

Great Yarmouth and Waveney Joint Health Scrutiny Committee

Date: Wednesday 22 July 2015
Time: 10.30 am
Venue: The Assembly Room, Town Hall, Great Yarmouth Borough Council.

Persons attending the meeting are requested to turn off mobile phones. A car parking pass for use by Members and Officers attending the meeting is enclosed with the agenda.

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Membership –

MEMBER	AUTHORITY
Colin Aldred	Norfolk County Council
Alison Cackett	Waveney District Council
Michael Carttiss	Norfolk County Council
Michael Ladd	Suffolk County Council
Bert Poole	Suffolk County Council
Shirley Weymouth	Great Yarmouth Borough Council

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

Tim Shaw on 01603 222948
or email timothy.shaw@norfolk.gov.uk

1.	Election of Chairman and Vice Chairman	
2.	Apologies for Absence and Substitutions To note and record any apologies for absence or substitutions received.	
3.	Minutes To confirm the minutes of the meeting of the Great Yarmouth and Waveney Joint Health Scrutiny Committee held on 8 April 2015.	Page 5
4.	Public Participation Session <p>A member of the public who is resident, or is on the Register of Electors for Norfolk or Suffolk, may speak for up to 5 minutes on a matter relating to the following agenda.</p> <p>A speaker will need to give written notice of their wish to speak at the meeting by contacting Tim Shaw at the email address above by no later than 12.00 noon on Thursday, 16 July 2015.</p> <p>Contributions from the public will be taken in the order that they were received, unless the Chairman considers there is a more appropriate place on the Agenda for them to be taken.</p> <p>The public participation session will not exceed 20 minutes to enable the Joint Committee to consider its other business.</p> <p>This does not preclude a member of the public from indicating a wish to speak during the meeting and the Chairman will have discretion to decide how the Committee will respond to any such request.</p>	
5.	Members to Declare any Interests <p>If you have a Disclosable Pecuniary Interest in a matter to be considered at the meeting and that interest is on your Register of Interests you must not speak or vote on the matter.</p> <p>If you have a Disclosable Pecuniary Interest in a matter to be considered at the meeting and that interest is not on your Register of Interests you must declare that interest at the meeting and not speak or vote on the matter.</p> <p>In either case you may remain in the room where the meeting is taking place. If you consider that it would be inappropriate in the circumstances to remain in the room, you may leave the room while the matter is dealt with.</p>	

	<p>If you do not have a Disclosable Pecuniary Interest you may nevertheless have an Other Interest in a matter to be discussed if it affects</p> <ul style="list-style-type: none"> • your well being or financial position • that of your family or close friends • that of a club or society in which you have a management role • that of another public body of which you are a member to a greater extent than others in your ward. <p>If that is the case then you must declare an interest but can speak and vote on the matter.</p>	
6.	<p>‘GP practice premises in Gorleston and Bradwell’ consultation</p> <p>Great Yarmouth and Waveney Clinical Commissioning Group (CCG) will consult the joint committee about proposals for relocation of three GP practices.</p>	<p>Page 10</p> <p>Page 12</p>
7.	<p>‘Shape of the System’ consultation</p> <p>Great Yarmouth and Waveney Clinical Commissioning Group (CCG) will consult the joint committee about proposals for integrated health and social care services.</p>	<p>Page 30</p> <p>Page 32</p>
8.	<p>Policing and mental health services</p> <p>Norfolk and Suffolk NHS Foundation Trust and the Norfolk and Suffolk Constabularies will report to the joint committee with a comparison of the two models of liaison currently being piloted in the two counties and potential for liaison in the Great Yarmouth and Waveney area in future.</p>	<p>Page 58</p> <p>Page 60</p>
9.	<p>Information Items</p> <p>These items are not intended for discussion at the Committee meeting. Further information may be obtained by contacting the named officer for each item. If there are any matters arising from this information that warrant specific aspects being added to the forward work programme or future information items, Members are invited to make the relevant suggestion at the time that the forward work programme is discussed.</p>	<p>Page 68</p>
10.	<p>Forward Work Programme</p> <p>To consider and agree the forward work programme and dates and times of future meetings.</p> <p><i>*Please bring diaries*</i></p>	<p>Page 77</p>

11.	<p>Urgent Business</p> <p>To consider any other items of business which the Chairman considers should be considered by reason of special circumstances (to be specified in the minutes) as a matter of urgency.</p>	
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Glossary of Terms and Abbreviations

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Date Agenda Published: 14 July 2015



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**GREAT YARMOUTH AND WAVENEY JOINT HEALTH SCRUTINY COMMITTEE
MINUTES OF THE MEETING HELD ON 8 April 2015**

Present:

Colin Aldred	Norfolk County Council
Alison Cackett	Waveney District Council
Michael Chenery (Substitute)	Norfolk County Council
Michael Ladd (in the Chair)	Suffolk County Council
Bert Poole	Suffolk County Council
Shirley Weymouth	Great Yarmouth Borough Council

Also Present:

Gill Marshall	Norfolk and Suffolk NHS Foundation Trust
Michael Scott	Chief Executive, Norfolk and Suffolk NHS Foundation Trust
Kim Arber	Great Yarmouth and Waveney CCG
Rebecca Driver	Great Yarmouth and Waveney CCG
Andy Evans	Chief Executive, Great Yarmouth and Waveney CCG
Maureen Orr	Democratic Support and Scrutiny Team Manager, Norfolk County Council
Paul Banjo	Democratic Services, Suffolk County Council
Tim Shaw	Committee Officer, Norfolk County Council

1 Apologies for Absence and Substitutions

Michael Chenery of Horsbrugh substituted for Michael Carttiss.

2 Minutes

The minutes of the previous meeting held on 6 February 2015 were confirmed as a correct record and signed by the Chairman.

3 Public Participation Session

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

4 Declarations of Interest

Colin Aldred declared an "other Interest" in the "information item" about the possible relocation of GP practices because he was a patient at one of these practices where he knew one of the doctors.

5 Adult and Dementia Mental Health Services in Great Yarmouth and Waveney

5.1 The Joint Committee received a suggested approach from the Democratic Support and Scrutiny Team Manager at Norfolk County Council to a report from Great Yarmouth and Waveney Clinical Commissioning Group (CCG) and Norfolk and Suffolk NHS Foundation Trust (NSFT) on progress with the implementation of changes to adult and dementia mental health services in Great Yarmouth and Waveney.

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

- The witnesses pointed out that the building development work to consolidate all inpatient services at Northgate Hospital, including the building of a new Section 136 suite as part of the facility, had been tendered and building work was about to commence. At Members' request, Members of the Joint Committee would be invited to visit the hospital site sometime after the building work was completed in autumn 2015.
- The witnesses also pointed out that the NSFT planned to double the number of places available for children and young people in the Great Yarmouth and Waveney area to approximately 12 when the new facility at Carlton Court opened to the public early in 2016, but this sizeable increase in capacity would remain insufficient to meet public demand.
- In response to Members' detailed questions about the current services for children and young people, and the services that were being planned for the future, the NSFT agreed to provide Members' with an estimate of the total number of places required to meet demand in the Great Yarmouth and Waveney area.
- It was pointed out that with regard to older people's mental health services, the NSFT planned to re-open 10 beds on Laurel Ward at Carlton Court until such time as services to support older people in the community were fully developed.
- The witnesses said that the CCG and the NSFT had set up a focus group to explore locations for the information and resource centres for people and their families with dementia and mental health problems. The options for these centres that were currently being explored included replicating the learning disability resource services that were provided within libraries and/or other public buildings within the locality. A final decision regarding the locations for the information and resource centres was expected in May 2015.
- It was suggested that in addition to the provision of information and resource centres, GPs should be seen to be doing more to advise patients and carers as to where they could go to receive the kind of support that they needed in the local community.
- Members considered it important that people experiencing a mental health crisis got as responsive an emergency service as people needing urgent and emergency care for physical health conditions.
- It was pointed out that proposals for establishing a carer's register were being actively explored.
- The CCG intended to commission an extension to the Dementia Intensive Support Team (DIST) so that this team was able to provide a 24/7 service, working closely with the new out of hospital teams in Great Yarmouth and

Waveney area.

- The witnesses said that the NSFT would continue to provide specialist assessment for patients with dementia at Hammerton Court in Norwich, with on-going support provided locally in the Great Yarmouth and Waveney area. Patients and carers requiring support with travel costs to attend specialist assessments outside of the Great Yarmouth and Waveney area could request a travel claim form from the NSFT.
- Bearing in mind that the NSFT was in special measures', and that the CQC had commented about low staff morale within the NSFT, Members said that they would be interested to receive at the November 2015 meeting of the Joint Committee the results of NSFT monitoring of staff morale. In response it was pointed out that the NSFT undertook both an annual and a quarterly staff morale survey and that the NSFT would be willing to share staff survey results with Members of the Joint Committee.
- It was noted that the CQC had raised concerns about incidents of restraint and seclusion at the NSFT which were being addressed.
- Members were informed about a street triage initiative that had been introduced on a trial basis in Ipswich, whereby mental health professionals accompanied the police car in a triage car and provided an initial point of contact for police officers on the beat to receive advice on mental health issues. This compared with an initiative in Wymondham where the first integrated Mental Health Team in the country had been established in the Police Control Centre. The witnesses were asked to share with Members of the Joint Committee the results of research at the UEA into the Norfolk initiative and of a separate less detailed analysis of the Suffolk initiative (that had not been carried out by the UEA) when they became available (see also minute 7).

5.3 The Committee **agreed** to receive a further update report in 6 months (i.e. at the Joint Committee's meeting on 13 November 2015), 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.

5.4 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 Information Only Items

6.1 The Joint Committee noted information on the following subjects:

- Great Yarmouth and Waveney Clinical Commissioning Group's approach to delivering services to children who have an Autistic Spectrum Disorder (ASD).
- Family Healthcare Centre, Gorleston.
- Possible relocation of GP practices in Gorleston.
- Relocation of wheelchair service. (The Committee noted that this was not considered to be a substantial variation in service provision).
- Changes to treatment criteria for hip and knee replacements.
- The impact of Greyfriars walk-in centre on attendances at the James Paget hospital accident and emergency department.

7 Forward Work Programme

7.1 The forward work programme was agreed subject to the following comments:-

- The Joint Committee would next meet on 22 July 2015 in the Assembly Room, Great Yarmouth Town Hall. A new Chairman and Vice-Chairman would be appointed and Suffolk County Council would provide scrutiny and committee support for the ensuing year.
- The scrutiny support officer from Norfolk said that she would email Members' an invitation to participate in a visit to the Police Control Centre at Wymondham on 14 April 2015, to observe the service that was provided to people who needed support because of mental health issues rather than Police intervention.

22 July 2015:-

1. 'Shape of the System' consultation – the Joint Committee noted that the CCG would consult about proposals for integrated health and social care services for Great Yarmouth and Waveney (subject to an NHS England assurance check in April 2015). It was noted that this consultation would include proposals for relocation of GP practices in Gorleston.

2. Liaison between police and mental health staff in Great Yarmouth and Waveney – an explanation and comparison of the different systems in place across Norfolk and Suffolk. Members would be invited to join Norfolk HOSC members on a visit to Norfolk Constabulary control room on 14 April 2015 to observe police and mental health staff liaison.

3. Diabetes care within primary care services in Great Yarmouth and Waveney – examination of the care provided to patients with diabetes within general practice in the light of the results of the National Diabetes Audit 2012-13.

Members' asked to be provided with an "information item" at their July 2015 meeting about whether the CCG had plans to set up an external pharmacy within the JPH.

7.2 13 November 2015:-

- **1. Shape of the System' consultation** – final consideration of the CCG's decisions following the consultation (timing subject to NHS England's assurance check in April 2015).
- **2. Adult and dementia mental health services in Great Yarmouth and Waveney** – an update report 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.

8 Urgent Business

There were no items of urgent business.

9 Dates and Times of Future Meetings

9.1 It was noted that the Committee would be meeting at 10.30 am on the following dates:

22 July 2015 (Great Yarmouth Borough Council offices)

13 November 2015 (venue to be arranged)

The meeting concluded at 11.45pm.

CHAIRMAN



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**‘GP practice premises in Gorleston and Bradwell’
Consultation by Great Yarmouth and Waveney Clinical Commissioning Group**

**Suggested approach from the Democratic Support and Scrutiny Team
Manager**

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

1. Introduction

- 1.1 On 3 June 2015 Great Yarmouth and Waveney CCG launched a public consultation on ‘GP practice premises in Gorleston and Bradwell’. The consultation period will run until 2 September 2015.

2. Purpose of today’s meeting

- 2.1 Representatives from the CCG will attend today’s meeting to present the proposals, inform the joint committee about emerging themes in feedback from the public consultation to date, and to receive any comments that the joint committee may wish to make.

The CCG’s report is at Appendix A and the consultation document is at Appendix B.


3. Next steps following consultation

- 3.1 Following the end of the consultation period on 2 September 2015 the CCG Governing Body will receive an independent analysis of the results on 24 September. The Governing Body will agree its recommendations to NHS England Midlands and East (East) (NHSE M&E(E)) on 5 November 2015.
- 3.2 NHSE M&E(E) is the responsible commissioner for primary care and will make the final decisions about the GP practice premises in Gorleston and Bradwell following receipt of recommendations from the CCG.
- 3.3 As the GP practices in question are within the Great Yarmouth area the Joint Committee may wish to ask Norfolk Health Overview and Scrutiny Committee to receive the recommendations that the CCG makes to NHSE M&E(E) following its November 2015 governing body meeting and to consider the decisions made by NHSE M&E(E) in response to those recommendations.

4. Action

4.1 The Joint Committee is asked to:-

- Consider whether it wishes to make comments to Great Yarmouth and Waveney CCG in response to the consultation.
- Agree the wording of any comments that it wishes to make.
- Consider whether it wishes to ask Norfolk Health Overview and Scrutiny Committee to receive the recommendations that the CCG makes to NHS England Midlands and East (East) at its meeting on 3 December 2015, and the decisions that NHS Midlands and East (East) makes in response to those recommendations.

 <p>IN TRAN communication for all</p>	<p>If you need this report in large print, audio, Braille, alternative format or in a different language please contact Customer Services on 0344 800 8020 or 0344 800 8011 (Textphone) and we will do our best to help.</p>
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Briefing for Great Yarmouth and Waveney Health Scrutiny Committee: 22 July 2015

GP Practice premises in Gorleston and Bradwell.

NHS Great Yarmouth and Waveney CCG launched a public consultation called 'GP practice premises in Gorleston and Bradwell' on Wednesday 3 June 2015 that will run for 13 weeks until Tuesday 2 September 2015.

The consultation has now been running for five weeks and we have already held two public meetings with over 200 people attending and received 518 responses to the consultation. The consultation document was sent out with the Advertiser Newspaper to over 21,000 homes in the area and it is also available in GP practices and the library in Gorleston.

There are a number of issues which mean that we have to change the shape of GP services in Gorleston and Bradwell. These are:

- The population of Gorleston and Bradwell is expanding rapidly. New houses are being built in the south of the town, further away from where practices are currently located. Over the next 10 years there is a predicted increase of 3,500 people on the Beacon Park site.
- Major issues with current practice accommodation in the following GP surgeries: Falkland Surgery, Gorleston Medical Centre on the Shrublands site and Family Healthcare Centre. These practices are in buildings which are not fit for 21st century healthcare, and cannot be expanded to make them fit for the future to handle the growing population.
- We know that one of the main predictors of whether people will attend an accident and emergency department is how close they live to it. We also know that national and local figures suggest that up to one in three people who attend accident and emergency would be better seen by their GP. New housing next to the James Paget University Hospital and further away from current practice locations therefore risks swamping our local A&E department while not always providing best care for these families.

This consultation is not proposing any changes to Millwood Surgery or Central Surgery who are both well established in their existing premises and are not currently looking to relocate. Indeed Millwood Surgery has well developed plans to grow their existing premises even more on their current site.

We know that the current services in these three GP practices are under pressure because of the issues with their accommodation. Doing nothing is not an option. The CCG is working alongside local GPs and practice staff and we have developed some plans to change the shape of GP practices in Gorleston and Bradwell.

The proposal in the consultation document is to relocate the three GP practices into one new primary care centre based at one of the following three locations:

- James Paget University Hospitals NHS Foundation Trust
- Shrublands Health Centre
- Beacon Park

We are also asking the public to let us know if there are any alternative sites which we have not identified.

The feedback so far shows us that the consultation documents are clear and easy to understand with 98.2% of people telling us that they understand the proposals.

The most popular site for the new primary care centre to date is the Shrublands Health Centre. There are some people who would prefer to keep the three GP practices separate and to keep the status quo.

Once the consultation is closed on 2 September a report on the feedback will be produced by an independent analyst and presented to the CCGs Governing Body on 24 September.

Because the services are commissioned by NHS England the Governing Body will be making a recommendation to NHS England on Thursday, 5 November 2015 and NHS England will make the final decision.

Rebecca Driver
Director of Engagement
NHS Great Yarmouth and Waveney
10 July 2015

Public Consultation

GP practice premises in Gorleston and Bradwell

Wednesday 3 June to Tuesday 2 September 2015



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Introduction

GP practice premises in Gorleston and Bradwell **need** to change. Currently there are five GP practices in the northern part of Gorleston to meet the needs of local people.

However, there are a number of issues which mean that we have to change the shape of GP services in Gorleston and Bradwell. These are:

- The population of Gorleston and Bradwell is expanding rapidly. New houses are being built in the south of the town, further away from where practices are currently located. Over the next 10 years there is a predicted increase of 3,500 people on the Beacon Park site.
- Major issues with current practice accommodation in the following GP surgeries: Falkland Surgery, Gorleston Medical Centre on the Shrublands site and Family Healthcare Centre. These practices are in buildings which are not fit for 21st century healthcare, and cannot be expanded to make them fit for the future to handle the growing population.
- We know that one of the main predictors of whether people will attend an accident and emergency department is how close they live to it. We also know that national and local figures suggest that up to one in three people who attend accident and emergency would be better seen by their GP. New housing next to the James Paget University Hospital and further away from current practice locations therefore risks swamping our local A&E department while not always providing best care for these families.

This consultation is not proposing any changes to Millwood Surgery or Central Surgery who are both well established in their existing premises and are not currently looking to relocate. Indeed Millwood Surgery has well developed plans to grow their existing premises even more on their current site.

We know that the current services in these three GP practices are under pressure because of the issues with their accommodation. Doing nothing is **not** an option. The CCG is working alongside your local GPs and practice staff and we have developed some plans to change the shape of GP practices in Gorleston and Bradwell. We want your views to help inform our decisions.

The following do **not** form part of this consultation:

- Hopton surgery premises provided by Gorleston Medical Centre
- Other services based at the Shrublands site, Gorleston. This site also hosts a range of services which are **not** included in this public consultation such as outpatient clinics, therapy services, staff base, a base for Norfolk First Support and for some mental health services.

Why are the three GP practices facing issues with their accommodation?

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:

- 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.
- Gorleston Medical Centre - is working from a temporary building on the Shrublands site and the long term future needs to be established.
- Falkland Surgery – there is no capacity to expand, this has already been explored by the practice. A recent Care Quality Commission (CQC) inspection highlighted space constraints.

It's anticipated that any relocation of GP practices within Gorleston and Bradwell will lead to some movement of patients between practices eg patients may choose to re-register at other practices that are not moving, for example, Millwood Surgery and Central Surgery.

Alongside these practical reasons, we want to bring the three GP practices together into one building known as a **primary care centre**. This way of working for GPs is proving to be increasingly popular across the country. This is because it helps to meet the challenge of a national shortage of GPs and other important practice staff like nurses, and the cost of providing premises. It's better because it gives:

- More opportunities to recruit and keep more staff
- A solution to the rising population demand in Gorleston and Bradwell as a result of the new housing developments in the south
- Increases GP expertise in one centre eg experts in dermatology, cancer, minor surgery services etc
- A single IT system
- A shared reception area and hot desk area for staff from different organisations including the voluntary sector

What proposals are we asking your views on?

We have carried out a number of pre-consultation events and we are working alongside our partner organisations as well as the local GPs. As a result of this work, we have listened to your views and developed three proposals on where to relocate the three GP surgeries.

We also want your views on any other options that we may not have thought about. The proposals are:

Proposal one:

Relocating the three GP practices to a new purpose-built primary care centre on the James Paget University Hospital site.

We know that people are concerned about paying to park to visit their GP so we would work alongside the hospital to secure a parking solution. If this proposal went ahead we would also keep a GP presence on the Shrublands site so that we can keep the important links that already exist between GPs and all other health and social care professionals that are based there.

Proposal two:

Relocating the three GP practices to a new purpose-built primary care centre on the Shrublands site.

The current building is only temporary with expiring planning permission later this year. We have already submitted a bid for capital money to NHS England to build a new permanent building on the Shrublands site. The current plan is that this will accommodate a range of health and social care community services such as therapists, community matrons and a range of clinics. This new building will include space for a GP presence at Shrublands which is important to keep the links that already exist between GPs and all the other health and social care professionals that are based there.

If this proposal went ahead we could work alongside NHS England and Great Yarmouth Borough Council to develop a primary care centre as part of the permanent building on the site.

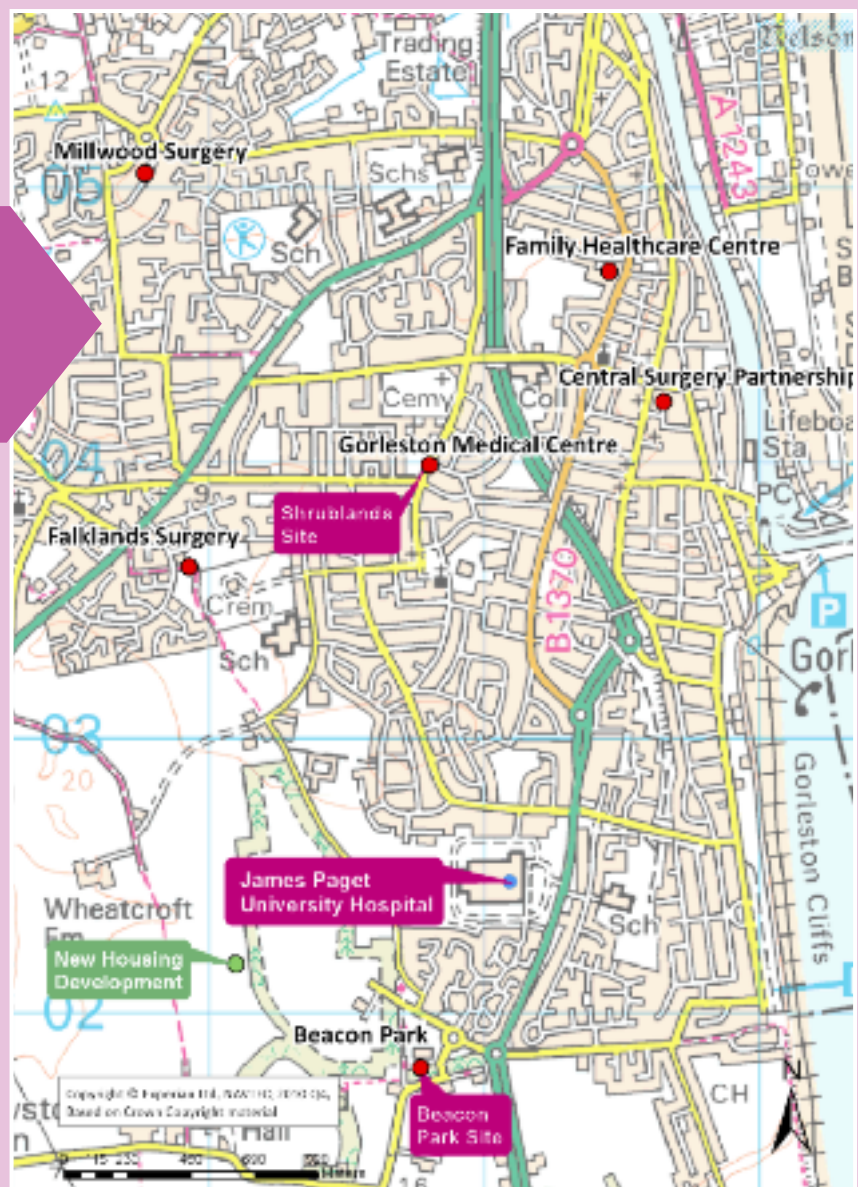
Proposal three:

Relocating the three GP practices to a new purpose-built primary care centre on the Beacon Park site.

We know that there will be a lot of development on the Beacon Park site of Gorleston over the next ten years and that current GP services are largely based in north Gorleston. By working alongside Great Yarmouth Borough Council and NHS England we can develop a new primary care centre on the Beacon Park site to serve the growing population in the South of the town. If this proposal goes ahead we would also keep a GP presence on the Shrublands site so that we can keep the important links that already exist between GPs and all other health and social care professionals that are based there.

We will be asking your views on these three sites but we also want to know if you can identify another site that the new primary care centre could be built on.

Proposals relocation sites



Why are we consulting?

This is the fourth public consultation that the CCG has run since it was formed in April 2013. By consulting, we believe we can have genuine two-way conversations with our residents when we are planning to make any changes to services.

By listening to and hearing the views of the public about the services we commission, we can learn to do things better.

During previous consultations, your views helped to influence us to change our proposals and make different decisions to the ones we originally thought.

This consultation is your opportunity to have your say on the future of GP services in Gorleston and Bradwell.

We are making these changes because we want:

- Patients to receive healthcare delivered from modern buildings
- We want these buildings to be accessible
- Services to be closer to people's homes
- Services to be joined up, responsive and flexible to patients' and families' needs
- Services to support our ageing population
- Services that can cope with the rising demand for health and social care
- Services that are affordable



Gorleston Pavillion: image courtesy Great Yarmouth Tourism, Adrian Buck

What about staff?

This is not about reducing costs, but it will result in changes to the way local practice staff work. It will mean a change in the base that people work from, and it could mean more flexible ways of working. The CCG has spoken to all the staff in the GP practices affected, and in those practices in Gorleston and Bradwell about all these proposals.

Transport

We know that moving GP practices means that it can be more difficult for some patients to get to their GP and so we have looked at how long it will take for patients to get from their existing GP practice to the three proposed new sites.

This information is available on our website at: www.greatyarmouthandwaveneyccg.nhs.uk

We hope that by spreading GP services across Gorleston we will make it easier for all patients to get to a GP service. However, we recognise that if your GP practice is moving from the north of the town to the south you may not want to move with your GP or the new location may not be as easy for you to get to. We expect that some patients will want to change GP as a result of these proposals and we are working with both Millwood and Central Surgeries and other local practices to make sure that patients can move to these practices if they would prefer to.

How much will it all cost?

We do not have a definitive cost to build a new primary care centre because each of the three sites will have different costs associated with it. However, we have developed similar buildings in both Kirkley and Reydon and these have cost around £5 million to £6 million to build. The CCG expects the new primary care centre to cost about the same amount.

Where can I get more information about this consultation?

If you want to find out more, please go to our website at www.greatyarmouthandwaveneyccg.nhs.uk

What happens next?

Throughout the consultation the CCG's Governing Body will be kept informed of how the consultation is progressing and of the comments received.

A final decision on these proposals will be made by NHS England. The CCG's governing body will meet in November 2015 to agree their recommendation to NHS England. A copy of these decisions will be sent to all those who included their email address when they sent their views. It will also be published in full on the CCG website.

Will what I say make any difference?

Yes. This is your opportunity to let the CCG know your views. The CCG is aware that people may become anxious about the news that services available to them are going to change. We hope that by securing your involvement in the development of these proposals, and taking into account your views, we will build your confidence in the future of the services.

How can I give my views?

You can provide us with your views in the following ways:

- 1. Complete the online version of the consultation questionnaire:**
www.greatyarmouthandwaveneyccg.nhs.uk
- 2. Download the consultation feedback form from the CCG website:**
www.greatyarmouthandwaveneyccg.nhs.uk complete it and then email it to gywccg.your-views-matter@nhs.net (or mail to the freepost address below).
- 3. Complete the questionnaire and post it to:**
Freepost RSUL-UGLK-JJRA
GP services in Gorleston
NHS Great Yarmouth and Waveney CCG
Beccles House
1 Common Lane North
Beccles NR34 9BN
- 4. Give us your views in person by attending one of the public meetings we have set up. At these meetings you will also be able to ask questions about the proposals. Please note the doors will open to the public ten minutes before the meeting start time.**

Gorleston GP meeting 1	The Gym, MESH Building, Shrublands	Wednesday, 24 June 2pm until 3.30pm
Gorleston GP meeting 2	The Gym, MESH Building, Shrublands	Wednesday, 8 July 5pm until 6.30pm

5. **Write a letter and send it to the freepost address:**

**Freepost RSUL-UGLK-JJRA
GP services in Gorleston
NHS Great Yarmouth and Waveney CCG
Beccles House
1 Common Lane North
Beccles NR34 9BN**

6. **Get involved on social media**

As part of the consultation we are going using the hashtag **#GorlestonGPs** to receive comments or feedback.

When do I have to make my comments by?

You can start making comments from 9am Wednesday 3 June 2015

The consultation closes at 5pm Tuesday 2 September 2015

Monitoring

This CCG is committed to the principle of ensuring effective consultation on these proposals. We will be following all current guidelines on public consultation. An independent academic will assist us by monitoring the consultation process and providing an independent analysis of the feedback we receive.

All partners involved in this consultation operate the NHS Complaints System. If you have any comments about this consultation process, please contact the Patient Advice and Liaison Service (PALS):

PALS

By telephone: 01502 719567

By email: GYWCCG.PALS@nhs.net

By post to:

**Complaints and PALS
NHS Great Yarmouth and Waveney CCG
Beccles House
1 Common Lane North
Beccles
Suffolk NR34 9BN**

Questionnaire

GP practices in Gorleston

1. About you.

To help us understand your feedback we need to know a little more about who you are and/or who you might represent.

1. I am responding on behalf of:

- Myself A group or organisation

2. Please provide your postcode:

3. Name of group or organisation if applicable:

4. Who does the group or organisation represent if applicable?

5. We want to make sure that you have the opportunity to fully understand the proposals in this consultation before commenting on them.

Based on the information you have read in the consultation document, do you understand the proposals?

- Yes No Unsure

2. Proposal one: Relocating the three GP practices to a new purpose-built primary care centre on the James Paget University Hospital site.

6. Do you support proposal one?

Yes No Unable to say

Comments:

3. Proposal two: Relocating the three GP practices to a new purpose-built primary care centre on the Shrublands site.

7. Do you support proposal two?

Yes No Unable to say

Comments:

4. Proposal three: Relocating the three GP practices to a new purpose-built primary care centre on the Beacon Park site.

8. Do you support proposal three?

Yes

No

Unable to say

Comments:

9. If you have any suggestions about where the new primary care centre could be located, please add them here:

5. About You.

10. I am:

- Under 25 25 - 34 35 - 44 45 - 54
 55 - 64 65 - 75 76 and over Prefer not to say

11. How would you describe your sexual orientation?

- Heterosexual Lesbian woman Gay man Bisexual
 Transgender None of the above Prefer not to say

12. Which ethnic group do you consider yourself to belong to?

- White British White Irish
 Mixed White and Black Caribbean Mixed White and Black African
 Mixed White and Asian Asian or Asian British Indian
 Asian or Asian British Pakistani Asian or Asian British Bangladeshi
 Black or Black British Caribbean Black or Black British African
 Chinese Prefer not to say
 Other (please specify in the box below):

13. Do you consider yourself to have a disability?

(i.e. 'A physical or mental health problem which has substantial and long term adverse effects on a person's ability to carry out normal day to day activities')

- Yes No Prefer not to say

HealthEast

NHS Great Yarmouth and Waveney CCG

Beccles House

1 Common Lane North

Beccles

Suffolk NR34 9BN

Tel: 01502 719500

Website: www.greatyarmouthandwaveneyccg.nhs.uk



If you would like a copy of this publication in another format such as Braille, large print, audio or in another language please contact NHS Great Yarmouth and Waveney CCG on Tel: 01502 718629

Published: 3 June 2015.

Cover Photo courtesy of: Greater Yarmouth Tourism, David Street

GFX: 3756

Only one of these needs treatment at the Emergency Department (A&E)



Cut finger

Earache

Severe chest pain

Flu

Morning after pill

Minor sports injury

James Paget University Hospitals NHS Foundation Trust,
Lowestoft Road, Gorleston, Great Yarmouth, Norfolk NR31 6LA

Walk-In Centre is at Greyfriars Health Centre in Phoenix House,
Howard Street South, Great Yarmouth open from 8am to 8pm
every day. Cutlers Hill Surgery, Halesworth. Tel 01986 874618.
Beccles Hospital, Beccles. Tel 01502 719821

See your own GP or Dentist if you have an illness or injury
that will not go away. You can access the out of hours
service by calling 111.

Find your local pharmacy on NHS Choices
www.nhs.uk

Available 24 hrs 365 days a year.
Call 111 for advice.

Self-care is the best choice to treat very
minor illnesses, injuries and ailments.

999 (A&E)

Minor Injuries

GP, Out of Hours Service
or Dental Service

Pharmacist

NHS 111

Self-Care



'The Shape of the System'
Consultation by Great Yarmouth and Waveney Clinical Commissioning Group

**Suggested approach from the Democratic Support and Scrutiny Team
Manager**

Great Yarmouth and Waveney Clinical Commissioning Group (CCG) will present its public consultation on 'The Shape of the System – Developing modern and sustainable health services in Great Yarmouth and Waveney' to the Joint Committee.

1. Introduction

- 1.1 On 3 June 2015 Great Yarmouth and Waveney CCG launched a public consultation on 'The Shape of the System – Developing modern and sustainable health services in Great Yarmouth and Waveney'. The consultation period will run until 2 September 2015.

2. Purpose of today's meeting

- 2.1 Representatives from the CCG will attend today's meeting to present the proposals, inform the joint committee about emerging themes in feedback from the public consultation to date, and to receive any comments that the joint committee may wish to make.

The CCG's report is attached at Appendix A and the consultation document is at Appendix B.

3. Action


- 3.1 The Joint Committee is asked to:-
- (a) Consider whether it wishes to make comments to Great Yarmouth and Waveney CCG in response to the consultation.
 - (b) Agree the wording of any comments that it wishes to make.

4. Next steps

- 4.1 Following the end of the consultation period on 2 September 2015 the CCG Governing Body will receive an independent analysis of the feedback on 24 September 2015. The Governing Body will make its decisions in relation to the proposals at its meeting on 5 November 2015.

4.2 On 13 November 2015 the Joint Committee will receive details of the CCG's decisions and will consider:-

- (a) Whether the consultation process with the joint committee has been adequate.
- (b) Whether the final proposals, as agreed by GY&W CCG, are in the interests of the local health service.

 The logo for 'IN TRAN communication for all' features the words 'IN' and 'TRAN' in a bold, sans-serif font. 'IN' is positioned above 'TRAN'. To the right of 'IN' is a solid black triangle pointing upwards. To the left of 'TRAN' is a solid black triangle pointing downwards. Below the text 'TRAN' is the tagline 'communication for all' in a smaller, lowercase, sans-serif font.	<p>If you need this report in large print, audio, Braille, alternative format or in a different language please contact Customer Services on 0344 800 8020 or 0344 800 8011 (Textphone) and we will do our best to help.</p>
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Briefing for Great Yarmouth and Waveney Health Scrutiny Committee: 22 July 2015

'The Shape of the System – Developing modern and sustainable health services in Great Yarmouth and Waveney.'

NHS Great Yarmouth and Waveney CCG launched a public consultation called 'Shape of the System' on Wednesday 3 June 2015 that will run for 13 weeks until Tuesday 2 September 2015.

The consultation has now been running for five weeks and we have already held four public meetings with over 700 people attending and received 508 responses to the consultation. We have been live tweeting from the public consultations and will be holding a number of twitter chats during the consultation period.

Our Chief Executive, Andy Evans has also attended meetings organised by town and parish councils, local MP Therese Coffey, Southwold and Reydon society and briefed both Great Yarmouth Borough Councillors and Waveney District Councillors.

The consultation document was sent out to almost 90,000 households in the Advertiser newspaper as well as being available in every GP surgery, libraries and at the community hospitals.

The proposals in the consultation are:

To develop more community based services by:

- Introducing out of hospital team across the whole of Great Yarmouth and Waveney.
- Supporting out of hospital teams with NHS Funded 'beds with care' in local nursing and residential homes.
- Basing the out of hospital teams in new community hubs across the area.

Community Hospitals:

- Permanently close the GP community hospital beds at Southwold, Patrick Stead, Northgate and All Hallows Hospital and replace with out of hospital teams and local NHS 'beds with care'.
- Change the use of Beccles Hospital inpatient beds to provide an intermediate care facility for Great Yarmouth and Waveney
- Over time reduce the numbers of people being admitted to the James Paget University Hospital as some services move into the community.

The feedback so far shows us that the consultation documents are clear and easy to understand with 96.76% of people telling us that they understand the proposals.

Initial feedback also shows us:

- more people want out of hospital teams than don't
- there are some concerns around quality of beds with care and the shortage of care homes
- People are telling us that integrated services are needed
- The location of community hubs is important to people as they need to be accessible
- There is still a lot of support for retaining the community hospitals
- There are concerns about how people will access the intermediate care beds in Beccles

Once the consultation is closed on 2 September a report on the feedback will be produced by an independent analyst and presented to the CCGs Governing Body on 24 September. The Governing Body is then expected to make a final decision on the proposals at their meeting in public on Thursday, 5 November 2015.

Rebecca Driver
Director of Engagement
NHS Great Yarmouth and Waveney
10 July 2015

Public Consultation

**'The Shape of the System -
Developing modern and
sustainable health services in
Great Yarmouth and Waveney'**

Wednesday 3 June to Tuesday 2 September 2015

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Introduction

The number of older people in England is increasing and will continue to do so. The percentage of the population aged over 65 years in Great Yarmouth and Waveney is currently 24% and this is set to double over the next 20 years. Alongside rising demand, as a health service we are capable of doing much more in the community than we have ever done before, and we owe it to our patients to provide the best care that we can. The public sector is also facing financial constraints and we need to spend what we have carefully.

At the same time our population is changing. People are not only living longer, many of them live with more than one health and social care need, like diabetes, heart disease and all the difficulties of living with dementia. At the moment, our system does not always deliver the joined up care that people need and want to help them with the daily life challenges they face alongside their health issue. There are gaps between different services, duplication and delays for patients. Most people could be treated very well in their own homes. But if they are not actively cared for, their illness could get worse and they could then need emergency care in a hospital. It should be the exception that people have to be admitted to hospital.

Finally, a lack of 'joined-up care' is a huge source of frustration for patients and carers, as well as for health and social care professionals. If health and social care, working together, can deliver integrated services, this will really improve quality and safety for all those that use these services. We will also get better value for taxpayers money by joining up or 'integrating' services better.

This document is about our 'Shape of the System' consultation. We are talking to you about making substantial changes to the way we deliver better healthcare for patients in Great Yarmouth and Waveney.

The proposals in this document have been developed by NHS Great Yarmouth and Waveney Clinical Commissioning Group ('the CCG', and often known locally as 'HealthEast'). The CCG is a clinically-led organisation with clinicians including GPs, nurses and hospital consultants sitting on the CCGs Governing Body.



This document has been developed in partnership with:

- Patients and the public through a series of public engagement workshops across Great Yarmouth and Waveney attended by members of the public, local councillors, Patient Participation Group representatives, voluntary organisations and Healthwatch.
- East Coast Community Healthcare (ECCH)
- James Paget University Hospitals NHS Foundation Trust (JPUH)
- Norfolk and Suffolk NHS Foundation Trust (NSFT)
- Norfolk County Council (NCC)
- Suffolk County Council (SCC)
- Waveney District Council (WDC)
- Great Yarmouth Borough Council (GYBC)
- NHS England (NHSE)

The Governing Body of the CCG, as the planner and commissioner of services for Great Yarmouth and Waveney, will listen to your views and will make the final decision on any changes to services. No decisions have been taken yet.

The services covered by this consultation are:



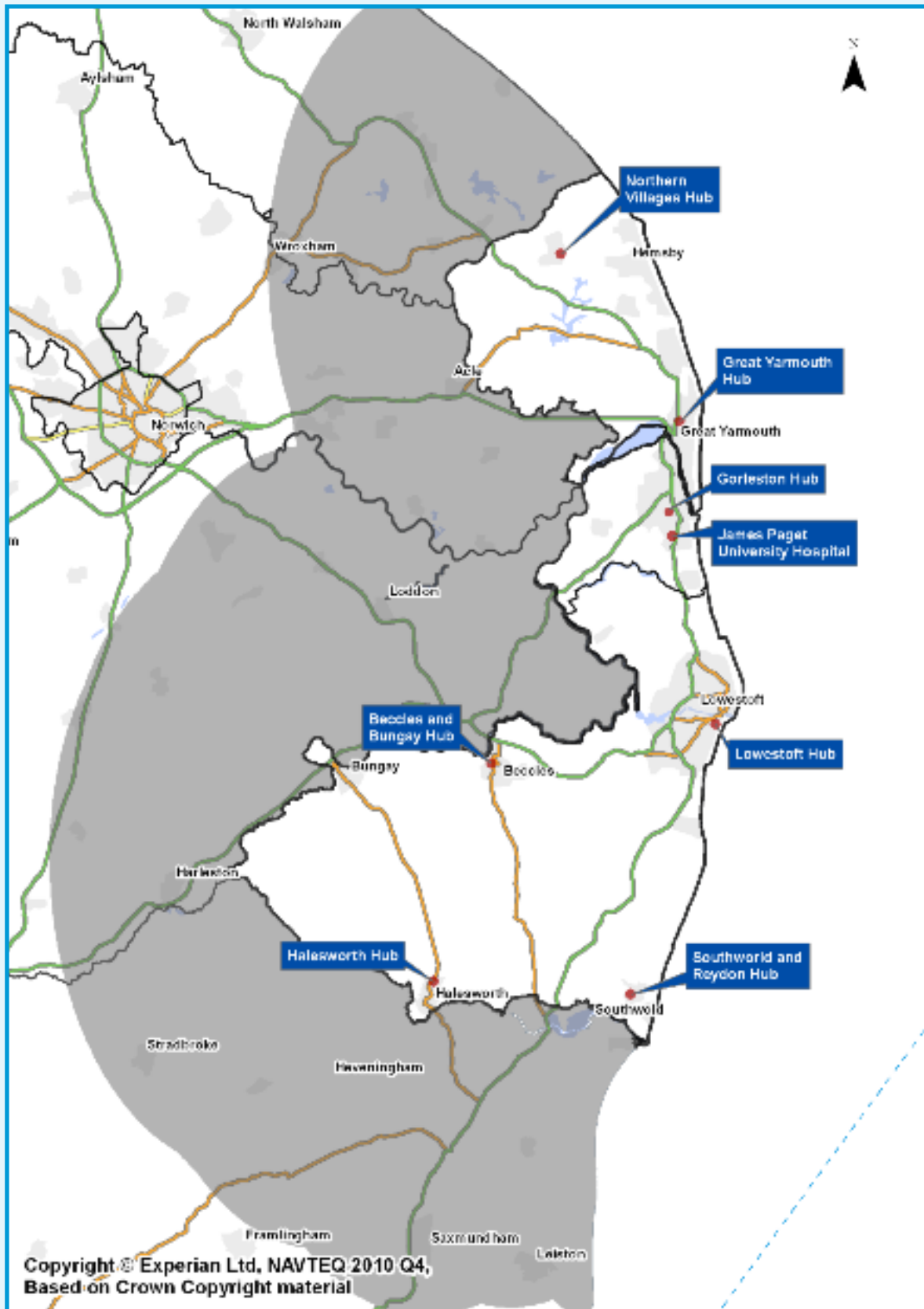
- Community based services for Great Yarmouth and Waveney, with new out of hospital teams and integrated community hubs
- GP beds in community hospitals in Southwold, Halesworth (Patrick Stead Hospital), Beccles, Northgate Hospital in Great Yarmouth and All Hallows Hospital in Ditchingham

The consultation is all about:



- How care is provided in communities and in community hospitals
- Where services are based across the CCG area to ensure equity for everyone who lives in Great Yarmouth and Waveney

Please keep reading to see what changes we are proposing, and an explanation of why we believe they are necessary.



The area in white shows the CCG boundaries. However the GP registered population extends to the shaded areas.

● Why are we consulting?

This is the third public consultation that the CCG has run since it was formed in April 2013. By consulting, we believe we can have genuine two-way conversations with our residents when we are planning changes to services.

By hearing and listening to the views of the public about the services we plan and commission, we can learn to do things better.

During both previous consultations your views helped to influence us to change our proposals and we made different decisions as a result.

This consultation is your opportunity to have your say on the future shape of health services in Great Yarmouth and Waveney.

● So why do we want to make these changes?

We believe that we should be developing services to care for people in their communities because that is the best place for people to be. To do this, we need to have more services based there, closer to people's homes.

Our ambition is to provide care to people in their own homes or as close to their homes as possible.

We now also know that treating someone in a hospital bed is not always the best place for them to be. In particular older people who are kept in a hospital bed during treatment can lose their mobility and their independence. This can affect their overall health and increase their likelihood of having no option but to go into long term care in a residential or nursing home.

Obviously there are times when it is necessary and appropriate for people to be admitted to hospital and hospital beds will always be available for people who need them, when they need them. But where it is safe and appropriate to do so, we will try to ensure that people are cared for at home rather than having to go into hospital, and that is why we are developing community based services.

People don't really care which specific organisation is providing their health and care, they just want to receive a service that supports them to get better and remain as independent as possible. So we want our providers of health services to work more closely together with social care and voluntary services and of course patients and their carers. We know that people want to receive joined-up services that support them to get better and to remain as independent as possible.

We believe that by everyone working together we can cut out waste and maximise the care that our residents receive. We also want to take this further and have District Councils offering benefits and housing advice and County Councils to offer social care, all in a joined up way with healthcare services.

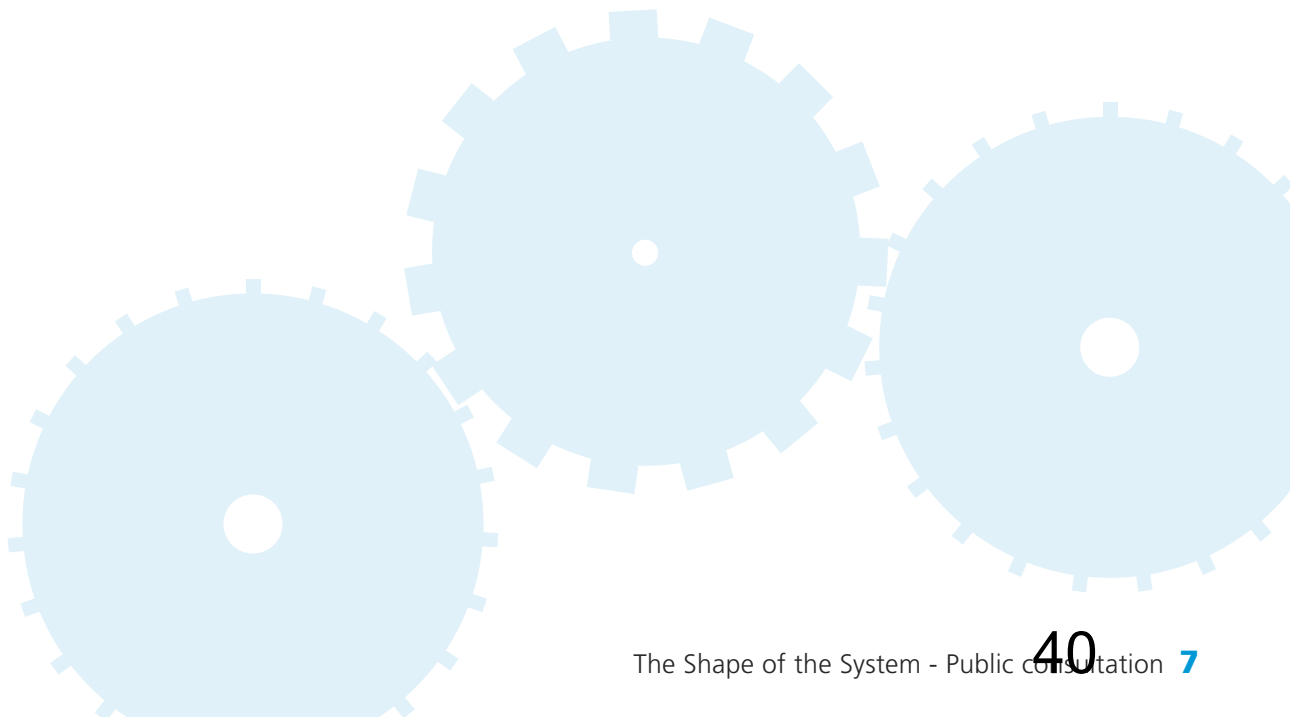


We are making these changes because we want:

- To care for people in the best place
- Services to be closer to people's homes
- Services to be joined up, responsive and flexible to patients' and families' needs
- Services to support our ageing population
- Services that can cope with the rising demand for health and social care
- Patients to receive healthcare delivered from modern buildings
- We want these buildings to be accessible
- Services that are affordable

We know that these changes will work

We have already tried this new model of care in Lowestoft. We have a new community hub called Kirkley Mill Health Centre from which we deliver a wide range of community services including an out of hospital team. This was after a full public consultation in Lowestoft where 67.8% of people who expressed a preference supported this new way of caring for patients. This team of health and social care professionals has helped more older people and people with long term health conditions to remain independent in their own homes and avoid going into hospital or ending up in long term care. Patient, family and carer satisfaction with the team is high - almost 90%. Emergency admissions of patients into a district general hospital from Lowestoft have reduced. This bucks the national trend. This is the model the CCG wants to see right across Great Yarmouth and Waveney.



What about staff?

This new way of working is not about reducing costs through job losses, but it will result in positive changes to the way local public sector staff work. Staff will work more flexibly with other public sector organisations and with services from the voluntary sector. We all serve the same patients, so it makes sense for us to do this as simply as possible, removing organisational barriers and providing better, joined up care for the people who most need it.

We know that it can be tough to recruit NHS staff, but we believe that this new way of working will help us to recruit the staff we need. In fact, staff members in the new team in Lowestoft are very enthusiastic about this different way of organising care for patients. And the proposals in this consultation are becoming well recognised as the best way to provide care across the country.



The Proposals

Proposal one: developing more community based services

We know that people are living longer. We know that for many people if they become ill the best place to be treated and given care is in their own homes where they can remain as independent and as healthy as possible. Healthcare services in Great Yarmouth and Waveney currently do not support this as well as they can so Proposal One is about introducing community based care with out of hospital teams and community hubs. To do this we will need to change the shape of health services to support people at home and in their own community better. This new system works alongside the healthcare already provided by your GP and community services.

This proposal is to develop more community based services by:


- **Introducing** out of hospital teams across the whole of Great Yarmouth and Waveney. Pilots are already in place in Lowestoft and in Great Yarmouth and the northern villages.
- **Supporting** the out of hospital teams with **NHS funded** 'beds with care' provided in local nursing and residential homes. These will provide short term care and treatment and help people recover and regain their independence, supported by professionals from the out of hospital teams.
- **Basing** the out of hospital teams in new community hubs across the area (see map on page five)

Out of hospital teams

An out of hospital team is a team of staff with health and social care skills that works 24 hours a day, seven days a week to help support people going through a crisis. The team will be able to react quickly and take referrals from health and other professionals to:

- Avoid a patient being admitted to a hospital bed in the first place
- If a patient is admitted, get the right support in place (often called 'rehabilitation') at home so they can get home sooner

The motto of the team is 'it's never not my job'. The team works closely with the patient's GP to give all the care a patient needs in their own home. Patients receive care which is designed to meet their individual needs. The team also has access to NHS 'beds with care' within a care home environment when a patient needs a little extra support.



Each team is made up of:

- A team leader
- Community nurses
- Social workers
- Physiotherapists
- Occupational therapists - these therapists are trained to support people whose health prevents them from carrying out everyday tasks and to help them remain independent
- Assistant practitioners – these are people who are trained to deliver health and social care to patients, supporting more specialist roles e.g. an occupational therapy assistant or an assistant practitioner in mental health care. They can also carry out less complicated assessments of patients' needs
- Health care assistants – these are generic workers who have been trained to deliver a wide range of health and social care tasks for patients e.g. taking bloods, assessing for a walking stick, carry out an exercise programme with a patient
- Administrative support

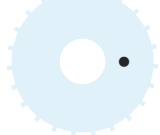
The out of hospital team will work very closely with all local GP practices, and every patient will continue to get their GP care from their own GP practice.

The out of hospital team will work very closely with specialist nurses and other specialist staff to make sure patients have access to this care when they need it e.g. heart failure nurses, podiatrists, respiratory nurses and palliative care nurses.

We also plan to have mental health workers based alongside this team to support wellbeing and recovery, and people in crisis.

We know out of hospital teams work because...

We have run an out of hospital team in Lowestoft for over a year. We have monitored their impact very closely, and we know that:

- 
- Emergency admissions of patients into a district general hospital from Lowestoft have reduced. This bucks the national trend
 - Because social care are part of the team, they get involved with patients sooner
 - Patient, family and carer satisfaction is high – almost 90%

- Patients feel very well supported because they can stay at home and maintain their independence
- Clinical reviews have shown that patients are getting the care they need at the right time in the right place, usually at home
- Staff on the team tell us that this is a very rewarding way to work with patients
- If a patient is admitted, they get home faster with better support in place

What are 'beds with care'?

Beds in this setting will be used when a patient needs more care than can be safely provided at home. This could be due to a worsening of an existing condition, as part of a rehabilitation pathway or to support palliative or end of life care. These beds will usually be in a residential or nursing home setting. The admission, monitoring and discharge of patients will be carried out by the out of hospital team, so there will be full nursing support.

Beds with care will be delivered to NHS standards of care and patients will be monitored by the out of hospital team. They will be in patient's communities with local medical and nursing support. GP Surgeries will work with the out of hospital team to provide medical care to patients and your GP will be kept fully informed of what is happening. This is a more modern and appropriate way of providing care. It provides better care for patients closer to the communities in which they and their families already live and it's a more cost effective model.

The CCG will ensure that these nursing and residential homes comply with the quality standards expected across the NHS.

The CCG believes that there will be increasing need for care home capacity in the area, and we commit to having enough beds with care to meet the demand.

An out of hospital team just like this is already working in Lowestoft with beds with care supporting them. The feedback has been very positive – you can read some patient stories on our website:

www.greatyarmouthandwaveneyccg.nhs.uk

These changes are about creating more community based services. To do this we want to develop 'community hubs'.

All about 'community hubs'

Hubs are local buildings where treatments and health consultations take place. They are bases for staff, where patients can be seen but also where staff will travel from to see patients in their own homes. These hubs will offer a modern environment for patient care, and for the teams who will provide the majority of out of hospital and community care.



The teams will focus on:

- Supporting patients and carers to prevent admission to hospital and support discharge back home
- Providing a much needed link between district general hospital care, community teams and your local GP

Some examples of community hubs that are already working really well in your area are the Shrublands site in Gorleston, the Sole Bay Health Centre in Reydon and the Kirkley Mill Health Centre in Lowestoft. The hubs link with existing services that are already valued in our communities like churches, community centres, dementia cafes and local community transport schemes.

Some of the benefits of community hubs are:

- Better access to lots of different services in the same place, closer to home
- Bases for teams from different organisations across public sector services and the voluntary sector to work closely together
- Some new, improved, energy efficient buildings, like Kirkley Mill in Lowestoft

We are bidding for money to build more new community hubs which will be cheaper to run.

These proposals offer more choice for patients. At the moment, patients who are very ill have to be admitted to hospital. This is because most of the time, current community teams and GP services do not have the capacity to support patients at home during a crisis. With new out of hospital teams, patients will be able to:



- Stay at home supported by the out of hospital team
- Where this isn't safe, be admitted to a bed with care close to their home
- Get more complex care in an intermediate care bed (see 'Beccles Hospital' page 14 for more details)
- Be admitted to an district general hospital bed only if they really need it

Proposal two: community hospitals

Community Hospitals have been used by health services for many years to support people in the local community. We know that where there are out of hospital teams the best place for care to be provided is at home. National and local evidence shows that when these teams are in place fewer community hospitals and general hospital beds are needed.

There will always be times when it's necessary and appropriate for people to be admitted to a district general or specialist hospital and we always have this type of hospital bed available. But where it is safe and appropriate to do so, we will try to care for people at home rather than have to go into hospital. Our out of hospital team in Lowestoft have already shown that, by providing better care at home, we can reduce the numbers of people needing to go into a hospital bed. Our plans show that if these teams are available across Great Yarmouth and Waveney, then fewer people will need to be admitted to hospital as services move out of the hospital and into the community.

This proposal is to:

- **Permanently close** the **GP community hospital beds** at Southwold, Patrick Stead, Northgate and All Hallows Hospitals and replace with out of hospital teams and local NHS 'beds with care', as set out in proposal one. GP community hospital beds are beds where the medical support is provided by GPs.
- **Change the use** of Beccles Hospital inpatient beds to provide an intermediate care facility for Great Yarmouth and Waveney (see 'Beccles Hospital' page 14 for more details).
- **Over time** reduce the numbers of people being admitted to the James Paget University Hospital as some services move into the community.

It's important to note that we can't have GP beds in community hospitals AND out of hospital teams. This is because we will use the money we spend now on staffing and keeping the GP beds in community hospitals open to set up and run the new out of hospital teams. We hope that staff working in the community hospitals now will become members of the new out of hospital teams. For these staff, training, education and upskilling will be provided to prepare them for this transition.

Looking at each site in more detail:

Northgate Hospital, Great Yarmouth (15 GP community beds only). The proposal is to close the 15 GP community beds downstairs in the Herbert Matthes building on the Northgate hospital site.

If these plans are approved, the 15 community beds could close from April 2016. Beds with care in local care homes will be used to support patients when needed.

Southwold Hospital, Southwold (12 GP beds). In 2014, outpatient clinics and therapy services were moved from Southwold Hospital to the new Sole Bay Health Centre. So if the beds are closed, there will be no more services operating from this site and the hospital building will be surplus to NHS requirements.

If these plans are approved, the 12 community beds could close from April 2016. There are plans to develop a new nursing home next to Sole Bay Health Centre. Beds in local care homes would be used to support patients when needed in the time between closing hospital beds and opening the new nursing home.

Patrick Stead Hospital, Halesworth (12 GP beds)

We are working closely with Halesworth Health to support their plans to develop a new nursing home on the Patrick Stead site. This is planned to open in late 2016 / early 2017. If these plans are approved, the hospital would be surplus to NHS requirements.

The GP beds in Patrick Stead Hospital could close in April 2016. Beds in local care homes would be used to support patients when needed in the time between closing hospital beds and opening the new nursing home.

All Hallows Hospital, Ditchingham (five GP beds)

If these plans are approved, these five beds could close from January 2016. Care of long stay patients at All Hallows hospital is not affected by this public consultation. People in Bungay and the surrounding villages will be able to access beds with care in local care homes, supported by the out of hospital team.

Beccles Hospital, Beccles (21 beds)

At Beccles Hospital, beds will stay open, but they will be used differently. More patients who need intermediate care across Great Yarmouth and Waveney will be looked after here. The traditional 'community hospital bed' services will change. Patients will be admitted through the out of hospital teams. Medical cover for these beds will be provided by local GPs.

Intermediate care is for patients who have longer term needs due to medical and/or social care issues which need to be sorted out before the patient can go home, like patients with:



- Complex end of life care needs
- Intravenous therapies or transfusions
- Care after complex cancer treatment
- Short term but intensive rehabilitation
- Some needs for periods of one to one support

These beds could be used differently from December 2015.



● How much will it all cost?

Over the past few years the CCG has been very successful in getting funding to improve healthcare buildings for patients in the Great Yarmouth and Waveney area. Some examples include the recent opening of the £6 million Kirkley Mill Health Centre in Lowestoft and the £5 million Sole Bay Health Centre in Reydon.

The CCG has put in a bid to NHS England to try and secure another £20.5 million to develop more new healthcare buildings for patients in Great Yarmouth and Waveney. However, our proposals are not dependent on our bid for this money being successful. We have contingency arrangements that would allow us to continue with our plans using existing NHS buildings.

Costs of the new services

Savings of up to £7.9 million in the costs of current services will be made through the closure of community hospitals and through fewer patients being admitted to the James Paget University Hospital. £3.6 million of these savings will be re-invested in setting up the new services described in this consultation - out of hospital teams and beds with care in nursing and residential homes, plus intermediate care beds in Beccles Hospital. This means that these plans will deliver a net saving every year of £4.3 million which will help the CCG meet its savings target set by NHS England for this year and next.



• Where can I get more information about this consultation?

If you want to find out more, please go to our website at www.greatyarmouthandwaveneyccg.nhs.uk

Here you can find lots of other useful documents including:

- Patient stories all about their experience of the out of hospital team
- Short three minute videos to explain why we are making these changes
- Letters of support
- Definitions of how the different types of beds will be used
- A full business case which sets out the clinical evidence and background to the proposals
- Information about how pre – consultation helped shape this document
- More information on money in the business case
- Equality impact assessments

• What happens next?

Throughout the consultation the CCG's Governing Body will be kept informed of how the consultation is progressing and of the comments received.

The final decisions relating to these proposals are expected to be taken by the CCG's Governing Body in November 2015. A copy of these decisions will be sent to all those who included their email address when they sent their views. It will also be published in full on the CCG website.

Will what I say make any difference?

Yes. This is your opportunity to let the CCG know your views. The CCG is aware that people may become anxious about the news that services available to them are going to change. We hope that by securing your involvement in the development of these proposals, and taking into account your views, we will build your confidence in the future of the services.

How can I give my views?

There are six ways you can provide us with your views:

1. **Complete the online version of the consultation questionnaire:**
www.greatyarmouthandwaveneyccg.nhs.uk
2. **Download the consultation feedback form from the CCG website:**
www.greatyarmouthandwaveneyccg.nhs.uk complete it and then email it to gywccg.your-views-matter@nhs.net (or mail to the freepost address below).
3. **Complete the questionnaire and post it to:**
Freepost RSUL-UGLK-JJRA
Shape of the system consultation
NHS Great Yarmouth and Waveney CCG
Beccles House
1 Common Lane North
Beccles NR34 9BN
4. **Give us your views in person by attending one of the public meetings we have set up. At these meetings you will also be able to ask questions about the proposals. Please note the doors will open to the public ten minutes before the meeting start time.**

Public meeting 1 – Stella Peskett Millennium Hall, Southwold	Wednesday, 10 June 2015 2pm to 4pm
Public meeting 2 – Room 3, Beccles House, Beccles	Thursday, 18 June 2015 6pm to 8pm
Public meeting 3 – The Kings Centre, Great Yarmouth	Monday, 6 July 2015 10am to 12 noon
Public meeting 4 – The Comfort Hotel, Great Yarmouth	Wednesday, 15 July 2015 6pm to 8pm
Public meeting 5 – The Cut, Halesworth	Tuesday, 7 July 2015 7pm to 9pm

5. **Write a letter and send it to the freepost address:**
Freepost RSUL-UGLK-JJRA
Shape of the system consultation
NHS Great Yarmouth and Waveney CCG
Beccles House
1 Common Lane North
Beccles NR34 9BN

6. Get involved on social media

As part of the consultation we are going to run a series of twitter chats for people who are unable to attend the consultation meetings. These will be available on twitter using the hashtag #shapeofthesystem on the following dates and times:

Friday 12 June – 2pm until 3 pm

Thursday 2 July – 7pm until 8 pm

Thursday 13 August – 10.30am until 12noon

When do I have to make my comments by?

You can start making comments from 9am Wednesday 3 June 2015

The consultation closes at 5pm Tuesday 2 September 2015

Monitoring

This CCG is committed to the principle of ensuring effective consultation on these proposals. We will be following all current guidelines on public consultation. An independent academic will assist us by monitoring the consultation process and providing an independent analysis of the feedback we receive.

All partners involved in this consultation operate the NHS Complaints System. If you have any comments about this consultation process, please contact the Patient Advice and Liaison Service (PALS):

PALS

By telephone: 01502 719567

By email: GYWCCG.PALS@nhs.net

By post to:

**Complaints and PALS
NHS Great Yarmouth and Waveney CCG
Beccles House
1 Common Lane North
Beccles
Suffolk NR34 9BN**

Questionnaire

Shape of the System Public Consultation

1. Developing modern and sustainable health services in Great Yarmouth and Waveney

1. I am responding on behalf of:

Myself A group or organisation

2. Please provide your postcode:

3. Name of group or organisation if applicable:

4. Who does the group or organisation represent if applicable?

5. We want to make sure that you have the opportunity to fully understand the proposals in this consultation before commenting on them. Based on the information you have read in the consultation document, do you understand the two proposals?

Yes No Unsure

2. Proposal One: developing more community based services

You can find out more about this proposal on page 9.

- Introducing out of hospital teams across the whole of Great Yarmouth and Waveney.
- Supporting out of hospital teams with NHS funded 'beds with care' provided in local nursing and residential homes.
- Basing the out of hospital teams in new community hubs across the area.



Out of hospital teams

You can find out more about out of hospital teams on page nine.

6. Do you agree with the proposal to introduce new out of hospital teams in the community?

Yes No Unable to say

Comments:

Beds with care

You can find out more about beds with care on page 11.

7. Do you agree with the proposal to provide 'beds with care' in a care home environment?

Yes No Unable to say

Comments:

Community hubs

You can find out more about community hubs on page 11.

8. Please give your views about this proposal here:

3. Proposal 2: community hospitals

You can find out more about this proposal on page 13.

9. Do you agree with the proposal to permanently close GP hospital beds at the following hospitals with the introduction of the out of hospital teams?

	Yes	No	Unable to say
Southwold	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Patrick Stead, Halesworth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Northgate, Great Yarmouth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All Hallows hospital, Ditchingham	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

10. Comments:

Southwold

Patrick Stead, Halesworth

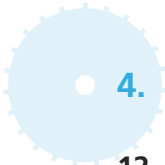
Northgate, Great Yarmouth

All Hallows hospital, Ditchingham

11. We propose to change the use of Beccles Hospital inpatient beds to provide an intermediate care facility for Great Yarmouth and Waveney.

You can find out more about intermediate care beds on page 14.

Please give your views on this proposal here:



4. About You

12. I am

- | | | | |
|-----------------------------------|----------------------------------|--------------------------------------|--------------------------------------------|
| <input type="checkbox"/> Under 25 | <input type="checkbox"/> 25 - 34 | <input type="checkbox"/> 35 - 44 | <input type="checkbox"/> 45 - 54 |
| <input type="checkbox"/> 55 - 64 | <input type="checkbox"/> 65 - 75 | <input type="checkbox"/> 76 and over | <input type="checkbox"/> Prefer not to say |

13. How would you describe your sexual orientation?

- | | | |
|--------------------------------------------|----------------------------------------|--------------------------------------------|
| <input type="checkbox"/> Heterosexual | <input type="checkbox"/> Lesbian woman | <input type="checkbox"/> Gay man |
| <input type="checkbox"/> Bisexual | <input type="checkbox"/> Transgender | <input type="checkbox"/> None of the above |
| <input type="checkbox"/> Prefer not to say | | |

14. Which ethnic group do you consider yourself to belong to?

- | | |
|-------------------------------------------------------------------|-------------------------------------------------------------|
| <input type="checkbox"/> White British | <input type="checkbox"/> White Irish |
| <input type="checkbox"/> Mixed White and Black Caribbean | <input type="checkbox"/> Mixed White and Black African |
| <input type="checkbox"/> Mixed White and Asian | <input type="checkbox"/> Asian or Asian British Indian |
| <input type="checkbox"/> Asian or Asian British Pakistani | <input type="checkbox"/> Asian or Asian British Bangladeshi |
| <input type="checkbox"/> Black or Black British Caribbean | <input type="checkbox"/> Black or Black British African |
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Prefer not to say |
| <input type="checkbox"/> Other (please specify in the box below): | |

**15. Do you consider yourself to have a disability?
(i.e. 'A physical or mental health problem which has substantial and long term adverse effects on a person's ability to carry out normal day to day activities')**

- Yes No Prefer not to say

HealthEast
NHS Great Yarmouth and Waveney CCG
Beccles House
1 Common Lane North
Beccles
Suffolk NR34 9BN

Tel: 01502 719500

Website: www.greatyarmouthandwaveneyccg.nhs.uk



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Only one of these needs treatment at the Emergency Department (A&E)



Cut finger

Earache

Severe chest pain

Flu

Morning after pill

Minor sports injury

James Paget University Hospitals NHS Foundation Trust,
Lowestoft Road, Gorleston, Great Yarmouth, Norfolk NR31 6LA

999 (A&E)

Walk-In Centre is at Greyfriars Health Centre in Phoenix House,
Howard Street South, Great Yarmouth open from 8am to 8pm
every day. Cutlers Hill Surgery, Halesworth. Tel 01985 874518.
Beccles Hospital, Beccles. Tel 01502 719821

Minor Injuries

See your own GP or Dentist if you have an illness or injury
that will not go away. You can access the out of hours
service by calling 111.

GP, Out of Hours Service
or Dental Service

Find your local pharmacy on NHS Choices
www.nhs.uk

Pharmacist

Available 24 hrs 365 days a year.
Call 111 for advice.

NHS 111

Self-care is the best choice to treat very
minor illnesses, injuries and ailments.

Self-Care



Policing and Mental Health Services

Suggested approach by Maureen Orr, Democratic Support and Scrutiny Team Manager

A report on the different models of liaison between police and mental health services that have been piloted in Norfolk and Suffolk and their implications for the Great Yarmouth and Waveney area.

1. Background

- 1.1 It is generally acknowledged that incidents involving people with mental health problems take up a significant amount of police time. People with mental health problems are more likely to be victims of crime than others¹ and according to the [Centre for Mental Health](#) approximately 70% of prisoners have either a psychosis, a neurosis, a personality disorder, or a substance misuse problem and many prisoners have more than one of these problems.
- 1.2. Over the past year two different models of liaison between police and mental health services have been piloted in Norfolk and Suffolk, both with the aim of providing a better service to people with mental health problems and reducing the amount of police time that is spent on such cases.
- 1.3 In Norfolk mental health practitioners have been based in the police control room at Wymondham providing daily cover from 08:00 to 22:00 supporting police with specific information and advice where an individual is known to the mental health services and with generic advice where they are not.

The University of East Anglia is undertaking a full academic evaluation of the Norfolk pilot from the end of October 2014 for 1 year. The interim report is due in July 2015 and the full report in November 2015.

- 1.4 The Suffolk initiative involves street triage whereby mental health staff accompany the police in a triage car based in Ipswich.
- 1.5 In Suffolk the initiative has been funded by the Clinical Commissioning Groups (CCGs). In Norfolk the funding is from the Home Office Innovation Funds, The Office of the Police and Crime Commissioner,

¹ [Mind research report 2013 'At risk, yet dismissed: the criminal victimisation of people with mental health problems'](#)

Norfolk Constabulary and Norfolk and Suffolk NHS Foundation Trust (until March 2016).

2. Purpose of today's meeting

- 2.1 Representatives of Norfolk Constabulary, Suffolk Constabulary and Norfolk and Suffolk NHS Foundation Trust (NSFT) have been asked to report to today's meeting with details of the initiatives in the two counties, details of the analysis and evaluation of the two approaches so far and an indication of the potential for police and mental health liaison in the Great Yarmouth and Waveney area in the future. Their reports are attached:-


Appendix A – Norfolk

Appendix B – Suffolk

Representatives from both Constabularies and NSFT are in attendance to answer members' questions.

3. Suggested approach

- 3.1 When the representatives have presented their reports, members may wish to explore the following areas with them:-
- (a) What has been the comparative impact of the two different models of police and mental health liaison?
 - (b) What is the situation regarding longer term funding of mental health and police liaison in the two counties?
 - (c) What are the proposals for mental health and police liaison in the Great Yarmouth and Waveney area?

 <p>IN TRAN communication for all</p>	<p>If you need this report in large print, audio, Braille, alternative format or in a different language please contact Customer Services on 0344 800 8020 or 0344 800 8011 (Textphone) and we will do our best to help.</p>
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Great Yarmouth and Waveney Clinical Commissioning Group

HealthEast

Norfolk Integrated Mental Health Team within the Police Control Room; Update for the Great Yarmouth and Waveney Health Scrutiny Committee

1. Introduction

1.1 A significant proportion of police demand is linked to individuals with mental illness. It is also recognised that police have limited options in terms of knowledge and powers to respond appropriately in these cases. This has a negative impact on the individual, police resources and mental health services (primary and secondary). To ensure that an individual is given the appropriate and timely response they deserve and to reduce the impact on the police and mental health services an alternative way of working is required.

1.2 Several police forces around the country commenced a trial of street triage (mental health nurse and a police officer responding jointly to calls) in 2013. Norfolk's decision was to develop an alternative model to suit the rural nature of the county and provide broader benefits.

1.3 In December 2013 a bid was submitted for Home Office innovation funding to secure a team of mental health nurses in Norfolk Constabulary's control room (CCR). The pre cursor funding was granted (60% Home office, 40% OPCC in addition NSFT contribute in terms of supervisor grade and Norfolk Constabulary contribute in terms of police support and evaluation costs).

1.4 Pre cursor funding allowed for a nurse supervisor to be seconded to the CCR and the full project to be jointly scoped. Further innovation bid was submitted in April 2014. The bid was successful and full team in place and operational by October 2014.

1.5 The team is funded until March 2016. A full academic evaluation is underway and due to report November 2015.

1.6 OPCC hosts an event July 2015 to look at joint commissioning of this service post March 2016.

2. Integrated Mental Health Team Operational Model

2.1 Coverage

The team cover the **county in its entirety** (including Great Yarmouth but not Wavney). The team cover from 08.00hours until 22.00hours, 7 days a week, 365 days a year. This is based on peak demand.

2.2 Staff

The team is made up of a supervisor (funding band 7 seconded band 8a) and three band 6 nurses. Nurses are seconded from the NSFT to Norfolk Constabulary. They are currently all acute adult mental health nurses although **this is an all age service**. The nurses receive clinical supervision from the NSFT and day to day supervision from the police lead.

2.2 ICT

The nurses have remote access to NSFT systems (Lorenzo) and 'care first' from the police control room and access to police command and control systems. An information sharing agreement is in place.

2.3 Team role

Based within the CCR the team aim to support staff (police, NSFT, ambulance & fire) and police officers in their role by providing information and advice over the telephone when dealing with an individual who is or you believe to be suffering from a mental illness. The team can offer specific advice where the individual is known to services and generic advice where they are not.

They are able to assist in three general 'call types':

- Critical calls for example where a Section 136 is likely, incidents involving firearms, missing persons, section 135 assessments and negotiator calls.
- Non-critical calls for example where someone maybe suffering from dementia (diagnosed or undiagnosed), tasks from daily management meetings, MAPPA/PDP and discharge planning.
- Repeat demand for example repeat callers to the Control Room, repeat victims / offenders of Anti-social Behaviour identified by Operational Partnership Teams and repeat complainants identified by professional standards. Repeat demand across NSFT (repeat 136/ repeat admissions) and Ambulance, Fire and A&E

November 2014 to June 2015

3.1 Calls

The nurses have reviewed over **31,000** calls in the time period. Of those calls reviewed **8742** related to domestic incidents and **1388** related to concerns for safety.

They have actioned **1699** calls where the person was active to secondary services, **827** calls where the person was previously active and **1284** where the person is not known to secondary services.

The mental health issues recorded are broad but examples are;

Dementia	241
Low level MH issue	246
Personality related	463

NB these numbers include cases where an individual has called on more than one occasion.

3.2 Section 136

Since the full team was in place there have been **66** section 136 detentions averted by the nurse's offering an alternative to officers and reducing demand on police, county council and NSFT resources.

3.2 Police attendance

Police attendance has been averted on **162** occasions. This means due to the nurse's advice and alternative action the police have not had to respond and the individual gets a more appropriate and timely intervention.

3.3 Referrals

The nurses have had **84** contacts with GP's to alert them of concerns and offer advice to assist in preventing the need for secondary services. They have also had **634** contacts with the NSFT about specific cases to alert the appropriate members of the team to a change in behaviour or risk with the aim of preventing crises and admission.

3.4 Home visits

The nurse supervisor has done **119** pre-planned joint home visits with the aim of preventing repeat demand and keeping the individual well and in the community.

3.5 Repeat callers

Nurses have looked at **772** repeat calls. They have actioned these in a variety of way including speaking to **67** of them directly.

4. National Picture

4.1 The IMHT in Norfolk has been held up as good practice nationally. Several counties have or are in the process of setting up teams in their respective police control rooms based on the Norfolk model. Norfolk has supported these forces in that process. This also includes forces that initially had street triage models but have recognised the broader benefits of the control room model. The forces include;

- Lancashire
- Cambridgeshire
- Avon & Somerset
- Cleveland
- Wiltshire
- Derbyshire

5. Summary

5.1 The impact of the Integrated Mental Health Team has been significant in terms of quality of response for those suffering with mental illness, better use of police, county council and NSFT resources and promoted enhanced partnership working. It supports the delivery of the overarching aims of the Mental Health Crises Care Concordat.

5.2 It is recognised nationally as good practice and the future sees a network of IMHT across the country to assist in tackling cross border issues

5.3 Joint commissioning (Police, OPCC, Fire, Ambulance and CCG's) will be essential to ensure the service continues post March 2016.

Amanda Ellis

Chief Inspector – Harm Reduction
Norfolk Constabulary

July 2015

Suffolk Constabulary – Street Triage Project

Update for the Great Yarmouth and Waveney Health Scrutiny Committee

1. Introduction.

During the 12 months (May 2104- May2015) Suffolk Constabulary logged 5355 incidents tagged as having a mental health element. Lowestoft accounted for 16% the second highest demand following Ipswich

The 'street triage' car is a joint response from Suffolk Constabulary and Norfolk and Suffolk NHS Foundation Trust (NSFT), East Suffolk and Ipswich CCG and West Suffolk CCG.

The aim of the initiative broadly is to ensure an effective joint response to person coming into contact with Police often at point points of mental health crises. It aims to ensure appropriate use of police powers such as s.136 Mental Health Act (MHA) and Mental Capacity Act (MCA) and to deliver other interventions, support and pathways which may lead to a better service and or more appropriate outcome for the individual.

The initiative has run from April 2014 to present and provides a police response vehicle, crewed by a police officer and Mental health nurse from NSFT. It was initially based on other models of street triage that had been introduced in other parts of the country.

It's hours of operation are planned to be between the hours of 14:00 and midnight, seven days a week. When an incident is reported to the Contact and Control Room and highlighted as involving an individual with mental health issues, the vehicle can be deployed and the nurse can access the individual's health records to provide an assessment and guidance on what action should be taken.

The nurses were initially funded by East Suffolk and Ipswich Clinical Commissioning Group as a CEQUIN for the pilot period, but as the initiative has continued, since April 2015 it is now funded together with the West Suffolk Clinical Commissioning group also.

The 'triage car' is based in Ipswich, with Ipswich response officers but has on occasions been able to provide assistance to other parts of the county either as a response or as advice to officers.

2. The aims of the pilot

The initial pilot ran from April 2104.

The broad aims of the pilot were as below but the majority of which continue

- To improve the outcomes of the individuals presenting to police in a mental health crisis

- To reduce the numbers of people presenting to the police and other health and social care agencies in a mental health crisis
- To reduce the number of people who repeatedly come into contact with the police due to mental health problems
- To develop a better whole system understanding of the reasons why people with mental health problems present to services at points of crisis
- To improve the responsiveness of services and to develop improved pathways of care
- To ensure people presenting with social and behavioural issues are not signposted in to mental health services inappropriately
- To share experience and learning between the police and health care sectors
- To better understand links between drug and alcohol use and mental health within the context of crisis

3. The Evaluation

An evaluation was carried based on data from June to November 2014 based on the objectives set below

1. To reduce the number of s136 MHA 1983 orders made by the police during the pilot period compared with the previous 12 months, by at least 20%
2. To improve the outcomes for people presenting to the police with a mental health crisis by seeing an overall reduction in individuals repeatedly coming into contact with the police
3. To signpost people to the right agencies at times of mental health crisis when they have contact with the police
4. To improve the effectiveness of the use of police and health resources in the management of mental health crises
5. To improve on the identification of people with a mental illness, learning disability or dual diagnosis detained under s136 that subsequently go on to require admission to hospital

The evaluation reported:

- The number of section 136 assessments at Woodlands has reduced by 33%, a reduction not replicated at either of the other suites in Suffolk.
- A sample of repeat callers called police 1.5 fewer times following intervention from the triage car. If this was extrapolated to the 506 people seen by the car in the first seven months of the pilot this would result in 759 fewer calls to police related to MH demand.
- From a small sample of people seen by the triage car during June 2014, 61% were already known to MH services. Of those who were referred into mental health care services, 88% continued to engage two weeks after the referral was made.
- There were reductions in calls to police from repeat callers, time spent on policing Mental health calls and s136 assessments leading to greater efficiencies.
- Improved conversion rates were seen at Woodlands, whereby the percentage of those discharged following a s136 assessment reduced from 67% to 46%.

- Feedback from officers and nurses about the triage pilot was positive in that there was increased knowledge and information sharing, reduced demand on police, and improved service for those experiencing a mental health crisis.

4. The Future

At present the triage initiative continues with the funding being made recurrent by Ipswich and East Suffolk CCG and West Suffolk CCG in its contract with Norfolk and Suffolk Foundation Trust in 2015/16. A triage service will be extended from Ipswich and East Suffolk CCG to cover West Suffolk CCG geography as well.

At present the Great Yarmouth and Waveney CCG do not contribute to the scheme, although initial discussions were made earlier in the year.

The future provides varying opportunities for the development of 'street' triage initiatives.

In Norfolk and Suffolk each area has taken a different approach to the delivery of a triage process.

There are some clear benefits to each model as each delivers some efficiency to a triage process.

There is a strong argument set by academics that to be able to effectively deliver the most efficient response there should be a three tiered model which has all the elements of police Contact and Control Room triage, Street triage and Liaison and Diversion (MH health practitioners in Police detention centres currently embedding in Norfolk and Suffolk).

The future model to be adopted in Suffolk is currently being considered.

5 Summary

The street triage project in Suffolk has mostly delivered a positive response to people either in mental health crises or where contact has included an element of mental health.

It has had positive outcome for patients and improved efficiencies between the services.

The scheme is now funded by both East and Ipswich CCG and West Suffolk CCG. Suffolk police match fund their contribution with policing resource. To develop the triage process into Waveney it is likely there will be an expectation from the two other CCG's that appropriate contribution will be made.

There is a strong argument that a triage process should continue and an academic argument that a process containing all elements of triage is most effective.

The triage process is now currently being considered on how it will develop going forward.

Inspector C. Galley

Inspector- Community Safety

Suffolk Constabulary

8/7/15

Information Items

These items are not intended for discussion at the Committee meeting. Further information may be obtained by contacting the named officer for each item. If there are any matters arising from this information that warrant specific aspects being added to the forward work programme or future information items, Members are invited to make the relevant suggestion at the time that the forward work programme is discussed.

(a) King Street and South Quay surgery relocation (Great Yarmouth)

Great Yarmouth and Waveney CCG has provided the following briefing:-

East Norfolk Medical Practice is the largest GP practice in Great Yarmouth, following the merger in 2013 of Newtown and Caister Medical Practice with King Street Surgery and South Quay Surgery.

Two of these surgeries (King Street and South Quay) are currently in buildings which are no longer satisfactory places to provide patient care. They are old and worn out. They fail to comply with the latest healthcare, disability access, Health and Safety and infection control regulations with very small rooms and little space for patients and their families. They also do not provide a safe working environment for practice staff and GPs.

The CCG has been working alongside the practice to find an alternative site in which it can be located. A key requirement was to find a site that would be as close to the current surgeries as possible. This is very important to make sure that all patients and their families can access the services at the new site as easily as possible.

A new site has now been selected at 'The Lighthouse' which is part of the Greyfriars health campus. The new site is just a five minute walk from King Street and from South Quay, meaning that it is very accessible to current patients.

The relocation of King Street and South Quay surgeries to the Greyfriars campus has, in fact, been planned for many years. The Great Yarmouth and Waveney PCT had been developing this relocation, as part of their redevelopment of the Greyfriars site, well before the practices merged in 2013. As commitment to the move was confirmed the existing properties were put up for sale. The King Street Surgery has now been sold and must be vacated by the end of August.

The practice Patient Participation Group and East Norfolk Medical Practice partners are all supportive of the move.

The benefits of the move to patients include:

- The new surgery offers modern purpose built facilities

- The new site is very close to their existing GP practice
- The move to the new site has helped the practice to recruit three new GPs
- Having additional space will enable the practice to enhance the services available to patients
- The new site will comply fully with disability access
- The new site will provide a safe working environment for staff
- Three new GPs

Rebecca Driver
Director of Engagement
10 July 2015

(b) Oulton GP Practice, Lowestoft – action in response to the CQC report

NHS England Midlands and East (East) has provided the following briefing:-

Background

The Oulton Medical Centre is a two partner husband and wife practice operating from two sites (Oulton and Marine Parade) in Lowestoft. The current registered list is approximately 5,300 patients.

CQC Findings

In March 2015, the Oulton Medical Centre was placed in special measures by the Care Quality Commission after being given an overall rating of 'inadequate'. The CQC also applied compliance actions requiring the provider to take action in relation to the provision of adequate clinical and management cover at the practice.

The CQC had previously undertaken an inspection in August 2014, which was followed by the announced comprehensive inspection in March 2015. The practice was rated as inadequate for safe, effective, responsive, and well-led services following the later visit.

The report highlighted areas where improvements were needed, which included:

- implementation of arrangements relating to the management of significant events
- safety alerts, health and safety and fire safety.
- recruitment and management of staff, including effective training, and induction systems.
- record keeping and governance arrangements.

There have been some long standing issues relating to this practice and NHS England had required that the practice address a range of issues identified in November 2014 which were also reflected in the CQC findings.

It should be noted that at the CQC visit, patients reported that they were satisfied with the care and treatment that they had received from the practice.

The practice has now submitted an action plan to the CQC to address the findings of the CQC. The practice has shared this plan with both NHS England and the CCG, who are working jointly to monitor progress and support the practice in delivery of this plan.

The practice has engaged with the Royal College of General Practitioners (RCGP) Pilot which is a programme designed to offer support to practices placed in Special Measures.

NHS England's role

NHS England requires that the practice submits a weekly clinical rota, which is monitored by our medical team, to ensure compliance with both the CQC and GMC conditions.

Due to the serious nature of the report and the nature of the concerns within it, NHS England is carrying out a formal review to determine whether the practice is meeting the terms of the GMS contract. This will inform NHS England of any further actions to be taken. This process is already underway.

Karen Hindle
Senior Associate (Communications) Interim Hub Manager
NHS England Midlands and East

June 2015

(c) Diabetes care within primary care services in Great Yarmouth and Waveney

On 26 February 2015 Norfolk Health Overview and Scrutiny Committee (NHOSC) received a report about diabetes care delivered by primary care services in Norfolk, which information presented by Diabetes UK from the National Diabetes Audit 2012-13 (eastern region). The audit showed that Great Yarmouth and Waveney appeared to be the worst performing area in the region in terms of the numbers of people with diabetes receiving the recommended care processes and treatment targets for diabetes.

NHOSC was also informed that only 6 practices in the Great Yarmouth and Waveney area had taken part in the 2012-13 National Diabetes Audit and that the overall delivery of care processes and treatment targets might therefore be quite different from the results it had seen. NHOSC suggested that Great Yarmouth and Waveney Joint Health Scrutiny Committee (GY&W JHSC) may wish to look at the subject in more detail.

Great Yarmouth and Waveney CCG has been asked to provide information about diabetes care in primary care in the area so that the Joint Committee can decide whether it wishes to look at this subject in more detail at a future meeting.

Dr J Wyllie, Director of Clinical Transformation, Great Yarmouth & Waveney CCG and a GP at the Falkland Surgery, Bradwell has provided the following briefing:-

Developing a diabetes strategy for Great Yarmouth and Waveney

As one of the UKs' most common chronic conditions, diabetes is high on the national agenda. The prevalence of diabetes increases by approximately 10% per annum and treatment of the conditions encompasses 10% of the overall NHS budget.

Diabetes is associated with high levels of mortality and morbidity, in particular:

- The life expectancy of a patient with diabetes is reduced by approximately 10 years
- 50% of newly diagnosed diabetics already have complications at the time of diagnosis
- 80% of diabetes patients will die of cardiovascular disease
- The risk of stroke for a patient with diabetes is tripled
- Diabetes is the UK's leading cause of blindness and one of the leading causes of limb amputation

The management and treatment of diabetes has received significant strategic attention across the country, beginning with the National Service Framework for Diabetes (2004) which sets clear guidance for the prevention, diagnosis and clinical management of diabetes.

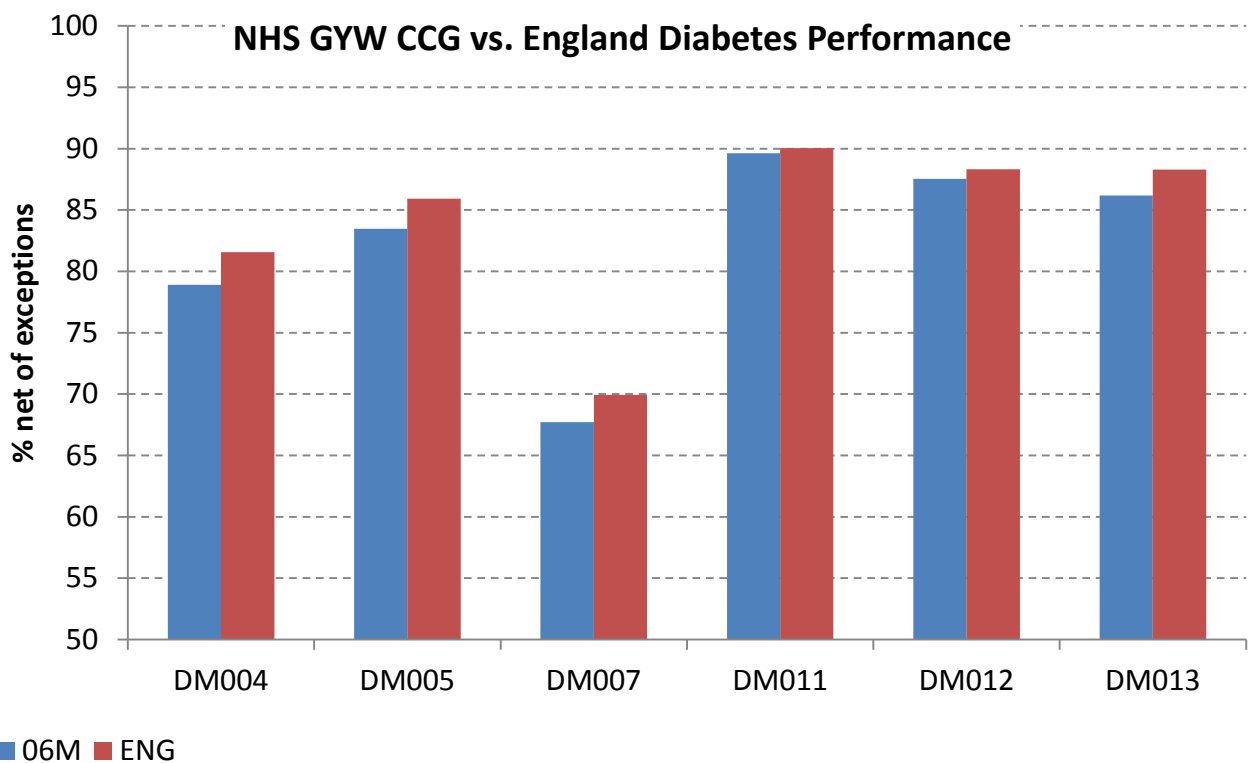
The CCG has over 14,000 patients on Diabetes registers. NHS Great Yarmouth and Waveney CCG currently do not perform well against Diabetes national targets (e.g. achieving target readings in blood pressure, cholesterol and HbA1C).

One of the 10 'top tips' for commissioners from the paper 'Best Practice for Commissioning Diabetes Services – March 2013' includes 'Enhancing capacity and competency in primary and community care'. It states that 'For integrated care to provide maximum clinical efficiency and avoid duplication in care of complex cases, there will be a need to strengthen community and primary care services so the focus of care can be on co-ordination, prevention, structured chronic disease management and care planning with the aim of reducing wastage, unnecessary medication errors and, most of all, inappropriate hospital admissions'. An additional recommendation is that a key principle should be that all commissioned diabetes services should be as close to where people with diabetes live as possible.

Robust analysis of diabetes outcomes data and secondary care activity patterns within Great Yarmouth and Waveney CCG suggests that there is considerable variability in the standard of diabetes management at both a locality and an individual practice level.

Similar variation can be seen across all of the Diabetes Mellitus QOF indicators relating to the nine key care processes that every diabetic patient should have access to on a yearly basis:

- Blood glucose level measurement
- Blood pressure measurement
- Cholesterol level measurement
- Retinal screening
- Foot and leg check
- Micro-albuminuria Testing
- eGFR or Serum Creatinine Testing
- BMI Monitoring
- Smoking status check.



06M = NHS Great Yarmouth and Waveney CCG

DM004 = Cholesterol control

DM005 = Kidney function

DM007 = Blood sugar control

DM011 = Diabetic eye disease screening

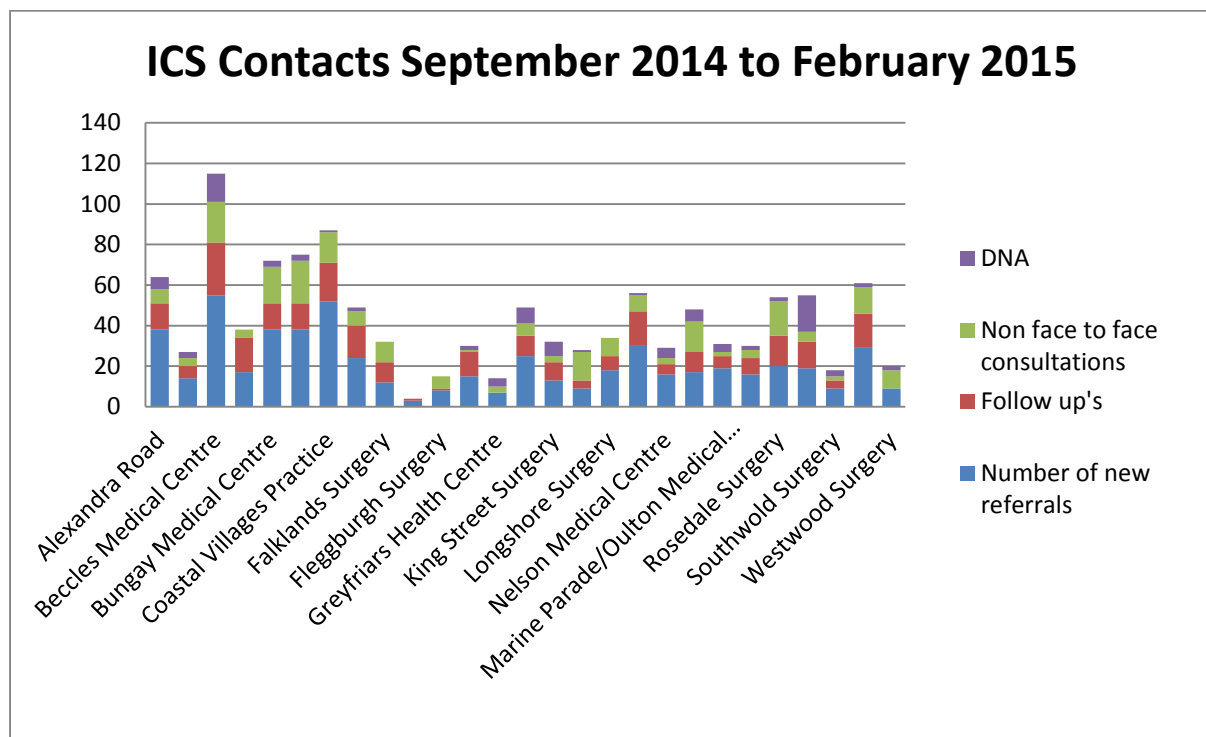
DM012 = Foot health assessment

DM013 = Diet advice and monitoring

Substantial variation is seen between GP practices with regards to efficiency and financial factors as well as in those indicators relating to the quality of diabetes management. There are, for example significant variances in the number of patients regularly managed in secondary care.

Following discussions with Clinical Leads and the James Paget University Hospitals NHS Foundation Trust there was universal support for the implementation of a primary care based service managed by Diabetic Specialists Nurses (DSNs). This service has now been running for a year and the nurse is running clinics in every practice; there is 100% sign up in primary care. The service is called the Diabetes Intermediate Care Service (ICS).

The aim is that this service will improve local clinical knowledge and confidence and subsequently provide a better service to patients. The more that Primary Care is supported to manage complicated diabetes cases then over time this will up-skill the workforce. This new service covers prevention of the onset of type 2 diabetes, management of diabetes and prevention of complications.



Developing the service further – An integrated approach.

A common theme in successful models of diabetes care across the country is the presence of distinct tiers of care, which enable patients to be managed as close to home as possible.

This tiered structure involves three levels of care across three settings; primary care, the community and acute hospitals. The model is designed to enable patients to access the right level of care according to their clinical need.

This integrated care initiative working with community and primary care is to enhance capacity and competency in primary and community care. Commissioning a community diabetes service will provide a more efficient service to patients and avoid duplication of complex cases. There is an opportunity to strengthen community and primary care services so the focus of care can be on co-ordination, prevention, structured chronic disease management and care planning with the aim of improving care outcomes for patients, while reducing wastage, medication errors and inappropriate hospital admissions.

The CCGs Clinical Executive committee has given approval to commission an Integrated Model of Diabetes care. The preferred option offers a truly integrated service as laid out below and will also include specialist foot clinics, integrated working with pharmacists in the community, recruitment from the voluntary sector to take the pressure off primary care, together with pro-active use of 'Apps' technology to support patient self-management, confidence and education; which in turn will lead to better care and better value in order to improve quality of life and the patient experience.

Delivering the model of care

A number of robust services are required to provide adequate support to the new model of diabetes care. Over the coming year we will look at what services are available in the communities our CCG serves. We will assess what these services provide and what quality they deliver and develop plans for improvement where necessary. These services may include:

- Diabetic Podiatry
- Public Health
- Community services e.g. district nursing.
- Specialist Diabetes Dietetics
- Patient Education Programmes
- Pharmacists
- PPGs and Diabetes UK.

Next steps

As part of the development of diabetes services the following vital next steps are required:

- Further engagement with patients on the proposed model of care and the role of the Tier 2 & 3 service. A group of willing patients has been identified and meetings are being established. The CCG leads are also in discussion with Diabetes UK around developments and working together on regional events.
- Diabetes developments and implementation of the Integrated model of care to be discussed further at the local Diabetes Clinical Network in July/August.
- Development of clinical protocols and pathways for tier 2 & 3 and transfer of patients from hospital to community care as part of integrated model.
- Diabetes foot care review.
- Contractual elements to be discussed with providers.

(d) Potential for an external pharmacy at the James Paget Hospital

On 8 April 2015 the Joint Committee asked the Democratic Support and Scrutiny Team Manager to ascertain whether any consideration is being given to the potential for establishing an external pharmacy at the James Paget University Hospital (JPUH) site.

The JPUH responded in April that hospital would be starting engagement work on its Site Strategy during summer / autumn 2015 and would be drafting specific business cases. Nothing had been ruled in or out of the strategy at that stage.

In June 2015 the JPUH Board of Directors received an update on progress with developing the Site Strategy but details of plans for the site were not included. More work will be done this year on how the hospital may look in future, including engaging with the public and patients to gain their views.

In developing its site strategy the JPUH is looking to

- ensure that land and property are used effectively to support commissioners' and the Trust's own clinical strategies to best meet patient needs;
- provide and maintain an appropriate level of affordable NHS healthcare facilities in the right locations, which are fit for purpose, safe and compliant with legislation and relevant guidance;
- achieve continuous improvement and better efficiencies from the performance of the estate;
- improve efficiencies in the cost of construction; and
- identify and release surplus land for disposal.

The JPUH is part of a working group with other similar hospitals, including the Queen Elizabeth Hospital, the West Suffolk Hospital and Frimley Park Hospital to share best practice in developing their sites. In addition, a regional based working party has been established via the Health, Estates Facilities Managers Association to ensure consistency across the East of England, using the NHS Premises Assurance Model (PAM) as a recognised process for identifying and rating all risks.

The JPUH thinks that its Site Strategy may exceed the Trust's current capital budget. To avoid restricting the benefits associated with site development the Trust is exploring partnering arrangements to increase the capital sum available. A number of options are available and as at June 2015 early discussions had taken place with an interested partner which offered options for a public-public partnership. A meeting had been scheduled with this partner and the Trust's Chief Executive, Director of

Finance and the Director of Performance & Planning to discuss the options in further detail.

The Trust has a significant advantage over many smaller acute providers in that it has a large amount of developable land within and adjacent to the hospital site. This leads it to a vision of developing a health campus around the hospital. The exact range of services on site will depend in part on the local health and social care strategic direction and patient movement and demographics.

Date: 22 July 2015
Item no: 10

Great Yarmouth and Waveney Joint Health Scrutiny Committee

ACTION REQUIRED

Members are asked to:

- suggest issues for the forward work programme that they would like to bring to the Committee's attention;
- consider whether there are topics to be added;
- consider and agree the scrutiny topics below;
- provide clear information about why each item is on the forward work programme
- agree provisional dates for the joint committee's meetings in January and April 2016

Please consider issues of priority, practicality and potential outcomes in respect of any proposed topics for the forward work programme.

Forward Work Programme

Meeting dates	Subject	Approach
13 Nov 2015	The Shape of the System' consultation – final consideration of the CCG's proposals	

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

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

January 2016

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

April 2016

Great Yarmouth & Waveney Joint Health Scrutiny Committee – 22 July 2015

Glossary of Terms and Abbreviations

A&E	Accident And Emergenc
ASD	Autistic Spectrum Disorders
BMI	Body Mass Index
CCG	Clinical commissioning group
CCR	Constabulary control room
CQC	Care Quality Commission
C(E)QUIN	Commissioning for Quality and Innovation
DIST	Dementia Intensive Support Team
DNA	Did Not Attend
ECCH	East Coast Community Healthcare
eGFR	Estimated Glomerular Filtration Rate – GFR is a measurement of how many millilitres (ml) of waste fluid your kidneys can filter from the blood in a minute. A healthy pair of kidneys should be able to filter more than 90ml/minute
ENG	England
GMC	General Medical Council
GP	General Practitioner
GYBC	Great Yarmouth Borough Council
GY&W CCG	Great Yarmouth & Waveney Clinical Commissioning Group
GY&W JHSC	Great Yarmouth and Waveney Joint Health Scrutiny Committee
HbA1c	'Glycosylated haemoglobin' molecule-By measuring glycated haemoglobin clinicians are able to get an overall picture average blood sugar levels over period of weeks/months. For people without diabetes the range is 20-41 MMol/Mol (4-5.9%). For people with diabetes an HbA1c level of 48 MMol/Mol (6.5%) is considered good control. For people at greater risk of hypoglycaemia (lower than normal blood sugar) there is a target HbA1c of 59 MMol/Mol (7.5%) to reduce the risk of hypos.
ICS	Intermediate Care Service
IMHT	Integrated Mental Health Team
JPUH/JPH/JP	James Paget University Hospital
MAPPA	Governance and Management of Multi-Agency Public Protection Arrangements
MCA	Mental Capacity Act
MH	Mental Health
MHA	Mental Health Act. 1983
NCC	Norfolk County Council
NHOSC	Norfolk Health Overview and Scrutiny Committee
NHS E M&E(E)	NHS England Midlands & East (East)

NSFT	Norfolk and Suffolk NHS Foundation Trust (the mental health trust)
OPCC	Office of the police and crime commissioner
PALS	Patient Advice and Liaison Service
PCT	Primary Care Trust
PDP	Potentially Dangerous People
PPG	Patient Participation Group
QOF	Quality outcomes framework
SCC	Suffolk County Council
UEA	University of East Anglia
WDC	Waveney District Council