Great Yarmouth and Waveney Joint Health Scrutiny Committee

(Quorum 3)

Date: Friday, 15 July 2016

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

Time: 10:30am

Membership:

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

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For further information on any of the agenda items, please contact Paul Banjo, Scrutiny Officer, on 01473 265187 or paul.banjo@suffolk.gov.uk

Business to be taken in public

1. **Election of Chairman and Vice Chairman for 2016-2017** *10:30*

   The Committee is invited to elect a Chairman for the 2016/17 municipal year.

   The Committee is invited to elect a Vice-Chairman for the 2016/17 municipal year.

2. **Apologies for Absence and Substitutions**

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

3. **Minutes of the Previous Meeting** Pages 5-8

   To approve as a correct record, the minutes of the meeting held on 15 April 2016.

4. **Public Participation Session**

   A member of the public who is resident, or is on the Register of Electors for Norfolk or Suffolk, may speak for up to five minutes on a matter relating to the following agenda.

   A speaker will need to give written notice of their wish to speak at the meeting using the contact details under 'Public Participation in Meetings' by no later than 12 noon on 11 July 2016.

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

5. **Declarations of Interest and Dispensations**

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

6. **Services for children who have an Autistic Spectrum Disorder (ASD)** Pages 9-32

   10:40-11:25

   An update on plans for improvement of services for children who have an Autistic Spectrum Disorder.

7.	**Greyfriars Walk-In Centre** An update on the plans to replace Greyfriars walk-in centre with an enhanced NHS 111 service and expanded out-of-hours care.	Pages 33-40 *11:25-11:45*

Break at the Chairman's discretion.

8.	**Update on the Implementation of the Changes to Adult and Dementia Mental Health Services** An update on progress with implementation of the changes to adult and dementia mental health services in Great Yarmouth and Waveney.	Pages 41-50 *11:50-12:15*
9.	**'Shape of the System' implementation: a six-month progress update** An update on the progress of implementing the Clinical Commission Group's decisions following the public consultation.	Pages 51-56 *12:15-12:30*
10.	**GP practice premises in Gorleston and Bradwell: a six-month implementation progress update** An update on the progress in relocating GP practice premises in Gorleston and Bradwell.	Pages 57-62 *12:30-12:45*
11.	**Information Bulletin** To note the written information provided for the Committee: a) Policing and Mental Health services; and b) Root cause analysis of the January 2016 'Business Continuity' Event.	Pages 63-74
12.	**Forward Work Programme** **To consider and agree the forward work programme.**	Page 75
13.	**Urgent Business** To consider any other item of business which, in the opinion of the Chairman, should be considered by reason of special circumstances (to be specified in the minutes), as a matter of urgency.	 *13:05 Finish*

Date of next scheduled meeting

Friday, 7 October, 10.30am, Riverside Campus, Lowestoft

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Deborah Cadman OBE
Chief Executive
Suffolk County Council

Chris Walton
Head of Democratic Services
Norfolk County Council

Norfolk County Council
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Unconfirmed

Minutes of the Great Yarmouth and Waveney Joint Health Scrutiny Committee Meeting held on 15 April 2016 at 10:34 am in the Lecture Theatre, Burrage Centre, James Paget University Hospital, Great Yarmouth.

Present:	Councillors Michael Ladd (Chairman, Suffolk County Council), Michael Carttiss (Vice Chairman, Norfolk County Council), Alison Cackett (Waveney District Council) and Bert Poole (Suffolk County Council).
Supporting officers present:	Paul Banjo (Scrutiny Officer), Rebekah Butcher (Democratic Services Officer) and Maureen Orr (Democratic Support and Scrutiny Team Manager).
Also present:	Christine Allen (Chief Executive, JPUH), Anna Hills (Director of Governance, JPUH) and Andy Evans (Chief Executive, Great Yarmouth and Waveney Clinical Commissioning Group (GY&W CCG)).

30. Public Participation Session

There were no applications to speak in the public participation session however the Chairman invited contribution during the proceedings of Agenda Item 5 (minute 34), from Mr Patrick Thompson and Councillor Sonia Barker (Waveney District Council).

31. Apologies for Absence and Substitutions

Apologies for absence were received from Councillor Colin Aldred and Councillor Shirley Weymouth.

32. Declarations of Interest and Dispensations

There were no declarations made or dispensations given.

33. Minutes of the Previous Meeting

The minutes of the meeting held on 22 January 2016 were confirmed as a correct record and signed by the Chairman.

34. James Paget University Hospital (JPUH) Transformation Plan and CQC Inspection follow-up – a progress update and action plan

At Agenda Item 5, the Joint Committee received a suggested approach from the Scrutiny Officer (Suffolk County Council) to a report detailing the James Paget University Hospital's Transformation Programme and Action Plan.

The Chairman welcomed the following witnesses to the meeting:

- Christine Allen (Chief Executive, JPUH);
- Anna Hills (Director of Governance, JPUH); and
- Andy Evans (Chief Executive, Great Yarmouth and Waveney Clinical Commissioning Group (GY&W CCG)).

The Chairman invited the witnesses to introduce the report.

Christine Allen outlined the transformation plans, the clinical quality risk assessment process, the range of transformation projects for 2015/16, the new Norfolk Provider Partnership, and the greater financial challenge ahead for 2016/17. The Lord Carter report recommendations which would be delivered over a five year period had been incorporated into the transformation plans.

Anna Hill outlined the work on engaging with patients, investigating complaints, patient advice and liaison, the increased proactive work and decreasing number of formal complaints, more feedback via social media, use of focus groups for 'hard to reach' communities, and linking with GP Patient Participation Group (PPG) forums.

With regard to the 'Good' CQC Report, there had been good engagement with stakeholders to deliver improvements, and they had been introducing a number of activities regarding End-of-Life services and equipment maintenance.

With regard to the Business Continuity Incident on 3-4 January 2016, the JPUH advised that part of the root-cause analysis had been completed and a number of changes had been made internally. There was a real challenge nationally regarding Accident and Emergency (A&E) performance, as shown in the Report, with JPUH performing slightly better than the national average. There had been some successes in recruitment, but difficulties recruiting nurses; the Norfolk Provider Partnership (NPP) partnership would help with 'hard to recruit to' posts. There was a real challenge to staff in A&E and still a need to use temporary staff to fill gaps. The preference was to employ locally trained and recruited nurses and look overseas as a last resort. The JPUH Site Strategy had been to the Board the previous month; there had already been changes in the past 12 months e.g. in A&E and the Day Case and Ambulatory Unit.

Andy Evans reiterated the immense importance of JPUH to the people of Great Yarmouth and Waveney (GY&W) and remarked that the whole of the health system was under pressure and in overall deficit due to a mismatch between raised expectations and the amount of money going into the NHS. JPUH was to be congratulated on its high quality of care and its ‘Good’ CQC outcome. Moving forward savings would need to be sought system-wide, not just at the JPUH.

Members remarked that the Board and staff of the JPUH had done an incredible job in turning the hospital round, including improvements, for example, to the appointments system which was testing out a system that contacted patients a few days before their appointment. Members asked questions about: the streamlining of the appointments system; how the hospital had improved the ‘do not resuscitate’ (DNR) process and End-of-Life care; the

hospitals procedures for the junior Doctors' strikes; retention of locally trained talent; profiling the patients involved in the 'business continuity' event analysis; delayed transfers of care; savings expected from the projects shown in Section 1.7 of the Report; procurement and the 'Most Capable Provider (MCP)' scheme; Norfolk and Suffolk Foundation Trust (NSFT) and Ambulance involvement in the NPP partnership; the impact of Ambulatory Care on the A&E admissions figures (it has had biggest impact on reducing overnight admissions); how feedback was sought; greater use of pharmacies for advice; and the perception that the Better Care Fund was not working.

The Chairman thanked the guests very much for their participation in the meeting.

Recommendation: The Joint Committee:

a) Commended and congratulated the James Paget University Hospital (JPUH) on the 'Good' Care Quality Commission's (CQC) rating;

b) Noted the good progress of the JPUH transformation action plans;

c) Requested an Information Bulletin update in July on progress with the system-wide root-cause analysis of the 'Business Continuity Event' when there was unprecedented high demand at the JPUH Accident & Emergency department; and

d) Requested more information for a future meeting about the 'Most Capable Provider' (MCP) procurement scheme.

Reason for recommendation: Members were pleased with the CQC report and congratulated the Board and staff on the positive work achieved so far.

Members felt it was beneficial to interrogate the root-cause analysis to further identify if any trends had occurred leading up to the 'business continuity event', for example due to the closure of Oulton Medical Practice, although Members accepted it was likely coincidence.

Members noted the GY&W CCG's approach to commissioning integrated services, and wished to scrutinise the new procurement scheme.

Alternative options: There were none considered.

Declarations of interest: There were none declared.

Dispensations: There were none noted.

35. Information Bulletin

The Committee noted the information bulletin at Agenda Item 6.

36. Forward Work Programme

At Agenda Item 7, the Joint Committee agreed its Forward Work Programme with the inclusion of an agenda item on 'Diabetes care within primary care services in Gt Yarmouth and Waveney' (update on the Integrated Model of Diabetes care) to 7 October 2016 meeting. This would be held in Lowestoft with an opportunity also to hear from the Kirkley Mill Out of Hospital Team.

It was also proposed that the Joint Committee would consider the 'Most Capable Provider (MCP) procurement scheme' at its meeting on 20 January 2017.

37. Urgent Business

There was no urgent business.

The meeting closed at 12.15pm.

Chairman

Norfolk County Council at your service

Suffolk County Council

Agenda Item 6

Great Yarmouth and Waveney Joint Health Scrutiny Committee

15 July 2016

Services for Children who have an Autistic Spectrum Disorder

Suggested approach by the Democratic Support and Scrutiny Team Manager

The Clinical Commissioning Group and representatives from service providers and the local authorities are invited to update the Joint Committee on plans for improvement of services for children who have an Autistic Spectrum Disorder.

1. Background

1.1 Great Yarmouth and Waveney Joint Health Scrutiny Committee (GY&W JHSC) last looked at this subject on 23 July 2014 when the following representatives from health and children's services attended:-

Patricia Hagan -	Children's Commissioner, NHS Great Yarmouth and Waveney Clinical Commissioning Group (CCG)
Michael Bateman -	Interim Head of Special Educational Needs, Norfolk County Council (Note – Mr Bateman is now Head of Education Inclusion Service, Norfolk County Council)
Marie Heeney -	Educational Psychologist, Suffolk Children's Services
Dr Sue Ellis -	Consultant Psychologist, Norfolk and Suffolk NHS Foundation Trust

The committee discussed waiting times, the increased number of diagnosed cases, capacity and resourcing, funding, and the breadth of responsibility in special and mainstream schools and in the local authorities.

1.2 It was noted that the way in which children's services and health services for children with autism were managed differed widely across Norfolk and Suffolk. The Great Yarmouth and Waveney CCG used a different diagnostic pathway to that used elsewhere in Norfolk and Suffolk but the CCG was engaging with families on how it could achieve a more consistent model of service delivery across its area and intended to use the feedback to support redesign of local pathways when planning future services for children and young people with autism.

1.3 The subject first came to GY&W JHSC in January 2013, following a suggestion by Norfolk Health Overview and Scrutiny Committee (NHOSC) that the Joint Committee may wish to examine progress with services for children with autism in its area. This followed an NHOSC scrutiny in 2011-12 which identified inequality of access.

1.4 Since the last discussion at joint committee in July 2014, GY&W JHSC has received two written updates from Patricia Hagan, Children's Commissioner. The first in April 2015 informed the joint committee that:-

- A single access pathway for referral and assessment for treatment had been established across the GY&W area (i.e. one pathway for pre-school children and one pathway for school aged children).
- GY&W CCG was working with the two county councils on an all age autism strategy. Work was also underway with Norfolk County Council to look at addressing gaps in provision for children and families with ASD.
- A new leaflet had been developed for families who thought their child may have autism and within it were contact details for Autism Anglia and Autism Suffolk. Families were being informed of these services as part of the pathway.
- A specialist health visitor for children under 5 years of age who have complex needs had been in post for nearly a year and was supporting families and professionals.
- GY&WCCG was continuing to engage with both county councils on the implementation of the Children and Families' Act 2014.
- Risks to the service in April 2015 were identified as:-
    - Difficulties in recruiting community paediatricians to the area
    - Long waiting lists
    - Increasing level of activity and number of children being diagnosed with ASD.

The second in January 2016 informed the joint committee that:-

- GY&W CCG will carry out a review of Community Paediatric services in 2016-17 and the autism pathway will be part of this review. The referral process and clinical pathways review should be complete by the end of summer 2016.
- A Designated Clinical Officer (DCO) has been in post since September 2015 and is the key link for health between Education and Social Care. The role includes providing professional expertise to the co-ordinating and implementation of the Children's and Families Act 2014 for Special Educational Needs and Disabilities (SEND) to improve outcomes for children and young people with SEND from ages 0-25 years.
- The DCO regularly meets with the local authorities and Education. The process of transition of young people with special needs, who required an Education Health and Care Plan, to colleges at age 16 has been prioritised by the local authorities.
- Local authorities are the lead agency with the Education Health and Care Plan process, which is still in its early stages. Health, through the DCO can ensure that any health recommendations are reported to the local authorities.
- Risks to the service in January 2016 were identified as:-
    - Continued difficulty in recruiting community paediatricians to the area

(there was one vacancy filled with a locum).
- Waiting times were still longer than 18 weeks (but the situation was improving).

1.5 Due to the ongoing recruitment difficulties, delays for first assessment for autism and for follow-up appointments for children, the ongoing concern about links between health, education and social care and in light of the current review of the Community Paediatric service (provided by the James Paget University Hospitals NHS Foundation Trust), GY&W JHSC agreed to look at the subject in more detail at its July 2016 meeting.

2. Purpose of today's meeting

2.1 GY&W CCG and Norfolk and Suffolk County Councils' Children's Services have been asked to co-ordinate and provide the following information for the joint committee:-

a. How are services for children with autism currently being commissioned?

b. What do the single referral pathways across Great Yarmouth and Waveney look like? *(i.e. for referral to assessment and assessment to treatment / care plan pathways for (a) pre-school children and (b) school aged children)*

c. What are the numbers and roles of all staff involved in the services for children with Autistic Spectrum Disorders (i.e. referral, diagnosis, provision of treatment / care plan, family support)?

d. What are the current staff vacancy levels within the services for children with Autistic Spectrum Disorders and their families?

e. How many children have an autistic need in the Great Yarmouth and Waveney area? *(pre school and school aged)*

f. For both pre school and school aged children, what are the current waiting times between referral and assessment, and assessment and intervention and how do these compare with previous years?

g. What are the current arrangements for early intervention?

h. What will change for children with Autistic Spectrum Disorders as a result of the Community Paediatric service review?

2.2 Representatives from GY&W CCG, Norfolk and Suffolk County Councils' Children's Services and Norfolk and Suffolk NHS Foundation Trust have been invited to today's meeting to discuss the service.

Representatives from Autism Anglia and Autism Suffolk have also been invited to attend or provide input.

3. Suggested approach

3.1 It is suggested that members of the Joint Committee consider the attached reports and raise any outstanding questions or concerns. These may include:-

a. Steps to fill staff vacancies in services.

b. The outlook in terms of waiting times for assessment and services.

c. Progress in liaison between health, education and social care in the care and development of children with Autistic Spectrum Disorders.

d. Support for young people as they make the transition from school to further education, training or employment post 16 or post 18 (particularly Looked After Children and young people who may not have received a formal diagnosis of autism while at school).

e. The role of individual schools and colleges – how can the local education authorities work with them to ensure that children with Autistic Spectrum Disorders receive the support they need to remain in education post 16?

f. The extent to which students and their parents involved in co-production of Education Health and Care Plans?

3.2 The following documents are attached:

i) Annex 1 - Collated Report from the CCG, SCC and NCC, July 2016, 'Briefing for Great Yarmouth and Waveney Health Scrutiny Committee: Great Yarmouth and Waveney Clinical Commissioning Group's Approach to Delivering Services to Children who have an Autistic Spectrum Disorder'

ii) Annex 2 - Autism Suffolk, 30 June 2016, 'Information submitted by Autism Suffolk for circulation with other materials for the meeting of the Great Yarmouth and Waveney Joint Health Scrutiny Committee on Friday July 15th 2016'

iii) Annex 3 – Autism Anglia, July 2016, 'Obtaining a diagnosis of autism for children living within East Norfolk CCG, A report to Great Yarmouth & Suffolk Health Overview & Scrutiny Committee July 2016'

Reference Links:

- 22 January 2016 JHSC, Information Bulletin, Item 3, 'Great Yarmouth and Waveney Clinical Commissioning Group's (GYWCCG) Approach to Delivering Services to Children who have an Autistic Spectrum Disorder (ASD)': http://committeeminutes.suffolkcc.gov.uk/meeting.aspx?d=22/Jan/2016&c=Great Yarmouth and Waveney Joint Health Scrutiny Committee
- 8 April 2015, Information Items, Item (a), 'Great Yarmouth and Waveney Clinical Commissioning Group's (GYWCCG) Approach to Delivering Services to Children who have an Autistic Spectrum Disorder (ASD)' : http://norfolkcc.cmis.uk.com/norfolkcc/Meetings/tabid/70/ctl/ViewMeetingPublic/mid/397/Meeting/329/Committee/25/SelectedTab/Documents/Default.aspx
- 23 Jul 2014, Agenda Item 7, 'Services for Children with Autism in Great Yarmouth and Waveney': http://committeeminutes.suffolkcc.gov.uk/meeting.aspx?d=23/Jul/2014&c=Great Yarmouth and Waveney Joint Health Scrutiny Committee

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NHS
Great Yarmouth and Waveney Clinical Commissioning Group

HealthEast

Briefing for Great Yarmouth and Waveney Health Scrutiny Committee: Great Yarmouth and Waveney Clinical Commissioning Group's Approach to Delivering Services to Children who have an Autistic Spectrum Disorder

The approach of Great Yarmouth and Waveney Clinical Commissioning Group (GYWCCG) to delivering services to children with Autistic Spectrum Disorder (ASD) has been conducted against a backdrop of recent significant national initiatives.

The first significant publication was the guideline from the National Institute for Health and Clinical Excellence (NICE) on the recognition, referral and diagnosis of ASD in children and young people from birth up to 18 years September 2011/2014.

The second significant publication is the The Children's and Families Act 2014 (SEND reforms) which takes forward the Government's commitment to improve services for vulnerable children and young adults, aged 0 to 25.

The third is Transforming Care 2014.

There is now a Designated Clinical Officer covering all the five Norfolk and Waveney CCGs leading on the SEND reforms and working closely with both local authorities.

The following is the response to the health and education questions raised by the joint committee.

1. **How are services for children with autism currently being commissioned?**

   Diagnosis and services for children with autism involve Health, Education and Social Care.

   With regard to Health for the diagnosis and assessment of autism the services are commissioned from the local acute trust as provided as part of the community paediatric service. Multi-disciplinary assessments (MDA) have been undertaken in this area since 1994. GYWCCG have also recently commissioned an adult ADHD service.

   For young people and adults who have ASD and or a learning difficulty, GYWCCG are currently re-designing the services moving from a bed based service to a community service with an enhanced offer of support families and to avoid hospital admissions wherever possible.

   The County Inclusive Resource is Suffolk County Council's outreach service for children and young people with ASD. They take referrals on a termly basis and work with pupils with a diagnosis of ASD and who are finding it difficult to maintain their mainstream school placement. They also work with staff in schools to equip them with the strategies to support their pupil in order to include them in the school community. This service is in the process of merging with the Behaviour Support Service and will be called the County

Inclusion Support Service. This will create greater capacity and remove the need for children and young people to have a diagnosis of ASD before receiving a service and support in school.

2. **What do the single referral pathways across Great Yarmouth and Waveney look like? (i.e. for referral to assessment and assessment to treatment / care plan pathways for (a) pre-school children and (b) school aged children).**

   Please see appendix A and B for health pathways it should be noted that these will be reviewed as part of the planned review of community paediatric services to become integrated pathways.

3. **What are the numbers and roles of all staff involved in the services for children with Autistic Spectrum Disorders (i.e. referral, diagnosis, provision of treatment / care plan, family support)? What are the current staff vacancy levels within the services for children with Autistic Spectrum Disorders and their families?**

   Previous consultant community paediatricians have retired or will be leaving shortly so as part of the Community paediatric review being undertaken currently. The JPUH are working with the CCG on developing a new model and reviewing the nursing, therapy and medical skill mix required to deliver a good integrated community paediatric service of which ASD is one pathway. Regionally it has been difficult to recruit to community paediatric consultant positions. In the new model the consultant paediatricians in the Acute and Community paediatric service will work as a combined service so staff are able to maintain their acute skills as well as develop community skills. The nursing and therapy skill mix is also to be reviewed.

   There is a monthly project meeting involving the mental health trust, community provider and the JPUH looking at how providers can work in a more integrated way and deliver integrated care pathways for children within the community paediatric service including ASD. This project group will be expanded in the future to include education, social care and service user representation .

4. **How many children have an autistic need in the Great Yarmouth and Waveney area? (Pre-school and school aged)**

   Multi-disciplinary assessments (MDA) have been undertaken in this area since 1994 (this is required in order to be NICE compliant). To date in the Great Yarmouth and Waveney area 541 young people have been diagnosed with ASD and there are currently 198 young people (school age under assessment) and 42 pre-school children under assessment.

5. **For both preschool and school aged children, what are the current waiting times between referral and assessment, and assessment and intervention and how do these compare with previous years?**

   As part of the current review of community paediatric services some work has already been undertaken looking at referrals, current caseloads, information received and required as part of the referral process and a triage system is in place now. This has been shared with all partners and GP's and has achieved a less than 18 week wait (national standard). Previous waiting times were significantly more than 18 weeks.

6. **What are the current arrangements for early intervention?**

   Public health commission the health visiting and school nurse service, there are children's centres and a specialist health visitor for children under five years of age as well as early years and schools.

   The CCG is also developing a service to offer support to families in the area who are awaiting assessment or need support following diagnosis. The local authorities now publish all of this information on their local offer sites. There are also early bird and early bird plus parenting programme available.

7. **What will change for children with Autistic Spectrum Disorders as a result of the Community Paediatric service review?**
   The outcome of the community paediatric service will be that an integrated service specification will be achieved that is outcomes focused. The nursing, therapy and medical skill mix will be appropriate to meet the needs of the children and young people and achieved within current financial envelope.

   There will also be engagement with families and young people in the service specification. In the future there is an aspiration as part of the Sustainability and Transformation Plans that these services will be more integrated with education and social care.

8. **Support for young people as they make the transition from school to further education, training or employment post 16 or post 18 (particularly Looked After Children and young people who may not have received a formal diagnosis of autism while at school).**

Norfolk County Council

Within NCC Children's Services we have brought together a range of services to ensure that children and young people are included within education provision, that their individual needs are met and that they progress. These services include operational teams for Education Health and Care Plans, Guidance Adviser and Young Person Advisers in addition to teams who have responsibility for strategic developments, advice and guidance, advisory services and commissioning. A specific responsibility for Raising the Participation Age and to reduce those Not in Employment Education or Training (NEET) is held within this service and elements of the work are targeted to those young people who have particular vulnerabilities and are, therefore, at increased risk of becoming NEET; this will include those young people who do have ASD with or without Education Health and Care Plan.

National developments, in recent years, have ensured that schools have a responsibility to provide guidance to young people regarding transition, however, the local authority provides specific support where this is necessary to ensure good transition and/or specialist support.

We continue to promote our Local Offer as the most effective way for professionals, parents and young people to seek out information regarding support that is available, www.norfolk.gov.uk/children-and-families/send-local-offer , and this includes specific information regarding transition to adulthood www.norfolk.gov.uk/children-and-families/send-local-offer/preparing-for-adulthood

Suffolk County Council

The vehicle is the Education and Health Care process or plan where appropriate which will outline the needs and how these needs will be met by education, care and health. The Local Authority provides additional support to young people post 16 through the Leaving care Service (LAC) Targeted youth support and Transition Coaches in our Early Help Teams.

9. The role of individual schools and colleges – how can the local education authorities work with them to ensure that children with Autistic Spectrum Disorders receive the support they need to remain in education post 16?

Norfolk County Council

The Children and Families Act 2014 makes it clear where individual education providers have direct responsibilities for SEND and where the local authority does; in simple terms education providers must ensure that all children and young people have their needs identified and their needs met and that staff are appropriately trained, the local authority role is to ensure that we have teams who can co-ordinate EHCP assessments, ensure that funding which is delegated to providers is sufficient and that specialist services and provision is commissioned. Essentially the Local Authority, with our partners, has a duty to ensure sufficiency of provision and to jointly commission services where necessary. This is the same for all children and young people and will include those with ASD.

However, within our overall 'champion' role we also need to ensure that we are aware of the support that is available to children and that we can be confident in its quality and that it is helping children and young people to progress. Therefore, we are currently working with education providers to develop an 'Inclusion Barometer' so that we can determine the support and challenge that is required, to individual providers, to ensure that they are effectively including all children with SEND. In addition to providing evidence for our support and challenge role this information will also contribute to our commissioning of specialist provision, i.e. if we are aware of the needs of individual providers we can then determine if there are support needs that are county-wide and/or area specific that require particular support.

In practical terms we currently commission:

- Advice and guidance ASD learning support team
- Specialist Resource Bases for ASD
- Working in partnership through the develop of the new Wherry Free School for ASD

All of these approaches are intended to ensure that children are supported effectively whilst at school, including post 16 for those schools with 6 Forms and within the complex needs schools. We also work in partnership with Further Education colleges to ensure that they can meet young people's need through additional funding, where required, and also through strategic developments to ensure that they have 'sufficiency of provision'. The Education and Training Strategy Group, which comprises education professionals and post 16 education / training providers, focuses on support to Raise the Participation Age and to reduce those Not in Employment Education or Training (NEET).

Suffolk County Council

Schools liaise and support pupils' transition to Further Education or post 16 provision. In addition Further Education colleges are able to commission additional support through Schools Choice.

10. The extent to which students and their parents involved in co-production of Education Health and Care Plans?

Norfolk County Council

Norfolk County Council Children's Services, together with our partners within Norfolk's five CCGs, have a track record of co-producing our strategic approach to Special Education Needs and Disabilities (SEND) since the national SEND reforms were first proposed via the Green Paper which preceded the 2014 Children and Families Act. We take forward our work through the SEND Action Group (co-chaired by a member of Family Voice Norfolk), which meets at least six times per year, and also through significant contribution to the annual Family Voice Norfolk conference. NCC Children's Services also works with other parent carer groups, for example SEN Network. Our Education Health and Care Plan template and assessment model was co-produced with parents and young people and advice and guidance is updated via the Local Offer to try to make the referral process as clear as possible.

This joint working has significantly informed how our approach to Education Health and Care Plans was initially implemented and we are currently responding to parental feedback, via two independent surveys, regarding their experience of these assessments; the outcome of this will be further training for our EHCP Co-ordinators, training across the children's services workforce and revised information within the Local Offer. We are also considering if it is possible to invest in further roles within Children's Services to have a single point of contact for families within our teams.

In addition to working strategically with families to further develop our services we aim to carry out all EHCP assessments via a 'person centred approach'. In practical terms this means meeting with families face to face to discuss the assessment process, to understand the needs of children and for families to be part of the writing of the Education Health and Care Plan. Whilst parents will not always agree with the outcome of the assessment we are confident that we have taken account of their views and incorporated their views into the Plans wherever possible. However, this person centred approach does require a great deal of time, by the co-ordinators, per case and we are currently experiencing significant capacity issues and we are not completing plans on time as a result. We are using a government grant to try to ease these difficulties and are considering options for ongoing support to these assessment processes.

Suffolk County Council

There is an offer of a co-production meeting before the issue of a draft plan.

Current risks

NICE guidance requires input from an educational or clinical psychologist in order to make a diagnosis of ASD.

Due to the changes in commissioning across Norfolk and Suffolk Local Authority community paediatricians are no longer able to request an educational psychology assessment and educational psychologist are no longer able to attend the multi-agency panels regularly as this is classed as 'traded activity' and health are now required to fund this service if they require it.Obviously in the current financial climate this is very difficult and means that the current pathways will not be NICE compliant.

Schools are able to request educational psychology assessments as part of the Education, Health and Care Plan process and this is classed as a 'statutory function'(the schools can fund if a request is made by a community paediatrician but there is no consistency across the county as schools would not previously had to fund this)

Patricia Hagan
Head of Children, Young People and maternity services GYWCCG

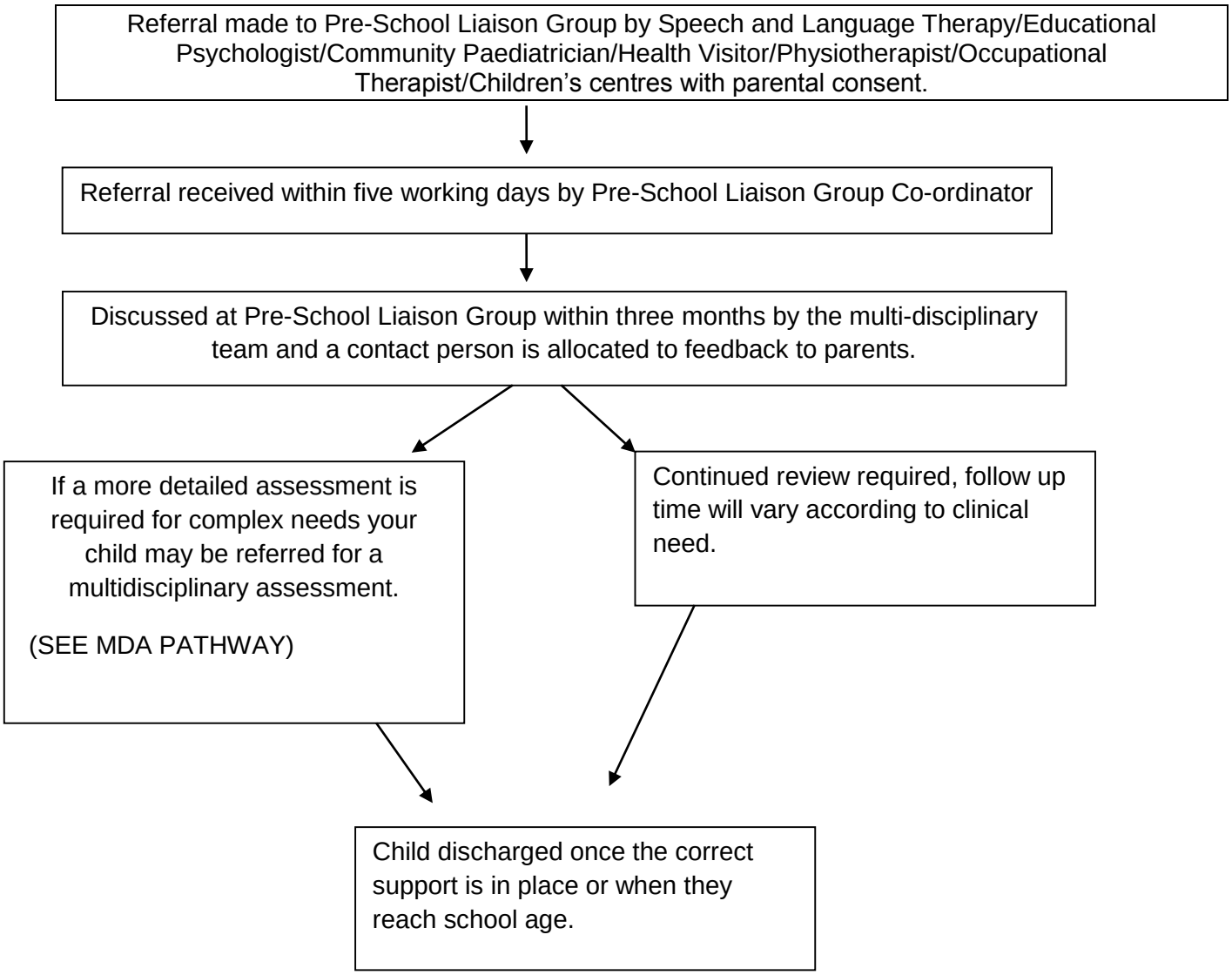
Michael Bateman
Head of Education Inclusion Service
Norfolk County Council Children's Services

Cheryl Sharland
Strategic Lead: Inclusion
Children & Young People's Services

June 2016

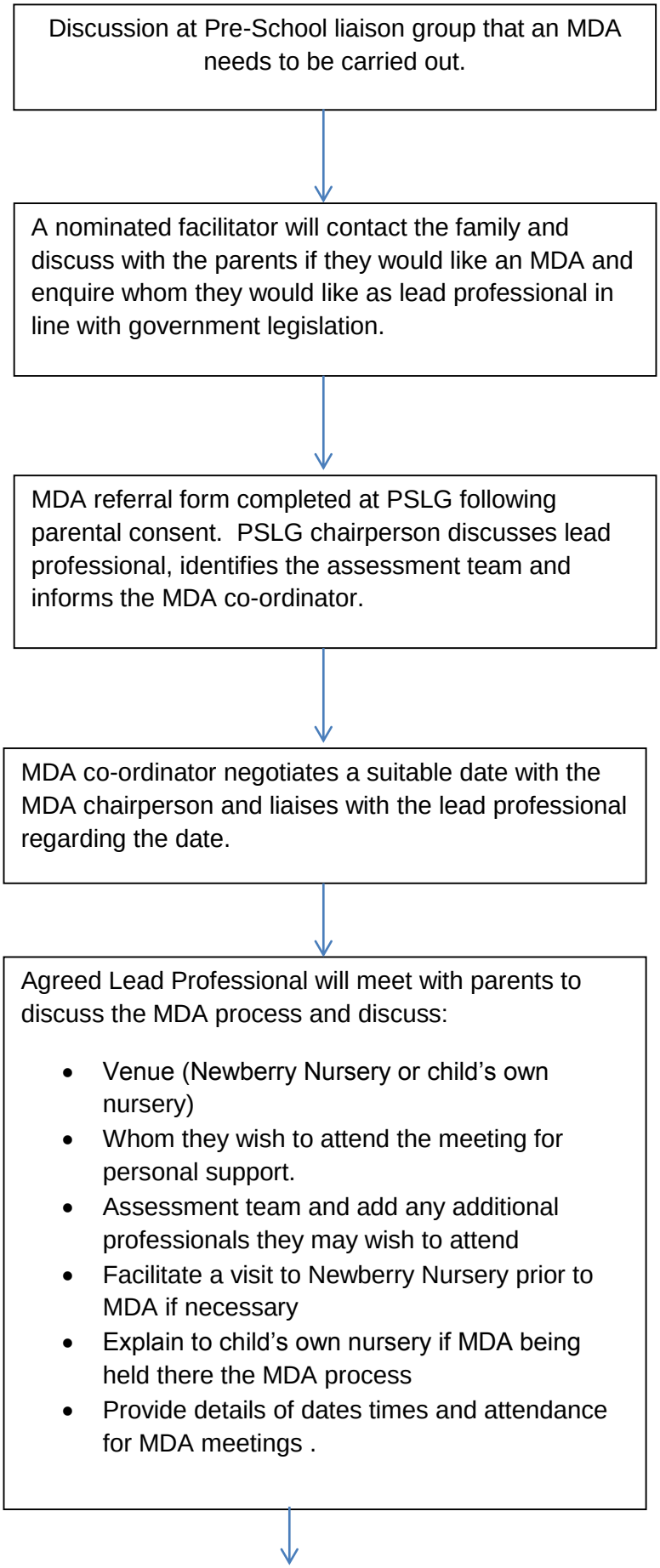
Appendix A **Pre-School Liaison Group Pathway**

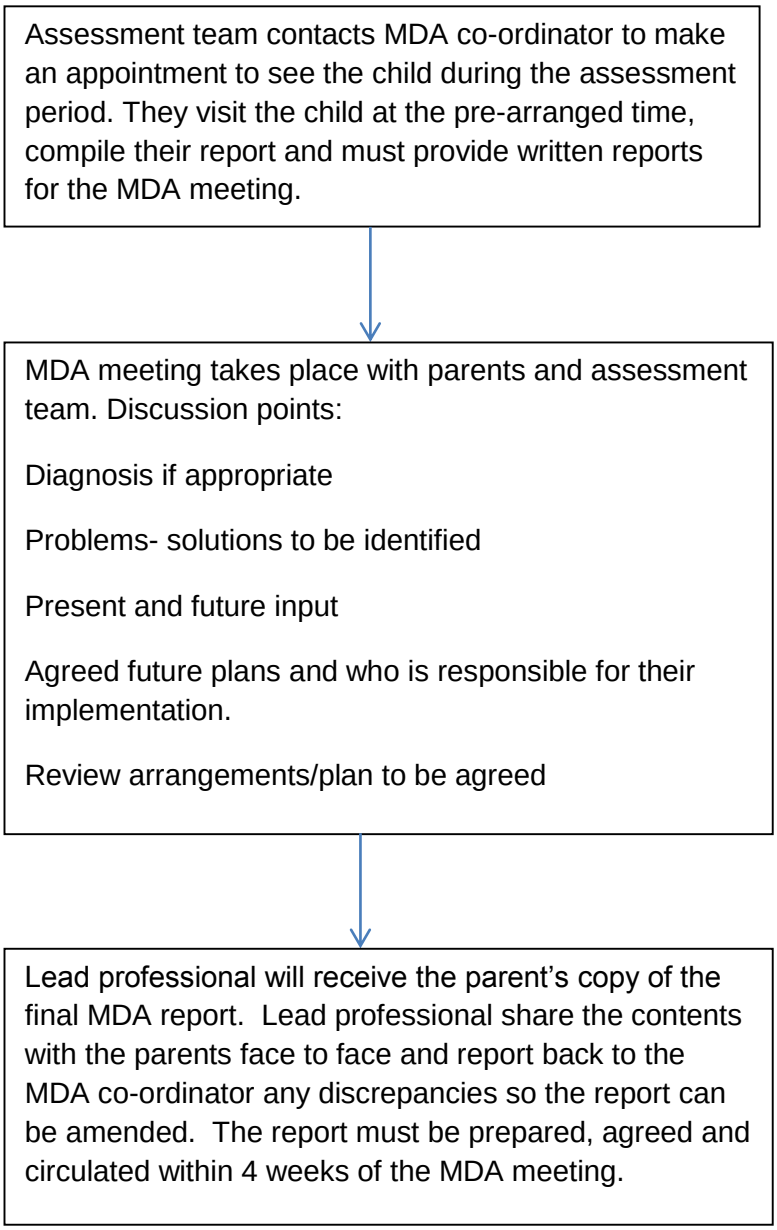
Great Yarmouth and Waveney



Appendix B Multidisciplinary Assessment Pathway

Pre-School Children




Assessment team contacts MDA co-ordinator to make an appointment to see the child during the assessment period. They visit the child at the pre-arranged time, compile their report and must provide written reports for the MDA meeting.
MDA meeting takes place with parents and assessment team. Discussion points:
Diagnosis if appropriate
Problems- solutions to be identified
Present and future input
Agreed future plans and who is responsible for their implementation.
Review arrangements/plan to be agreed
Lead professional will receive the parent's copy of the final MDA report. Lead professional share the contents with the parents face to face and report back to the MDA co-ordinator any discrepancies so the report can be amended. The report must be prepared, agreed and circulated within 4 weeks of the MDA meeting.

Appendix C

Newberry child development centre

ASD Pathway – School Age Children

Concerns raised about child's development or behaviour by Parents/Carers and key professional e.g. Health Visitor, GP, School Nurse, Speech and Language Therapist, Educational Psychologist, CAMHS, Hospital Paediatrician

↓

Referral to paediatrician for initial assessment- Further investigation may be requested i.e. questionnaires or input from other professionals.

↓

Initial assessment undertaken by Paediatrician

GARS/Vanderbilt sent to home and school

↓

If ASD is indicated: Referral to GYWDGA

Discussed at GYWDGA meeting with community paediatrician, Speech and Langauage therapist, Educational Psychologist, CAMHS representative

If ASD is not indicated: Assessment carried out for other medical needs if indicated.

↓

Specialist ASD assessment

Includes assessment/observation in at least two different environments by various professionals. ADOS may be

↓

Diagnosis

Given to parents/carers and child as appropriate, face to face at the conclusion of the assessment, where possible school staff /SENCO invites. Parents/carers will also be informed in writing within three weeks of the diagnosis and an action plan regarding health, education and social is given.

↓

Post Diagnosis

Parents/ Carers will be offered a 6/52 telephone follow up by the ASD nurse after diagnosis in Waveney area only, all other children routinely followed up by consultant.

→ Referral to early bird/early bird plus.

Information submitted by Autism Suffolk for circulation with other materials for the meeting of the Great Yarmouth and Waveney Joint Health Scrutiny Committee on Friday July 15th 2016

Autism Suffolk:

Our Service:

Autism Suffolk,
3 Grange Business Centre,
Tommy Flowers Drive,
Kesgrave
Suffolk IP5 2AY

Tel: 01473 632700
Email: autism.suffolk@nas.org.uk
Web: http://www.autism.org.uk/services/community/family-support/autism-suffolk.aspx

Autism Suffolk is part of the National Autistic Society. We support families who have a child with a confirmed diagnosis of an autism spectrum condition (e.g. autism or Asperger syndrome). For families with children between 2 and 14 years of age we offer:-

- An initial consultation and registration to our services from one of our specialist Family Support Workers;
- Comprehensive information;
- Ongoing telephone support;
- A National Autistic Society (NAS) programme for parents. (Family Seminars on Understanding Autism, Sensory issues and Managing Behaviour);
- Monthly parent and carer support sessions;
- Use of our well-stocked lending library for books and sensory equipment.
- A closed, confidential Facebook group which supports and advises its members providing a protected, supportive community of parents and carers who have a child diagnosed with autism.

We also support professionals. We frequently support family support practitioners from Parenting teams, the Early Help Teams and Integrated Care teams and professionals in education. We are currently partnered and funded by Suffolk County Council and private donations until March 2017.

Our service is currently delivered to the whole of Suffolk by 3 family support workers, one of whom is responsible for supporting families in the Waveney area, an administrator and 3 volunteers.

Reported compiled by Elizabeth Bethell, Autism Suffolk, 30th June 2016

Information and figures relevant to the Great Yarmouth and Waveney CCG.

1. We currently are Suffolk based and as a consequence support the area of Waveney.

2. We have 564 families registered with us, living within the Waveney area, 50% of which are in and around the area of Lowestoft,, the balance of the families are predominantly from Halesworth, Beccles, Bungay and Southwold.

3. We have one family support worker, Elizabeth Bethell who is responsible for supporting families in the Waveney area.

4. The number of families who are registering with our service increases weekly but we are supporting many more families who we cannot officially register who are seeking help prior to receiving a formal diagnosis.

5. It is not uncommon for families to be in the process of formal assessment for 2 years before receiving a formal diagnosis. The longer this takes, the longer the families are left unable to access specialist support or have the appropriate information with which to understand their child's needs and how to best help them. This delay has ramifications for the well-being of the child, the parents and carers, the siblings, relationships with extended family and friends and relationships with the child school regarding teachers, teaching assistants and peer relationships.

6. After diagnosis health professionals refer families to Autism Suffolk as part of a pathway that offers post diagnostic support. But as a service we are not funded by health, or social care or education.

7. The reality for many families is that, after a long period of assessment and eventual diagnosis, nothing actually changes. Many families having struggled for potentially years in the hope that they will have some answers, understanding and most of all, support and help for them as a family and their child at home and school. But, the reality is that there is little in the way of post diagnostic help and ongoing support through the varying developmental stages their child will go through and the challenges these present to an autistic child and their family.

8. Frequently school has been a significant challenge. The child post diagnosis is entitled to be referred to County Inclusive Resource in order for the school and/or child to receive additional specialist advice and support. But this needs the school to submit a referral that highlights the various strategies that have been implemented up until that point to address any particular needs and which now warrant more specialist advice and support. This in itself can take several terms as the diagnosis enables staff to address issues in a particular way, in light of the new information and then following a referral, which can only be made at three points in the year, if the child is accepted then some support may be given. This in itself can take over a year to be in place and given the increased demand on this service the individual support will become less and less frequent and more and more unlikely.

Reported compiled by Elizabeth Bethell, Autism Suffolk, 30th June 2016

9. On a daily basis we are talking with parents, carers and professionals and know that the very existence of a service that is there to support can provide a way of families not feeling isolated, being able to manage more effectively and hopefully and improve well-being and build up resilience. There is a drive to provide early intervention, for short periods of support, whereby individuals and professionals work for short periods of time and then withdraw. The strength of our organization is that we can do this with particular families as and when they need that, but not all families are at the same stage or have the same degree of need at the same time. But the continuous presence of a specialist support service that a family can draw on, seek advice from, gain support from, contact via any means that is accessible to the individual, ie phone, email, Facebook and drop ins, as and when is needed provides, not just practical but a significant emotional and psychological support.

Questions and concerns Autism Suffolk would like to raise with the CCG

a. The concern cannot only be with reducing the waiting times but with the whole process from initial concern to post diagnostic support. If the CCG achieves its goal to improve the diagnostic pathway and reduce waiting times, it is likely that it will be accelerating the arrival of increasing numbers of families into a situation where there is a lack of service provision.

b. Currently the parents and carers of children who are diagnosed with an Autism Spectrum condition are referred to Autism Suffolk as part of their post diagnostic support. Does the CCG have any plans to support both practically and financially the future work of the Family Support Worker, within Autism Suffolk, for Waveney post March 2017 when the current contract to work in Waveney will come to an end?

c. Autism Suffolk is interested in understanding along with GY &W- CCG, what are the current arrangements for early intervention.

Reported compiled by Elizabeth Bethell, Autism Suffolk, 30th June 2016

Autism Anglia
Registered Charity No. 1063717

Obtaining a diagnosis of autism for children living within East Norfolk CCG

A report to Great Yarmouth & Suffolk Health Overview & Scrutiny Committee July 2016

Contact person in relation to this paper:
Anne Ebbage (Norfolk Autism Developments Advisor)
Email: aebbage@autism-anglia.org.uk

Background:
This report has been compiled from information gathered by Autism Anglia with the help of Sunbeams Play based in Great Yarmouth. It comes as a result of both organisations finding that parents inform them that they are unhappy with the length of time it is taking / has taken for their son or daughter to be diagnosed with autism which has an effect on what support and services the child and their family receives. Whilst it is accepted and acknowledged that support for any child should be based on the individual child's needs and not diagnostic label, in reality services and support are not forthcoming without the diagnosis, and even then these can be patchy and difficult to obtain.

This report shows the experiences of just some parents. However these are consistent with what Autism Anglia and Sunbeams too frequently hear from other parents who are concerned about the time it is taking to assess and diagnose their son or daughter. It is clear from the information provided that in many cases the start of the assessment process for diagnosis is not starting within 3 months of the referral being made. See survey responses on pages 2 - 4 of this report.

Survey June 2016 by Autism Anglia – Parental experiences of obtaining a diagnosis of autism for their son or daughter.

With the help of Sunbeams Play in Great Yarmouth, a survey was undertaken to gather the experiences of parents who had received a diagnosis for their son or daughter in the past 3 years or who are currently seeking a diagnosis of autism for their child.

Survey Results

The survey was completed by 20 parents. Of these during the past 3 years:

- 12 had received a diagnosis of autism for their son or daughter
- 8 are seeking a diagnosis of autism for their son or daughter

Responses from those who have already obtained a diagnosis said the following relating to their experiences of getting the diagnosis for their child.

A. Who referred for diagnosis:

Who referred	***Number of parents***
GP	7
Parents	1
Parents & Nursery	1
Speech & Language Therapist	1
Psychologist	1
School & NCC specialist	1

B. How long it took before the child was seen by a paediatrician following the referral being made (start of the diagnostic assessment):

Time taken	***Number of parents***
2 months	1
3 months	3
4 months	1
5 months	1
6 months	2
9 months	2
Not stated	1
Other: "Went to CATS team on private insurance to avoid year-long queues. Still haven't seen a paediatrician under ECCHC".	1

C. After seeing the paediatrician how long parent had to wait for the actual diagnosis:

Time taken	***Number of parents***
1year	2
13 months	1
18 months	1
2 years	2
Around 2.5 years – 3 years	1
4 years	2
13 years	1

Did not state	1
Not applicable as went private	1

D. How the diagnosis was given?

Method	***Number of parents***
Face to face by paediatrician and in a letter	2 (one parent added that she had to chase to get the letter)
Letter only	4
Face to face by the paediatrician	4
Face to face by CAMHS	1
MDA meeting	1

Other comments parents made about the diagnostic process:

- Always chasing lost paperwork between school and Newberry clinic. Long wait for assessments by educational psychologist, speech & language therapist and ASD specialist.
- Initial visits to paediatrician at Newberry clinic lead me to being told there was nothing wrong and son 'normal', yet now diagnosed with ASD, ADHD and epilepsy.
- Was appalling service and something we would never want to repeat!

Responses from those who are currently seeking a diagnosis said the following relating to their experiences to date of getting the diagnosis for their child.

A. Who referred for diagnosis:

Who referred	***Number of parents***
GP	3
GP & Health Visitor	1
Health Visitor	1
ADHD Nurse specialist	1
School, parent, family support worker	1
Sunbeams	1

Since referral:

- **4 parents** said they **have not yet seen a paediatrician;**
  One parent was referred in July 2015 and whilst her son has been discussed at the Waveney Diagnostic Group for Autism in October 2015 her son has not yet been seen by a paediatrician. He has though had a speech and language assessment in December 2015 and was discussed at the Forum in January 2016.

Another parent was referred in October 2015 and has not yet heard anything.
One parent said she is still waiting to see a paediatrician despite first going to her GP 2.5 years ago.
2 parents said they **have not yet got an appointment date to see paediatrician.**

- **4 parents** said they **have seen a paediatrician.**
  1 parent said that the appointment was about 2 months following the referral before she saw a paediatrician.
  1 parent saw paediatrician 3 months after referral was made. Whereas another parent said it was 6 months after referral which was made about 2 years ago but has not yet received a diagnosis.
  1 parent's child was referred in May 2015 and seen by paediatrician in July 2015 however no diagnosis has yet been provided.

- **All 8 parents** said they **have not been given a timescale for when a decision about diagnosis will be made.**

Other comments:

- *We have not been taken seriously. Communication has been shocking. Timescales are shocking waiting for appointments. Professionals not agreeing with each other preventing my child from getting the help needed.*
- *Extremely disappointed at the times between appointment and have now come to the end, I can't give or provide any further evidence, the professionals have it all. My son's education is suffering whilst we wait for a decision on his diagnosis.*
- *We had an appointment in July 2015 then the next one in September was cancelled. We have now gone for a private diagnosis as we felt this was the only way we could get any help. His diagnosis is still ongoing and next appointment at Newberry clinic is end July 2016.*
- *I had 3 referrals declined was then passed onto the point one mental health team I had to wait a year for a diagnosis of ADHD despite observations, nursery reports and lots of evidence backing this up I am still waiting for an autism diagnosis and I still haven't seen a paediatrician he was diagnosed with ADHD and medicated by a psychologist.*
- *I've been told it's a long journey to getting the autism diagnosis.*

Supplementary Information:

In 2014 NICE quality standard [QS51] was published.[1]
This quality standard covers autism in children, young people and adults, and lists 8 quality statements covering various aspects.

[1] https://www.nice.org.uk/guidance/qs51/chapter/List-of-quality-statements

Statement 1says: People with possible autism who are referred to an autism team for a diagnostic assessment have the diagnostic assessment started within 3 months of their referral.

The "Autism: recognition, referral and diagnosis of children and young people on the autism spectrum (NICE clinical guideline 128)", gives a number of recommendations which we feel are pertinent to this report and survey findings.

1.5 Autism diagnostic assessment for children and young people
1.5.1 states: *Start the autism diagnostic assessment within 3 months of the referral to the autism team*

1.5.2 states: A case coordinator in the autism team should be identified for every child or young person who is to have an autism diagnostic assessment.

1.5.3 states: The autism case coordinator should:
•act as a single point of contact for the parents or carers and, if appropriate, the child or young person being assessed, through whom they can communicate with the rest of the autism team
•keep parents or carers and, if appropriate, the child or young person, up-to-date about the likely time and sequence of assessments
•arrange the provision of information and support for parents, carers, children and young people as directed by the autism team

1.8 Communicating the results from the autism diagnostic assessment
1.8.1 After the autism diagnostic assessment discuss the findings, including the profile, sensitively, in person and without delay with the parents or carers and, if appropriate, the child or young person. Explain the basis of conclusions even if the diagnosis of autism was not reached.

1.8.2 Use recognised good practice when sharing a diagnosis with parents, carers, children and young people.

1.8.3 For children and young people with a diagnosis of autism, discuss and share information with parents or carers and, if appropriate, the child or young person, to explain:
•what autism is
•how autism is likely to affect the child or young person's development and function.

1.8.4 Provide parents or carers and, if appropriate, the child or young person, with a written report of the autism diagnostic assessment. This should explain the findings of the assessment and the reasons for the conclusions drawn.

1.8.8 For children and young people with a diagnosis of autism, offer a follow-up appointment with an appropriate member of the autism team within 6 weeks of the end of the autism assessment for further discussion (for example about the conclusions of the assessment and the implications for the child or young person).

About autism
Autism affects approx.1 in 100 people in the UK, with no cure and is lifelong It is a spectrum condition which means that while all people with autism share certain difficulties, the condition affects each person differently.

Autism affects the way a person communicates with and relates to others and how they make sense of the world around them.

People with autism may also experience some form of sensory sensitivity or a lack of sensitivity.

On its own autism is not a learning disability or a mental health problem; however some people with autism have an accompanying learning difficulty or mental health problem.

Autism Anglia Details

Head Office:
Century House
Riverside Office Centre
North Station Rd
Colchester
Essex CO1 1RE

Tel: 01206 577678

Norfolk office:
Old Pharmacy Yard
Church Street
Dereham
Norfolk NR19 1DJ

Tel: 01362 853753

Autism Anglia website: www.autism-anglia.org.uk

Norfolk County Council at your service

Suffolk County Council

Agenda Item 7

Great Yarmouth and Waveney Joint Health Scrutiny Committee

15 July 2016

Update on the status of the Greyfriars Walk-In Centre

Suggested approach from the Scrutiny Officer.

Great Yarmouth and Waveney Clinical Commissioning Group (GY&W CCG) will update the Committee on the plans to replace Greyfriars walk-in centre with an enhanced NHS 111 service and expanded out-of-hours care.

Background

1. It is proposed to replace Greyfriars walk-in centre, in Great Yarmouth, with an enhanced NHS 111 service and expanded out-of-hours care, after the current service comes to an end in September 2016. This item was originally intended as just an Information Bulletin briefing, however the level of public interest and some Members' own concerns has led to it being requested by the Committee as a brief item for scrutiny discussion at the meeting on 15 July 2016, noting that the next public meeting of the GY&W CCG Governing Body will be on Thu 28 July 2016.

Purpose of today's meeting

2. The objective will be for the Committee to be updated, and to have an opportunity to comment, on the plans, and associated public engagement, to replace Greyfriars walk-in centre with an enhanced NHS 111 service and expanded out-of-hours care.

Suggested approach

3. Representatives from the GY&W CCG will present information and respond to any questions or comments from the Joint Committee.

4. The following document is attached:

   a) Annex 1 - Report by GY&W CCG, 30 June 2016, 'Briefing for Great Yarmouth and Waveney Health Scrutiny Committee: Greyfriars re-provision of services'

References

(i) GY&W CCG Email to stakeholders, 23 May 2016, '*Services at Greyfriars walk in centre*'

(ii) GY&W CCG Governing Body, 26 May 2016, (The Greyfriars paper is at Agenda Item 10) http://www.greatyarmouthandwaveneyccg.nhs.uk/page_sa.asp?fldKey=147

(iii) GY&W CCG News item, 1 June 2016, '*Come and give us your views*': http://www.greatyarmouthandwaveneyccg.nhs.uk/news_item.asp?fldID=790

Contact details

Paul Banjo, Scrutiny Officer; Email: paul.banjo@suffolk.gov.uk; Tel: 01473 265187

NHS
Great Yarmouth and Waveney
Clinical Commissioning Group

HealthEast

Briefing for Great Yarmouth and Waveney Health Scrutiny Committee: Greyfriars re-provision of services

Background

On 31 March 2016, the contract to provide GP and walk in centre facilities at Greyfriars in Great Yarmouth came to an end. NHS England, who were the commissioners of this service at the time, approved a six month extension to the contract with IMH the current providers.

From 1 April 2016 NHS Great Yarmouth and Waveney CCG took responsibility for devolved commissioning for Primary Care (GP services). The CCG is now responsible for leading the commissioning to re-provide the GP and walk in centre services before the end of the current contract extension 30 September 2016. The CCG has a duty to ensure the people served by Greyfriars receive access to the services they need. The CCG also has a duty to ensure equity of service provision across the Great Yarmouth and Waveney area.

On 26 May 2016 the Governing Body of NHS Great Yarmouth and Waveney CCG agreed to formally approve new models of services for patients following the contract on GP and walk in services at the Greyfriars Walk In Centre in Great Yarmouth ending on 30 September 2016.

The Governing Body approved the following recommendations:

Proposal one: Walk in centre: The Governing Body is being asked to agree the following replacement services:

- Enhancement and promotion of the existing 111 service making it the ‘smart call’ to make.

- Monday to Friday – 8am until 6.30pm. Great Yarmouth and Waveney patients with a primary care need will be directed to their registered GP practice. Out of area patients with a primary care need will also be directed to a nearby GP practice.

- Monday to Friday – 6.30pm until 8pm. Due to the low number of patients attending during this period the CCG proposed that no alternative service be developed. Out of hours primary care is available after 6.30pm for those patients with a minor illness and can be accessed through NHS111 if deemed appropriate. Minor injuries will be directed to alternative services e.g. A&E.

- Saturday, Sunday and Bank Holidays – 8am until 8pm. Patients accessing NHS111 who would have previously attended the walk-in centre with a primary care need will be

directed to the out of hours service for a call back and appointment if deemed appropriate. Under this proposal additional out of hours primary care capacity will be put in place at the Out of Hours base at the James Paget University Hospitals NHS Foundation Trust (JPUH). Because of the high levels of deprivation in the centre of Great Yarmouth and the difficulties some individuals may face in both accessing NHS111 and travel to the out of hours at JPUH this proposal will also include an out of hours outreach service in place in central Great Yarmouth, likely to be within the Greyfriars building.

- Out of area patients will contact NHS111 to be directed to the appropriate service. This will be supported by promotion of the service in tourist areas.

Proposal two: Homeless service: A review will be carried out to understand the current provision and also requirements of any future service to this group of patients ensuring equity across Great Yarmouth and Waveney.

Proposal three: Special allocation service (this service is for patients who have been removed from a practice list as their behaviour has been either threatening or violent towards staff or patients): The CCG will work with NHS England to be part of the East of England model for SAS services. The CCG will commission a comparable service until a decision is made by NHS England.

Proposal four: Promotion of the new service: Agree to fund a year-long campaign to promote the new service to local people and to holiday makers with an emphasis on the enhanced 111 service.

Proposal five: Engaging with local people. An engagement process with the public which will inform the implementation process following the ceasing of the contract for the Greyfriars walk in service and GP practice. Specific work will be done as part of this campaign with holiday parks and the tourist board to raise the profile of the 111 service for temporary residents.

The above plans on new service models may be amended by the CCG's Governing Body following the engagement process with local people at their meeting in public on 28 July 2016. But the decision to end the contract on 30 September has already been made.

The Governing Body also noted a decision made by the CCG's Primary Care Commissioning Committee on 18 April 2016 to run a 'managed list dispersal' for the 5,125 registered population of patients at the Greyfriars health centre and agree to engage the practice population.

Engagement and legal process

Walk-in services

The CCG's decision on the future of the Greyfriars contract (covering the four elements of service) has been driven by the fact that it expires at the end of September and cannot be extended again. This is because the CCG cannot extend the current contract beyond its specified term. To do so would be infringing the European Regulations where all contracts must be of a limited, specified, term (i.e. one cannot have a rolling contract, which would be permitted in the private sector), and extending it would open GYW CCG to a legal challenge, under the Public Contract Regulations (2015) and indeed the Procurement, Patient Choice and Competition Regulations (2013), both of which govern NHS procurement. It is also costly and not good value for money. The CCG will be able to make savings which will be reinvested in NHS care in Great Yarmouth and Waveney.

So, with the contract for Greyfriars set to expire at the end of September, the CCG took the decision to re-provide services to adequately cater to the needs of the public currently being met by the walk-in centre, in a more cost-effective way. The CCG provided statistics in support of the rationale behind its proposed alternative provisions. We are confident that our proposals to re-provide services, on which we are currently engaging with local people, are based on robust activity data and are fit for purpose.

The CCG considers that given the ending of the contract and the proposals to re-provide services that the changes are not significant enough to require a formal public consultation. Instead, we are working with local people through public meetings and other fora and gaining specific views via an on line questionnaire which is now available on our website www.greatyarmouthandwaveneyccg.nhs.uk . Those views will hopefully help us adapt the detail of our plans so that we design the service for public convenience. We will use these to inform the final model of new service provision at a meeting of the CCG Governing Body in public on 28 July 2016.

The extent of walk-in centre closures occurring across the country over the past five years led to a review by Monitor, published in February 2014. The review looked at walk-in centre usage and attempted to determine the reasons behind closures. The review, entitled Walk-in centre review: final report and recommendations" is available online here https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/283778/WalkInCentreFinalReportFeb14.pdf

The review looked in detail at the use of walk-in centres and provided a breakdown of commonly heard reasons behind closures. It also set out "factors for commissioners to consider when deciding whether to continue to procure walk-in centre services". The CCG reviewed this document and had already carried out recommendations such as developing a needs assessment and that we are following best practice by developing plans for how local GP practices and other existing services will absorb any additional demand resulting from the closure of the walk-in centre and that we are delivering information on those proposals to the public in a manner which is transparent and accurate.

The advice from our solicitors Mills and Reeves is that: 'having reviewed the proposals paper provided to us by the CCG we are reassured that the CCG appears to have followed best practice insofar as it is able to given existing deadlines'.

Throughout the process we have been engaging with the James Paget University Hospitals NHS Foundation Trust through the Urgent Care Board. We have agreed to support this process with increased out of hours provision and a move to better facilities in the surgical outpatients unit next to the present location and are in the process of agreeing a streaming process. This will enable not just any Greyfriars patients, but others who need primary care and not A&E treatment.

Registered patients

Prior to the Primary Care Commissioning Committee making their decision, some engagement work was undertaken with local practices. Feedback from local GP practices was that their preferred option was for a managed list dispersal to practice indicating they had the capacity to take on the additional 5,125 patients.

Affected patients have already been written to in June 2016 to make them aware that the contract will end in September and that they will be transferred to an alternative GP surgery in Great Yarmouth. Some patients have already tried to re-register with different GP practices in

the Great Yarmouth area and the letter emphasises that there is no need to do this at the moment because the Greyfriars service will continue to see patients until the end of September and there will be an automatic transfer to another practice then.

The CCG will write to all Greyfriars patients in August to let everyone know which GP practice they will be allocated to from the end of September onwards. Patients have been informed that if they are not happy with the GP practice they have been allocated to, they will be able to register with another practice of their choice, if that practice is accepting new patients.

Public feedback

Two engagement events have been held with the public on Monday 13 June with around 60 people attending the events in total. A questionnaire has been made available online and in paper versions in local surgeries with translated versions in seven different languages for patients who require it. The questionnaire will close on 6 July 2016 at 9am and will then be analysed before being presented at the Governing Body meeting in public on 27 July 2016.

Greyfriars building

We are working as part of these planned changes with NHS Property Services to find alternative uses for the current Greyfriars building. We are hoping that East Norfolk Medical Practice and others will expand into it to provide the new services. The Pharmacy will see no significant change in business as the bulk of their prescriptions come from the registered lists of the practices in the building and those patients will predominantly remain. We have also had discussions about relocating the pharmacy into the building because it is currently in a temporary building which was designed to be a short term arrangement only.

We hope through time to develop the services available there further so that it can become a hub for health and other services in the centre of Great Yarmouth, this has been discussed with Great Yarmouth Borough Council.

Walk-in data

Greyfriars Walk-in Centre – Data: April 2014 to March 2015

	Great Yarmouth and Waveney Residents	**Temporary Residents**	**Total**
Weekday Attendances - between 8am and 7pm – average per day (excluding Greyfriars patients)	12	13	25
Weekday Attendances – between 7pm and 8pm – average per day (excluding Greyfriars patients)	2	1	3

Weekend Attendances - between 8am and 8pm – average per day (excluding Greyfriars patients)	42	15	57

The above averages cover a full year; please note there are fluctuations in activity throughout the year e.g. increases during summer months.

These figures are supplied to us and NHS England by the current contract holders, a company called IMH (previously Malling). Whilst IMH initially disputed these numbers they are the numbers that they have charged for and it is highly unlikely that a commercial company would deliberately undercharge. So we believe they are not an understatement. We have worked closely with IMH since the numbers were published and are confident that we agree they are correct.

Next steps

At their meeting in public on 28 July the Governing Body will receive a full report on all the public feedback from the questionnaire and public meetings as well as complaints and PALS information. This will provide the Governing Body with the public views so that the final model of the alternative provision can be amended to take the public views into account if appropriate.

Following this meeting the CCG will be working alongside 111, GP practices, James Paget University Hospital and IMH to implement the new services in time for the contract to cease at the end of September.

Lorraine Rollo
Head of Communications and Engagement
30 June 2016

Norfolk County Council at your service

Suffolk County Council

Agenda Item 8

Great Yarmouth and Waveney Joint Health Scrutiny Committee

15 July 2016

Update on the Implementation of the Changes to Adult and Dementia Mental Health Services

Suggested approach from the Scrutiny Officer.

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

Background

1. At the Joint HSC Committee mtg on 22 Jan 2016, in considering 'Changes to Adult and Dementia Mental Health Services', the Joint Committee Members asked questions about: staffing levels throughout the transition process; the types of care available to patients in their own home; engagement with the voluntary sector; the numbers and cost of patients having to receive treatment outside of their locality; whether the number of new beds at Northgate Hospital accounted for the forecasted population increase; whether the care homes should be paying to train their staff; the long waiting list for counselling in the new Wellbeing Service; and involvement in the transformation plan for Child and Adolescent Mental Health Services (CAMHS). The Joint Committee:

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

2. On 4 March 2016 the Joint Committee Members undertook a very informative site visit to the Adult Acute Mental Health Ward at Northgate Hospital, Great Yarmouth, hosted by Service Managers, a Consultant Psychiatrist and the Locality Manager:

   - Members noted that the ward first opened in 2005 and has now been enlarged from 15 to 20 beds. Members saw the one of the ward bedrooms, the kitchen, occupational therapy activity room, new gym (under construction), the community crisis team based onsite, and the new Section

136 suite (under construction). Members noted that on average 75% of the beds are occupied by GY&W patients and it is very rare for GY&W patients to be placed out of area. St Catherine's (in Gorleston) is used for step-down, rehabilitation of some patients from the acute service at Northgate.

- Staff at all levels receive specific training, physical restraint of patients is kept to a bare minimum, ECT treatment is no longer widely used (and if required would be at Norwich). There is a PALS (Patient Advisory Liaison Service) room, and IMCAs (Independent Mental Capacity Advocates) and CAB (Citizens Advice Bureau) staff visit each week. The ward also takes up to 6 patients on a day care basis. There are no mental health beds for mothers (with psychosis) and babies in the East of England (however there is a Perinatal Mental Health Service); NSFT would be interested in developing such a service. The Northgate site also hosts community healthcare and social care staff and enables integrated working.
- Members also saw the Patient Flow IT system, which is used across NSFT to manage bed availability; average length of stay on the ward is around 15-20 days. NSFT is looking to join up patient flow systems with other providers (JPUH, ECCH); JPUH does not have the same kind of computerised system; NSFT is now completely paperless using the Lorenzo system.

Purpose of today's meeting

3. The NSFT has been asked to update the joint committee on:-

- Overall progress in implementing the changes to adult and dementia mental health services
- Any impacts on service, or changes to the adult and dementia plans?
- Overall progress in implementing the establishment of the children's service at Carlton Court
- Any impacts on service, or changes to the plan for the children's service at Carlton Court?
- Current status of capacity and timeliness of referrals for the new 'Wellbeing Service'

Suggested approach

4. Representatives from the NSFT and the CCG will present the implementation update and respond to any questions or comments from the joint committee.

5. The following document is attached:

a) Annex 1 - Report by NSFT, July 2016, 'Update on the implementation of the changes to NSFT Adult Mental Health and Dementia services.'

References

(i) 22 January 2016 JHSC, Agenda Item 6, 'Implementation of the Changes to Adult and Dementia Mental Health Services in Great Yarmouth and Waveney': http://committeeminutes.suffolkcc.gov.uk/meeting.aspx?d=22/Jan/2016&c=Great Yarmouth and Waveney Joint Health Scrutiny Committee

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Norfolk and Suffolk NHS
NHS Foundation Trust

Great Yarmouth and Waveney Joint Health Scrutiny Committee Friday 15 July 2016

Update on the implementation of the changes to NSFT Adult Mental Health and Dementia services.

Author: Gill Morshead Locality Manager NSFT

1.0 Context

At the Joint Health Scrutiny Committee meeting on 22nd January 2016 Norfolk and Suffolk NHS Foundation Trust (NSFT) gave an update on progress of the implementation of the public consultation during 2014 on adult and dementia services provided by NSFT. The Joint Committee:

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

1.1 On 4 March 2016 the Joint Committee Members undertook a site visit to the Adult Acute Mental Health Ward at Northgate Hospital, Great Yarmouth, hosted by Service Managers, a Consultant Psychiatrist and the Locality Manager: Members noted that the ward first opened in 2005 and has now been enlarged from 15 to 20 beds. Members saw the one of the ward bedrooms, the kitchen, occupational therapy activity room, new gym (under construction), the community crisis team based onsite, and the new Section 136 suite (under construction). The construction phase is now complete and these areas are operational. Members also saw the Bed Management and Patient Flow IT system, which is used across NSFT to manage bed availability.

2.0 Adult Acute Reconfiguration update

The reconfiguration of Great Yarmouth and Waveney Acute Services directly impacted 88 members of staff across all professions, including medics, nurses, OTs, team leaders and support workers. Following a successful employee consultation and redeployment process, the focus moved to supporting, developing and engaging with newly formed teams. The merging of the existing Great Yarmouth and Waveney acute teams was anticipated to provide challenges with new and different ways of working as well as cultural differences; both in the context of staff shortages (Staff Nurse vacancies) and a new leadership model.

2.1 Working collaboratively, Locality Service Managers and HR colleagues formulated a staff engagement and development action plan to support and embed the new service and workforce model; covering some bespoke training packages as well as links with Trust wide initiatives and strategies. The action plan related specifically to the reconfiguration of Acute Services and is in addition to existing and pre-arranged mandatory and non-mandatory training. This action plan has undergone a review 6 months after implementation, and reviewed in conjunction with the Trust objectives including CQC recommendations/action plans. Comments and agreed actions to be rolled out through Clinical Team Leaders (CTL) have been included. Appendix 1 lists the courses that have been delivered locally to affected staff.

2.2 The team continues to be over established in support worker roles. This was agreed as part of the proposal for change, as an alternative to redundancy. This over establishment is successfully being managed through natural turnover. The ward continues to operate with some staff nurse vacancies. Rolling adverts for staff nurses continue and considered use of psychology graduates, social workers and occupational therapists will be implemented where skills mix allows.

2.3 A continued focus on staff engagement and wellbeing is in place using the Values Cascades sessions and a focus on the completion of mandatory training and appraisals is also required to support staff in business as usual as well as the CQC improvement plan. Representation from the service on the locality staff wellbeing and engagement group remains important and it has a wellbeing champion supporting wider initiatives.

2.4 The teams have had identified clinical and management leadership although for a short period management of the CRHT was impacted by a vacancy and therefore caused some issues with embedding new staff and ways of working. Clinical and managerial leadership of both teams is now well established.

2.5 Service delivery is line with the new contract and specifications, in a newly configured acute ward with 20 beds and the 136 Suite is open in its new position. The service overall is operating within budget with an average length of stay in May 2016 of eight days. The locality continues to report weekly to the CCG on bed occupancy and out of trust placements if these occur.

3.0 Dementia Reconfiguration update

NSFT attended Great Yarmouth and Waveney Clinical Commissioning Group's (GYW CCG) Governing Body in December 2015 where information on the effectiveness of the Later Life pathways was considered. The meeting considered the effectiveness of the Dementia Intensive Support Team (DIST) which had been introduced in 2014 as part of NSFT's Trust Service Strategy. This also formed part of the GYW CCG public consultation and the subsequent implementation process.

3.1 An update was provided to the Governing Body in March 2016 and the meeting agreed that the evidence provided demonstrated the effectiveness of the pathway and assurance that enough information had been provided to show the clinical pathway had developed since the previous attendance.

3.2 NSFT continue to report weekly to GYW CCG on the bed occupancy and effectiveness of DIST in this pathway.

4.0 Progress in implementing the establishment of the children's service at Carlton Court

The development of the CAMHS Tier 4 service currently located at 5 Airey Close, Lothingland, represented the first phase of a 2 phase service development. As such it

was always intended to be an interim solution. The key aim was to provide an in-patient unit which was closer to home for many of the children and young people who required admission. This unit has been open since October 2012 and during this time has developed a positive model of care which is well regarded by NHS England, QNIC and the young people and their families.

4.1 The second phase will provide a longer term solution, which will see the service move into a larger building on the Carlton Court site, enabling aspects of gender compliance, safety, privacy and dignity to be more easily met and for the services provided to be extended. The larger unit will provide the location for in-patient services, an education centre and rooms for therapeutic interventions as well as links with partner agencies involved in the provision of child and adolescent services (education or health related).

4.2 The contractors moved on site on 15 February 2016. It is reported that the main building work is on schedule to complete by the 29 July 2016. This will allow the work required which is not part of the main building contract to be completed prior to the building opening to patients. This will include a period of commissioning of the new fire alarm system, any 'snagging' work, upgrades to the IT and telecoms systems, preparing of the bedrooms and other service user areas including commissioning of the education centre and transferring existing fixtures and fittings from the current facility to the new location.

4.3 In order to provide a safe transfer of care to the new building, there will be a programme of staff orientation, training and emergency response scenario modelling. It will need to be taken into account that this is a time of high staff annual leave. The anticipated transfer of services will be during the week commencing 5 September 2016.

5.0 Current status of capacity and timeliness of referrals for the new 'Wellbeing Service'

At the Joint HSC Committee meeting on 22nd Jan 2016 NSFT was asked about progress on the mobilisation of the Wellbeing service as concerns had been expressed about the capacity within the service to see GYW residents.

5.1 The Wellbeing Service is delivered in partnership as a single contract across Norfolk and Waveney. However, local managers have instigated a weekly meeting in order to work with the wellbeing service proactively, particularly where patients may transfer.

5.2 In GYW performance is 0.2% above target for the number entering treatment in the wellbeing Service and 99.0% of patients are receiving their first contact within 3 workings days of referral. In GYW NSFT are exceeding both the 6 week and 18 week national waiting time targets

5.3 Presentations to the GP Leads meetings in Gt Yarmouth and Waveney has proved helpful in ensuring that GP referrals as well as self-referrals increase in line with the trajectory set for this service nationally and by commissioners.

Appendix 1

Adult Acute reconfiguration Training Courses delivered

Supportive Leadership in Management Behaviour - Clinical Team Leaders in GY&W

- 1 day management training
- Networking and case study based approach
- Supporting teams through change
- National NHS Training Tool

Communication and feedback – maintaining staff engagement

Keeping staff informed through;

- Regular team meetings
- Regular Supervision
- Service manager updates – embedding new service model
- Confidential email address specific to service

Appraisal and PDP Review

- For all staff impacted by change
- Ensure objectives and PDP are in alignment with new workforce model and ways of working, and new Trust Objectives
- Identify any immediate training or support needs

Away Days – all staff

- To provide a clear vision for the new service,
- Focus on clinical pathway
- Practicalities and expectation re: ways of working
- Team building

CRHT Assessor Training

- Focus on the wider pathway
- Promote understanding and appropriate referrals to wider clinical teams
- Will be used as part of local induction to the unit going forward

Management Development Programme – Clinical Team Leaders and Deputies

To support strong leadership in the newly formed team and basics in effective people management. To include:

- Appraisal, absence, performance management, flexible working, WTR
- Supervision, leadership, effective time management
- Effective Feedback and difficult conversations
- Embedding Visions and values

Monthly people management coaching sessions

- Support embedding of new teams and consistent approach to people management
- Address service line performance indicators
- Embed workforce strategy e.g. wellbeing, engagement, new visons and values
- Locality HR Business Partner and All CTLs

6 Monthly Review – Service Wide

- Workforce model
- Working practices
- People management/leadership
- Wellbeing and engagement
- Cultural alignment progress
- Embedding visions and values

Norfolk County Council at your service

Suffolk County Council

Agenda Item 9

Great Yarmouth and Waveney Joint Health Scrutiny Committee

15 July 2016

'Shape of the System' implementation – a six-month progress update

Suggested approach from the Scrutiny Officer.

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

Background

1. At the Joint HSC Committee meeting on 13 Nov 2015, in consideration of "Shape of the System' consultation", the report from the CCG stated that, "*The intent is to have local implementation. This means that the CCG will commit to a principle that the mix and configuration of beds with care / out of hospital teams / community hubs can and will be different in different localities. The CCG will work with local stakeholders, particularly clinical colleagues, to design what is right for each community and their care providers. This implementation process will be overseen by the Shape of the System Implementation Steering Group, chaired by the CCG. A project manager will be appointed to deliver the work required by the Steering Group. The Steering Group will report jointly to the CCG's Governing Body. The CCG will hold the Steering Group to account for the implementation of these changes and recommendations formally through the contracting process.*" At that meeting the Joint Committee:

   - Commended the GY&W CCG on the thoroughness of its consultation with the Joint Committee and members of the public.
   - Recommended that the GY&W CCG continue to work with the local communities to provide tailored models of service provision.
   - Recommended that the GY&W CCG continue to work closely with stakeholders on delivery of the new model of care.
   - Reiterated the earlier recommendation that the GY&W CCG should give assurance that the new provision would be in place before closure of community hospital beds.

Purpose of today's meeting

2. The objective will be for the Committee to be updated on:

- Overall progress against plan in implementing the 'Shape of the System'
- Any changes to the plans
- Engagement with various local communities and stakeholders to provide locally tailored models of service provision.
- Any impact on service to patients during implementation.
- Current status and plans for the Community hospital beds

Suggested approach

3. Representatives from the GY&W CCG will present information and respond to any questions or comments from the Joint Committee.

4. The following document is attached:

   Annex 1 - Report by GY&W CCG, 4 July 2016, 'Briefing for Great Yarmouth and Waveney Health Scrutiny Committee: 'Shape of the System' implementation – a six-month progress update'

References

(i) 13 Nov 2015 JHSC, Agenda Item 6, 'Shape of the System consultation': http://committeeminutes.suffolkcc.gov.uk/meeting.aspx?d=13/Nov/2015&c=Great Yarmouth and Waveney Joint Health Scrutiny Committee

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NHS
Great Yarmouth and Waveney
Clinical Commissioning Group

HealthEast

Briefing for Great Yarmouth and Waveney Health Scrutiny Committee: 'Shape of the System' implementation – a six-month progress update

Since the 5 November 2015 decision by the NHS Great Yarmouth and Waveney Governing Body, in relation to the outcome of the Shape of the System Public Consultation, the following progress has been made:

North Out of Hospital Team (OHT) and Beds with Care

- 7 beds with care were commissioned on 1 December 2015. These beds support those patients not well enough to remain at home to be cared for in a safe environment, suitable for rehabilitation and nursing care, for a short period of time before returning back home to continue their rehabilitation. At all times, these patients are supported by the North Out of Hospital Team
- 5 of these beds were commissioned from Park House Residential Care Home in central Yarmouth
- 2 of these beds were commissioned from The Vineries residential Care Home in Hemsby
- Occupancy of these beds is around 65% and patient and staff feedback has been very positive
- Patient feedback of the North OHT has been very good with 86% of patients stating that they have been very satisfied
- Feedback includes
    - "Follow up care was arranged for myself and wife on leaving the hospital. A service we were unaware of."
    - "As a physically disabled person, hospital can be very difficult to cope with as equipment and devices used in ones own home are not there, but the team helped me to use them at home."
- The 15 beds in the GP Unit at Northgate Hospital were decommissioned on 1 December 2015

Out of Hospital Teams continue to have a positive impact on the number of emergency admissions into our local acute provider. This is particularly in the age group 75 years plus the highest users of the new out of hospital model of care. Both emergency admissions and emergency occupied bed days reduced in 2015/16 for this age group.

Clinical Service Reviews have demonstrated good outcomes for patients under the care of the out of hospital teams, with patients remaining well at home and that those who attend the acute provider as an emergency admission do have an acute care need.

South Waveney Out of Hospital Teams and Beds with Care

Southwold and Surrounding Areas

Through direct dialogue with the Sole Bay Health Centre, a local model of out of hospital care has been commissioned from the surgery. The surgery will work as a multi-disciplinary team to support patients to stay at home during periods of crises through carer packages, complex case management and planning and intensive medical and nursing support. Sole Bay Health centre are currently recruiting additional health staff to their team.

The Practice also has access to a bed with care in a local residential care home Oaklands.

Beccles, Bungay and Kessingland

Following dialogue with the GP surgeries in these localities, it was agreed that work would be undertaken with the local community provider (East Coast Community Health) to expand the resource and resilience of the Lowestoft Out of Hospital Team so it could support patients registered at these practices. Through discussion with all parties, a model of care, including additional health and social care staffing requirements, has been designed. The CCG will look to roll this model of care out as soon as possible.

In line with the roll out of the out of hospital model in these localities the CCG will also commission beds with care. These will be accessed directly by the local Out of Hospital Teams to support patients who are not well enough to remain at home but who do not have a medical need which would require admission to a district general hospital.

Halesworth

Following the Shape of the System public consultation the CCG has made a commitment to the population of Halesworth not to close Patrick Stead Hospital until suitable alternative provision is available. We continue to meet regularly with Halesworth Health to discuss future models of care and progress with plans for a care home which is due to open in January 2018

The CCG will continue to plan for the implementation of an out of hospital team and beds with care.

Intermediate Care Services

Capital Works

Capital works are due to start on Minsmere Ward, Beccles Hospital at the end of June. This is a £1.6m project. It has been funded through the support of the Norfolk and Suffolk Foundation Trust Charitable Funds, Beccles Hospital League of Friends and NHS Property Services.

The building works will ensure the ward is fit for purpose to deliver modern intermediate care services. This will further improve the quality of care patients receive at Beccles Hospital by refurbishing the existing ward, doubling the number of en-suite single rooms, creating dedicated therapy and day room areas and improving the nursing station. The ward has been designed to be dementia friendly and one of the single rooms is designed to support bariatric patients.

During the estate works, patients requiring community inpatient services will be cared for at Laurel Ward at Carlton Court, Lowestoft. The transfer of patients and staff to Laurel Ward took place on the 27 June 2016. Medical cover for these patients continues to be provided by Beccles Medical Centre.

It is expected that the works will take 20 weeks.

Service Provision

This new intermediate care service will be for patients across Great Yarmouth and Waveney. It is expected that the new service will commence when patients and staff are re-located back into Minsmere Ward at the end of 2016.

A model of care has been designed in partnership with the community provider, the provider of medical cover and with social care, will support a 7 day service and will be able to provide:

- complex nursing needs, including for specialist palliative and end of life patients
- complex and extensive rehabilitation and re-ablement and active support for independent activities of daily living
- Social care input to ensure effective discharge and longer term care planning
- Appropriate levels of nursing and auxiliary care overnight

Community Hubs

Hubs are developing in collaboration with system partners and according to community need.

The new build on the Shrublands site will build on existing services developed around the community and provide a permanent premises for primary care (following the GP practice premises in Gorleston public consultation)

The Greyfriars campus already provides an early help hub and working in conjunction with health, social care and borough council colleagues, we will be seeking to provide additional services on this site.

In Halesworth there is the potential to work with the provider of the new care home to ensure the provision of space which can be utilised for outpatient clinics, day services and community groups.

Jane Hackett
Head of Clinical Commissioning
4 July 2016

Norfolk County Council at your service

Suffolk County Council

Agenda Item 10

Great Yarmouth and Waveney Joint Health Scrutiny Committee

15 July 2016

GP practice premises in Gorleston and Bradwell – a six-month implementation progress update

Suggested approach from the Scrutiny Officer.

Great Yarmouth and Waveney Clinical Commissioning Group (CCG) will update the Joint Committee on the progress in relocating GP practice premises in Gorleston and Bradwell.

Background

1. A consultation on the future delivery model for GP Practice Premises in Gorleston and Bradwell led to a decision in Jan 2016 that surgeries would relocate to a new purpose built primary care centre on the Shrublands site. At the Committee meeting on 13 Nov 2015 the Joint Committee:

   - Commended the GY&W CCG on the thoroughness of its consultation, with the Joint Committee and with the general public.
   - Recommended that the GY&W CCG continued to engage with all the stakeholders in implementing the decision.
   - Would undertake its final consideration of this matter at its meeting on 22 January 2016, after NHS England had made its decision in response to the CCG's recommendations.

2. At the Committee meeting on 22 Jan 2016, the NHS England report, "noted that the CCG will establish a project steering group to oversee the development of the Shrublands project. This project group will develop the timescale and business case for approval by NHS England. Progress will be monitored through the NHS England locality premises screening group which includes CCG representation. The CCG's outline timescale for this project is set out below:

   - *Capital pipeline outline PID by end of December 2015*
   - *Complete stakeholder engagement process by 31 March 2016*
   - *System business case end March 2016*
   - *Capital approval and out to tender end August 2016*

- *Tenders due back end December 2016*
- *Build during 2017*
- *Commission new premises, Jan-March 2018 "*

3. The report also noted that "the Family Health Partnership is currently in discussion with the Central Surgery in Lowestoft regarding a future merger and relocation to the Central surgery site. If this is approved, this would mean that the Shrublands site option would accommodate 2 GP practices only but also allow for future housing development planned in the area."

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

5. At the meeting on 22 Jan 2016, the Joint Committee:

   - Reiterated its commendation of GY&W CCG on the thoroughness of its consultation;
   - Strongly endorsed NHS England's decision that the Shrublands site was the preferred location for the development of a purpose built primary care centre for Gorleston and Bradwell;
   - Recommended that GY&W CCG, whilst not a statutory consultee, should make more publicly visible its views on planning applications for new housing developments and the medical facilities needed; and
   - Indicated an intent to revisit progress in 6 – 12 months.

Purpose of today's meeting

6. The objective will be for the Committee to be updated on:

   - Overall progress against plan in implementing the Gorleston/Bradwell GP practice changes
   - Any changes to the plans, including the position regarding Family Health Partnership
   - Engagement with Gorleston / Bradwell GP practice patients during implementation.
   - Any updates on GY&W CCG strategic planning to quantify and address the need for additional or enhanced primary care facilities in GY&W, in liaison with local planning authorities.

Suggested approach

7. Representatives from the GY&W CCG will present information and respond to any questions or comments from the Joint Committee.

8. The following document is attached:

   Annex 1 - Report by GY&W CCG, 30 June 2016, 'Briefing for Great Yarmouth and Waveney Health Scrutiny Committee: GP practice premises in Gorleston and Bradwell – a six month implementation update.'

References

(i) 13 Nov 2015 JHSC, Agenda Item 5, 'GP practice premises in Gorleston and Bradwell consultation': http://committeeminutes.suffolkcc.gov.uk/meeting.aspx?d=13/Nov/2015&c=Great Yarmouth and Waveney Joint Health Scrutiny Committee

(ii) 22 January 2016 JHSC, Agenda Item 5, 'GP practice premises in Gorleston and Bradwell' consultation': http://committeeminutes.suffolkcc.gov.uk/meeting.aspx?d=22/Jan/2016&c=Great Yarmouth and Waveney Joint Health Scrutiny Committee

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NHS
Great Yarmouth and Waveney
Clinical Commissioning Group

HealthEast

Briefing for Great Yarmouth and Waveney Health Scrutiny Committee: GP practice premises in Gorleston and Bradwell – a six month implementation update.

In 2015 a public consultation was held which supported the proposal that three practices would relocate to a purpose built new build on the Shrublands site. This was approved by NHSGYWCCG and progressed to ratification by NHS England.

The three practices that were initially involved in the consultation were Gorleston Medical Centre, Falkland Surgery and Family Health. Since the consultation, Family Health has co-located with Central Surgery in June 2016. However there has been interest noted from Central and Family Health to hold branch surgeries in the new Shrublands building when it is completed.

A project management structure with representatives from all existing organisations using the site, has been in place since February 2016 with monthly meetings. Engagement with stakeholders is carried out at bi -monthly meetings. Updates are given regularly at Magdalen Elmhurst and Shrublands (MESH) neighbourhood management team programme board.

Risks
A risk register for the Shrublands site development is being established by the project group. The principal risks for the delivery of the health centre element of the scheme are:

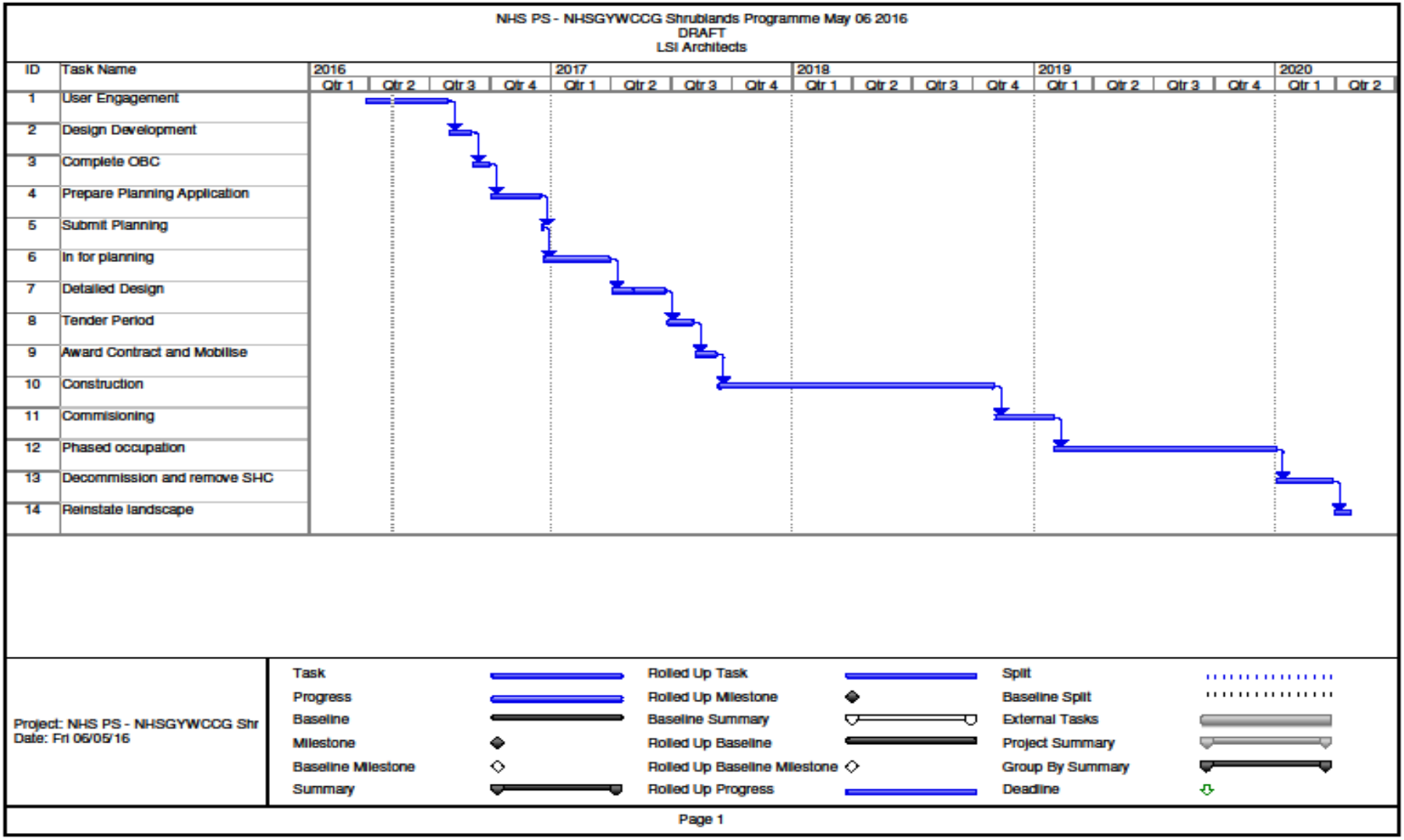
- Delays in funding approval.
- Delays and/or compromise through multi-organisational engagement.
- Constraints on site development due to the grade two listed status of the farmhouse.
- Transitional arrangements during the construction period restrict capacity and access to clinical services.

In relation to financing of the project, the CCG has put forward a bid to the NHS England Estates Transformation and Technology Fund (ETTF). This fund will be reviewing bids through August 2016 and bids will be selected to go forward to the full business case stage in September 2016. A joint meeting was held on 23 June between Norfolk County Council and the CCG and agreement was undertaken to explore the finances and what would be affordable and give ‘best value’ for health and Norfolk County Council.

The strategic outline business case went to the CCG Governing Body in June 2016 (part two) and will go to the Norfolk County Council and Great Yarmouth Borough boards in July 2016. The following time line is now being worked to, however this may alter depending on whether this is a health only campus or a full community based integrated campus.

Tracy McLean
Head of Infrastructure and Strategy Development
30 June 2016

Proposed timeline May 2016



Agenda Item 11

Great Yarmouth and Waveney Joint Health Scrutiny Committee, 15 July 2016

Information Bulletin

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

This Information Bulletin covers:

1. Policing and Mental Health services – an update on the plans for using control room nurse / triage car from 2016/17 onwards

2. System-wide Root cause analysis of the 3-4 Jan 2016 'Business Continuity' Event

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1. Policing and Mental Health services – an update on the plans for using control room nurse / triage car from 2016/17 onwards.

NORFOLK

[Source: Chief Inspector A.Ellis]

Policing and Mental Health services – Long term plan for GY&W area. – an update on the longer term budgeted plans for using control room nurse / triage car from 2016/17 onwards.

This update relates to the Norfolk Integrated Mental Health Team in the Police Control room which covers the Norfolk county area including Great Yarmouth but not Waveney. This is an all age service covering 08.00 – 22.00 hours 365 days a year.

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 enhanced partnership working. It supports the delivery of the overarching aims of the Mental Health Crisis Care Concordat.

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.

The UEA evaluation final report was received 27/6/16 and will be shared once it has been signed off by the senior management team.
Within the review period 1/1/14 – 31/10/15 the team viewed a total of 24,771 police calls (CADS) 13.6% of those were for the Great Yarmouth area. Within the review period 1/1/14 – 31/10/15 the team viewed a total of 24,771 police calls (CADS)

13.6% of those were for the Great Yarmouth area. They had a direct contribution (advice/information) in a total of 4,382 police calls (CADS) 14% of those were the Great Yarmouth Area.
In the same period the nurses recorded that they had averted 132 section 136 detentions by the police with an estimated cost saving of £224,400
The nurses have also conducted 131 joint home visits in the evaluation period. These visits have been a combination of police, nurses and housing. Please see a case study at appendix A to illustrate the benefits.

2016/2017

Funding has been secured for the next financial year some of which is ongoing, some is over 3 years and the remaining for this year only (figure 1.0)
The negotiations with broader partners have allowed the team to grow by one nurse with the intention of offering further support to District Councils (some of whom have contributed to the funding and others who haven't).
There is currently a service level agreement being drawn up for districts to allow them to access the IMHT to assist with early intervention and prevention of escalation of needs / resource demands where Mental Health is an underlying factor.
The team has already worked with districts however this is a more structured approach to the team's response.
The benefits for the individual are obvious however there are far reaching benefits for other partners which include prevention of escalation to criminal matters, keeping people well, avoiding crises and therefore admission aversion.
There will be an evaluation of this broader work and a business case built leading up to 2017/2018.

Figure 1.0

Norfolk Constabulary (50% contribution) – Amanda Ellis lead	135,832
OPCCN – Gavin Thompson lead	50,000
NHS England - Claire Weston lead	42,000
Public Health – Martin Hawkins lead - martin.hawkings@norfolk.gov.uk	
CAMHS – Clive Rennie lead - clive.rennie@nhs.net	30,000
Breckland Council -	
Broadland District Council – Nancy Cordy co-ordinating - cordy@broadland.gov.uk	10,000
Norfolk County Council Adult Services – via Harold Bodmer harold.bodmer@norfolk.gov.uk	
Norwich City Council – lead Bob Cronk – bob.cronk@norwich.gov.uk	
South Norfolk District Council – Paula Boyce – South Norfolk District Council	5,000

Appendix A

DP is a 54 year old man with a diagnosis of schizophrenia. He lives in a flat in a housing complex run by Flagship housing. He was referred to the Integrated Mental Health Team in the police control room via the Operational Partnership Team as he had hit one of his neighbours with a shovel and the housing association were taking steps to evict him. He refused to open the door when they tried to visit him.

DP had previously been sectioned and spent 3 months in hospital as he was homeless and it had taken a long time to stabilise his mental health and then to rehouse him.

Previous Police calls

Call received in CCR reporting assault to neighbour of DP. Three Police Officers deployed. Total cost £98

First Visit

Mental Health Nurse Supervisor with Taser trained officers (as he had warning signals for violence), an Operational Partnership Team Sergeant, and a housing officer.

In total with pre brief and debrief the visit took approximately three hours.

GP spoken to and medication increased.

Second Visit

Mental Health Nurse Supervisor, OPT Sergeant and Housing Officer. This was a door step visit to build a relationship with DP, to review DP's medication and to deliver a food parcel. Discovered DP had no benefits and no food for dog.

Dog food obtained and benefits subsequently sorted.

Third Visit

Mental Health Nurse Supervisor, OPT Sergeant and Housing Officer. On this occasion a notice had been served to allow entry. DP did allow the team inside the house and the 'before 'photographs were taken.

Admission prevented, Eviction prevented and entry allowed to repair the property.

Case Study – Example Costs

Type	**Cost (approx.)**
Previous Police Calls	£98
Joint Visits	£918
Housing repairs	£9,000
Total	**£10,016**
Previous Admission (@ £300 per day)	£27,000
Eviction costs	£20,000
Future Hospital Admission Prevention	£300 per day

SUFFOLK

(Source: Chief Inspector J Powell, and S Hemmett, Mental Health Coordinator)

Just to let you know where we are with the Triage Pilot we have got 3 nurses which is equivalent t to 2.6 and 2 nurses that will be Triage car.

Since June 2016 2 of the 3 control room nurses advising and helping officers, we are currently just waiting on the vetting of the other staff and then they will shadow Becky and Louisa who have great experience in the control room and triage car.

We are looking by the end of July both the control room and triage car will be up and fully operational.

We will then have all three components of our model triage car, CCR nurses and Liaison and Diversion in the PICS.

We also have 18 Mental Health single points of contacts within the Safer Neighbourhood Teams and Neighbourhood Support Team who will be working with partners and clients within their areas.

We are still hoping for a Triage car in Lowestoft but this is currently on hold.

Attached *(below)* is a presentation that Insp Mark Jackson recently gave to our Sgts with regards to the current progress of MH.

We are running a pilot between the Police Service and Waveney Community Health Services – details are attached *(below)*. Its aim is to provide a better service to those individuals within the Waveney area of Suffolk who are suffering with mental health related issues.

We are also part of a joint social prescribing project at Kirkley Mill, which is working with health, the mental-well-being service, DA teams, Citizens Advice Bureau, Turning Point (to name a few partners) where we are looking to hold a range of afternoon triage sessions that either doctors can refer people into (they are based at the location, as are the community hospital teams) or people can drop in and request an appointment.

I have been trying to get a MH triage car specifically in Lowestoft but the stumbling block is currently with NSFT who cannot access nurses to run the car, even as a pilot and I am sure funding is part of this issue as well as availability of nurses. We obviously have access to the control room services – which I am sure Siobhan will have updated you on which is across the constabulary. I am hoping that if we can get the mental well-being service linked in at Kirkley, this may open access to secondary care and perhaps enable us to look at a joint venture which could include a triage car, combined with the wider community project. This remains on-going work.

Mental health

An update regarding mental health services

The Waveney CMHT FACT/Police Pilot

- What is F.A.C.T?
  - Morning Discussions based upon scores
  - Weighting System/Matrix concerning clients
  - CMHT - Staff allocated (Rota Basis)
  - Pilot – Police and CMHT providing the best service to these patients and to reduce demand.

The Waveney FACT/Police Pilot

- Why the need for the Pilot?
  - Police time spent dealing with the incident
  - Supporting the clinical care for the individual
  - Another option available to police
  - Reduce the need to S136.
  - Better working relationship with CMHT

The Waveney FACT/Police Pilot

- What is it and what's the Process?

The Waveney FACT/Police Pilot

- Progress to date:
  - Eight feedback forms completed by officers
    - Same day/Next day appointment
    - Urgent home assessment
    - Contacting other specialist teams to help speed up the process
    - Handover to them
  - Positive feedback from CMHT
  - Quieter period than expected (several individuals are under section currently)
  - CMHT willing to continue partnership ?

The Waveney FACT/Police Pilot

- Where to find the related documents.
- L Drive, SNT Docs, "East one stop shop" folder
  - FACT briefing document
  - FACT flow chart
  - ISA
  - Feedback form

On the wall outside the SNT office

Mental Health Triage Car

- The latest update!
  - Funding in place
  - Finding Band 6 nurses with NSFT to support.
  - How they will work with us? The options!

Meetings with Northgate

- Looking to establish regular meetings to:
  - Discuss repeat S136 Patients
  - Include Police in any partner care plans
  - Ensure we have accurate data on individuals
  - Discuss operational practice
  - Provide and receive feedback
  - First meeting – Fri 01/07/16

Northgate Acute Services

- Building work is now complete
- Staffing in place to receive patients from officers
- Handover process based on risk (Low/Med/High)
- Report any issues

Other Stuff!

- Draft policy document around police involvement with home assessments.
- All Sergeants have the ISA with NSFT.
- Hamilton House in Lowestoft.
- What to do with S136 youth patients?
- Escalation Process for disputes.
- N.H.R
- Additional Info.

SUFFOLK CONSTABULARY

Norfolk and Suffolk NHS
NHS Foundation Trust

Suffolk Constabulary / Waveney Community Mental Health Pilot

Introduction and overview.

The pilot is a joint plan between the Police Service and Waveney Community Health Services which will run initially for a period of 8 weeks, starting on the 9th May 2016. Its aim is to provide a better service to those individuals within the Waveney area of Suffolk who are suffering with mental health related issues.

As an emergency service, Police officers often come into contact with individuals who have mental health issues. Police officers are asked to make difficult decisions based upon the circumstances of the incident and how the individual concerned presents at the time.

The Police officer has the option of using legislation under the Mental Capacity Act and the Mental Health Act to detain the individual and remove them to a place of safety if it's necessary, proportionate and lawful in order to negate any risk.

There are many occasions where the circumstances are such that the use of these two powers would not be necessary or proportionate, in such cases the officer would ensure measures are put in place to support the individual before a referral is completed and sent to the Multi agency safeguarding hub (MASH) for assessment.

This pilot is designed to help and support those that are managed under the Waveney Community Mental health "Flexible Assertive Community Treatment" rota (FACT rota).

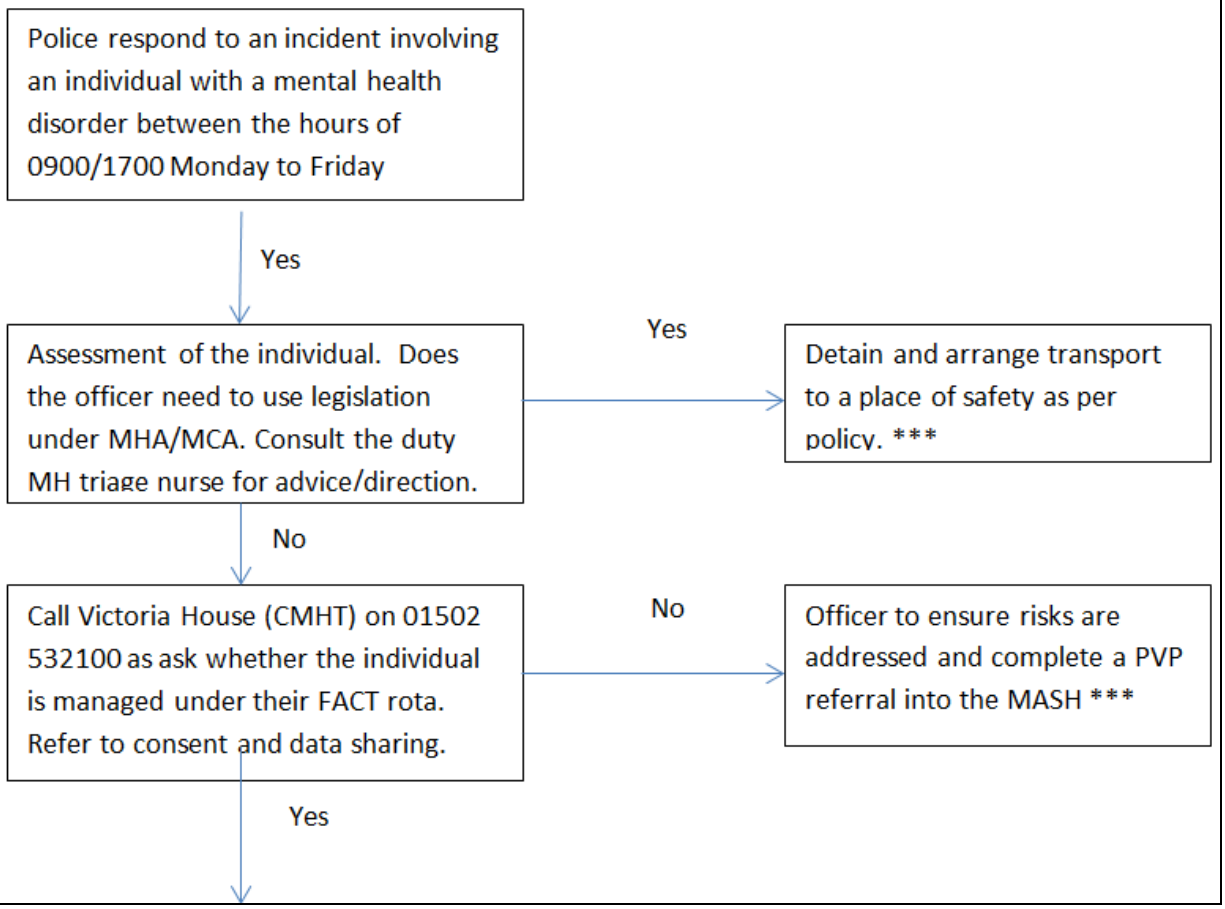
The community mental health team (CMHT) are based at Victoria House, Alexandra Road, Lowestoft and support individuals in the community who suffer with long term complex needs.

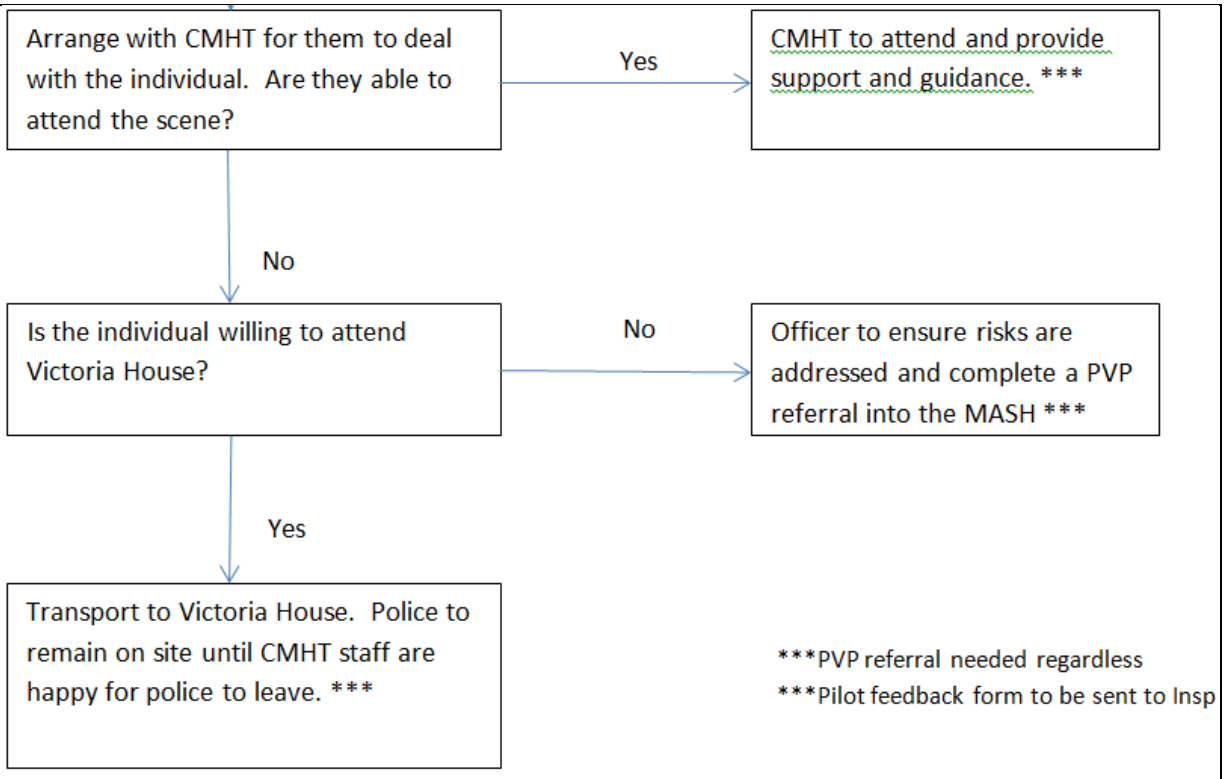
The FACT rota is designed to ensure that Staff within the CMHT are allocated time within office hours to manage those individuals whom they are most concerned about so that resources are able to respond to any care and support needs and to prevent any escalation in mental disorder.

The joint pilot will bring the Police Service and Waveney Community Health services together to ensure a more cohesive and effective service is provided to individuals managed under the FACT rota which will help improve their care and may reduce the need to evoke powers under the MHA and MCA.

A review of this initial pilot programme will be held after four weeks of the pilot commencing to allow discussion by all those involved to establish of this pilot has assisted with addressing mental health issues in Waveney and to look to establish a more formalised approach and policy.

The Process





Data Sharing

Data Sharing with the mental health (Norfolk and Suffolk Foundation Trust) community team is covered under the Information sharing agreement (ISA) already in place. However, officer would have to apply the following:

1) Officers would only be able to contact the CMHT with the individuals consent, which they can record in their PNB. If the individual is not capable of giving consent or refuses consent they will have to apply the public interest test, to see if they can meet the requirements necessary to disclose without their consent (see page 5 – consent).
2) CMHT must be employed by one of the signatories to the ISA or are providing their service under contract with one of the signatories – NSFT.
3) The information sharing is only done verbally, and only relevant and proportionate information is shared.

This pilot is aimed to provide a better service to those service users under the CMHT "Fact Rota".

This CMHT pilot option is not to be used as an alternative for those occasions when an individual is suffering from a mental disorder and needs to be in immediate need of care or control. In cases where the officer believes the individual needs to be detained to protect the individual or others then the use of the MHA/MCA should always be considered and used if appropriate and proportionate.

Any issues of concern throughout the period of the pilot programme should be directed as follows;
Suffolk Police Insp Mark Jackson: Tel 01986 835453 or email Mark.Jackson@suffolk.pnn.police.uk
Waveney Community Health Services: Tel 01502 532100 or email Cameron.thomson@nsft.nhs.uk

2. System-wide Root cause analysis of the 3-4 Jan 2016 'Business Continuity' Event.

NHS
Great Yarmouth and Waveney
Clinical Commissioning Group

HealthEast

Briefing for Great Yarmouth and Waveney Health Scrutiny Committee on the business continuity event at JPUH on 3 Jan 2016

On Sunday 3 January the Great Yarmouth and Waveney system experienced unprecedented demand with 231 attendances to A&E. This included 93 ambulance arrivals to A&E. Normal activity for a Sunday would be approximately 185 attendances to A&E, of which approximately 50 would be ambulance arrivals.

Of the 231 attendances, 54 patients required an emergency admission. However, capacity issues within the James Paget University Hospital (JPUH), community services and social care meant that the patient flow through the emergency system was compromised, and A&E were unable to move patients to the appropriate area.

The significant increase in demand on Sunday 3 January had an impact on performance on Monday 4 January. Although A&E attendances and ambulance conveyances were back to a normal level for a Monday (192 A&E attendances of which 61 via ambulance) emergency admissions remained a concern and risk for the system given the lack of capacity.

A full business continuity incident was declared on Monday 4 January (following the JPUH Internal Majax policy). Throughout this period system partners worked collaboratively to address capacity issues, for example -

- an additional eight beds were put in place at Beccles Hospital to support discharge from JPUH
- All Hallows Hospital made four 'spot-purchase' beds available
- Out of hospital teams in reached to help identify patients suitable for discharge
- The CCG continuing healthcare team worked within the hospital to make sure patients were discharged safely and quickly, often being moved to discharge to assess beds in the community.

An internal Root Cause Analysis (RCA) was drafted based upon statements from all staff involved and a detailed chronology via the JPUH Major Incident documentation procedures. This will be reviewed by the executive led strategic risk group and once finalised will be provided to the CCG via the usual processes for all Serious

Incidents. The JPUH has identified some learning which has been developed into an action plan and this will be monitored at executive level to ensure delivery of the improvement actions. The CCG will then utilise this and the feedback from the system-wide de-brief meeting to formulate the system-wide RCA report to identify any wider learning.

Since the incident the CCG has led on a number of actions to support the management of patient flow:

- Daily conference calls between providers: JPUH, ECCH, Social Care and Continuing Healthcare to discuss patient flow and discharge and share capacity across the system.
- A new Manager of the Day system is now in place at CCG, giving all providers one number access to a senior manager who can help resolve any issues quickly and escalate any incidents if appropriate.
- Expanded and dedicated Systems Resilience Group meeting held monthly incorporating all providers.
- Urgent Care Board has established two Task and Finish Groups - one for Front Door (emergency/A&E) and one for Back Door (discharges)

Lorraine Rollo
Head of Communications and Engagement
28 June 2016

Agenda Item 12

Great Yarmouth and Waveney Joint Health Scrutiny Committee
Forward Work Programme

Friday 7 October 2016:-
(Venue: Lowestoft, Riverside Building).

1. Diabetes care within primary care services in Great Yarmouth and Waveney – Update on the Integrated Model of Diabetes care
   [reference the Information Bulletin for the July 2015 meeting]
2. An Overview of the Out of Hospital Teams (Lowestoft Kirkley Mill and Gt.Yarmouth)
3. NSFT / Mental Health update – update on the outcomes and impacts for GY&W arising from the CQC inspections of NSFT.
   [NB. There was an Information Bulletin item on NSFT quality improvements at Suffolk HSC on 14 April 2016]

[Provisional date] Friday 20 January 2017:-
(Venue: Great Yarmouth).

1. 'Most Capable Provider' (MCP) procurement scheme.

Additional agenda items to be confirmed

[Provisional date] Tuesday 4 April 2017:-
(Venue: Great Yarmouth).

Agenda items to be confirmed

[Provisional date] Friday 14 July 2017:-
(Venue: Great Yarmouth).

Agenda items to be confirmed

Potential topics / events / Information items, not yet scheduled:

- At the meeting on 22/1/16 it was agreed to include on the FWP a future item regarding Learning Disability Services in the GY&W area.