Norfolk County Council at your service

Suffolk County Council

Great Yarmouth and Waveney Joint Health Scrutiny Committee

Date: Tuesday, 31 January 2012

Time: 10.30 am

Venue: James Paget University Foundation Trust Hospital, Lowestoft Road, Gorleston, Great Yarmouth, Norfolk, NR31 6LA Phone 01493 452452

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

Membership

Member	Representing
John Bracey	Broadland District Council
Alison Cackett	Waveney District Council
Michael Carttiss	Norfolk County Council
Michael Chenery of Horsbrugh	Norfolk County Council
Tony Goldson	Suffolk County Council
David Harrison	Norfolk County Council
Colin Walker	Suffolk Coastal District Council
Shirley Weymouth	Great Yarmouth Borough Council
Anne Whybrow	Suffolk County Council
Vacancy	Suffolk County Council

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

Susan Millington on 01473 264372 or
email susan.millington@suffolk.gov.uk

Business to be taken in public

1. **Election of Vice Chairman**
   To elect a member of the Norfolk Health Overview and Scrutiny Committee as the Vice-Chairman for the remainder of the 2011/12 Municipal Year.

2. **Public Participation Session**

   A member of the public who is resident, or is on the Register of Electors for 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 using the contact details under 'Information for Visitors' by no later that 12 noon on Wednesday 25 January 2012.

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

3. **Apologies for Absence and Substitutions**

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

4. **Declarations of Interest and Dispensations**

   To receive any declarations of personal or prejudicial interests, and the nature of that interest, in respect of any matter to be considered at this meeting.

5. **Minutes of the Previous Meeting** — Pages 5 - 10

   To approve as a correct record, the minutes of the meeting held on 30 September 2011.

6. **Clinical Commissioning Update for Great Yarmouth and Waveney Area** — Pages 11 - 16
   To consider a progress report on the establishment and operation of a GP Consortium for the Great Yarmouth and Waveney Area.

7. **Neonatal Services** — Pages 17 - 38

   To consider current provision of neonatal services in the Great Yarmouth and Waveney Area.

8. **Care Closer to Home** Pages 39 - 48

To consider current provision of community health services in the Great Yarmouth and Waveney Area.

9. **Information Only Items** Pages 49 - 56

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

10. **Forward Work Programme** Pages 57 - 58

To consider and agree the forward work programme.

11. **Urgent Business**

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

12. **Date of Next Meeting**

25 April 2012 Venue to be confirmed.

Chris Walton
Head of Democratic Services
Norfolk County Council
Martineau Lane
Norwich
NR21 2DH

Deborah Cadman
Chief Executive
Suffolk County Council
Endeavour House
8 Russell Road
Ipswich
IP1 2BX

Unconfirmed

MINUTES of the meeting of the **SUFFOLK AND NORFOLK JOINT HEALTH SCRUTINY COMMITTEE (for the Great Yarmouth and Waveney PCT Area)** held on 30 September 2011 at 10.30 am.

Present:

Suffolk County Councillors:

Councillors: Tony Goldson and Anne Whybrow

Co-opted Members: Councillors Alison Cackett and Colin Walker (Suffolk Coastal District Council)

Norfolk County Councillors:

Councillors: Jennifer Chamberlin, Michael Chenery of Horsbrugh and David Harrison.

Co-opted Member: Councillors John Bracey, Shirley Weymouth [Great Yarmouth Borough Council]

1. **Apologies for Absence and Substitutions**

   Apologies were received from Councillor Michael Carttiss who was substituted by Councillor Jennifer Chamberlin.

2. **Election of Chairman**

   On the proposition of Councillor Tony Goldson, seconded by Councillor Shirley Weymouth, it was

   RESOLVED that Councillor Anne Whybrow be elected as Chairman of the Suffolk and Norfolk Joint Health Scrutiny Committee for the year 2011/2012.

3. **Election of Vice Chairman**

   On the proposition of Councillor Shirley Weymouth, seconded by Councillor Michael Chenery of Horsbrugh, it was

   RESOLVED that Councillor Tony Goldson be elected as Vice-Chairman of the Suffolk and Norfolk Joint Health Scrutiny Committee for the year 2011/2012.

Councillor Tony Goldson, Vice Chairman, chaired the meeting for Agenda Items 4–7.

4. **Glossary of Terms and Abbreviations**

The Committee noted the glossary of terms and abbreviations.

5. **Minutes of the previous meeting**

The minutes of the meeting held on 13 May 2011 were confirmed as an accurate record.

6. **Declarations of interests and dispensations**

Councillor Colin Walker declared a personal interest for Agenda items 8, 9 and 11 by virtue of the fact that he was in receipt of an NHS pension.

7. **To receive any items of business which the Chairman decides should be considered as a matter of urgency**

There were no urgent items.

8. **Progress in providing the Out of Hours Service and the Planned '111' number**

The Committee considered Agenda Item 8, a report by Chris Humphris, Deputy Director for Commissioning, NHS Great Yarmouth and Waveney on the Out of Hours service in Great Yarmouth and Waveney and the planned '111' telephone number providing access to the new single point of access call centre.

The Committee welcomed the following officers to the meeting:

Chris Humphris, Deputy Director of Commissioning, NHS Great Yarmouth and Waveney;

Mary Jones, Director of Operations and Clinical Services, NHS Great Yarmouth and Waveney; and

Lorraine Grey, Deputy Director of Clinical Services Project Lead for Great Yarmouth and Waveney.

Recommendation: The Committee agreed to:

i) note the report; and

ii) request an Information Bulletin item update at each meeting.

Reason for Recommendation: The Committee received clarification on the following:

i) In response to members' concerns Chris Humphris assured the Committee that although the '111' number was very close to the new non emergency police number of '101' all calls to the wrong number would be passed on very quickly and would not cause delay.

ii) Mary Jones advised the Committee that one of the draws that South East Health offered to local GPs was that it was a Social Enterprise, 'not for profit' company which paid NHS pensions.

iii) The Committee was advised that the NHS Direct service and number would continue to exists until April 2013 when it would disappear nationally and migrate to the '111' number.

iii) Lorraine Grey advised that all calls would be triaged by using the NHS Pathway System which used set questions to gather information with the first screen asking questions to establish if the symptoms a patient was describing were life threatening.

iv) Mary Jones assured the Committee that no GPs would be taken on without checking that they spoke English sufficiently well. She also advised that the East of England Performance List was used to thoroughly check all GPs and their qualifications.

v) The Committee was advised that the bases at Great Yarmouth and Beccles had 24 hour opening, the base in Lowestoft was open until 11 pm and that the base at Halesworth was open at weekends.

Alternative options: None considered.

Declarations of interest: Councillor Colin Walker declared a personal interest by virtue of the fact that he was in receipt of an NHS pension.

Dispensations: None reported.

Councillor Anne Whybrow, Chairman, chaired the meeting for Agenda Items 9 – 12.

9. **Improving Access to Psychological Therapies (IAPT)**

The Committee considered Agenda Item 9, a report by Kim Arber, Mental Health and Learning Disabilities Commissioning Manager, NHS Great Yarmouth and Waveney which provided information on the progress being made in taking forward the Government's IAPT initiative.

The Committee welcomed Kim Arber to the meeting.

Recommendation: The Committee was very encouraged by this good news story and agreed:

i) to note the report;

ii) to request that a further update report be brought to the Committee at a future date;

iii) that Committee members receive details of the care packages;

iv) that Committee members receive an electronic link to the leaflet which was available in all GP surgeries and which provided information about IAPT services; and

v) to stress the importance of making all umbrella services aware of the services provided through the IAPT Government initiative.

Reason for Recommendation: Kim Arber advised the Committee that the IAPT was a high volume, non emergency service additional to other specialist psychology services and was aimed at people with mild depression and/or anxiety. The service was filling a gap with a rise in the number of people experiencing problems due to the economic and social climate.

Kim Arber assured members that when people self referred via the internet the service had an obligation to let the GPs know that their patients were accessing the service. She stressed, however, that the main focus on therapy was not via the internet and that each patient had a named therapist with their individual needs being carefully managed.

Alternative options: None considered.

Declarations of interest: Councillor Colin Walker declared a personal interest by virtue of the fact that he was in receipt of an NHS pension.

Dispensations: None reported.

10. Information Only Items

The Committee noted without discussion information on the following subjects:

Community Services Social Enterprise update

Special Allocation Scheme update

Proposals for a health Living Centre in Reydon

11. Forward work programme

At Agenda Item 11 the Committee considered its Forward Work Programme.

Recommendation: The Committee agreed:

i) To consider the following items at the January meeting:

   a. Update report on progress in developing a GP consortium for great Yarmouth and Waveney.

   b. Neonatal Services

   c. Care closer to home

ii) To receive an Information Bulletin item at the January meeting on Food and Nutrition in Hospitals to include information on budgets.

Reason for Recommendation: To ensure that the Committee effectively fulfilled its Scrutiny function.

Alternative options: None considered.

Declarations of interest: Councillor Colin Walker declared a personal interest by virtue of the fact that he was in receipt of an NHS pension.

Dispensations: None reported.

12. Agree dates for future meetings

The dates of future meetings were agreed as follows:

Tuesday, 31 January 2012 (venue to be confirmed).

Wednesday, 25 April 2012 (to be held in Halesworth, venue to be confirmed).

The meeting closed at 12.30 pm.

Norfolk County Council at your service

Suffolk County Council

Great Yarmouth and Waveney Joint Health Scrutiny Committee
31 January 2012
Item no 6.

Clinical Commissioning Update for Great Yarmouth and Waveney Area

Suggested approach by the Head of Democratic Services

Background

1. At its meeting in January 2011, the Joint Committee received a report and presentation from the Chief Executive of HealthEast outlining the progress in setting up a GP consortium for Great Yarmouth and Waveney, in line with reforms outlined in the Health White Paper, 'Equity and excellence: Liberating the NHS.' It heard that HealthEast was a not for profit Community Interest Company (CIC) that had been established to provide this consortium and would be progressively taking over the functions currently being carried out by NHS Great Yarmouth and Waveney over the coming months.
2. The Joint Committee was advised that Health East and NHS Great Yarmouth and Waveney were working together to enable HealthEast to take on all of the PCT's commissioning responsibilities, under delegated authority, from April 2011. The decision to accelerate the timetable from the national deadlines was based on a belief that the chosen model was the best way to arrange things and that delay would ultimately lead to poorer patient care.
3. While the responsibilities would be little changed from those of the PCT, it was envisaged that it would have a smaller management team. HealthEast therefore needed to work in a less bureaucratic way and make the most of being clinically led and of opportunities to work in an integrated way with other local organisations.
4. Members were also told that collaborative working and being sensitive to public and patient opinion was very much in line with the social enterprise ethos that underpinned HealthEast. It was therefore envisaged that members of the public and patients would be involved wherever possible and would have a greater say in how things are run.
5. Following discussion, the Committee agreed to receive an update report from HealthEast CIC in not less than nine months time.

Information Provided

6. Attached is a report on progress in developing a clinical commissioning group for Great Yarmouth and Waveney by Simon Jones the Information & Development Manager and Director on the Board of HealthEast Community Interest Company. The paper

- Sets out the background to the proposed NHS reforms as they relate to clinically led commissioning
- Reports on the progress being made in Great Yarmouth and Waveney to implementing clinically led commissioning
- Outlines the activities that will be undertaken in the shadow year 2012/13 up to full implementation.

Suggested approach

7. It is suggested that members of the Joint Committee:

a) Consider the information provided and raise any outstanding questions or concerns.
b) Decide whether they would like to receive further progress reports from HealthEast and, if so, at what intervals.

Report of progress in developing a clinical commissioning group for Great Yarmouth and Waveney

Purpose of this paper
This paper is intended to:

- Set out the background to the proposed NHS reforms as they relate to clinically led commissioning
- Report on the excellent progress being made in Great Yarmouth and Waveney to implementing clinically led commissioning
- Outline the activities that will be undertaken in the shadow year 2012/13 up to full implementation

Background
Clinically led commissioning was introduced as a concept in the July 2010 White Paper - *Liberating the NHS.* The white paper proposed, amongst other wider proposals, that responsibility for the commissioning of health care in England and Wales be progressively handed over to GPs working in groups known as Clinical Commissioning Groups.

That responsibility would involve financial responsibility for 80–85% of the total NHS budget, with responsibility for the balance being assumed by Local Authorities (Public Health/health improvement) or a new National Commissioning Board (primary care contracts, specialised commissioning).

As a result of the shift in responsibilities Primary Care Trusts (PCT) and Strategic Health Authorities (SHA) would be dissolved by April 2013. There have been various amendments to the content of the original White Paper over the months since, but the general thrust of clinically led commissioning remains unchanged.

In fact, the notion of delegating full responsibility for commissioning to GPs is neither new nor uniquely coalition policy. Initiatives such as GP Fund holding in the 90s and practice based commissioning very recently, are the basis of GP commissioning. The difference is the scale and speed of change at a time of great financial instability.

Progress in Great Yarmouth and Waveney
In recent years, the GP practices in Great Yarmouth and Waveney (27) have been working together closely as practice based commissioners under a single management structure. It is clear that practices have the same approach to general practice and look after a patient base which shares many common characteristics. Indeed the Waveney and Great Yarmouth populations are very similar to each other and are different to those of the rest of Suffolk and Norfolk. Both areas have also “suffered” in financial and focus terms in the past when grouped in their much larger home counties.

This has provided an excellent springboard for the formation of HealthEast, a Community Interest Company that is owned by all the GP practices in Great Yarmouth and Waveney. The practices unanimously agreed in August 2010 that

they wished to form a single GP Clinical Commissioning Group (CCG) covering the whole of Great Yarmouth and Waveney.

It is a non-profit making, social enterprise because the practices want to be clear for all that their reason for forming the CCG is about serving the community, not any possible opportunity to further their personal ends. Their single main purpose is to improve patient care in the most efficient way possible and protect all that has been achieved recently, for the benefit of local residents.

HealthEast is run by a Board of Directors which includes GPs, practice managers and Lay Directors. It has a small management team but over the course of the next few months there will be transfer of some of the PCT's staff as greater responsibilities are assumed.

They believe that their unique characteristic is that they are clinically led, and that they want to work with all of the other stakeholders in the local health system to provide effective, integrated care. This cooperative approach includes wanting to work with patients, the public, local authorities and other organisations working in the field as well as the more obvious health care providers eg JPUH.

HealthEast has been recognised as a local and national leader in the development of GP commissioning and was designated a *Pathfinder* consortium in December. This confers some freedoms to innovate in the organisation of the consortium and to proceed faster than other non Pathfinder consortia.

HealthEast has now determined its staffing structure, which provides a robust base for continuing to effectively support quality healthcare in the Great Yarmouth and Waveney area. The structure is affordable within the overall running costs available to CCGs of £25 per head.

The Department of Health has required in recent months that PCTs form 'clusters' whilst preserving their individual statutory identities. NHS Great Yarmouth and Waveney is now a cluster with NHS Norfolk and is known as NHS Norfolk and Waveney.

An essential part of the proposed NHS reforms is that Commissioning Support Organisations (CSOs) are set up to provide specialist and technical commissioning support to CCGs. The NHS Norfolk and Waveney cluster has set out an initial specification of how CCGs in the area can access any support they require. HealthEast is a relatively large CCG and intends to undertake many of the key commissioning and contract management activities 'in house' but will access support where it requires from the CSO. CCGs are not mandated to access support from their local CSO – they can go elsewhere for it should they wish.

The final destination for CCGs is that they will become NHS statutory bodies from April 2013, subject to successfully passing through an authorisation process run by the Department of Health. This process will have a number of stages. HealthEast has successfully passed through the first stage, testing the ownership of local practices, the size of the CCG and the proposed arrangements for operating in

future. It is especially reassuring that HealthEast also successfully passed through the fourth element of this test in respect of the fact that it operates across a county boundary. The Government has stated that normally CCGs will not operate across county boundaries, unless a clear case can be made that there is a distinct health community, flows predominantly into one acute provider and that there is support from local authorities. HealthEast was able to provide strong reassurances in respect of each of these.

Activities during the shadow year of operation 2012/13
HealthEast are working with NHS Great Yarmouth and Waveney to accelerate to assume full responsibility for commissioning as soon as is practicable. Together they are working so that HealthEast will take on all of the PCT's commissioning responsibilities, under delegated authority, from April 2012. HealthEast has already assumed the management of the contracts for community services (provided by East Coast Community Healthcare – the new Community Interest Company which has assumed responsibilities for the community services arm of the PCT) and out of hours services. It will assume responsibility for other contracts from April 2012.

Work will continue on progressing through authorisation in order for HealthEast to become an NHS statutory body in April 2013. Key elements of this are likely to include:

- Proving a robust track record during the 'shadow year' of operation of 2012/13, in terms of effectively managing provider contracts and ensuring patients receive quality services

- Appointing an Accountable Officer for HealthEast for when it becomes an NHS statutory body

- Developing the board of HealthEast in terms of leadership capabilities

- Undergoing a 360 degree assessment of all our key stakeholders' views of the effectiveness and degree of local connection and partnership working of HealthEast

- Continuing to identify opportunities for integrating services as far as possible and actively pursuing this

It goes without saying that we are very keen to continue a close and productive working relationship with our key partners in local authorities, at both district and county level. This includes working in tandem with both Health and Well Being Boards at county level and also chairing the System Leadership Partnership board that operates within Great Yarmouth and Waveney.

Simon Jones
18 January 2012
www.healtheastcic.co.uk

Norfolk County Council at your service

Suffolk County Council

Great Yarmouth and Waveney Joint Health Scrutiny Committee
31 January 2012
Item No.7

Neonatal Services

Suggested approach by the Head of Democratic Services

Background

1. At its meeting on 13 May 2011, the Joint Committee received details of proposals from the East of England Specialised Commissioning Group to re-designate the James Paget University Hospital as a Special Care Unit for neonatal services. The consequence of this would be that the hospital would no longer be able to treat some categories of babies or pregnant women that they currently treated and that they would have to be transferred to a Neonatal Intensive Care Unit, which were based at the Norfolk and Norwich University Hospital (NNUH) and Cambridge University Hospital.
2. The main purpose of this item was not to receive consultation about the re-designation of the James Paget University Hospital unit but to examine the details of how that re-designation would be implemented. The main point was that the small number of babies and pregnant women who need more than the James Paget University Hospital Special Care Unit could offer should not be routinely expected to travel further than to the NNUH.
3. The Joint Committee agreed to ask for a further progress report from the Specialised Commissioning Group at the end of 2011 and for the report to include statistical data about neonatal staffing levels and neonatal facilities for the NHS Great Yarmouth and Waveney Area and explain how these figures had changed over the last five years.
4. At its meeting on 30 September 2011, the Committee reconsidered its forward work programme and with regard to the item on Neonatal Services requested a short update report to its meeting on 31 January as a presentation with an opportunity to ask questions.

Information Available

5. The East of England Specialised Commissioning Group has published an Outcome Summary of the feedback to the consultation and their response to it.
6. The Summary is included as Appendix 2 and is also available on the Specialised Commissioning Group Website on:

   http://www.eoescg.nhs.uk/Libraries/Services_neoNATAL_Docs/The_Case_for_Change_Outcome_Summary.sflb.ashx
7. The summary refers to the particularly high response from people in the areas surrounding the James Paget University Hospital when compared with other postcodes.

8. In response the Specialised Commissioning Group clarified that the excellent service provided by the unit staff at the James Paget University Hospital would continue, and that nearly £400,000 was being invested in staff to secure this.
9. The average of 13 babies a year that may need to be transferred to a Neonatal Intensive Care Unit would be seen by staff who had more regular experience of their complex conditions. But the Specialised Commissioning Group stated that no babies would be transferred from the James Paget University Hospital to the Norfolk and Norwich University hospital until they were sure everything was in place to properly support them and their families.
10. An information leaflet 'Caring for sick and premature babies in your area' has been produced for parents and is available on the CSG website.

    http://www.eoescg.nhs.uk/Libraries/Services_neoNATAL_Docs/Parent_information_leaflet_for_Essex_Norfolk_Suffolk_and_Cambridgeshire.sflb.ashx
11. The leaflet explains the way babies are cared for and when transfers are appropriate, how they will be done. A copy is appended for ease of reference.
12. The James Paget University Hospital has been invited to send a representative member of staff to the meeting on 31 January to provide a short oral update and answer questions from Committee members about current developments.
13. Ruth Ashmore of the Specialised Commissioning Group has given her apologies for the meeting, but had provided the summary report at Appendix 1.
14. Dr John Chapman, Consultant Paediatrician at the James Paget University Hospital has confirmed he will be able to joint the meeting at 12.00 on 31 January 2012.

Suggested approach

15. It is suggested that members of the Joint Committee:

a) Consider the information provided and raise any outstanding questions or concerns.

b) Decide whether they would like to receive further progress reports on Neonatal Services and, if so, at what intervals.

Appendix 1

Great Yarmouth and Waveney Joint Health Scrutiny Committee
31 January 2012
Item No. 7

Great Yarmouth and Waveney HOSC Update: The Case for Change: Supporting Neonatal Services in Norfolk, Suffolk and Cambridgeshire

Introduction

Since the last visit of the East of England Specialised Commissioning Group (SCG), East of England Perinatal Networks and representatives from NHS Great Yarmouth and Waveney, Norfolk and Norwich University Hospitals NHS Foundation Trust (NNUH) and James Paget University Hospitals NHS Foundation Trust (JPUH), a great deal of work has been undertaken to ensure that the smallest and sickest babies receive the most appropriate care for their highly specialised needs.
This includes:

- A full public engagement exercise from 16 May until 8 August
- Regular meetings and teleconferences between the local PCT, Perinatal Networks, East of England SCG, NNUH and JPUH, to discuss how best to move forward with re-designation
- Recruitment of a Family Centred Care Nurse in association with special care baby charity Bliss to the NNUH, to support parents and families with aspects such as travel, advice and guidance to also encompass outreach capabilities to the JPUH

Detail of work undertaken

Several teleconferences between the NNUH, JPUH, PCT, SCG and Perinatal Networks have taken place in order to work through the practicalities of moving the JPUH to Special Care Baby Unit status.
The SCG appreciate that the HOSC had concerns around maternity and neonatal capacity at NNUH which were discussed at the time of their last visit. In answer to the questions raised by the HOSC:

Capacity

- The extra neonatal capacity at the NNUH is now operational, moving the trust to 8 intensive care cots, 6 high dependency cots, 16 special care cots and 5 transitional care cots.
- The MLBU at NNUH has been open since August 2011. It is currently caring for 90-100 women per month and is working extremely well. As a result there have been no diversions or closures since October 2011.
- The neonatal unit has been closed on a number of occasions due to overall capacity issues, but no babies have been declined for transfer from JPUH.

Staffing

- Locum appointments at the NNUH were made in December 2011.
- Two substantive full-time consultant appointments were made in January 2012, to begin work in the next two months.
- The NNUH have recruited 15 nurses.
- Two more nurses have been recruited to the JPUH (one Practice Development and one Community Nurse).

- A Family Centred Care Nurse has been appointed at the NNUH, with outreach responsibilities to the JPUH.

Support

- A programme of meetings between the NNUH and JPUH has been agreed (3 meetings in every 7 weeks).
- Honorary contracts for consultants at the NNUH to spend time at JPUH have also been finalised.

Transition to new designation

- The formal threshold for transferring of the small number of babies will begin on 1 February, 2012.

Outcomes of the public engagement exercise

- A series of public meetings were held throughout the engagement period, including an event in Great Yarmouth on 19 July, 2011 and attendance at the local Maternity Services Liaison Committee
- Posters and information packs were sent to all neonatal and maternity units and news releases were issued to local media
- A total of 18 responses were received to the SCG – this could be considered low but could also be viewed as a positive step towards helping families to understand the importance of getting babies to the right place at the right time.
- In order to supplement the low response rate and make recommendations to the SCG Board on what support parents and families need, the results of a national survey (carried out by the Picker Institute) were also used
- Mainly respondents fed back that parents and families need emotional support, information, improved communication, financial assistance and staff who are supportive and positive
- Of the impacts of the changes respondents felt that the emotional and financial impacts, impact on wider family, father and siblings, support network and travel distances would be the most difficult
- As a result the Family Centred Care Nurse has been recruited, the Perinatal Networks are working towards developing a common policy for parking and are continuing to work with special care baby charity Bliss on local support
- An information leaflet is already in circulation
- £1.4 million is being invested in staff across Norfolk, Suffolk and Cambridgeshire
- The full outcome summary is attached as an appendix to this paper (Appendix A) and a fuller version of the outcome report is also available on request

The SCG and Perinatal Networks are committed to sustaining and supporting the excellent care already provided by the JPUH.

Contact: Ruth Ashore, East of England Perinatal Network Director, East of England Specialised Commissioning Group.

Norfolk County Council at your service

Suffolk County Council

Great Yarmouth and Waveney Joint Health Scrutiny Committee
31 January 2012
Item No. 8

Care Closer to Home

Suggested approach by the Head of Democratic Services

Background

1. At its meeting on 10 March 2010, the Committee received a presentation from Dr Alistair Lipp, Director of Public Health, NHS Great Yarmouth and Waveney, on the key aspects of the Trust's 5-year Strategic Plan.
2. One of the key strategic objectives outlined in the plan was to "improve the access, choice and personalisation of our healthcare services." Where appropriate and cost effective, services would be provided more conveniently and closer to where people lived. Among the actions needed to achieve this, it was proposed that the PCT would review patient pathways to ensure that greater use was made of more appropriate services in primary care or the community before a referral was made to hospital.
3. The Joint Committee asked for an update in twelve months time on initiatives to move some services from an acute hospital setting into the community closer to where people live.
4. At its meeting on 13 May 2011, the Joint Committee received a report on 'Care Closer to Home' in which progress to date and planned initiatives and projects was provided by Rachel Miles, Head of Unplanned Care, Jane Hackett, Head of Planned Care, and John Copping, Head of Long Term Conditions, at NHS Great Yarmouth and Waveney. These officers were responsible for the three programme areas under which the work to achieve this strategic objective falls.
5. Harper Brown, Director of Commissioning and Performance and Deputy Chief Executive at NHS Great Yarmouth and Waveney responded to members questions and the committee noted the following:

a) NHS Great Yarmouth and Waveney was working closely with other organisations to achieve this and to ensure that patients had a strong voice in shaping the future of care in the NHS Great Yarmouth and Waveney area. The Trust was also aware that the shift of resources towards treatment in the community needed to be made in a planned way so that the impact did not de-stabilise services at the JPH, and that services could not be moved away from hospital care until there was capacity to deliver replacement services in the community.
b) Locality Teams would be expected to work to agreements and protocols that ensured quality standards continued to be met. A key role in each of the localities would be engaging with the public about the development of services closer to home in order to ensure that the services evolved in response to local need.
c) Hospital care was not always right for the patient and usually cost more than care provided in home/community settings.

d) Specialist hospital services were becoming increasingly high-tech and requiring increasing levels of equipment and skill.
e) Some GPs were developing areas of expertise that had traditionally only been available in hospital.
f) The advances in medical technology that were mentioned in the report, meant that more people with long term conditions were able to live more independent lives at home than had been the case in the past.
g) The ten Community Matrons that were in post were joining up with staff in Adult Social Care at Norfolk County Council to make sure older patients with some of the long term conditions that were mentioned in the report, got the right kind of health and social care treatment to remain at home.
h) Approximately 75% of emergency admissions to the JPH were patients over 80 years of age.
i) It was recognised that any proposals for health care in the community had to take account of the practical realities of public transport.

6. At the request of the Deputy Chief Executive of NHS Great Yarmouth and Waveney it was agreed that the Joint Committee should assist NHS Great Yarmouth and Waveney in identifying some overall performance indicators for Care Closer to Home.
7. The Joint Committee agreed to ask for a further progress report from the Specialised Commissioning Group in about six months time and for the report to make particular reference to the number of patients managed by Community Matrons and the numbers of patients with dementia that were being treated in the community.
8. The attached report by Simon Jones, Director of System Development, HealthEast includes update information on:

a) unplanned care
b) planned care
c) long term conditions and
d) Patients with Dementia treated in the Community.

Suggested approach

9. It is suggested that members of the Joint Committee:

a) Consider the information provided and raise any outstanding questions or concerns.
b) Decide whether they would like to receive further progress reports on [subject] and, if so, at what intervals.

Update Report on Care Closer to Home for the Great Yarmouth and Waveney Health Overview and Scrutiny Committee

This report follows on from the May 2011 presentation on Care Closer to Home and its constituent initiatives: Unplanned, Planned and Long Term Conditions Care.

1. Unplanned Care

1.1 Intensive Case Management Service

This is the flagship project and investment in actively managing people with complex needs in or near to their own homes. Ten Community Matrons were recruited to deliver and co-ordinate this service, using two different operational models managing around 600 active patients. In South and West Waveney, four Matrons were assigned on an individual basis to each of the practices for Beccles, Bungay, Halesworth and Southwold. In the rest of the area, six matrons were assigned across the urban practices in Lowestoft and Great Yarmouth and for the Northern Villages in Great Yarmouth.

Overall the service has proved effective in reducing the number of unnecessary emergency admissions, A&E attendances and outpatient hospital appointments. Against the benchmark of the rest of Norfolk, emergency admissions in Great Yarmouth and Waveney have risen by 3% in 2011/12 as opposed to 7% for Norfolk.

However, there is variability in the performance of the service for multiple reasons; the two different service models, the engagement of GP practices, the differing levels of local services and integration levels with health and social care across the whole area. A full service review of Case Management has just started and will report back to the PCT/HealthEast Clinical Commissioning Committee on 16th February 2012.

1.2 Acute GP Service

The original aim of this scheme was to prevent unnecessary admissions by having an experienced GP present in the Emergency Admission and Diagnostic Unit of the JPUH. However, although 101 unnecessary admissions were avoided in the first six months of operation this fell far below expected levels as experienced in other parts of the country. A progress report is due at the Clinical Commissioning Committee meeting of 19th January which is expected to terminate the service and consider other options.

1.3 Tele-health

Various proposals were considered to implement a tele-health service, however their multi-million pound costs were so high and their apparent benefits were hard to quantify or justify, that the Clinical Commissioning Committee deferred investing in such a scheme. With the evidence of the national tele-health pilots emerging it is likely that a more targeted scheme may be considered for future implementation.

1.4 Extend the Admission Prevention Service to Great Yarmouth
The project is underway and already making a difference anecdotally, although it is too early to have hard evidence to review. The service team is locating to Shrublands in Gorleston on 30th January where the remaining team members will join once they start and benefit from co-location with District Nurses and Community Matrons.

1.6 Integrated Discharge Teams
The four clusters across the area have been created to join up 'intermediate care services' to prevent unnecessary hospital admissions and improve the speed of discharge for people with complex needs. This has been tied in with investment in a new bed management system across the JPUH and the local community system to support the more effective use of existing resources and aid earlier safe discharges.

1.7 NHS 111 Service
The intention is that a free111 telephone number for access to urgent but non-emergency care will be available nationally by April 2013. In great Yarmouth and Waveney we have contracted with our local out of hours provider South East Health Ltd to commence a service from early summer.

2. **Planned Care**

There has been considerable work taking place during 2011/12 to improve patient experience and bring care closer to home in the area of planned care:

2.1 Dermatology – Care Closer to Home
This is an area where disease prevalence is increasing rapidly in line with an ageing local population. It has proved difficult to find a simple solution to coping with increasing service pressures in a time of financial constraint. Work that has been undertaken includes:

- Development of improved GP guidance for referrals
- Improving the Leg Ulcer pathway to ensure Doppler scans are undertaken before referral
- Development of a service for routine treatment of solar keratosis in primary care – this initiative was supported by the specialty group but the Clinical Commissioning Committee felt unable to support it.
- Preliminary clinical audits of procedures for "skin therapies level 3" at JPUH and of enhanced minor surgery in the two primary care facilities to evaluate cost and clinical effectiveness.

2.2 Gastroenterology - Reducing Inappropriate Referrals to Secondary Care

- Gastroenterology consultants developed referral guidelines to reduce inappropriate endoscopy referrals.
- New Irritable Bowel Disease Nurse led Clinics were implemented in July 2011 to eliminate the need for continued follow ups with consultants
- The speciality also improved its communication to reduce duplication of dietician and consultant appointments.

- Refining the 2 Week Wait Upper Gastrointestinal pathway to enable those with suspected liver or pancreatic malignancy to be diagnosed more quickly.

2.3 General Surgery – Improving Patient Pathways
This Speciality increased efficiency through less wasted admissions and surgery slots by ensuring quicker access for patients and fewer appointments and diagnostic procedures.

- The group also developed an aide memoir on Benign Rectal Bleeding including bowel preparation at home to ensure successful diagnostic on attendance at the hospital
- Implementation of direct access for Benign Rectal Bleeding on Choose and Book to ensure referrals go to the right surgeon.

2.4 Ophthalmology – Glaucoma Referral Refinement
This Speciality implemented the Glaucoma Referral Refinement Scheme Level 1, a local Glaucoma service delivered by local Optometrists reducing unnecessary referrals to secondary care. This scheme commenced on the 17th of October 2011.

Following the Implementation of the Level 1 scheme, a service specification for a Level 2 was developed to allow local Optometrists to manage people with suspected Glaucoma in the community and reduce follow up appointments in secondary care. The service specification has been reviewed and signed off by the Clinical Commissioning Committee and will commence on the 1st of April 2012.

2.5 Trauma Orthopaedics - Managing Discharged Patients in the Community

- The Trauma and Orthopaedic (T&O) Speciality Group developed a number of Aide Memoirs on T&O conditions to assist GPs in making appropriate referrals to secondary care. It was also agreed that four areas of care will be followed up by GPs in primary care to reduce follow up appointments in the hospital.
- Referral guidelines were developed by Community Podiatrists to assist GPs to improve and optimise referrals in to this service.
- The speciality also implemented direct access to Orthopaedic consultants for community care providers to improve patient pathway and referrals to the appropriate consultants and is currently working on a direct access to Orthotics for appliances and support.
- The Podiatric Surgery pathway is also being redesigned to improve patient experience and bring care closer to home.

2.6 Urology – Managing Patients in the Community

- The Speciality Group agreed that stable PSA patients (Prostate-specific Antigen – a protein produced by the cells of the prostate gland, levels of which can be tested in the blood) will be managed and followed up by their GPs to promote care closer to home and reduce unnecessary follow up appointments for patients in secondary care. This scheme commenced in November 2011.
- GPs had educational sessions on Scrotal Lumps to improve quality of referrals and reduce unnecessary ultra sound scans at the hospital. The speciality also developed aide Memoirs to improve the quality of referrals to secondary care.

- The Continence pathway was reviewed to improve the quality of care in the community and it was promoted to primary care to optimise use of this service and prevent unnecessary referrals to hospital.
- A nurse led, integrated Lower Urinary Tract service is due to be implemented on 1 April 2012 by JPUH and East Coast which will offer a range of community based settings to bring care closer to home and enhance the patient experience.

2.7 ENT - Direct Access to Audiology
This speciality started in September 2011.
- Developed aide memoires on a number of ENT conditions to improve the quality of referrals to secondary care
- Is currently working with the Audiology Department at the JPUH to implement a direct access pathway to Audiology services for GPs to improve patient journey and reduce unnecessary referrals to ENT consultants.

2.8 Gynaecology - Managing Patients in the Community
This speciality started in September 2011.
- Developed an aide memoire on how to follow up Lichemsclerosis patients in primary care
- Educational sessions on how to fit Pessaries are also being planned for GPs and nurses to reduce activities in secondary care and have them fitted in the community by primary care clinicians. This will bring care closer to home and improve patient experience.

2.9 Neurology - Managing Patients in the Community
This speciality was added in November 2011.
- In the process of developing a range of aide memoires for common Neurological conditions to improve the quality of care in primary care and prevent unnecessary referrals to secondary care.
- The speciality is also reviewing the involvement of the community Neurology nurse specialists in the Neurology Pathway to improve efficiency and increase the number of patients with Neurological conditions seen in the community. This will reduce follow up appointments in the hospital and patients will be seen quicker in the community and will have an improved patient experience.

3. Long Term Conditions

3.1 Stroke
Early Supported Discharge
This service is designed to provide more rehabilitation at home rather than in hospital. National findings demonstrate better results for people and reduced pressure on hospital beds.

A new multi-disciplinary stroke specialist Early Supported Discharge (ESD) team has been operational since May 2011 providing specialist rehabilitation within patients' homes for a maximum of 16 weeks post discharge. To date 60 patients have

benefitted from this service with an average follow up period of 8 weeks delivered through an average of 47 visits per patient.

Information Advice and Support Service

The aim of the service is to ensure that all stroke survivors and their carers receive appropriate information, advice and support in the first twelve months following their acute event. This visiting service is provided both within the stroke unit as well as within the patient's home or residential care setting. The aim of the service is to help prepare families for the changes they will need to make as a result of the stroke and to enable an optimum quality of life and ability to self manage.

Funding has been made available to continue with this service which was initially supported on a pilot basis for a year and then extended for a further year. This will be at half the level that has been provided and we are in discussions with the Stroke Association about how best to use this.

3.2 Diabetes Care

Foot Health Assessment

A foot care training programme has been delivered for primary care staff. This has led to early identification and treatment of foot disease in patients with diabetes in the primary care setting. Therefore, admissions arising from advanced foot disease have been prevented.

The foot care training programme has been delivered to 56 practice nurses and 71 Health Care Assistants (HCA) across the Great Yarmouth and Waveney to date with further training sessions scheduled for February 2012

We are currently evaluating the impact of this.

Insulin Conversion in Primary Care

This is an extended service provided by GP practices which manages the transition of type 2 diabetes patients to insulin in order to control their diabetes. This has, historically, been a hospital based service that is transferring to primary care.

The Insulin conversion service is provided by 9 General practices at present in the area.

3.3 COPD Care – Spirometry in Primary Care

Spirometry is a lung function test that identifies the 'health' of lungs and identifies early lung disease.

A workforce training needs analysis identified an opportunity to standardise spirometry within primary care. Successful training programmes have been put in place with a view to extending the training to the Smoking Cessation Service as an early identifier of lung disease/COPD. The service is now conducting spirometry testing where appropriate.

Patients have access to a high quality primary care based spirometry service from which we would expect the added benefits of; reduced hospital admissions and readmissions; reduced referrals and follow up appointments in secondary care

A spirometry training programme has been delivered to 43 health care practitioners across Great Yarmouth and Waveney.

3.4 Cardiac Care

Specialist Heart Failure Nursing Service

The Specialist Heart Failure Nursing Service has been expanded to ensure a consistent and integrated approach to the treatment of heart failure throughout Great Yarmouth and Waveney in keeping with NICE guidelines for Chronic Heart Failure.

This will improve the care and management of patients with heart failure both in the community and hospital setting. Expected outcomes are to:

- Improve the patient's quality of life.
- Reduce rates of inappropriate hospital admission.
- Increase the number of patients dying in their preferred place of care.

The service has been expanded to 2.8 wte staff, 1.4 wte staff are already in post, an additional 0.4 wte nurse is due to start in post from 23rd January. The recruitment process for the final full time post is underway. The Heart Failure nurses provide personalised care, education and information and ongoing follow up for patients in both the hospital and community settings. The nurses work with patients on an individual basis to develop their personalised management plan.

Serum natriuretic peptides testing for Heart Failure

This is a blood test advocated in NICE Chronic Heart Failure guidelines in August 2010, which state that natriuretic peptides are superior to echocardiography.

Implementing the blood test delivers care closer to home, as the number of patients requiring an appointment in the acute trust for echocardiography is reduced. This service has been in operation since January this year.

We are now evaluating the impact of this change.

3.5 Personal Health Planning and "Personalisation"

Personal Health Planning is a way of empowering people with Long Term Conditions to be able to take greater ownership and responsibility for their care and to have more control over the management of their Long Term Condition.

We have had a target this year from the Strategic Health Authority to offer all people with a long-term condition a personal health plan and that at least 60% should actually have one. As with many other areas we have struggled to identify the best way of achieving this target.

NHS Great Yarmouth and Waveney's LivingLife website has been updated and improved to support this. A key function of the LivingLife website is to provide information and guidance to promote a greater understanding of a long term condition and thus support people in the self-management of their long term condition. This then gives people a better basis on which to discuss their condition with their health care professional as an equal partner and to agree personal goals as a result. The website also allows users to download a personal health plan booklet in which to capture all of this.

"Supported Self Care training" was commissioned for all community matrons and case managers as well as specialist nursing and therapy staff with a total of 17 staff attended. An Action Learning Set developed to ensure ongoing learning and service development for this cohort of staff

Five General practices undertook the Diabetes "Year of Care training" in May / June 2011. It was intended that this would then lead to staff from this cohort completing the "Train the Trainer" programme to ensure that the programme could be rolled out to all practices within Great Yarmouth and Waveney. However this has not proved to be possible due to workload difficulties.
"Personalisation" continues to be a high national priority but the way in which this will be measured within the NHS is to change for 2012/13 to the "proportion of people (with a long-term condition) feeling supported to manage their condition". This is likely to be measured through the annual General Practice Patient Survey.
In the light of this new (and better) "outcome" measure, and given our experience this year, we are taking the opportunity to review our approach to this area. Our local Unplanned and Out of Hospital Programme Board which has patient and public representatives as members, recently discussed how we should best focus on people with long-term conditions and proposals to do this will be brought to a future meeting.

4. Patients with Dementia in Treated in the Community

At the meeting in May 2011 the question was asked about how many patients with dementia were treated in the Community. This is a difficult question to answer as the data is not directly gathered. What we do know is that across the various local facilities, there are 3,600 contacts and 6,000 bed days a year are used for people diagnosed with dementia. Community Matrons also have on their caseloads people with dementia who have other clinical problems.

Simon Jones
Director of System Development
HealthEast
January 2012.

Great Yarmouth and Waveney Joint Health Scrutiny Committee
31 January 2012
Agenda Item 9 a
For information only

ME / CFS - Update on progress and issues for the Great Yarmouth and Waveney Health Overview and Scrutiny Committee

Representatives from the Norfolk and Waveney and Suffolk PCT Clusters continue to meet with stakeholders on regular basis. These meetings are supported by Norfolk LINk and for the last two meetings Suffolk LINk has also attended.

A Public Health consultant in NHS Norfolk has completed a ME/CFS needs assessment which has been signed off by the stakeholder group. Stakeholders were comprehensively involved in the development of the needs assessment.

Development of a service specification for ME/CFS will now commence based on the needs assessment. This will be led by NHS Norfolk working with stakeholders and both PCT Clusters.

The existing ME/CFS service provided by East Coast Community Healthcare is now running an additional clinic in Norwich and is about to open a further clinic in Suffolk (initially Stowmarket – this may move to Ipswich if a suitable location can be found). These reduce patient journey times and improve access

The two PCT Clusters remain committed to commissioning consultant input to support the service but continue struggle to find a provider to commission this support from. None of our local hospitals have such a service and discussions to date have not persuaded them to develop one. We have identified a consultant in a trust outside the area who provides the type of service needed and have approached the trust involved to establish if they are willing to provide outreach clinics in the Norfolk and Suffolk area. Unfortunately they have responded that they do not have the capacity to do so. We continue to seek consultant input to the service. The issue remains that despite the commissioner willingness to purchase consultant support, there is not consultant speciality for ME/CFS and there are very few consultants anywhere in the NHS with an interest in ME/CFS.

Ian Ayres
Executive Director Commissioning Development & Delivery
Deputy Chief Executive NHS Norfolk

January 2012

Great Yarmouth and Waveney Joint Health Scrutiny Committee
31 January 2012
Agenda Item 9 b
For information only

Out of hours update on progress of new provider for Great Yarmouth and Waveney Health Overview and Scrutiny Committee

Out of hours Service
This paper is designed to provide a brief update on the new out of hours service, which commenced on 1 October 2011.

Provider
Following a competitive process, the contract for the provision of out of hours services was awarded by NHS Great Yarmouth and Waveney to South East Health Ltd, an established provider of such services in the South East of England.

Specification
In addition to the core provision of medical services, the provider also manages a call handling service for dental out of hours and will be the provider of the new 111 service. This new initiative will be a single point of access for all non-emergency healthcare.

Calls to the out of hours service are assessed using NHS Pathways, a nationally devised set of triaging tools, allowing a call-handler to direct a patient to the most appropriate care setting; all call-handlers are supervised by a qualified nurse.

As a minimum there are two GPs working in the Great Yarmouth and Waveney area supported by a NHS Pathways nurse working in the call centre. Over periods of highest demand, such as Saturday mornings, there are seven GPs, supported by three nurses, operating in the area. The out of hours services operates from bases in Lowestoft, Great Yarmouth, Beccles and a Saturday service at Halesworth.

Performance
HealthEast have assumed the responsibility for managing this contract with effect from 1 December 2011.

Recognising that South East Health has only been delivering a service in this area for two months, their performance against the majority of the National Quality Indicators has been satisfactory.

Recruitment of local nursing staff is proving harder than anticipated and thus calls are being managed through the main Ashford centre. However South East Health have given assurances that all necessary steps are being taken to fill the establishment, and that the Ipswich call centre will operate (at weekends initially) from next month.

A major test of any out of hours service is its performance over bank holiday periods. Feedback from South East Health has not identified any significant issues over Christmas and the New Year, although demand was high. All GP shifts were filled.

Owen Richards
Clinical Transformation
18 January 2012

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 topic below
- provide clear information about why each item is on the forward work programme

Please consider issues of priority, practicality and potential outcomes you wish to achieve before adding to the work programme.

Proposed Forward Work Programme

Meeting dates	*Briefings/Main scrutiny topic/initial review of topics/follow-ups*	*Approach*
25 April 2012 Venue to be confirmed.	Items to be confirmed at January 2012 meeting.	
	Out of Hours update on progress on new provider (requested 30 September 2011)	*Information Bulletin*

Provisional dates for Consultations and update reports to the Joint Committee will be reported orally at the meeting on 31 January 2012.