

## **HOSC Health Committee Annual Report from Cllr Alexandra Kemp**

At the request of HOSC, Public Health produced the “State of Norfolk and Waveney Health Report” with the latest information for Norfolk and Waveney residents, covering population growth, life expectancy, causes of death and morbidity, behavioural risk factors, and indirect impacts of COVID-19. This report has been published on the Joint Strategic Needs Assessment: [State of Norfolk and Waveney health report 2022 \(norfolkinsight.org.uk\)](https://norfolkinsight.org.uk)

The key points are:

- Norfolk and Waveney has one of the oldest populations in England. About 1 in 4 of the population (25%) is aged 65 and over and about 1 in 30 is aged 85 and over. This makes it the 4th oldest ICS area in the country. The proportion is likely to rise to 28% by 2029. Norwich is the youngest population and North Norfolk the oldest. This has remained the case over the last 10 years. The birth rate is declining.
- As we live longer
  - we spend an increasing proportion of our lives in poor health. Healthy Life Expectancy is around age 62 for men and women, but Life Expectancy is 80 for men and 84 for women.
  - more of us die from frailty conditions, such as dementia
  - multiple long-term health conditions become more common, placing a significant demand on health care
- Smoking, alcohol consumption and poor diet and exercise represent a major challenge for health and social care
- Inequalities in these behavioural risk factors contribute to inequalities in the outcomes
- The pandemic is likely to result in increased emergency care, and in more long-term conditions, mental health conditions and cancer

### **NHS Dentistry in West Norfolk**

NHS Dentistry came to give evidence to the Committee, about the lack of NHS Dentists, and agreed to commission two new NHS dental contracts in King’s Lynn to start in July. However, at the time of writing, the only dental practice still advertising on the NHS website that it is taking on new NHS patients via self-referral, is the Marham Dental Practice. West Norfolk is still particularly challenged in the lack of NHS Dentists and more NHS contracts are needed.

### **The New Integrated Care System**

The 5 Clinical Commissioning Groups in Norfolk have been replaced with the new Integrated Care System - new partnerships between organisations that meet health and care needs in a local area, including the acute hospitals, councils and voluntary organisations, GP surgeries, housing associations and community pharmacies. The aim of the reorganisation is to work more closely with communities to give them more choice and control over the design of local services, to improve health and remove barriers. The ambition is for people who use services to be involved in writing the plans from the start. The triple aim is 1. Help people have better health and wellbeing. 2. Help people have a better quality of services. 3. Money for the NHS is spent on the right things that meet the needs of people.

But the formal route has been removed for the local authority to report to the Secretary of State that a health consultation for a change of service has not been adequate, or where the change would not be in the interests of the local health service.

## **Safety of People with Learning Disabilities in Privately-run Norfolk Hospitals**

The Health Committee held a session, enquiring into the Safeguarding Adults Review about the tragic deaths of Joanna, Jon and Ben, young adults with learning disabilities, who died of neglect and abuse in the private Cawston Park Mental Hospital in Norfolk, between 2018 and 2020.

The Review found that relatives of the three adults, and those of other patients, described indifferent and harmful Hospital practices, which ignored their questions and distress. They were not assisted by care management or coordination activities. There was unsafe grouping of certain patients, excessive use of restraint and seclusion by unqualified staff, overmedication, and the Hospital's high tolerance of inactivity – all of which presented risks of further harm. In addition, these patients did not benefit from attention to the complex causes of their behaviour, to their mental distress or physical health care. "The Hospital was disadvantaged by the absence of accurate and timely information flowing up to managers and directors and down to staff and patients. Little may be discerned of the Hospital's corporate and financial governance or the extent to which this is intertwined with clinical governance". A CQC report during 2019 stated "The hospital was not working to the model of an assessment and treatment unit and therefore its operation was not in line with the expectations of the Transforming Care Programme.". Families questioned the Hospital's undocumented assumptions concerning patients' mental capacity which appeared to transfer responsibility to patients.

The Safeguarding Review made 13 recommendations for learning and improvement, including the critical role of professional curiosity and challenge, the trauma of transition, meaningful support for individuals with behaviours that challenge others, critical responsibility for staff to advocate reporting and openness, where the victim of abuse doesn't want to 'complain', the importance of meaningful occupations, making sure attention is given to physical health needs, and the consideration of mental capacity.

The Review said that Norfolk should adopt ethical commissioning, including ethical employment, consider release dates for patients, a community benefit test for providers, and ask the Law Commission about reform of the law on Corporate Criminal Liability. Cawston Hospital has since closed.

The Health Committee is asking, on an ongoing basis, what achievement are being made against the recommendations to stop this ever happening again.

### **Progress against Recommendations – Safe and Wellbeing Checks**

As a result of the Norfolk Safeguarding Review, the NHS is undertaking Safe and Wellbeing Checks for all people with Learning Disabilities or Autism detained in Mental Health Hospitals across the country, reviewing the patient's Care and Treatment Plan, facilitating discussion with the patient and their family, observing the patient in their surroundings, and their physical and mental health needs.

It was found that some patients have been placed in the wrong location, have physical health or weight gain concerns, and a lack of meaningful activity or therapeutic input.

### **Update of National Guidance**

The national guidance about placements for patients is being updated, and also the oversight guidance for patients' daily activities and physical health needs.

### **The Voice of Patients**

The new project, My Views Matter, is starting in September in Norfolk.

### **New Steering Group**

The Norfolk Coalition for Change has been set up to oversee improvements.

## **Gynaecology Waiting Times in Norfolk Hospitals**

### **The Health Committee is reviewing the provision of menopause services in Norfolk.**

The current waiting times for routine gynaecology clinics are summarised below:

Norfolk and Norwich University Hospital: Gynaecology – Menopause Clinic, 1st OPA routine: 55 weeks wait

James Paget Hospital: Average wait from referral to treatment: 64 weeks wait

Queen Elizabeth Hospital: Gynaecology 1st OPA, routine: 34 weeks wait.

The Integrated Care Board is aware of the significant challenges to patients which such waits create. South Norfolk Health worked with the three Norfolk Hospitals to contact 1090 patients who had been waiting for the longest time for their first gynaecology appointment. These patients were supported to review their menstrual symptoms, pelvic pain, hormonal symptoms, and general wellbeing to identify whether their condition might have changed since they were originally referred or whether they needed additional support. Based on the reviews 169 patients so far have been upgraded to urgent and seen within six weeks; 75 routine appointments have also been cancelled as being no longer needed or wanted, allowing other patients to access care more quickly.

### **The New Norfolk and Waveney Integrated Musculoskeletal Service**

This new patient-centred service has been launched across Norfolk and Waveney, managed through a single point of access, for standardisation and equality of access.

### **Eating Disorder Service in Norfolk**

The NHS came to the Health Committee to talk about the Eating Disorder Service. Eating Disorders have doubled since the pandemic, and has particularly increased among young people. The acuity of conditions has quadrupled. Since July 2021, the service has been run by NHS Provider Collaboratives. There is a focus on alternatives to hospital admission and developing purposeful admissions and providing more support to carers. There is a new intensive day service for young people. For adults, there is a new community-based intensive support service.

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

The NHS came to speak to the Committee about progress made. In 2021-22 the Norfolk and Waveney system completed annual health checks for 4,799 people with a learning disability, which is the equivalent of 70.4% of people on the learning disability register. This has gone up from 49% in 2020-21 and is a considerable achievement.

There was a special pilot in West Norfolk, with a new registered learning disability nurse, as the uptake of the annual health checks was the lowest in West Norfolk, but is now the second highest, at 71%. I asked if the pilot is going to continue, and the NHS said the resource will be there.

Young people aged 14 are sent a Birthday Card telling them about the health checks, as there has been a low uptake among the 14-17 year-olds.

The quality of the health checks is inconsistent and needs to be standardised.

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

Over a quarter of young people are still waiting 3 or more years for diagnosis of conditions. Waiting lists increased during the pandemic. An additional £1.6m was secured for the next 3 years for a key worker team to support children where there is a diagnosis, or suspected diagnosis of a learning disability or autism. The team has been in place since September 2021 and has contacted over 1500 families. This has made a positive impact for families.

### **QEH**

The QEH formally came out of special measures this year and has made considerable process and was rated good in all the Core services inspected. The Medical Education programme is also out of special measures for Medicine. The QEH's Strategy is to reduce

falls, share learning from incidents and further improve the Duty of Candour. Modernise the hospital - estate, ICT and medical equipment. Strengthen staff engagement and embed kindness, well being and fairness, as the trust's new values. Improve patient pathways, and financial and clinical sustainability, with an £8 million cost savings programme in-year. Improve health outcomes and prevention. Support and train staff to reach their full potential. The Trust Board has approved the QEH's Outline Strategic Case for the rebuild of the hospital. Funding is still awaited from the Government. The props and failsafes cannot extend the life of the building beyond 2030.