

Great Yarmouth and Waveney Joint Health Scrutiny Committee

Date: Thursday 6 July 2017

Time: 10.30 am

Venue: Claud Castleton Room (formerly conference room 1)
Suffolk County Council and Waveney District Council
Riverside Campus
4 Canning Road
Lowestoft, Suffolk, NR33 0EQ

Persons attending the meeting are requested to turn off mobile phones.

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.

Membership –

MEMBER

Jane Murray
Marlene Fairhead
Michael Ladd
Dr Nigel Legg
Richard Price
James Reeder

AUTHORITY

Waveney District Council
Great Yarmouth Borough Council
Suffolk County Council
South Norfolk Council
Norfolk County Council
Suffolk County Council

The members from Suffolk County Council and Waveney District Council are serving on a temporary basis subject to confirmation by Suffolk Health Scrutiny Committee on 12 July 2017.

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

Tim Shaw on 01603 222948
or email timothy.shaw@norfolk.gov.uk

1. Election of Chairman and Vice Chairman for 2017-18

The Committee is invited to elect a Chairman for the 2017-18 municipal year.

The Committee is invited to elect a Vice-Chairman for the 2017-18 municipal year.

2. Apologies for Absence and Substitutions

To note and record any apologies for absence or substitutions received.

3. Minutes

(Page 5)

To confirm the minutes of the meeting of the Great Yarmouth and Waveney Joint Health Scrutiny Committee held on 4 April 2017.

4. Public Participation Session

A member of the public who is resident, or is on the Register of Electors for Norfolk or Suffolk, may speak for up to 5 minutes on a matter relating to the following agenda.

A speaker will need to give written notice of their wish to speak at the meeting by contacting Tim Shaw at the email address above by no later than 12.00noon on 30 June 2017.

Contributions from the public will be taken in the order that they were received, unless the Chairman considers there is a more appropriate place on the Agenda for them to be taken.

The public participation session will not exceed 20 minutes to enable the Joint Committee to consider its other business.

This does not preclude a member of the public from indicating a wish to speak during the meeting and the Chairman will have discretion to decide how the Committee will respond to any such request.

5. 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

- your well being or financial position
- that of your family or close friends
- that of a club or society in which you have a management role
- that of another public body of which you are a member to a greater extent than others in your ward.

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

6. Services for children who have an Autistic Spectrum Disorder (ASD) (Page 13)

An update from the CCG and Norfolk and Suffolk Children's Services on progress with services for children with autism.

7. Information Bulletin

To note the written information provided for the Committee

- (a) Update on the implementation of changes to adult and dementia mental health services (Page 26)
- (b) Update on developments regarding out of hospital services for Halesworth, Bungay and Kessingland (Page 27)
- (c) ME / CFS (Myalgic Encephalomyelitis and Chronic Fatigue Syndrome) (Page 29)
- (d) Blood testing facilities in Lowestoft (Page 31)
- (e) Norfolk and Waveney Sustainability Transformation Plan - update (Page 33)

8. Forward Work Programme

To consider and agree the forward work programme and dates and times of future meetings. (Page 35)

9. Urgent Business

To consider any other items of business which the Chairman considers should be considered by reason of special circumstances (to be specified in the minutes) as a matter of urgency.

Glossary of Terms and Abbreviations

(Page 37)

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**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 24th 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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Services for Children who have an Autistic Spectrum Disorder

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

The Clinical Commissioning Group and representatives from service providers and the local authorities are invited to update the Joint Committee on plans for improvement of services for children who have an Autistic Spectrum Disorder.

1. Background

- 1.1 Great Yarmouth and Waveney Joint Health Scrutiny Committee (GY&W JHSC) last looked at this subject on 15 July 2016 when the following representatives from health and children's services attended:-

Cath Byford	- Deputy Chief Executive, NHS Great Yarmouth and Waveney Clinical Commissioning Group (CCG)
Michael Bateman	- Head of Education Inclusion Service, Norfolk County Council
Georgina Green	- Head of Service Development, Special Educational Needs / Alternative Provision, Children and Young People's Services, Suffolk County Council
Jan Welsh	- Head of County Inclusion Support Service, Suffolk County Council.

The committee also heard from Elizabeth Bushell, Autism Suffolk.

The report received by the Joint Committee on 15 July 2016 and minutes of the meeting are available through the following link (agenda item 6)

<http://norfolkcc.cmis.uk.com/norfolkcc/Meetings/tabid/70/ctl/ViewMeetingPublic/mid/397/Meeting/563/Committee/25/Default.aspx>

- 1.2 In July 2016 it was noted that GY&W CCG was working with the two county councils on an all age autism strategy. It was the CCG's intention to undertake a full clinical service review during the 2016-17 financial year and the autism pathway was to be part of that review. The ongoing difficulties in recruiting community paediatricians were to be addressed as part of the review and the CCG intended to examine how to develop an improved service to support families in the area who were awaiting assessment or needed support following diagnosis.
- 1.3 The Joint Committee was concerned that changes in commissioning arrangements across Norfolk and Suffolk meant that community paediatricians were no longer

able to request an educational psychology assessment and educational psychologists were no longer able to attend the multi-agency panels on a regular basis. This was because attendance at these meetings were classed as a 'traded activity' and unless funding was set aside to fund this activity current pathways for children who had ASD would struggle to become NICE (National Institute for Health and Care Excellence) compliant. There was also concern about the future funding of the Autism Suffolk Family Support Worker service

1.4 The Joint Committee agreed the following:-

- a. That the commissioners should visit Sunbeams Play, Great Yarmouth, during the community paediatric service review to hear the views of service users and staff.
- b. That during the community paediatric service review the commissioners should focus on designing services to meet the individual needs of the child and their parents.
- c. That there should be more joint working and sharing of best practice between the two counties across the GY&W area.
- d. That there should be more joined-up thinking and working together between agencies to close gaps in service provision.
- e. That the GY&W CCG and representatives from Norfolk and Suffolk County Council Children's Services attend in 12 months' time to update the Joint Committee on progress with services for children who have an autistic spectrum disorder.
- f. That the Chairman & Vice Chairman raise within their County Councils the need for improved resourcing of services for children with an autistic spectrum disorder, particularly in respect of early intervention.

1.5 In January 2017 the Joint Committee received an information bulletin from GY&W CCG about the autism Suffolk Family Support Worker service, for which the contract was due to end on 31 March 2017. Neither Suffolk County Council nor GY&W CCG were able to fund the service and the CCG reported the measures in place to address the likely impact on families:-

- A community paediatric review had been undertaken in 2016 with a skill mix review resulting in two health posts being recruited to. These roles included supporting families whose children had a diagnosis of autism or were being assessed by the team for autism.
- There was a voluntary sector contract in place with a remit is to run support groups for families whose children were awaiting assessment or had a diagnosis from the child development unit at Newberry (covering Waveney area). The voluntary sector were also offering positive behaviour support approaches to these families. Outcomes of this service were to be presented to the CCG at the end of March 2017.

- 1.6 On 28 June 2017 Suffolk Education and Children's Services Scrutiny Committee discussed Special Educational Needs and Disability (SEND) to gain an updated understanding of the Council's responsibilities, strategy and action plan in relation to SEND. The full report received by the committee is available on the Suffolk County Council website
http://committeeminutes.suffolkcc.gov.uk/searchResult.aspx?qry=c_committee~~Education%20and%20Childrens%20Services%20Scrutiny%20Committee
Agenda item 6, evidence set 3.

The wide-ranging SEND action plan includes some specific items regarding ASD, such as establishment of a County Inclusion Support Service that builds the capacity of teachers in mainstream schools to support pupils with ASD; extending the offer to pre-school and post 16 providers; undertaking a commissioning review across education, health and care of ASD services and support; and working to develop and establish a local pathway involving these services.

- 1.7 Parents in central Norfolk have raised with Norfolk Health Overview and Scrutiny Committee (NHOSC) members that access to sensory processing assessment in line with NICE Clinical Guideline CG128 (Sept 2011) 'Autism spectrum disorder in under 19s: recognition, referral and diagnosis' does not appear to be available in some areas. NHOSC is due to receive a report on children's autism and sensory processing assessment / therapy services across Norfolk, except for the Great Yarmouth area, on 20 July 2017.

2. Purpose of today's meeting

- 2.1 GY&W CCG and Norfolk and Suffolk County Councils' Children's Services have been asked to co-ordinate and provide the following information for the joint committee:-
- a. The outcome of the community paediatric review undertaken in 2016.
 - b. A description of the current service model and the currently commissioned services for children with autism, or awaiting a diagnosis, in the Great Yarmouth and Waveney area including the numbers and roles of all staff involved (i.e. referral, diagnosis, provision of treatment / care plan, and support for families).
 - c. Current staff vacancy levels within the services for children with ASD and their families.
 - d. Current numbers of children an autistic need in the Great Yarmouth and Waveney area and how it compares with 2016. (In July 2016 the commissioners reported that in the Great Yarmouth and Waveney area 541 young people had been diagnosed with ASD and there were 198 school aged young people under assessment and 42 pre-school children under assessment.)

- e. For both pre school and school aged children, the current waiting times between referral and assessment, and assessment and intervention compared with previous years. (In July 2016 the commissioners reported that a wait of less than 18 weeks from referral was being achieved).
 - f. Service user feedback since the service model changed.
- 2.2 GY&W CCG and Norfolk and Suffolk County Councils' Children's Services have provided the report at Appendix A and representatives have been invited to today's meeting to discuss the service.
- 3. **Suggested approach**
 - 3.1 It is suggested that members of the Joint Committee consider the attached reports and raise any outstanding questions or concerns. These may include:-
 - a. Steps to fill staff vacancies in services.
 - b. The outlook in terms of waiting times for assessment and services.
 - c. What is the local situation with regard to access to NHS sensory processing assessment in line with NICE Clinical Guideline CG128 (Sept 2011) 'Autism spectrum disorder in under 19s: recognition, referral and diagnosis'.
 - d. Progress in liaison between health, education and social care in the care and development of children with ASD.
 - e. What more can be done to support inclusion of children and young people with ASDs in local schools and colleges?
 - f. Support for young people as they make the transition from school to further education, training or employment post 16 or post 18 (particularly Looked After Children and young people who may not have received a formal diagnosis of autism while at school).



Briefing for Great Yarmouth and Waveney Health Overview and Scrutiny Committee: Services for children who have an Autistic Spectrum Disorder (ASD).

Introduction and Background

At their meeting on 15 July last year the HOSC requested a number of actions be carried out by the CCG and both Norfolk and Suffolk County Council's. This paper provides an update on those actions and improvements to the Autistic Spectrum Disorder (ASD) service for children across Great Yarmouth and Waveney.

Since the last meeting when the HOSC raised concerns about the service the CCG has listened to those concerns and a number of improvements have been made to the ASD service provided at the Newberry Child Development Centre in Gorleston. Previously the service was consultant-led and with difficulties recruiting to consultant paediatrician posts nationally which were reflected locally this meant that there were long waiting times for patients for a first assessment.

The CCG has now carried out a review of the skill mix within the community paediatric team and the JPUH and Norfolk and Suffolk NHS Foundation Trust (NSFT) have developed a neurodevelopmental assessment clinic for under five year olds. This new service carries out multi-disciplinary assessments using NICE guidance to make a diagnosis if appropriate. The new service has helped to shorten the waiting times for patients and we are continuing to work on this to bring them down further.

The staff are also able to offer support to families that are currently going through the assessment process which can take a long period of time for some children, because the needs of children with ASD can be so diverse.

Another key improvement has been the establishment of a new parent carer forum. The CCG has worked with the community paediatricians at the James Paget University Hospitals NHS Foundation Trust (JPUH), the National Autistic Society, voluntary organisations, parents and carers to establish the new forum which will meet quarterly and help to embed the parent and carer voice into any developments around the ASD service.

The aim of the Children's and Families Act 2014 is to ensure that all statutory agencies work in a more collaborative way to meet the needs of children who have special education, health and care needs. The CCG and both County Councils are working together to improve services for children with ASD.

Specific areas that each organisation has responsibility for includes:

Clinical Commissioning Groups (CCG) are responsible for commissioning the diagnostic pathway for Autistic Spectrum Disorders (ASD).

Local Authority education services are responsible for ensuring that young people who have ASD receive the appropriate education at school and college and for ensuring families receive the support required to enable them to care for their child.

Children's Services has responsibilities for children with special educational needs, including ASD, specifically in relation to the assessment of individual children through Education Health & Care Plans and to have a sufficiency of specialist provision; however, from early years through to post 16 the prime responsibility for educational outcomes is with individual early years settings, schools and colleges. Children's Services Early Help and Social Work responsibilities are to ensure that families receive the support required to enable them to care for their child

Actions requested by the joint committee in July 2016 for GYWCCG:.

NHS Great Yarmouth and Waveney response:

Agenda Item 1.4

- a) Commissioners should visit Sunbeams Play Great Yarmouth, during the community paediatric service review to hear the views of service users and staff.**

A visit to Sunbeams Play was undertaken by the Head of Children, Young People and Maternity services and the Designated Clinical Officer in 2016 and following this meeting the staff at Sunbeams were invited to the first parent/carer forum which has been established at Newberry Child Development Centre. It was felt important that the staff have a voice at the forum so that they are able to engage with development in services.

- b) That during the community paediatric service review the commissioners should focus on designing services to meet the individual needs of the child and their parents.**

The proposed joint pathway for children with ASD was presented to the first meeting of the parent/carer forum and received very positive feedback from the members. This was a vital part of ensuring that the parent, carer and staff voice was part of the development of the new pathway.

- c) That there should be more joint working and sharing of best practice between the two counties across the Great Yarmouth and Waveney area.**

Since the last meeting closer working has taken place to ensure that CCG is working alongside Suffolk and Norfolk County Councils to implement the work around special educational needs and disabilities (SEND) reforms. This includes sharing best practice and learning points across both systems. There are a number of integrated meetings established within both counties which include representation from health bodies including CCGs, local authorities, voluntary sector organisations, carer forums and individuals with lived experience. The Designated Clinical Officer for Norfolk and Waveney attends such meetings and groups in both Suffolk and Norfolk in order to share information and best practice across counties. The director lead for Great Yarmouth and Waveney CCG attends

strategic groups across both counties and this enables more joined up working. Weekly contact via teleconference has been established between the Suffolk CCG leads.

Agenda Item 2.1

a) Outcome of the community paediatric review.

The community paediatric review undertaken in 2016 was very positive and there was good engagement with all providers. This has resulted in a review of the referral process, a skill mix review and greater collaboration between (NSFT) and (JPUH) staff so that all new referrals are jointly triaged now and the young person is allocated to the appropriate service. This will ensure that young people are not waiting inappropriately on the wrong waiting list and can be referred to the appropriate services.

b) A description of the current service model and the currently commissioned services for children with autism, or awaiting a diagnosis, in the Great Yarmouth and Waveney area including the numbers and roles of all staff involved (i.e. referral, diagnosis, and provision of treatment / care plan, and support for families).

The new service has been implemented and a draft joint pathway was shared and discussed at the parent forum in February 2017. Following feedback this pathway is being discussed with providers and will be available on the 'local offer' for families following completion of contract negotiations. A copy of the draft joint pathway can also be made available to committee members if required.

The proposed pathway consists of referrals being sent to one point across Great Yarmouth and Waveney. There has been work with partner agencies to ensure that there is more robust information available at the point of referral so that appropriate clinical decisions can be made. Referrals are then jointly triaged by the paediatrician and mental health staff and if an appointment is required this is arranged with the appropriate agency. If an appointment is not required then the referrer is given information about other services that may be able to assist.

Where an ASD assessment is required for children aged over five years, this is undertaken by a Great Yarmouth and Waveney multi-disciplinary group consisting of a paediatrician, a speech and language therapist and a psychologist. (Great Yarmouth and Waveney diagnostic forum) This is the same as previous pathway with the exception that schools now have to provide an educational psychology report before referring to the community paediatric service and this is then considered at the multi-disciplinary group. Children under five years of age attend the new neurodevelopmental assessment clinic where joint assessments by the paediatrician, speech and language therapist and psychologist are undertaken. Following assessment feedback is given to families face to face. Follow up is then arranged by the community paediatric team.

The CCG has also continued to commission Family Action, a voluntary sector organisation to provide positive behaviour support programmes and support for families awaiting a diagnostic assessment or following a diagnosis.

c) Current staff vacancy levels within the services for children with ASD and their families.

Following the review and in order to address the national workforce issue with regard to community paediatric services, paediatricians now work across the acute and community setting. This ensures greater continuity of care for the children and looking to reduce the number of appointments for families in the future. It is also hoped hoping that this will attract more doctors into the paediatric services. The local acute trust has also been able to recruit a very experienced community paediatrician into the team and her knowledge and experience is proving to be very beneficial for staff and families. The neurodevelopmental assessment clinic now has speech and language and psychology input as these staff have been recruited to the team and a greater skill mix is now provided.

As with all services there will be vacancies from time to time but the move to a skill mix service means that the team are better able to cope with any vacancies which may arise.

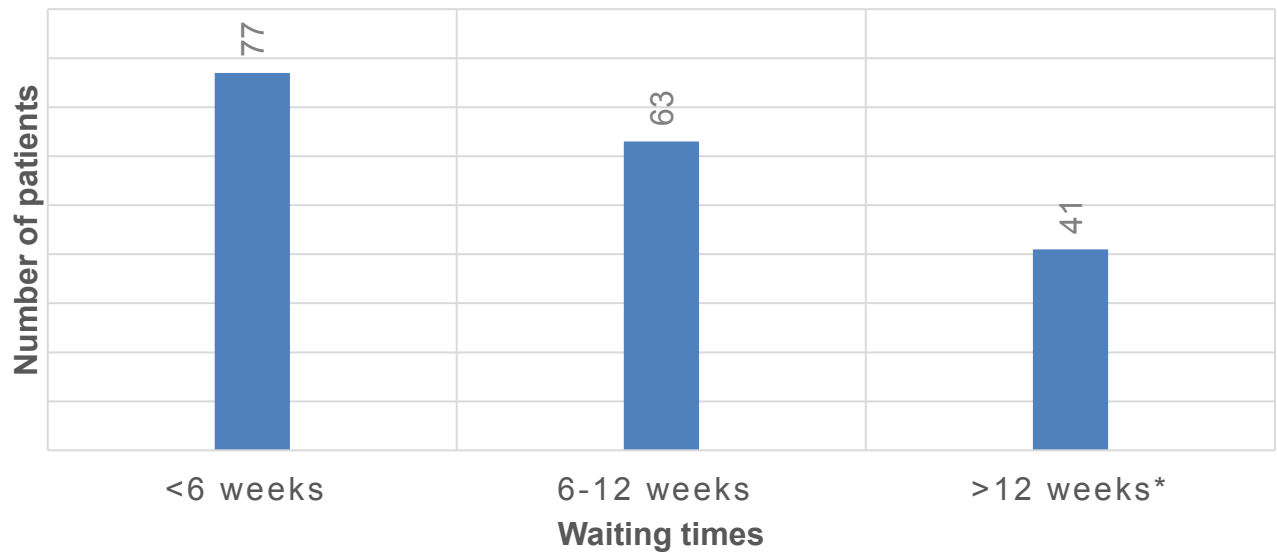
d) Current numbers of children with an autistic need in the Great Yarmouth and Waveney area and how it compares with 2016. (In July 2016 the commissioners reported that in the Great Yarmouth and Waveney area 541 young people had been diagnosed with ASD and there were 198 school aged young people under assessment and 42 pre-school children under assessment.)

For clarification the previous number of 541 as stated above was the total number of children diagnosed with ASD between 2009-2015, in the Great Yarmouth and Waveney area.

The current number of children (aged 0-18 years) who have an ASD diagnosis in Great Yarmouth and Waveney is 322.

	The number of new ASD diagnosis for the period January – December 2016	The number of new ASD diagnosis for the period January – June 2017	Total
Waveney	44	25	69
Great Yarmouth	53	29	82
Total	97	54	151

**Children awaiting ASD assessment first
appointment (age 0-18 years)
22/06/2017**



*this will include patients who have DNA'd or cancelled their appointment

- e) For both pre-school and school aged children, the current waiting times between referral and assessment, and assessment and intervention compared with previous years. (In July 2016 the commissioner's reported that a wait of less than 18 weeks from referral was being achieved).**

For new referrals to first clinic appointment the wait is currently 12 weeks and this is an improvement on previous referral times. Currently the longest wait for first appointment will be 17 weeks by the time the child is seen on 3rd July. An earlier appointment was arranged for May 2017 however this was unfortunately cancelled at short notice due to sickness of the clinician but immediately rearranged to a mutually convenient date and time.

Joint work between GP referrers and the service has led to the development of clear guidelines for referral. This means that children with the greatest need for assessment can be clearly identified and those who can be seen by other more appropriate services are directed to the correct support.

Sometimes fewer appointments/assessments are required to determine whether a young person has a diagnosis or not before feedback meetings can be arranged with families. Other children require a longer period of assessment before feedback meetings can be arranged. The wait times for meetings with families to give diagnosis and assessment feedback at the time of the last report to the committee were in excess of a year, these have now reduced to around eight months. Families also now have the support of the neurodevelopmental assessment team and the voluntary sector provider whilst assessments are being undertaken. This is receiving positive feedback from families to date.

The Children's and Families act 2014 is clear that all services including those provided by the local authority, education and health must be needs led rather than parents having to rely on a diagnosis to access the appropriate support required.

f) Service user feedback since the service model changed

As stated previously the new service provision and draft joint pathway has been discussed with the parent/carer forum in February 2017 which was very positive. At a recent programme board meeting parents reported positive feedback and this service will continue to receive service user feedback via the parent/carer forum at the Newberry child development unit. The CCG now needs to agree the service specification and complete contractual requirements.

Next Steps

- Continue with the implementation of the Children and Families Act 2014 working with both local authorities.
- Implement the recommendations following the recent Suffolk special education needs and disabilities (SEND) inspection.
- Agree new pathway and service specification with providers and continue to monitor and improve the services taking into account the views of the new parent carer forum from September onwards.

Response from Norfolk County Council

In the autumn term of 2016 the Head of Education Inclusion Service visited Sunbeams to discuss concerns about the lack of inclusive practice within some schools as experienced by families. A commitment was made to include Sunbeams in a new development known at the 'inclusion barometer', which was planned to be a way to determine objectively which schools were being inclusive and those that were not. Due to the long term sickness of our Senior Adviser for SEN there have been delays in taking this joint working forward, however, our SEN Adviser has now been working with Sunbeams and a follow up meeting is planned for July. Our commitment remains to include Sunbeams and other parent/carer groups in our ongoing development of a 'Virtual School for SEN'; championing the needs of children and actively supporting and challenging schools to improve their inclusive practice.

Question 2. A description of the current service model and the currently commissioned services for children with autism, or awaiting a diagnosis, in the Great Yarmouth and Waveney area including the numbers and roles of all staff involved (i.e. referral, diagnosis, and provision of treatment / care plan, and support for families).

There is a Specialist Resource Base for ASD hosted by Edward Worledge Primary School in Great Yarmouth offering ten places. John Grant complex needs school, in Caister, has 140 pupils many of whom have ASD as their main type of SEN. We are currently investing capital and revenue resources in John Grant to ensure that a cohort of pupils with ASD who are moving into their post 16 provision in September can have specific facilities and teaching support.

Question 6. Service user feedback since the service model changed

The Norfolk Area SEND Multi-Agency Group operates on a joint / co-production model and is co-chaired by a Parent/Carer, Children's Services and Clinical Commissioning Group. Family Voice Norfolk carry out an annual survey of families across the county; within their most recent report it was confirmed that of the 88 parents who took part ASD was the main presenting need of their children. Their report to the group illustrated that issues relating to ASD were apparent within key areas of concerns, whether in relation to how inclusive schools were, how support was provided before and after diagnosis and also in relation to awareness raising and training of all those who work within services. The response to these issues continues to be the focus of the partnerships work as part of our ongoing implementation of the SEND reforms in the Children & Families Act 2014.

Within Norfolk there is an All Age ASD Partnership Board and a revised strategy is being developed in response to recent consultations and working groups to determine key issues; transition to adulthood and awareness and training have been key themes that have emerged and will be taken forward as part of the new strategy.

Response from Suffolk County Council: Progress with services for children who have an Autistic Spectrum Disorder

Since the last scrutiny committee meeting, Suffolk's County Inclusive Resource (CIR) and Behaviour Support Service (BSS) have merged to become one new service, The County Inclusion Support Service (CISS).

The County Inclusion Support Service (CISS) is a Suffolk County Council outreach service for Suffolk mainstream schools seeking additional support for pupils with: a diagnosis of ASD, traits of ASD but no diagnosis, social and communication difficulties, social, emotional and mental health difficulties and all associated behaviours.

The key focus for the service is to maintain school placements, working with schools to build understanding and the capacity to manage their own effective inclusion for SEND pupils.

CISS Teachers and Inclusion Practitioners, who all have significant experience in classroom practice, draw on a wide variety of skills and strategies to work flexibly and in close partnership with school staff. CISS staff take an individualised approach to pupils' needs, working directly with the pupils, modelling strategies to school staff and offering advice and guidance to ensure the best outcomes for them.

There is a CISS core offer for which there is no additional charge to schools. For a referral to be accepted there must be clear evidence that the pupil's placement is highly vulnerable. For example, they may be at risk of permanent exclusion or school refusal. If the referral is accepted, the pupil remains on CISS caseload until the end of Year 11. Input from CISS may vary over time according to the need of the pupil.

In addition to the core offer there is a CISS traded offer.

There are two aspects to the traded offer: an annual package of support and CPD for school staff:

- An annual package consists of half a day (three hours) CISS support per fortnight. CISS staff will consult closely with school staff about how best to utilise the time allocated through the annual package, so that it is tailored to meet the needs of the school and their pupils.
The time could be used to supplement the core offer outlined above, to work with pupils who are not on CISS caseload, to provide early intervention and to provide consultation, advice and guidance.
- CISS Teachers can offer CPD for school staff. CPD sessions will be developed in consultation with key school staff so that the sessions are bespoke to the particular needs of the school staff attending the training.

In line with Suffolk's SEND Action plan in June 2017 future development of CISS will focus on:

- Establishing a well understood and robust approach to 'challenge and supporting' mainstream schools regarding their inclusive practice.
- Developing a greater focus on early intervention work.
- Developing a Pre School and Post 16 traded offer

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Support for young people as they make the transition from school to further education, training or employment post 16 or post 18 (particularly Looked After Children and young people who may not have received a formal diagnosis of autism while at school).

Currently CISS staff support pupils from year R to year 11. Throughout the time that a pupil is on CISS caseload staff will work, in partnership with school staff, with the pupil about plans for their future beyond school. The level of involvement of CISS staff with this work will vary according to the needs of each individual pupil.

CISS staff, in partnership with school staff, will prepare pupils for next steps, whether that be in Further Education, training or employment post 16. CISS staff will advise school staff on appropriate transition arrangements that should be in place and in some instances will visit the new setting with the pupil.

At the moment, CISS do not work directly with pupils or staff in post 16 settings. However, a post 16 traded offer will be in place by December 2018.

Information Bulletin

The Information Bulletin is a document that is made available to the public with the published agenda papers. It can include update information requested by the Committee as well as information that a service considers should be made known to the Committee. The items are not intended for discussion at the Committee meeting.

If there are any matters arising from this information that warrant specific aspects being added to the forward work programme or future information items, Members are invited to make the relevant suggestion at the time that the forward work programme is discussed.

This Information Bulletin covers:-

- (a) **Update on the implementation of changes to adult and dementia mental health services**
 - (b) **Update on developments regarding out of hospital services for Halesworth, Bungay and Kessingland**
 - (c) **ME/CFS (Myalgic Encephalomyelitis and Chronic Fatigue Syndrome)**
 - (d) **Blood testing facilities in Lowestoft**
 - (e) **Norfolk and Waveney Sustainability Transformation Plan - update**
-

Info bulletin (a)

Update on changes to adult and dementia mental health services

Information bulletin provided by the Locality Manager, Norfolk and Suffolk NHS Foundation Trust, 23 June 2017:-

The Norfolk and Suffolk Mental Health Trust have given regular updates to the Joint Health Scrutiny Committee following HealthEast's public consultation on mental health services during 2014.

The Joint Health Scrutiny Committee visited Great Yarmouth and Waveney Acute Services at Northgate Hospital on 4th March 2016. Following this on 15th July 2016 NSFT presented a paper to the JHSC to update the members on overall progress in implementing the changes to adult and dementia mental health services. The members were also interested in progress in establishing the Dragonfly Unit (children's tier 4 service) at Carlton Court and subsequently visited the new unit.

The GYW Acute Services continues to deliver services in line with the new service specification including 20 acute assessment beds, Crisis Resolution and Home Treatment Team and the Section 136 Suite.

The ward has successfully implemented a two year Safewards programme which is a nationally recognised model which promotes service user and staff engagement in reducing conflict and containment. This has led to a reduction in restraints and other interventions on the ward. Alongside this the Occupational Therapy programme and newly established gym have supported this improvement.

The Section 136 Suite has been provided with new furniture in line with updated CQC guidelines. Privacy screening around the entrance and parking area has also been put in place.

The dementia pathway also continues to provide the service in line with the new service specification including the GYW Dementia Intensive Support Team and assessment beds at the Julian Hospital. In 2016 NSFT undertook a bed capacity review, Simulation Modelling of Mental Health services and AMHP service. This will inform the proposal for access to additional dementia assessment beds and address spikes in demand.

NSFT continues to report weekly to GYW CCG on admissions, discharges, length of stay, delayed transfers of care and Out of Area placements. Quality and safety of services is monitored by the monthly CCG Clinical Quality Review Group.

The Care Quality Commission will be inspecting services in NSFT from 10th July 2017.

Briefing for Great Yarmouth and Waveney Health Scrutiny Committee: Update on developments regarding out of hospital services for Halesworth, Bungay and Kessingland

Background

Out of hospital services were introduced in 2014, as a new way of providing services for people closer to home. This followed two extensive public consultations (Lowestoft Services and Shape of the System) around the vision:

To provide individual care for patients at home whenever it is safe, sensible and affordable to do so using integrated health and social care teams

Expected benefits included:

- Reduced emergency admissions
- Reduced length of stay in acute and community hospitals
- Improved patient experience and outcomes
- Elimination of overlaps across service provision

Out of hospital services were introduced in Lowestoft in April 2014 with a 24/7 team and five beds with care in a nursing home. Beds with care changed to a residential care home setting in April 2015, where they continue to be provided. These changes were discussed in detail as part of the public consultation on developing exceptional and sustainable health services in Lowestoft which ran in 2013 and saw the closure of GP beds in Lowestoft Hospital.

Out of hospital services were introduced in Great Yarmouth and the northern villages in April 2015 and seven beds with care commissioned from December 2015 across two residential care homes. The new services enabled the closure of the GP beds within Northgate Hospital

A service provided by the local GP practice has been delivered in Southwold and Reydon since April 2016 and caters for the local population.

South Waveney out of hospital services

The CCG has continued to engage in dialogue with providers (ECCH and local practices) around the roll-out of out of hospital teams to remaining areas across Great Yarmouth and Waveney (Beccles, Bungay, Kessingland and Halesworth) in line with its commitment to develop locally appropriate services

The timeline for Beccles, Bungay, Kessingland and Halesworth is shown below:

- May 2016 - agreement with ECCH and local practices on a proposed clinical and staffing model based on the expansion of the Lowestoft OHT, to be able to outreach to Beccles, Bungay and Kessingland
- May 2016 – “pause” in the Shape of the System was agreed (and communicated with partners and providers) by the CCG’s Executive Team to allow for financial assurance process around the Shape of the system finances to take place
- June 2016 – CCG’s Clinical Executive Committee considered options for the provision of out of hospital services for Beccles, Bungay, and Kessingland and agreed a clinical and staffing model for the extension of the Lowestoft Out of Hospital Team and Waveney Admission Prevention Service
- September 2016 – CCG communicated to partners/providers that planned roll-out of out of hospital services to Beccles, Bungay, Kessingland and Halesworth would not take place in 2016/17 financial year due to CCG’s financial position, being unable to commit to the recurrent funding required to support this.
- March 2017 – CCG’s Governing Body decided that given the changes in the landscape across the CCG and the increase in demand for urgent and emergency care since out of hospital services were first set up that there should be a full review of all services. This would provide assurance around the finances, data, capacity and outcomes of the current models to inform future service development.
- April 2017 – work commenced with the Cutlers Hill practice to develop a model for out of hospital services appropriate to the local population. The outcome will be presented within the governing body paper following the review.

Review Plan

The plan is being led by the CCG with clinical support from Retained GPs. The review will be carried in partnership with ECCH, JPUH, Primary Care and Local Authorities to ensure that we benefit from the extensive data, operational and patient experience available across the system and share in their ideas for future opportunities and development of the services.

The review is underway and the Governing Body will be updated during July on progress. The final review report will present options and recommendations to the governing body to roll out services to the remainder of the population of Great Yarmouth and Waveney. The intention is to ensure all services are in place to support winter planning. At the present time out of hospital services are available to 80% of the population in Great Yarmouth and Waveney.

The outcomes of the review will also provide a baseline to inform planning the medium and longer term commissioning strategy for community and out of hospital services to ensure that the future needs of Great Yarmouth and Waveney population are met and are aligned to the wider Sustainability and Transformation Plan, Five Year Forward View and GP Forward View.

Fran O’Driscoll, Director of Partnership and Delivery

Update for Great Yarmouth and Waveney Health Scrutiny Committee: ME/CFS

The Myalgic Encephalomyelitis and Chronic Fatigue Service (ME & CFS) is commissioned by the seven CCGs in Norfolk and Suffolk and is provided by East Coast Community Healthcare (ECCH). Ipswich and East Suffolk CCG is currently the lead commissioner for the service, responsible for working in partnership with the other CCGs in Norfolk and Suffolk and the ME & CFS User and Patient Group to support the development of the service.

ECCH provide a multi-disciplinary specialist service to assess, diagnose and advise on the clinical management of ME/CFS to adult and paediatric patients across Norfolk and Suffolk. There are approximately 1400 active patients undergoing treatment. The team consists of general practitioners with specialist interest in ME/CFS (GPsWI), occupational therapists and physiotherapists. The initial assessment of patients to confirm diagnosis is carried out by therapists or, in more complex cases, the GPsWI. As per other services in Essex, Peterborough and Cambridgeshire, the service is a non-prescribing outpatient service with therapy-led treatments: there is no consultant leading the service.

In the summer of 2015, six CCGs in Norfolk and Suffolk commissioned a review to be completed by a specialist ME/CFS consultant to review the options to develop a consultant led service for this group of patients across Norfolk and Suffolk. This report was completed and shared with the CCGs including Great Yarmouth and Waveney CCG in December 2016.

Following that report on Monday 13 March 2017 all of the Norfolk and Suffolk CCGs met to agree next steps.

It was agreed that the commitment to deliver a consultant led service had been made by the CCG's predecessors, NHS Norfolk and NHS Suffolk, and that the CCGs would like to explore this option further.

A number of criteria for a new service were agreed:

- 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.

Suffolk CCG agreed to carry out a market test process to explore whether or not there would be a provider for a consultant-led service which would be delivered to the criteria above.

Three organisations have now expressed an interest in providing the service and the next step will be to invite them to an informal interview. These interviews are currently being planned for July, and will consist of a joint panel of commissioners with patient and carer input.

Once the interviews are completed the CCGs will meet again to discuss the outcome before each CCG makes a decision on the future provision of the service.

The HOSC has asked that the CCGs start to look at what alternatives there could be if the exercise to find a consultant-led service is not successful. At this stage the CCGs have decided that the focus should be on working with the patient and carers to see if a consultant-led service is viable.

If, after the interviews are completed and the service does not look viable there are a number of options that the CCGs could consider:

- Continue with the current service provided by ECCH and work with patients and carers to address any issues or concerns around the current service.
- Re-procure a service which is not consultant-led and involve patients and carers in developing the specification for the new service.

Cath Byford
Deputy Chief Officer

Info bulletin (d)



Briefing for Great Yarmouth and Waveney Health Scrutiny Committee: Blood testing facilities

Blood testing facilities across Great Yarmouth and Waveney are provided in a number of different ways.

In Great Yarmouth phlebotomy services are generally provided by GP practices who have set up their own clinics to match demand within their practices.

In Waveney the James Paget University Hospitals NHS Foundation Trust (JPUH) run the following community clinics:

Location	Service provided
Hemsby/Martham	8.30 – 1 Monday 8.30 – 12.30 Tuesday and Thursday
Solebay, Reydon	Monday to Friday 8.30 – 11.30
Kessingland	Monday to Thursday 9 - 12
Halesworth	Monday to Friday 8.30 – 12.30
Bungay	Monday to Friday 8.30 – 12
Beccles	Monday to Friday 8.30 – 12
Lowestoft Alexandra Road	Monday and Wednesday 8.30 – 2.30
Lowestoft Crestview	Tuesday, Thursday and Friday and Friday – 8.30 – 2.30
Lowestoft Kirkley Care Clinic	Monday to Friday 8.30 – 3.00

In September last year the JPUH served notice on this service. It has now been agreed that the JPUH will continue to provide the service until 30 March 2018 so that the CCG can commission a replacement service from an alternative provider. As part of that work the CCG will be looking at how the service can be provided equitably across the whole of Great Yarmouth and Waveney.

Phlebotomy services for house bound patients are provided by the District Nursing team through East Coast Community Healthcare. The JPUH also provide a drop in facility at the hospital which operates Monday to Friday 8.00am until 4.45pm.

In December the JPUH had to relocate the phlebotomy services that they provide in Lowestoft from Lowestoft Hospital after a water mains burst meant that the site was no longer suitable.

The new service is a booked appointment service which is being operated from Kirkley Care Clinic, Alexandra Road and Crestview surgeries. Since the service was moved the CCG has not received any formal complaints about the service but we have received 17 enquiries to our Patient Advice and Liaison service (PALS).

The queries mostly related to access to the service and inability to book an appointment over the phone. This was initially a problem whilst patients transferred from a drop in service at Lowestoft hospital to a booked service at the three practices. Patient communications were distributed and put up regarding the new booking process. Initially most patients were trying to call through in the morning, which caused capacity issues on the booking line.

A subsequent message was put onto the phone line asking them to call back or wait in the queue. There haven't been any queries or complaints since the initial problems and feedback from the practices is that the booking process is working better.

Cath Byford
Deputy Chief Officer

Information bulletin (e)

Norfolk and Waveney Sustainability Transformation Plan (STP) – update

On 26 April 2017 Norfolk Health and Wellbeing Board received an update on Norfolk and Waveney STP:-

<http://norfolkcc.cmis.uk.com/norfolkcc/Meetings/tabid/70/ctl/ViewMeetingPublic/mid/397/Meeting/585/Committee/39/Default.aspx>

The report outlined the main focus for ‘service shifts’ within each of the four delivery workstreams. In summary:-

- **Prevention, Primary & Community Care** – work on a number of areas including optimal integrated care models known as Multispeciality Community Providers by locality. This involves groups of GPs combining with other services such as community health services, pharmacists, mental health and social care.
- **Acute Care** – moving services out into the community, e.g. Ear, Nose and Throat, Dermatology and Maternity, where there will be a focus on moving 25% of births into the community by 2021. Further collaborative work across the 3 acute sites, e.g. for Radiology and Cardiology.
- **Demand Management** – improved management of planned care driven by close, collaborative working across the 3 acute hospital sites, to support reduced urgent and emergency activity and reduced length of stay.
- **Mental Health** – supporting community and primary care to provide mental health support at an early stage, increasing community based treatment for children and young people and dementia. Redesign of the Crisis Pathway to better access care in the community.

Norfolk and Waveney has secured Transformation Funding of £485k for work around A&E Mental Health Liaison. Work around peri-natal mental health (supporting women with post-natal depression and pre-birth depression) has secured funding nationally.

Jane Harper-Smith, Director of the Norfolk and Waveney STP programme presented the report to the Health and Wellbeing Board and informed the Board that a Communications & Engagement Lead (Rebecca Driver from Great Yarmouth and Waveney CCG) had been appointed and was working on the approach to engagement and consultation.

It was announced on 12 June 2017 that Patricia Hewitt, former Secretary of State for Health, has been appointed as the independent Chair of Norfolk and Waveney STP.

Healthwatch Norfolk has arranged a 'Question Time' style public meeting on behalf of the STP Executive Board between 6.00 – 8.00pm on Monday 17 July 2017 at Blackfriars Hall, Norwich. It is intended that the event will be restricted to no more than 250 residents. Tickets can be booked through the Eventbrite website <http://bit.ly/2rdpHQb>

Norfolk Health Overview and Scrutiny Committee (NHOSC) approved draft terms of reference for a potential joint health scrutiny committee with representatives from Suffolk Health Scrutiny Committee (HSC) in the event of a consultation that covers the Norfolk and Waveney footprint, or a section of it that cannot be fully covered by either NHOSC or Great Yarmouth and Waveney Joint Health Scrutiny Committee. Suffolk HSC is due to receive the draft terms of reference for approval at its meeting on 12 July 2017.

As yet there are no indications of specific proposals for changes to services that would require consultation with health scrutiny.

Date: 6 July 2017
Item no: 8

Great Yarmouth and Waveney Joint Health Scrutiny Committee

ACTION REQUIRED

Members are asked to suggest issues for the forward work programme that they would like to bring to the committee's attention. 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.

Forward Work Programme 2017-18

Meeting date & venue	Subjects
Friday 20 October 2017 Riverside, Lowestoft	<u>A&E performance at James Paget University Hospitals NHS Foundation Trust</u> To examine:- <ul style="list-style-type: none"> • overall trend of A&E performance • an analysis of the effects of the Greyfriars Walk-in Centre and GP practice closure on JPUH A&E after the summer period, including analysis of visitor attendance at A&E as well as resident analysis <u>Out-of-hospital services</u> <ul style="list-style-type: none"> • Outcome of the review of the Southwold and Reydon Community Integrated Care Team pilot • Update on developments regarding out-of-hospital services for Halesworth, Bungay and Kessingland.
Friday 2 February 2018 Riverside, Lowestoft	
Friday 13 April 2018 Riverside, Lowestoft	<i><u>Information Bulletin item – Update on Implementation of the Transforming Care Programme for people with learning disabilities and / or autism</u></i>

Friday 13 July 2018	
Riverside, Lowestoft	

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

Items for consideration / scheduling:

Visit to Norfolk and Suffolk NHS Foundation Trust's (NSFT) Dragonfly Unit, Carlton Colville (the children's in-patient unit).

Great Yarmouth & Waveney Health Overview and Scrutiny Committee
6 July 2017

Glossary of Terms and Abbreviations

A&E	Accident And Emergency
AMHP	Approved Mental Health Practitioner
ASD	Autistic Spectrum Disorders
BSS	Behaviour Support Service
CCG	Clinical Commissioning Group
CFS	Chronic Fatigue Syndrome
CIR	County Inclusive Resource
CISS	County Inclusion Support Service
CPD	Continuing Professional Development
CQC	Care Quality Commission
DNA	Did not attend
ECCH	East Coast Community Healthcare
GP	General Practitioner
GPwSI	GP with special interest
GY&WCCG	Great Yarmouth And Waveney clinical commissioning group
GY&W JHSC	Great Yarmouth and Waveney Joint Health Scrutiny Committee
HOSC	Health Overview and Scrutiny Committee
HSC	Health Scrutiny Committee
JPUH	James Paget University Hospital
ME	Myalgic Encephalomyelitis
NHOSC	Norfolk Health Overview and Scrutiny Committee
NICE	National Institute for Health and Care Excellence
NSFT	Norfolk and Suffolk NHS Foundation Trust (the mental health trust)
OHT	Out of hospital team
PALS	Patient Advice and Liaison Service
Year R	Reception
SEN	Special Educational Needs
SEND	Special Educational Needs and Disabilities
STP	Sustainability Transformation Plan