Great Yarmouth and Waveney Joint Health Scrutiny Committee

Date: **Wednesday 8 October 2014**

Time: **10.30 am**

Venue: **Supper Room, Town Hall, Great Yarmouth Borough Council.**

Persons attending the meeting are requested to turn off mobile phones. A car parking pass for use by Members and Officers attending the meeting is enclosed with the agenda.

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	AUTHORITY
Colin Aldred	Norfolk County Council
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

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.	**Apologies for Absence and Substitutions** To note and record any apologies for absence or substitutions received.	
2.	**Minutes** To confirm the minutes of the meeting of the Great Yarmouth and Waveney Joint Health Scrutiny Committee held on 23 July 2014.	Page 5
3	**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 12.00 noon on Thursday, 2 October 2014. 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.	
4	**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.	
5.	**Adult and dementia mental health services in Great Yarmouth and Waveney** To receive the CCG's decisions regarding adult and dementia mental health services in Great Yarmouth and Waveney.	(Page 11)
6.	**NHS Great Yarmouth and Waveney CCG Five year Plan for Achieving Health and Care Integration** A presentation by Great Yarmouth and Waveney CCG.	(Page 59)
7.	**Information Items** These items are not intended for discussion at the Committee meeting. Further information may be obtained by contacting the named officer for each item. 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.	(Page 63)
8.	**Forward Work Programme** To consider and agree the forward work programme.	(Page 73)
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.	
10.	**To Note Dates For Future Meetings** Future meetings are scheduled for: 10.30 am 6 February 2015 10.30 am 8 April 2015	
11.	**Glossary of Terms and Abbreviations**	(Page 74)

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Date Agenda Published: 30 September 2014

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GREAT YARMOUTH AND WAVENEY JOINT HEALTH SCRUTINY COMMITTEE
MINUTES OF THE MEETING HELD ON 23 July 2014

Present:

Colin Aldred	Norfolk County Council
Alison Cackett	Waveney District Council
Michael Carttiss (elected Chairman during the meeting)	Norfolk County Council
Michael Ladd	Suffolk County Council
Bert Poole	Suffolk County Council
Shirley Weymouth	Great Yarmouth Borough Council

Also Present:

Patricia Hagan	Children's Commissioner, NHS Great Yarmouth and Waveney Clinical Commissioning Group
Michael Bateman	Interim Head of Special Educational Needs, Norfolk County Council
Marie Heeney	Educational Psychologist, Suffolk Children's Services
Dr Sue Ellis	Consultant Psychologist, Norfolk and Suffolk NHS Foundation Trust
Andy Evans	Chief Executive, NHS Great Yarmouth and Waveney CCG
Alan Murray	Cabinet Member for Health and Care, Suffolk County Council
Dr Tony Rollo	Chairman, Healthwatch Suffolk
Lorraine Rollo	Senior Engagement and Communications Manager, NHS Great Yarmouth and Waveney CCG
Maureen Orr	Democratic Support and Scrutiny Team Manager
Karen Heywood	Democratic Support and Scrutiny Team Manager
Paul Banjo	Democratic Services, Suffolk County Council
Tim Shaw	Committee Officer, Norfolk County Council

1 Election of Chairman

Resolved

That Michael Carttiss be elected Chairman of the Committee for the ensuing year.

(Michael Carttiss in the Chair)

2 Election of Vice-Chairman

Resolved

That Michael Ladd be elected Vice-Chairman of the Committee for the ensuing year.

3 Public Participation Session

There were no applications to speak in the Public Participation Session.

4 Apologies for Absence

There were no apologies for absence.

5 Declarations of Interest

There were no declarations of interest.

6 Minutes

The minutes of the previous meeting held on 4 February 2014 were confirmed as a correct record and signed by the Chairman.

7 Services for Children with Autism in Great Yarmouth and Waveney

The Committee received a suggested approach from the Business Manager, Democratic Services at Suffolk County Council, to an update on Services for Children with Autism in Great Yarmouth and Waveney.

The Committee received evidence from Patricia Hagan, Children's Commissioner, NHS Great Yarmouth and Waveney Clinical Commissioning Group, Michael Bateman, Interim Head of Special Educational Needs, Norfolk County Council, Marie Heeney, Educational Psychologist, Suffolk Children's Services and Dr Sue Ellis, Consultant Psychologist, Norfolk and Suffolk NHS Foundation Trust.

In the course of discussion members asked questions about waiting times, the increased number of diagnosed cases, capacity and resourcing, funding, and the breadth of responsibility in special and mainstream schools, and in the local authorities. It was noted that the way in which children's services and health services for children with autism were managed differed widely across Norfolk and Suffolk. The Great Yarmouth and Waveney CCG used a different diagnostic pathway to that used elsewhere in Norfolk and Suffolk. The CCG had commissioned a market research company to examine how it should engage with families of children diagnosed with autism and how it could achieve a more consistent model of service delivery across its area. It was said that the findings would be used by the CCG to support the redesign of local pathways when planning future services for children and young people with autism.

The Committee requested an information item in approximately 9 months time (i.e. to the meeting scheduled for 8 April 2015) on:-

- Progress with plans to move to a single access for referrals and single assessment to treatment processes so that Great Yarmouth and Waveney became one team with one pathway.
- Joint working with Children's and Young People's Services at Norfolk and Suffolk County Councils, Public Health and Adult Social Services to facilitate the development of a seamless pathway for children and young people with autistic spectrum disorders age 0-25.
- An assurance that the pathway used across both Great Yarmouth and Waveney included seeking parents' consent to contact Autism Anglia on their behalf when children were diagnosed.

8 Consultation on the future of adult and dementia mental health services provided by Norfolk and Suffolk NHS Foundation Trust (NSFT) in Great Yarmouth and Waveney

The Committee received a suggested approach from the Business Manager, Democratic Services at Suffolk County Council to a report about the consultation on the future of adult and dementia mental health services provided by Norfolk and Suffolk NHS Foundation Trust in Great Yarmouth and Waveney. The Committee also received a report that was due to be considered by HealthEast's Governing Body on Thursday 24 July 2014. This report contained HealthEast's initial responses to the public consultation on the future of adult and dementia mental health services provided by NSFT in Great Yarmouth and Waveney.

The Committee heard from Alan Murray, Cabinet Member for Health and Care, Suffolk County Council, who explained the impact that mental health had on families and society in the Great Yarmouth and Waveney area and the whole of Norfolk and Suffolk, why there was a pressing need for enhanced adult and dementia mental health services and how multiple organisations and agencies across the two counties were affected by the future of mental health services. Alan Murray stated that there was a need to demonstrate that alternative community facilities were in place and seen to be working.

The Committee received evidence from Andy Evans, Chief Executive, NHS Great Yarmouth and Waveney CCG. He said that the CCG was spending more on adult and dementia mental health services than neighbouring CCGs partly due to the fact that 8 out of the 28 inpatient beds at Northgate and Carlton Court were taken by patients from outside the Great Yarmouth and Waveney area. The CCG recognised it had obligations to all the patients who had been placed in its care and that there were good reasons why these patients were being cared for in the locality and that "out of area" beds should be funded by the appropriate CCGs. It was acknowledged that the interests of people from across Norfolk and Suffolk and the wider NHS needed to be considered by the CCGs in addition to the interests of their own localities. Andy Evans added that the CCG could consider reopening some of the already closed beds, until the community outreach was in place.

Members spoke about the impact the proposed changes in bed capacity would have on family carers and about how they would prefer the new service to have at least an equivalent number of beds to that which it had at present. The chairman commented that formal consultation with the Committee would take place after the 25 September 2014 CCG proposals were made known.

The Committee noted Andy Evans' commitment that the CCG would not reduce bed numbers before central Norfolk CCGs had made provision for the patients from their area who currently used beds in the Great Yarmouth and Waveney area.

The Committee agreed to make two comments to Great Yarmouth and Waveney CCG:-

1. Arrangements should be made so that other CCGs fund patients from their area who are placed in Great Yarmouth and Waveney CCG mental health beds.
2. There should be a transition process to ensure that suitable and sufficient alternative provision is in place and working in the community before mental health bed closures are undertaken.

Great Yarmouth and Waveney CCG was invited to report to the Committee on 8 October 2014 with:-

1. Its response to the comments above
2. Its decision regarding the future configuration of adult and dementia mental health services in Great Yarmouth and Waveney, together with the evidence supporting that decision.

It was noted that on 8 October 2014 the Committee would notify the CCG whether or not it intends to exercise its powers in relation to the consultation in line with the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 and the guidance published in 2014.

9 Information Only Items

The Committee noted information on the following subjects(some of this information had been circulated to Members separately from the agenda):

(i) Update on developing health services in Lowestoft.
(ii) Update on Commissioning activity-Five Year strategy and two year Operational Plan
(iii) Great Yarmouth and Waveney Out of Hours Service April 2014
(iv) Myalgic encephalomyelitis/ myalgic encephalopathy (ME) and chronic fatigue syndrome (CFS) Servcies for Norfolk and Suffolk patients: update on service development work
(v) Outcomes from the consultation on the future of adult and dementia mental health
(vi) Sexual health services in Great Yarmouth and Waveney
(vii) The Committee's revised terms of reference

(viii) NHS Great Yarmouth and Waveney Clinical Commissioning Group's approach to delivering services to adults with autistic spectrum disorder

10 Forward Work Programme

The Committee agreed its Forward Work Programme as set out in the report with the following additions:

- The future of adult and dementia mental health services provided by Norfolk and Suffolk NHS Foundation Trust in Great Yarmouth and Waveney' to be added to the agenda for 8 October 2014.

- An update on progress on services for children with autism in Great Yarmouth and Waveney to be added as an information item for the meeting on 8 April 2015.

11 Urgent Business

There were no items of urgent business.

12 Dates and Times of Future Meetings

It was noted that the Committee would be meeting at Great Yarmouth Borough Council at 10. 30 am on the following dates:

8 October 2014
6 February 2015
8 April 2015

The meeting concluded at 12.45pm.

CHAIRMAN

Adult and dementia mental health services in Great Yarmouth and Waveney

Suggested approach from the Democratic Support and Scrutiny Team Manager

Great Yarmouth and Waveney Clinical Commissioning Group (CCG) will present its proposals for adult and dementia mental health services in Great Yarmouth and Waveney taking into account the responses to the public consultation carried out between 30 January and 24 April 2014 and the comments made by this committee on 23 July 2014.

1. Background

1.1 On 23 July 2014 Great Yarmouth and Waveney Joint Health Scrutiny Committee (the Joint Committee) received the findings from the public consultation on the future of adult and dementia mental health services provided by Norfolk and Suffolk NHS Foundation Trust in Great Yarmouth and Waveney and heard an initial response from the Chief Executive of the CCG to themes raised in the findings.

1.2 Following discussion the Joint Committee made two comments for the CCG to take into consideration:-

1. Arrangements should be made so that other CCGs fund patients from their area who are placed in Great Yarmouth & Waveney mental health beds.

2. There should be a transition process to ensure that suitable and sufficient alternative provision is in place and working in the community before mental health bed closures are undertaken.

1.3 The CCG was invited to report to the committee on 8 October 2014 with:-

1. Its response to the comments at 1.2 above.

2. Its decision regarding the future configuration of adult and dementia mental health services in Great Yarmouth and Waveney, together with the evidence supporting that decision.

2. Purpose of today's meeting

2.1 The CCG Governing Body made its decisions on the future of mental health services in Great Yarmouth and Waveney on 25 September 2014. Today's

meeting is the last step in the CCG's consultation process with the Joint Health Scrutiny Committee. Its final proposals, as agreed by the CCG Governing Body on 25 September, the evidence supporting those proposals and the response to the comments made by this committee on 24 July 2014 are attached in the report at Appendix A and Governing Body paper at Appendix B. Representatives of the CCG have been invited to present the report and to answer Members' questions about the decisions they have reached.

2.2 The Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 (the Regs), section 23 paragraph (7)(b), require a health scrutiny body to notify the consulting NHS organisation of the date by which it will make a decision on whether to exercise its power to make a report to the Secretary of State about the proposed substantial change to service. At the last meeting on 23 July, this committee notified Great Yarmouth and Waveney CCG that the decision would be made at today's meeting.

3. Action

3.1 The Joint Committee may wish to consider whether:-

(a) It is satisfied that the consultation on the proposals has been adequate in relation to content and time allowed.
(b) It is satisfied that the CCG's final proposals are in the interests of the health service in its area.

3.2 The Joint Committee is asked to inform the CCG whether or not it intends to make a report to the Secretary of State under Section 23 paragraph (9) of the Regs.

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NHS
Great Yarmouth and Waveney
Clinical Commissioning Group

HealthEast

Briefing for Great Yarmouth and Waveney Health Scrutiny Committee: Adult and dementia mental health services in Great Yarmouth and Waveney.

Background

In April 2013 the Norfolk and Suffolk Health Overview and Scrutiny Committees (HOSC) reviewed the approach taken by Norfolk and Suffolk NHS Foundation Trust (NSFT) in their Service Strategy. They presented a full report to the Trust and the new CCGs in April 2013 – the 'Joint Norfolk and Suffolk Scrutiny Committee on the Radical Redesign of Mental Health Services'.

Following this review and subsequent report, HealthEast considered the changes proposed and considered that they constituted a substantial variation in services and advised NSFT of the need to consult on the changes.

HealthEast set up the mental health development group which included patients, the community, voluntary organisations, charities, local authorities, the police and NHS staff who helped to develop a consultation document.

On 30 January HealthEast launched the 'Consultation on the future of adult and dementia mental health services provided by Norfolk and Suffolk NHS Foundation Trust in Great Yarmouth and Waveney.'

The Consultation

A 12 week consultation took place, closing at 5pm on Thursday 24 April. During that time HealthEast received 1,055 responses.

The public were given the option of responding to the consultation online; by freepost or at public meetings. The document was available in different languages on request and an easy read version was available.

Four public meetings were held at different times of the day across Great Yarmouth and Waveney. These meetings were well advertised and well attended with approx. 400 people attending in total, including staff and service users.

A specific service user event 'Shedding the Light' was organised by Feedback a service user group with 55 people attending, the vast majority of whom were current service users. We worked closely with the Carers Forum and Suffolk Family Carers to distribute consultation summary documents with their groups.

Copies of the summary consultation document were delivered to 87,200 households in the Great Yarmouth and Waveney area in the Waveney Advertiser and Great Yarmouth and Gorleston Advertiser.

The services covered by the consultation were:

- Adult acute mental health services in Great Yarmouth and Waveney for people of 18 and over with mental health problems such as depression, bipolar disorder or schizophrenia
- Inpatient and community services for people with dementia in Great Yarmouth and Waveney
- Inpatient and community services for older people with conditions such as bipolar disorder, depression and schizophrenia
- Information and resource centres for patients and family carers in Great Yarmouth and Waveney

A consultation event was held with clinicians across Great Yarmouth and Waveney as part of the process and our clinical executive have been involved throughout. We discussed the recommendations being presented to the Governing Body for a final decision and we have clinical support across our GP practices to the changes we are making.

The CCG holds Clinical Leads meetings with representatives from every GP practice who have been engaged throughout. We also have a dedicated retained GP for mental health Dr Ardyn Ross from Gorleston Medical Centre who has been a local clinical leader for this process and is fully supportive of all the proposals.

This work was brought to a conclusion at an Options Appraisal Workshop on 25 July 2014.

The Case for Change

There are two main reasons for proposing changes to adult mental health and dementia services in Great Yarmouth and Waveney. They are making services **better for patients** and looking at the **cost of providing** these services.

These proposed changes mean NSFT will be commissioned to use the money available differently and more efficiently to meet the increasing demand for mental health care across Great Yarmouth and Waveney, and in a way which produces high quality services.

The Decision

HealthEast's Governing Body meeting in public on 25 September met to agree a way forward for mental health services in Great Yarmouth and Waveney.

The CCG's Governing Body approved a new approach to develop three local centres of excellence on two sites. It was agreed that acute mental health services should be at Northgate Hospital, older people with mental health issues at Carlton Court and young people's mental health services should also be based at Carlton Court.

The new services include:

Adult acute mental health services

- Consolidate all inpatient services at Northgate Hospital in Great Yarmouth, thereby reducing the number of adult mental health beds from 28 to 20 for this locality. The CCG believe this to be sufficient for the needs of Great Yarmouth and Waveney residents, particularly in the light of the improvement in community support. This will

include one staffed Section 136 suite as part of this new build, fully incorporated into the ward.

- Further develop the crisis resolution and home treatment teams to provide services across the whole of the Great Yarmouth and Waveney area.

- It should also be noted that the opening of 10 new acute beds in Norwich will reduce or stop the need for patients being admitted from outside the Great Yarmouth and Waveney area.

Older people's mental health services

- Re-open 10 beds on Laurel Ward at Carlton Court for older people with conditions such as bi-polar, depression and schizophrenia until services to support these patients in the community have been fully developed.

Dementia

- Permanently close 12 dementia beds on Larkspur Ward in Carlton Court, and continue to use up to six beds in local nursing homes for patients who need extra support in a more 'home-like' environment. This model has been chosen because experts are very clear that the best care for patients with dementia is at home.

- Develop the Dementia Intensive Support Team (DIST) - HealthEast will be looking to commission an extension to this team to provide a 24/7 service, working closely with the new out of hospital teams in Great Yarmouth and Waveney.

- Continue to provide specialist assessment for patients with dementia in our state-of-the-art facility at Hammerton Court in Norwich, with on-going support provided locally in Great Yarmouth and Waveney. NSFT will support patients and carers with travel costs where needed.

Information and Resource Centres

- Develop information and resource centres for people and their families with dementia and mental health problems, including a dementia café, working with patients, carers and voluntary groups. We are exploring setting these up in Carlton Court, Northgate and Kirkley Mill in Lowestoft.

Why Northgate as a centre of excellence for acute mental health services? The Northgate site provides a community hub with easy access to other – non-inpatient-based - mental health services, social care services and good transport links. It is located in the heart of Great Yarmouth whereas the site at Carlton Court is relatively isolated. NSFT has found that recruitment is easier to the Northgate services due to the service adjacencies and easier transport access, and the site has greater capacity for future development. In addition, there are existing supported housing units for patients with mental health issues to the rear of the Northgate site. Finally, the use of one site enables more resilient staff cover. A bigger staff group gives a better critical mass and allows the development of specialist skills. It also promotes improved integration and communication across teams.

Carlton Court as a centre of excellence: HealthEast will be commissioning services so that Carlton Court will be maintained as a viable site and developed as a centre of excellence for healthcare with a focus on mental health and dementia for adults and young people for future generations. The 36 beds for ongoing care for older people with complex mental health needs will remain open.

HealthEast has agreed with NSFT that we will work together to actively develop new services on this site. NSFT have a clear ambition to provide a range of new improved services at Carlton Court. This will include information and support services with voluntary agencies, and it could include beds and services for younger people with mental health needs too.

To this end, Laurel Ward will re-open for older people with complex mental health needs until we have the right robust services in place to support these patients safely in the community. The number of beds is yet to be decided, but it is expected to be up to 10 beds.

Some patients will still go to Norwich for dementia assessment: A pilot in the West of Norfolk has shown that there have been considerably reduced admissions to specialist beds for people with dementia where they are supported by a Dementia Intensive support Team (DIST). Patients have been able to stay at home or closer to home with the introduction of a new DIST, and the support it has been able to give patients and their families and carers.

The demography of West Norfolk is similar to Great Yarmouth and Waveney, and we are confident that we can successfully replicate this model. Our DIST pilot is already showing progress and the benefits it can bring to patients are evident. However, the service needs to be available seven days a week, 24 hours day and it also needs significant further improvement to better support patients who have complex health **and** care needs. This is particularly important for patients who are newly diagnosed and require ongoing review and care until their condition has stabilised. We will be expecting NSFT to show considerable improvements in the DIST service over the next six months as the new models of care start to be implemented.

Mental Health Commissioning Intentions
The Governing Body was also asked to agree a number of commissioning intentions for the future for mental health services in Great Yarmouth and Waveney. These are:

- NSFT must integrate with the rest of the Great Yarmouth and Waveney health and social care system
- Develop Northgate Hospital as a local centre of excellence for the future
- Develop Carlton Court as a centre of excellence for the future
- Commitment to continue to work with mental health services in the rest of Norfolk
- New model of care for dementia patients

With all of these changes we are taking a phased approach. The adult acute beds in Carlton Court will not close until the new beds have been built at Northgate Hospital. HealthEast and NSFT are confident that we have followed a robust decision making process to arrive at these recommendations. This included a full public consultation, and HealthEast remains the only CCG in East Anglia to have consulted on NSFT's Service Strategy.

We recognise and acknowledge that whilst we have been able to deliver recommendations that match the views of many of the replies to the consultation (eg more information and support for patients, keeping some beds open at Carlton Court and increasing the support in the community for patients with dementia through the DIST) our recommendations will not be satisfactory to everyone.

In particular, recommendations around the closure of acute mental health beds and the need for a very small number of patients to still receive assessment for their dementia in Norwich. We have listened to what the people of Great Yarmouth and Waveney have told us, and we

have adapted our plans to respond to their views. They provide the best quality services designed with current best practice in mind and in an affordable way.

Finally, HealthEast wants to assure everyone who has any interest in mental health services that we will continue to monitor the implementation of these proposals very carefully with NSFT, local clinicians, staff and patient representatives to make sure that patients remain safe, that the quality of services is good, and that staff are fully engaged throughout the next phase of this project.

Andrew Evans
Chief Executive
HealthEast

26 September 2014

Meeting of the Governing Body PART 1

25 September 2014 ~~Agenda Item 7~~

Title of Paper	Decision on next steps on the future commissioning of adult and dementia mental health services provided by the Norfolk and Suffolk Foundation Trust (NSFT) in Great Yarmouth and Waveney.
What the Governing Body is being asked to decide or approve	The Governing Body is being asked to: • Approve the recommendations under section 6 of the attached report (pages 10 to 12). • Endorse the implementation phase under section 7 of the report (page 12). • Make any recommendations for further action, if required.
Executive summary	Mental health services are provided to the population of Great Yarmouth and Waveney (GYW) by Norfolk and Suffolk NHS Foundation Trust (NSFT). Their Service Strategy 2012-16 presents a number of proposals to change the service provision in the local area. In the Spring of 2014, HealthEast and NSFT carried out a consultation process to help assess the views of service users and carers, health and social care professionals and the wider public about these proposals. In June, we heard feedback from the public consultation with 1,055 responses from staff, patients, clinicians, local health, social care and voluntary agencies, and the wider public. In July, HealthEast published its response to the public consultation, answering the major issues raised by the respondents to the consultation. To help HealthEast's Governing Body to make carefully considered and objective decisions, a structured and robust process has been completed with opinion from a wide range of local stakeholders to appraise the options for future service provision in: • Adult acute services

	• Dementia services • Complexity in Later Life (CLL) services This work was brought to a conclusion at an Options Appraisal Workshop on 25 July 2014. This paper sets out the background to the consultation and the proposals and steps taken since the consultation closed. Following the Options Appraisal Workshop on 25 July 2014, plus a series of other discussions (see section 5) it asks the Governing Body to approve final decisions on next steps and to agree the implementation process.

Risks attached to this proposal/initiative:

Failure to implement these recommendations will:

- Risk a return to a model of care for patients with mental health and dementia in Great Yarmouth and Waveney that is no longer appropriate for their care needs.
- Impact on HealthEast's ability to implement the wider integration agenda and provide care closer to patients' homes.
- Potentially compromise patient quality and safety if we do not get these proposals right and implement them effectively
- Present an increased financial risk to HealthEast and NSFT

Resource implications:

The financial consequences of the implementation of these proposals are complex. HealthEast is already working with NSFT to calculate the costings for implementation. This will be reflected in our commissioning intentions and our contractual negotiations for 2015/2016, within HealthEast's commissioning budget for local health care.

Name	Rebecca Driver
Job title	Director of Engagement
Date	19 September 2014

NHS
Great Yarmouth and Waveney Clinical Commissioning Group

HealthEast

Decision on next steps on commissioning the future of adult and dementia mental health services provided by the Norfolk and Suffolk Foundation trust (NSFT) in Great Yarmouth and Waveney

1. Introduction and Background

1.1 The twelve week public consultation on the future of adult and dementia mental health services provided by NSFT in the Great Yarmouth and Waveney area closed on 24 April 2014.

Great Yarmouth and Waveney Clinical Commissioning Group (locally known as 'HealthEast') received 1,055 responses to the consultation from staff, patients, clinicians, local health, social care and voluntary agencies, and the wider public.

HealthEast's Governing Body responded to the issues raised in this report at their Governing Body meeting in public on Thursday 24 July.

1.2 HealthEast has run a genuine and open public consultation. We have listened hard to the views of the public and all our stakeholders and we have worked to take these views into account in our decision making, along with those from clinicians, the police and local councils.

1.3 Throughout this process, HealthEast has engaged with a variety of mental health service users, their carers and voluntary organisations that represent them. We work very closely with the service user led organisation we commission, 'Feedback', and also with other forums. Before the public consultation, HealthEast completed a piece of market research to understand the experiences of people who use mental health services locally. This has been instrumental in helping us to understand how and where people would like to access these services. In March 2014, Feedback held one of their 'Shedding the Light' events focussing on the public consultation which was well attended. It provided an opportunity to inform people of the proposals and also build in their views and comments.

1.4 The public consultation closed on 24 April. Following this, HealthEast and NSFT have worked together and with a wide range of stakeholders and patient groups to consider the findings of the consultation now we have heard what people think. This process has taken into account the future quality of services and how they should be provided and afforded. This work culminated in an 'Options Appraisal Workshop' on 25 July 2014 (see section 4). This has been the basis of the recommendations on the specific questions in the consultation for the Governing Body to approve. In addition, we have considered the wider mental health landscape in Great Yarmouth and Waveney and how services for patients can be provided in the future.

1.5 The purpose of this paper is for HealthEast's Governing Body to make a final decision on the configuration of mental health services and how they are commissioned for the future.

2. The Case for Change

2.1 There are two main reasons for proposing changes to adult mental health and dementia services in Great Yarmouth and Waveney. They are making services **better for patients** and looking at the **cost of providing** these services.

2.2 These proposed changes mean NSFT will be commissioned to use the money available differently and more efficiently to meet the increasing demand for mental health care across Great Yarmouth and Waveney, and in a way which produces high quality services (page 6 of the previously published public consultation document has more details on this).

3. The Proposals

3.1 During the public consultation, people were asked for their views on three sets of proposals. These were generated following the publication of NSFT's Service Strategy and our because HealthEast as the health commissioner wanted to understand what the public and stakeholders thought of this Strategy.

3.2 Proposal 1: Adult mental health services

This proposal is to reduce the number of adult acute beds from 28 across two sites (Northgate Hospital and Carlton Court) to 20 beds at one of the two sites and to develop one enhanced crisis resolution and home treatment team to cover the whole Great Yarmouth and Waveney area.

There would also be other forms of support on offer like community teams, peer support from people who have experienced mental health issues and a recovery college where courses would help people learn more about coping with mental health illness.

80% of respondents to the public consultation said that they did not support this proposal.

3.3 Proposal 2: Dementia and complex care in old age services

This proposal was to permanently close 12 dementia assessment beds at Larkspur Ward in Carlton Court and develop a dementia intensive support team who would work with patients within the community. The emphasis would be on early detection and treatment for dementia.

This would mean that the demand for dementia assessment beds would reduce and only those patients with very complex needs would require an inpatient assessment. NSFT would make up to four specialist beds available in Blickling Ward at the Julian Hospital on Bowthorpe Road in Norwich for these patients when needed.

The proposal would also permanently close 12 older people's beds for people with conditions such as bipolar disorder, depression and schizophrenia at Laurel Ward, Carlton Court. Patients who have used this service to date have come from the existing adult service and then transferred into the older people's service at age 65.

The plan would be that there would be a single service and patients would now remain in a new adult service to ensure continuity of care. Some of these patients will go into the proposed new adult acute service locally. For more complex cases three assessment beds

would be available at Sandringham Ward at the Julian Hospital on Bowthorpe Road in Norwich if needed.

Laurel and Larkspur have been temporarily closed now since August 2013 and October 2013 respectively.

78.4% of respondents to the public consultation said that they did not support this proposal.

3.4 Proposal 3: Information and Resource Centres

This proposal was to develop an Information and Resource Centre to provide information, advice and support to people with dementia and mental health problems.

The centre could include a dementia café in South Lowestoft potentially at The Poppies in Carlton Court. This would be developed in partnership with other statutory and third sector organisations. During the consultation we also said that we would develop a second information and resource centre in Great Yarmouth.

61.2% of respondents to the public consultation said that they supported this proposal.

4. Options Appraisal Workshop: 25 July 2014

4.1 Mental health services are provided to the population of Great Yarmouth and Waveney (GYW) by Norfolk and Suffolk NHS Foundation Trust (NSFT). Their Service Strategy 2012-16 presented a number of proposals to change the service provision in the local area. HealthEast and NSFT embarked on a consultation process to help assess the views of service users and carers, health and social care professionals and the wider public, as reported to HealthEast's Governing Body in June and July 2014.

4.2 To help the Governing Body to make carefully considered and objective decisions, a structured and robust process has been completed with a wide range of local stakeholders to appraise the options for future service provision in:

Adult acute services for Great Yarmouth and Waveney
Dementia services for Great Yarmouth and Waveney
Complexity in Later Life (CLL) services for Great Yarmouth and Waveney

The Governing Body should note that the workshop did not consider Proposal 3, the future provision of information and resource centres. This was because there was a response in favour of these centres during the public consultation, and it became clear that this proposal should be adopted but with centres in both Great Yarmouth and Waveney.

This section of the report sets out a summary of the conclusions of this Options Appraisal Workshop held on 25 July 2014. A list of attendees is attached at Appendix 1. A copy of the full report from the workshop is attached at Appendix 2. This was fully considered by the HealthEast's Governing Body and the Clinical Executive Committee on 4 September 2014. A glossary is attached at Appendix 3.

4.3 The appraisal process

4.3.1 Overview

The proposals for the three services (adult acute, dementia and CLL) stand in their own right and so each received a separate appraisal exercise on 25 July. The same process was carried out for each service using a structured weighting and scoring approach with the following key elements:

- A shortlist of **options** to be evaluated was drawn up by stakeholders

- A list of **benefit criteria** and key factors to be considered for each option was also drawn up by stakeholders. These were
    - Benefit criteria 1: improving patient safety and clinical effectiveness
    - Benefit criteria 2: improving access to services and patient experience
    - Benefit criteria 3: sustainable delivery of clinical services
    - Benefit criteria 4: innovation and improvement
    - Benefit criteria 5: workforce development
    - Benefit criteria 6: ease of delivery
- An **evidence pack** was provided, before the workshop, to all attendees with information relating to each of the key factors.

At the Options Appraisal Workshop, each option was scored in turn against the benefit criteria (above) to generate a **weighted score** for each option. The weighting and scoring exercise at the workshop was completed by a representative group of stakeholders from the local health, social care community, third sector, patient and carer groups (see Appendix 1). In addition, the results of the public consultation were represented as a separate view by the independent expert, who analysed the responses on behalf of HealthEast.

4.3.2 Weighting used in the Option Appraisal

Benefit criteria 1, 2 and 3 were consistently ranked highest by the groups. Most groups gave criterion 1 the highest weight but with criterion 2 a close second.

The views expressed in the public consultation gave higher weighting to access (ranked first) and ease of delivery (ranked second). However, the overall rankings at the workshop were not changed as a result of this, but the weighting differential was adjusted, in particular moving the access criterion weighting closer to that of criterion 1.

4.3.3 Conclusions and recommendations from the Options Appraisal Workshop

The Options Appraisal was completed to provide a quantitative assessment process of each possible option, and evidence to support HealthEast's Governing Body in its decision making process. The conclusions from the workshop provide clear views. For example, the options for status quo or returning to previous service models were not supported, and improvements were suggested to current and proposed pathways for future commissioning and implementation.

The inclusion weightings and scores from the public consultation did not change the overall choice of preferred option in any of the three services.

The conclusions from the options appraisal workshop were:

Proposal 1: Adult acute mental health services

> It is better to move to a single site for acute services, and all the indications are that 20 beds would be adequate. This was for a wide range of safety and quality reasons in addition to greater value for money. HealthEast and NSFT agree that clinically it would be better for patients with acute mental health needs to be cared for on one site. Care provided would be safer and provided more efficiently. And in terms of reducing beds, this is based on the requirements for the local Great Yarmouth and Waveney population. In the last three years, we know that we have been using fewer acute mental health beds for local patients. 27.7% of patients in local acute beds are from outside the Great Yarmouth and Waveney

area. Great Yarmouth and Waveney residents are rarely placed out of area because we have enough capacity locally to care for them.

- The Northgate Hospital site is preferred to Carlton Court – Page 8, and Appendix 2 pages 27 to 28 explain the reasons for this.
- A phased implementation which allows time for all supporting services to be in place and functional before the change is made is strongly preferred (the transition period to develop the preferred site will effectively create that phasing period).
- Any additional costs resulting from a phased change will need to be quantified and taken into account as part of the overall decision making and commissioning approach.

Proposal 2: Dementia and complexity in old age (CLL) services

Dementia

- A return to the previous service model is not supported.
- On balance, the phased option is not supported as it is seen to represent a backwards step with greater uncertainty. However, good alternative to admission options must be in place to enable permanent closure.
- A 24/7 Dementia Intensive Support Team (DIST) team working closely with the Out of Hospital Teams would strengthen the pathway and improve integration.

Complexity in Later Life (CLL) services

- A return to the previous service model is not supported.
- The service model and pathway would be improved with the availability of the DIST team on a 24/7 seven days a week basis.
- There is a need for additional inpatient beds in the local system in order to improve access and care, and to provide a sustainable solution. There are different ways of providing the beds and alternatives should be considered, but the preferred option would be Carlton Court.

5. Future commissioning intentions for mental health services

5.1 In addition to the Options Appraisal Workshop and since the public consultation, a number of other pieces of work have been completed, which will also have an impact on how adult mental health services are provided in the future in Great Yarmouth and Waveney. This has included close working with the Health Scrutiny Committees for Norfolk, Suffolk and Great Yarmouth and Waveney. It has also included close working with the other six Clinical Commissioning Groups (CCG) in Norfolk and Suffolk through the Norfolk Mental Health and Learning Disabilities Commissioning Board and the Suffolk Joint Commissioning Group. Finally the issues raised through this public consultation have been discussed at the Great Yarmouth and Waveney System Leadership Partnership and with the police.

This further work is summarised here and will form part of our Commissioning Intentions for 2015/16 and beyond, subject to Governing Body approval.

5.2 NSFT must integrate with the rest of the Great Yarmouth and Waveney health and social care system

HealthEast has a vision for health, social care and voluntary services to work better together for patients. This can be described as 'integration'. With our population changing, people living longer, and rising demand for services, the case for integration is clear. Alongside this, the public sector is facing financial constraints and we need to spend what we have carefully. One way to achieve this is to integrate health, social care and voluntary services. This will help reduce duplication, be more responsive to patient and carer needs and make sure people receive the right treatment at the right time in the right place. Joined up care, closer to people's homes, will really improve quality and safety for everyone who uses local services.

HealthEast believes NSFT must become much more involved in integrated services in Great Yarmouth and Waveney. NSFT staff should be part of our new multi-agency out of hospital teams that we have started to introduce. The first one is already up and running in Kirkley. This is critical, because it means we can provide more care for people at home, designed around individual patients' needs. Mental health needs including dementia impact on all aspects of life and health, so making sure care is joined up is essential.

To support this, HealthEast is already urging NSFT to co-locate more staff at Kirkley Mill Health Campus in Lowestoft to boost the services provided from this new facility for the people of Lowestoft. HealthEast also wants to see more information and support services for dementia and mental health based here.

5.3 Develop Northgate Hospital as a local centre of excellence for the future

If the Governing Body approves these recommendations, we will be working with NSFT to develop a new build on the Northgate site to extend the existing acute mental health services unit. The Northgate site has been selected for the development of acute mental health services in Great Yarmouth and Waveney for many reasons. It provides a community hub with easy access to other - non inpatient-based - mental health services, social care services and good transport links. It is located in the heart of Great Yarmouth whereas the site at Carlton Court is relatively isolated and is a base for inpatient mental health services only. NSFT have found that recruitment is easier to the Northgate services due to the service adjacencies and easier transport access, and the site has greater capacity for future development. In addition, there are existing supported housing units for patients with mental health issues to the rear of the Northgate site. In Waveney, we already have good supported housing arrangements in place funded through the Suffolk pooled fund for

mental health, so this will support transition for Waveney patients back from Northgate. Working with all our partners, this site will become a hub for our communities.

Finally, the use of one site enables more resilient staff cover. A bigger staff group gives a better critical mass and allows the development of specialist skills. It also promotes improved integration and communication across teams.

5.4 Develop Carlton Court as a centre of excellence for the future

HealthEast will be commissioning services to ensure that Carlton Court is maintained as a viable site and developed as a centre of excellence for healthcare with a focus on mental health and dementia for adults, and also for young people for future generations. The 36 beds for ongoing care for older people with complex mental health needs will remain open. HealthEast have agreed with NSFT that we will work together to actively develop new services on this site. NSFT have a clear ambition to provide a range of new improved services at Carlton Court. This will include information and support services with voluntary agencies, and it will in the future include beds and services for younger people with mental health needs too.

To this end, it is recommended in section 6 that some of the currently closed beds at Carlton Court on Laurel Ward will re-open for older people with complex mental health needs until we have the right robust services in place to support these patients safely in the community. The number of beds is yet to be decided, but it is expected to be up to 10 beds.

5.5 Commitment to continue to work with mental health services in the rest of Norfolk

We are one NHS, and HealthEast has and will continue to work with the four Norfolk CCGs to provide safe and sustainable mental health services, particularly acute services for adults where there is a need for a patient to be admitted. However our primary duty is to the patients of Great Yarmouth and Waveney and we are responsible for commissioning local services for local people. We will however work with NSFT, the Norfolk CCGs and the Norfolk Health Scrutiny Committee to make sure that the services needed in central Norfolk are there, and that the need to transfer a patient out of the area for care becomes a rarity. We are very encouraged by recent announcements at the Norfolk Health Scrutiny Committee on 4 September that NSFT plans to open beds in Norwich for patients with acute mental health needs, which will increase care available to patients locally. HealthEast will work closely with NSFT and our CCG colleagues to develop these beds. NSFT are planning on the basis of 10 beds.

5.6 New model of care for dementia patients

A pilot in the West of Norfolk has shown that there have been considerably reduced admissions to specialist beds for people with dementia. Patients have been able to stay at home or closer to home with the introduction of a new DIST team, and the support it has been able to give patients and their families and carers. The demography of West Norfolk is similar to Great Yarmouth and Waveney, and we are confident that we can successfully replicate this model. Our DIST pilot is already showing progress and the benefits it can bring to patients are evident. However, the service needs to be available seven days a week, 24 hours a day and it also needs significant further improvement to better support patients who have complex health **and** dementia care needs. This is particularly important for patients who are newly diagnosed and require ongoing review and care until their condition has stabilised. We will be exploring with NSFT how we can extend the DIST service to provide cover for dementia patients and their carers 24 hours a day, 7 days a week. HealthEast will also expect NSFT to show considerable improvements in the DIST service over the next six months as the new models of care start to be implemented.

We would like to provide smaller specialist units closer to where people live, but it is not practical for NSFT's doctors and nurses to provide highly specialist inpatient care in a variety of small units. It is a very similar model to how cancer services are provided now – specialist centres where expert care can be provided. Siting complex dementia assessment services in a specialist unit means that a responsive service with a full range of assessment, diagnostic, therapeutic and rehabilitative interventions can be provided to accommodate different types and the most complex forms of dementia as well as services to support carers and access integrated care planning. And by creating specialist teams we greatly enhance the skill and expertise of the staff working within them which in turn leads to significantly better outcomes for patients.

So it is recommended that specialist assessment for dementia will be provided in Norwich.

6. Recommendations for the Governing Body to approve

6.1 The Governing Body is asked to approve the following recommendations:

1.1 To approve the overall approach that HealthEast works with NSFT to develop three local centres of excellence on two sites:

- acute mental health services at Northgate Hospital
- services for older people with mental health issues at Carlton Court
- young people's mental health services at Carlton Court

Proposal 1: Adult acute mental health services – To commission the following services:

1.2 Consolidate all adult mental health inpatient services on the Northgate Hospital site in Great Yarmouth which will be developed as a local centre of excellence for acute mental health services.

1.3 To reduce the number of adult mental health beds from 28 to 20 in Great Yarmouth and Waveney (there is ongoing work about the future provision of detoxification beds which are commissioned by the Norfolk and Suffolk DAATs – (Drug, Alcohol Action Teams) – this will be part of the implementation phase).

We believe this to be sufficient for the needs of Great Yarmouth and Waveney residents, particularly in the light of the improvement in community support.

The Governing Body should note that where there is an acute need, a bed will always be found, even if in exceptional circumstances this means a patient may be placed out of Trust area.

1.4 To permanently close the adult mental health ward (15 beds) on the Carlton Court site.

1.5 To develop and fully staff one Section 136 suite on the Northgate Hospital site as part of this facility (this allows the police to remove a person who may have a mental illness and needs immediate care or control from a public place to a place of safety). This will meet the needs of the local whole Great Yarmouth and Waveney area. HealthEast will work closely with the police and others to optimise the design of working procedures.

1.6 To develop one crisis resolution and home treatment team to cover the whole of the Great Yarmouth and Waveney area. The development of peer support

worker roles and the Recovery College will also provide additional support in the community.

1.7 To complete a phased implementation during the necessary building works.

1.8 To approve work on quantifying the costings from a phased change.

1.9 To support NSFT in considering further options for inclusion of other appropriate services on the Carlton Court site.

2.0 To put in place all of the supporting community services to make the single ward a success.

Proposal 2: Dementia and complexity in old age (CLL) services – To commission the following services:

Dementia

2.1 To permanently close the 12 dementia assessment beds on Larkspur Ward in Carlton Court.

2.2 To continue with the development of the Dementia Intensive Support Team (DIST) and for NSFT to develop proposals to enable HealthEast to commission an extension to this team to provide a 24/7 service model working closely with the new Out of Hospital Teams in Great Yarmouth and Waveney. This would strengthen the pathway and improve integration with essential social services team, ensuring the social services teams and the DIST team work closely together. HealthEast will be working with NSFT to ensure that the right leadership is in place locally in NSFT to deliver these changes.

2.3 To continue to have access to up to six beds for older people in the private sector for patients with dementia when additional support in a more 'home-like' environment is needed. The quality of these beds will continue to be monitored closely by HealthEast in conjunction with NSFT. NSFT is expected to develop pathways to access beds and be appropriately discharged form them with local authorities and HealthEast.

2.4 To maintain access for Great Yarmouth and Waveney residents for acute assessment for patients with dementia to specialist services in Norwich. These patients will be fully assessed and then return to the local area for ongoing support through the DIST and other social care and voluntary agencies. NSFT has committed that where there is a need, help with travel costs for families and carers will be provided as part of the care plan. HealthEast will ensure that this is effectively delivered to all families because this was raised as a real concern in the public consultation. HealthEast is already working with NSFT to move patients from Blickling Ward to Hammerton Court on the Julian Hospital site in Norwich which will provide a much better environment for both patients and staff.

Complexity in Later Life (CLL) services

2.5 To re-open up to 10 beds on Laurel Ward, Carlton Court, open for older people with conditions such as bi-polar, depression and schizophrenia until such a time as services to support these patients in the community are fully developed. NSFT is asked to develop proposals for how these beds will be re-opened, staffed and how services will be developed further in the community.

This will enable HealthEast to assess whether or not we should continue to use the three assessment beds at Sandringham Ward at the Julian Hospital in Norwich and also to develop quality alternative to admissions beds in the GYW locality.

Proposal 3: Information and Resource Centres – To commission the following services:

The proposal was to develop an Information and Support Centre for people and their families with dementia and mental health problems including a dementia café. There was support for this being provided at The Poppies in Carlton Court, but there is an obvious need for similar facilities elsewhere including the Northgate Hospital site in Great Yarmouth, the Kirkley Mill Health Campus in Lowestoft and the Information and Support Centre planned for development over the next years in Halesworth, subject to a local fundraising campaign.

2.6 To approve NSFT taking forward their work with appropriate voluntary agencies to present a business case for the development of information and support services across Great Yarmouth and Waveney, beginning with Carlton Court (The Poppies) and Northgate, to include options for outreach from these services into areas like Bungay, Halesworth, the Northern coastal villages and central Lowestoft.

7. Implementation

7.1 The Governing Body should note that all changes will be subject to a phased implementation. This means that robust community services will be in place before bed changes are implemented.

7.2 HealthEast will hold NSFT to account for the implementation of these changes and recommendations formally through the contracting process.

7.3 This project will now move into an implementation phase. This will be overseen by a stakeholder Steering Group, chaired by HealthEast. A project manager will be appointed to deliver the work required by the Steering Group. The Steering Group will report jointly to the NSFT Board and HealthEast's Governing Body. A governance structure for this process has already been developed which includes the essential work on finance. This process will link very closely with staff in NSFT to ensure they are fully engaged throughout this process.

7.4 The implementation phase will include continued joint working with the six CCGs in Norfolk and Suffolk, the System Leadership Partnership and health scrutiny.

7.5 The Governing Body is asked to endorse this further work.

8. Conclusions

8.1 HealthEast and NSFT are confident that we have followed a robust decision making process to arrive at these recommendations. This included a full public consultation, and HealthEast remains the only CCG in East Anglia to have consulted on NSFT's Service Strategy.

8.2 We recognise and acknowledge that whilst we have been able to deliver recommendations that match the views of many of the replies to the consultation (eg more information and support for patients, keeping some beds open at Carlton Court and

increasing the support in the community for patients with dementia through the DIST) our recommendations will not be satisfactory to everyone. In particular, recommendations around the closure of acute mental health beds and the need for a very small number of patients to still receive assessment for their dementia in Norwich. We are confident that these are the right decisions for the Governing Body to approve. We have listened to what the people of Great Yarmouth and Waveney have told us, and we have adapted our plans to respond to their views. They provide the best quality services designed with current best practice in mind and in an affordable way.

8.3 Finally, HealthEast wants to assure everyone who has any interest in mental health services that we will continue to monitor the implementation of these proposals very carefully with NSFT, local clinicians, staff and patient representatives to make sure that patients remain safe, that the quality of services is good, and that staff are fully engaged throughout the next phase of this project.

Rebecca Driver
Director of Engagement, 19 September 2014

APPENDIX 1: Options Appraisal Workshop 25 July 2014 attendance list

Name	Role	Organisation
Kim Arber	MH and LD PB Manager	HealthEast
Gill Aspinall	GYW Locality Manager	NSFT
Dr Larry Ayuba	Consultant Psychiatrist	NSFT
Anni Baldry	Assistant MH and LD PB Manager	HealthEast
Jodi Barber	Locality Finance Manager	NSFT
Carol Carthew	Dementia Cluster Manager North	Suffolk County Council
Willie Cruickshank	Director	Norfolk and Suffolk Dementia Alliance
Rebecca Driver	Director of Engagement	HealthEast
Andy Evans	Chief Executive	NHS Great Yarmouth and Waveney CCG (HealthEast)
Kate Gill	Director of Operations	HealthEast
Representative		Suffolk Family Carers
Andrena Griffiths	Supported Housing Manager, Older People's Services	Great Yarmouth Borough Council
Andrew Hopkins	Director of Finance	NSFT
Dr Nigel Huston	Divisional Director, Emergency Division	James Paget University Hospitals NHS FT (JPUH)
Sgt Mark Jackson	Operational Partnership Team (Lowestoft)	Suffolk Constabulary
Tracey Jones	Partnerships Officer – Neighbourhood & Communities	Great Yarmouth Borough Council
Jason Joseph	Commissioning Manager Vulnerable Adults, Commissioning Team / Adults and Community	Suffolk County Council
Alan Kent	Facilitator	Litmus Health
Cllr Penny Linden	Councillor	Great Yarmouth Borough Council
Tessa Litherland	Director of Contracting	HealthEast

Name	Role	Organisation
Adele Madin	Director of Adult Services	East Coast Community Health (ECCH)
Representative		Suffolk Family Carers
Fran O'Driscoll	Strategic Projects Manager	HealthEast
Tony Osmanski	Strategic Director	Waveney District Council
Zoe Pietrzak	Chief Financial Officer	HealthEast
Barry Pinkney	Service Manager, Emergency Division	James Paget University Hospitals NHS FT (JPUH)
Avril Pownall	Area Housing Manager	Great Yarmouth Community Housing
Nicholas Pryke	Acting Head of Social Care – Eastern and Team Manager (NNUH)	Norfolk County Council Social Care
Representative	Coordinator	Feedback
Lorraine Rollo	Senior Communications and Engagement Manager	HealthEast
Dr Ardyn Ross	Retained Clinician and GP	HealthEast
Cllr Mary Rudd	Cabinet Member for Community Health and Safety	Waveney District Council
Dr Muraleedharan Santosh	Consultant Psychiatrist	NSFT
Michael Scott	Chief Executive	Norfolk and Suffolk Foundation Trust (NSFT)
Representative	JPUH Public Governor and Member Coastal Village Practices PPG	Healthwatch Norfolk
Chris Wager	Adults Service Manager GYW lead	NSFT
John White	DCLL Service Manager GYW lead	NSFT

Name	Role	Organisation
Dr Steven Wilkinson	Consultant	Consulting the Community
Tony Winchester	Operational Partnership Team (Waveney)	Suffolk Constabulary

Representatives from Voluntary Norfolk, Healthwatch Suffolk Mental Health Sub-group, GYW Patient Advisory Group and Norfolk CCG's were invited but were unable to attend. Service users and groups representing service users and carers have been involved throughout the whole public consultation process.

Appendix 2: Options Appraisal Workshop Report

Future of Adult Acute and Dementia Mental Health Services: Option Appraisal Report

1. Introduction

1.1. Purpose of this paper

Mental health services are provided to the population of Great Yarmouth and Waveney (GYW) by Norfolk and Suffolk NHS Foundation Trust (NSFT). Their service strategy 2012-16 presents a number of proposals to change the service provision in the local area. The CCG embarked on a consultation process to help assess the views of service users and carers, health and social care professionals and the wider public, as reported to the CCG's Governing Body in July.

In order to help the CCG's Governing Body to make carefully considered and objective decisions, a structured and robust process has been undertaken with a wide range of local stakeholders to appraise the options for future service provision in:

- Adult acute services for GYW.
- Dementia services for GYW.
- Complexity in Later Life (CLL) services for GYW.

The purpose of this paper is to report the conclusions of an option appraisal workshop held on 25 July 2014.

1.2. Contents

This paper sets out:

- The process undertaken, using a structured "weighting and scoring" approach.
- The options evaluated for each service.
- The results: weighted scores and ranked list of options in order of preference for each of the three services.
- The rationale for the scoring.
- Sensitivity analysis to test the robustness of the results.

2. The appraisal process

2.1. Overview

The proposals for the three services (adult acute, dementia and CLL) stand in their own right and therefore each was subject to a separate appraisal exercise. The same process was undertaken for each service using a structured weighting and scoring approach with the following key elements:

- A shortlist of **options** to be evaluated.
- A list of **benefit criteria** and key factors to be considered for each criterion. These were ranked in order of importance and allocated a weighting at the workshop.
- An **Evidence Pack** provided workshop attendees with information for each of the key factors.
- At the appraisal workshop, each option was scored in turn against the benefit criteria to generate a **weighted score** for each option.

The weighting and scoring exercise was undertaken by a representative group of stakeholders from the local health, social care community, third sector, patient and carer groups.

This approach is based on HM Treasury Guidance on option appraisal which states: "A method in common use within option appraisal is to weight and score the non-financial benefits for each option. This is preferable to simply ranking the benefits, as placing them in their order of priority does not in itself provide any objective assessment of how the incidence of these benefits varies from option to option. "

"Weighting and scoring provides a technique for comparing and ranking options in terms of their associated non-financial benefits."

"It is important to recognise that the assigned weights and the scores given to options are value judgments. In order to assign weights and scores, negotiation and compromise needs to take place. It is the number of people involved in the process and their expertise that lends credibility to these value judgments."

2.2. Weighting and scoring process

The process for each appraisal was as follows:

- Participants were allocated to five small groups of 6-7 with individuals pre-allocated in order to ensure a mix of backgrounds and service perspectives in each group.
- Although each of the five groups included representatives from the local community and third sector organisations, it was agreed that a sixth score should be added to represent the "views expressed during the public consultation" where respondents

included members of the public, health professionals, and public organisations. These scores were provided by Dr Steven Wilkinson (of Consulting the Community) who compiled the feedback report on the consultation process and is, therefore, close to the detailed comments received. (It was noted that the public consultation process was only one of a series of approaches to engage with the public, users and carers and other representative groups – the Governing Body will take into account those views along with the consultation views and this option appraisal in making its decision in September 2014.)

- Each group considered and discussed the benefit criteria and reached a consensus view to:
  - Rank the criteria in order of importance (equal rankings were allowed).
  - Allocate a weight out of 100 to reflect that ranking, ie the first ranked should have more points than the second, etc.

  Any individuals dissenting from the consensus view had the opportunity to submit separate rankings or weightings.
- Each group presented their proposed rankings and weighting with reasons for their decisions for plenary discussion.
- The results from the different groups were aggregated and presented back to the plenary group to "sense check" that the differential weightings appropriately reflect the discussions.
- 'Scoring' describes how well each option meets each of the benefits criteria. The process for scoring the options followed the same principles, ie group consensus scores, aggregation and discussion, sense check. Participants recorded their scores out of 10 using the following scoring guide.

Score	What it means
10	Could hardly be better
9	Excellently
8	Very well
7	Well
6	Quite well
5	Adequately
4	Somewhat inadequately
3	Badly
2	Very badly
1	Extremely badly
0	Could hardly be worse

- The scores for each option were then multiplied by the weights for each criterion, and a total weighted score was calculated for each option.

The Evidence Pack provided supporting information to inform both exercises.

2.3. Benefit criteria

The benefit criteria and the key factors to be considered are described below.

2.3.1. Adult acute services

	Benefit Criteria	Factors to be considered
1	Improving patient safety, and clinical effectiveness	• Supports the delivery of appropriate and safe acute clinical care for people over 18. • Delivers the objective to help and support people at home (when appropriate) rather than in hospital. • Supports and enables carers to better fulfil their key supporting role. • Supports the delivery of nationally and locally mandated quality requirements and service standards.
2	Improving access to services and patient experience	• Provides services that are accessible to the local population of users and carers. • Provides care that is designed around individual patients' needs. • Supports rehabilitation through close proximity to relevant amenities, eg shops, access to bus routes. • Supports the delivery of equality and diversity requirements.
3	Sustainable delivery of clinical services	• Provides a platform for the delivery of sustainable clinical services within the resources available. • Provides the basis to meet the projected demand for services, "future proofing" the provision of acute adult services. • Enables partner organisations to react and work together in an integrated way - including NHS, social care, police and third sector organisations.
4	Workforce development	• Provides an environment to aid recruitment and retention - provides continuity of care through lower turnover of staff. • Enables the service to achieve high standards in staff development and health care practice. • Improves the achievement - and perception - of NSFT as a good employer. • Assists in complying with national priorities and guidelines around working hours and training.

	Benefit Criteria	Factors to be considered
5	Ease of deliverability	• Level of political and public support. • Costs of implementation and ongoing services are affordable. • Suitability of estate and facilities for proposed changes, implications for return on previous capital investment. • Appropriate community services will be in place before any change in the inpatient service.
6	Facilitating improvement and innovation	• Supports the development of best practice care pathways. • Enhances the ability to adopt and apply new clinical developments. • Supports flexible use of resources (workforce and facilities).

2.3.2. Dementia and CLL services

	Benefit Criteria	Factors to be considered
1	Improving patient safety, and clinical effectiveness	• Supports the delivery of appropriate and safe clinical care for people of all ages with dementia and people with mental health problems who also have complex care needs in old age. • Delivers the objective to help and support people at home and in the community (when appropriate) rather than having to go into hospital. • Supports and enables carers to better fulfil their key supporting role. • Supports the delivery of nationally and locally mandated quality requirements and service standards.
2	Improving access to services and patient experience	• Provides services that are accessible to the local population of users and carers. • Provides care that is designed around individual patients' needs. • Supports the delivery of equality and diversity requirements.

	Benefit Criteria	Factors to be considered
3	Sustainable delivery of clinical services	• Provides a platform for the delivery of sustainable clinical services within the resources available. • Provides the basis to meet the projected demand for services, "future proofing" the provision of dementia and complex care in old age services. • Enables partner organisations to react and work together in an integrated way - including NHS, social, police and third sector organisations.
4	Workforce development	• Provides an environment to aid recruitment and retention - provides continuity of care through lower turnover of staff. • Enables the service to achieve high standards in staff development and health care practice. • Improves the achievement - and perception - of NSFT as a good employer. • Assists in complying with national priorities and guidelines around working hours and training.
5	Ease of deliverability	• Level of political and public support. • Costs of implementation and ongoing services are affordable. • Suitability of estate and facilities for proposed changes, implications for return on previous capital investment. • Appropriate community services will be in place before any change in the inpatient service.
6	Facilitating improvement and innovation	• Supports the development of best practice care pathways. • Enhances the ability to adopt and apply new clinical developments. • Supports flexible use of resources (workforce and facilities).

3. The Options

A shortlist of options was agreed by the NSFT Reconfiguration Project Steering Group as set out below.

3.1. Adult acute services

Proposal 1:	**Adult acute mental health services**
This service provides crisis assessment, home treatment and inpatient assessment and treatment for people over 18 with mental health problems such as depression, bipolar disorder or schizophrenia.	
Current services	
Current services for Great Yarmouth & Waveney residents	- 28 adult acute beds for people over 18, 15 at Carlton Court and 13 at Northgate - 6 beds at St Catherine's, Gorleston as alternatives to admission and "step-down" - Two CRHT (crisis resolution and home treatment) teams - one in Great Yarmouth, one in Waveney - Two Adult Recovery Teams - one in Great Yarmouth, one in Lowestoft
Shortlisted options	
Summary of options:	**Option 1** is "do nothing" - no change to current services **Options 2A and 3A** are LOCATION options. They propose a number of changes with a reduction to 20 beds on a single site located at either Carlton Court or Northgate Hospital **Options 2B and 3B** are PHASING options. They propose a number of changes with a phased reduction to 20 beds on a single site at either Carlton Court or Northgate Hospital
Option 1	**No change to current services**
Option 2A	**20 acute beds located at Carlton Court** - Reduce number of acute adult beds from 28 to 20 beds located at Carlton Court - 6 beds at St Catherine's, Gorleston as alternatives to admission and "step-down" - A single combined crisis resolution and home treatment team covering Great Yarmouth and Waveney - Two Adult Recovery Teams - one in Great Yarmouth, one in Lowestoft - Provide peer support from people who have experienced mental health issues - A Recovery College where courses will help people to learn more about coping with mental health issues
Option 3A	**20 acute beds located at Northgate Hospital** *Services below in italics are identical to those proposed in Option 2A above* - Reduce number of acute adult beds from 28 to 20 beds located at Northgate Hospital *- 6 beds at St Catherine's, Gorleston as alternatives to admission and "step-down"* *- A single combined crisis resolution and home treatment team covering Great Yarmouth and Waveney* *- Two Adult Recovery Teams - one in Great Yarmouth, one in Lowestoft* *- Provide peer support from people who have experienced mental health issues* *- A Recovery College where courses will help people to learn more about coping with mental health issues*
Option 2B	**As for Option 2A but with a phased transition period** - Phased reduction in number of acute beds until NSFT can demonstrate that the new pathway has reduced bed requirements to the level proposed in Option 2A
Option 3B	**As for Option 3A but with a phased transition period** - Phased reduction in number of acute beds until NSFT can demonstrate that the new pathway has reduced bed requirements to the level proposed in Option 3A

A longlist of options included locating the 20-bed unit on the James Paget site. This was not shortlisted as it would be an adapted ward resulting in a worse environment

than the current accommodation – also the proposal does not fit with the JPUH estates strategy.

3.2. Dementia services

Proposal 2: Dementia and complex care in older age services
These services provide: dementia assessment, for adults of all ages, through a combination of community and inpatient (for those patients with very complex needs) services; a service for older people with conditions such as bipolar disorder, depression and schizophrenia. Thirty-six beds for older people with ongoing complex care needs are not included in the proposal as no change is proposed.

Current services: A. Dementia
Current services for Great Yarmouth & Waveney residents - 12 dementia assessment at Larkspur Ward, Carlton Court: currently closed and replaced by DIST pilot - DIST (Dementia Intensive Support Team) pilot for people of all ages with dementia and people with mental health problems who also have complex care needs in old age - Two older peoples community teams - one in Great Yarmouth, one in Waveney - 36 beds for ongoing complex care for dementia

Shortlisted options
Summary of options: **Option D1** is "do nothing" - return to previous clinical model and service **Options D2, is as per NSFT Proposal 2**. This proposes the permanent closure of 12 beds in Larkspur Ward, with beds available on Blicking Ward and in the local private sector, with the addition of new community support teams **Option D3 INITIALLY** retains Larkspur beds until it is demonstrated that new pathway has reduced demand

Option D1	**Return to previous service model - 12 beds in Larkspur Ward re-opened**

Option D2	**Permanent closure of 12 dementia assessment beds (Larkspur Ward, Carlton Court)** - Permanent closure of 12 beds in Larkspur Ward - 4 dementia assessment beds at Blickling Ward, Julian Hospital, Norwich - Up to 4 beds Alternative to Admission with local private providers - DIST (Dementia Intensive Support Team) based at Carlton Court - Two DCLL Community Teams - one in Great Yarmouth, one in Lowestoft - Crisis resolution home treatment teams - No change to 36 beds for ongoing complex care for dementia

Option D3	**As for D2 but initially with increased bed numbers** *Services below in italics are identical to those proposed in Option D2* - Retain up to 12 beds initially on Larkspur Ward for patients who do not require an assessment but whose needs are greater than can be cared for by DIST alone. - Includes a Complex Care Team to provide outreach to Nursing Homes in the locality in order to develop this level of care within nursing homes in the future alongside DIST *- 4 dementia assessment beds at Blickling Ward, Julian Hospital, Norwich* *- DIST (Dementia Intensive Support Team) based at Carlton Court* *- Two DCLL Community Teams - one in Great Yarmouth, one in Lowestoft* *- Crisis resolution home treatment teams* *- No change to 36 beds for ongoing complex care for dementia*

A longlist of options also included the retention of a 12-bed ward with say 6 beds for dementia and 6 beds for CLL patients. This was not shortlisted as the advice from NSFT is that this mix of patients on one unit is not clinically acceptable.

3.3. CLL services

Proposal 2: Dementia and complex care in older age services
These services provide: dementia assessment, for adults of all ages, through a combination of community and inpatient (for those patients with very complex needs) services; a service for older people with conditions such as bipolar disorder, depression and schizophrenia. Thirty-six beds for older people with ongoing complex care needs are not included in the proposal as no change is proposed.

Current services: B. Complexity in later life (CLL)
Current services for Great Yarmouth & Waveney residents - 12 CLL (complexity in later life) beds at Laurel Ward, Carlton Court: currently closed and supported by DIST and CRHT - DIST (Dementia Intensive Support Team) pilot for people of all ages with dementia and people with mental health problems who also have complex care needs in old age - Two older peoples community teams - one in Great Yarmouth, one in Waveney - Older peoples intensive support team at Carlton Court, Lowestoft

Shortlisted options
Summary of options: **Option CLL1** is "do nothing" - return to previous clinical model and service **Options CLL2, is as per NSFT Proposal 2**. This proposes the permanent closure of 12 beds in Laurel Ward, with beds available on Sandringham Ward and with the addition of new community support teams **Option CLL3 provides additional Alternative to Admission beds**

Option CLL1 Return to previous service model - 12 beds in Laurel Ward re-opened

Option CLL2 Permanent closure of 12 CLL beds (Laurel Ward, Carlton Court)
- Permanent closure of 12 beds in Laurel Ward - 3 assessment beds at Sandringham Ward, Julian Hospital, Norwich - Up to 2 beds Alternative to Admission with local private providers - Access to new care pathway for adults including acute beds in Carton Court and Northgate - DIST (Dementia Intensive Support Team) based at Carlton Court - Two DCLL Community Teams - one in Great Yarmouth, one in Lowestoft - Crisis resolution home treatment teams

Option CLL3 As for CLL2 but with increased bed numbers
Services below in italics are identical to those proposed in Option CLL2 *- Permanent closure of 12 beds in Laurel Ward* *- 3 assessment beds at Sandringham Ward, Julian Hospital, Norwich* - Up to **[6]** beds Alternative to Admission with local private providers as required to meet demand *- Access to new care pathway for adults including acute beds in Carton Court and Northgate* *- DIST (Dementia Intensive Support Team) based at Carlton Court* *- Two DCLL Community Teams - one in Great Yarmouth, one in Lowestoft* *- Crisis resolution home treatment teams*

4. Results

The results of the appraisals are summarised in the sections below. More detailed tables are included in Appendix 1.

4.1. Acute services

4.1.1. Ranking and weighting the benefit criteria

The six criteria were ranked and weighted out of 100 as follows:

Ranking & weighting of benefit criteria	Acute	
	Rank	Weighting
1 Patient safety, clinical effectiveness	1	24.5
2 Access, patient experience	2	23.4
3 Clinical sustainability	3	17.3
4 Workforce development	4	13.3
5 Ease of delivery	5	12.8
6 Innovation and improvement	6	8.7
		100.0

- Criteria 1, 2 and 3 were consistently ranked highly by the groups which is reflected in a total weighting of more than 65% for those criteria. Most groups gave criterion 1 the highest weight but with criteria 2 a close second.
- One group ranked sustainability as second, given that services will need to meet any changes to commissioning in the future and that services need to be integrated.
- Workforce development was seen as an important enabler – working differently will mean changes in the workforce.
- Innovation was given a low ranking by all groups but with reservations as it was *- recognised that innovation is a way of moving forward and creating sustainable services.
- The “public consultation” view gave higher weighting to access (ranked first) and ease of delivery (ranked second). The overall rankings were not changed as a result of this, but the weighting differential was adjusted, in particular moving the access criterion weighting closer to that of criterion 1.

4.1.2. Scoring the options

The raw scores (out of a maximum of 60) and weighted scores (out of a maximum of 100) were:

ACUTE	Option 1 No change	Option 2A 20 beds at Carlton Court	Option 3A 20 beds at Northgate	Option 2B Phased move to C'ton Court	Option 3B Phased move to Northgate
Raw scores	29.5	36.3	38.5	39.0	**40.2**
Weighted scores	50.1	61.0	64.9	66.2	**68.4**
Rank	**5**	**4**	**3**	**2**	**1**
% of highest	73.3%	89.3%	94.9%	96.8%	100.0%

- Option 3B for a phased move to 20 beds on the Northgate site had the highest weighted score, just over 3% more than option 2B for a phased move to 20 beds at Carlton Court. The 3A and 2A options had the next highest scores, and the option for no change was fifth.
- All five groups gave the Northgate Hospital site options a higher score than the Carlton Court options – this reflected the differences in adjacency, access to other services and potential for integration at the two sites. The Northgate site provides a community hub with easy access to other - non inpatient-based - mental health services, social care services and good transport links. It is located in the heart of Great Yarmouth whereas the site at Carlton Court is relatively isolated and is a base for inpatient mental health services. NSFT have found that recruitment is easier to the Northgate services due to the service adjacencies and easier transport access, and the site has greater capacity for future development. In addition, there are existing supported housing units to the rear of the Northgate site. Specifically, the groups considered the following facts about the Northgate and Carlton Court sites:

Northgate

- Easy to get to by public transport or on foot, parking available
- Near to a thriving town centre and resources to enable people to develop their social skills and access the community supporting their recovery
- Access to other mental health services located on the Northgate Site eg the Norfolk Recovery Partnership (NRP), a drug and alcohol service, IAPT (Improving Acces to Psychological therapies, the Crisis Resolution Home Treatment Team (CRHT) and the Mental Health Recovery Team, GP beds and CAMHS services (Children and Adolescent Mental Health Services)
- The acute service at Northgate is able to proactively work with Stonham Homegroup who provide supported housing for mental health service users. This service is based on the Northgate Site on land previously

owned by the Primary Care Trust for those people that may benefit from this type of housing model
- The model of care/treatment provided by the Psychiatrists is one that sees patients able to access the unit as day patients, and this model has contributed to positive outcomes for patients and enhanced their progress through the pathway
- It's easier to recruit to the Great Yarmouth area – NSFT has had problems in the past with this in the Carlton Colville area
- The Section 136 suite is on edge of the unit
- The Unit has two detox beds

Carlton Court:

- Carlton Court is more difficult to get to given its location, although there is a bus stop outside the unit
- There is very little community infrastructure other than housing within easy access of the unit
- The CRHT is based on site but the recovery team is at Victoria House in Lowestoft
- There is a gym available as part of the unit
- The Section 136 suite on edge of the unit
- The Unit has experienced problems with recruitment in the past

- The location of the Section 136 suite on one site was supported by Suffolk Constabulary – it is consistent with the introduction of a single central custody suite which has been based in Great Yarmouth and therefore the Northgate site would have the greater benefit. The existing Section 136 suites are located near the wards – the development of a facility located within the extended ward would therefore improve the handover arrangements and free up police time.
- All five groups agreed that "no change" was not an option and this was given the lowest score.
- The phased options were supported as being easier to deliver and acknowledging the benefits of demonstrating that robust community services were in place before bed changes. There was some concern about the revenue implications of double running costs – equally, the view was expressed that the transition period to build on one site might mean there would be no practical difference between the A and B options.
- The "public consultation" scores showed a preference for the Carlton Court location and this moved option 2B into second place ahead of option 3A at Northgate.

4.1.3. Sensitivity testing

Four tests were applied to see how either a change in weighting or in scoring would change the identity of the preferred option:

- Option 2B scores more than 3B on only criterion: ease of deliverability (5) – it would require the addition of 26.6 to criterion 5 weighting (to increase the weight from 12.8 to 39.4) to give 2B the highest weighted score.
- Option 3A scores more than 3B on two criteria: sustainability (3) and ease of deliverability (5) – it would require the addition of 9.4 to criterion 3 weighting (to increase the weight from 17.3 to 26.7) to give 3A the second highest weighted score, or the addition of 27.9 to criterion 3 weighting (to increase the weight from 17.3 to 45.2) to give 3A the highest weighted score.
- Making the weights equal in value for all criteria does not change the ranking.
- Changing the score for 2B on the highest ranked criteria: it would require an increase in the score for 2B on criterion 1 of 0.9 (12%) to 8.2 to make 2B highest score.

4.1.4. Conclusions

The sensitivity tests show that it would take significant – and unrealistic - changes to the weighting to change the result. The scoring would also require a significant change, giving option 2B a higher score than any score recorded for any option, in order to change the result.

On this basis, the conclusions are:

- It is better to move to a single site for acute services.
- The Northgate Hospital site is preferred to Carlton Court.
- The phased implementation is preferred but in reality the transition period to develop the preferred site may effectively create that phasing period.
- Any additional costs resulting from a phased change will need to be quantified and taken into account as part of the overall decision making.

4.2. Dementia services

4.2.1. Ranking and weighting the benefit criteria

The six criteria were ranked and weighted out of 100 as follows:

Ranking & weighting of benefit criteria	Dementia and CLL	
	Rank	Weighting
1 Patient safety, clinical effectiveness	1	25.3
2 Access, patient experience	2	22.8
3 Clinical sustainability	3	17.5
4 Workforce development	4	13.6
5 Ease of delivery	5	11.8
6 Innovation and improvement	6	9.0
		100.0

The overall ranking order was the same as for the adult service with similar comments made. The key differences were that criterion 1 was seen as a clear first ranking with a larger weighting gap to criterion 2, and ease of deliverability (5) was given a lower weighting, reflecting that changes have already been introduced for these services.

It was also highlighted that the pathway for this service relies heavily on integration with partner organisations and a slightly higher weighting was given for innovation as new ways of working could be really effective.

The inclusion of the “public consultation” weighting did not change the overall ranking but moved the access criterion (2) closer to criterion 1.

4.2.2. Scoring the options

The raw scores (out of a maximum of 60) and weighted scores (out of a maximum of 100) were:

DEMENTIA	Option D1 Return to previous model	Option D2 Permanent closure	Option D3 Phased reduction
Raw scores	20.3	**35.5**	29.2
Weighted scores	34.2	**59.6**	50.1
Rank	**3**	**1**	**2**
% of highest	57.4%	100.0%	84.0%

- Option D2 for permanent closure of the beds on Larkspur Ward was given the highest score, with D3 (the phased reduction) second and the option to return to the previous service model (D1) with the lowest score.

- Several groups felt that option D3 was actually a step backwards, tokenistic and with little perceived benefit. One group, however, considered that D3 could provide an opportunity to make the alternatives to admission pathway more robust with scope to support greater integration.
- The main area discussed was around ensuring that there are good alternative to admission options in order to enable permanent closure. There was a need for flexibility around the bed numbers rather than a set number.
- It was accepted that the provision of a small number of specialist "intensive care" beds could not be appropriately accommodated within the GYW facilities and should be provided as part of a larger unit (on Blickling Ward in the Julian Hospital, Norwich).
- The pathway would be strengthened through the introduction of a 24/7 DIST team linking and working closely with the Out of Hospital Teams. It was recognised that the implementation of a successful DIST service would strengthen the links with social care which is a fundamental requirement given the interdependence of social and health care to provide high quality dementia services. The funding of the DIST team is achieved through the re-investment of savings from the closure of the beds. The successful development of the DIST service would be driven by a stringent commissioning specification and regular monitoring to ensure agreed standards and performance are achieved.
- The "public consultation" scores reflected that the public view did not want to lose services but wanted more. For this reason option D3 was scored highest just above option D1. These scores brought option D1 and D3 closer to option D2 but did not change the overall order of preference.

4.2.3. Sensitivity testing

Three tests were applied to see how either a change in weighting or in scoring would change the identity of the preferred option.

- Option D3 scores more than D2 on only criterion: ease of deliverability (5) – it would require the addition of 47.1 to criterion 5 weighting (to increase the weight from 11.8 to 58.9) to give D3 the highest weighted score.
- Making the weights equal in value for all criteria does not change the ranking.
- Changing the score for D3 on the highest ranked criterion – it would require an increase in the score for D3 on criterion 1 of 3.8 (69%) to 9.3.

4.2.4. Conclusions

The sensitivity tests show that it would take significant – and unrealistic - changes to the weightings or scores to change the result.

On this basis, the conclusions are:

- A return to the previous service model is not supported.
- On balance, the phased option is not supported as it is seen to represent a backwards step with greater uncertainty. However, good alternative to admission options must be in place to enable permanent closure.
- A 24/7 DIST team working closely with the Out of Hospital Teams would strengthen the pathway and improve integration.

4.3. Complexity in Later Life (CLL) services

4.3.1. Ranking and weighting the benefit criteria

The ranking and weighting was as shown in 4.2.1 for dementia services.

4.3.2. Scoring the options

The raw scores (out of a maximum of 60) and weighted scores (out of a maximum of 100) were:

COMPLEXITY IN LATER LIFE	Option CLL1 Return to previous model	Option CLL2 Permanent closure	Option CLL3 Additional ATA beds
Raw scores	20.2	34.3	**39.0**
Weighted scores	33.8	57.3	**65.7**
Rank	**3**	**2**	**1**
% of highest	51.4%	87.2%	100.0%

- Option 3 had the highest score. All the groups scored option 2 higher than the option to return to the previous service model ie re-opening beds on Laurel Ward. The groups recognised the need for some additional beds but expressed reservations about the quality of provision and environment in the existing alternative to admission service – for this model to work effectively appropriate beds must be available.
- There was also an identified need to develop a stronger pathway around handover – providing the DIST service 24/7 for seven days a week would strengthen the out of hours provision.
- Several groups discussed the opportunity of providing alternative beds in a different way, for example this could be on the Carlton Court campus.
- The successful provision of alternative to admission beds and the development of the DIST service would be driven by a stringent commissioning specification and regular monitoring to ensure agreed standards and performance are achieved.

- The “public consultation” scores put option CLL1 highest, ahead of option CLL3. These scores did not change the overall result but brought option CLL1 closer to CLL3 and option CLL2 slightly further away from it.

4.3.3. Sensitivity testing

Two tests were applied to see how either a change in weighting or in scoring would change the identity of the preferred option.

- Option CLL3 outscores CLL2 on all criteria, so changing the weightings would not change the ranking order.
- Changing the score for CLL2 on highest rank criterion: it would require an increase in the score for CLL2 on criterion 1 of 3.4 (58%) to 9.2.

4.3.4. Conclusions

The sensitivity tests show that it would take significant – and unrealistic - changes to the weightings or scores to change the result.

On this basis, the conclusions are:

- A return to the previous service model is not supported.
- The service model and pathway would be improved with the availability of the DIST team on a 24/7 seven days a week basis.
- It was recognised that there is a need for some additional beds in the system in order to improve access and provide a sustainable solution. There are different ways of providing these beds and alternatives should be considered.

5. Conclusions

This option appraisal was undertaken to provide a further piece of evidence to support the CCG's Governing Body in its decision making process. The conclusions from the workshop provide some clear views – for example, the options for status quo or returning to previous service models are not supported - and suggested improvements to current pathways (or proposed pathways) for future implementation.

The inclusion of the "public consultation" weightings and scores did not change the overall choice of preferred option in the three services. For acute services, however, it did not switch the second and third choice options, with the public consultation scores reflecting a preference for the Carlton Court site over the Northgate site.

For ease of reference, the conclusions set out in section 4 are summarised below:

Acute services

- It is better to move to a single site for acute services.
- The Northgate Hospital site is preferred to Carlton Court.
- The phased implementation is preferred but in reality the transition period to develop the preferred site may effectively create that phasing period.
- Any additional costs resulting from a phased change will need to be quantified and taken into account as part of the overall decision making.

Dementia services

- A return to the previous service model is not supported.
- On balance, the phased option is not supported as it is seen to represent a backwards step with greater uncertainty. However, good alternative to admission options must be in place to enable permanent closure.
- A 24/7 DIST team working closely with the Out of Hospital Teams would strengthen the pathway and improve integration.

Complexity in Later Life services

- A return to the previous service model is not supported.
- The service model and pathway would be improved with the availability of the DIST team on a 24/7 seven days a week basis.
- It was recognised that there is a need for some additional beds in the system in order to improve access and provide a sustainable solution. There are different ways of providing these beds and alternatives should be considered.

APPENDIX 1: Workshop result schedules

(1) Ranking and weighting of benefit criteria

Ranking & weighting of benefit criteria	Acute		Dementia and CLL	
	Rank	Weighting	Rank	Weighting
1 Patient safety, clinical effectiveness	1	24.5	1	25.3
2 Access, patient experience	2	23.4	2	22.8
3 Clinical sustainability	3	17.3	3	17.5
4 Workforce development	4	13.3	4	13.6
5 Ease of delivery	5	12.8	5	11.8
6 Innovation and improvement	6	8.7	6	9.0
		100.0		**100.0**

(2) ACUTE: Raw and weighted scores

ACUTE	Weighting	Option 1 No change	Option 2A 20 beds at Carlton Court	Option 3A 20 beds at Northgate	Option 2B Phased move to C'ton Court	Option 3B Phased move to Northgate
Raw Scores						
1 Patient safety, clinical effectiveness	24.5	5.4	6.4	6.6	7.3	7.6
2 Access, patient experience	23.4	5.6	6.0	6.8	6.9	7.3
3 Clinical sustainability	17.3	4.0	6.2	6.8	5.8	6.1
4 Workforce development	13.3	4.6	6.3	6.5	6.8	7.0
5 Ease of delivery	12.8	5.3	5.6	5.5	5.9	5.4
6 Innovation and improvement	8.7	4.7	5.9	6.4	6.3	6.8
	100.0	**29.5**	**36.3**	**38.5**	**39.0**	**40.2**
Ranking:		**5**	**4**	**3**	**2**	**1**
% of highest		73.4%	90.5%	95.9%	97.1%	100.0%
Weighted Scores						
1 Patient safety, clinical effectiveness	24.5	13.3	15.7	16.1	18.0	18.6
2 Access, patient experience	23.4	13.1	14.1	15.8	16.2	17.2
3 Clinical sustainability	17.3	6.9	10.7	11.7	10.0	10.5
4 Workforce development	13.3	6.1	8.3	8.7	9.1	9.3
5 Ease of delivery	12.8	6.7	7.1	7.0	7.5	6.9
6 Innovation and improvement	8.7	4.0	5.1	5.6	5.4	5.9
	100.0	**50.1**	**61.0**	**64.9**	**66.2**	**68.4**
Ranking:		**5**	**4**	**3**	**2**	**1**
% of highest		73.3%	89.3%	94.9%	96.8%	100.0%

(3) DEMENTIA: Raw and weighted scores

DEMENTIA	Weighting	Option D1 Return to previous model	Option D2 Permanent closure	Option D3 Phased reduction
Raw Scores				
1 Patient safety, clinical effectiveness	25.3	3.3	6.2	5.5
2 Access, patient experience	22.8	3.8	5.8	5.5
3 Clinical sustainability	17.5	2.7	6.5	4.2
4 Workforce development	13.6	3.5	6.0	4.8
5 Ease of delivery	11.8	4.7	4.5	5.3
6 Innovation and improvement	9.0	2.3	6.5	3.8
	100.0	**20.3**	**35.5**	**29.2**
Ranking:		**3**	**1**	**2**
% of highest		57.3%	100.0%	82.2%
Weighted Scores				
1 Patient safety, clinical effectiveness	25.3	8.4	15.6	13.9
2 Access, patient experience	22.8	8.7	13.3	12.5
3 Clinical sustainability	17.5	4.7	11.4	7.3
4 Workforce development	13.6	4.8	8.2	6.6
5 Ease of delivery	11.8	5.5	5.3	6.3
6 Innovation and improvement	9.0	2.1	5.9	3.5
	100.0	**34.2**	**59.6**	**50.1**
Ranking:		**3**	**1**	**2**
% of highest		57.4%	100.0%	84.0%

(4) COMPLEXITY IN LATER LIFE: Raw and weighted scores

COMPLEXITY IN LATER LIFE	Weighting	Option CLL1 Return to previous model	Option CLL2 Permanent closure	Option CLL3 Additional ATA beds
Raw Scores				
1 Patient safety, clinical effectiveness	25.3	3.3	5.8	6.7
2 Access, patient experience	22.8	3.7	5.7	6.8
3 Clinical sustainability	17.5	2.7	6.1	6.5
4 Workforce development	13.6	3.4	5.8	6.8
5 Ease of delivery	11.8	4.7	4.7	5.8
6 Innovation and improvement	9.0	2.4	6.2	6.3
	100.0	**20.2**	**34.3**	**39.0**
Ranking:		**3**	**2**	**1**
% of highest		51.7%	87.8%	100.0%
Weighted Scores				
1 Patient safety, clinical effectiveness	25.3	8.4	14.8	16.9
2 Access, patient experience	22.8	8.3	12.9	15.5
3 Clinical sustainability	17.5	4.7	10.6	11.4
4 Workforce development	13.6	4.6	7.9	9.3
5 Ease of delivery	11.8	5.5	5.5	6.9
6 Innovation and improvement	9.0	2.2	5.6	5.7
	100.0	**33.8**	**57.3**	**65.7**
Ranking:		**3**	**2**	**1**
% of highest		51.4%	87.2%	100.0%

Appendix 3: Glossary

Word or phrase	Meaning
Access and Assessment services	Access and assessment services provide a single point of access into services and all referrals are triaged or assessed within one working day, unless they need an urgent response which will be within either four or 72 hours according to their need.
Acute Care	Short term medical treatment in a hospital for very unwell patients.
Adult services	Adult services are for people aged 18 and over with mental health problems such as depression, bipolar disorder or schizophrenia.
All age adult acute services	The adult acute service line will provide crisis assessment, home treatment and inpatient assessment and intervention for people aged 18 and above. Great Yarmouth and Waveney and central Norfolk's acute pathways are recognised nationally for their efficiency.
Alternative to admission beds	Alternative to admission services offering service users effective alternatives to acute admission and to reduce length of stay where possible. This may include foster families.
Clinical Commissioning Group (CCG)	Clinical Commissioning Groups consist of groups of GPs and other clinicians who decide on how NHS money is spent on healthcare services in their local area.
Clinicians	A health professional, such as a physician, surgeon, psychiatrist, psychologist, or nurse, involved in clinical practice (caring for patients).
Crisis	A sudden worsening of a mental health condition.
Dementia	A syndrome (a group of related symptoms) that is associated with an on-going decline of the brain and its abilities.
DIST	Dementia intensive support teams are community based teams supporting people with a dementia diagnosis and their family carers in their own homes and community.
Foundation Trust	Foundation Trusts have greater financial freedom than other NHS organisations. Local people,

	patients and staff can become members and governors and hold the Trust to account for its performance.
Funding: either capital funding or revenue	Capital funding is spending on significant assets that will have a life of many years, such as new buildings. Revenue funding is spending on day-to-day items to run services, such as staffing, supplies and purchase of services from a variety of external providers.
GP (General Practitioner)	Your local doctor.
Health Overview and Scrutiny Committee (HOSC)	Health Overview and Scrutiny Committees carry out in-depth reviews of particular health issues of relevance to local people. We also have a Joint Health Overview and Scrutiny Committee covering the Great Yarmouth and Waveney area made up of councillors from both Norfolk and Suffolk.
Inpatients	Patients who need overnight stays for medical care.
Integrated services	Integrated services bring different health and social care teams together, according to a patient's needs, to make sure they receive a full package of treatment to help them recover.
Personality disorders	Personality disorders are a group of conditions characterised by an inability to get on with other people and learn from experience. People with a personality disorder may find that their beliefs and attitudes are different from those of most other people. Others may find their behaviour unusual, unexpected or perhaps offensive. Personality disorders usually become apparent in adolescence or early adulthood, although they can start in childhood. People with a personality disorder may find it difficult to start or maintain relationships, or to work effectively with others. As a result, many may feel hurt, distressed, alienated and alone. Personality disorders affect how a person thinks and behaves, making it hard for them to live a normal life. People diagnosed with personality disorder may be very inflexible and they may have a narrow range of attitudes, behaviours and coping

	mechanisms which they can't change easily, if at all. They may not understand why they need to change, as they do not feel they have a problem. Personality disorder is a controversial diagnosis. They are very deep-rooted, so hard to treat, but people can be helped to manage their difficulties. There are no accurate figures, but an estimated 10% of the general population has some kind of personality disorder. The risk of suicide in someone with a personality disorder is about three times higher than average. People who think they may be suffering from a personality disorder should consult a GP.
Primary care	Primary care refers to services provided by GP practices, dentists, pharmacies and high street opticians.
Recovery College	Recovery Colleges deliver comprehensive, peer-led education and training programmes within mental health services. They are run like any other college, providing education as a route to recovery, not as a form of therapy. Courses are co-devised and co-delivered by people with lived experience of mental illness and by mental health professionals.
Rehabilitation	A treatment or treatments designed to help the process of recovery from injury, illness, or disease to as normal a condition as possible.
Service user	People who use health and social care services, or who are potential users of health and social care services.
Social care	A wide range of services provided by local authorities and the independent sector to people either in their own homes or in a care home or day centre. Services also include help with washing, dressing and home-help.
Stakeholders	Organisations and individuals with an interest in the activities of the local NHS.

NHS Great Yarmouth and Waveney CCG five year plan for achieving health and care integration

Great Yarmouth and Waveney Clinical Commissioning Group (CCG) will inform the Joint Committee about the five year plan adopted in July 2014 and its approach to commissioning an integrated care system.

1. Introduction

1.1 On 24 July 2014 Great Yarmouth and Waveney CCG Governing Body approved a five year strategic commissioning plan. The plan is available in full on the CCG's website:- http://www.greatyarmouthandwaveneyccg.nhs.uk/_store/documents/healtheastgoverningbodymeetingagenda24juy2014_inpublic.pdf

1.2 The Chief Executive of the CCG has been invited to give the Joint Committee a presentation on the vision for the next five years and the CCG's intentions for an integrated care system in Great Yarmouth and Waveney. A summary paper is attached at Appendix A.

NHS
Great Yarmouth and Waveney
Clinical Commissioning Group

HealthEast

Briefing for Great Yarmouth and Waveney Health Scrutiny Committee:

NHS Great Yarmouth and Waveney CCG five year strategic plan

Background:

In December 2013, NHS England published 'Everyone Counts: Planning for Patients 2014/15 to 2018/19. In response to this publication, every Clinical Commissioning Group (CCG) was required to publish robust plans setting out how services would be commissioned over the next five years. HealthEast has worked with all our key stakeholders in health and social care and the third sector to develop these plans.

So this plan is owned locally and has been driven by local needs. HealthEast welcomes this longer term view of planning services which reflects a series of step changes we need to make to deliver care to the people we serve in an environment of unprecedented financial challenge.

We are confident that this Five Year Strategic Plan clearly sets out our approach to an ambitious local agenda. It was approved by our Governing Body in July this year.

Our system vision:
By 2018/19 the citizens of Great Yarmouth and Waveney will receive their health and social care, and some district/borough services, from a cohesive integrated care system (ICS). The ICS will be user focused, delivering high quality and safe services with an orientation to innovate and develop new methods delivering better care based on the ideas and ambitions of professionals and the feedback of users.

Because it is operating in a coordinated way, eliminating inefficiency and waste, and striving for more effective delivery methods it will be using resources optimally and constituent member organisations will be in financial balance and able to invest in further improvements.

Better Health, Better Care, Better Value:
The five year vision for NHS Great Yarmouth and Waveney Clinical Commissioning Group (NHSGYWCCG) is both clear and challenging – to develop a better, integrated, system to care for our population.

Our ambition of 'Better Health, Better Care, Better Value' has been our abiding principle since the CCG was operating in shadow form, and has guided our commissioning strategy and commissioning intentions to date. Our ambition, shared with all of our local system partners, is to create an Integrated Care System with full citizen design and 'buy in' – one that is sustainable and affordable and which delivers flexible, quality services for our patients and improves the health of our population.

We plan to move substantially towards this five year vision over the intervening years and have set out our plans in more detail in our two year Operating Plan.

In conjunction with our commissioning partners, Norfolk County Council (NCC), Suffolk County Council (SCC), Great Yarmouth Borough Council (GYBC), Waveney District Council (WDC) and NHS England (in respect of the direct commissioning of primary care and specialist services) we have worked up and agreed a common vision of an ICS as our means of ensuring that we provide quality care to all of our population, that we ensure integration of pathways rather than the current fragmentation, and that we increase the efficiency and effectiveness of the care we give our population, as well as maximising scarce resources.

These are the founding principles of our drive towards integration. As we move further towards our integration ambitions, there are a number of important strategic decisions, from a range of options, which need to be taken in conjunction with our commissioning partners.

These include how we best maximise the integration opportunities by looking at the fact that some of the commissioners within the ICS provide as well as commission services. We also are in the process of working with them to describe a more detailed timetable of activities. The givens at present are that we will work together on the triad of key integration activities – combining budgets (using the Better Care Fund as a catalyst), streamlining the management of teams and co-locating teams. Together these activities will bring about improved outcomes for our population and reduced inequalities across the CCG.

Our system vision includes ambitious plans for acute and community health provision, primary care and mental health, both district and county councils – and all of the collective workforce, estate and financial resources.

We also want to narrow the differences in healthy life expectancy between those living in our most deprived communities and those who are more affluent, through achieving quicker and greater improvements in more disadvantaged communities.

The main aims of integration are:

- to engage with our population, irrespective of which of the integrated services they are using, to learn about how they would like services to be configured to best meet their needs
- to improve the quality of the services across health and social care for our local population
- to improve the health of our population
- to reduce inequalities of both access and outcomes
- to secure a stable future for all health and social care organisations
- to improve the efficiency in the provision of the services.

This will bring about outcomes of:

- a system where services are developed based on need
- a system where patients are treated as individuals and not illnesses
- a system where early health and social care interventions improve lives and cost less
- a system where pathways adapt to the individual not the individual shaped to an appropriate pathway
- a system which does not let people fall into gaps between providers
- a system which provides affordable excellence, the Better Care Fund (BCF) is seen as a key enabler

- there is a recognition across Great Yarmouth and Waveney Health and Social Care Stakeholders that they are all in this together to make the above a reality.

We will do this by:

- working with our wider group of partners in the public, private and voluntary sector to build engagement and action in support of our vision.

Andrew Evans
Chief Executive
HealthEast

26 September 2014

Information Items

These items are not intended for discussion at the Committee meeting. Further information may be obtained by contacting the named officer for each item. 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.

1. Update on progress towards developing seven day services including timescales.

Background

Professor Sir Bruce Keogh, NHS England's Medical Director, established the NHS Services, Seven Days a Week Forum which is designed to give NHS commissioners evidence, insight and the tools they need to move the NHS towards routine services being available seven days a week. The first stage of the Forum's review focused on urgent and emergency care services.

The Forum's ambition is that: **"**every community in England should be able to access urgent and emergency care services and their supporting diagnostic services delivered in a way that meets clinical standards we have developed, seven days a week. Meeting challenge requires transformational change and collaboration between providers of service and different sectors of the health and social care system". The Forum also believes that patients' experiences of care are particularly affected at weekends by a lack of integration across all health settings and with social care services.

In Great Yarmouth and Waveney health and social care partners are already working together as part of the pilot of early adopters of the seven day services transformation improvement programme (SDSTIP).

Update

An integrated steering committee to lead the whole system approach to seven day services was established in June 2014. Members are accountable to their respective organisations and the Great Yarmouth and Waveney System Integrated Care System (ICS) Board to deliver rapid progress towards seven day working. Their role is to make sure that there is a truly coordinated approach with full involvement and collaboration from all partner organisations.

The long-term project will see all organisations which provide health and social care in Great Yarmouth and Waveney work closely together to provide more joined up, integrated services, which offer equal levels of care every day of the week. We have

identified key actions and these are progressing well as seen in the action plan below.

Our initial focus will be on the areas that support reduction in urgent and emergency care admissions. These are admissions avoidance, unplanned care with a focus on diagnostic services and discharge. Our "Out of Hospital Strategy" will see social care and healthcare staff working together across seven days providing a 24/7 service that supports unnecessary admissions at weekends and also facilitates timely discharge by having the right care staff available to do assessments and care at all times not just Monday to Friday.

We have been working with all our partners over the last few months to agree our focus areas around seven day services and how best to move forward, including agreeing the outcomes we wish to achieve.

Health and social care partners already work closely, and this opportunity will develop those already strong relationships still further to provide patients with one team, working across boundaries to deliver high quality, safe care seven days a week.

The local acute contract includes the requirement for the James Paget University Hospitals NHS Foundation Trust (JPUH) to have an action plan to deliver the ten clinical standards as part of the seven day service requirements within the service and improvement plan section. The Director of Nursing in Health East has worked with the JPUH to use CQUIN to capture improvements around the achievement of the clinical standards.

Our Out of Hospital strategy is a key seven day service initiative. This facilitates a move away from traditional bed-based models within acute and community care, to a model that supports people remaining safely at home, wherever possible. The first Out of Hospital team, to support one of our two main centres of urban population, was established in April 2014. This is an integrated team of health and social care workers, using shared facilities, increasingly sharing data and with streamlined management. An early example of this is the fact that health and social work teams in Great Yarmouth (Norfolk) will be managed by a leader from Suffolk County Council.

We are looking to expand care home capacity in the area, to accommodate those patients who need a period of more intensive input than services at home will be able to provide. We have tendered for the first set of care home beds to be put to this use and the remit to tender is the requirement that the care homes must be able to admit between 8am and 8pm seven days a week. The Out of Hospital teams will be expanded over the course of the next two years to cover the whole of our area, once we have tested and refined the model.

Our plans around future mental health services include establishing a Dementia Intensive Support Team which will operate 24/7 providing support for patients with dementia and their family carers.

Action Plan

Action	Deadline
Agree integrated project initiation document	June 2014
Agree initial 12 month priorities	June 2014
Ensure all JPUH Consultants can access and use summary care records seven days a week	September 2014
Enhance multidisciplinary team working in JPUH	April 2015
Enhance clinical recording systems in JPUH in relation to access to a consultant within seven hours	April 2015
Explore further opportunities for the Out of Hospital (OOH) model across the GYW system	April 2015
Improve communication regarding OOH Team and their services with JPUH	September 2014
Establish sub groups and identify a sub group lead to initiate work and drive actions	July 2014
Sub group one to focus on the following: • Clinical – consultant review 14 hours • Senior decision makers • Weekend handovers • Pharmacy	April 2015
Sub group two to focus on the following: • Point of care testing • Diagnostic testing • Endoscopy, human resources, admin support	April 2015
Ensure Patients are actively involved in shared decision making seven days a week	From September 2014

Kate Gill
Director of Operations
HealthEast
26 September 2014

2. Move of the Out of Hours GP base from the Nelson Medical Centre, Great Yarmouth to the James Paget University Hospitals NHS Foundation Trust.

Background

NHS Great Yarmouth and Waveney Clinical Commissioning Group has been working with IC24, our GP Out of Hours provider and the James Paget University Hospitals NHS Foundation Trust (JPUH) to move the current base for the GP out of hours service in Great Yarmouth from the Nelson Medical Centre on Pasteur Road, Great Yarmouth to the JPUH in Gorleston.

The move took place on Monday, 6 October 2014 to make sure that the service was up and running in time for the traditional winter pressures. Developing GP services alongside A&E is in line with national guidance and best practice.

Normal out of hours across the whole of GYW starts from 6.30pm and ends at 8.00am weekdays and is accessible all weekends and bank holidays. However, as part of the move an additional out of hours GP will be provided during the peak hours of 6.30pm until 12 midnight Monday to Friday and 8am until 12 midnight Saturday and Sunday and on Bank Holidays. This enhanced service means that a GP will be available during the out of hour's period whilst the other GP is making necessary home visits, improving the patient experience.

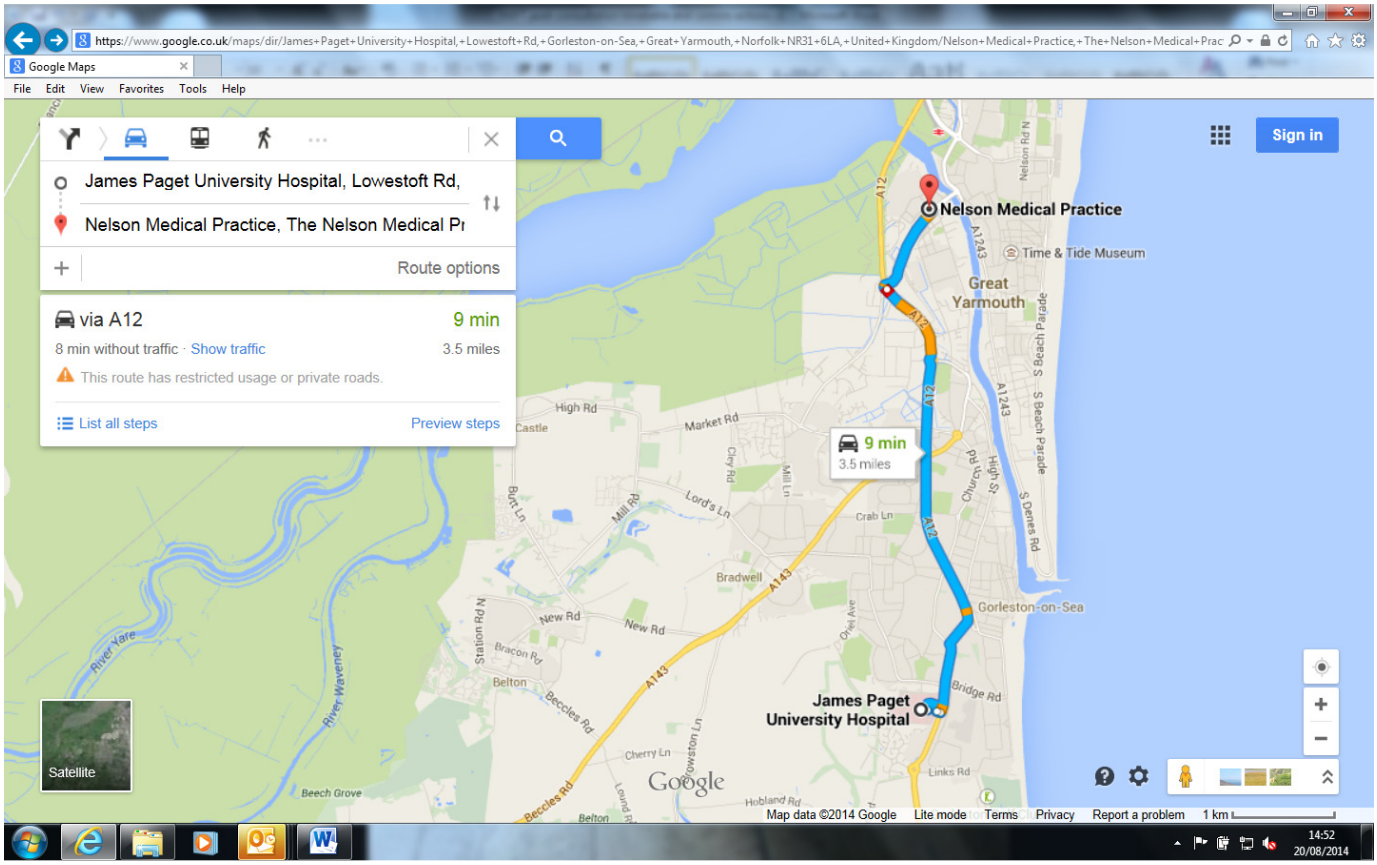
Both the reception staff in the out of hours service and within A&E will work together to manage patient flows where possible thus helping with the burden on A&E. However, this element of the new service is not currently being promoted to the public and will need proper managing, as we do not want to increase demand but simply take some of the unnecessary pressure away from A&E.

We know that whilst A&E attendance is increasing, at the same time General Practice services are also feeling the pressure of increased volume. The additional GP available on the JPUH site to patients who need primary care instead of an A&E attendance will help improve the service offered to patients in Great Yarmouth and Waveney by making sure that patients get the right help at the right time and in the right place.

If this initial support to A&E proves successful, this could be the first move towards creating a primary care centre on the A&E site, putting services where patients want to use them.

How does the Out of Hours GP service work?

The out of hours service that patients access in Great Yarmouth will not change. Currently patients ring 111 for health advice out of hours and if an out of hours GP is the outcome of the call, it is passed through to the out of hour's service. In some cases it is necessary for the GP to see a patient, on average 350 patients a month are asked to attend the Out of Hours centre at a set time to see the GP. The only difference for patients is that they will now be asked to present at the JPUH instead of at the Nelson Medical Centre, a difference of 3.5miles (see map below).



For some patients this will be nearer to their home and for others it will mean an additional drive of approximately nine minutes.
The nearest Out of Hours pharmacy will remain the same: Boots at Gapton Hall in Great Yarmouth.

What difference will patients see?

The only difference patients will see to the service is that when asked to attend to see an out of hours GP they will be asked to go to the JPUH instead of Nelson Medical Practice. All other elements of the out of hour's service will remain the same.

What about paying for car parking?

Patients who attend the JPUH A&E department have to pay for car parking on the hospital grounds. As part of these new arrangements the three partners have reached an agreement which means that patients attending a booked appointment with the Out of Hours GP will be given a validated car parking ticket enabling them to park for free.

Informing the public

A number of methods have been used to inform the public of the move:

- Press statements and releases
- Posters in the Nelson Medical centre and neighbouring GP surgeries
- Letter to GP practices advising them of the move
- Information sent to Patient and Public Participation Groups

- Information about the move on the NHS Great Yarmouth and Waveney CCG website
- Briefing to partner organisations i.e. East of England Ambulance service, Norfolk and Suffolk NHS Foundation Trust, East Coast Community Healthcare, Social Care Norfolk and Suffolk.
- Twitter and facebook information about the move
- Briefing call handling staff in IC24

Rebecca Driver
Director of Engagement
HealthEast
26 September 2014

3. James Paget University Hospitals NHS Foundation Trust two year transformation plan

Details are attached.

For Information

James Paget University Hospitals NHS Foundation Trust

Overview and update of the two year transformation plan

1 Background

1.1 The James Paget University Hospitals NHS Foundation Trust implemented a transformation programme in 2012. Since then, the approach has been developed to build a stronger foundation for forward planning. At the beginning of the current financial year 2014/15, the Trust embarked on a two year programme to support transformation of services to enable the Trust to deliver £17.6m savings during 2014-16. The programme was developed with appropriate governance in place to ensure that this could be delivered without risk to patient safety and where possible with improvement to patient outcomes.

1.2 The current transformation programme aims to support work that will not only deliver cost improvement savings, but will also enable future changes to be made to support the Trust's five year strategy.

2 Two year transformation plan.

2.1 The two year plan has been developed with stakeholders and has been structured to provide clear governance and a stronger emphasis on clinical leadership and engagement. The programme itself is monitored closely on a monthly basis by the Transformation Board, which comprises all members of the Executive Team and is led by the Chief Executive.

2.2 The framework and key projects within the programme are set out at Appendix A. The individual project areas are briefly described below.

2.3 Service Transformation – Focus areas

- Surgical Services – deliver improvements within operating theatres to realise efficiencies across each aspect of the patient journey
- Outpatients – focus on all aspects of outpatient services from referral through to discharge or decision to admit
- Administrative Roles and Enablement – review of administrative structures and support focussing on using technology and pooling resources
- Pharmacy and medicines management – establishing tested methods of clinical practices to transform the way pharmacy services are delivered to our patients and to achieve operational efficiencies.
- Patient flow and ward refurbishment – continuing work to improve patient flow including projects such as implementing point of care testing to improve the speed of diagnosis.

- Coding and best practice tariff – ensuring depth and quality of coding and analysis to ensure achieving best practice tariff opportunities

2.4 Operational Excellence

- Tactical budget opportunities – cost efficiencies opportunities across all divisions
- Service reviews and service line reporting – analysis of service line reporting to assess viability and evaluate options for service provision to maximise opportunities
- Lowestoft hospital site – consolidation of services and closure of Lowestoft site following the public consultation led by Great Yarmouth and Waveney Clinical Commissioning Group in partnership with this Trust and East Coast Community Healthcare.
- Procurement – implementing revised procurement services to standardise and rationalise procurement approaches and secure price reductions.
- Tactical HR and flexible benefits – review and roll out of flexible benefits schemes to staff
- Commercial and market outsourcing opportunities – maximising opportunities to generate income from rental space and in-house services.

2.5 Partnership/Collaboration and Innovation

- Research and development – increase opportunities from research trials
- Service growth and development – increased opportunity from developing services and income generation
- Inter-provider collaboration and integrated care – developing opportunities from collaborative working
- Medical productivity and medical agency – evaluation of opportunities for medical agency controls

2.6 Patient Experience and Safety

- Consistency in care and eliminating harm – efficient procurement of dressings and development of care bundles to improve clinical care for selected groups of patients
- Ward establishment and temporary staffing - delivering benefits through effective management of temporary staffing
- Specialist roles including Allied Health Professionals' new ways of working

3 Progress and Next Steps

3.1 The first six months of the transformation programme has seen individual project structures implemented and good progress against milestones. Variations to the programme are reported to the Transformation Board, including managing alterations to the original assumptions, such as legislative changes or revised activity levels.

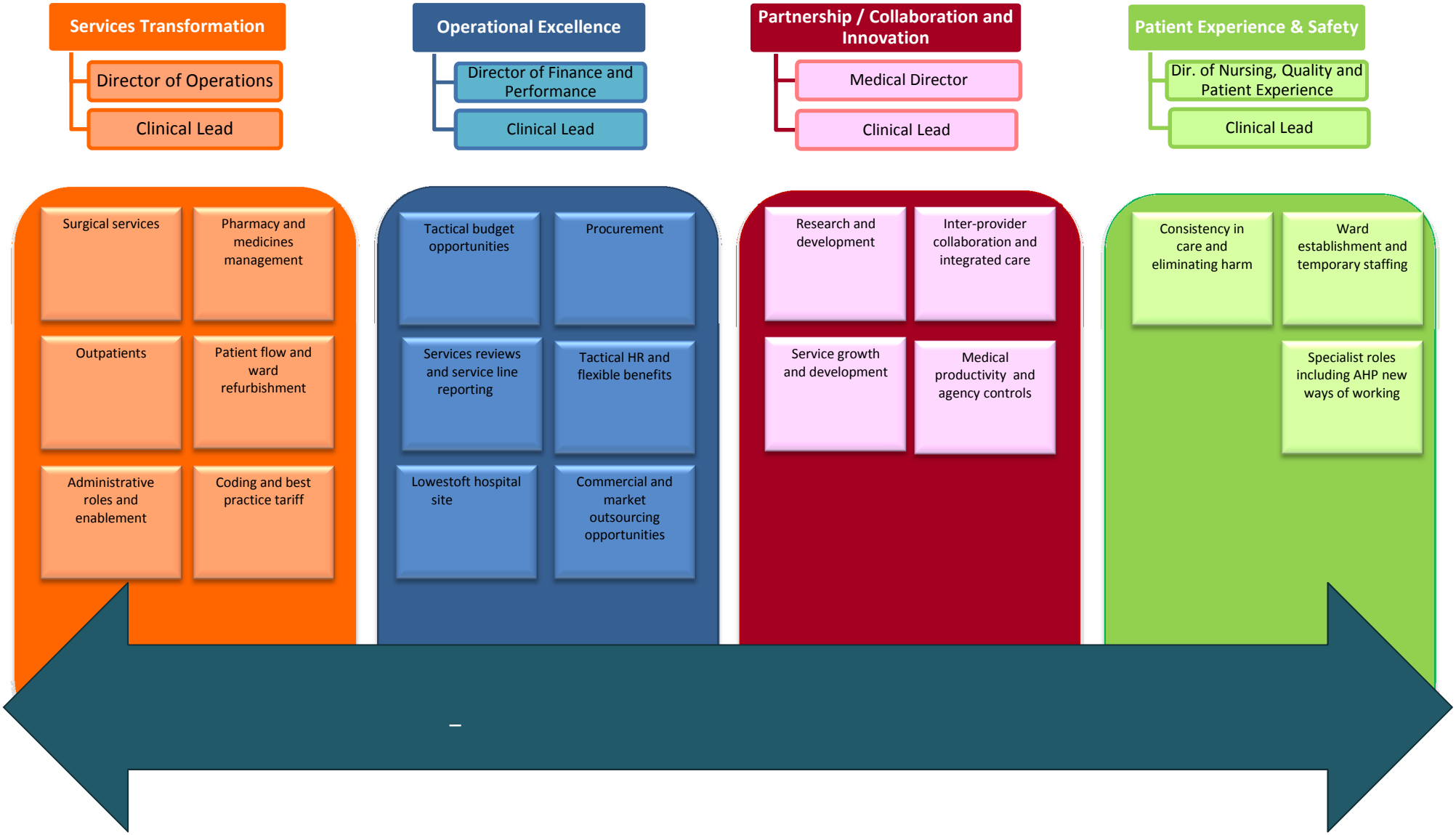
3.2 As well as ensuring a tight focus on the operational activities of the Trust, the programme also emphasises partnership and collaborative opportunities. To this end the Trust will be working closely with the Clinical Commissioning Group to develop integrated working and a whole system approach to transformation that will benefit both the Trust and the wider local health economy.

3.3 As set out in the transformation plan, a key focus for developing further opportunities is implementation of service reviews. Work is now commencing to undertake service by service targeted reviews, which will be informed by the latest service line reporting. Analysis of clinical and financial viability of services will support the development, by service and clinical leads, of strategic options, which will be evaluated by the Hospital Management Group, Board of Directors, and key stakeholders including the CCG and Local Area Team.

3.4 This work will help refine the transformation plan for 2015-16 and support development of the Trust's forward planning for 2016-17 and beyond.

APPENDIX A

The Trust's Two Year Transformation Plan



Norfolk County Council at your service

Suffolk County Council

Date: 8 October 2014
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;
- consider whether there are topics to be added;
- consider and agree the scrutiny topics below;
- provide clear information about why each item is on the forward work programme

Please consider issues of priority, practicality and potential outcomes in respect of any proposed topics for the forward work programme.

Forward Work Programme

Meeting dates	**Subject**	**Approach**
6 Feb 2015		
8 April 2015		

Potential items for consideration:

- *Follow-up on adult and dementia mental health services in Great Yarmouth and Waveney.*

Great Yarmouth & Waveney Joint Health Scrutiny Committee 8 October 2014

Glossary of Terms and Abbreviations

A&E	Accident and Emergency
CAMHS	Child and adolescent mental health services
CCG	Clinical Commissioning Group
CLL	Complexity in later life
CQuIN	Commissioning for quality and innovation
CRHT	Crisis resolution home treatment
DCLL	Dementia and Complexity in Later Life
DIST	Dementia Intensive Support Team
FT	Foundation Trust
GY&W	Great Yarmouth and Waveney
HOSC	Health Overview and Scrutiny Committee
IAPT	Improving Access to Psychological Therapies
ICS	Integrated care system
JPUH	James Paget University Hospitals NHS Foundation Trust
NRP	Norfolk Recovery Partnership
NSFT	Norfolk and Suffolk NHS Foundation Trust (the mental health trust)
OOH	Out of hospital
SDSTIP	Seven day services transformation improvement programme