

## Great Yarmouth and Waveney Joint Health Scrutiny Committee

**Date:** Wednesday 8 April 2015

**Time:** 10.30 am

**Venue:** The Council Chamber, Town Hall, Great Yarmouth Borough Council.

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### 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](mailto:timothy.shaw@norfolk.gov.uk)

<b>1.</b>	<b>Apologies for Absence and Substitutions</b> To note and record any apologies for absence or substitutions received.	
<b>2.</b>	<b>Minutes</b> To confirm the minutes of the meeting of the Great Yarmouth and Waveney Joint Health Scrutiny Committee held on 6 February 2015.	(Page 5)
<b>3.</b>	<b>Public Participation Session</b>  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 April 2015.  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.	
<b>4.</b>	<b>Members to Declare any Interests</b>  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  <ul style="list-style-type: none"> <li>• your well being or financial position</li> </ul>	

	<ul style="list-style-type: none"> <li>• that of your family or close friends</li> <li>• that of a club or society in which you have a management role</li> <li>• that of another public body of which you are a member to a greater extent than others in your ward.</li> </ul> <p>If that is the case then you must declare an interest but can speak and vote on the matter.</p>	
<b>5.</b>	<p><b>Adult and dementia mental health services in Great Yarmouth and Waveney</b></p> <p>Appendix A - An update report from NHS Great Yarmouth and Waveney CCG.</p>	<p>(Page <b>9</b>)</p> <p>(Page <b>14</b>)</p>
<b>6.</b>	<p><b>Information Items</b></p> <p>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.</p>	(Page <b>18</b> )
<b>7.</b>	<p><b>Forward Work Programme</b></p> <p>To consider and agree the forward work programme.</p>	(Page <b>26</b> )
<b>8.</b>	<p><b>Urgent Business</b></p> <p>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.</p>	

## Glossary of Terms and Abbreviations

(Page **28**)

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Date Agenda Published: 26 March 2015



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**GREAT YARMOUTH AND WAVENEY JOINT HEALTH SCRUTINY COMMITTEE  
MINUTES OF THE MEETING HELD ON 6 February 2015**

**Present:**

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

**Also Present:**

David Wright	Chairman, James Paget University Hospitals NHS Foundation Trust
Christine Allen	Chief Executive, James Paget University Hospitals NHS Foundation Trust
Maureen Orr	Democratic Support and Scrutiny Team Manager, Norfolk County Council
Paul Banjo	Democratic Services, Suffolk County Council
Tim Shaw	Committee Officer, Norfolk County Council

**1 Apologies for Absence and Substitutions**

There were no apologies for absence.

**2 Minutes**

The minutes of the previous meeting held on 8 October 2014 were confirmed as a correct record and signed by the Chairman.

**3 Public Participation Session**

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

**4 Declarations of Interest**

There were no declarations of interest.

**5 James Paget University Hospitals NHS Foundation Trust Transformation Plan**

**5.1 The Joint Committee received a suggested approach from the Democratic**

Support and Scrutiny Team Manager at Norfolk County Council to a report from David Wright, Chairman, and Christine Allen, Chief Executive, at the James Paget University Hospitals NHS Foundation Trust about progress on its two year transformation plan.

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

- David Wright and Christine Allen explained how the transformation plan was about more than how the JPH could make cost savings in order to meet its financial targets, they said the transformation plan was about redesigning services and improving the welfare of patients and in particular the quality of patient care and patient safety.
- They said the JPH strived to meet its financial targets but would not compromise on patient care.
- Good progress was being made in meeting the challenges set out in the transformation plan.
- The JPH had seen a significant increase in demand for its services; in 2014/15 there was £2.8m of additional planned activity and £1m of additional activity related to emergency admissions. The hospital had experienced a 9% increase in A&E attendances and a 7% increase in emergency admissions.
- The transformation strategy had been refined to focus on planned future activity and to include some pilot work in A&E and ambulatory services.
- Increased admissions to A&E reflected a reduction in services available outside of the hospital and in community services, as well as increased public awareness of hospital services in general.
- Seven day services had been achieved, particularly in the services necessary for safe discharge of patients such as consultants, radiology, diagnostics and social care. It was intended that all staff who worked in roles that were considered to be essential to patient safety (including temporary staff) and in the safe discharge of patients, should be employed in a 7 day service. Enhanced work rosters would be introduced for nursing staff to improve the care provided to patients. There was more work to be done on terms and conditions for other staff
- The hospital was looking to Europe and to the Philippines to meet its need for additional nurses, where it had not been possible to recruit or retrain locally.
- The service changes that arose from the transformation strategy would inform the way the JPH used its current facilities and the design of buildings on the hospital site and how buildings were used to support high quality services.
- The hospital was developing a commercial strategy to generate income from rental space, research and in-house services.
- The hospital's computerised appointment system applied to all JPH departments but the "custom and practice" of how the computer system was used had varied significantly throughout the hospital but was now being streamlined.
- One of the key aims of the transformation plan was to reduce bed pressures and to improve patient flow. The service changes that arose from the transformation strategy were aimed at achieving a much quicker turnaround of patients from hospital to care at home.

- There were currently 37 cases of delayed transfers of care at the JPH, 20 cases of patients awaiting their choice of after-care, plus patients with other requirements.
- The JPH was expected to have an overall deficit of somewhere between £2m and £15m by the end of 2015/16.
- A report on the working of the 111 Service was presented in 2014 to the Suffolk Health Overview and Scrutiny Committee and would be shared with Members of the Norfolk Health Overview and Scrutiny Committee.

**5.3** The Committee noted the good progress with the transformation plan and requested a further report in one year's time. It was suggested that this report should include an update on progress with the transformation plan, the level of savings achieved and patient feedback about the service.

## **6 Information Only Items**

**6.1** The Joint Committee noted information on the following subjects:

- 'The Shape of the System' Developing Modern and Sustainable Health Services in Great Yarmouth and Waveney.
- Patrick Stead Hospital temporary redeployment of overnight in-patient facilities.

## **7 Forward Work Programme**

**7.1** The forward work programme was agreed with the following amendments:-

- The Joint Committee would meet on 22 July 2015 in the Assembly Room, Great Yarmouth Town Hall. A new Chairman and Vice-Chairman would be appointed and Suffolk County Council would provide scrutiny and committee support for the ensuing year.
- 'The Shape of the System' consultation by Great Yarmouth and Waveney CCG on integrated health and social care services was moved from the next meeting on 8 April to the meeting on 22 July 2015. This was because the public consultation launch date had been postponed to 3 June 2015.

The scrutiny support officers from Norfolk and Suffolk were asked to discuss a suggestion for a new Joint Committee to examine mental health services in the two counties in light of the CQC inspection report published on 3 February 2015.

## **8 Urgent Business**

There were no items of urgent business.

## **9 Dates and Times of Future Meetings**

**9.1** It was noted that the Committee would be meeting at Great Yarmouth Borough Council at 10.30 am on the following dates:

8 April 2015  
22 July 2015

The meeting concluded at 12.45pm.

**CHAIRMAN**



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## **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) and Norfolk and Suffolk NHS Foundation Trust (NSFT) will report on progress with the changes to adult and dementia mental health services in Great Yarmouth and Waveney agreed by its Governing Body on 25 September 2014.

#### **1. Background**

- 1.1 On 8 October 2014 Great Yarmouth and Waveney Joint Health Scrutiny Committee (the Joint Committee) received details of the CCG Governing Body's decisions on the future of adult and dementia mental health services in the area following the twelve week public consultation which closed on 24 April 2014.
- 1.2 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.
- 1.3 The new services were to 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. 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 was anticipated that the opening of 10 new acute beds in Norwich would 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.
- Develop the Dementia Intensive Support Team (DIST). The CCG intended 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 at Hammerton Court in Norwich, with on-going support provided locally in Great Yarmouth and Waveney. NSFT was to 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. The CCG was to explore setting these up in Carlton Court, Northgate and Kirkley Mill in Lowestoft.

## **Mental Health Commissioning Intentions**

The CCG Governing Body also agreed a number of commissioning intentions for the future for mental health services in Great Yarmouth and Waveney. These were:

- 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

- 1.4 The CCG and NSFT explained that they would be taking a phased approach to these changes. Adult acute beds at Carlton Court were not to close until new beds had been built at Northgate Hospital. The new beds were expected to be in place around mid 2015. The CCG also assured the Joint Committee that it would monitor the implementation of the changes very carefully with NSFT, local clinicians, staff and patient representatives to make sure that patients

remain safe, the quality of services is good, and staff were fully engaged throughout the transition process.

## **2. The Care Quality Commission (CQC) report on NSFT**

2.1 The CQC report based on the inspection carried out in October and November 2014, rated NSFT as 'inadequate' overall. In terms of safety of services the trust was rated 'inadequate' because:-

- Staffing levels were not sufficient or safe at a number of inpatient wards and community teams across the trust.
- There were also environmental safety concerns, including potential ligature risks and the layout of some wards not facilitating the necessary observation of patients.
- Staff were not clear that improvements would occur as a result of raising concerns. Reported incidents did not always result in learning and action.
- Arrangements were not adequate for the safe and effective administration, management and storage of medication across the trust.
- There were concerns about incidents of restraint and seclusion at the trust. There was a high level of prone restraint and the CQC was told that seclusion was used in a punitive manner.

In the 'well-led' domain, the 'inadequate' rating was due to:-

- A need for significant change in the governance structure
- The Board having limited oversight of the point of care
- Drift in work to engage staff in improving the service
- Very poor staff morale and some staff saying they had no confidence in management.

It should be noted that the CQC observed that staff at the trust were 'kind, caring and responsive to people and were skilled in the delivery of care'.

NSFT was placed in special measures and is receiving support from an Improvement Director, Mr Alan Yates.

At the Quality Summit held a few days before the publication of the CQC report, a representative of Monitor noted that although not all improvement is dependent on additional money, they find it is usually necessary for local commissioners to put more funding into organisations that are in 'special measures' to enable certain improvements to happen. The CCGs were keen to understand the quality of NSFT services within their own geographic areas and for the improvement plan to be clear on what needs to happen in each locality.

## **3. Purpose of today's meeting**

3.1 On 8 October 2014 the CCG and NSFT were asked to report to today's meeting on progress with the transition to the new services and establishment of the children's service at Carlton Court.

The CCG and NSFT have also been asked to update the joint committee on

- (a) The trend in out of area placements of mental health patients (i.e. the number of patients from other areas who have been placed in the Great Yarmouth and Waveney area; the numbers of patients from the Great Yarmouth and Waveney area who have been placed in other areas).
- (b) NSFT's action to address the requirements of the CQC inspection report and Monitor in relation to the Great Yarmouth and Waveney area specifically.

The CCG has provided the report attached at Appendix A and the Chief Executives of both NSFT and the CCG are present to answer questions.

- 3.2 The Joint Committee also agreed in October 2014 that Healthwatch in Norfolk and Suffolk should be approached about the possibility of Healthwatch jointly monitoring the effect of the changes to mental health services in Great Yarmouth and Waveney after they have been implemented (i.e. from approximately October 2015 onwards).

Both Healthwatch Norfolk and Suffolk have been approached. Healthwatch Norfolk had already commissioned a project to review patients' experience of the mental health service and was expecting it to be completed in April 2015. They intend to look at the outcome of that piece of work before committing to further research in relation to mental health services. The work will be reported to Norfolk Health and Wellbeing Board.


Healthwatch Suffolk said that joint working with Healthwatch Norfolk was a possibility and that it would be useful to take stock of the situation, including Healthwatch involvement, once the outcome of the Norfolk project was known.

### **3. Suggested approach**

- 3.1 After receiving the report from the Chief Executives of the CCG and NSFT, Members may wish to discuss the following areas with them:-

- (a) How many additional acute mental health beds have been opened in Norwich?
- (b) Has the opening of additional beds in Norwich been enough to prevent placement of 'out of area' patients in Great Yarmouth and Waveney beds?
- (c) When do the CCG and NSFT expect all 10 additional beds to be available in the central Norfolk area?

- (d) How is NSFT planning to inform Great Yarmouth and Waveney patients and carers about potential entitlement to support with travel costs when attending Hammerton Court in Norwich for acute dementia assessment?
- (e) When does NSFT expect all of the changes to acute and dementia services in Great Yarmouth and Waveney to be complete?
- (f) Bearing in mind the level of redundancies during NSFT's previous reconfigurations in recent years and CQC's comments about low staff morale, how the Trust plan to avoid the loss of experienced staff?
- (g) The CCG Governing Body said that NSFT must integrate with the rest of the Great Yarmouth and Waveney health and social care system. What progress has been made in this respect?
- (h) NSFT operates across seven CCG areas and commissioning decisions in other localities could potentially affect the Trust's services in this locality (e.g. under commissioning of capacity to meet demand for access and assessment; out of area placements when there are insufficient beds to meet demand). Bearing in mind that NSFT is in 'special measures' can the joint committee be assured that the CCGs are working together to commission adequate capacity overall?
- (i) What specific action is NSFT taking in relation to the Great Yarmouth and Waveney area to address CQC and Monitor's concerns?

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## **Norfolk and Suffolk Foundation Trust (NSFT) Implementation Update for the Great Yarmouth and Waveney Health Scrutiny Committee**

### **1. Introduction**

1.1 In September 2014 the Governing Body of NHS Great Yarmouth and Waveney Clinical Commissioning Group (CCG) supported the proposals to change the way mental health services are commissioned for the population of Great Yarmouth and Waveney. This report for the Health Scrutiny Committee provides an update on progress so far against the specific elements described during the consultation.

1.2 A project structure has been agreed with colleagues from Norfolk and Suffolk Foundation Trust (NSFT) supported by representatives from other organisations within the Integrated Care System.

1.3 The Implementation Group for this project has met four times. It is charged with monitoring the progress of the project plan and terms of reference are available on request.

1.4 The recommendations are included below to give a reminder of the decisions made with an update as to progress so far. Any risks are highlighted at the end of the report.

### **2. Adult acute mental health services**

#### **2.1 Inpatient services**

A decision was made to 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. This will reduce the total number of beds available across Great Yarmouth and Waveney from twenty eight to twenty and result in the permanent closure of adult mental health inpatient services at Carlton Court.

#### **2.2 Section 136 Suite**

The Governing Body agreed to develop and fully staff one Section 136 suite on the Northgate Hospital site as part of this facility. This will allow 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, and will meet the needs of the whole Great Yarmouth and Waveney area. NHS Great Yarmouth and Waveney Clinical Commissioning Group (NHSGYWCCG) will work closely with the police and others to optimise the design of working procedures.

## **2.3 Crisis Resolution and Home Treatment team (CRHT)**

It was agreed 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.

## **2.4 Community Services**

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

## **2.5 Update on implementation for adult acute mental health services since September 2014**

Plans have been drawn up to extend the inpatient area on the Northgate site and capital money for the work has been identified by NSFT. The work is currently being tendered with an anticipated start date of mid April 2015. The Implementation Group has requested an ambitious target date of September 2015 for completion of this phase. An Impact Assessment is being undertaken to determine the phasing of the building work and ensure minimum disruption to the patients and staff within the unit.

Following completion of the building work, there will be a phased closure of the adult acute beds at Carlton Court.

The section 136 suite at Northgate will be relocated and improved as part of the building work to ensure better support to the unit from inpatient staff. This work is being led by Suffolk County Council (SCC).

Additional beds are due to open in Norwich on the Hellesdon site in March 2015 which will enable the beds at Northgate to be used for Great Yarmouth and Waveney patients to prevent out of area placements.

Plans are in place to combine the CRHT teams once accommodation becomes available on the Northgate site but certainly before the end of April 2015 and the adult acute pathway is being reviewed to enable efficient support to a single inpatient unit.

The Governing Body agreed to support NSFT in considering further options for inclusion of other appropriate services on the Carlton Court site which is likely to be services for children and young people. These services are represented on the Implementation Group. The NSFT estates team have been asked to provide design and costs for essential work to make Carlton Court fit to accommodate these services once adult services relocate to Northgate. This will enable a decision to be made regarding the potential for services for children and young people to be developed on the site.

## **3. Dementia and complexity in old age (CLL) services**

### **3.1 Dementia**

It was agreed to permanently close the 12 dementia assessment beds on Larkspur Ward in Carlton Court and to continue with the development of the Dementia Intensive Support Team (DIST) to provide a 24/7 service model working closely with the new Out of Hospital Teams in Great Yarmouth and Waveney.

Patients will 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.

A decision was made 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 plan 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.

### **3.2 Update on implementation for dementia services since September 2014**

The Dementia Clinical Pathway Group has been meeting and reports direct to the Implementation Group. This paper will include options and costs. They are expected to include exploring options to work more closely with the CRHT and the out of hospital team, with additional resource and training in the CRHT in dementia care. Co-location with general out of hospital teams within community hubs is also being actively explored.

The plan to move patients to Hammerton Court in Norwich is on track within NSFT, providing a much better environment for GYW patients within the specialist beds on the Julian Hospital site.

### **3.3 Complexity in Later Life (CLL) services**

In September 2014, the CCG Governing Body agreed with NSFT to re-open up to 10 beds on Laurel Ward, Carlton Court, 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.

### **3.4 Update on implementation for CLL services since September 2014**

A paper to consider options to re-open Laurel Ward was taken to the CCG's Clinical Executive Committee (CEC) on January 22 January 2015. This included various options to open this ward area including innovative ideas for working in partnership with a private provider or providing an integrated service with the DIST team. The CEC requested that Option 2 be worked up into a business case which describes opening the ward linking with the 24/7 DIST. This paper will be presented to CEC in April 2015.

Work is ongoing with the Lowestoft OHT and those responsible for implementing a similar team in Great Yarmouth to ensure better integration with DIST teams

## **4. Information and Resource Centres**

4.1 The CCG's Governing Body proposed the development of an Information and Support Centre for people and their families with dementia and mental health problems including a dementia café. This will be provided from a variety of locations across Great Yarmouth and Waveney.

4.2 Update on the implementation of Information and Resource centres since September 2014 Conversations are ongoing with the client advocacy group 'Feedback', with a view to setting up a focus group to clarify the desired outcomes from an information centre. A stakeholder workshop was held in December 2014. Visits have been arranged to libraries in the area to explore options for replicating the learning disability resource service provided in



libraries which has proved to be very successful and popular with clients.

4.3 We are also continuing to explore other potential bases for resource centres eg Kirkley Mill and Northgate Hospital.

4.4 Options will be presented to the Implementation Group in May 2015 to decide where these new services will be based before progressing to implementation.

## **5. Human Resources Progress**

5.1 A process has been agreed with NSFT staff side and is in progress. Individual meetings with staff are ongoing. This is an area of risk to the project due to the potential to lose staff along the way. The process has been designed listening to the views of staff, so that for example should there need to be competition for posts this will be done as an assessment of the application submission rather than an interview. Staff will have the opportunity to apply within any of the services and will be provided with development to achieve the necessary skills.

## **6. Summary**

6.1 The project is progressing well with rapid implementation as planned in the adult acute and CYP pathways. Further work is ongoing around dementia and CLL services to ensure they are aligned with the roll out of the new Out of Hospital Teams. Discussions are ongoing about the most efficient way to re-open the Laurel Ward provision.

Rebecca Driver  
**Director of Engagement**  
NHS Great Yarmouth and Waveney CCG

March 2015

## 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.

### **(a) Great Yarmouth and Waveney Clinical Commissioning Group's ( GYWCCG) Approach to Delivering Services to Children who have an Autistic Spectrum Disorder (ASD)**

#### **1. Introduction and Background**

Previous paper submitted to the Great Yarmouth and Waveney Health Scrutiny July 2014; this is an update as requested following the July meeting.

#### **2. Current Position**

- **Progress with plans to move to a single access for referrals and single assessment to treatment processes so that GYW become one team with one pathway?**

Following a complex needs workshop held in July 2014 and an ASD steering group facilitated by GYWCCG .There is now one pre-school pathway and one school aged pathway for GYWCCG. A leaflet for parents to explain the pre-school liaison group has also been developed. Parent's views are also being sought following the assessment process.

- **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?**
- GYWCCG are now represented on both the Norfolk and Suffolk meetings where ASD is discussed and are working on an all age Autism strategy with both Norfolk and Suffolk County Council. GYWCCG will be attending an ASD multi-agency workshop in Norfolk 13 March 2015 which has been supported by Norfolk County Council to look at addressing the current gaps in provision for children and families with ASD.
- **An assurance that the pathway used across both GY and W included seeking parents' consent to contact Autism Anglia on their behalf when children were diagnosed?**

A new leaflet produced for the GYW area has been developed for families who think that their child may have Autism (currently awaiting printing) and within this leaflet are the contact details of Autism Suffolk and Autism Anglia and as part of the pathway families are now informed of these services.

### **3. The local position**

GYWCCG commissioned some SEND (special educational needs and disabilities) market research in November 2014, including asking families in the GYW area who have children with ASD, their views on the previous assessment processes and support post diagnosis etc. The summary and findings of this market research were presented to a multi-agency group on the 3 February 2015 (Representation from both Norfolk and Suffolk county council). An action plan to implement the findings of the market research has been produced and a multi-disciplinary group is being formed to progress this action plan.

The specialist health visitor for children under 5 years of age who have complex needs has been in post now for nearly a year and is providing support to families and professionals.

GYWCCG also continue to engage with both Norfolk and Suffolk county councils on the implementation of the Children's and Families' Act 2014.

#### **Current risks**

There continue to be difficulties in recruiting community paediatricians to the area (there is currently one vacancy filled with a locum) and waiting lists remain long. There are similar difficulties in other parts of the county and country. Also the level of activity and number of children being diagnosed with ASD is increasing.

### **4. Next Steps**

Continue with the implementation of the Childrens and Families Act 2014. The multi-agency group will progress the findings of the market research to improve outcomes for children and families who have a child with ASD in the GYW area.

Patricia Hagan  
**Children's Commissioner**  
March 2015

#### **(b) Family Healthcare Centre, Gorleston**

In March 2015 the Family Healthcare Centre in Gorleston was put into special measures by the Care Quality Commission after being given an overall rating of 'inadequate'.

Dr Keivan Maleki, Lead GP at the Family Healthcare Centre has pledged to improve the services provided at the practice.

The CQC inspected the practice during October 2014 and found several areas of good practice saying the surgery offers a caring and supportive service and employs friendly, helpful and supportive staff. It also praised the fact that patients are able to get an appointment with their GP.

However, the report also highlighted areas where improvements were needed to make sure the practice was consistently delivering care which was safe, effective, well-led and responsive to the needs of its 5,360 patients.

Many of the issues raised were around not having the correct paperwork and documentation in place to back up the clinical work carried out at the practice. There were also issues about improving the storage of medicines and new induction arrangements for staff. In the meantime the practice has stopped providing minor surgery for lumps and bumps until all the governance arrangements are in place.

An action plan has been developed with the support of NHS Great Yarmouth and Waveney CCG which aims to get improvements in place within the next six months.

Because of the nature of the issues there were no early warning signs that there were any issues with the practice. The issues that the CQC have picked up on are around internal leadership issues such as appraisal rates, inductions, risk assessments and these have not been measured or reported upon prior to CQC inspections.

Lorraine Rollo  
Senior Communications and Engagement Manager  
NHS Great Yarmouth and Waveney CCG  
20 March 2015

### **(c) Possible relocation of GP practices in Gorleston**

Members may be aware of reports in the press about plans to relocate GP surgeries in Gorleston to the James Paget Hospital. The CCG has confirmed that it has plans in development which will form one of the proposals in the 'Shape of the System' 13 week public consultation starting in June 2015 (subject to an NHS England Assurance check in April). The full consultation is due to come before the HOSC at their next meeting on 22 July 2015.

The CCG are working with three Gorleston surgeries that face challenges around the adequacy of their premises to look at relocating them to a new facility on the James Paget Hospital site. The aim is to improve the services available to patients and deliver them in high quality buildings that are fit for purpose and can cope with an increasing population.

The practices in question are Family Healthcare Centre (recently rated as 'inadequate' by the Care Quality Commission), Falkland Surgery and Gorleston Medical Centre at Shrublands.

There are no plans to relocate the multi-agency community service that is also based at Shrublands; the proposal is purely around the GP practice. The CCG has also emphasised that the relocation proposals will not include Millwood Surgery, Bradwell nor Central Surgery, Gorleston, both of which are well established in their current premises and not currently looking to relocate. In fact, Millwood surgery has well developed plans to expand their existing premises on their current site.

The CCG is conscious of the potential issue of paying for parking while visiting a GP on the James Paget site is a concern for patients and will be looking at this in detail as part of the forthcoming public consultation.

For further information, please contact:-  
Lorraine Rollo  
Senior Engagement and Communications Manager  
NHS Great Yarmouth and Waveney CCG  
Email: lrollo@nhs.net  
Tel: 01502 719582

#### **(d) Relocation of wheelchair service**

The wheelchair assessment team have been located at the Norfolk Coastal Centre For Independent Life (NCCFIL) on the Beacon Park site in Gorleston for a number of years following a move from its original home at the James Paget Hospital in 2009.

For a number of years the Wheelchair Service has been subcontracted by ECCH to another organisation, most recently SERCO. From January this year ECCH has taken the assessment element of the Wheelchair Service back in-house and we now directly employ and manage this assessment team.

In addition we have a new approved repairer service called Bartram's. This company is responsible for provision of wheelchairs, maintenance and repair and they have a wide range of experience in providing Wheelchair Services across the region and they have a base in South Lowestoft.

ECCH has taken the decision to relocate the service from next month (April) to the Kirkley Mill Health Centre in Lowestoft. The main reasons are:

1. The service is very isolated. At Kirkley Mill we have a multi-disciplinary team on site. This means we can integrate the team with other services onsite providing better support for the team but more importantly an opportunity to improve the patient experience with the potential to combine appointments with other services.
2. The current area at the NCCFIL used as a clinical space for assessment is actually a shared lounge area not set out to allow easy assessment.

3. Bartram's are based on the South Lowestoft industrial Estate - just a short trip from Kirkley Mill for staff to visit etc. and get access to equipment and support.
4. Ambulance transport will not drop / pick up at the Coastal Centre but will at Kirkley Mill improving access to a larger number of patients.
5. The service provides officially recognised powered wheelchair driving instruction (like a driving test) and requires a range of settings to do this. Kirkley offers a much better facility and surrounding area – pavements / streets etc.

ECCH is very excited about the opportunities to develop and integrate the Wheelchair Service over the coming years and the move to Kirkley Mill will act as a catalyst for that to be happening.

Nick Wright  
Deputy Director of Adult Services – Business and Performance  
East Coast Community Health and Care  
18<sup>th</sup> March 2015

#### **(e) Changes to treatment criteria for hip and knee replacements**

On 16 March 2015 a letter from Andy Evans, Chief Executive of Great Yarmouth and Waveney Clinical Commissioning Group (CCG) was emailed to Joint Committee Members informing you that on 19 March the CCG Governing Body would discuss the introduction of weight loss and smoking cessation criteria for patients who need a hip or knee replacement. The paper received by the Board is available on the CCG website:- [http://www.greatyarmouthandwaveneyccg.nhs.uk/uploads/files/GB%20Part%20One%20Agenda%20-%2015\\_03\\_19.pdf](http://www.greatyarmouthandwaveneyccg.nhs.uk/uploads/files/GB%20Part%20One%20Agenda%20-%2015_03_19.pdf)

Public Health had previously presented research evidence to the Governing Body in January 2015 which supported these proposals.

On 19 March the CCG Governing Body approved the recommendations, which means that in the Great Yarmouth and Waveney area patients with a Body Mass Index (BMI) of over 35 will need to lose weight before surgery, while anyone who smokes will need to stop smoking for at least eight weeks before they have their operation for a new hip or knee, unless there are significant clinical circumstances that mean surgery is essential. The CCG is working with public health to ensure that patients are offered the support they need to help them meet these new criteria.

The aims are to:

- improve clinical outcomes after surgery
- help people take responsibility for their own health
- make sure that the CCG is making the best use of its limited budget, whilst delivering value for money. It will save around £270,000 per annum.

The new criteria start on 1 April 2015 and will only apply to newly-referred patients, and not those already on a waiting list. It is expected that 60 to 80 patients each year will be affected. Each case will be treated on its own merits, with the new thresholds only applied when there is clear evidence to do so.

The CCG Governing Body also approved further work to enable these criteria to be potentially rolled out to other surgical procedures.

For further information, please contact:-  
Rebecca Driver, Director of Engagement  
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Email [rebecca.driver@nhs.net](mailto:rebecca.driver@nhs.net)

**(f) The impact of Greyfriars walk-in centre on attendances at the James Paget hospital accident and emergency department**

On 6 February 2015 Great Yarmouth and Waveney Joint Committee asked for information on:-

- Numbers of walk-in patients attending Greyfriars walk-in centre
- Analysis of whether or not the walk-in centre relieves pressure on the James Paget Hospital (JPUH) A&E department.

NHS England East Anglia Area Team (EAAT) and NHS Great Yarmouth and Waveney Clinical Commissioning Group (CCG) have provided the graph at **Appendix A** which shows attendances at the JPUH A&E (majors and minors) and Greyfriars walk-in centre (minor injuries unit) from April 2008 to December 2014.

**Appendix B** shows the number of patients from each GP practice that attend A&E, with Greyfriars being the highest number.

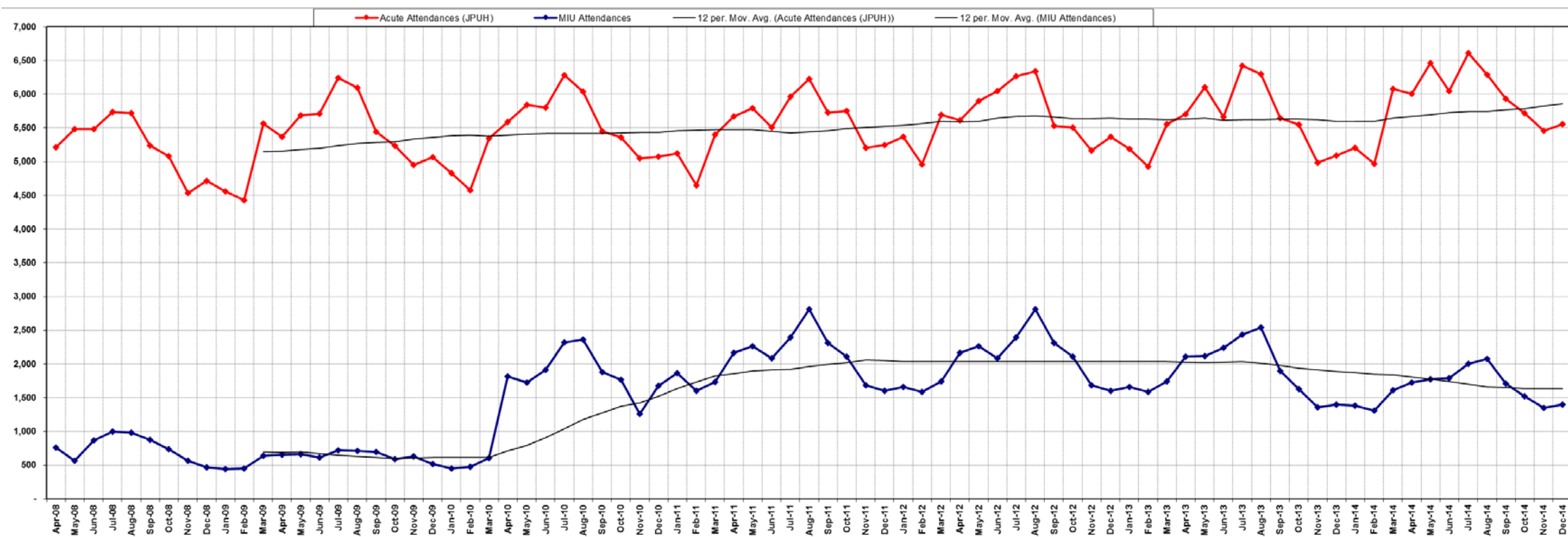
The EAAT commissioned a market research project at Greyfriars walk-in centre in May 2014 and 42% of those interviewed during the project period said that they would have attended A&E with their problem had the walk-in centre not been available. However, the CCG's analysis is that the figures show the walk-in centre has had minimal impact towards reducing attendances at A&E and in fact as a GP practice has the highest number A&E of attendees in the GYW area.

For further information, please contact:-

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East Anglia Area Team  
NHS England  
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Paul Higham  
Contract, Performance and Finance  
Manager  
NHS Great Yarmouth and Waveney  
Clinical Commissioning Group  
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### Attendances at James Paget Hospital A&E and Greyfriars walk-in centre, April 2008 to December 2014



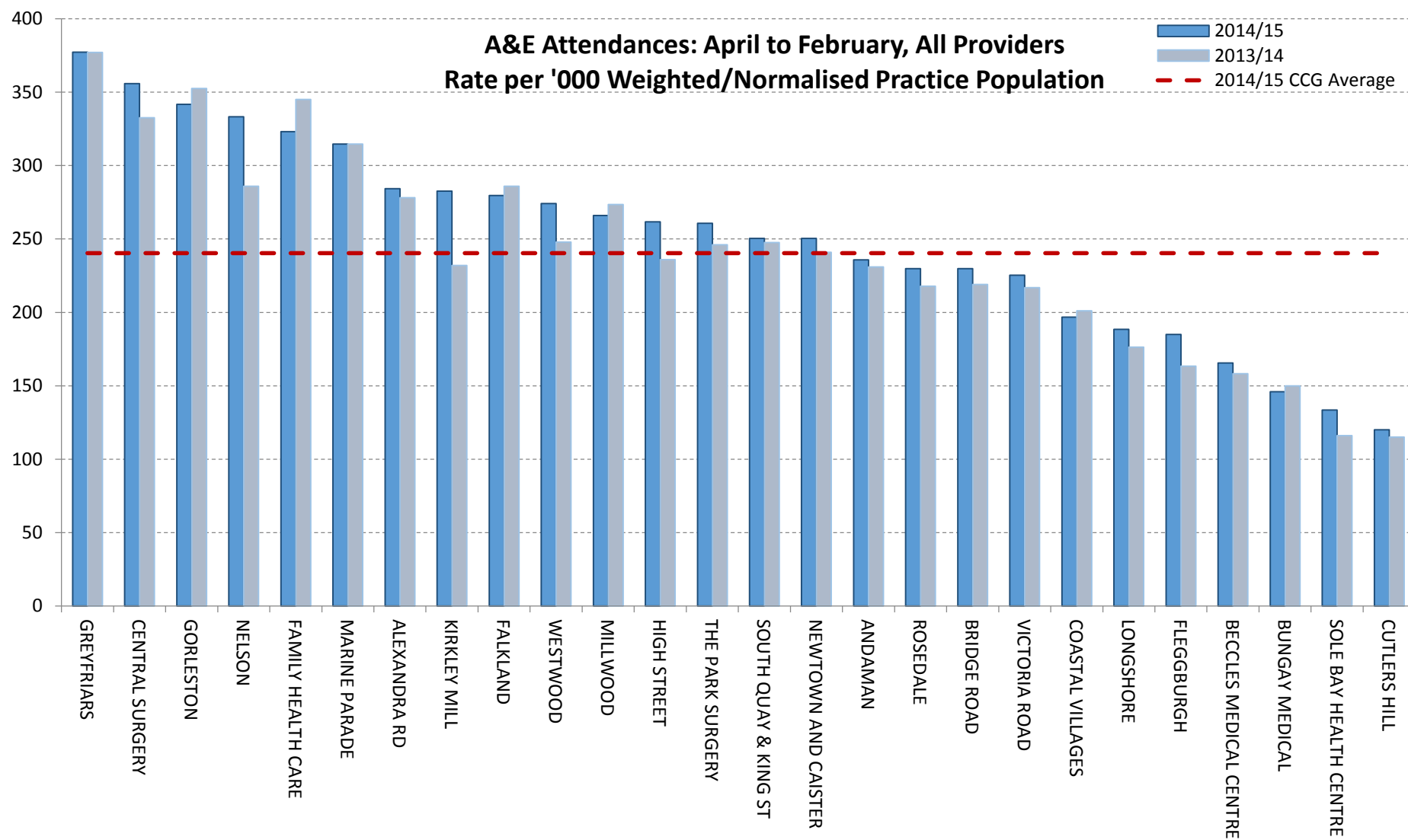
#### Key

Top line: Acute attendances (JPUH) = James Paget hospital A&E (major and minor cases)

Bottom line: MIU (minor injuries unit) attendances = Greyfriars walk-in centre



## Appendix B



Date: 8 April 2015  
Item no: 7

### 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
- agree a joint committee meeting on 13 November 2015

**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
22 July 2015	<u>'Shape of the system' consultation</u> – the CCG will consult the committee about proposals for integrated health and social care services for Great Yarmouth and Waveney. <i>(Subject to an NHS England assurance check in April 2015)</i>	Public consultation document to be presented to the committee
	<u>Liaison between police and mental health staff in Great Yarmouth and Waveney</u> - an explanation and comparison of the different systems in place across Norfolk (mental health staff in the police control room) and Suffolk (mental health staff involved in street triage with the police)	Subject to agreement by the committee on 8 April 2015
	<u>Diabetes care within primary care services in Great Yarmouth and Waveney</u> – examination of the care provided to patients with diabetes within general practice in the light of the results of the National Diabetes Audit 2012-13	Subject to agreement by the committee on 8 April 2015

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

**Provisional dates for future reports to the joint committee and items for consideration:**

The joint committee normally meets in October but is asked to schedule its autumn meeting for **13 November 2015** to enable final consideration of the CCG's decisions on the 'Shape of the system' proposals. The CCG Governing Body meets on 5 November 2015. The timing of the consultation is subject to an NHS England assurance check in April 2015.

**January 2016**

- Follow-up on the effects of reconfiguration of adult and dementia mental health services in Great Yarmouth and Waveney (Healthwatch in Norfolk and Suffolk to be invited to investigate in advance of this meeting).

**April 2016**

## Great Yarmouth & Waveney Joint Health Scrutiny Committee 8 April 2015

### Glossary of Terms and Abbreviations

A&E	Accident and Emergency
ASD	Autistic Spectrum Disorder
BMI	Body Mass Index
CCG	Clinical Commissioning Group
CEC	Clinical Executive Committee
CLL	Complexity in later life
CQC	Care Quality Commission
CRHT	Crisis Resolution and Home Care Team
CYP	Children and young people
DIST	Dementia Intensive Support Team
EAAT	East Anglia Area Team
ECCH	East Coast Community Healthcare
GP	General practitioner
GYW	Great Yarmouth and Waveney
GYWCCG	Great Yarmouth and Waveney Clinical Commissioning Group
HOSC	Health Overview and Scrutiny Committee
JPUH & JPH	James Paget University Hospital
MIU	Minor Injuries Unit
NCCFIL	Norfolk Coastal Centre for Independent Life
NHSGYWCCG	NHS Great Yarmouth and Waveney Clinical Commissioning Group
NSFT	Norfolk and Suffolk NHS Foundation Trust (the mental health trust)
OHT	Out of hospital team
SERCO	A service provision company
SEND	Special Educational Needs and Disabilities
SCC	Suffolk County Council