



Confirmed

Minutes of the Great Yarmouth and Waveney Joint Health Scrutiny Committee Meeting held on 12 July 2019 at 10:30 am in the Claud Castleton Room, Riverside Campus, Lowestoft.

Present: Councillors Stephen Burroughes (Chairman, Suffolk County Council), Nigel Legg (Vice Chairman, South Norfolk District Council), Judy Cloke (East Suffolk Council), Richard Price (Norfolk County Council) and Keith Robinson (Suffolk County Council).

Also present: Cath Byford (Director of Commissioning and Deputy Chief Executive, NHS Great Yarmouth and Waveney Clinical Commissioning Group (CCG), Fran O'Driscoll (Deputy Director of Commissioning, NHS Great Yarmouth and Waveney CCG), Verity Jolly (Director of Patient Services, St Elizabeth's Hospice, Ipswich), Kelvin Bengtson (Medical Director, St Elizabeth Hospice), Jonathan Williams (Chief Executive, East Coast Community Healthcare CIC) and Angela Wilson (Deputy Director of Operations, East Coast Community Healthcare CIC).

Supporting officers present: Rebekah Butcher (Democratic Services Officer), Andrew Eley (Senior Democratic Services Officer) and Maureen Orr (Democratic Support and Scrutiny Team Manager).

The meeting was opened by the Democratic Services Officer.

1. Election of Chairman and Vice Chairman 2019/20

On the proposition of Councillor Keith Robinson, seconded by Dr Nigel Legg, it was agreed that Councillor Stephen Burroughes be elected as Chairman for the 2019/20 Municipal Year.

Councillor Stephen Burroughes assumed the Chair.

On the proposition of Councillor Stephen Burroughes, seconded by Councillor Richard Price, it was agreed that Dr Nigel Legg be elected as Vice Chairman for the 2019/20 Municipal Year.

2. Apologies for Absence and Substitutions

An apology was received from Councillor Emma Flaxman-Taylor (Great Yarmouth Borough Council). There were no substitutions.

3. Minutes of the Previous Meeting

The minutes of the meeting held on 26 April 2019 were confirmed as a correct record and signed by the Chairman.

4. Public Participation Session

With permission of the Chairman, Mrs Jenny Beesley, Chairman of East Coast Hospice Limited addressed the Joint Committee to speak in relation to agenda item 6: Palliative and End-of-Life Care.

Mrs Beesley informed the Joint Committee she was very pleased to see the six beds at Beccles Hospital. However, reiterated that patient services for palliative care was still being undertaken at Beccles Hospital. She remarked on outcomes of a meeting with the NHS Great Yarmouth and Waveney CCG in February 2018 in which the Chief Executive made it clear that East Coast Hospice should be consultant-led, not GP-led, and she confirmed she had carried that through. However, in the evidence submitted within the report, it did not mention 'specialist palliative care'; although she said she was sure consultant-led care was in place, she stated that it should be noted in writing. She questioned whether the CCG had also changed its mind about GPs as they were now mentioned within the report.

Mrs Beesley also questioned why the NHS Great Yarmouth and Waveney CCG were giving £5m to the Cambridge and Peterborough Sustainability Transformation Programme (STP) whilst the Great Yarmouth and Waveney area had the highest cancer rates in England with no available hospice. She also questioned what MPs and councillors were doing to make sure their local constituents had access to the best care which she felt was presently not in place. She concluded to say that the STP document was very good.

With permission of the Chairman, Dr Patrick Thompson, a member of the public, addressed the Joint Committee to speak in relation to agenda item 6: Palliative and End-of-Life Care.

Dr Thompson informed Members he had in the past sat on various Boards and he said whilst working with the Patient and Public Involvement Forum, he was part of a team that selected plans to build an information and resource centre dealing with long-term and life-threatening conditions, now known as The Louise Hamilton Centre. He confirmed that hospice beds had not been included in the original plans. He added that government policy was that services available should be equitable for all, but he felt at present there was somewhat of a 'postcode lottery'. He noted that various options were now being considered to address palliative and end-of-life care services however said that in many ways it did not. He mentioned that there had been no hospice beds available within the Great Yarmouth and Waveney area for many years, except two beds at All Hallows which was now closed. He raised concern that in the area, more patients died in acute hospitals than the national average and said that these points of concern had been raised in December 2017. He also wished it to be noted that the local CCG was not prepared to fund any form of in-patient hospice service, although there were discussions to build a 10-bed hospice. He continued to say that although the CCG did not wish to fund the hospice, it was funding an 'unequitable' service in Beccles Hospital.

In conclusion, Dr Thompson referred to pages 23, 24, 44 and 45 and questioned: how these services were going to be monitored, drawn into action

and over what timescale. He also sought to hear a full financial explanation to understand why the Norfolk and Waveney STP had agreed to support another STP to the tune of £5m.

The Chairman thanked the speakers for their contributions and using his discretion, asked the CCG if they wished to respond.

Cath Byford (Director of Commissioning and Deputy Chief Executive, NHS Great Yarmouth and Waveney CCG), confirmed that the £5m to support the Cambridge and Peterborough STP had come from the Norfolk and Waveney STP and not just the Great Yarmouth and Waveney area, with the funding being made up of contributions from all the CCGs and providers in the Norfolk and Waveney area. Members were informed that NHS England and NHS Improvement were presently in the process of merging, and different approaches were being undertaken in terms of the way finances were being managed from a top-down perspective. She said that in the past NHS England and NHS Improvement would have held on to funding and releasing smaller amounts of money as required. Members were told that NHS England and NHS Improvement had provided the Norfolk and Waveney STP with £69.9m in total this year in order to recognise the financial challenges faced by the NHS and because of this, there was nothing left in the pot at NHS England or NHS Improvement. It was explained that the regional STPs had been provided with the maximum amount of money with the expectation that if there were problems in a region, the region would come together to help the challenged area.

5. Declarations of Interest and Dispensations

There were no declarations made or dispensations given.

6. Palliative and End-of-Life Care

At agenda item 6, the Joint Committee received a suggested approach from the Democratic Support and Scrutiny Team Manager to examine the progress with service provision in the Great Yarmouth and Waveney area under the NHS Adult Community Services and Specialist Palliative Care contract, which started on 1 April 2019.

The Chairman welcomed Cath Byford (Director of Commissioning and Deputy Chief Executive, NHS Great Yarmouth and Waveney Clinical Commissioning Group (CCG), Fran O'Driscoll (Deputy Director of Commissioning, NHS Great Yarmouth and Waveney CCG), Verity Jolly (Director of Patient Services, St Elizabeth's Hospice, Ipswich), Kelvin Bengtson (Medical Director, St Elizabeth Hospice), Jonathan Williams (Chief Executive, East Coast Community Healthcare (ECCH) CIC) and Angela Wilson (Deputy Director of Operations, East Coast Community Healthcare CIC) to the meeting and to introduce the report.

A presentation on Specialist Palliative Care Services was provided to the Joint Committee.

Recommendation: The Joint Committee:

- a) noted the significant progress in the provision of palliative and end of life care services in GY&W;
- b) suggested that consideration should be given to enhancing the support, training and guidance provided to families and carers when a person dies,

working with other agencies (e.g. police and ambulance) and to promote more use of the 24/7 advice line; and

- c) agreed that the Committee meeting in July 2020 would have a further scrutiny review of the performance and demand of the service, including comparative performance and activity data on the utilisation of the 24/7 advice line, advance care planning, and quality accounts.
- d) The Joint Committee also confirmed a visit to Beccles Hospital to be arranged in the future, at the invitation of the Chief Executive, ECCH.

Reason for recommendation:

- a) The Joint Committee was grateful to receive an overview of the future development and delivery of the service.
- b) The Joint Committee was aware that local health organisations were now working together whereas in the past it had been fractured. It was also acknowledged that strong links with the voluntary sector was vital in bringing much needed funding to services.

Members were aware that, historically, End-of-Life and Palliative Care services were based in the hospital, but the new community-based service had been hugely successful with organisations working together to wrap services around the patient and their families/carers through the emerging Primary Care Networks. This would reduce duplication of effort and reduce multiple assessments.

In response to a Member question in relation to advice to relatives when a person dies, it was confirmed that health organisations encouraged health professionals to undertake advanced care planning; this identified the type of care a patient would wish to have, and also detailed their preferred place to die. Regarding if a patient was to die at home, families were advised that there was no need to call 999, but to instead call the community nursing service or the 24/7 advice line.

- c) Members wished to look at the measurable impact of the service from a customer perspective in a years' time. There were still some concerns from some Members that the CCG was not supporting hospice care in the Great Yarmouth and Waveney area.
- d) The Joint Committee was informed that ECCH had worked with the CCG for some time to modernise the facilities at Beccles Hospital to very high standards in the clinical environment as well as facilities for physical rehabilitation. Members were also aware various therapies were provided on-site as a day service. The Joint Committee were very pleased to be invited to Beccles Hospital and wished to take up ECCH on their offer.

Alternative options: There were none considered.

Declarations of interest: There were none declared.

Dispensations: There were none granted.

7. Information Bulletin

The Joint Committee noted the information bulletin at Agenda Item 7.

8. Forward Work Programme

The Joint Committee received a copy of its Forward Work Programme at Agenda Item 8.

Decision: The Committee agreed its Forward Work Programme with the inclusion of the following items:

- a) to include phlebotomy as part of the scrutiny of Primary Care in Great Yarmouth and Waveney at its 25 October 2019 meeting;
- b) to add a scrutiny item on Mental Health provision and delivery with a focus on crisis care on 7 February 2020; and
- c) to add a further scrutiny review of Palliative and end-of-life care at its meeting on 15 July 2020.

The Joint Committee also requested the following information bulletin items to be received at its 25 October 2019 meeting covering:

- d) progress on the build of a new hospice relating to Palliative and End-of-Life Care; and
- e) the establishment of a single Executive Team for all the CCG's across Norfolk and Waveney.

Reason for decision: The Joint Committee regularly reviewed items appearing on the Forward Plan and was required to suggest topics to scrutinise at future meetings.

9. Urgent Business

There was no urgent business.

The meeting closed at 12:37 pm.

Chairman