

Confirmed

Minutes of the Great Yarmouth and Waveney Joint Health Scrutiny Committee Meeting held on 6 July 2017 at 10:35 am in the Claud Castleton Room, Riverside Campus, Lowestoft.

Present: Councillors Michael Ladd (Chairman, Suffolk County Council), Marlene Fairhead (Great Yarmouth Borough Council), Nigel Legg (Vice Chairman, South Norfolk District Council), Jane Murray (Waveney District Council), Richard Price (Norfolk County Council) and James Reeder (Suffolk County Council).

Also present: Councillor Sue Allen, Waveney District Council.

Supporting officers present: Paul Banjo (Scrutiny Officer, SCC), Katherine Bailey (Democratic Services Officer, SCC) and Maureen Orr (Democratic Support and Scrutiny Team Manager, NCC).

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

Councillors Michael Ladd (Suffolk County Council) and Dr Nigel Legg (South Norfolk Council) were elected as Chairman and Vice-Chairman respectively for the 2017-18 municipal year.

2. **Apologies for absence and substitutions**

There were no apologies for absence.

Councillors Jane Murray and James Reeder attended this meeting as temporary appointments by Suffolk Health Scrutiny Committee, subject to confirmation of their membership at the Suffolk Health Scrutiny Committee meeting on 12 July 2017.

3. **Minutes of the previous meeting**

The minutes of the meeting held on 4 April 2017 were approved as a correct record subject to the following amendment:

Minute 3.3 – the words “which would be part of” were replaced by “which could be linked with”.

4. **Public participation session**

No formal requests to speak were received in advance of the meeting, however Councillor Sue Allen (Waveney District Council) requested and received clarification of the number of council officers involved with the Joint Committee meetings.

5. Declarations of interest and dispensations

Councillor Richard Price declared a personal interest in the Information Bulletin (agenda item 7) item on Myalgic Encephalomyelitis/Chronic Fatigue Syndrome.

6. Services for children who have an autistic spectrum disorder

At agenda item 6, the Joint Committee considered services in Great Yarmouth and Waveney for children who have an autistic spectrum disorder. For this item, the Joint Committee received evidence from the following officers:

Cath Byford, Deputy Chief Officer, NHS Gt Yarmouth and Waveney CCG;
Jan Welsh, Head of County Inclusion Support Service, SCC; and
Michael Bateman, Head of Education Inclusion Service, NCC.

Georgina Green, Head of Service Development, Special Educational Needs/Alternative Provision, SCC sent her apologies to the meeting.

The Joint Committee heard that the evidence presented to this meeting was an update on progress since the Joint Committee last considered the matter on 15 July 2016. Members heard that the CCG and local authorities were working well together in support of children with additional needs, and in recognition of the strong relationship between health and educational attainment. There were currently 322 children with a diagnosis of autistic spectrum disorder across the Great Yarmouth and Waveney area, and most referrals now received a first assessment appointment within 6 weeks. The service was working with families and carers to reduce the number of missed appointments, and with GPs to improve the quality of referrals and raise their confidence in the service.

The witnesses summarised the information provided in the agenda papers and answered questions from Joint Committee members.

Recommendations:

The Joint Committee commended the representatives from the Norfolk and Suffolk County Councils and the Great Yarmouth and Waveney CCG for the considerable collective work that had been done in the past year to improve the service, and recommended:

- a) That Norfolk and Suffolk County Councils should encourage Ofsted, in their regular inspections of schools, to strengthen the focus on assessing how schools manage children with ASD.
- b) That Norfolk and Suffolk County Councils and the Great Yarmouth and Waveney CCG should seek to provide more support to, and contact with, parents and carers of children with ASD, with more information and signposting of where and how they can get help.
- c) That Norfolk and Suffolk County Councils and the GY&W CCG should continue to improve the feedback given to referrers, to ensure that children are placed on the correct assessment pathway at an early stage.
- d) That Norfolk and Suffolk County Councils and the GY&W CCG should keep encouraging schools to play a greater part in identifying and supporting

children with ASD, and recognising the link between academic success and children's emotional wellbeing.

- e) That Norfolk and Suffolk County Councils should continue to share knowledge and good practice between each other.

The Joint Committee requested:

- f) That, for the Joint Committee's February 2018 Information Bulletin, the Great Yarmouth and Waveney CCG should provide updated full-year data showing the numbers of children in GY&W with ASD, data on time-to-assessment and time-to-treatment, and any data on the reasons why children haven't attended their appointments.

Reasons for recommendations:

- a) Members heard that SCC had an ongoing dialog with SENCOs in all Suffolk schools to monitor provision for children in need of support, and that a similar process had been developed in Norfolk.
- b) A part of the OFSTED inspection of schools always focussed on SEN provision, and the OFSTED framework was being enhanced in this area. Members agreed that the Local Authorities should support OFSTED to increase their level of challenge in this area of provision.
- c) The Joint Committee heard that parents or carers who considered that they were not getting a satisfactory response from their child's school could approach SENDIASS (Special Educational Needs and Disability Information, Advice and Support Service) in either local authority, and information and lists of useful support contacts were also available on each local authority's website. The Joint Committee commented that parents in this situation require as much support as the children, and anecdotal evidence indicated that some parents were still struggling to access support. Members noted that services and websites were continuously improving and were keen that support services should continue to evolve, taking into account feedback from parents and carers.
- d) Members heard that a single point of access had been introduced, and an initial paper-based triage was performed by hospital paediatric staff on all referrals, based on the information that had been sent with the referral. At the point of triage, staff ensured that children were referred to the correct service for their needs and placed on an appropriate waiting list then, rather than when they were diagnosed. If the information provided with the referral was inadequate, staff would request more information from the referrer before making a decision, which would delay the triage process. The process of making specific responses to referrals in this way would educate those referring children, and it was hoped that the quality of the supporting information provided with referrals would increase as the system bedded in.
- e) The Joint Committee heard that when different types of school were considered (academies, maintained schools etc.) no significant variations

in their provisions for children with additional needs were noted, and it was becoming clear that the adequacy of a school's SEN provision was a function of its governance and leadership arrangements. Local authorities were able to access any type of school if the leadership was supportive of collaboration, and conversely any school which didn't want to collaborate (including maintained schools) was hard to access. This situation was complicated by Multi Academy Trusts, some of which made their own arrangements for SEN provision. However, SEN legislation was very clear about organisational responsibilities, and local authorities were aware of their role in reinforcing these responsibilities, and of their powers to intervene if necessary. Some schools were slow to identify and put measures in place for pupils in need of additional support, particularly those who were borderline, and this was often down to lack of experience, especially in small schools. Members heard that the local authorities had mechanisms in place to advise these schools, and were proactively engaged in dialog with all schools about their arrangements for SEN provision. They commented that it was important to keep emphasising the link between academic success and emotional wellbeing.

- f) The Joint Committee heard that the local authority inclusion support services were engaged in a regional peer review process, commended them on this and encouraged them to continue to work together and learn from the experience of other local authorities.
- g) Members requested clarification of the table on page 20 of the agenda papers and noted that the first column of data was for a year, whilst the second column covered only 6 months. The Joint Committee requested an update on the data provided in the report when the second whole-year information was available. Members also requested information about the reasons for children not attending appointments. It was recognised that family commitments sometimes made it difficult for parents and carers to arrange for children to attend, but there were concerns about communication between the health service and foster parents of looked after children.

Alternative options: none considered.

Declarations of interest: none received.

Dispensations: none reported.

7. Information Bulletin

The Joint Committee noted the information bulletin at agenda item 7.

Myalgic Encephalomyelitis/Chronic Fatigue Syndrome

Members noted that the final sentence of the second paragraph in the bulletin on Myalgic Encephalomyelitis/Chronic Fatigue Syndrome, should be amended to read:

“The service is a non-prescribing out-patient service with therapy-led treatments, there is no consultant leading the service.”

The following phrase was deleted from this sentence:

“as per other services in Essex, Peterborough and Cambridgeshire,”

Members heard that this was because there were consultants in the Cambridgeshire children’s and Essex adults’ services.

Decisions:

The Joint Committee agreed:

- a) To request adult and dementia mental health service performance statistical data and trends from NSFT/CCG for the Oct 2017 information bulletin.
- b) To request a further update on progress in relation to commissioning a consultant-led ME/CFS service for the Oct 2017 information bulletin.

Reasons for decisions:

- a) The Joint Committee had been receiving regular updates on changes to adult and dementia mental health services and agreed that it wished to see data at the next meeting to enable it to identify trends in performance.
- b) The Joint Committee agreed that it wished to continue to monitor progress on the commissioning of a consultant-led service for ME/CFS for Norfolk and Suffolk.

Alternative options: none considered.

Declarations of interest: none received.

Dispensations: none reported.

8. Forward Work Programme

At agenda item 8, the Joint Committee considered the Forward Work Programme.

Decisions:

Members agreed the Forward Work Programme and also decided that:

- a) the item in October 2017 on out-of-hospital services should include data about the number of beds-with-care that have been made available.
- b) the main agenda item for the meeting on 2 February 2018 should be Mental Health Services in Great Yarmouth and Waveney.
- c) a second item for the meeting on 2 February 2018 should be Blood Testing services in Great Yarmouth and Waveney, including patient experience of accessing the service.
- d) officers would approach the Dragonfly Unit, Carlton Colville with a view to arranging a visit from Joint Committee members.

Reasons for decisions:

- a) The Joint Committee received an Information Bulletin on out of hospital services for Halesworth, Bungay and Kessingland and commented that it was unclear how many beds-with-care were now available, compared to the number of beds that had closed. Members requested clarification of this point as part of the scrutiny of this matter in October 2017.
- b) Members heard that the Care Quality Commission was performing an inspection of Norfolk and Suffolk Foundation Trust in July 2017 and considered that it would be appropriate to scrutinise mental health services at the February meeting.
- c) The Joint Committee considered anecdotal reports of concerns about changes to the operation of the blood testing service, which were reported to be impacting on patients, and agreed that it should scrutinise this issue.
- d) Members agreed that they would like to revisit the Dragonfly Centre now that it was operational.

Alternative options: none considered.

Declarations of interest: none received.

Dispensations: none reported.

9. Urgent Business

There was no urgent business.

The meeting closed at 12:20.

Chairman