

**GREAT YARMOUTH AND WAVENEY JOINT HEALTH SCRUTINY COMMITTEE  
MINUTES OF THE MEETING HELD ON 4 April 2017**

**Present:**

Alison Cackett	Waveney District Council
Michael Carttiss (Chairman)	Norfolk County Council
Michael Ladd	Suffolk County Council
Bert Poole	Suffolk County Council
Shirley Weymouth	Great Yarmouth Borough Council

**Also Present:**

Melanie Craig	Chief Officer, NHS Great Yarmouth & Waveney CCG
Cath Byford	Deputy Chief Officer, NHS Great Yarmouth & Waveney CCG
Jon Reynolds	Deputy Chief Contracts Officer, NHS Ipswich and East Suffolk CCG
Lorraine Rollo	NHS GY&W CCG
Barbara Robinson	Member of the public (spoke on ME / CFS)
Cllr Jane Murray	Waveney District Councillor
Maureen Orr	Democratic Support and Scrutiny Team Manager, Norfolk County Council
Paul Banjo	Democratic Services, Suffolk County Council
Tim Shaw	Committee Officer, Norfolk County Council

**1A Apologies for Absence and Welcome**

1A.1 An apology for absence was received from Mrs Margaret Stone.

1A.2 The Chairman welcomed to the meeting Melanie Craig, Chief Officer, NHS Great Yarmouth & Waveney CCG, who was attending her first meeting of the Joint Committee.

**1B Recording of the meeting**

It was pointed out that a member of the public would be taking a sound and /or picture recording on a mobile phone of part of today's proceedings. This met with Norfolk County Council's protocol on the use of media equipment at meetings held in public.

## **2 Minutes**

The minutes of the previous meeting held on 20 January 2017 were confirmed as a correct record and signed by the Chairman.

## **3 Public Participation Session (Myalgic Encephalomyelitis / Chronic Fatigue Syndrome)**

**3.1** With the permission of the Chairman, Mrs Barbara Robinson, a member of the public, spoke about ME / CFS (which was Item 7 on the agenda and taken at minute 5). Mrs Robinson said that ME/CFS was commissioned by the 7 CCGs in Norfolk and Suffolk and provided by East Coast Community Health (ECCH). She said that the legislative framework, particularly the 2012 Health and Social Care Act, NICE compliance and the UN legislation on disability, were not in her opinion being followed adequately by the current ME/CFS service. The Essex ME/CFS service and the Cambridge ME/CFS service could be shown to have benefitted greatly from having consultant led services. The previous Chief Officer of NHS Great Yarmouth and Waveney CCG, Andy Evans, had given a commitment in writing, at the time that the CCG was being formed, to go ahead with a consultant led service.

**3.2** Mrs Robinson said that she did not agree with some of the information included in the report that was provided by NHS Great Yarmouth and Waveney CCG . She added that Health Watch had suggested another survey but she considered this to be unnecessary because sufficient data about service users was already available from a national survey.

**3.3** Mrs Robinson went on to inform the Committee that a leading clinician had passed the first hurdle for funding from the Wellcome Trust for the UK Biobank for ME which would be part of the (Norwich) Quadram Institute. She said that she would be able to provide Mrs Orr with further details.

**3.4** *Note by Committee Officer: The ME/CFS service was discussed further as part of item 7 which was moved up the agenda and considered as the first substantive item (see minute 5 below).*

## **4 Declarations of Interest**

Mrs A Cackett declared an “other” interest in the item on ME/CFS in that she suffered from a mild form of this condition.

Mr B Poole declared an “other” interest in the item on ME/CFS in that his daughter suffered from a mild form of this condition.

## **5 ME / CFS (Myalgic Encephalomyelitis / Chronic Fatigue Syndrome)**

**5.1** The Joint Committee received a suggested approach from the Democratic Support and Scrutiny Team Manager at Norfolk County Council to an update report on the commissioners’ decision-making processes in respect of a proposed consultant-led ME/CFS service for Norfolk and Suffolk.

**5.2** The Committee received evidence from Melanie Craig, Chief Officer, NHS Great Yarmouth & Waveney CCG, Cath Byford, Deputy Chief Executive, NHS Great Yarmouth & Waveney CCG, and Jon Reynolds, Deputy Chief Contracts Officer, NHS Ipswich and East Suffolk CCG. The Chairman used his discretion to allow Barbara Robinson, a member of the public, the opportunity to ask questions of the speakers which she did during the Committee's consideration of this item.

**5.3** In the course of discussion the following key points were noted:

- Melanie Craig, Chief Officer, Great Yarmouth & Waveney CCG, said that the future direction of the ME service would be the main topic for discussion at a meeting that she would be having with her Chief Officer counterpart at the Suffolk CCG next Thursday evening.
- She said that it would be a matter for each of the CCGs that provided the current model of ME & CFS service provision to arrive at their own decision on the future direction of the service and while everyone hoped that a consistent decision would be reached this was not guaranteed.
- Melanie Craig said that Great Yarmouth & Waveney CCG had to consider the future direction of the ME/CFS service within the context of the NHS Service Plan which was in year 2 of its 5 year forward view. The Great Yarmouth & Waveney CCG was unable to commit itself to additional expenditure on ME & CFS service provision at a time when there were cost pressures on emergency services.
- Cath Byford, Deputy Chief Officer, NHS Great Yarmouth & Waveney CCG, added that any changes in service provision had to be resilient, had to take account of the views of existing service users and must not be entirely dependent on only one member of staff.
- Jon Reynolds, the Deputy Chief Contracts Officer, NHS Ipswich and East Suffolk CCG said that he was undertaking a market research exercise to identify potential local and national service providers for the ME/CFS service. This exercise was due to end on 24<sup>th</sup> April 2017.
- Members said that little progress had been made on providing a consultant led ME/CFS service since the Committee had first looked at this issue in 2008. Members asked for a time line and for brief details of where the issue might go from here and an indication of what would happen if a consultant led service could not be agreed upon.
- The Chairman said that it would be a matter for the CCGs and not for the Committee to come up with a final decision on the way forward. The Committee wanted the issue to be resolved without further delay.
- In reply the Deputy Chief Contracts Officer, NHS Ipswich and East Suffolk CCG, explained the level of progress that had been made. He said that it was only in the last year that a consultant who would be prepared to work in Norfolk and Suffolk had been identified. A full needs assessment had been undertaken on the viability of a consultant led service and an evidence based consensus model had been produced. Mr Reynolds said that he accepted that a consultant led service might be a more cost effective solution than providing a GP led service from several sites throughout Norfolk and Suffolk but more work on this was needed. Potential transitional costs were expected to be substantial.
- Mr Reynolds added that it would take until the end of May 2017 for the market research exercise to be completed and for the results to be analysed. If suitable service provider(s) were identified it could take a

further 9 to 12 months for the procurement process to be completed, including 3 months for the transfer of staff to any new service provider.

- Mr Reynolds said that it was important for all of the CCGs to move forward on the issue at the same time. If a consensus could not be reached then it would be for each of the CCGs that provided the current ME & CFS service model to consider the possibility of forming themselves into separate commissioning blocks and/or to put forward other changes to better meet patient needs.

- 5.4** The Joint Committee **agreed** to recommend that the CCGs should start working on alternatives for ME / CFS (Myalgic Encephalomyelitis / Chronic Fatigue Syndrome) now in case a consultant could not be secured to meet the criteria set out in the CCG paper.

The Joint Committee noted the criteria for a new service that was set out in the CCG's paper, namely:-

- Within the current cost envelope
- A viable model
- A resilient model
- The change to a new service would not result in patients currently receiving a service losing access to a service completely
- Any new service model cannot deliver improvements for one group of patients and disadvantage another.

The GY&W CCG was asked to provide regular progress updates for the Joint Committee.

## **6 Learning Disability Services**

- 6.1** The Joint Committee received a suggested approach from the Scrutiny Officer at Norfolk County Council to a report from NHS Great Yarmouth & Waveney CCG on progress with the implementation of the Transforming Care Programme for people with learning disabilities and / or autism in Great Yarmouth and Waveney.

- 6.2** The Committee received evidence from Melanie Craig, Chief Officer, NHS Great Yarmouth & Waveney CCG and Cath Byford, Deputy Chief Executive, NHS Great Yarmouth & Waveney CCG.

- 6.3** In the course of discussion the following key points were noted:

- The speakers said that NHS Great Yarmouth & Waveney CCG had undertaken a review of the decision making processes used to decide whether or not those with learning disabilities required a placement in a restricted care setting. This had been done with a view to improving the quality of the service, rather than as a means of cutting costs.
- As a direct result of the service review, NHS Great Yarmouth & Waveney CCG was in the process of introducing a model of care for patients with learning disabilities that meant the use of fewer restricted inpatient care beds, both in NHS settings and in the private care sector.
- NHS Great Yarmouth & Waveney CCG currently had no more than 6 patients placed in a restrictive inpatient care setting at any one point in

time.

- In future those requiring a placement in a restricted care setting would be placed in “spot purchased” inpatient care beds throughout Norfolk and Suffolk and thereby should receive a more bespoke service.
- Members spoke about how the review of learning disability services had identified that a wider range of service provision was required to meet the needs of this particular group of individuals. In reply, the speakers said that the CCG was restricted by the fact that it had been unsuccessful in its attempts to secure additional funding from a transformation fund that had been set up nationally to help meet such needs. Despite this disappointment, good progress continued to be made with the implementation of the Transforming Care Programme for people with learning disabilities and / or autism in Great Yarmouth and Waveney.
- The provision of learning disabilities was seen as a specialist and expensive area of health and social care provision for which both the NHS and Local Authorities would continue to have a joint role in meeting local needs.

**6.4** The Joint Committee noted the report and asked for an information bulletin update in a year’s time.

## **7 Out of hospital teams**

**7.1** The Joint Committee received a suggested approach from the Scrutiny Officer at Norfolk County Council to a report on the progress of Out-of-Hospital services in Great Yarmouth and Waveney.

**7.2** The Committee received evidence from Melanie Craig, Chief Officer, NHS Great Yarmouth & Waveney CCG and Cath Byford, Deputy Chief Executive, NHS Great Yarmouth & Waveney CCG.

**7.3** In the course of discussion the following key points were noted:

- Members were informed that there were five Out of Hospital Teams (OHT) in the NHS Great Yarmouth & Waveney CCG area. The CCG was planning to undertake an in-depth review of the services that they provided.
- The review would be carefully assessed by the CCG with a view to informing future Out-of-Hospital services for the population of Great Yarmouth and Waveney as a whole.
- The outcome of the review would be reported back to the Committee.
- The review would enable the CCG to understand more clearly the demand for Out-of-Hospital services. It would examine the reasons for intervention, identify peak periods, any gaps in service delivery and also the different issues facing rural and urban areas.
- The service was currently provided by a Lowestoft OHT and a North OHT provided by East Coast Community Healthcare, and a Community Integrated Care Team (CICT) in Southwold and Reydon provided by Sole Bay Health.
- The speakers said that the model for OHT in Southwold and Reydon was designed to meet the specific needs of that locality. Patient feedback had shown Sole Bay Health to be continuing to provide an extremely positive

model of care.

- The lessons that had been learnt from the Southwold and Reydon locality would help in planning to meet the needs of those living in the Halesworth vicinity.
- The building of new homes in the Halesworth vicinity was likely to place additional demand on out-of-hospital services. The speakers assured the Joint Committee that this matter would be taken into account and that the Committee would be kept informed of developments regarding services in all of the localities.

#### **7.4 The Joint Committee asked:**

1. To be presented with the outcome of the review of the effectiveness of the Out of Hospital Teams that was being carried out by the CCG.
2. In particular, for the outcome of the Southwold and Reydon Community Integrated Care Team pilot to be considered at its October 2017 meeting and to be kept up-to-date with developments regarding services for Halesworth, Bungay and Kessingland by whatever means was considered appropriate when further information became available.

### **8 Information Only Items**

#### **8.1 The Joint Committee **noted** information on the following subjects:**

- a. Update on developments in primary care:-
  1. Development of the Shrublands centre
  2. GP services for the Woods Meadow development, Sands Lane, Oulton
- b. Delayed Transfers of Care – update on the outcomes of the learning event held on 11 January 2017
- c. Stroke information, advice and support service – Stroke Association
- d. Norfolk and Waveney STP – response to Norfolk Health Overview and Scrutiny Committee's comments.

### **9 Forward Work Programme**

#### **9.1 The Joint Committee agreed the forward work programme as set out in the report.**

#### **9.2 It was noted that the arrangements for a visit to the Dragonfly Unit, Carlton Colville in June 2017 would be sent to Members by email shortly.**

### **10 Urgent Business**

#### **10.1 There were no items of urgent business.**

### **11 Mr Michael Carttiss**

#### **11.1 Speaking on behalf of all the Members, Mrs Alison Cackett paid tribute to the contribution of Mr Michael Carttiss, the Chairman, who was not standing at the forthcoming County Council elections and for whom this was his last meeting.**

**12 Mrs Maureen Orr**

- 12.1** Speaking on behalf of all the Members, Mr Bert Poole paid tribute to the support that Mrs Maureen Orr, Democratic Support and Scrutiny Team Manager at Norfolk County Council, had provided to the Committee during the 12 month period that Norfolk County Council had maintained responsibility for this role.

The meeting concluded at 12.20 pm.

**CHAIRMAN**



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