

NORFOLK HEALTH OVERVIEW AND SCRUTINY COMMITTEE
Minutes of the meeting held on Microsoft Teams (virtual meeting)
at 10am on 26 November 2020

Members Present:

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

Co-opted Members Present

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

Substitute Members Present:

Cllr David Bills for Cllr Fabian Eagle	Norfolk County Council
Cllr Julie Brociek-Coulton for Cllr Chris Jones	Norfolk County Council
Cllr Emma Corlett for Cllr Brenda Jones	Norfolk County Council
Cllr Wendy Fredericks for Cllr Emma Spagnola	North Norfolk District Council
Cllr Cate Oliver for Cllr Laura McCartney-Gray	Norwich City Council

Also Present:

Chris Acton	Director, Primary Care Partnership
Hollie Adams	Committee Officer, Norfolk County Council
David Barter	Head of Commissioning, NHS England and NHS Improvement – East of England
Giulia Carderello	Senior Client Relationship Executive, DA Languages
Cllr David Collis	County Councillor for King's Lynn North & Central
Kathy Foley	Practice Manager, St James' Medical Practice
Lana Hemsall	Member of the public
Liz Howlett	Suicide Prevention Lead, Norfolk and Suffolk Foundation NHS Trust
Sally Hughes	Commissioning Manager – Vulnerable People, Norfolk County Council Public Health
Jessamy Kinghorn	Head of Partnerships and Engagements, NHS England & NHS Improvement – East of England
Howard Martin	Locality Director West Norfolk, Norfolk & Waveney CCG (Clinical Commissioning Group)
Kim Mills	British Sign Language (BSL) interpreter
Dr Prabir Mitra	GP Partner, St James' Medical Practice
Autumn Moon	British Sign Language (BSL) interpreter
Catherine McWalter	Primary Care Estates Manager, Norfolk & Waveney CCG
Maureen Orr	Democratic Support and Scrutiny Team Manager, Norfolk County Council
Millie Pateman	Client Relationship Manager, DA Languages
James Skipper	Head of Communications & Engagement, Healthwatch Norfolk

Fiona Theadom	Senior Contract Manager, Primary Care, NHS England and NHS Improvement – East of England
Michael Wordingham	Policy and Campaigns Officer, RNIB (Royal National Institute of Blind People)
Jo Yellon	Associate Director of Mental Health, Norfolk & Waveney CCG

1. Apologies for Absence

- 1.1 Apologies were received from Cllr Brenda Jones (Cllr Emma Corlett substituting), Cllr Chris Jones (Cllr Julie Brociek-Coulton substituting) Cllr Laura McCartney-Gray (Cllr Cate Oliver substituting) and Emma Spagnola (Cllr Wendy Fredericks substituting). Also absent was Cllr Fabian Eagle (Cllr David Bills substituting).

2. Minutes

- 2.1 The minutes of the meeting on 8 October 2020 were agreed as an accurate record.

3. Declarations of Interest

- 3.1 No interests were declared.

4. Urgent Business

- 4.1 There were no items of urgent business.

5. Chair's Announcements

- 5.1 The Chair had no announcements.

6. Access to local NHS services for patients with sensory impairments

- 6.1.1 The Committee received the report examining the experiences of people with hearing impairments and sight impairments when accessing local NHS services and received NHS England and NHS Improvement East of England's plans for engagement with BSL users and others in advance of re-procurement of interpreting services for primary care in 2021.
- 6.1.2 British Sign Language interpreters were present for this item for people watching on YouTube, secured through the Council's INTRAN contract via Deaf Connexions.
- 6.2.1 The Head of Communications & Engagement, Healthwatch Norfolk introduced the Healthwatch report to the Committee:
 - Focus groups held in Norwich in April 2019 identified the difficulties people had experienced with interpretation services, mostly at GP practices, such as lack of interpreter availability, cancellation of appointments, insufficient standard of interpretation and difficulty communicating with interpreters sometimes due to regional variation in signing.
 - Further work was carried out to understand the scope of problems in Norfolk and service user sessions undertaken at Kings Lynn identified similar concerns
 - The Healthwatch report was written summarising the feedback from service user

engagement sessions.

- Negative reviews had been received about the service provided by DA Languages from a GP practice manager and service users in the previous 6 months.
- In August 2020 a social media campaign was launched by Healthwatch encouraging Deaf people to submit their experiences with interpretation services in Norfolk.
- There was concern that the inconsistent service would increase medical risk and reduce equitability of access for the Deaf community.
- Videos showing feedback submitted by individuals in the Deaf community via the social media campaign were shown. The concerns raised in these videos were:
 - a visit to the optician where no interpretation service was provided to a gentleman with a sight and hearing impairment.
 - a visit to dentist where an interpreter was not able to attend, and a later appointment where the interpreter arrived late and didn't understand the receptionist sufficiently to interpret for the patient, who subsequently felt the level of interpretation was very poor
 - a GP visit where a male interpreter was provided when a female had been requested, providing issues around privacy for the female patient.

6.2.2 The Policy and Campaigns Officer, RNIB (Royal National Institute of Blind People), spoke to the Committee about issues for the blind community in Norfolk:

- Confidentiality was often compromised if medical letters were not received in a form people could read as others, such as a family member, carer or social worker, would have to read sensitive medical information on their behalf.
- Coronavirus had further reinforced the importance of Public Health information being managed well to keep people safe.
- The Policy and Campaigns Officer, RNIB (Royal National Institute of Blind People) felt that there should be robust training for frontline staff, monitoring and enforcement, and more engagement from stakeholder and participation groups to ensure people with sensory losses informed procedures.

6.3 The Committee heard from member of the public, Lana Hemsall:

- Ms Hemsall spoke to the Committee as coordinator of Norwich Guide Dog Forum.
- She felt that there was a systemic problem with the way information was given to people with sensory losses and stressed the importance of ensuring that all people had the right to privacy and access to information in a format accessible to them.

6.4 The following points were discussed and noted

- The Vice-Chair had letters sent by different departments of the Norfolk and Norwich University Hospital, only one of which mentioned support for people with communication needs. The Head of Commissioning, NHS England and NHS Improvement – East of England, **agreed** to discuss with Norfolk & Waveney Clinical Commissioning Group (CCG) what could be done to ensure a joined-up approach to assist patients with sensory impairments at hospitals in Norfolk.
- NHS England & Improvement representatives acknowledged that more needed to be done to hear from Deaf people during the upcoming procurement process. The contract extension of DA Languages would allow time to listen to service user stories and concerns to inform the new model and contract.
- The Chair noted that the Healthwatch report showed people were not well supported by the current contract. The Senior Contract Manager, Primary Care, NHS England and NHS Improvement – East of England, replied that officers were engaging with Norfolk Deaf Association and Healthwatch to identify problems and improve services. She encouraged people to raise issues with her or through patient forums. Regular review meetings were held with DA languages to review the service and complaints.

- Concerns were raised about the clinical risk if interpreters could not be understood by service users or could not interpret doctors or medical professionals' speech well to service users.
- A Member asked how interpreters were chosen to meet peoples' needs. NHS England & Improvement representatives replied that listening to service users moving forward would ensure services would be commissioned correctly for service users and with more flexible primary care services.
- A Member suggested virtual technology could be used to allow service users to book and view interpreters, and letters emailed to patients so they could read them using interpretation technology.
- A Member was concerned by the reports that some interpreters were reported as not being of a suitable qualification level. The Senior Client Relationship Executive, DA Languages, explained that DA Languages used a pool of linguists based on the bank of national register with the NRCPD (National Registers of Communication Professionals working with Deaf and Deafblind people) starting with local interpreters to mitigate against regional differences in signing.
- It was felt that people should only have to raise their needs once and this should be shared across services, using the "tell us once" policy
- The critical points for commissioning in 2021 were queried and reported as: ensuring the delivery model reflects patient need; a robust contract; quality of service; key performance standards which can be measured effectively; value for money; training of staff within primary care and raising awareness of the accessible information standard and; making adjustments for patients.
- NHS England & NHS Improvement representatives were asked how they would ensure participation and access for people with multiple barriers to inclusion and explained that during the commissioning process work would be undertaken to understand barriers to healthcare; this was noted as an area for improvement.
- The Chair queried whether the service was fit for purpose in its current form.
- It was noted that under the current contract, interpreters were not able to make appointments on the behalf of patients, meaning that to do so people needed to give private information to a family member, friend or carer. The Senior Contract Manager, Primary Care, NHS England and NHS Improvement – East of England, **agreed** to look at what adjustments could be put in place to support practices in the current contract to support people in the short term.

6.5 The Norfolk and Waveney Overview and Scrutiny Committee (NHOSC):

a) **ASKED** NHS England and Improvement representatives:

- To ensure the 'tell us once' policy is in place and adhered to so that there is improved access for patients with sensory impairments.
- To ensure that all frontline staff receive training in the requirements and implementation of the accessibility standards.
- To make a contract variation to enable patients to ask a BSL interpreter to make an appointment for them, to protect their privacy and dignity.
- To ensure a rapid response to members of the public who are currently having difficulty accessing services.

b) **INVITED** NHS England and Improvement representatives to return to the committee in early spring 2021.

7. Suicide Prevention

7.1 The Committee received the report examining the work to prevent suicides in Norfolk and Waveney, focusing on the action delivered by NHS partners and particularly Norfolk and

Suffolk NHS Foundation Trust (NSFT).

7.2 The following points were discussed and noted

- It was felt that the “First Response” helpline should be better communicated as a source of support for people in distress as well as their friends and families.
- NSFT, CCG and Public Health representatives were working on communications to promote online support apps and resources. If these were not suitable then the First Response helpline had a No Wrong Door policy and would provide people with the opportunity to discuss mental health concerns with a qualified clinician; people would then be directed on to the most suitable service to support them.
- NSFT, CCG and Public Health representatives planned to invest in assist training to give workers confidence in talking to people who felt suicidal
- To support people with learning disabilities, green light champions in each NSFT team attended regular update sessions to discuss adjustments for people with learning disabilities and processes were in place to engage in a way and place that was most comfortable for them ie via text.
- The importance of a consistent relationship with a key professional for a patient’s wellbeing was noted; NSFT, CCG and Public Health representatives were asked how many professionals people saw on average during their treatment. The Suicide Prevention Lead, Norfolk and Suffolk Foundation NHS Trust, **agreed** to find out this information and send to the Committee.
- Members **requested** data on how many people contacted the First Response helpline and the outcome of calls, such as which organisations people were directed to.
- Officers were asked what was done to support families bereaved by suicide. The Suicide Prevention Lead, Norfolk and Suffolk Foundation NHS Trust, explained that the Chief Nurse would contact family members to express their condolences and give contact details so they could be in contact if they had any queries. A family liaison officer would also contact bereaved family members to answer any queries about the serious incident review and support them with grieving via third sector organisations.
- NSFT, CCG and Public Health representatives **agreed** to look into making the First Response helpline a freephone number and available via text to make it accessible.
- NSFT, CCG and Public Health representatives were looking at how they could support the Samaritans financially and were minded to ensure third sector providers, including the Samaritans were part of the network of support.
- It was confirmed that the Trust itself reviewed serious incidents which occurred in Norfolk, but the review panel came from a different geographic area within the Trust from the one in which the incident occurred..
- Members were keen to find out how many families engaged with liaison officers compared to other areas, and how many families engaged with serious incident reviews. Members also **requested** data on how many people request to come back into service within 3 months of discharge from NSFT.
- The Chair asked if NSFT, CCG and Public Health representatives felt that all partners involved in the strategy were playing their part to reduce suicides in Norfolk. The Associate Director of Mental Health, Norfolk & Waveney CCG, felt that they were; partners liaised regularly, and a multi-agency approach was in place. The suicide rate in Norfolk was reducing but more needed to be done to reduce it further.

7.3 The Norfolk Health Overview and Scrutiny Committee:

- a) **ASKED** Norfolk and Suffolk NHS Foundation Trust (NSFT) to increase efforts to advertise of the First Response 24/7 helpline, reaching out to local government and primary care to advertise to their residents and patients.
- b) **REQUESTED** a briefing from NSFT and Norfolk and Waveney CCG with the following information:

- Latest information on numbers of suicides.
- The number of changes of healthcare worker that patients are experiencing along their pathway of care.
- Evaluation of the impact of the new NSFT first response 24/7 helpline including:
 - the numbers of patients who have called the helpline that have subsequently been brought into the NSFT service for help.
 - information on development of the helpline service (i.e. freephone; text service; link to NHS 111).
- Numbers of people who are referring themselves back into NSFT's care within 3 months of discharge from the service, and how many of those are accepted back into the service.
- Numbers of Coroner Prevention of Future Death notices received, and action taken.
- If possible, comparison with other Trusts on the number of families who take part in reviews following a Serious Untoward Incident.

7.4 The Committee took a break from 11:55 until 12:10

7.5 Cllr Emma Corlett left the meeting at 11:55

8. St James' Medical Practice, King's Lynn – consultation on proposed relocation

8.1.1 The Committee received a consultation from St James' Medical Practice regarding a proposal for relocation to a new site in King's Lynn

8.1.2 The Director, Primary Care Partnership, introduced the report and gave a presentation to Committee ([see appendix A](#)):

- The existing St James' Medical Practice building was not compliant with regulations and would have to close its list if not moved to another location.
- A public consultation had been carried out and 17 sites looked at. Two thousand responses were received to the consultation questionnaire.
- £0.25m funding was available for development of the business case through the Estates and Technology Transformation Fund (ETTF), and £4.9m for building work sourced through private equity funding.
- Norlife carried out a review of capacity of GP services and determined there was a shortage of capacity in North and South Lynn. The proposed move of St James' Practice would resolve capacity in North Lynn. There was a strong case to use £5m of wave 4b funding to resolve the capacity issue in South Lynn and officers would be looking into a business case for a hub model here.

8.2.1 The Committee heard from Cllr David Collis, County Councillor for King's Lynn North and Central division:

- to meet the requirements of the area he felt it would be necessary to have a new surgery in the North and South of the area at the same time, but recognised that this was unrealistic
- Cllr Collis felt the facilities in the existing St James Practice were unsatisfactory and would not fulfil patients' requirements for much longer. Staff were facing difficulties providing services in the existing facilities.
- Cllr Collis felt, having visited all the proposed sites, that the site on Edwards Benefer way had an advantage over others due to being owned by Norfolk County Council. He had queries about access to the site but had been told this could be developed.
- Cllr Collis acknowledged that it could be difficult for some patients to get to the proposed site but on the whole moving the practice would bring positive changes.

8.2.3 The GP Partner and the Practice Manager from St James' Medical Practice spoke to the Committee about issues with the current location. There were ongoing issues at the current practice such as blocked drains, damp, and lack of room to provide primary care services. Due to the lack of space some patients had to be seen in a portacabin located in the carpark

8.3 The following points were discussed and noted

- It was confirmed that the Nar Ouse site would need a second business case.
- The outline business case for the site in North Lynn and site surveyors were ready to go to the next phase; it was hoped a full business case could be completed by February 2021.
- CCG representatives were keen to work with the Local Authority and all partners to develop the full business case as quickly as possible. Any delay to this would impact on efforts to address GP capacity King's Lynn and put investment in the area at risk.
- CCG representatives confirmed that it was a requirement of the full business case to carry out an equalities impact assessment.
- A Member queried whether patients would be able to walk or cycle 2km to the proposed site when ill. The Practice Manager, St James' Medical Practice, replied that the NHS was moving towards a digital model, utilising video conferencing, and home visiting, and with patients coming to the practice only when necessary. Patients without internet access would be offered a phone appointment or a face to face appointment if this was deemed appropriate for their needs.
- It was suggested that a contingency fund should be considered for patients who required it, for example to fund taxi travel to the surgery. The Director, Primary Care Partnership, **agreed** to look into whether this could be provided.
- It was confirmed that a suitable alternative premises could not be found in the existing location.
- The Locality Director West Norfolk, Norfolk & Waveney CCG (Clinical Commissioning Group), confirmed that vulnerable patients would be supported to make suitable alternative arrangements when the practice moved to a new location.
- Further investigation was needed as to whether Southgates Medical Centre had capacity to take on new patients however it was possible that some of their patients may wish to move to the new St James' practice, freeing up capacity for more patients.
- Dialogue with patients at St James' Medical Practice about the proposed move had begun in April 2015, and all patients were confirmed to be aware.
- It was clarified that there was a risk of losing the £0.25m ETTF funding if spending did not start by the end of 2020.
- Cllr David Harrison left the meeting at 13:17

8.5 The Norfolk Health Overview and Scrutiny Committee

- **AGREED** that every reasonable effort has been made on engagement and consultation around the proposed relocation and recognised that it is probably not realistic to expect two new surgeries to be delivered concurrently.
- **RECOMMENDED** to the CCG:
 - That a business case for provision of a second new surgery in King's Lynn, to serve the south of the town, should be taken forward as quickly as possible.
 - That the scope for facilitating a primary care hub in the central area, which could assist in service integration and ease pressure across all the town's practices, should be explored.
 - That meetings should be held with local councillors to pick up issues around:
 - Mitigating the effect of the relocation to Edward Benefer Way on vulnerable patients, including suggestions made by NHOSC Members at the meeting

on 26 Nov 2020.

- Progress of the business case for a second new surgery in King's Lynn.
- **ASKED** The CCG and St James' Medical Practice to report progress to NHOSC.

9. Forward work programme

- 9.1 The Norfolk Health Overview and Scrutiny Committee received and reviewed the forward work programme.
- 9.2 Provision of dental surgeries in Kings Lynn was raised. The Democratic Support and Scrutiny Team Manager agreed to follow up on the letter sent to the Department of Health and Social Care on 29 September 2020 and speak to NHSE&I about the immediate issue arising from closure of the MyDentist surgery in King's Lynn.
- 9.3 The Norfolk Health Overview and Scrutiny Committee **AGREED** the forward work programme with the following additions and amendments:
- For the NHOSC Agenda:
 - Access to local NHS services for patients with sensory impairments
 - As the contract for interpreting services is to be re-procured in 2021 the timing of this item to be discussed with NHSE&I; aiming for early spring 2021.
 - For the NHOSC Briefing:
 - Suicide prevention – information briefing from NSFT & CCG (see item 7 above)
 - Primary care developments in King's Lynn (see item 8 above)
 - Information to be sought from commissioners and passed on to Members before the next meeting:
 - What re-provision has been made for people affected by the closure of the MyDentist dental practice in King's Lynn?
 - Phlebotomy in Lowestoft – what can be done about the situation whereby the hospital and GP practices are not processing each other's blood tests for patients.

Chairman

The meeting ended at 13.29



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