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Minutes of the Great Yarmouth and Waveney Joint Health Scrutiny Committee Meeting held on 22 January 2016 at 10:30 am in the Conference Room, Riverside Campus, Lowestoft.

Present: Councillors Michael Ladd (Chairman, Suffolk County Council), Alison Cackett (Waveney District Council), Marlene Fairhead (Great Yarmouth Borough Council), Nigel Legg (South Norfolk 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).

## **21. 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: Decision following the 'GP practice premises in Gorleston and Bradwell' consultation. Mr Thompson informed the Joint Committee of his concerns in regards to what was happening within the local GP practices and the community at large. He stated that during consultation phase, the idea that all three practices would combine to one location gave a united approach to the consultation. Mr Thompson did not consider it appropriate that Family Healthcare were now in talks with Central Surgery, which was already struggling to accommodate the needs of patients, with car parking being very difficult and the building not being fit for purpose in the future. Mr Thompson felt that the Shrublands site would enable a complete look at Health, Social, Voluntary and other sectors to develop a site that would be a fully integrated service for a community in an area of high deprivation. Mr Thompson applauded the fact that the proposals were now being taken forwards with target dates. In conclusion, he suggested to the Joint Committee that they support the move to Shrublands as proposed and offer its reservations for the merger of the other two practices at Central Surgery.

Councillor Sonia Barker, Leader of the Labour Group at Waveney District Council, spoke in relation to business continuity at the James Paget University Hospital (JPUH) on 3-4 January 2016 when an unprecedented number of ambulances arrived to the accident and emergency department. Councillor Barker enquired whether dispersal of patients from Lowestoft had put additional pressure on the JPUH and asked what analytical work had been done in order to reassure the residents of Lowestoft in case an incident like this happened again.

The Chairman invited a brief comment from the GY&W CCG Chief Executive who stated that the 3 January event was a freak occurrence, with unprecedented pressure on the hospital. All of the local hospitals had pulled together to assist. Root cause analysis was underway and would reveal more detail but there was not thought to be any connection with the Lowestoft changes. Further information would be provided to the Joint Committee at its meeting in April 2016.

**22. Apologies for Absence and Substitutions**

Apologies for absence were received from Councillor Michael Carttiss (substituted by Councillor Marlene Fairhead) and Councillor Colin Aldred (substituted by Councillor Nigel Legg).

**23. Declarations of Interest and Dispensations**

There were no declarations made or dispensations given.

**24. Minutes of the Previous Meeting**

The minutes of the meeting held on 13 November 2015 were confirmed as a correct record and signed by the Chairman.

**25. Decision following the '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 the NHS England decision, following the public consultation on 'GP practice premises in Gorleston and Bradwell'.

The Chairman welcomed Andy Evans (Chief Executive, Great Yarmouth and Waveney CCG) to the meeting and invited him to introduce the relevant sections of the report. Mr Evans summarised the consultation, and the decision that Shrublands was the most sensible location for the multi-disciplinary centre. One of the three GP practices involved in the consultation, Family Healthcare Centre, had changed their mind and was proposing to move in with the Central Surgery in Lowestoft; however they would consider a branch surgery in the new building.

Members asked questions about: the ownership of GP premises; whether the GY&W CCG were invited to comment on local authority planning consultations for housing; and how the CCG could encourage Family Healthcare to move to the Shrublands site.

Members noted a correction to the report at page 14, paragraph 3.6, 2<sup>nd</sup> line, amending 'Lowestoft' to 'Gorleston'.

**Recommendation:** The Joint Committee:

- a) Reiterated its commendation of GY&W CCG on the thoroughness of its consultation;
- b) Strongly endorsed NHS England's decision that the Shrublands site was the preferred location for the development of a purpose built primary care centre for Gorleston and Bradwell;

- c) Recommended that GY&W CCG, whilst not a statutory consultee, should make more publicly visible its views on planning applications for new housing developments and the medical facilities needed; and
- d) Confirmed it would not be making 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) 2013 Regulations.

**Reason for recommendation:** Members were satisfied that NHS England had made a decision that agreed with the GY&W CCG recommendations, which the Joint Committee had supported at its previous meeting on 13 November 2015. The Joint Committee had noted the outline timescale for the project and that GY&W CCG had already submitted the bid to secure the centrally-held capital from NHS England to proceed with implementation as soon as possible.

Members enquired about the joined up working between the GY&W CCG and the local planning authorities with regards to new housing developments and the medical facilities required, and the use of Section 106 or Community Infrastructure Levy (CIL) funds for GP surgeries. The GY&W CCG Chief Executive stated that the CCG was keen to draw on any funding sources and that there were regular meetings of the Infrastructure Group with the councils, so the process was there to ensure that the CCG was aware of new developments. The CCG had built a good, trusting relationship with their Local Government colleagues over the past few years, recognising that much more could be achieved if working together. Mr Evans advised that a number of informal meetings happened with planning authorities outside of the public domain, but confirmed there should be further public visibility.

The GY&W CCG Chief Executive said that ownership of GP premises in the area was a mixture of GP owned, private company owned and rented to the NHS, or NHS owned. It was anticipated that there would be inevitable movement to consolidate practices, with fewer, larger practices in better facilities, however Members' concerns were shared regarding the impact on rural communities and the need to work out ways to address rural transport issues.

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

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

**Dispensations:** There were none noted.

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

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 (CCG) about its progress with implementation of the changes to adult and dementia mental health services in Great Yarmouth and Waveney.

The Chairman welcomed the following witnesses to the meeting:

Gill Morshead (Locality Manager, Norfolk and Suffolk NHS Foundation Trust (NSFT)); and

Andy Evans (Chief Executive, Great Yarmouth and Waveney CCG).

The Chairman invited Gill Morshead to introduce the report. Consultation had taken place in 2014, and the Joint Committee had received an update in 2015. The implementation was a phased approach, covering the three areas of Adult acute care, Adult dementia and Information Centres, with the general direction being the provision of services closer to those in the community and at home where possible.

Members asked questions about: staffing levels throughout the transition process; the types of care available to patients in their own home; engagement with the voluntary sector; the numbers and cost of patients having to receive treatment outside of their locality; whether the number of new beds at Northgate Hospital accounted for the forecasted population increase; whether the care homes should be paying to train their staff; the long waiting list for counselling in the new Wellbeing Service; and involvement in the transformation plan for Child and Adolescent Mental Health Services (CAMHS).

**Recommendation:** The Joint Committee:

- a) Noted the good progress on implementing the changes to adult and dementia mental health services in Great Yarmouth and Waveney, and establishment of the children's service at Carlton Court;
- b) Recommended that NSFT and GY&W CCG look into reported concerns regarding capacity and timeliness of referrals for the new 'Wellbeing Service'; and
- c) Confirmed it would revisit the projects progress in 6 months to a year.

Members also:

- a) Noted that NSFT staff survey results would be available during February/March; and
- b) Confirmed a site visit would be arranged for the Joint Committee to visit the new Great Yarmouth Acute Services facility at Northgate Hospital.

**Reason for recommendation:** Members noted that, during the changes to the adult pathway, occupied bed days had remained constant, and there had been no need for any out-of-area bed placements; this was a credit to the teams, including the crisis team. There were now 20 beds available, however the first line of intervention was to see people in their own home.

Members noted that, with regard to dementia and complexity in later life, the early intervention by the Dementia and Intensive Support Team (DIST) had ensured that no more than 40% of the hospital ward capacity had been used.

The GY&W CCG Chief Executive said that NSFT have been excellent partners in taking this project forward, and it was encouraging that evidence has backed up the estimates of the number of beds required. They would continue to review the assumptions and adapt if needed.

Staff issues were being taken very seriously and the NSFT had worked really hard to support staff. The results of the staff survey were due in February/March.

With regard to the Resource Information Centre, the NSFT was looking to work with schools and Third Sector colleagues to give information and support at an early stage. Patients wanted locations that they already used, eg. libraries.

Members raised some perceived concerns about the capacity and delays in referring people to the Wellbeing Services, whilst recognising it was a new service that was still settling down.

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

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

**Dispensations:** There were none noted.

## **27. Information Bulletin**

The Committee noted the information bulletin at Agenda Item 7.

During a verbal update from the Chief Executive of GY&W CCG regarding the managed list dispersal for former patients of the closed Oulton Medical Practice, the GY&W CCG indicated it could make available to members the 'Estates Strategy' document.

## **28. Forward Work Programme**

At Agenda Item 8, the Joint Committee agreed its Forward Work Programme with the inclusion of an additional agenda item at the 15 July 2016 meeting on the GY&W CCG's approach to delivering services to children who have an Autistic Spectrum Disorder, with particular regard to perceived delays in getting assessments.

It was also agreed to include a future item in relation to Learning Disability Services in the Great Yarmouth and Waveney area.

With regard to the topic at the April 2016 meeting regarding services at the James Paget University Hospital, Members requested that it include information on root cause analysis from the 3 January 2016 surge in demand at the Accident and Emergency department.

## **29. Urgent Business**

There was no urgent business.

*The meeting closed at 12.35 pm.*

Chairman