Norfolk County Council

Suffolk County Council

Unconfirmed

Minutes of the Great Yarmouth and Waveney Joint Health Scrutiny Committee Meeting held on 20 October 2017 at 10:30 am in the Thomas Crisp Room, Riverside Campus, Lowestoft.

Present:	Councillors Michael Ladd (Chairman, Suffolk County Council), Michael Chenery of Horsbrugh (Norfolk County Council), Marlene Fairhead (Great Yarmouth Borough Council), Jane Murray (Waveney District Council), Nigel Legg (South Norfolk District Council) and James Reeder (Suffolk County Council).
Also present:	Councillor Sue Allen (Waveney District Council), Cath Byford (Deputy Chief Executive, NHS Great Yarmouth and Waveney Clinical Commissioning Group), Joanna Fawcus (Associate Operations Manager, James Paget University Hospital), and Tony Rollo (Chairman, HealthWatch Suffolk).
Supporting officers present:	Paul Banjo (Scrutiny Officer), Rebekah Butcher (Democratic Services Officer) and Maureen Orr (Democratic Support and Scrutiny Team Manager).

10. Apologies for Absence and Substitutions

Apologies for absence were received from Councillor Richard Price who was substituted by Councillor Michael Chenery of Horsbrugh, Norfolk County Council.

11. Minutes of the Previous Meeting

The minutes of the meeting held on 6 July 2017 were confirmed as a correct record and signed by the Chairman.

12. Recording of the Meeting

It was notified that a member of the public would be taking a sound recording on an audio device of part of today's proceedings. This met with Suffolk County Council's protocol on the use of media equipment at meetings held in public.

13. Public Participation Session

Mrs Barbara Robinson, a member of the public, had requested to address the Joint Committee and spoke in relation to the Agenda Item 7; an Information Bulletin item on the 'progress in relation to commissioning a consultant-led ME/CFS service'. Mrs Robinson informed the Committee that she believed the report issued from the NHS Gt Yarmouth and Waveney CCG in the past week to

be misleading. Mrs Robinson highlighted her concerns with the CCG's statement in relation to criteria used for a consultant-led service, as well as the perceived errors in patients described as being active, supported or undergoing treatment.

Mrs Robinson stated that the 'ME community' could not support further work with East Coast Community Healthcare (ECCH). She stated the 'ME community' had monitored ECCH using key performance indicators and other statistics obtained via Suffolk Commissioning. Mrs Robinson stated to the Committee that ECCH had recently reduced the service by refusing to give patients supported letters for benefits claims, contrary to advice from the Department for Work and Pensions and the Health Advisory Service. Mrs Robinson felt that ECCH had failed by giving preference to the more moderate cases and abandoning their severest.

Mrs Robinson reiterated her view that if a consultant was approached, funding could be cost neutral and would deliver a revised version of the NICE approach which was not currently being followed locally.

14. Declarations of Interest and Dispensations

There were no declarations made or dispensations given.

15. A&E Performance at James Paget University Hospitals NHS Foundation Trust

At Agenda Item 5, the Joint Committee received a suggested approach from the Scrutiny Officer at Suffolk County Council to a report by the James Paget University Hospital (JPUH) and the NHS Great Yarmouth and Waveney Clinical Commissioning Group (CCG) on Accident and Emergency (A&E) performance overall trends including any effects from the closure of the Greyfriars Walk-in Centre and GP practice.

The Chairman invited Joanna Fawcus, Associate Operations Manager (JPUH) and Cath Byford, Deputy Chief Executive (NHS Great Yarmouth and Waveney CCG) to the meeting and to introduce the report.

The Joint Committee heard that A&E performance had much improved over the past year, against a backdrop of increasing attendances. The emergency floor had been redesigned, moving the short stay unit to be co-located with the emergency department, to reduce a patient's length of stay. A GP assessment bay had been introduced, reducing waiting times for patients. A review of the processes surrounding diagnosis and treatment had also been undertaken.

The JPUH had started the 'red to green' programme, a national initiative to ensure efficient patient pathways, improving patient flow. This linked to other organisations such as Local Authorities who were involved in the process, and it had already made a difference in A&E.

In October, the GP streaming programme started, streaming patients with a minor injury or illness to either a GP or a Nurse Practitioner. Members heard this was working well with about 250 patients streamed since it started. Streaming was not meant to replace access to people's own GP, hence it had not been advertised to the general public. The purpose of streaming was to ensure that

A&E did not get clogged up with patients who should not really be in A&E. The CCG wished to reinforce the message that unnecessary presentation at A&E disadvantaged genuine cases.

Members heard the 'Care Home' programme had also recently been launched with partners, which looked at hospital admissions and included the 'red bag' programme; the bag would hold patient's medications, care plan, DNR status and so forth, improving patient experience and receiving quicker treatment plans.

This year, the JPUH received £1 million for the physical reconfiguration of the A&E department, with the ambulatory unit being updated first, increasing it in size to deal with the volume of patients being seen. This was consultant-led to 'right-size' the ambulance bays, and there was a joint pilot to have a multi-disciplinary team in A&E to assess the patient's needs; a lot of patients did not have medical needs, could be cared for at home, or cared for in 'beds with care'. Members were told that this was innovative work which helped to avoid unnecessary hospital admissions.

The JPUH had worked closely with the CCG on demand management of holiday makers over the summer period and it was successful – attendance was high however the hospital managed well. The summer campaign included use of Twitter and Facebook. One weekend there were 50,000 'shares' on Facebook and A&E attendance did reduce.

Members heard the Early Intervention Vehicle (EIV) would go live in November 2017; the car would have a Paramedic and an Occupational Therapist. An EIV pilot had been completed in Central Norfolk. Funding for the trial in Great Yarmouth and Waveney would come from the Sustainability and Transformation Partnership (STP).

There was some correlation between high levels of unnecessary A&E attendance and GP practices in 'special measures'. Increases in minor A&E attendance was much higher in Gorleston (5%) than in Yarmouth (1%). The CCG had invested heavily in primary care teams and targeted support. There were also geographic issues – it had to be easier for people to go to their GP.

With regard to primary care capacity for new housing developments, Members heard that in future the model should be around the team required, not just the GP, including Nurse Practitioner, Pharmacies and Mental Health Practitioners. It was noted that Local Development Plans were currently in consultation.

In response to questions about patients having to pay for prescriptions, and how the JPUH responded to comments received at its Feedback Centre, the witnesses agreed to provide the Joint Committee with some brief clarification.

Decision: The Joint Committee complimented the JPUH on the continued good A&E performance results and requested:

a) further information in six months (April 2018) on the results of the Early Intervention Vehicle (EIV) Pilot; to include input from the Ambulance Trust;

b) that the Joint Committee considered a potential future scrutiny item regarding the Local Development Plans in Great Yarmouth and Waveney.

Reason for decision: The Joint Committee formed the view based on the evidence it received.

Alternative options: There were none considered.

Declarations of interest: There were none declared.

Dispensations: There were none noted.

16. Out-of-Hospital Services

At Agenda Item 5, the Joint Committee received a suggested approach from the Scrutiny Officer at Suffolk County Council to a report by the NHS Great Yarmouth and Waveney Clinical Commissioning Group (CCG) updating the Committee on the Southwold and Reydon Community Integrated Care Team pilot, the out-of-hospital services for Halesworth, Bungay and Kessingland, and the overall number of beds-with-care that had been made available in Great Yarmouth and Waveney.

The Committee received evidence from Cath Byford, Deputy Chief Executive (NHS Great Yarmouth and Waveney CCG).

Members heard that the full business case for Out-of-hospital services across Great Yarmouth and Waveney was to be taken to the NHS Great Yarmouth and Waveney CCG Board on 30 November 2017. Financial constraints had meant that the out-of-hospital services had not been rolled out as originally envisaged. Members expressed disappointment as they had expected the out-of-hospital service in Halesworth to be in place to pick up what had stopped when the Patrick Stead hospital closed.

The Joint Committee were informed that it was the out-of-hospital team that had admission rights over the 'beds with care', which were just a transition arrangement, with length of stay ranging from a few days up to two weeks.

Members heard that there was significant focus by the CCG on improving 'End of Life' care. A specialist service was being planned for next year.

Members of the Joint Committee had visited the Kirkley Mill Health Centre earlier that morning which was hosted by Adele Madin (Executive Director of Adult Services, East Coast Community Healthcare) and Dr Paul Berry (Retained GP). Members were impressed with what they had seen, including the out-of-hospital service, however were disappointed that the GP surgery there had a poor rating. Members were told that the CCG had a plan for Kirkley Mill GP Surgery that would be announced in the next two weeks.

Decision: The Joint Committee requested:

a) that it looked again at this topic in October 2018; and

b) that it received a brief update on the Reydon care home plans.

Reason for decision: The Joint Committee formed the view based on the evidence it received.

Alternative options: There were none considered.

Declarations of interest: There were none declared.

Dispensations: There were none noted.

17. Information Bulletin

The Committee noted the information bulletin at Agenda Item 7.

In relation to ME/CFS, it was noted a consultant-led service was not possible however the NHS Great Yarmouth and Waveney CCG would continue to look at quality and improvement of the service and the Joint Committee would keep a 'watching brief' on this.

In relation to mental health services, it was noted that in addition to the Joint Health Scrutiny Committee looking at the NHS Norfolk and Suffolk Foundation Trust (NSFT) in February, the Norfolk Health Overview and Scrutiny Committee were scrutinising the NHS NSFT in December 2017, and Suffolk Health Scrutiny Committee would be looking at Child and Adolescent Mental Health Services within the NHS NSFT in January 2018.

18. Forward Work Programme

The Joint Committee received a copy of its Forward Work Programme at Agenda Item 8.

The Joint Committee agreed to the following additions and amendments:

<u>February 2018</u>:

a) A new item to look at NHS Gt Yarmouth and Waveney CCG Strategic Action Plans update (including out-of-hospital services).

b) The proposed item on Blood testing to be included as an Information Bulletin briefing.

<u>April 2018</u>:

c) A new item providing an update on the Early Intervention Vehicle (EIV) Pilot.

<u>July 2018</u>:

d) A new item to look at End-of-Life care.

e) A provisional new item to look at CCG Estate and NHS Property Plans, aligned with Local Development Plans.

<u>October 2018</u>:

f) A new item to provide an update on Out-of-Hospital Services.

<u>To be scheduled</u>:

g) An Information Bulletin item – Outcome of the Social Prescribing Pilot; and

h) To keep a 'watching brief' on ME/CFS services.

In addition, a further visit to the Dragonfly Unit, Carlton Colville, would be arranged for Members unable to attend previously.

The meeting closed at 12:27 pm.

Chairman