

## Great Yarmouth and Waveney Joint Health Scrutiny Committee

(Quorum 3)

**Date:** Friday, 22 January 2016

**Venue:** Conference Room 1 and 2  
Suffolk County Council & Waveney District Council  
Riverside Campus  
4 Canning Road  
Lowestoft, Suffolk, NR33 0EQ

**Time:** 10:30 am

<b>Membership:</b>	Cllr Colin Aldred	Norfolk County Council
	Cllr Alison Cackett	Waveney District Council
	Cllr Michael Carttiss	Norfolk County Council
	Cllr Michael Ladd	Suffolk County Council (Chairman)
	Cllr Bert Poole	Suffolk County Council
	Cllr Shirley Weymouth	Great Yarmouth Borough Council

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For further information on any of the agenda items, please contact Rebekah Butcher, Democratic Services Officer, on 01473 264371 or [rebekah.butcher@suffolk.gov.uk](mailto:rebekah.butcher@suffolk.gov.uk)

## **Business to be taken in public**

### **1. Public Participation Session**

A member of the public who is resident, or is on the Register of Electors for Norfolk or Suffolk, may speak for up to five 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 'Public Participation in Meetings' by no later than 12 noon on 18 January 2016.

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

### **2. Apologies for Absence and Substitutions**

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

### **3. Declarations of Interest and Dispensations**

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

### **4. Minutes of the Previous Meeting**

Pages 5-9

To approve as a correct record, the minutes of the meeting held on 13 November 2015.

### **5. Decision following the 'GP practice premises in Gorleston and Bradwell' consultation**

Pages 11-20

Great Yarmouth & Waveney Clinical Commissioning Group will present to the Joint Committee the NHS England decision, following the public consultation on 'GP practice premises in Gorleston and Bradwell'.

### **6. Implementation of the Changes to Adult and Dementia Mental Health Services in Great Yarmouth and Waveney**

Pages 21-31

Great Yarmouth & Waveney Clinical Commissioning Group and Norfolk and Suffolk NHS Foundation Trust will report on progress with implementation of the changes to adult and dementia mental health services in Great Yarmouth and Waveney.

### **7. Information Bulletin**

Pages 33-36

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. Topics include:

- a) Briefing update on Oulton Medical Centre and Marine Parade practices;
- b) Briefing on Sands Lane development;
- c) Great Yarmouth and Waveney Clinical Commissioning Group's Approach to Delivering Services to Children who have an Autistic Spectrum Disorder.

8. **Forward Work Programme**

Pages 37

To consider and agree the forward work programme.

9. **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.

**Date of next scheduled meeting**

Friday, 15 April 2016, 10.30am, James Paget University Hospital, Great Yarmouth (to be confirmed).

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Democratic Services, Suffolk County Council, Endeavour House, 8 Russell Road, Ipswich, Suffolk IP1 2BX.

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and complete the online form: [www.suffolk.gov.uk/apply-to-speak](http://www.suffolk.gov.uk/apply-to-speak)

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**Deborah Cadman OBE**  
**Chief Executive**  
**Suffolk County Council**

**Chris Walton**  
**Head of Democratic Services**  
**Norfolk County Council**

<b>Unconfirmed</b>
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Minutes of the Great Yarmouth and Waveney Joint Health Scrutiny Committee Meeting held on 13 November 2015 at 10:30 am in the Conference Room, Riverside Campus, Lowestoft.

Present: Councillors Michael Ladd (Chairman, Suffolk County Council), Alison Cackett (Waveney District Council), Michael Chenery of Horsburgh (Norfolk County Council), Bert Poole (Suffolk County Council) and Shirley Weymouth (Great Yarmouth Borough Council).

Supporting officers present: Paul Banjo (Scrutiny Officer, Suffolk County Council), Rebekah Butcher (Democratic Services Officer, Suffolk County Council) and Maureen Orr (Democratic Support and Scrutiny Team Manager, Norfolk County Council).

## **12. Public Participation Session**

The Joint Committee heard from the following members of the public.

Mr Patrick Thompson, a member of the public, spoke in relation to Agenda Item 5: 'GP practice premises in Gorleston and Bradwell' consultation. Mr Thompson congratulated HealthEast who recommended using the Shrublands site to provide integrated healthcare. He raised some concerns over perceived 'tick-boxing' exercises for the consultation and highlighted in particular: why the summer months were chosen to hold the consultation, whether previous data was used from the former Waveney, Great Yarmouth and Norfolk Primary Care Trust's before designing these proposals, and had there been any proposals to recruit more GP's to the local area. Mr Thompson also sought assurance that the process for implementing the changes at Shrublands would be an open and transparent process for all stakeholders, including the public. In conclusion, Mr Thompson stated that he looked forward to working with others to provide what would be the best possible integrated health care in the area.

Councillor Sonia Barker, Leader of Waveney District Council and local county councillor for Pakefield Division, spoke in relation to Agenda Item 6: 'Shape of the System' consultation. Councillor Barker raised concerns about the accountability of those making decisions on behalf of the residents of Great Yarmouth and Waveney, in that they're not democratically elected. She felt the Chairman and the Clinical Commissioning Group (CCG) were dismissive of the objections of those who responded to the consultation. Councillor Barker stated, in her opinion, that the appraisal workshop held on 13 October 2015 was not representative and wished to know where the input was from social workers, nurses, physios, occupational therapists, mental health workers etc at that meeting. In conclusion, Councillor Barker urged the Committee to scrutinise the following: to whom was the Great Yarmouth and Waveney CCG

accountable? How democratic was its decision making? Was the decision based on evidence? How would a privately run local nursing and residential home be accountable to patients locally and the NHS? Who would pick up the cost if that local nursing and residential home closes? Now Southwold hospital was closed, how long would it take for a local 'hub' to be up and running? Would patients be placed in residential homes far from their family? Why was there a lack of projected information on the proposed hospital beds needed by 2025? What risk assessment had been undertaken to assess the proposals? How much money would be saved by enacting the proposed changes agreed by the Great Yarmouth and Waveney CCG?

Councillor Jane Murray, local district councillor for Oulton Ward, spoke in relation to Agenda Item 7: 'Information Bulletin: Briefing update on Marine Parade and Oulton Village practices'. Councillor Murray informed the Committee of the outrage felt by patients affected by the closure of the practise. Although Councillor Murray had been advised that support was given to the practise between inspections by the Care Quality Commission (CQC), Councillor Murray questioned how much support was given, and whether with more effective support and a sufficient number of clinical and clerical staff could have prevented the closure. She also highlighted the pressures mounting on other local surgeries that have had to cope with additional workloads stating that it was simply unacceptable. Councillor Murray stated that patients needed to know what would happen in the interim three months before being dispersed to other surgeries. In conclusion, Councillor Murray urged the CCG to hold an evening meeting for residents who either did not know about or were unable to attend previous meetings.

### **13. Apologies for Absence and Substitutions**

Apologies for absence were received from Councillor Michael Carttiss (substituted by Councillor Michael Chenery of Horsburgh) and Councillor Colin Aldred.

### **14. Declarations of Interest and Dispensations**

Councillor Michael Chenery of Horsburgh declared a non-pecuniary interest in Agenda Item 6: 'Shape of the System' consultation, by virtue of the fact he was involved in the North Norfolk and West Norfolk CCG's.

### **15. Minutes of the Previous Meeting**

The minutes of the meeting held on 22 July 2015 were confirmed as a correct record and signed by the Chairman.

*After hearing Agenda Item 4, the Chairman altered the order of the agenda; the minutes reflect the amended order.*

### **16. 'Shape of the System' consultation**

At Agenda Item 6, the Joint Committee received a suggested approach from the Scrutiny Officer (Suffolk County Council) to a report from the Great Yarmouth and Waveney Clinical Commissioning Group (GY&W CCG) about its

decisions following the public consultation on 'The Shape of the System – developing modern and sustainable health services in Great Yarmouth and Waveney'.

The Chairman welcomed the following witnesses to the meeting:

Andy Evans – Chief Executive, Great Yarmouth and Waveney CCG;

Rebecca Driver – Director of Engagement, Great Yarmouth and Waveney CCG;

Jonathan Williams – Chief Executive, East Coast Community Healthcare (ECCH).

The Chairman invited the witnesses to introduce the relevant sections of the report.

Andy Evans expressed the view that it was an extremely well researched consultation, fully in the public eye. If the CCG had all the money it needed it would still want to implement this model of care; this model is the best way forward. He stated that he is personally accountable to the Secretary of State, and that the CCG Governing Body had approved the changes unanimously.

Jonathan Williams stated that ECCH has worked closely with the CCG and that this sort of transformation is complex. ECCH is a social enterprise, is very staff focused, and had set up an HR taskforce right up front. He welcomed the CCG putting in place a collective Transformation Steering Group.

Members noted the assurance from the GY&W CCG that the new model of integrated care in the community would be tailored to each locality and would not be imposed before the new arrangements were in place.

Members also noted the clarification from the GY&W CCG that NHS treatment provided within a care home (i.e. 'beds with care', instead of in a hospital) would be free at the point of care, according to the patient's clinical need.

During debate, Members asked questions about services in the interim and whether they would be adequate to meet people's needs; staff morale at the Patrick Stead (Halesworth) and Southwold hospitals and what actions were being taken to improve it; staffing levels and subsequent recruitment issues; the number of patients transferred from Lowestoft to Halesworth; the consultation process; recruitment of GPs; and who was responsible for planning GP practises for new housing developments.

The Chairman expressed thanks to GY&W CCG and ECCH for their participation in the meeting.

**Recommendation:** The Joint Committee:

- a) Commended the GY&W CCG on the thoroughness of its consultation with the Joint Committee and members of the public.
- b) Recommended that the GY&W CCG continue to work with the local communities to provide tailored models of service provision.
- c) Recommended that the GY&W CCG continue to work closely with stakeholders on delivery of the new model of care.

- d) Reiterated the earlier recommendation that the GY&W CCG should give assurance that the new provision would be in place before closure of community hospital beds.

The Joint Committee confirmed that it did not intend to make a report to the Secretary of State under Section 23, paragraph 9 of the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013.

**Reason for recommendation:** Members were satisfied with the GY&W CCG's consultation process and that they had taken feedback responses on board. Members were concerned with staffing levels and recruitment at the Patrick Stead and Southwold community hospitals but accepted that East Coast Community Healthcare were doing everything they could to retain staff and raise morale.

The Joint Committee requested that GY&W CCG continue to engage with the Joint Committee, and noted that this item was on the Joint Committee's Forward Work Programme for July 2016.

With regard to staffing levels at the Community Hospitals, the Joint Committee noted that the Chief Executive of East Coast Community Healthcare would send a member of the Committee a copy of the recent job advertisement email.

With regard to Lowestoft bed capacity, the Joint Committee noted that the Chief Executive of GY&W CCG would inform a member of the committee as to how many patients went from Lowestoft to Halesworth in the past month.

**Alternative options:** There were none considered.

**Declarations of interest:** Councillor Michael Chenery of Horsburgh declared a non-pecuniary interest by virtue of the fact he was involved in the North Norfolk and West Norfolk CCG's.

**Dispensations:** There were none noted.

*Councillor Shirley Weymouth left the meeting at 11.52 am.*

## **17. 'GP practice premises in Gorleston and Bradwell' consultation**

At Agenda Item 5, the Joint Committee received a suggested approach from the Scrutiny Officer (Suffolk County Council) to a report from the Great Yarmouth and Waveney Clinical Commissioning Group (CCG) about its proposal to NHS England for their decision, following the public consultation on 'GP practice premises in Gorleston and Bradwell'.

The Chairman welcomed the following witnesses to the meeting:

Andy Evans, Chief Executive, Great Yarmouth and Waveney CCG; and

Rebecca Driver – Director of Engagement, Great Yarmouth and Waveney CCG.

The Chairman invited the witnesses to introduce the relevant sections of the report.



Members asked questions about the consultation; whether the premises would be accessible; whether existing staff would transfer to the new building; transport and parking; and prescription collection.

**Recommendation:** The Joint Committee:

- a) Commended the GY&W CCG on the thoroughness of its consultation, with the Joint Committee and with the general public.
- b) Recommended that the GY&W CCG continued to engage with all the stakeholders in implementing the decision.
- c) Will undertake its final consideration of this matter at its meeting on 22 January 2016, by which time NHS England would have made its decision in response to the CCG's recommendations.

Members noted that the GY&W CCG would engage further with NHS England and would refer to the Joint Committee's endorsement of the CCG's recommendation.

**Reason for recommendation:** Members were satisfied with the consultation process and felt it had been undertaken in a clear and transparent manner and endorsed the CCG Governing Body's' recommendation.

**Alternative options:** There were none considered.

**Declarations of interest:** There were none declared.

**Dispensations:** There were none noted.

## **18. Information Bulletin**

The Committee noted the information bulletin at Agenda Item 7.

A further verbal update was received from Andy Evans (Chief Executive, GY&W CCG) about the ongoing process regarding former patients of the closed Oulton and Marine Parade Practices. There would be another update in the Information Bulletin on 22 January 2016.

## **19. Forward Work Programme**

At Agenda Item 8, the Joint Committee agreed its Forward Work Programme with the inclusion of an additional information update item on the Oulton Village and Marine Parade Practices, and on the Sands Lane (Woods Meadow) GP surgery planning proposal.

## **20. Urgent Business**

There was no urgent business.

*The meeting closed at 12.38 pm.*

Chairman



## **Great Yarmouth and Waveney Joint Health Scrutiny Committee**

**22 January 2016**

### **Decision following the ‘GP practice premises in Gorleston and Bradwell’ consultation**

Suggested approach from the Scrutiny Officer.

Great Yarmouth and Waveney Clinical Commissioning Group (CCG) will present to the Joint Committee the NHS England decision, following the public consultation on ‘GP practice premises in Gorleston and Bradwell’.

#### **Background**

1. At its meeting on 22 July the Joint Committee received a report from the NHS Great Yarmouth and Waveney Clinical Commissioning Group (GY&W CCG) on the emerging themes from its public consultation on ‘GP practice premises in Gorleston and Bradwell’.
2. The consultation period ran from 3 June 2015 until 2 September 2015. The CCG’s [Governing Body](#) considered feedback, questions and issues at its meetings on 24 September and 22 October, and the CCG’s proposal to NHS England, for their decision, was made by the Governing Body on Thursday 5 November 2015.
3. At its meeting on 13 November 2015 the Joint Committee received the CCG’s proposal to NHS England for their decision, following the public consultation on ‘GP practice premises in Gorleston and Bradwell’. The Joint Committee commended the GY&W CCG on the thoroughness of its consultation, recommended that the GY&W CCG continued to engage with all the stakeholders in implementing the decision, and noted that it would undertake its final consideration of this matter at its meeting on 22 January 2016, by which time NHS England would have made its decision in response to the CCG’s recommendations.
4. NHS England considered the CCG’s recommendations at their Corporate Management Team (CMT) on 8 December 2015. NHS England and the CCG would ensure that planned changes are not progressed until after Joint Committee has met in January 2016.

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

5. The CCG and NHS England have been requested to prepare a report following the NHS England decision. This item provides the Committee with an opportunity to consider the NHS Decision regarding the CCG's proposals following the consultation, prior to implementation.

## **Suggested approach**

6. Representatives from the CCG, and possibly also NHS England, will attend the meeting to present the report and to receive any comments or recommendations that the Joint Committee may wish to make.
7. The following documents are attached:
  - a) NHS England Report, 'NHS England Decision regarding GP Practices in Gorleston and Bradwell'
  - b) NHS England Report, Appendix 1 – GY&W CCG Report to NHS England Regional Management Team, 25 Nov 2015

*[NB. The two appendices referred to in this report are not included, as they were previously published to the Joint Committee on 13 Nov 2015]*
8. The Joint Committee is asked to consider:
  - a) The NHS England Decision (including whether or not the CCG's recommendations are accepted)
  - b) Whether the consultation process with the joint committee has been adequate in relation to content or time allowed (noting that the Joint Committee has already on 13 Nov 2015 commended the consultation undertaken by the CCG)
  - c) Whether the final proposals by NHS England are in the interests of the local health service. (including envisaged implementation / transition considerations and previously highlighted concerns such as transport & parking, etc)
  - d) Any recommendations that it wishes to make to NHS England or GY&W CCG
  - e) Whether or not the Joint Committee intends to make a report to the Secretary of State under Section 23, paragraph (9) of the [Local Authority \(Public Health, Health and Wellbeing Boards and Health Scrutiny\) Regulations 2013](#)

## **References**

- (i) the Committee's previous consideration of this topic at its meeting on 13 Nov 2015:  
<http://committeeminutes.suffolkcc.gov.uk/meeting.aspx?d=13/Nov/2015&c=Great Yarmouth and Waveney Joint Health Scrutiny Committee>

## **Contact details**

Paul Banjo, Scrutiny Officer; Email: [paul.banjo@suffolk.gov.uk](mailto:paul.banjo@suffolk.gov.uk); Tel: 01473 265187

**Great Yarmouth and Waveney Joint Health Scrutiny Committee** (22 January 2016)

Information in this report was produced on behalf of	
<b>Organisation(s) / Department Head(s)</b>	Carole Theobald, Locality Director, Midlands and East (East) Local Office of NHS England
<b>Report Submitted By</b>	Carolyn Larsen, Head of Commissioning, Midlands and East (East) Local Office, NHS England ( <a href="mailto:Carolyn.larsen@nhs.net">Carolyn.larsen@nhs.net</a> 0113 824 9047)
<b>Title of Report:</b>	NHS England Decision regarding GP Practices in Gorleston and Bradwell
<b>Date Submitted:</b>	5 January 2016

## 1 Purpose

The purpose of this paper is to:

- 1.1 Inform Great Yarmouth and Waveney Joint Health Scrutiny Committee of the NHS England decision in relation to the outcome of the public consultation undertaken by the CCG on GP Practice Premises in Gorleston and Bradwell.
- 1.2 Seek approval from the Great Yarmouth and Waveney Joint Health Scrutiny Committee for the NHS England decision, prior to implementation in line with Section 23, paragraph (9) of the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013.

## 2 Background

- 2.1 GY&W CCG undertook significant work on behalf of NHS England, in early 2015, with local stakeholders to inform the options for consultation on the future delivery model for GP Practice Premises in Gorleston and Bradwell.
- 2.2 A pre consultation process was undertaken including a Reconfiguration Assurance Panel chaired by the Locality Director on 13 April 2015. The purpose of the panel was to ensure that the consultation proposal, and supporting business case, met the four tests for service change and a number of other best practice checks. This identified a number of concerns which were addressed and NHS England approved the consultation process on 1 June 2015.
- 2.3 Public consultation took place over a 13 week period from 3 June to 2 September 2015.
- 2.4 The GP Practice Premises Consultation identified 3 options for relocating the Family Health Partnership, Gorleston Medical Centre and Falklands Surgeries to a new centralised site. These options were:
  - Relocation to a new purpose built primary care centre on the James Paget hospital site (Option 1)
  - Relocation to a new purpose built primary care centre on the Shrublands site (Option 2)
  - Relocation to a new purpose built primary care centre on the Beacon Park site (Option 3)

- 2.5 An independent report on the feedback from the GP Practice Premises consultation was commissioned in September 2015. This was presented to the CCG Governing Body in its public meeting on 22 October 2015.
- 2.6 An options appraisal workshop with a range of local stakeholders including NHS England was held on 9 October 2015 where each of the three GP Practice Premises options were ranked against 6 benefit criteria to generate a raw and weighted score for each option. Option 2 was identified as the option with the highest raw and weighed score and was therefore the preferred option recommended to the CCG Governing Body for approval.
- 2.7 The CCG Governing Body considered recommendations on the consultation at its meeting on 5 November 2015.
- 2.8 The CCG Governing Body agreed to recommend to NHS England that the Shrublands site is the CCG's preferred location for a new Primary Care Centre for Gorleston and Bradwell. Full details of the process followed and the CCG's recommendation to NHS England is set out in the attached paper (Appendix 1).

### **3 Next Steps – NHS England Decision**

- 3.1 The Executive Management team of the NHS England East Local Office considered a report on the outcome of the public consultation undertaken by the CCG at its meeting on 8 December 2015.
- 3.2 The Midlands and East Regional Office of NHS England had expressed some concerns regarding the options appraisal process undertaken by the CCG as it was not clear how the outcomes from the public consultations had been acted upon in the options appraisal workshops.
- 3.3 These concerns have now been addressed following further discussions with the CCG. The independent analysis of feedback from both consultations identified a number of key themes. These themes were weighted at the option appraisal workshops and used to rank each of the options and generate recommendations to the CCG Governing Body.
- 3.4 NHS England noted that the public consultation process undertaken by the CCG had been commended by the Great Yarmouth and Waveney Joint Health Scrutiny Committee on 13 November 2015.
- 3.5 NHS England also noted that the CCG will establish a project steering group to oversee the development of the Shrublands project. This project group will develop the timescale and business case for approval by NHS England. Progress will be monitored through the NHS England locality premises screening group which includes CCG representation. The CCG's outline timescale for this project is set out below:
  - Capital pipeline outline PID by end of December 2015
  - Complete stakeholder engagement process by 31 March 2016
  - System business case end March 2016
  - Capital approval and out to tender end August 2016
  - Tenders due back end December 2016
  - Build during 2017
  - Commission new premises, Jan-March 2018
- 3.6 It should also be noted that the Family Health Partnership is currently in discussion with the Central Surgery in Lowestoft regarding a future merger and relocation to the Central surgery site. If this is approved, this would mean that the Shrublands site option would accommodate 2 GP practices only but also allow for future housing development planned in the area.

#### **4. Financial Implications**

- 4.1 It should be noted that capital and revenue funding for the Shrublands surgery option has not yet been approved by NHS England. A formal Business Case will be required from the CCG for consideration through NHS England's regional and national premises approval processes before a decision on capital and revenue funding for this project can be made.

#### **5 Recommendation**

- 5.1 The Great Yarmouth and Waveney Joint Health Scrutiny Committee is asked to approve the decision taken by NHS England that the Shrublands site is the preferred location for the development of a purpose built primary care centre for Gorleston and Bradwell.

#### Appendices:

##### Appendix 1 *[Attached]*



GP Practice premises  
in Gorleston and Brad







## Great Yarmouth and Waveney Clinical Commissioning Group

HealthEast

### NHS England regional management team paper

25 November 2015

<b>Title of Paper</b>	Recommendation on next steps for the GP Practice Premises in Gorleson and Bradwell public consultation.
<b>What the management team is being asked to decide or approve</b>	Endorse the Great Yarmouth and Waveney CCG's recommendation for the Shrublands site to be the preferred location for a new Primary Care Centre for Gorleston and Bradwell. This site has been identified following extensive public consultation and was the preferred site identified by the public.
<b>Executive summary</b>	<p>NHS Great Yarmouth and Waveney CCG have completed a thirteen week public consultation on GP practice premises in Gorleston and Bradwell which closed on Wednesday 2 September 2015.</p> <p>Three GP practices in Gorleston and Bradwell are currently working out of premises which can't keep working as they are for much longer. These are:</p> <ul style="list-style-type: none"> <li>• Family Health – the current building is cramped and not owned by the current GP, which prevents any changes to the premises being made. There is no capacity for the practice to expand.</li> <li>• Gorleston Medical Centre - is working from a temporary building on the Shrublands site and the long term future needs to be established.</li> <li>• Falkland Surgery – there is no capacity to expand, this has already been explored by the practice.</li> </ul> <p><b>A reminder of the proposals.....</b></p> <p>Proposal one: relocating the three GP practices to a new purpose-built primary care centre on the James Paget University Hospital site.</p> <p>Proposal two: relocating the three GP practices to a new purpose-built primary care centre on the Shrublands site.</p> <p>Proposal three: relocating the three GP practices to a new</p>

	<p>purpose-built primary care centre on the Beacon Park site.</p> <p>We also asked the public to identify any other sites that the primary care centre could be built on.</p> <p><b>Pre-consultation</b></p> <p>The CCG held a pre-consultation meeting with practice staff, patient representatives, voluntary organisations, parish councillors, Healthwatch Norfolk and community staff to get their views before launching the consultation.</p> <p>The CCG also completed full assurance before launching the public consultation which included:</p> <ul style="list-style-type: none"> <li>- A Gateway review by the national Gateway team</li> <li>- Clinical Senate assurance</li> <li>- NHS England assurance process</li> </ul> <p>Throughout the pre-consultation period the feedback received from the public and during the assurance process helped to shape the final consultation and the wording in the consultation document.</p> <p><b>Consultation</b></p> <p>The CCG received 731 responses to the consultation from staff, patients, clinicians, and healthcare providers, social care, District, County and Parish Councils, voluntary agencies and the wider public.</p> <p>During the public consultation two public meetings were held, 21,000 consultation documents were distributed across Gorleston and Bradwell.</p> <p>A full 25-page feedback report (attached <b>Appendix one</b>) on the responses to the consultation from the public and local stakeholders was presented to the CCG's Governing Body at their meeting in public on Thursday 22 October 2015. The report had been produced by Dr Steve Wilkinson, an independent analyst and expert on public consultation.</p> <p>This report showed that of the three proposals, proposal two (a new purpose-built Primary Care Centre on the Shrublands site) had the greatest support.</p> <p>Following this, a decision support 'options appraisal' workshop was held on Friday 9 October 2015 when key stakeholders and invited patients and members of the public completed a structured exercise to develop recommendations for the Governing Body.</p> <p>All attendees at this meeting were given the public feedback report a week in advance, the workshop started with a verbal report on the public feedback from Dr Steve Wilkinson and</p>
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	<p>he acted as a 'roving expert' on the day to make sure that the public voice was heard in all the workshop groups when they were developing their recommendations.</p> <p>The options considered at the workshop were the three options presented to the public during the public consultation and set out below. The benefits criteria they were scored against were developed using the public feedback report and the factors to be considered included issues raised by the public during the consultation:</p> <ul style="list-style-type: none"> <li>• Proximity to other local services e.g. social care services, pharmacy, housing and other community services.</li> <li>• Level of public and political support.</li> <li>• Ease of access to local primary care services by public transport.</li> <li>• Ease of access to local primary care services by car.</li> <li>• Availability of parking on the site, including provision of disabled spaces.</li> </ul> <p>The full options appraisal report including methodology is attached <b>Appendix two</b>.</p> <p>On 5 November 2015 the CCG's Governing Body were asked to make a recommendation on the final site for the primary care centre. Their recommendations were produced from the views of the stakeholders at the options appraisal workshop.</p> <p>The CCG agreed to endorse the Shrublands site as the preferred location for the new Primary Care Centre and recommend the site to NHS England.</p> <p>NHS England is now being asked to endorse the recommendations from NHS Great Yarmouth and Waveney CCG's Governing Body that the Shrublands site should be the location for a new Primary Care Centre in Gorleston and Bradwell.</p> <p><b>Next steps</b></p> <p>The decision made by NHS England will now need to be presented in writing by NHS England to the Great Yarmouth and Waveney Health Overview and Scrutiny Committee at their meeting on 22 January. The deadline for this paper to be submitted to the HOSC is Thursday, 7 January 2016.</p> <p>The HOSC will decide at this meeting whether or not it intends to make a report to the Secretary of State under Section 23, paragraph (9) of the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013.</p>
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**Risks attached to this proposal/initiative:**

- There is a risk that if a new Primary Care Centre is not developed then the three GP practices will not be able to continue to deliver quality services to their patients because of the issues with the practice premises.

**Resource implications:**

Implementation of the decision made will be dependent on the availability of future capital funding.

<b>Name</b>	Lorraine Rollo
<b>Job title</b>	Head of Communications and Engagement
<b>Date</b>	26 November 2015

**Attachments:**

*NB. The above report referred to two Appendices, that were attached to the original report from GY&W CCG to NHS England on 25 Nov 2015. This information was previously issued to the GY&W Joint health Scrutiny Committee on 13 Nov 2015, and can be referenced as follows online at*

*[http://committeeminutes.suffolkcc.gov.uk/meeting.aspx?d=13/Nov/2015&c=Great Yarmouth and Waveney Joint Health Scrutiny Committee](http://committeeminutes.suffolkcc.gov.uk/meeting.aspx?d=13/Nov/2015&c=GreatYarmouthandWaveneyJointHealthScrutinyCommittee):*

**Appendix one** – the full 25-page feedback report: *In the 13 Nov 2015 JHSC papers, this was Agenda Item 5, [Appendix C](#) – ‘GP Practice Premises in Gorleston and Bradwell – a response to the Public Consultation’ [9 Pages], CCG Governing Body meeting, 22 October 2015.*

**Appendix two** - the full options appraisal report: *In the 13 Nov 2015 JHSC papers, this was Agenda Item 5, [Appendix D](#) – ‘Recommendation on next steps for the GP Practice Premises in Gorleston and Bradwell public consultation’, [21 Pages], CCG Governing Body meeting, 5 November 2015.*

*[PB 12/1/15]*

## **Great Yarmouth and Waveney Joint Health Scrutiny Committee**

**22 January 2016**

### **Implementation of the Changes to Adult and Dementia Mental Health Services in Great Yarmouth and Waveney**

Suggested approach from the Scrutiny Officer.

Great Yarmouth and Waveney Clinical Commissioning Group (CCG) and Norfolk and Suffolk NHS Foundation Trust (NSFT) will report on progress with implementation of the changes to adult and dementia mental health services in Great Yarmouth and Waveney.

#### **Background**

1. On 8 October 2014 Great Yarmouth and Waveney Joint Health Scrutiny Committee received details of the CCG Governing Body's decisions, on 25 September 2014, 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.
2. The CCG's Governing Body had 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.
3. The CCG and NSFT had 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.
4. On 8 April 2015 the Joint Committee received a progress update, and the CCG and NSFT were also 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.
5. At that meeting the Joint Committee agreed to receive a further update report in 6 months on changes to adult and dementia mental health services and the establishment of the children's service at Carlton Court, including Norfolk and Suffolk NHS Foundation Trust (NSFT) staff survey results, if available. It was further agreed that Members of the Joint Committee should be invited to visit the new facilities at Northgate hospital sometime after the building was opened to the public.
6. At its meeting on 13 November 2015 the Joint Committee received an information briefing update on Waveney Acute Services (Carlton Court) in which it was stated that this year has seen NSFT implement a transition plan to ensure that the quality of services have not been compromised and any affected staff are embedded within the new teams.

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

7. The CCG and NSFT have been asked to update the joint committee on progress with:-
  - the changes to adult and dementia mental health services
  - establishment of the children's service at Carlton Court
  - placement/location of Resource Information Centres
  - impact on the affected NSFT staff, including the results of any staff surveys, if available.
  - Plans for a future visit by the Joint Committee to the new facilities at Northgate hospital

### **Suggested approach**

8. Representatives from the GY&W CCG and NSFT will present the implementation update and respond to any questions or comments from the joint committee.
9. The following document is attached:
  - a) Report by GY&W CCG and NSFT, *'Implementation of the Changes to Adult and Dementia Mental Health Services in Great Yarmouth and Waveney'*

## References

- (i) the Committee's previous consideration of this topic at its meetings on 8 Oct 2014 and 8 April 2015:  
<http://norfolkcc.cmis.uk.com/norfolkcc/Meetings/tabid/70/ctl/ViewMeetingPublic/mid/397/Meeting/327/Committee/25/Default.aspx>  
(<http://norfolkcc.cmis.uk.com/norfolkcc/Meetings/tabid/70/ctl/ViewMeetingPublic/mid/397/Meeting/329/Committee/25/Default.aspx> )
- (ii) The Information Bulletin update for the 13 Nov 2015 meeting:  
<http://committeeminutes.suffolkcc.gov.uk/meeting.aspx?d=13/Nov/2015&c=Great Yarmouth and Waveney Joint Health Scrutiny Committee>
- (iii) HealthEast GY&W CCG Governing Body meeting 17/12/2015, [Agenda Item 10- Update on Norfolk and Suffolk Foundation Trust \(NSFT\) Mental Health Consultation Implementation](#)

## Contact details

Paul Banjo, Scrutiny Officer; Email: [paul.banjo@suffolk.gov.uk](mailto:paul.banjo@suffolk.gov.uk); Tel: 01473 265187







**NHS Great Yarmouth and Waveney Clinical Commissioning Group  
Norfolk and Suffolk NHS Foundation Trust**

**22 January 2016 - Great Yarmouth and Waveney Joint Health Scrutiny  
Committee**

**Implementation of the Changes to Adult and Dementia Mental  
Health Services in Great Yarmouth and Waveney**

**1. Introduction**

1.1 This paper provides an update for the Great Yarmouth and Waveney Joint Health Scrutiny Committee on implementation following public consultation on local mental health services in 2014. This includes:

- changes to adult and dementia mental health services
- establishment of the children's service at Carlton Court
- placement/location of Resource Information Centres
- results of Norfolk and Suffolk NHS Foundation Trust (NSFT) staff survey, if available.
- Plans for a future visit by the Joint Committee to the new facilities at Northgate hospital

**2. Background**

2.1 Mental health services are provided to the population of Great Yarmouth and Waveney by Norfolk and Suffolk NHS Foundation Trust (NSFT).

2.2 The NSFT Service Strategy 2012-16 presented a number of proposals to change the service provision in the Great Yarmouth and Waveney area. In the spring of 2014, NHS Great Yarmouth and Waveney Clinical Commissioning Group and NSFT carried out a public consultation to assess the views of service users and carers, health and social care professionals and the wider public about these proposals.

2.3 In June 2014, Great Yarmouth and Waveney CCG received feedback from the public consultation with 1,055 responses from staff, patients, clinicians, local health, social care and voluntary agencies, and the wider public. In July 2014, the CCG published its response to the public consultation, answering the major issues raised by the respondents to the consultation.

2.4 A structured and robust process was completed with opinion from a wide range of local stakeholders and an Options Appraisal Workshop to appraise the options for future service provision in:

- Adult Acute Services
- Dementia and Complexity in Later Life Services
- Information and Resource Centres

2.5 On the 25th September 2014 the CCG's Governing Body approved the final decisions on next steps and agreed the implementation process. A project structure was agreed with NSFT supported by representatives from health, social care and police across both counties across the integrated care system. The Implementation Group for the project has met monthly to monitor the progress of the project plan and reports to the NSFT Implementation Steering Group which has met quarterly to oversee the outcomes and project governance.

2.6 This report provides an update on progress so far against the specific elements described during the consultation. The CCG's Governing body received a full update on progress on 17<sup>th</sup> December 2015.

### **3. Changes to adult and dementia mental health services**

#### **3.1 Background for adult mental health services**

3.1.1 Prior the consultation, 28 beds were provided for Adult Acute Mental Health Services by NSFT in two locations – Waveney Acute Services (WAS) at Carlton Court and Great Yarmouth Acute Services (GYAS) at Northgate Hospital, Great Yarmouth.

3.1.2 Also prior to the consultation, the Crisis Resolution and Home Treatment (CRHT) teams were provided in two locations - Waveney Acute Services at Carlton Court and Great Yarmouth Acute Services.

3.1.3 After the consultation, the decision was taken to reduce the number of adult acute beds from 28 across two sites (Northgate Hospital and Carlton Court) to 20 beds on one site and to develop one enhanced CRHT team to cover the whole Great Yarmouth and Waveney area.

3.1.4 To deliver 20 beds on one site, it was agreed to consolidate on the Northgate Hospital site in Great Yarmouth. This would be developed as a local centre of excellence for acute mental health services, including the estates work to build five further bedrooms.

3.1.5 The 15 beds on the Carlton Court site would not be used as part of the adult acute pathway, and would be redeveloped to house the Tier 4 Child and Adolescent Mental Health Unit currently located at 5 Airey Close, Lothingland.

3.1.6 One staffed Section 136 suite will be provided on the Northgate Hospital site as part of this facility which will meet the needs of the local whole Great Yarmouth and Waveney area.

3.1.7 Following the consultation outcome, the NSFT Implementation Steering Group approved a project plan which scoped out the individual pathway work and identified priorities and time frames. A phased implementation of these new services was necessary in order to take account of the necessary building works and to maintain patient safety during staff moves. This would allow time for all supporting services to be in place and functional before the change was made

## **3.2 Implementation for adult mental health services**

3.2.1 Building work started at Great Yarmouth Acute Services on the Northgate site in May 2015 with three extra bedrooms being ready on 8<sup>th</sup> January and the remaining two extra bedrooms to be completed by the 22<sup>nd</sup> January 2016. The 15 beds have continued to be operational throughout the building project.

3.2.2 The section 136 suite at Great Yarmouth Acute Services has remained operational but will move to its new location in the ward by the end of January 2016.

3.2.3 Operational staffing issues lead to the decision to suspend the use of the beds at Waveney Acute Services slightly earlier than planned on the 18<sup>th</sup> September 2015.

3.2.4 The staff from the unit transferred to their new positions from this date, most transferring to Great Yarmouth Acute Services at Northgate Hospital or continuing in the CRHT based at Carlton Court.

3.2.5 The consequence of this earlier suspension of operations at Waveney Acute Service was that the total number of adult acute beds available between 18<sup>th</sup> October to 22<sup>nd</sup> December 2015 was 15 rather than the 20. 20 beds will be available once the building work on the bedrooms is complete.

3.2.6 The CRHT team at Waveney Acute Services at Carlton Court transferred to become part of the enhanced combined CRHT at Great Yarmouth Acute Services (GYAS) at Northgate Hospital, Great Yarmouth in October 2015.

3.2.7 Hot desks are available at Carlton Court for CRHT staff to use when working in the Waveney area.

3.2.8 The implication of maintaining the 136 Suite operational at WAS was considered by the 136 Suite Pathway Group led by Suffolk County Council which reports to the NSFT Implementation Group. A decision was taken in October 2015 to move as planned to one 136 Suite at GYAS at Northgate hospital. The CCG and NSFT continue to work closely with the police and county council to optimise the design of working procedures.

## **3.3 Bed use in adult acute care**

3.3.1 From October 2014 to October 2015, GYW CCG patients occupied 77% of the available beds. Non GYW residents used 17% of the beds. This trend has continued from October when 15 beds were available.

3.3.2 This usage is consistent with the expected number of beds required for the GYW system which was proposed in the public consultation.

3.3.3 No out of trust placements have been made by NSFT for adult patients for this period which again suggests that consistent occupancy is in line with expectations.

## **4. Dementia and Complexity in Later Life**

### **4.1 Background for dementia and complexity in later life**

4.1.1 Prior to October 2013, 12 beds on Laurel Ward at Carlton Court had been provided by NSFT for assessment of patients over the age of 65 with functional (non-dementia) mental health problems such as depression, bi polar disorder and psychosis. A

further 12 beds on Larkspur Ward had been provided for patients over the age of 65 with Dementia.

4.1.2 After October 2013, NSFT implemented an 'all age pathway' for people with Dementia and Complexity in Later Life and provided seven assessment beds at the Julian Hospital in Norwich for patients with dementia (Blickling / Beach Ward) and functional mental health problems and complexity associated with later life (Sandringham Ward).

4.1.3 A pilot Dementia Intensive Support Team (DIST) was introduced to undertake assessments and treatment in patients own home in line with evidence based guidelines and a successful pilot in central Norfolk.

4.1.4 NSFT also implemented a central bed management and reporting system with local gate keeping by the Dementia Intensive Support Team (DIST) which remit also included a Discharge Co-ordinator role.

4.1.5 One of these decisions announced in September 2014 following the public consultation was to use Laurel Ward at Carlton Court for up to 10 beds, for people with mental health needs relating to Complexity in Later Life e.g. depression, bi polar disorder and psychosis for a temporary period to allow further development of the CLL pathway.

4.1.6 Following the consultation outcome, the NSFT Implementation Steering Group approved a project plan which scoped out the individual pathway work and identified priorities and time frames in order to take account of further development of the nursing home beds with care and the CLL pathway, including its interaction with social care.

## **4.2 Implementation of dementia and complexity in later life**

4.2.1 In December 2014 a paper was presented to the Great Yarmouth and Waveney CCG Clinical Executive Meeting by NSFT outlining options to re-open Laurel Ward at Carlton Court. This has continued to be reviewed throughout 2015, most recently in December 2015. Throughout the year, it has become clear that there may not be a requirement to re-open these beds on Laurel Ward even for a temporary period because the development of community based treatment alternatives closer to people's homes is working well. The option not to re-open Laurel Ward was considered by the CCG's Governing Body in December 2015, and will be considered again in July 2016 once more patient activity information is available.

4.2.2 Currently, there are low numbers of patients requiring assessment out of hours and it is considered that the current DIST service is sufficient, supported by the Crisis Resolution Home Treatment Team (CRHT), as necessary and working as part of the new integrated out of hospital teams.

4.2.3 In terms of provision of DIST on a 24/7 basis, NSFT are working on their pathway development with all other providers involved in the care of these patients, including both statutory and voluntary sector. This will provide a clearly defined 24/7 clinical pathway for these patients. This will be completed by the end of March 2016. There is also shared learning between the DIST and the CHRT in terms of additional training for DIST staff.

4.2.4 The alternative to admission nursing home beds with care were reinstated for the pathway in February 2015 (at the Old Coach House in Great Yarmouth). NSFT is developing further integration of out of hospital services to enable more of these patients being supported at home also.

### **4.3 Bed use in dementia and complexity in later life**

4.3.1 One of the conclusions reached at CEC on 14<sup>th</sup> May 2015 was that overall bed usage at the Julian Hospital was close to the number expected but that the clinical split needed to be redefined. That is, fewer beds for dementia assessment and more for CLL with the overall number remaining the same. This trend has been reflected in the period 1<sup>st</sup> October 2014 to 31<sup>st</sup> October 2015.

4.3.2 On Beach / Blickling Ward at the Julian Hospital (dementia assessment), 23 GYW CCG patients were admitted and used 40% of total available bed days. This is significantly below the available bed days and demonstrates that the DIST is providing assessment and treatment in non-hospital settings, as always intended.

4.3.3 In the period, there were 7 occasions when the ability to access a bed on Beach ward was impacted by higher usage by other CCG areas. NSFT are working with all CCGs and social care to improve consistent access to these beds.

4.3.4 From October 2014 to October 2015, three GYW CCG patients were admitted out of NSFT instead of Sandringham Ward for functional assessment (just 6% of the total bed days used by Great Yarmouth and Waveney patients). These patients had combined occupied bed days of 104. Of the three patients one was admitted to the Priory Hospital, St Neots, one was admitted to the Priory Hospital, Hemel Hemstead and one was admitted to the Priory Hospital, Chelmsford. These patients were brought back into the area as soon as a bed was available. These out of area patients are funded by NSFT.

## **5. Establishment of the children's service at Carlton Court**

5.1 On the 25th September 2014, the CCGs Governing Body approved the proposal to relocate the NHS England commissioned Tier 4 CAMHS Unit currently situated at 5 Airey Close, Lothingland to the vacated Waveney Acute Services at Carlton Court.

5.2 This will provide modern appropriate accommodation for this patient group and will enable NSFT to increase the number of beds from seven to 12.

5.3 NSFT accepted a tender in November 2015 and building work to convert the unit will start in January 2016 with the planned work, taking 20 weeks to complete.

5.4 The Committee should note that these services are commissioned by NHS England, and not by the CCG.

## **6. Placement/location of Resource Information Centres**

### **6.1 Background**

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

6.1.2 The original concept was to potentially consider The Poppies in Carlton Court as a venue. This would be developed in partnership with other statutory and third sector organisations.

6.1.3 The decision was also taken to develop a second information and resource centre in Great Yarmouth.

## **6.2 Implementation progress**

- 6.2.1 A stakeholder event was held by local service user organisation 'Feedback' in December 2014. This was designed to hear from people with mental health problems and carers about what they would find helpful to be included in an Information and Resource Centre and where they would want them situated.
- 6.2.2 The conclusion from this group was that they would want to access this information in a non-hospital setting in an accessible community place.
- 6.2.3 A pathway group was formed chaired by Feedback and involving stakeholders including patient groups and voluntary sector providers.
- 6.2.4 The proposal put to the NSFT Implementation Group in September 2015 is for three Mental Health information zones across Suffolk that would complement services that are in the heart of the community. These would be supported by a range of organisations who would have an awareness of all services involved in the pilot on in those different locations, including NSFT, Great Yarmouth and Waveney Mind, Suffolk Family Carers; Stonham and Suffolk Libraries who have agreed to support a trial in three locations.
- 6.2.5 The three pilot sites across Waveney identified are the Navigator Centre at Lowestoft Library, Beccles Library and Bungay Medical practice.
- 6.2.6 The 'Leading Lives' manager is keen to offer the space at the Navigator Centre as a natural fit, due to its central location and their experience of hosting other groups. The existing client base is a mixture of Learning disability/ Mental Health.
- 6.2.7 In Great Yarmouth NSFT have established links with Great Yarmouth Borough Council's Early Help Hubs. These are in three locations in the Great Yarmouth area – Greyfriars, Shrublands and the Kings Centre.
- 6.2.8 NSFT are attending these sites to provide information and advice on mental health and are attending the hub meeting weekly.
- 6.2.9 NSFT will report outcomes to the GYW CCG in March 2016.

## **7. Results of Norfolk and Suffolk NHS Foundation Trust (NSFT) staff survey,**

- 7.1 NSFT takes part in the national NHS staff survey. The latest national staff survey closed at the start of December 2015. The results will be analysed nationally, and will be shared with the Joint Committee when available, expected to be around February/March 2016.

## **8. Plans for a future visit by the Joint Committee to the new facilities at Northgate hospital**

- 8.1 The Joint Committee would be most welcome to visit the new facilities at Northgate hospital. This can be arranged directly through the NSFT Locality Manager Gill Morshead.

## 9. **Recommendations**

9.1 The meeting is asked to note the progress of the implementation of the changes to adult and dementia mental health services in Great Yarmouth and Waveney, following the public consultation.

Gill Morshead  
**Locality Manager**  
NSFT

Rebecca Driver  
**Director of Commissioning and Engagement**  
GYW CCG

6 January 2016





## **Great Yarmouth and Waveney Joint Health Scrutiny Committee, 22 January 2016**

### **Information Bulletin**

The Information Bulletin is a document that is made available to the public with the published agenda papers. It can include update information requested by the Committee as well as information that a service considers should be made known to the Committee.

This Information Bulletin covers the following items:

1. [Briefing update \(December\) on Marine Parade and Oulton Village practices](#)
2. [Briefing for Great Yarmouth and Waveney Health Scrutiny Committee on Sands Lane development](#)
3. [Great Yarmouth and Waveney Clinical Commissioning Group's Approach to Delivering Services to Children who have an Autistic Spectrum Disorder](#)

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1. **Briefing update (December) on Oulton Medical Centre and Marine Parade practices**



***Great Yarmouth and Waveney  
Clinical Commissioning Group***

**HealthEast**

In October 2015 the Care Quality Commission applied to the Magistrates Court for an urgent cancellation of the CQC registration of Oulton Medical Practice and Marine Parade Practice in Lowestoft under section 30 of the Health and Social Care Act 2008.

This was a very unusual and unprecedented situation which affected more than 5,000 patients. NHS Great Yarmouth and Waveney Clinical Commissioning Group and NHS England worked closely together to put in place some urgent interim arrangements which meant that patients from Oulton village practice were seen by Bridge Road GP practice and patients from Marine Parade continued to be seen at the Kirkley Mill Health campus where a GP service for Marine Parade patients was provided by Victoria Road surgery.

Since then there has been a patient engagement exercise carried out by the CCG and NHS England to help inform the long-term solution for those 5,000 patients.

NHS England has now made a decision that there should be a **managed list dispersal**. The CCG will work with the Bridge Road GP Practice and Victoria Road Surgery, who are offering temporary care to the patients affected by the closure, to see if they have the capacity to provide a long term service. Other practices in the

area may also be asked if they have spare capacity and could accept a defined number of patients. This option allows practices to plan their services and ensure they can recruit any additional staff to cover the extra patients.

Managed list dispersal means that all patients will now be written to by NHS England and allocated a named GP practice and will not need to do anything unless they exercise their option to choose another GP practice.

**Lorraine Rollo**  
**Head of Communications and Engagement**  
**30 December 2015**

For further information please contact: Lorraine Rollo, Head of Communications and Engagement (HealthEast); Email: [lrollo@nhs.net](mailto:lrollo@nhs.net), Telephone: 01502 719582.

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## **2. Briefing for Great Yarmouth and Waveney Health Scrutiny Committee on Sands Lane development**

  
**Great Yarmouth and Waveney**  
**Clinical Commissioning Group**

HealthEast

NHS Great Yarmouth and Waveney CCG is aware of the proposed development of an additional 800 homes at Sands Lane, Oulton Broad and that it has recognised a need for additional health services.

This planning application will be discussed at the CCGs January Infrastructure group and, in particular, how the [section 106](#) money can be used to support additional health services in the area to meet this additional demand.

**Lorraine Rollo**  
**Head of Communications and Engagement**  
**6 January 2016**

For further information please contact: Lorraine Rollo, Head of Communications and Engagement (HealthEast); Email: [lrollo@nhs.net](mailto:lrollo@nhs.net), Telephone: 01502 719582.

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

  
**Great Yarmouth and Waveney**  
**Clinical Commissioning Group**

HealthEast

## **Introduction and Background**

Previous update submitted to the Great Yarmouth and Waveney Health Scrutiny April 2015; this is an update as requested following the April meeting and to questions raised by Cllr Shirley Weymouth.

### **Current Position**

**Q1: 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?**

GYWCCG's 2016/17 published commissioning intentions include a review of the Community Paediatric services and the Autism pathway will form part of this review. The service is currently reviewing the referral process and clinical pathways and there is a regular multi-disciplinary meeting and a project plan with the aim of completing this review by the end of the summer 2016.

**Q2: Integration – health, social care and schools need to work more closely to ensure that students do not ‘fall off a cliff face’, particularly when they reach 18, where lack of support means they cannot remain in a college environment. This applies particularly to those whose disability has not been formally diagnosed while they were at school and also to Looked after Children?**

GYWCCG currently host the Designated Clinical Officer post. This post was recommended as part of the Children's and Families Act 2014. The individual has been in post since September 2015 and is the key link for health between Education and Social Care. This post holder's role includes providing professional expertise to the co-ordinating and implementation of the Children's and Families Act 2014 for Special Education Needs and Disabilities (SEND) in order to improve the outcomes for children and young people with SEND from ages 0-25 covering the five Norfolk and Waveney Clinical Commissioning Groups (CCGs). GYWCCG is also undertaking a learning disability service re-design which will offer an enhanced service from the community learning disability/CAMHS teams for adults and children as part of this re-design looking to develop the young people services from 0-25 years (currently 0-18 years). The local CAMHS team currently work 0-25 years meaning that there is continuity for the young people and improved transition.

**Q3: Local authority leadership – there needs to be more work with schools to ensure that all children with special needs, including those with autism get the best opportunities in the later stages of their education. A lot of effort goes in to transfers between years six and seven, including transfer of confidential information but from year 10 – 11 the process is very patchy across different schools. Consistent and active review of students needs at that point would be helpful.**

The Designated Clinical Officer regularly meets with the Local Authority and Education. The transition of young people who had a statement and required an

Education Health and Care Plan aged 16 to Colleges has been prioritised by the Local Authority.

**Q4: Standardisation of approach – Norfolk and Suffolk have a different approach to assessment for Education Care and Health Plans. It is felt that Suffolk's approach is more conducive to co-production with students / parents than Norfolk's**

The Local Authorities are the lead Agency with the Education Health and Care plan process which is still in its early stages. Health through the Designated Clinical officer can ensure that any Health recommendations are reported to the Local Authorities.

### **Current risks**

There continues to be difficulties in recruiting community paediatricians to the area (there is currently one vacancy filled with a locum) and waiting lists have been improving but remain longer than 18 weeks. As stated earlier GYWCCG published commissioning intentions 2016/17 include a review of the Community Paediatric services and the Autism pathway will form part of this review. The service is currently reviewing the referral process and clinical pathways and there is a regular multi-disciplinary meeting and a project plan with the aim of completing this review by the end of the summer 2016.

### **Next Steps**

Continue with the implementation of the Children's and Families Act 2014.

**Patricia Hagan**  
**Head of Children, Young People and Maternity Services**  
**January 2016.**

For further information please contact: Lorraine Rollo (Head of Communications and Engagement); Email: [lrollo@nhs.net](mailto:lrollo@nhs.net), Telephone: 01502 719582.

## **Great Yarmouth and Waveney Joint Health Scrutiny Committee Forward Work Programme**

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### **Friday 15 April 2016:-**

(Venue: JPUH, Burrage Centre, Lecture Theatre).

1. James Paget University Hospital Transformation Plan and CQC Inspection follow-up – a progress update and action plan
  - savings,
  - patient feedback,
  - changes to the transformation plan
  - Impact of Out-of-Hospital Team
  - Action plan following the CQC inspection w/c 10 Aug 2015

Information Bulletin – to include the following:

- Policing and Mental Health services – Long term plan for GY&W area. – an update on the longer term budgeted plans for using control room nurse / triage car from 2016/17 onwards.
  - Update on Greyfriars Walk-In Centre.
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### **Friday 15 July 2016:-**

(Venue: Lowestoft, to be confirmed).

1. 'Shape of the System' implementation – a six-month progress update
  2. GP practice premises in Gorleston and Bradwell – a six-month implementation progress update
  3. NSFT / Mental Health update – update on the outcomes and impacts for GY&W arising from the CQC inspection of NSFT.
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### **Potential topics / events / Information items, not yet scheduled:**

- Diabetes care within primary care services in Great Yarmouth and Waveney – Update on the Integrated Model of Diabetes care (ref. the Information Bulletin for the [July 2015](#) meeting) – Possibly look at this in April?
- Site visit to the new mental health facilities at Northgate, when the building is ready – reference the report to the 22/1/16 JHSC meeting – site visit date to be agreed.
- Changes to treatment criteria for hip and knee replacements – update on the outcome and impact of the policy change (Ref. the Information Bulletin for the [April 2015](#) meeting)
- 'Continuing Healthcare' assessment delays – as raised at the GY&W CCG Board – progress update (NB. There was some information on this issue in Ipswich and East Suffolk CCG and West Suffolk CCG at the [Suffolk HSC on 14 Oct 2015](#))
- Possible site visit to see the Kirkley Mill Out of Hospital Team (OOHT)?