPs

Non-Aerosol Generating Procedures include:

- Examinations;
- Handscaling with suction;
- Simple extractions;
- Removal of caries (tooth decay) using hand excavation.
- Using slow-speed handpiece with high volume suction.
- Local Anaesthesia.

AGP procedures include:

All other procedures utilising ultrasonic scalers, high speed drills with associated water spray etc.

In addition, we have engaged some of these practices to provide urgent oral surgery procedures and some urgent orthodontic procedures.

NHS England and NHS Improvement – East of England acknowledges that the suspension of primary care dental services has had an impact on patient's ability to receive dental care. We are working closely with providers and other stakeholders to achieve the resumption of safe and effective services. This will be done in a manner that takes into account limiting factors such as the availability of PPE, shielding patients, BAME members of the workforce and the need for fallow time between appointments to allow the venting and cleaning of surgeries.

The number of dental practices open at any one time will be subject to change due to a range of factors, ensuring the safety of patients, the public and dental practice staff remains paramount.

To access these services patients are being advised to contact their regular NHS dentist. If they do not have a regular dentist, they can contact any local NHS dental surgery using the NHS Website <https://www.nhs.uk/using-the-nhs/nhs-services/dentists/> or they can contact NHS 111 <https://111.nhs.uk/> who will direct them to the appropriate service.

Arrangements for dentistry for those in settings where it is impossible / very difficult to them to travel to a dentist e.g. care homes; prisons

Prison's

NHS England Health and Justice is responsible for commissioning healthcare across secure and detained settings, which includes prisons. A local Community Dental Service delivers dental services at the three prison's in Norfolk.

The East of England Region of NHS England and NHS Improvement produced a Standard Operating Procedure (SOP) in line with issue 4 of the Chief Dental Office guidance in response to COVID-19. NHS England and NHS Improvement – East of England engaged with the provider of dental care in the prison's in Norfolk, from the outset, alongside all Community dental services, to seek assurance that the dental service was delivering services in accordance to the latest guidance and provide any support needed.

Care Homes

Alongside the Standard Operating Procedure that was produced as stated above, a Standard Operating Procedure: Planning for Urgent Dental Care For "Domiciliary and Shielded Patients" During the COVID-19 Pandemic was produced. The aim of this Standard Operating Procedure was to extend these measures for urgent dental care to those patients already receiving or who meet the criteria for domiciliary care and also to those in the "shielded" category and hence at a very high risk to COVID-19 infection. Some shielded patients already fall into the current domiciliary criteria for

dental care, particularly those living in care homes or with complicated medical histories. There will however be a number of patients in the shielded group who would not normally fit the domiciliary criteria. However due to the high risk posed by COVID-19, these patients will require a more thoughtful and joined up provision of care presently and possibly for a longer term.

The SOP is still in place now and is being followed to ensure the safety of these patients and to enable them to access their care that they require without the need to travel.

Population per dentist and the number of dentists providing NHS dentistry *NHS Dental Statistics for England*

At the time of writing this report the 'population per dentist and the number of dentists providing NHS dentistry extracted from the *NHS Dental Statistics for England - 2019-20 Annual Report*, could not be included, as this is not scheduled to be published until the 27 August 2020. As soon as this is available NHS England and NHS Improvement will share this information.

Outcome of procurements

Special care dentistry

The contract to deliver Special Care Dental Services across Norfolk and Waveney and Waveney was awarded to Community Dental Services CIC. The new service commenced on 1 October 2019.

Change in referral pathway

The former arrangements for this service were provided through a Community Dental Service. Historically, referrals were received directly in to the service from several providers including Health Visitors, Care Homes, Learning Disabilities Team and other Healthcare professionals.

The referral route in to the service has changed from the former arrangements as this is a specialist service. The Special Care Dental Service (SCDS) will offer specialised and Specialist-led services including timely, appropriate and effective personal preventive and restorative interventions for all children and adults to whom this definition applies resident within the population.

Patients will be only accepted by the SCDS on referral from general dental practitioners (GDPs), who will be expected to have attempted themselves to assess oral health needs of the patient and carry out appropriate and necessary treatment, but to have found this beyond the usual skillset of a GDP or the usual facilities of a primary care dental practice setting, which is in-line with the National Guide for Commissioning Dental Specialities; Special Care Dentistry that has been published.

Location of services and opening times

Location and opening hours of the Special Care Dentistry Services across Norfolk and Waveney and Waveney:

- Siskin Dental Centre (Norwich): Monday to Friday 8.30am until 5.00pm, patients can also contact the service, between 8.30am and 5pm via the single point of access number at the Siskin clinic; 0333 2079954
- Attleborough Dental Clinic: Monday to Wednesday 9.00am until 4.30pm
- Dereham Dental Clinic: Wednesday 9.00am until 4.30pm
- Swaffham: currently by appointment only.
- St James (Kings Lynn): Tuesday 9.00am until 4.30pm and Friday 9.00am until 4.30pm
- Sheringham: Currently Wednesday 9.00am until 4.30pm, changing from 31st October to Thursday 9.00am until 4.30pm
- Thorpe: Tuesday, Wednesday, Thursday and Friday 9.00am until 4.30pm
- Newberry Dental Clinic (Great Yarmouth): Monday to Friday 8.30am until 5.00pm
- Thetford: 8.30am until 5.00pm Tuesday to Friday

Please be aware that due to COVID-19, each location listed above may not currently be open, due to the provider undertaking Risk-management in relation to safety of patients and practice staff. The main sites; Siskin Dental Centre and St James are both open.

Implications of the change in the referral pathway to special care dentistry, especially for a patient with special needs who does not have a regular dentist and who needs urgent treatment

The implication of the change in the referral pathway, to special care dentistry, is that patients will be required to be registered with a general dentist practice to enable them to be referred on to the SCDS, if this service is required and the patient meets the criteria for the service.

Commissioner are working very closely with the new service through this transition phase to ensure that patients receive the treatment that they require. This is also being reviewed with other key stakeholders, across the wider dental network.

If a patient does not have a regular dentist and require urgent dental care for any patient experiencing dental pain, facial swelling or dental trauma can access treatment through a Dental Access Centre for emergency treatment.

The Dental Access Service can make a referral into the Special Care Dentistry Service if the patient meets the criteria for this service and if a referral is required.

Arrangements by which patients who live in care homes access NHS dental primary care

Residents in a Care Home who require access to NHS Dental Primary Care would do so by attending an appointment with their regular dentist or finding a dentist in their local area. If the resident requires a Domiciliary Service, then there are two ways in which care can be accessed in Norfolk and Waveney:

- Through a General Dental Practice called Castle and Costa who provide a Domiciliary Service in Norwich.
- If a resident requires the Special Care Dental Service, if they meet the criteria, a referral would be required from a general dental practitioner as described above.

Working in conjunction with Public Health England, Health Education England, NHS England and NHS Improvement is initiating a pilot to continue to progress a regional systems approach to improving oral health and access to dental care in care homes across the East of England region. The pilot is explained in further detail later in this report.

Primary care orthodontic procurement

Further to the update in March 2019, NHS England & NHS Improvement commenced the procurement of the PDS orthodontic services across East. The procurement was undertaken on a regional basis and involved seven batches with East Anglia in the final batch. The call for competition for the final batch was scheduled to go live in January 2020.

A decision to abandon the procurement was made as 'NHS England has decided that it is unable to make an assured, unequivocal award' as 'issues were identified in the scoring of the bids and how the process dealt with multiple bids from the same/similar providers'. This was communicated to bidders on 13 December 2019.

Commissioners proposed an interim measure of extending all of the PDS orthodontic agreements up to 31 March 2022. This has been communicated to the providers along with the relevant contract variations. This extension was felt to be sensible and safe for patients, incumbent providers and the Commissioners whilst next steps are considered.

Dental out of hours services

Following the procurement process, the new provider commenced delivering services in September 2019 at the following sites:

Night Dental OOH

The Siskin Centre, Community Hospital, Bowthorpe Road, Norwich NR2 3TU

Night Dental OOH

Dental Access Centre, 6 King Street, Kings Lynn, Norfolk and Waveney, PE30 1ES. In addition, the new provider commenced delivering services in the Great Yarmouth and Waveney area in January 2020:

Night Dental OOH

Currently delivering services from Dental Suite, James Paget University NHS Trust, Lowestoft Road, Gorleston NR31 6LA.

Across the system clinical triage is available:

- Saturday 9am-5pm
- Sundays 9am-4pm
- Public/bank holidays 9am-4pm

Clinical services are available between 9:30-5:30 Saturday and Sunday and public/bank holidays.

NHS England and NHS Improvement is having regular meetings with the new provider whilst the new services get established.

OOH services were provided by the Dental Design Studio between 09:00 - 12:00 at 21-23 Regent Rd, Lowestoft NR32 1PA on Saturdays until the end of March 2020.

In response to COVID-19, 8 of the local Urgent Dental Care sites (UDC) referred to above, were identified to deliver OOH within the existing Urgent Dental Care system across the whole region, to provide appropriate coverage and capacity, in addition to the above services. This additional support is still in place and a review is being undertaken regarding extending this for a longer period of time.

Action taken following a review of NHS England & NHS Improvement commissioning intentions for the west Norfolk area

The Dental Strategy group has been reviewing service provision with emphasis on areas where there are known gaps and poor access to routine and urgent dental care, this includes West Norfolk. As a result of this work, NHS England and NHS Improvement in the short-term continue to offer practices in West Norfolk non-recurrent activity to ensure patients have access to general dental services.

In addition, new services will be commissioned in Kings Lynn and the south Norfolk and Waveney areas with a procurement expected to commence during 2020/21 with the view that the new services will be commence during 2021/22 following completion of the procurement process.

Please note that due to COVID19 restrictions effecting the ability of the market to participate, the commencement of the procurement has been delayed.

Practice Closure

NHS England and NHS Improvement received notification from a practice in Kings Lynn of the intention to close their practice on the 30 November 2020.

In the short-term NHS England and NHS Improvement will liaise with providers in the Kings Lynn area to offer non-recurrent activity to ensure patients have access to NHS dental services.

In the long-term, further new services will be included within the procurement to be undertaken as detailed above.

An update on progress towards provision of dental services in Marham

An engagement event for potential providers of dental services for the local population was held at RAF Marham on Thursday 11 October 2019. The event which outlined the vision of NHS England and NHS Improvement for services, was supported by RAF Marham and well attended.

NHS England and NHS Improvement undertook a local procurement during November/December 2019. 'Dentistry for You' was selected as the preferred provider. The new service commenced on the 1 May 2020.

Urgent care and oral health stabilisation pilot – PDS pilot agreements

Following approval to implement PDS pilot agreements in areas of known poor access NHS England and NHS Improvement held marketing/engagement events with providers in West Norfolk. Whilst NHS England and NHS Improvement continued to seek engagement with West Norfolk providers to participate in the pilot, further engagement has been paused due to COVID19 restrictions.

The commissioners' response to the Local Dental Committee's suggestion of 'flexible commissioning' (e.g. additional emergency slots in practices, or expansion of domiciliary or care home treatments).

MY Mouth Matters – oral health in care homes

Working in conjunction with Public Health England, Health Education England, NHS England and NHS Improvement is initiating a pilot to continue to progress a regional systems approach to improving oral health and access to dental care in care homes across the East of England region.

There is an increasing number of older patients care home residents who are not receiving dental care. Those living in care homes are considered a vulnerable group and evidence suggest they are experiencing inequalities in oral health outcomes such as access to routine dentistry and daily mouth care.

The proposed primary care pilot has been approved to be rolled out across East of England. The pilot scheme aims to improve oral health and reduce inequalities in access to dental care services for this vulnerable group of residents in care homes through a combination of commissioned outreach sessions through primary care dental team's delivery of training and improving health literacy and enhancing access through establishing care pathways and facilitating access to care in general dental practice settings. It is likely that some Care Homes in Norfolk and Waveney will be engaged with as part of the pilot.

The pilot contracts will run initially for one year with KPIs association with data collection and reporting of outcomes to support effective evaluation. The results of the evaluation will support the scaling up of a broader East of England approach. The pilot will have flexibility built-in to allow for variation by area and as it progresses. The pilot will operate as a professionally-led integrated pilot delivering prevention and care

through primary care providers (GDS/CDS) linked to geographically co-located care homes.

The pilot will help commissioners and systems leaders to identify needs and gaps for a region wide approach.

Due to COVID19 restrictions, the engagement event due to be held on 25 March 2020, was cancelled and a new date has yet to be set.

Child oral health – Starting Well Core

NHS England and NHS Improvement Dental Strategy Group have been undertaking scoping work around access to dental care for young children and has put forward options to improve access to care and prevention with a view to ensuring a universal approach across the East of England. Work on this project is ongoing with a view to engaging with providers during 2020/21; subject to COVID-19 restrictions.

Progress towards establishing dental therapy training in Norfolk and Waveney

Dental therapists can provide a significant amount of the dental care that a dentist can provide. Therapists usually work alongside dentists and we aim to broaden the 'team approach' to dentistry.

NHS England and NHS Improvement are working with the University of Essex to start a BSc programme in September 2020 with training practices across East Anglia including Norfolk and Waveney. The LDN will be working closely with Health Education England, the Local Dental Committee and local dentists in Norfolk and Waveney to encourage them to take up this opportunity to increase the diversity of the dental workforce.

We aim to create a process to encourage the therapist trainees to remain in the final training practice after completion to improve retention of the workforce in parts of Norfolk and Waveney. NHSE and the LDN will work closely together to facilitate these plans where recruitment issues remain a problem.

Progress toward provision of restorative dentistry at the Norfolk and Norwich Hospital

Norfolk and Norwich University Hospital Trust is undertaking a recruitment process. It should be noted that there is a national shortage of specialists in restorative dentistry.

Details of the arrangement by which prisoners in Norfolk and Waveney access NHS dental primary care

NHS England and NHS Improvement Health and Justice Team are responsible for commissioning health services including dental care for the prison population.

Prisons in Norfolk and Waveney are located as follows:

- HMP Norwich Prison Knox Road, Norwich NR1 4LU
- HMP Bure, Jaguar Drive, Badgersfield, Norwich NR10 5GB

- HMP Wayland, Griston, Thetford IP25 6RL

Primary care dental services for routine and urgent dental care are commissioned at each prison site.

Information relating specifically to prison health care is included in the March 2020 NHOSC Briefing.

Any other relevant information

Engagement with providers

NHS England and NHS Improvement set up a Dental Development Provider Forum. This working group will be for dental providers and commissioners to discuss initiatives that are important to the region and which would benefit dental patients with a view to looking at ways in which initiatives could be implemented. The first meeting was scheduled to take place in March 2020. Due to COVID-19 this will be re-scheduled for a meeting to take place in September 2020.

Report to Norfolk County Council Health Overview and Scrutiny Committee.

This report has been compiled to provide an update to the HOS committee on changes and improvements to NHS dentistry in Norfolk since the last examination by HOSC in April 2019.

It might be helpful to read this report alongside that which was submitted by Norfolk Local Dental Committee in March 2019 to provide the context. (Norfolk Local Dental Committee reports submitted to NHOSC in 2019 and March 2020 are available via the following link [NHOSC 19 March 2020](#) (agenda item 8, appendix B)

From a national perspective the plans to introduce a reform of the current dental contract for primary care NHS dentistry in England is progressing, albeit slowly with an anticipated roll out from 2021/22 although this date has been delayed due to a number of external factors such as Brexit and a general election. The proposals to place greater emphasis on prevention and for patients to register with a dentist haven't changed and both of these factors would be seen as an improvement. As with the introduction of the GPs contract some years ago the discussions are now centered on transitional arrangements to allow a smooth change from the existing contract to the new way of working without unexpected impacts for either NHSE or practice owners.

Covid 19 Update.

Since March 2020 the pandemic has overshadowed all elements of dentistry in the county. The good relations that were built between the profession via LDCs and NHSE over the recent times proved beneficial when it was necessary to work together to develop a service for those patients with dental problems following the closure of all dental practices on March 25th. It was a testimony to that relationship that certain designated practices known as Urgent Dental Care centres were able to start seeing the most urgent of dental cases within a week of the announcement. The work involved to create a service under extremely difficult circumstances should not be underestimated and I would pay tribute to my colleagues at NHSE for their efforts to develop a service. Headlines in the media may have suggested that patients weren't able to be seen, and it is true that only the more severe oral health problems were triaged to be seen but patients were triaged and treated by an inspirational team in Norfolk.

Since the reopening of practices on June 8th, priority has been made to those who had experienced toothache during that period, were under a course of treatment which was postponed and those new patients with developing problems. Few practices are seeing patients for what would be classed as routine dentistry, mainly because of the numbers that can be safely treated in a practice under the pandemic guidelines coupled with limited PPE to undertake procedures that would generate an aerosol. Practices are treating between 20 and 30% of patient numbers face to face compared with those seen prior to the pandemic. There have been opportunities for telephone and video triaging and clustering of practices to share resources. These opportunities are likely to be built upon as the country returns to a degree of normality and are seen as positive and progressive improvements going forward.

Issues that are specific to Norfolk include.

1. **Access.** The difficulties for patients to access an NHS dentist in the west Norfolk area of the county were highlighted six months ago, exacerbated by the closure of an NHS practice in that area. I am pleased to report that the commissioners have recognised the problems that this has created and are actively addressing these concerns. One area of concern was the difficulty that patient's with toothache experienced in accessing a dentist for emergency treatment in that area and so a pilot was set up to assist patients in finding a dentist and receiving emergency treatment. The uptake by the profession for this pilot has been limited probably because most colleagues in west Norfolk are working at full capacity already and also because recruitment of dentists has been challenging for several years. A second initiative from the commissioners has been to expand the dental workforce in west Norfolk by commissioning a new dental practice at RAF Marham, the details of which will be provided by the commissioners in their report to HOSC. Interest was good at the professional engagement meeting held recently and assuming the practice can recruit professional staff this will be seen as an improvement to clinical services in that part of the county. This practice is due to start accepting patients in April 2020.

(Update August 2020 - this practice is now seeing patients and the demand from new patients has been high).

2. **Procurement of services.** As reported previously procurement initiatives have been undertaken recently for Special Care dentistry with the new contractor starting in October 2019 and a dental out of hours contract starting in September 2019. Both of these contracts have been taken up by new contractors. Some areas of concern that particularly relate to the new Special Care Dentistry contract is the change in the referral pathway for these vulnerable patients. The previous contract allowed for patients to be referred by those working in different health care and social care sectors, GPs, social workers and health visitors amongst others. The new contract, however restricts referrals from dentists only with the consequent difficulties for those most vulnerable members of our community finding a general dentist who has capacity to undertake an examination for them prior to being referred into the specialist service. This change presents the very real possibility of these patients not being able to access the specialist care they require. The LDC has been in dialogue with the commissioners to try and address this problem. Orthodontic procurement has not been progressing smoothly either. The procurement of NHS orthodontics has been a nationwide exercise with the south of England and London regions having already completed the process.

The Midlands and East were about to embark on their own procurement but in early December 2019 it was announced that the process was to be abandoned across the entire region. The reason given was that 'Issues were identified in the scoring of the bids and how the process dealt with multiple bids from the same/similar providers' and as a result 'NHS England has decided that it is unable to make an assured,

unequivocal award'. Current contracts have been rolled on until April 2022 but this has created great uncertainty for those current contract holders. When the contract termination date is regularly changed it is difficult to plan the through flow of patients. The impact to patients has probably not been felt as severely as it might have been due to the professionalism of the current providers of orthodontic activity in the county who have been continuing to provide a high quality service under very difficult circumstances. When the lot sizes were initially published there was the potential for a reduction of orthodontic provision of 50% in Norwich which would have had a serious impact on the ability of children accessing treatment in our largest urban part of the county. The LDC and commissioners worked together in a very positive collaboration and a much better distribution of lot sizes was agreed. It is hoped that when the further procurement of orthodontic services is commenced that these lot sizes will be retained. Procurement is a very unsettling period for current contractors, disruptive for commissioners who have to spend a large amount of time and effort on this exercise and for patients, particularly if they are on the waiting list or under treatment of one orthodontist who might not be awarded a new contract and has to be transferred to a new contractor. It is quite likely that under the NHS Long Term Plan announcement the reprocurement of time limited contracts will be replaced by a different process using a 'best value test' and the profession and commissioners would both see this as a positive step.

(Update August 2020 - little progress has been made on reprocurement of orthodontic services due to the impact of Covid19 and the shutdown of dental services. A regional investigation into the reasons behind the abandonment of the previous initiative has been delayed due to staff redeployment to other commissioning roles).

3. **Flexible commissioning.** This term was used in the LDCs previous report to HOSC and has gained popularity over the past 9 months as a way of diverting some of the unspent dental budget, known as clawback, into other dental initiatives in the county. Flexible commissioning provides the commissioners or dental practices with the opportunity to identify services that might benefit the community and use some of this money to offer contracts to well performing practices or to help support practices that might not be performing to their maximum potential. An example might be that a practice who can't reach their activity target for a number of reasons might be able to via some of their contract money to offer a domiciliary service in their area. It offers the commissioners flexibility to provide services by avoiding the clumsy procurement rules for larger contracts. It is under the flexible commissioning principles that the new practice in Marham is being commissioned and the LDC welcome the use of clawback money in this way. The LDC are disappointed however that the commissioners have still to invest in two national initiatives known as Dental Check by One and Starting Well which use flexible commissioning to target prevention to very young children and their parents. This has been embraced in many parts of England and the LDC would urge the commissioners in Norfolk to follow this proven benefit to support child oral health in the county.

4. **Recruitment/retention.** As previously reported to HOSC and also in this report, recruitment is still seriously contributing to the difficulty of NHS dentists in the county to deliver treatment. Quite simply, practice owners can't recruit sufficient staff to provide the quantity of dentistry anticipated. The LDC have recognised this situation and whilst limited in what it can do to contribute to addressing this crisis they have set up a project to highlight dentistry as a career to school students who are considering career options. This project includes the commissioning of a video for dissemination to Careers teachers in secondary schools with supporting brochures and attendance at Careers Fairs. The link is <https://vimeo.com/352695716> . It is well recognised that many dental students, once graduating will return to their place of upbringing. If the number of dental students from Norfolk can be increased then there is likely to be a higher proportion returning to Norfolk to work long term in the county.
5. **Child oral health.** The LDC have been working closely with Norfolk County Council to reinforce the information available to new parents, families and children to improve oral health in the county on the Just1Norfolk platform. This is soon to be launched together with an initiative to provide oral health education for some health care workers who come into contact with new mothers. (Update August 2020 - these initiatives have been launched). These projects in addition to the Dental Check by 1 and Starting Well initiatives' which we hope to see commissioned soon, will make significant inroads into the poor oral health of children in some parts of the county. We are still witnessing large numbers of children being referred to have decayed teeth extracted under a general anaesthetic and this number is remaining stubbornly high with long waiting lists, sometimes up to 24 months. The impact on the most vulnerable in our community can't be underestimated and it should be an area of focus for all in the county responsible for commissioning, organising and delivering dental education and care, particularly as recent statistics from PHE suggest that the number of children attending dentists in Norfolk are the lowest in the region.

(Update August 2020 - the general anaesthetic waiting lists for those patients with additional needs has increased considerably due to the impact of Covid19 and has yet to be addressed).

6. **Other services.** A previous report to this committee highlighted the problems of dentists accessing specialist referral services for patients requiring complex restorative work, root fillings, crown and bridge and periodontal (gum) treatments. In many cases patients still have to travel to London and then there is no guarantee that they will be accepted for treatment. This was reported to HOSC in 2014 and the situation has not moved on since then.

(Update August 2020 - the commissioners have undertaken an accreditation exercise to which the LDC have contributed and have now a list of level 2 dentists with enhanced skills in periodontics and endodontics. It is the LDCs understanding that contracts will be awarded shortly to allow for these specialist services to be provided more locally utilising these specialist dentists- a situation that should be welcomed by the profession and the patients and has been long awaited).

The proposed Dental Therapist School in Norfolk is still being discussed but no progress has been announced and certainly no indication of a timetable for this project has been forthcoming. The poor level of oral health care of residents in care homes has recently been highlighted in a CQC report - Smiling Matters - and discussions between the LDC and commissioners has brought this problem into focus in the county. The commissioners have acknowledged the issues faced by care home residents in accessing dentists and for care homes to be able to request a visit from a dentist to a care home and work is progressing to develop a regional pilot to address these shortcomings.

(Update August 2020 - little progress has been made with improving care to these vulnerable members of society due to the Covid19 pandemic although discussions have been had locally and nationally with a focus on oral care in Residential and Nursing homes).

7. **NHS reorganisation.** The NHS has recently completed yet another reorganisation geographically and the combining of the CCGs in Norfolk is an example of this. Within dentistry the commissioning region has been expanded to include Hertfordshire, Bedfordshire and Milton Keynes. How this reorganisation will affect NHS dentistry in the region is still to be felt but the impact on staff is significant. Norfolk LDC have enjoyed a good working relationship with the commissioners and chair of the Local Dental Network. This partnering has seen the benefits that patients might experience in the near to mid term future and indeed there have been encouraging signs from recent meetings the LDCs have had with the regional commissioning team. There will be opportunities with the NHS reorganisation which must be identified and taken advantage of, Primary Care Networks being one particular opportunity, and Norfolk LDC intends to continue to collaborate with and encourage the NHS commissioners to provide opportunities for the delivery of high quality dentistry in the county over the forthcoming years.

Nick Stolls (Norfolk Local Dental Committee Secretary) February 20th 2020 (Updated August 15th 2020)

Results of Healthwatch Norfolk's telephone survey of Norfolk dental practices which the NHS website says are taking on new patients - July 2020

| Practice | Location | Website says... | Is this correct? | As of |
|--|---------------|---|------------------|------------|
| John G Plummer & Associates, GY | GY & Waveney | Only by referral of a dental practitioner | No | 21.07.2020 |
| John G Plummer & Associates, Gorleston | GY & Waveney | Only by referral of a dental practitioner | No | 21.07.2020 |
| John G Plummer & Associates, Bradwell | GY & Waveney | Only by referral of a dental practitioner | No | 21.07.2020 |
| John G Plummer & Associates Caister on Sea | GY & Waveney | Only by referral of a dental practitioner | No | 21.07.2020 |
| John G Plummer & Associates, Oulton | GY & Waveney | Only by referral of a dental practitioner | No | 21.07.2020 |
| Carlton Lodge Dental Care, Sheringham | North Norfolk | Only by referral of a dental practitioner | No | 21.07.2020 |
| John G Plummer & Associates, Hemsby | North Norfolk | Only by referral of a dental practitioner | No | 21.07.2020 |
| Ormesby Dental Care | North Norfolk | Only by referral of a dental practitioner | No | 21.07.2020 |
| Peacock & Shrestha Dental Practice | Norwich | Only by referral of a dental practitioner | | |
| Cotman House Dental Surgery | Norwich | Only by referral of a dental practitioner | No | 27.07.2020 |
| Palace Plain Orthodontic Practice | Norwich | Only by referral of a dental practitioner | | |
| Andrew Brown Dental Practice | Norwich | Only by referral of a dental practitioner | No | 27.07.2020 |
| Jim Peirson Dental Health Care | Norwich | Only by referral of a dental practitioner | No | 27.07.2020 |
| Siskin Dental Access Centre | Norwich | Only by referral of a dental practitioner | | |
| The Heartsease Dental Surgery | Norwich | Only by referral of a dental practitioner | | 30.07.2020 |
| Den Team Dental Centre | Norwich | Only by referral of a dental practitioner | No | 30.07.2020 |
| The Witard Dental Health Centre | Norwich | Taking new patients | No | 31.07.2020 |
| Little House Dental Practice | Norwich | Only by referral of a dental practitioner | | |
| West Earlham Dental Health Practice Ltd | Norwich | Only by referral of a dental practitioner | | |
| St Cuthbert's Dental Care | Norwich | Only by referral of a dental practitioner | | |
| Reepham Road Dental Care | Norwich | Only by referral of a dental practitioner | | |
| John G Plummer & Associates Thorpe St Andrew | Norwich | Only by referral of a dental practitioner | No | 21.07.2020 |
| John G Plummer & Associates Costessy | Norwich | Only by referral of a dental practitioner | No | 21.07.2020 |
| John G Plummer & Associates Wymondham | Norwich | Only by referral of a dental practitioner | No | 21.07.2020 |
| Manor House Dental Surgery | Norwich | Only by referral of a dental practitioner | | |
| Church Street Dental Surgery | South Norfolk | Only by referral of a dental practitioner | | |
| Clarence House Dental Surgery | South Norfolk | Only by referral of a dental practitioner | | |
| Diss Dental Health Centre Limited | South Norfolk | Only by referral of a dental practitioner | | |
| Bupa Dental Care, Diss | South Norfolk | Only by referral of a dental practitioner | | |
| Fair Green Dental Practice, Diss | South Norfolk | Only by referral of a dental practitioner | | |
| Bupa Dental Care, Harleston | South Norfolk | Only by referral of a dental practitioner | | |
| Mr J Holmes & Associates, Swaffham | West Norfolk | Only by referral of a dental practitioner | | |

| | | |
|--|--------------|---|
| Lynn Road Dental Practice KL | West Norfolk | Only by referral of a dental practitioner |
| Wootton Road Dental Clinic KL | West Norfolk | Only by referral of a dental practitioner |
| East Barn Castle Rising Dental Surgery | West Norfolk | Only by referral of a dental practitioner |
| Dentistry For You (Marham) Ltd | West Norfolk | Taking new patients |
| Downham Market Dental Care | West Norfolk | Only by referral of a dental practitioner |

30.07.2020

Family Voice Norfolk Consultation on Access to Dental Services

Consultation

Parent carers of children and young people with special educational needs and/or disability (SEND) were consulted via an online survey in August 2020 about access to dental services.

Background

Family Voice Norfolk (FVN) is a collective of parent carers from over 1,050 families across Norfolk and represents nearly 1,400 children and young people with SEND. FVN has been the strategic voice of parent carers working in partnership with Norfolk County Council (NCC) and the Norfolk and Waveney Clinical Commissioning Group (CCG) since 2006. It is funded through a direct DfE grant (administered through Contact), by NCC and by the CCG.

Parent carers were invited to complete a questionnaire online and had the opportunity to include comments on their experiences on access to dental services. The survey ran for only one week over the school summer holiday from 11 to 18 August 2020. FVN received 86 responses, representing 90 children and young people (CYP) with SEND.

What did we learn?

Several key themes emerged from what parent carers told us and to a certain extent applied whether NHS, specialist or private dentists were accessed. Almost all the issues were a feature of accessing dentistry *before* Covid-19, but the pandemic has certainly made them more widespread.

Communication of information about services and about patients is poor:

- 70% of respondents did not know if their CYP was eligible for referral to a specialist dentist.
- 63% did not know who could make such a referral
- many non-specialist dentists do not seem to have accurate information about what services are available
- parent carers are asked to fill in the same lengthy paperwork each time instead of being asked just for changes
- dentists do not use parent carers' knowledge, advice and experience ("they need to listen to parents and treat them as key in ensuring that treatment outcomes are successful for children")
- since lockdown, little information has been given to families about plans for future appointments.

Dentists' understanding about SEND needs to be better:

- dentists seem to have little training about SEND and in particular that CYP are individuals and that a 'one-size fits all' approach will not work (again, ask parents...)
- in particular, there needs to be better understanding of ASD and sensory issues
- the need for extra time and a calm approach is not sufficiently understood
- a positive approach is essential ("Don't ever say to us I don't think he'll manage that without giving him a chance!" "With the right support, time and effort even the most terrified children can receive necessary dental care.")
- taking time to explain what will happen to CYP in an appropriate way is key – not talking to the parent only and ignoring the CYP
- written information, dual texts to CYP and parent carer, everyone working together for better outcomes – there are many approaches that would help
- something that may not be an emergency in dental terms may well be an emergency as far as family life, other behaviours and the CYP's wellbeing are concerned.

There are some systemic issues that have a big impact:

- consistency is key – never seeing the same dentist twice adds tremendously to difficulty
- frequently cancelled appointments, or irregular appointments, add to parent carers' stress, even if CYP are unaware of them – a parent's stress so often adds to a CYP's stress
- CYP at special school may be around an hour's travelling time from home; appointments that would be less disruptive of an entire day would help
- private dentistry, a solution for some families, is expensive and beyond the reach of many, particularly when the CYP becomes an adult
- in many areas it is almost impossible to find an NHS dentist willing to take on a new patient, especially one with SEND
- there is not a consistent picture across Norfolk – in some areas appropriate dentistry is extremely difficult to access
- long waits for referrals and appointments leave families in limbo – sometimes for years rather than months.

Examples of good practice are hugely appreciated:

- hospital treatment received praise ("They would do well to learn from experiences at the Norfolk and Norwich oral health team and their excellent children's disability nurse.")
- all staff, including receptionists, need to be calm, patient and non-judgemental
- positive reinforcement with stickers etc. works well for many CYP
- reception areas need to be quiet and not crowded
- there is no sense of rush and that the CYP and/or family is a 'problem'.

The appendices to this report (available at <https://www.familyvoice.org.uk/wp-content/uploads/2020/08/FV-5-min-Focus-on-dental-services-Aug-2020.pdf>) give direct comments from parent carers, including alarming reports of parents feeling forced to attempt dentistry themselves (fillings and extractions) when unable to get an appointment since March. Others report deteriorating oral health in vulnerable

CYP because it has not been possible to access appropriate dentistry for many months. We are also concerned that our respondents were those who were actively accessing or failing to access dentistry for their CYP. Those who do not consider dentistry an essential part of care for their child will not have felt that this survey was relevant for them.

Key messages

- 70% of parent carers do not know if their child or young person is eligible to be referred to a specialist dentist and 63% do not know how to get a referral for their child or young person.
- A third of parent carers, who are waiting for a referral, have been waiting for over a year to see a specialist dentist.
- Parent carers are being subject to frequent changes in names of, locations and appointment times for specialist dentists making it incredibly difficult to see a dentist.
- Over a quarter of parent carers said that they would like a dentist to visit their child in school.
- Over 60% of parent carers said that visiting a dentist was not a good experience for either them or their child or young person with a further 12% saying that either they or their child did not have a good experience of the visits.
- When asked how they felt visiting the dentist, 53% of comments mentioned that they and/or their child felt stressed, nervous and/or anxious.
- 80% of parent carers would like to see more specialist dentists in Norfolk.
- 10% of parent carers needed an urgent dentist appointment for their child or young person during the Covid-19 pandemic but only two parent carers received care for their child.
- One parent carer had to personally give their child a temporary filling on two occasions. Both fillings fell out.
- Nearly two-thirds of parent carers have had appointments for their child or young person cancelled since March 2020 and only 15% of them have been given any indication of when their next appointment will be.

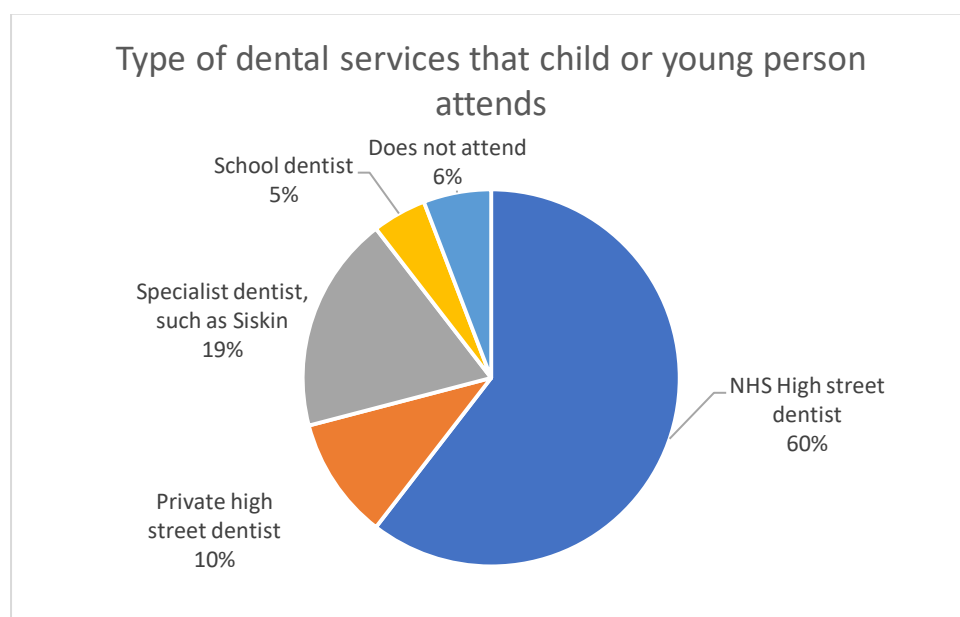
Access to dental services works well for children and young people with SEND when:

- Dentists have an understanding of the child's individual needs. Children and young people with an Education, Health and Care Plan (EHCP) already have information in a document that could be shared with dental staff;
- Parents and dentists explain to children and young people what is about to happen and what equipment will be used;
- There are consistent, calm, non-judgemental and patient dentists and staff within the dental surgery;
- There is positive reinforcement for children and young people, with stickers and treats at the end of the examination;
- Reception areas are quiet and uncrowded;
- Appointments are not rushed;
- Appointments are not unnecessarily cancelled;

- Parents do not feel blamed for not looking after their child's teeth;
- Parents and young people are not required to fill in the same forms at each visit;
- Parents are informed of and involved in any changes to young person's dental care, such as texting appointment times to both the parent carer and the young person.

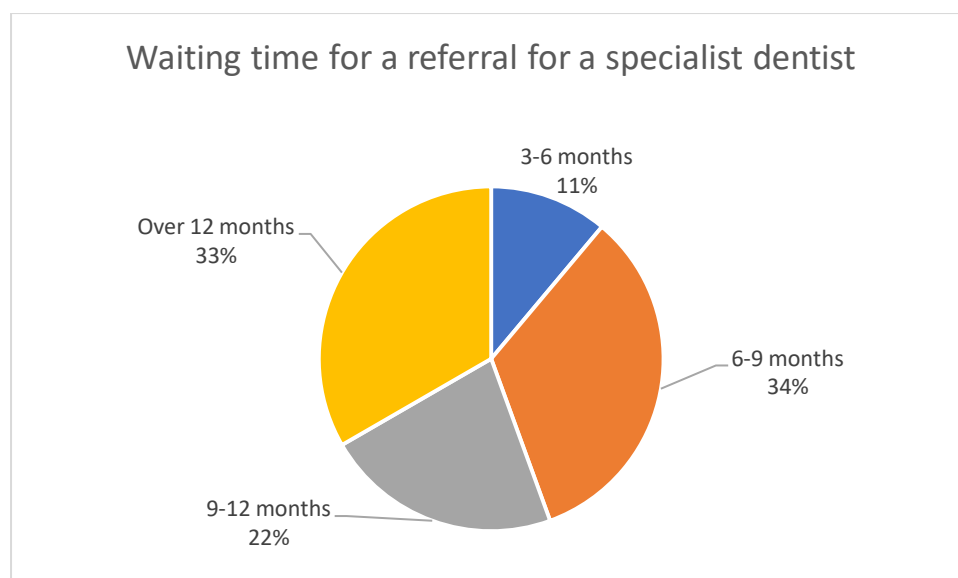
Main findings

The chart below shows that 60% of children and young people attend an NHS high street dentist, 19% attend a specialist dentist specifically for children and young people with SEND, and 5% see a dentist while at school.



Of the 6% of children and young people who do not attend a dentist, one parent carer did not know where to start to find a dentist, one is waiting to see a specialist dentist, two children are under school age and one is over 17 years old.

Parent carers were asked if they knew if their child or young person was eligible to see a specialist dentist. 70% of parent carers did not know if their child or young person was eligible to be referred to a specialist dentist and 63% did not know how to get a referral for their child or young person.



Currently, 11% of parent carers have a referral and are waiting to see a specialist dentist. As no new referrals have occurred in the last five months due to Covid-19, all children and young people have been waiting for longer than three months. Parent carers are being subject to frequent changes in names of, locations and appointment times for specialist dentists making it incredibly difficult to see a dentist, while their children and young people suffer with infected teeth and not being able to see a dentist. A third of parent carers, who are waiting for a referral, have been waiting for over a year to see a specialist dentist.

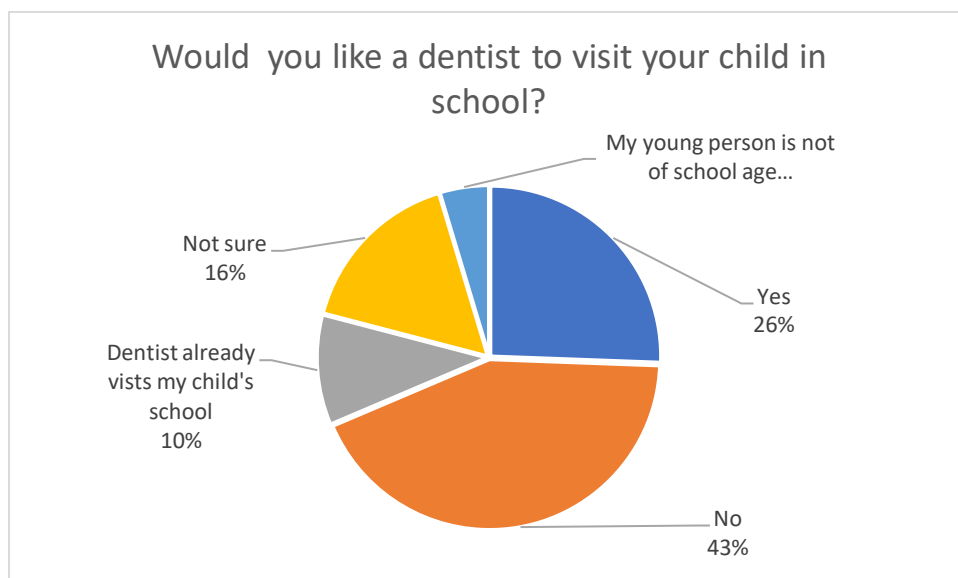
Comments from parent carers:

“Waited a year for a tooth extraction under a general anaesthetic at the hospital. Siskin couldn't help. Child had repeated infections in tooth and antibiotics multiple times. He has acid reflux, which damaged molars..”

“My young person had teeth removed and fillings put in via Newberry clinic (at Gorleston) at the end of 2019. A follow up appointment was made in 2019. This was cancelled and an appointment made for January 2020, due to them moving to Lowestoft. That was then cancelled again. And another made. This has since been cancelled due to COVID 19. The filling has now come out.”

Please refer to appendix A (available at <https://www.familyvoice.org.uk/wp-content/uploads/2020/08/FV-5-min-Focus-on-dental-services-Aug-2020.pdf>) for full comments from parent carers waiting for a referral to see a specialist dentist.

Parent carers were asked if they would like a dentist to visit their child in school. Over a quarter said that they would like this and 43% said that they would not. Many parent carers wanted to be present with their child to help alleviate anxieties with visiting the dentist so felt that school dentists would not work. However, comments from parents that would like to see dentists in school said that it would be easier for them and their children to have access to dental services in a familiar environment.



Comments from parent carers who would like their child to see a dentist while at school:

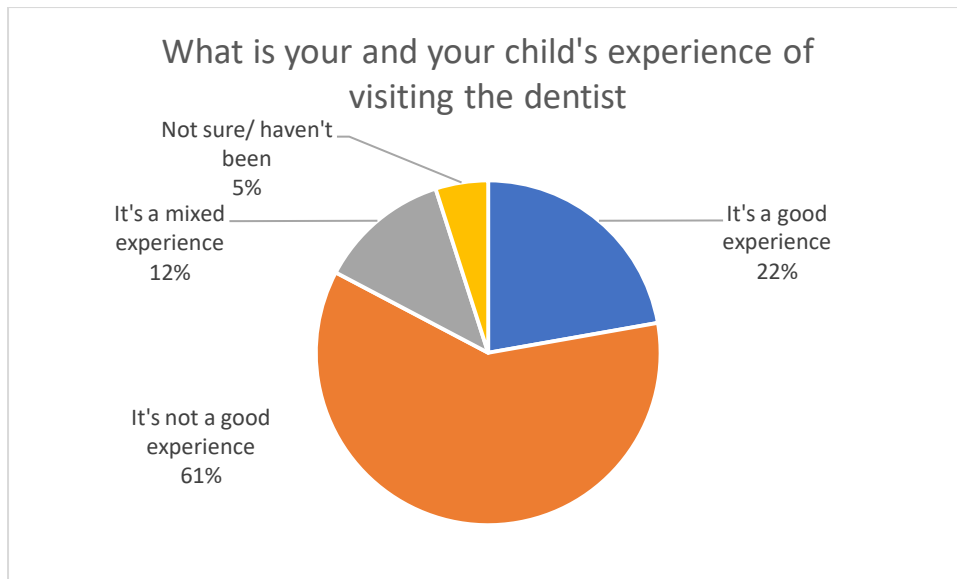
"It would be extremely helpful if a dentist could visit the school. The hardest part is in the waiting room, my child doesn't understand what we are doing and what is about to happen and can get upset/agitated with the wait, especially if there is a long wait due to previous appointments over running. Appointments at school would help as the wait would be eliminated as the child can stay in class until the dentist is ready for the next child."

"Easier to access and less disruptive rather than miss school. It's familiar surroundings with familiar people which make it less scary."

Please refer to appendix B (available at <https://www.familyvoice.org.uk/wp-content/uploads/2020/08/FV-5-min-Focus-on-dental-services-Aug-2020.pdf>) for full comments from parent carers on dental services being provided in schools.

Parent carers were asked how they and their child or young person felt when going to the dentist. This was summarised into it being a good, not good or mixed experience (where parent carers and children reported differing experiences). Over 60% of parent carers said that visiting a dentist was not a good experience for either them or their child or young person with a further 12% saying that either they or their child did not have a good experience of dentist visits.

When asked how they felt visiting the dentist, 53% of comments mentioned that they and/or their child felt stressed, nervous and/or anxious.



Comments from parent carers who don't have good experiences with dentists:

"I am always stressed about the wait that could happen in the waiting room. This can cause my child to get upset/agitated which can then impact on the actual appointment." – Specialist dentist

"He feels very anxious as he has to wait a long time between appointments, some dentists don't understand autism and don't take the time he needs to make him feel at ease." – NHS dentist

"My YP feels nervous as he has a hearing impairment yet the dentist keeps asking him questions with his mask on. Have explained many times that my son can't hear so well or lip read through the mask. I can't sign as my son is lying down. This was the pattern every time we went. This was before Covid !!" – NHS dentist

"She's afraid and I'm anxious." – NHS dentist

Comments from parent carers who have good experiences with dentists:

"She's well prepared as the dentist has a good understanding of her autism and is very accommodating." – NHS dentist

"Our specialist service is fantastic. He is happy, they explain everything, he can explore the equipment. Happy mum and young person." – Specialist dentist

"Relaxed in the knowledge that we are going to an understanding and patient dentist." – Specialist dentist

Please refer to appendix C (available at <https://www.familyvoice.org.uk/wp-content/uploads/2020/08/FV-5-min-Focus-on-dental-services-Aug-2020.pdf>) for full comments from parent carers on dental services being provide in schools.

Parent carers were asked what works well for them and their child when attending the dentist. The comments in the appendix are split by type of dental services but the same themes appear from NHS dentists, private and specialist dentists. Please refer to appendix D (available at <https://www.familyvoice.org.uk/wp-content/uploads/2020/08/FV-5-min-Focus-on-dental-services-Aug-2020.pdf>)for full comments. The main themes are:

- Dentists that have an understanding of the child's individual needs;
- Parents and dentists that explain to children and young people what is about to happen and what equipment will be used;
- Consistent, calm, non-judgemental and patient staff within the dental surgery;
- Positive reinforcement for children and young people, with stickers and treats at the end of the examination;

Parent carers were also asked what does not work well for them and their child when attending the dentist. Please refer to appendix E (available at <https://www.familyvoice.org.uk/wp-content/uploads/2020/08/FV-5-min-Focus-on-dental-services-Aug-2020.pdf>) for full comments The main themes from parent carers comments include:

- Busy and noisy reception areas;
- Dentist not understanding the child's special needs;
- Not having the same dentist each time;
- Rushed appointments;
- Parent feeling blamed for not looking after child's teeth;
- Having to fill in the same forms at each visit;
- Parents not being informed of changes to young person's dental care when they are not in the room with them during their appointment;

When asked, 80% of parent carers would like to see more specialist dentists in Norfolk.

Access to dentists during Covid-19 pandemic

10% of parent carers needed an urgent dentist appointment for their child or young person during the Covid-19 pandemic. Of these, only one parent carer found it an easy experience, with one more actually getting an appointment. One parent carer had to personally give their child a temporary filling on two occasions. Both fillings fell out. The remaining parent carers were not being able to access dental services for their child or young person during the Covid-19 pandemic.

Comments from parent carers:

“No, it was an awful process. She needed a filling and twice I had to try and fill it myself, which of course didn't work. I finally managed to get her to see a dentist where they agreed to do a temporary filling but already this has half come out. I understand the issues around Covid-19 of course but the practices in places seemed a little overboard and ultimately frightening for my daughter. As a hospital ward-based physiotherapist, I am acutely aware of the infection control practices required but the harsh military appearance of the dental environment and stern attitude of the staff were unnecessary.”

“It was difficult trying to get an appointment. And when got one they were unable to complete the correct treatment resulting in her still waiting for a vital appointment due to filling falling out both sides of mouth again and now suffering pain and swelling. They gave me antibiotics yesterday after calling them over a month ago about the temporary fillings they had put in on original emergency appointment falling out and if my daughter is in pain it must be bad as she tends not to feel pain. She always has drilling and fillings done without injections.”

“No, we were denied treatment- filling lost on front tooth and as not in pain no treatment”

“Haven't been able to be seen yet.”

Nearly two-thirds of parent carers have had appointments for their child or young person cancelled since March 2020 and only 15% of them have been given any indication of when their next appointment will be.

Final comments

Parent carers were asked if there was anything that they would like dental service providers to know about their child or young person's experiences of dentists. Nearly 60% of parents left comments. A summary of these are below and all the comments can be found in appendix F (available at <https://www.familyvoice.org.uk/wp-content/uploads/2020/08/FV-5-min-Focus-on-dental-services-Aug-2020.pdf>).

Comments from parent carers:

“People with ASD are generally more anxious so need longer to help them not be rushed. If rushed due to time constraints my child never gets a good check-up.”

“I feel that there is not enough awareness of special needs in dentist and they don’t know how to handle a situation if it happens so then the child doesn’t get treated properly.”

“Considering that the Siskin centre is meant to be the experts at treating children with disabilities they would do well to invest in some more training for their staff, their approach is very wrong. They should have a social story that can be emailed out to all new patients and most importantly, they need to listen to parents and treat them as key in ensuring that treatment outcomes are successful for children. They would do well to learn from experiences at the Norfolk and Norwich oral health team and their excellent children’s disability nurse. With the right support, time and effort even the most terrified children can receive necessary dental care.”

“I feel that dentists, like schools and hospitals/GP’s should have a care plan for SEN people (young and old). This plan would outline any difficulties, which would guide the dentist and staff in the care of the person.”

“Appointment times etc. texted to both of us would be useful. My daughter would feel in control and I would be able to do the working out of logistics that she cannot do.”

Finally, parent carers were asked for their final comments. A summary of these are below and the full comments are in appendix G (available at <https://www.familyvoice.org.uk/wp-content/uploads/2020/08/FV-5-min-Focus-on-dental-services-Aug-2020.pdf>):

Comments from parent carers:

“A specialist dentist would be amazing. Didn’t know about this until recently despite difficult ineffective check-ups. We have just brought it up with our child paediatrician. They have requested GP referral but have heard nothing yet, so no referral as far as we know.”

“I have enquired about special needs dental services with my own practice to no avail. I feel all children with SEN should be informed of any specialist dental services available.”

“I wanted my son to see a dentist during lockdown due to an adult tooth growing over the baby tooth, but I was told it was not an urgent issue and I couldn’t get him seen. We had to pull the tooth out ourselves, which led to meltdowns.”

“There does not seem to be a huge amount of knowledge regarding SEND in the NHS dental service.”

“More SEND individuals would be happier to attend if they had a care plan for the dentist.”

“Only seems to be one place in our area and so difficult to get an appointment.”

“So many factors affect SEND children’s ability to look after their teeth. It becomes a daily battle. I would like my child to have more frequent appointments to clean and maintain teeth, as a preventive.”

“We need more dentists that understand our complex children and give more time for appointments when necessary. Dentists need to be fully wheelchair accessible,”

“I do not know where to start in finding a dentist.”

86 parent carers responded to the survey and their responses represented 90 children and young people with SEND.

| | Mainstream | SRB | Special School | Home school | Other | Total |
|--------------------|------------|-----------|----------------|-------------|-----------|-------------|
| 0 to 4 years old | 4% | 0% | 0% | 0% | 0% | 4% |
| 5 to 11 years old | 29% | 6% | 19% | 3% | 0% | 57% |
| 12 to 16 years old | 2% | 1% | 13% | 0% | 1% | 17% |
| 17 to 21 years old | 7% | 0% | 6% | 0% | 2% | 15% |
| 22 to 25 years old | 2% | 0% | 0% | 0% | 5% | 7% |
| TOTAL | 44% | 7% | 38% | 3% | 8% | 100% |

Access to palliative and end of life care – Norfolk & Waveney

Suggested approach from Maureen Orr, Democratic Support and Scrutiny Team Manager

Examination of the 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.

1.0 Purpose of today's meeting

1.1 The focus of the meeting is:-

- To examine progress made by NHS commissioner and provider partners since this subject was last on its agenda in September 2019.
- To examine the effects of Covid 19 on the capacity and provision of end of life care.

1.2 The Norfolk and Waveney Clinical Commissioning Group (CCG) local partners in the Norfolk and Waveney Sustainability Transformation Partnership (STP) Palliative and End of Life Collaborative Group¹ were scheduled to report to NHOSC on 19 March 2020 but the meeting was cancelled due to the Covid 19 outbreak. The agenda papers for the meeting were published and the report on end of life care is still available on our website via the following link [NHOSC 19 March 2020](#) (agenda item 7)

The partners had been asked to report on the progress made on the Palliative Care and End of Life programme with the ReSPECT (Recommended Summary Plan for Emergency Care and Treatment) implementation and further information on system and locality services.

¹ The STP is now known as The Norfolk and Waveney Health and Care Partnership (N&W HCP).

1.3 For today's meeting they have been asked to update that report on progress across Norfolk and Waveney and to include information on response to the Covid 19 outbreak in terms of:-

- Action taken to increase capacity of end of life services in view of the increase in deaths in April to June 2020, including support for care homes.
- Support for hospices affected by lockdown and the suspension of their fund-raising activities.
- Effects of the new hospital discharge arrangements on end of life patients and the capacity of services to support these patients effectively in the community

The CCG has provided the report at **Appendix A** and representatives from the Collaborative Group will attend the meeting to answer Members' questions.

The Collaborative Group includes:-

- **Commissioners:** Norwich Clinical Commissioning Group, North Norfolk Clinical Commissioning Group, Great Yarmouth and Waveney Clinical Commissioning Group, South Norfolk Clinical Commissioning Group and West Norfolk Clinical Commissioning Group, Norfolk County Council and Suffolk County Council
- **Norfolk Public Health** and Suffolk Public Health
- **Providers:** James Paget University Hospital NHS Foundation Trust, East Coast Community Healthcare CIC, Norfolk Community Health and Care NHS Trust, Norfolk and Norwich University Hospital NHS Foundation Trust, IC24, East of England Ambulance Trust, The Queen Elizabeth Hospital Kings Lynn NHS Foundation Trust, Norfolk and Suffolk NHS Foundation Trust
- **Charitable Trusts:** Macmillan Cancer Support, Big C, Marie Curie, Priscilla Bacon Centre, Priscilla Bacon Norfolk Hospice Care Ltd, St Nicholas Hospice Care, St Elizabeth Hospice, East Coast Hospice and Norfolk Hospice (Tapping House) and Swaffham and Litcham Hospice
- **Education and Research Body:** University of East Anglia Research Centre.

Appendix A also provides a link to the published version of the Norfolk and Waveney STP Palliative and End of Life Care Strategy for Adults 2019-2024 and Appendix document on the N&W HCP website. The text of these is the same as the version provided for NHOSC's background information on 5 September 2019 (see link at paragraph 5.1 below) but the formatting has changed and photos have been added. A link to the version published on the N&W HCP website is also included at paragraph 5.3 below.

- 1.4 Representatives from the Collaborative Group will attend to answer Members' questions.

2.0 Background

2.1 Previous report to Norfolk Health Overview and Scrutiny Committee

- 2.1.1 The last report to NHOSC was on 5 September 2019. The agenda papers and minutes of the meeting are available via the following link at 5.2 below. The committee received the Norfolk and Waveney STP Palliative and End of Life Care Strategy for Adults 2019 – 2024. It also heard about plans to improve end of life care at the Queen Elizabeth Hospital and west Norfolk and that Hospice at Home had been introduced across the county (with an equivalent service in the Great Yarmouth and Waveney area).
- 2.1.2 Concerns were raised about difficulties in getting care packages for end of life patients to be discharged from the Norfolk and Norwich hospital; particularly those patients with more complex needs. This was due in part to the complexity of the system and numbers of different agencies involved and in part to unavailability of space in care homes and home care services.
- 2.1.3 A new post was being created to look at care provider quality and resilience to help prevent care homes closing. Joint posts were being created to ensure joint health and social care assessments were carried out and to look at how the NHS, care homes and residential care could be helped with complexities in the system. Work was also underway to address how volunteers could be developed to support carers, and to map and address gaps in provision.
- 2.1.4 Members of NHOSC visited the Queen Elizabeth Hospital (QEH) on 27 January 2020 and heard about the hospital's improvements to its pathway for identifying end of life patients and establishing plans of care for them.

2.2 Previous report to Great Yarmouth and Waveney Joint Health Scrutiny Committee

- 2.2.1 The last report to GY&W JHSC was on 12 July 2019. The agenda papers and minutes of the meeting are available via the following link at 5.3 below.
- 2.2.2 The Joint Committee noted the significant progress in provision of palliative and end of life care services in GY&W and suggested that consideration should be given to enhancing the support, training and guidance provided to families and carers when a person dies, working with other agencies (e.g. police and ambulance) and to promote more use of the 24/7 advice line.
- 2.2.3 The Joint Committee also asked for a further update in 12 months' time regarding demand for the service, performance indicators, feedback on quality, utilisation of the 24/7 advice line and advanced care planning. The

Palliative and End of Life Collaborative Group have been asked to include this information in their report for today's meeting (Appendix A).

- 2.2.4 Members of GY&W JHSC visited Beccles hospital on 8 November 2019 to see the specialist palliative care ward and discuss the new service with staff.

3.0 Suggested approach

- 3.1 After the Palliative and End of Life Care Collaborative Group partners have presented their report you may wish to explore the following areas:-

Hospital admissions and discharges of end of life patients

- (a) How have the new hospital discharge arrangements introduced during the Covid 19 outbreak affected end of life patients? Has there been capacity to support these patients effectively in the community?
- (b) The report at Appendix A notes a rise 11.8% from 2018-19 to 2019-20 in the number of patient deaths with three or more emergency admissions in the three months prior to death (there was also a rise of 18.4% in the numbers from 2017-18 to 2018-19, as reported to NHOSC in March 2020). Does this suggest a problem with the model of 'hospice at home' and similar services or that there are not enough to meet demand?
- (c) To what extent is the system currently able to support end of life patients with complex needs outside of the acute hospitals?

Psychological support for patients and families

- (d) At the last meeting NHOSC heard that psychological bereavement support would begin in September 2019 and that voluntary and statutory services would map gaps in service provision and ways of meeting them. What progress has there been in this area across the county?

Levels of specialist provision

- (e) Hospices are usually within the charitable sector (although some services are commissioned from them by the NHS). Lockdown during Covid 19 will have affected the charities' incomes as charity shops have been closed and many fund-raising activities not able to go ahead. At the same time costs may have risen due to increased infection prevention measures. To what extent has this affected local hospice providers and is the local NHS able to provide support?
- (f) In previous meetings Members have noted the large deficit in the numbers of specialist palliative inpatient beds available in Norfolk and the numbers recommended by National Palliative Guidance for

our population level (a deficit of 7 beds in west Norfolk, 31-43 in central Norfolk and 17 in Great Yarmouth and Waveney²). What more can the Collaborative Group partners do to speed up the provision of additional beds?

- (g) The update from the Head of Acute Transformation and Clinical Programmes at Appendix A mentions increased referrals to the Specialist Palliative Care Service in central Norfolk, a waiting list for the 6 specialist palliative care beds in Great Yarmouth and Waveney, and increased demand leading to likely unmet need in West Norfolk. What more can the Collaborative Group partners do to increase the level of provision overall?

Staffing

- (h) Have the Collaborative Group partners had any success in addressing the shortage in the specialist palliative care workforce across Norfolk?

Record sharing

- (i) The report at Appendix A outlines work to roll out the ReSPECT (Recommended Summary Plan for Emergency Care and Treatment) with engagement by patient transport providers, the acute hospitals and community services. What progress has been made towards provision of an Electronic Palliative Care Coordination System (EPaCCS) in Norfolk, or interim methods of improving record sharing between organisations around the wishes of end of life patients?

4.0 Action

4.1 The committee may wish to consider whether:-

- (a) To make comments or recommendations as a result of today's discussion.

5. Background documents

5.1 Reports to Norfolk Health Overview and Scrutiny Committee and minutes of meetings

[NHOSC 19 March 2020](#) (agenda item 7). This meeting was cancelled.

[NHOSC 5 Sept 2019](#) (agenda item 6)

[NHOSC 18 October 2018](#) (agenda item 6)

5.2 Report to Great Yarmouth and Waveney Joint Health Scrutiny Committee and minutes of meeting

² Norfolk and Waveney STP Palliative and End of Life Care Strategy for Adults 2019-2024, page 17 (published on STP website – see link at 5.3 below)

[GY&W JHSC 12 July 2019](#) (agenda item 6)

- 5.3 Norfolk and Waveney STP Palliative and End of Life Care Strategy for Adults 2019-2024 and Appendix
<https://www.norfolkandwaveneypartnership.org.uk/publication/key-documents>



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**Norfolk Health Overview and Scrutiny Committee
3 September 2020**

Access to Palliative and End of Life Care - Update

Introduction

Following the previous submissions to Norfolk HOSC in October 2018 and September 2019 this reports presents an update on the progress made on the Palliative Care and End of Life programme with the ReSPECT (Recommended Summary Plan for Emergency Care and Treatment) implementation and further information on system and locality services.

1. Norfolk and Waveney STP Palliative and End of Life Care Programme and ReSPECT

- 1.1 The Palliative and End of Life Care Programme has developed since 2018 and a strategy for Norfolk and Waveney was produced in 2019 with seven work streams. These were detailed in the September 2019 HOSC Report. Electronic copies of the strategy and appendix can be accessed here:
<https://www.norfolkandwaveneypartnership.org.uk/publication/key-documents>
- 1.2 From July 2019 to June 2020 we estimate that the number of acute admissions to hospital in the 12 months prior to dying in hospital was 9,192 for Norfolk and Waveney. This is an average of 2.2 admissions per patient.
- 1.3 The number of patient deaths with three or more emergency admissions in the three months prior to death has seen an increase of 11.8% from 2018-19 to 2019-20.
- 1.4 This data provides us with an opportunity to work collaboratively to prevent unnecessary admissions and to understand what role community services play in community resilience.
- 1.5 Norfolk and Waveney also received an allocation from the national £25 million for adult and children and young people's hospices and palliative services. The programme received twenty proposals from partners and stakeholders to utilise Norfolk and Waveney's allocation of £451k. Six project were successful, covering the entire footprint of Norfolk and Waveney and delivering to Hospice Care (including children), Compassionate Communities and an out of hours rapid response service.
- 1.6 The Implementation of ReSPECT has been successful in all Norfolk and Waveney provider organisations, following the launch in February, attended by the public and stakeholders.
- 1.7 ReSPECT is a process that creates personalised recommendations for a person's clinical care in a future emergency in which they are unable to make or express choices.

- 1.8 We have a successful health and social care partnership, working with EEAST, NNUH, QEH, JPUH, West Suffolk Hospital, NCH&C, ECCH, NSFT, ERS, Ezec (patient transport services), Adult Social Care, Norfolk and Suffolk Care and Support, VCSE sector and GP Practices.
- 1.9 ReSPECT has been implemented as part of the system-wide Covid-19 response, supporting advance care planning and supporting patients to make future care decisions. GP practices were provided with ReSPECT documentation as part of the Covid-19 response, to utilise with patients when practices were ready to implement. Please see attached ReSPECT Newsletter.

2. Central Norfolk and NNUH

- 2.1 NNUH received the rating of Outstanding from the Care Quality Commission (CQC) in April 2020. CQC stated: "In end of life care we found there was compassionate, inclusive and effective leadership. Leaders had the skills and abilities to run the service. Leaders had a deep understanding of issues, challenges and priorities in their service, and beyond and managed the priorities and issues the service faced."
- 2.3 The NNUH's educators are rolling out training, encompassing the Ten Core Competencies for End of Life Care. This essential in supporting care providers, who have generalist palliative care skills, to be more confident in supporting people in their care.
- 2.4 NNUH are reviewing pathways for homeless patients that require palliative care services being admitted to the hospital and have developed rapid response pathways for patients in accident and emergency to be smoothly transitioned to ward based care.
- 2.5 Within Central Norfolk the Specialist Palliative Care Service continues to see a rise in referrals which is congruent with the increased referrals within the NNUH.
- 2.6 Social Care provision is an integral part of supporting people either at home or within care settings and continues to see heavy demands put upon the system to supply good quality end of life care.
- 2.7 The Hospice at Home team that was funded by central Norfolk CCGs is supporting people to die at home, as their preferred place of care. As Primary Care Networks develop the hospice at home model will become more community based and amalgamate with current local services.
- 2.8 NCH&C continue to work closely with Priscilla Bacon Hospice Charity in readiness for the new Hospice planned in Norwich.
- 2.9 Additional syringe drivers have been provided to NNUH and NCH&C, funded via winter monies and two Palliative and End of Life Care Home Facilitators have been recruited to support care homes across Central Norfolk. Two full time posts across Central Norfolk will provide clinical support, education and advice to enable registered care providers to delivery high quality person-centred care,

which supports the dying person's wishes and avoids unnecessary hospital admissions in the last days of life. This role also sign posts other professionals.

3 Great Yarmouth and Waveney and ECCH

- 3.1 There are six consultant-led specialist palliative care beds in place at Beccles Hospital, which are operating at full capacity currently. There is a waiting list system with care plans in place to support patients whilst they wait for a bed to become available.
- 3.2 Day services are running from Beccles Hospital, with support from specialist palliative care nurses and the OneCall 24/7 advice line is well utilised (average of 350 calls per month in Great Yarmouth and Waveney).
- 3.3 The counselling service is operating from Beccles Hospital, Martham Medical Centre and the in the community and a bereavement group has been established at the Louise Hamilton Centre.
- 3.4 St Elizabeth Hospice's consultants in-reach into the James Paget University Hospital to assist with the management of patients identified as having specialist palliative care needs. This has had a positive impact within the hospital and the community.
- 3.5 Clinical nurse specialists, working with the Primary Care Home community teams, attend weekly multidisciplinary team meetings whilst supporting a caseload. These nurses and the specialist palliative care medical team support patients in the community who are in their own homes.
- 3.6 East Coast Hospice is progressing and is hoping to make a significant step forward in the next few months to benefit all the community.

4 West Norfolk and the QEHL

- 4.1 Enhanced and specialist palliative and end of life care is delivered via an integrated palliative care service which includes a new inpatient unit at Norfolk Hospice Tapping House.
- 4.2 Activity levels have significantly increased, as have palliative and end of life referrals to non-specialist services. These demand pressures are likely leading to unmet needs in the area.
- 4.3 The Queen Elizabeth Hospital's CQC inspection highlighted weaknesses in the services for palliative and end of life care. Norfolk and Waveney CCGs are working collaboratively to identify consultant capacity and the opportunities to improve community support.
- 4.4 NHS England and Improvement recently worked with the QEHL to address improvement through a series of projects conducted over 90 days. The West Local Delivery Group has engaged with these projects.

5 The Big C and Education Developments

- 5.1 The Palliative Care Coordinator role is funded by the Big C. The role coordinates education working with numerous professionals in Norfolk and Waveney. Generalist staff are taking on a lot of palliative and end of life care, in nursing and residential homes, community settings and hospitals, so the target cohort for training is generalists.
- 5.2 The education sub group from the programme has developed ten core competencies to support all health professionals.
- 5.3 A training passport has also been developed for practitioners, so that this training is recognised should the staff member move between organisations.
- 5.4 Study days have been delivered and are planned for health and social care organisations across Norfolk and Waveney. The training has already been well received.

6 System Response to Covid-19

- 6.1 At the beginning of Lockdown in March 2020 partners came together in a system response to covid-19, sharing discharge protocols between acute and community providers, administration of medication guidance and supporting care homes and making collaborative decisions about an effective community response.
- 6.2 Norfolk and Waveney CCG's Covid-19 response has included an FAQ for GPs which was communicated regularly. This was also used for new palliative and end of life care rapid guidance and also for key messages for GPs regarding the implementation of ReSPECT.
- 6.3 There was recognition that patients' decisions about future care preferences were more challenging, due to family members and carers not being able to be physically present for their loved ones during end of life. Practitioners have responded creatively by supporting families to convey messages at this difficult time, including phone calls and virtual conversations.
- 6.4 Partners continue to work collaboratively to coordinate care and improve palliative and end of life care services, to deliver the best outcome for patients and are committed to providing the "best possible death" for their clients.
- 6.5 There are opportunities to identify gaps and improve services, which forms the work plan for commissioners, under the palliative and end of life care strategy. This work includes development of digital solutions to support the electronic patient record and sharing of pertinent information; access to bereavement services and developing compassionate communities in Norfolk and Waveney.

Gita Prasad

Head of Acute Transformation and Clinical Programmes, Norfolk and Waveney CCGs

ReSPECT – Partner Update

On the 18th of March 2020, the ReSPECT process was successfully launched simultaneously across Norfolk and Waveney. ReSPECT is a new national process that creates personalised recommendations for a person's clinical care and treatment in a future emergency in which they are unable to make or express choices.

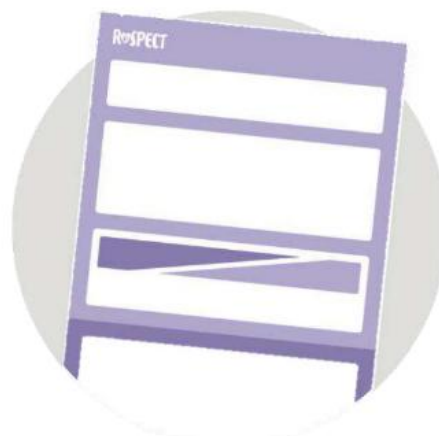
Three months in, we want to say a massive thank you to all partners who have worked to support this initiative and also driven adoption. We recognise that it has been an exceptionally difficult time for organisations, and appreciate their continued commitment to implementing ReSPECT despite unprecedented circumstances.

The ReSPECT Working Group will continue to meet until December 2020. Their focus will include:

- Public engagement to inform a communications campaign to educate patients and their families and carers on ReSPECT
- Working with Trusts to ensure ReSPECT is embedded
- Continued support for GPs, Social Care and Mental Health Services
- Ongoing work to resolve identified issues.
- Digital Development

Newsletter Contents

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| Page 3 | ReSPECT and accessing an Independent Mental Capacity Advocate (IMCA) |
| Page 4 | ReSPECT a GP Perspective & upcoming GP Q&A |



What has been your experience of using the ReSPECT Process?

We are continually looking for your feedback on the ReSPECT process in Norfolk and Waveney.

Do you have any stories of where ReSPECT has improved the quality of care for a patient?

Do you have feedback on how the use of the ReSPECT Process could be improved?

If so please contact our inbox at:

ReSPECT@nnuh.nhs.uk

ReSPECT in the time of COVID-19

Around eight months ago now, the STP ReSPECT working group decided to set a 'go live' date for the ReSPECT process. We spent a bit of time comparing diaries, trying to avoid school holidays, the end of the tax year, junior doctors' handovers and winter pressures. A Wednesday in mid-march, the 18th, seemed an innocuous enough date; one on which a major process change such as ReSPECT could command the attention of the organisations in which it was implemented without distraction.

In reality, the week of the 18th was the most remarkable one of my working career, as I suspect it was for many people working across health and social care. As the reality of the covid-19 situation dawned on me and those I worked with, the ReSPECT project team within NNUH and across the STP had a big decision to make, and quickly. Was this really the time to introduce such a huge change? Should we delay the launch until things 'settled down'? Where could ReSPECT fit into the preparations for our Covid-19 response?

Consideration of the aims of the ReSPECT process, and why change was needed made this an easy decision. At heart, ReSPECT is a personalised process designed to communicate information about recommended medical treatment in an emergency situation. With the rapid re-organisation of services, a standardised approach to emergency medical treatments is an important safety measure to ensure that people receive the most appropriate medical care at a point of crisis.

As a result, ReSPECT integrated well into the hospitals' preparation and response to the anticipated demand of the pandemic. Many patients now have experience of a ReSPECT conversation on admission to hospital, with more open discussion about the realistic aims of treatment and their personal preferences about care.

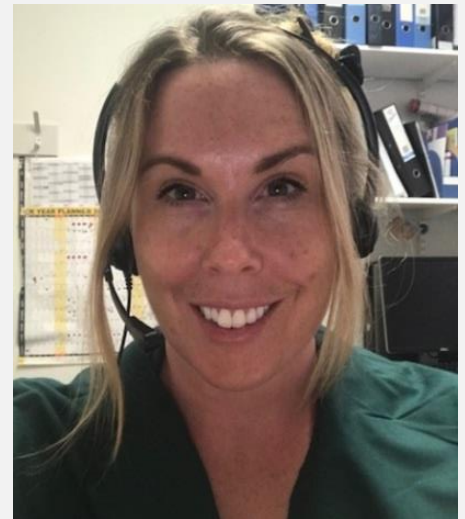
As we think about our recovery plan over the coming year, it is clear that there is much work to do. We know that the acute hospital can be

an overwhelming place for many, and that ReSPECT conversations are best undertaken early, when a person is relatively well and able to communicate what care and treatment they would want or not want to receive in an emergency situation.

We need to make sure that those people in Norfolk and Waveney who have been part of the ReSPECT process over the past few weeks feel that they have been fully involved in decision making, and that those close to them feel empowered to advocate for them if needed during these uncertain times.

We have more work to do to ensure that the decisions made are documented clearly in a location that is accessible in an emergency situation, to guide health and care professional to make the right choices about support, care and treatment in a way that is personal to the patient.

The past few weeks have highlighted the importance of having conversations in advance to understand and record a patient's wishes. As a project team we would wish to extend our thanks to all those involved in the implementation of ReSPECT during these uncertain and challenging times and to offer our ongoing support in embedding the process in a way which best meets the needs of our patients.



Dr Caroline Barry - Medical Lead for Norfolk & Waveney ReSPECT Working Group

ReSPECT and Accessing an Independent Mental Capacity Advocate (IMCA)



POhWER is a charity that provides information, advice, support and advocacy. Our role is to enable our clients' voice to be heard, speaking for them when they can't and supporting them when they can.

POhWER Independent Mental Capacity Advocates (IMCA) can support anyone over 16 years old, who has been assessed as 'lacking capacity'. This means they are not able to make/understand decisions about their life because the way their mind/brain works has been affected by illness, injury or disability. During the ReSPECT process, POhWER's IMCAs will find out as much as possible about

the person referred to them. They have the right to meet the person and to see their records. An IMCA considers all information about the person to help decision-makers reach decisions which are in the best interests of the person.

The Mental Capacity Act states that if a decision around Serious Medical Treatment (including withdrawing/ denying treatment such as CPR) needs to be made, and there are no appropriate family/friends available to consult, then the decision making professional **must** refer for an IMCA.

Contact details for POhWER

POhWER are happy to answer any questions or queries about how to involve advocacy in the ReSPECT process.

Please contact : pohwer@pohwer.net
or call **0300 456 2370**

5. Capacity and representation at time of completion

Does the person have sufficient capacity to participate in making the recommendations on this plan? **Yes / No**

Do they have a legal proxy (e.g. welfare attorney, person with parental responsibility) who can participate on their behalf in making the recommendations? **Yes / No / Unknown**

If so, document details in emergency contact section below

6. Involvement in making this plan

The clinician(s) signing this plan is/are confirming that (select A,B or C, OK to sign section D below):

- ☐ **A** This person has the mental capacity to participate in making these recommendations. They have been fully involved in making this plan.
- ☐ **B** This person does not have the mental capacity to participate in making these recommendations. This plan has been made in accordance with capacity law, including, where applicable, consultation with their legal proxy, or where no proxy, with relevant family members.
- ☐ **C** This person is less than 18 (UK except Scotland) / 16 (Scotland) years old and (please select also 3 as applicable or explain in section D below):
 - ☐ **1** They have sufficient maturity and understanding to participate in making this plan. Their views, when known, have been taken into account.
 - ☐ **2** They do not have sufficient maturity and understanding to participate in making this plan.
 - ☐ **3** Those holding parental responsibility have been fully involved in discussing and making this plan.

D If no other option has been selected, valid reasons must be stated here. Document full explanation in the clinical record.

Admission Source ✓ tick relevant option

| | |
|------------|-----------|
| Emergency: | Elective: |
| GP: | Clinic: |
| Transfer: | DPU: |

Wards, Consultant and Specialist

Date: dd/mm/yyyy

Time: 24 hours

POA / Ward:

Consultant:

Specialty:

CPR status should be those admitted as day ReSPECT conversation about resuscitation and the ReSPECT ensure that the sign to endorse participate in

Decision/

Stage

Does

fun

ReSPECT – A GP Perspective

A question to all GPs; Have you seen the purple form? You should have done because hardcopies have been delivered to all practices. You may not have seen a completed form yet, because there should only ever be one valid copy, which remains with the patient. As GP's, we have revolutionised our working in a matter of weeks with a dramatic decrease in face to face and home visits. This has thrown up a challenge to enable a GP to be aware of the content of a ReSPECT form when consulting remotely. The obvious solution is a digital solution so that data can be shared across the electronic record, and this is being investigated, but will take time. It is important to flag that a ReSPECT form is with the patient. Everyone's situation is unique, and it is good practice to review at some stage. The fact that the ReSPECT process is nationally agreed has plus points in that it is consistent, recognisable across multiple settings and geographies and there is a wealth of training material. The downside is that it can't be locally adapted.

My first real-life example with the process was when the practice received a message that a patient had come home from the hospital, but had not got a DNAR form; could the GP fill one out? Further investigation showed the discharge note confirmed that a ReSPECT conversation had occurred, and a ReSPECT form had been issued. Asking the relative to look at the pack from the hospital revealed the Purple ReSPECT form. So, no need to complete a DNAR form, because that decision is already recorded. The respect form has replaced the red Do Not Attempt Resuscitation (DNAR) form. ReSPECT is more than just a do not attempt resuscitation instruction and records a patient's wishes for treatment, and perhaps more importantly, what treatments they want to decline. Having an open dialogue about death has never been more critical. ReSPECT is not a triage tool for Covid 19 but has come at a very opportune time, and the catalytic impact of Covid-19 has turbocharged the implementation.

The form is widely recognised by the ambulance trust, acute trusts and community providers and has already made a difference in the acute wards.

Training is available for general awareness, readers and writers. GP will be very familiar with DNAR decisions so should look out for level 3 ReSPECT training suitable for senior clinicians. Respect will gradually impact on primary care, but as we all work together more efficiently, the impact should be a reduction of workload and better patient outcomes. As we understand individual patients wishes, we can plan more efficiently within our multidisciplinary teams. ReSPECT has been adopted in Cambridgeshire and will be adopted in Suffolk later in the year, which helps with cross border issues/transfers.

There will be questions and will always be isolated problems along the way, but if you have difficulty, then please ask the project team. We would certainly appreciate any feedback and as a project group have plans to evaluate the rollout.



Dr Ian Hume - Macmillan GP

GP ReSPECT Q&A

Wednesday 8th of July 2020
13:00 – 14:00

Are you a GP or Practice Manager with questions about ReSPECT? Why not join our live Norfolk and Waveney GP RESPECT Q&A with Dr Caroline Barry?

Use the link below to take part:

[Join Microsoft Teams Meeting](#)

Norfolk Health Overview and Scrutiny Committee

ACTION REQUIRED

Members are also asked to consider the current forward work programme:-

- whether there are topics to be added or deleted, postponed or brought forward;
- to agree the briefings, scrutiny topics and dates below.

Proposed Forward Work Programme 2020-21

| <i>Meeting dates</i> | <i>Main scrutiny topics</i> | <i>Administrative business</i> |
|----------------------|---|--------------------------------|
| 8 Oct 2020 | <p><u>Ambulance response and turnaround times</u> – progress report</p> <p><u>Cancer services</u> – to examine the position in light of Covid 19, including screening services and treatment services</p> <p><u>Childhood immunisations</u> – to examine the position in light of Covid 19</p> | |
| 26 Nov 2020 | <p><u>Provision of accessible health services for disabled patients / service users</u> (i.e. specifically visually impaired or hearing impaired people) – to examine practical issues of access and confidentiality</p> <p><u>Suicide prevention</u> – to examine ongoing preventative work in light of concerns about increasing suicide rates</p> <p><u>The Queen Elizabeth NHS Foundation Trust</u> – progress report</p> | |
| 4 Feb 2021 | <p><u>Vulnerable adults primary care service Norwich</u> (replacing City Reach) – progress report</p> <p><u>Children's neurodevelopmental disorders</u> (i.e. autism and other conditions) – waiting times for diagnosis</p> <p><u>Prison healthcare</u> - examination of prisoners' access to physical & mental healthcare services</p> | |

NOTE: These items are provisional only. The OSC reserves the right to reschedule this draft timetable.

Provisional dates for later reports to the Committee 2020-21

- Spring / summer 2021 - Local actions to address health and care workforce shortages – progress update since July 2019

Provisional dates for items in the NHOSC Briefing 2020-21

- October 2020 - Additional information requested by NHOSC during the 'Covid 19 – overview of the effects on local NHS services' agenda item on 30 July 2020 (CCG to provide briefing):-
- Staff and staffing:
 - Staff vacancies and staff absence rates across the local healthcare system.
 - Plans for supporting staff / staffing resilience during the ongoing Covid 19 pandemic.
 - Plans for future capacity of services under Covid-safe conditions:
 - Diagnostics capacity
 - Elective surgery capacity.
 - Effects of Covid 19 on people with learning disabilities and other disabilities:
 - Comparative death rate figures (*these figures may not be available yet – check with the CCG*)
 - Plans for care of patients with diabetes during the ongoing Covid 19 outbreak (details; e.g. will the plan include dietary management? Also to include the extent to which the necessary diabetes care processes are now being delivered to patients across Norfolk & Waveney)
- Primary Care – an update
- General update
 - Progress with development of the Primary Care Networks
 - GP recruitment & retention
 - Availability of appointments
 - Specific follow-ups
 - Update on primary care capacity in King's Lynn (following on from the consultation with NHOSC regarding the Fairstead practice)
 - Update on primary care provision for Oulton (following on from previous reports to GY&W Joint Health Scrutiny Committee & the proposed new build at Woods Meadow)
 - Update on primary care provision for Gorleston (following on from previous reports to GY&W Joint

Health Scrutiny Committee about the proposed development at Shrublands).

- Norfolk and Waveney Health and Care Partnership Five-Year Plan
 - Progress with implementation of new care pathways
- Community pharmacy capacity
 - Briefing on the outcome of a meeting between the Vice Chairman, NHOSC support officer, Local Pharmaceutical Committee representative and Consultant Public Health (lead for Pharmaceutical Needs Assessment) regarding concerns about:-
 - community pharmacy capacity and arrangements for provision of medicines as winter approaches
 - the extent of liaison with local planning authorities on future capacity requirements.

February 2021 - *Depending on publication of new NICE Guidance is expected in December 2020*

ME / CFS service – steps taken by the CCG and service provider to comply with new NICE Guidance

Summer 2021 - Merger of Norfolk and Waveney CCGs – progress briefing

- How the new CCG has maintained local focus one year on from merger
- Extent to which various healthcare statistics etc are still available on a district or locality basis to enable understanding of local issues.

Main Committee Members have a formal link with the following local healthcare commissioners and providers:-

| | |
|--|---|
| Norfolk and Waveney CCG | - Chairman of NHOSC – Cllr Penny Carpenter (substitute Vice Chairman of NHOSC – Cllr Nigel Legg) |
| Queen Elizabeth Hospital, King's Lynn NHS Foundation Trust | - Sheila Young (substitute Michael Chenery of Horsburgh) |

- | | |
|--|---|
| Norfolk and Suffolk NHS Foundation Trust (mental health trust) | - David Harrison (substitute Michael Chenery of Horsbrugh) |
| Norfolk and Norwich University Hospitals NHS Foundation Trust | - Dr Nigel Legg (substitute David Harrison) |
| James Paget University Hospitals NHS Foundation Trust | - Emma Flaxman-Taylor |
| Norfolk Community Health and Care NHS Trust | - Emma Spagnola |



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Norfolk Health Overview and Scrutiny Committee 3 September 2020

Glossary of Terms and Abbreviations

| | |
|------------|--|
| AGPs | Aerosol-generating procedures |
| A&E | Accident and emergency |
| BAME | Black asian minority ethnic |
| BSL | British Sign Language |
| CBT | Cognitive behavioural therapy |
| CCG | Clinical Commissioning Group |
| CDS | Community dental services |
| CFS | Chronic Fatigue Syndrome |
| CIC | Community interest company |
| CQC | Care Quality Commission – the independent regulator of health and social care in England. Its purpose is to make sure health and social care services provide people with safe, effective, high quality care and encourage care services to improve. |
| CPA | Care Programme Approach |
| CRHT | Crisis resolution home treatment |
| CT | Computerised Tomography Scan – Uses X Rays And A Computer To Make Images Of The Inside Of The Body |
| CYP | Children and young people |
| DTOC | Delayed transfer of care |
| ECCH | East Coast Community Healthcare |
| EEAST | East Of England Ambulance Service NHS Trust |
| EOL | End of Life |
| GDP | General Dental Practitioner |
| GDS | General dental services |
| GP | General Practitioner |
| GY&W | Great Yarmouth And Waveney |
| GY&W JHSC | Great Yarmouth and Waveney Joint health Scrutiny Committee |
| HSC | Health Scrutiny Committee |
| IAPT | Improving access to psychological services |
| IPC | Infection prevention and control |
| JPUH | James Paget University Hospital |
| LDC | Local Dental Committee |
| LDN | Local Dental Network |
| LPC | Local Pharmaceutical Committee |
| ME | Myalgic Encephalomyelitis |
| NHOSC | Norfolk Health Overview and Scrutiny Committee |
| NHSE&I EoE | NHS England and NHS Improvement, East of England. One of seven regional teams that support the commissioning |

| | |
|--------------------|---|
| | <p>services and directly commission some primary care services and specialised services.</p> <p>Formerly two separate organisations, NHS E and NHS I merged in April 2019 with the NHS England Chief Executive taking the helm for both organisations.</p> <p>NHS Improvement, which itself was created in 2015 by the merger of two former organisations, Monitor and the Trust Development Authority, was formerly the regulator of NHS Foundation Trust, other NHS Trusts and independent providers that provided NHS funded care.</p> |
| NHSE(PHE) | NHS England (Public Health England) |
| NICE | National Institute for Health and Care Excellence |
| NNUH (N&N, NNUHFT) | Norfolk and Norwich University Hospitals NHS Foundation Trust |
| NSFT | Norfolk and Suffolk NHS Foundation Trust (the mental health trust) |
| OAP | Out of area placement |
| OOH | Out of hours |
| PCN | Primary Care Network |
| PDS | Personal dental services |
| PH | Public Health (Norfolk County Council) |
| PPE | Personal protective equipment |
| QEH | Queen Elizabeth Hospital, King's Lynn |
| QI | Quality improvement |
| RAG | Red, amber, green (rating system) |
| ReSPECT | Recommended Summary Plan for Emergency Care and Treatment |
| SCDS | Special care dental service |
| SOP | Standard operating procedure |
| STP | Sustainability & transformation plan / partnership (from 2019 known as the Health and Care Partnership for Norfolk and Waveney) |
| UDC | Urgent dental care |
| VCSE | Voluntary, community and social enterprise sector |