



Great Yarmouth and Waveney Joint Health Scrutiny Committee

Date: Friday 6 February 2015

Time: 10.30 am

Venue: Supper Room, Town Hall, Great Yarmouth Borough Council.

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

Under the Council's protocol on the use of media equipment at meetings held in public, this meeting may be filmed, recorded or photographed. Anyone who wishes to do so must inform the Chairman and ensure that it is done in a manner clearly visible to anyone present. The wishes of any individual not to be recorded or filmed must be appropriately respected.

Membership –

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

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

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

1.	<p>Apologies for Absence and Substitutions</p> <p>To note and record any apologies for absence or substitutions received.</p>	
2.	<p>Minutes</p> <p>To confirm the minutes of the meeting of the Great Yarmouth and Waveney Joint Health Scrutiny Committee held on 8 October 2014.</p>	(Page 5)
3.	<p>Public Participation Session</p> <p>A member of the public who is resident, or is on the Register of Electors for Norfolk or Suffolk, may speak for up to 5 minutes on a matter relating to the following agenda.</p> <p>A speaker will need to give written notice of their wish to speak at the meeting by contacting Tim Shaw at the email address above by no later than 12.00 noon on Monday, 2 February 2015.</p> <p>Contributions from the public will be taken in the order that they were received, unless the Chairman considers there is a more appropriate place on the Agenda for them to be taken.</p> <p>The public participation session will not exceed 20 minutes to enable the Joint Committee to consider its other business.</p> <p>This does not preclude a member of the public from indicating a wish to speak during the meeting and the Chairman will have discretion to decide how the Committee will respond to any such request.</p>	
4.	<p>Members to Declare any Interests</p> <p>If you have a Disclosable Pecuniary Interest in a matter to be considered at the meeting and that interest is on your Register of Interests you must not speak or vote on the matter.</p> <p>If you have a Disclosable Pecuniary Interest in a matter to be considered at the meeting and that interest is not on your Register of Interests you must declare that interest at the meeting and not speak or vote on the matter.</p> <p>In either case you may remain in the room where the meeting is taking place. If you consider that it would be inappropriate in the circumstances to remain in the room, you may leave the room while the matter is dealt with.</p> <p>If you do not have a Disclosable Pecuniary Interest you may nevertheless have an Other Interest in a matter to be discussed if it affects</p>	

	<ul style="list-style-type: none"> • your well being or financial position • that of your family or close friends • that of a club or society in which you have a management role • that of another public body of which you are a member to a greater extent than others in your ward. <p>If that is the case then you must declare an interest but can speak and vote on the matter.</p>	
5.	<p><u>James Paget University Hospitals NHS Foundation Trust transformation plan</u></p> <p>Appendix A - A progress update from David Wright, Chairman, and Christine Allen, Chief Executive.</p>	<p>(Page 10)</p> <p>(Page 12)</p>
6.	<p>Information Items</p> <p>These items are not intended for discussion at the Committee meeting. Further information may be obtained by contacting the named officer for each item. If there are any matters arising from this information that warrant specific aspects being added to the forward work programme or future information items, Members are invited to make the relevant suggestion at the time that the forward work programme is discussed.</p>	(Page 18)
7.	<p>Forward Work Programme</p> <p>To consider and agree the forward work programme.</p>	(Page 21)
8.	<p>Urgent Business</p> <p>To consider any other items of business which the Chairman considers should be considered by reason of special circumstances (to be specified in the minutes) as a matter of urgency.</p>	

Glossary of Terms and Abbreviations

(Page 23)

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Date Agenda Published: 29 January 2015



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**GREAT YARMOUTH AND WAVENEY JOINT HEALTH SCRUTINY COMMITTEE
MINUTES OF THE MEETING HELD ON 8 October 2014**

Present:

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

Also Present:

Kim Arber	NHS Great Yarmouth and Waveney CCG
Rebecca Driver	Director of Engagement, NHS Great Yarmouth and Waveney CCG
Michael Scott	Chief Executive, Norfolk and Suffolk NHS Foundation Trust
Andy Evans	Chief Executive, NHS Great Yarmouth and Waveney CCG
Alan Murray	Cabinet Member for Health and Adult Care and Chairman of the Health and Wellbeing Board, Suffolk County Council
Maureen Orr	Democratic Support and Scrutiny Team Manager, Norfolk County Council
Paul Banjo	Democratic Services, Suffolk County Council
Tim Shaw	Committee Officer, Norfolk County Council

1 Apologies for Absence and Substitutions

There were no apologies for absence

2 Minutes

The minutes of the previous meeting held on 23 July 2014 were confirmed as a correct record and signed by the Chairman.

3 Public Participation Session

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

The Chairman did, however, agree to hear from Alan Murray, the Cabinet Member for Health and Adult Care and Chairman of the Health and Wellbeing Board, Suffolk County Council, who spoke when the Joint Committee considered items 5 and 6 on the agenda.

4 Declarations of Interest

There were no declarations of interest.

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

5.1 The Joint Committee received a report from the Democratic Support and Scrutiny Team Manager at Norfolk County Council which included evidence from Andy Evans, Chief Executive, NHS Great Yarmouth and Waveney CCG and Michael Scott, Chief Executive, Norfolk and Suffolk NHS Foundation Trust. The Joint Committee also heard from Suffolk County Councillor Alan Murray.

5.2 Andy Evans and Michael Scott explained how the proposed new approach to Adult and Dementia Mental Health Services in Great Yarmouth and Waveney would lead to three local centres of excellence on two sites, including the further development of crisis resolution and home treatment teams and dementia intensive support teams that provided services across the whole of the Great Yarmouth and Waveney area. In reply to questions, they said that the consolidation of all inpatient services at Northgate Hospital was expected to take 9 to 12 months to complete and reduce the number of adult acute mental health beds in the locality from 28 to 20 beds. It was pointed out that the 36 beds at Carlton Court for ongoing care for older people with complex mental health needs would remain open. In addition, Laurel Ward at Carlton Court would re-open with up to 10 beds for older people with complex mental health needs and stay open until the right kind of services were available in the community to support these patients.

5.3 In reply to further questions, the witnesses pointed out that 6 beds in local nursing homes in the Great Yarmouth and Waveney area would continue to be used after the closure of Larkspur Ward at Carlton Court and that a small number of patients would still have to travel to Norwich for dementia assessment. It was pointed out that dementia patients needing to travel to Norwich would not be expected to make their own travel arrangements. It was noted that there would be 10 acute mental health beds opening for patients outside the locality, in Norwich. Andy Evans added that there were plans for the new and improved services at Carlton Court to include beds and services for younger people with mental health needs.

5.4 County Cllr Alan Murray said that Suffolk County Council fully supported the CCG's proposals for Adult and Dementia Mental Health Services and looked forward to hearing further from the CCG and its partners about improvements in services for young people with mental health needs, including the CCG's plans

for making Carlton Court a Centre of Excellence for Children's Mental Health Services. Alan Murray also explained developments regarding policing and mental health services in Suffolk where a street triage initiative had been introduced on a trial basis that involved mental health staff accompanying the police car in a triage car and encouraged the CCG and Norfolk and Suffolk NHS Foundation Trust to consider a similar service in Great Yarmouth and Waveney.

5.5 The Joint Committee noted that the proposed changes to adult and mental health services in Great Yarmouth and Waveney were a substantial change to service. The Joint Committee also welcomed that the changes were intended to make for an equality of service provision throughout the area.

5.6 The Joint Committee agreed unanimously that:-

- (a) It was satisfied that the consultation on the proposals had been adequate in relation to content and time allowed; and
- (b) It was satisfied that the CCG's final proposals were in the interests of the health service in its area.

5.7 The Joint Committee agreed unanimously to inform the CCG that it did not intend to make a report to the Secretary of State under Section 23 paragraph (9) of the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013.

6 NHS Great Yarmouth and Waveney CCG Five year Plan for Achieving Health and Care Integration

6.1 The Joint Committee received a report and presentation from Andy Evans Chief Executive, NHS Great Yarmouth and Waveney CCG, about the CCG's vision for the next five years and its intentions for an integrated care system in Great Yarmouth and Waveney. It was pointed out that more detailed information about the CCG's intentions could be found in the CCG's two year Operating Plan.

6.2 Andy Evans said that the CCG was working closely with its commissioning partners to put together a detailed timetable of activities that would lead to closer integration of health and care services. He said that these activities would include combining budgets (the Better Care fund would be a key enabler), streamlining the management of teams and co-locating teams. He said that the Joint Committee would be kept informed of developments.

6.3 Andy Evans agreed to take up a suggestion from Alan Murray that the CCG should share with Suffolk County Council the CCG's assessment of its IT system's compatibility with that of its commissioning partners. Andy Evans added that significant progress had been made on this issue over the last 12 months but more work remained to be done.

6.4 The Joint Committee agreed to accept Great Yarmouth and Waveney CCG's summary of its five year strategic plan.

Alison Cackett asked for it be recorded in the minutes that she would have

preferred the Joint Committee to have had a more in-depth discussion of the CCG's five year plan before agreeing to accept it. In response the Chairman pointed out in accepting the CCG's summary of its five year strategic plan the Committee was not committed to prior approval of specific proposals that would be considered in detail during the formal consultation process as and when appropriate.

7 Information Only Items

7.1 The Joint Committee noted information on the following subjects:

- An update on progress towards developing seven day services including timescales.
- The move of the Out of Hours GP base from the Nelson Medical Centre, Great Yarmouth to the James Paget University Hospitals NHS Foundation Trust.
- The James Paget University Hospitals NHS Foundation Trust two year transformation plan.

8 Forward Work Programme

8.1 The Joint Committee agreed the following items for the forward work programme:-

8.2 6 February 2015 – the Chairman and the Chief Executive of the James Paget University Hospitals NHS Foundation Trust should to be invited to speak about the hospital's two year transformation plan (a summary of which was included in the "information only items" mentioned above). It was agreed that the report should include:-

- Progress with the transformation programme
- Progress towards 7 day service
- Progress with streamlining / improving processes, e.g. the patient appointment system.

8.3 8 April 2015 – Great Yarmouth and Waveney CCG and Norfolk and Suffolk NHS Foundation Trust should be asked to present a report on progress with the changes to adult and dementia mental health services and the establishment of the children's service at Carlton Court.

This report should also include information on the trend in out of area placements of mental health patients (i.e. the numbers of patients from other areas who have been placed in the Great Yarmouth and Waveney area; the numbers of patients from the Great Yarmouth and Waveney area who have been placed in other areas).

8.4 The health scrutiny officers were asked to approach Healthwatch in Norfolk and Suffolk about the possibility of Healthwatch monitoring the effect of the changes to mental health services in the Great Yarmouth and Waveney area after they have been implemented (i.e. in approximately one year's time) and reporting back to the Joint Committee in due course.

8.5 In reply to a member question, Maureen Orr, Democratic Support and Scrutiny Team Manager at Norfolk County Council, advised that the issue of female genital mutilation in Norfolk was more of a criminal justice issue than a health service issue and therefore outside of the remit of this Joint Committee.

9 Urgent Business

There were no items of urgent business.

10 Dates and Times of Future Meetings

10.1 It was noted that the Committee would be meeting at Great Yarmouth Borough Council at 10.30 am on the following dates:

6 February 2015

8 April 2015

The meeting concluded at 12.45pm.

CHAIRMAN



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James Paget University Hospitals NHS Foundation Trust Transformation Plan

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

James Paget University Hospitals NHS Foundation Trust will update the joint committee with progress on its two year transformation plan

1. Introduction

1.1 At the beginning of the 2014-15 financial year James Paget University Hospitals NHS Foundation Trust (JPUH) embarked on a two year programme to support transformation of services to realise £17.6 million savings in the two years 2014-16.

1.2 The Transformation Plan covers:-

Service transformation

- Surgical services – improvements within operating theatres
- Outpatients
- Administrative roles and enablement
- Pharmacy and medicines management
- Patient flow and ward refurbishment
- Coding and best practice tariff

Operational excellence

- Tactical budget opportunities – cost efficiencies
- Service reviews and service line reporting
- Lowestoft hospital site – consolidation of services and closure of Lowestoft site
- Procurement – to secure price reductions
- Tactical human resources and flexible benefits
- Commercial and market outsourcing opportunities

Partnership/collaboration and innovation

- Research and development – increase opportunities from research trials
- Service growth and development
- Inter-provider collaboration and integrated care
- Medical productivity and medical agency controls

Patient experience and safety

- Consistency in care and eliminating harm
- Ward establishment and temporary staffing – delivering benefits through effective management
- Specialist roles including Allied Health Professionals' new ways of working

2. Purpose of today's meeting

2.1 Great Yarmouth and Waveney Joint Health Scrutiny Committee (GY&W JHSC) received an information bulletin about the Transformation Plan on 8 October 2014, which set out an overview and update of the two year plan. The Joint Committee invited the Chairman and Chief Executive of JPUH to attend today's meeting to discuss the Transformation Plan, including:

- Progress with the transformation programme
- Progress towards seven day service
- Progress with streamlining / improving processes, e.g. the patient appointment system.

The Chairman and Chief Executive of the JPUH have provided the report at Appendix A.

3. Suggested approach

3.1 After the Chairman and Chief Executive have presented their report, Members may wish to discuss the following areas with them:-

- (a) Has there been good progress against the milestones in the Transformation Plan?
- (b) Is the JPUH delivering a seven day service in line with the local acute services contract?
- (c) Are sufficient savings being delivered?
- (d) Do you expect there to be proposals for substantial change to services at the hospital on which consultation with this committee and the public will be required?
- (e) How have patients responded to the changes that have been made so far?

 <p>IN TRAN communication for all</p>	<p>If you need this report in large print, audio, Braille, alternative format or in a different language please contact Customer Services on 0344 800 8020 or 0344 800 8011 (Textphone) and we will do our best to help.</p>
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James Paget University Hospitals NHS Foundation Trust

Transformation Update

1 Background

- 1.1 The James Paget University Hospitals NHS Foundation Trust implemented a transformation programme in 2012. Since then, the approach has been developed to build a stronger foundation for forward planning. At the beginning of the current financial year 2014/15, the Trust embarked on a two year programme to support transformation of services to enable the Trust to deliver its financial plan including £17.6m savings during 2014-16. The programme was developed with appropriate governance in place to ensure that this could be delivered without risk to patient safety and where possible with improvement to patient outcomes. As at the end of December 2014, the Trust is forecasting delivery of £7.1m savings for this financial year, against a target of £9.9m.
- 1.2 The ongoing challenges faced in the health sector, both financially and from the continued pressures of increasing demand, has led to a need to redesign the way health services are provided by the JPUH and its partners. The pace of transformation is increasing both internally and across the health system. A new transformation plan is under development. Wider system change transformation is being developed with partners and a new joint transformation group is in place to ensure joint projects are delivered.
- 1.3 This update report provides some of the detail of how patients are being placed at the centre of service redesign whilst tackling the challenging financial position in the health economy.
- 1.4 The Trust continues to see an increase in activity, particularly in relation to A&E. This has been well managed and is supported by some of the early successful pilot work in A&E and ambulatory care. The Trust recognises the need to develop this approach.
- 1.5 Work is underway on refining the transformation strategy to ensure there is a clear focus on activity, aligned to the Trust's strategy, which delivers the savings required and ensures a robust approach to patient experience. The programme itself is monitored closely on a monthly basis by the Transformation Board, which comprises all members of the Executive Team and is led by the Chief Executive.

2 Transformation plan.

2.1 An outline of the current transformation plan was reported in October 2014. This report provides further information on the key transformation projects focusing on success to date and plans for the medium term.

2.2 Integrated Transformation projects.

2.2.1 **Medicines optimisation.** This joint project between the CCG and JPUH has been set up to identify savings that could be realised across the system through improved medicine prescribing. The project team has been set up and is establishing those drugs which, through more joined up prescribing, could offer significant savings to the health economy.

2.2.2 **Roll-out of the out of hospital team.** The successful Lowestoft Out-of-Hospital Team is to be rolled out to Gorleston, Bradwell, Great Yarmouth and Northern Villages. This will support a greater level of service provision outside of the acute environment. This and other internal projects with similar outcomes, are being closely reviewed by the Transformation Board.

2.2.3 **Seven Day Services.** GYWCCG and JPUH are early adopters' for the NHS 'Seven Day Services Transformational Improvement Programme'. The implementation team have identified key themes for early assessment and consideration including increasing weekend discharges and greater access to diagnostic services. This long-term project will challenge all organisations which provide health and social care in Great Yarmouth and Waveney to work closely together to provide more joined up, integrated services which offer equivalent levels of care every day of the week.

2.2.4 **Service specific transformation.** There are a number of projects underway both internally and with partners seeking to improve the patient experience and make efficiency savings. An example of this is the respiratory project which is focusing services around patients with Chronic Obstructive Pulmonary Disease (COPD) and has included a specialist nurse from the JPUH working with the community provider in an integrated community based team. This project is being closely monitored to see the impact it has on hospital admissions and length of stay for COPD patients so that learning can be shared.

There are a number of other projects underway focusing on specific service redesign including an integrated falls service and services for cardiology. In addition, jointly delivered projects are underway which are piloting new approaches to supporting frail elderly patients that attend A&E, who are medically stable, but previously would have been admitted due to care packages not being in place enabling their return to home.

2.3 Internal Transformation Programme.

- 2.3.1 **Day Theatre Upgrade.** The Trust is currently building a new Day Case Unit, which will include three theatres. Additional phases of work will upgrade the main theatre complex. The project, which is the biggest building project ever undertaken by the Trust, started in April 2014. The improvements to the theatres will provide new opportunities for greater efficiencies and flexibility and will enable the Trust to manage more procedures as day cases, providing benefits to both patients and the Trust.
- 2.3.2 **Outpatients.** This programme of work will focus on all aspects of outpatient services from referral through to discharge or decision to admit. The programme will aim to provide a patient centred outpatient service providing one-stop clinics in a setting that is fit for purpose. This will include reducing the number of visits required and working closely with primary providers to improve information flow. The projects will be aligned to the Trust's ambitions for the hospital estate to improve outpatient facilities and support patient flow within clinical specialities.

2.3.3 **Patient Flow and bed utilisation.** In order to optimise the capacity of the hospital and ensure patients only stay as long as they need to, the Trust is embarking on a project to increase and improve patient focused decision making across all inpatient areas. This will provide patient centred plans from front door to discharge and will aim to reduce bed pressures and improve patient flow. It will build on techniques already introduced within the successful pilot in Ambulatory Care and will provide a significant enabler to widespread changes in custom and practice throughout the hospital, using 'lean' tools and techniques.

2.3.4 **Pharmacy review.** In addition to the integrated improvements for medicines optimisation, the Trust is also addressing internal changes to the way that the hospital manages prescriptions and procurement decisions. Examples include the development of a joint formulary with Norfolk and Norwich University Hospital including switching from branded to generic medicines whenever possible; introducing a Homecare delivery service for some patients who require prescription drugs long term; recycling unused medicines and reducing waste; and redesigning pharmacy arrangements for outpatients to provide better facilities, increased compliance and value for money.

Aligned to the pharmacy review is the successful joint bid with the Norfolk & Norwich University Hospital to implement a joint e-prescribing system at both sites which will bring a number of operational benefits.

2.3.5 **Ward Establishment and Temporary Staffing** – the Trust is upgrading its rostering system which will deliver benefits to patients and further improve the effective management of staff, as well as improved reporting. The project will enable enhanced rostering of nursing staff (and in subsequent phases all temporary staff) supporting the right skills for the right need and at the right time. The new system will be introduced onto all wards.

2.3.6 **Enabling projects.** There are a number of enabling projects underway which support the delivery of the wider transformation programme. These include IT projects to provide improved access to information and upgrades to systems to increase functionality and open up new opportunities for efficient ways of working.

2.3.7 Finally, the JPUH is developing a Commercial Strategy in order to maximise opportunities to generate income from rental space and in-house services.

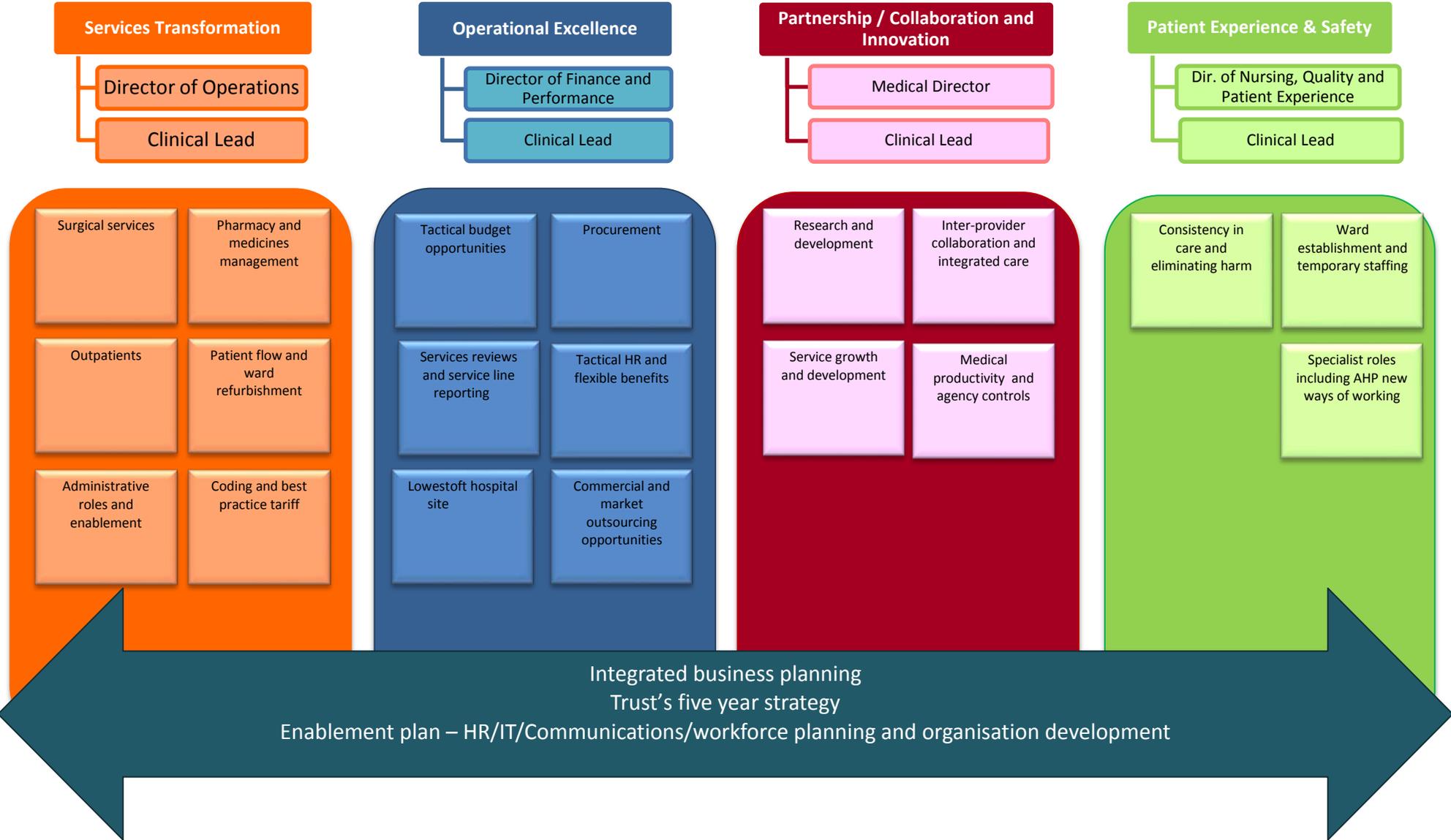
3 Progress and Next Steps

- 3.1 Building upon the development of project and governance structures described in the previous report, key projects are now underway and outcomes are being closely monitored. Variations to the programme are reported to the Transformation Board, including managing alterations to the original assumptions and the identification of barriers to change.

The Trust is required by Monitor, the independent regulator of Foundation Trusts, to refresh its annual plan for 2015/16 in light of a number of factors including the current financial position and emerging cost pressures, revised commissioner allocations and the national arrangements for the better care fund. As part of this process the Trust will need to refresh the transformation plan for 2015/16 to reflect the revised annual plan and the developing work with partners in the health system on integrated projects.

As well as ensuring a tight focus on the operational activities of the Trust, the programme highlights the progress being made to forge effective partnership and collaborative opportunities. The Trust continues to work closely with the CCG and East Coast Community Healthcare, including through the appointment of a joint Head of Integration with the CCG who works closely with the Head of Business Transformation in the Trust.

The Trust's Two Year Transformation Plan



Information Items

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

(a) 'The Shape of the System' Developing Modern and Sustainable Health Services in Great Yarmouth and Waveney

1. Introduction

In September 2014 NHS Great Yarmouth and Waveney's Governing Body approved the move to pre consultation for 'The Shape of the System' public consultation. Nine meetings with invited members of the public, local communities, voluntary sector and staff took place across the whole of the Great Yarmouth and Waveney before Christmas. Two staff meetings were also held with staff from East Coast Community Healthcare (ECCH). All these meetings have been led by the CCG Chief Executive. Alongside this, there are a range of meetings being held with local stakeholders, patient, community and clinical groups, to make sure that as many voices as possible shape the public consultation.

The consultation will look at how health and social care services can be better provided and at a consistently high level right across Great Yarmouth and Waveney.

We will be consulting on how all services - including hospital, community, primary care and social care - can be improved and updated so that they provide every resident with coordinated care which meets their needs, as and when they need it. We will ask staff, stakeholders and the public for their views about the strategy, which covers services in every locality and creates a fully integrated health and social care system.

During the consultation, we will ask for feedback on plans to locate teams of health and social care professionals together while providing as much care as possible outside hospitals and closer to peoples' homes. Topics will include:

- where services are based across the CCG area to ensure equity for all
- how care is provided in communities and in community hospitals
- where and how best to provide urgent health care
- how GP and primary care services in Gorleston should look in the future

The organisations involved in this consultation are:

- NHS Great Yarmouth and Waveney CCG,
- East Coast Community Healthcare,
- James Paget University Hospitals NHS Foundation Trust,
- Suffolk County Council
- Norfolk County Council,
- Norfolk and Suffolk NHS Foundation Trust,
- Waveney District Council,
- Great Yarmouth Borough Council
- GP practices across Great Yarmouth and Waveney.

2. Scope of the public consultation

The consultation will focus on the CCG's ambition to commission modern, flexible healthcare delivered, where possible, in people's own homes or from easy-to-access, modern buildings or 'community hubs'. This will mean that health, social care and the voluntary sector need to work more effectively together to provide high quality, joined-up care which responds to the needs of patients.

The case for integration of health and social services is clear. The pre consultation process is setting the context for the public consultation. This approach will mean we can make sure we are spending our budgets in the most effective way, reducing duplication and making sure everyone receives the right treatment in the right place at the right time. The CCG is facing a challenging financial picture and for this reason it is important we look at everything we commission and consider how we can do this more effectively in future years.

The implementation of the integrated model has already begun in Lowestoft following a successful public consultation there in 2013. The new out of hospital team in Lowestoft delivers targeted care in people's own homes and has already reduced hospital admissions by around 10% in just ten months. The vision of this consultation is to roll out similar initiatives across Great Yarmouth and Waveney. It will concentrate on a total plan covering every aspect of health care and social care services, right across the area.

The scope of the consultation will cover the shift of services provided in hospitals across our communities closer to people's homes, including community hospitals, primary care in Gorleston and urgent care services across Great Yarmouth and Waveney.

This consultation will cover the following:

- Services provided in community hospitals, including roll out of new out of hospital teams in community hubs and the provision of beds with care in a care home environment.
- Urgent care services across Great Yarmouth and Waveney.
- Primary Care services in Gorleston

3. Timeline

The current timeline for the public consultation is to launch it on Wednesday, 4 March 2015. However, at their meeting in public on 29 January 2015 the Governing Body is being asked to consider delaying the launch of the public consultation until after the general election. A verbal update on the Governing Body decision and a new timeline will be shared with the HOSC manager after 29 January so that the HOSC can be verbally updated on the timeline at their meeting on 6 February.

HealthEast

Great Yarmouth and Waveney Clinical Commissioning Group

(b) Patrick Stead Hospital temporary redeployment of overnight in-patient facilities

Plans are in place to recommence the intake of overnight in-patients at Patrick Stead Hospital in Halesworth in March 2015.

Since November, patients requiring overnight care have been admitted to Southwold and Beccles Hospitals where extra beds are being provided, as required. The beds at Patrick Stead Hospital are being used for day care patients from Southwold and Beccles. Out-patient activity and other clinics and treatments continue on the site as usual.

The realignment of services was instigated as a result of unforeseeable long-term sickness within East Coast Community Healthcare (ECCH), which provides services at the hospital, and subsequent recruiting difficulties. The recruiting issue reflects the national trend, with the Royal College of Nursing reporting a shortage of 22,000 nurses in the UK in 2014. Initial use of agency staff to provide cover proved unreliable in some circumstances and ECCH was concerned that it was not satisfactory for ensuring safe running of the overnight ward over a sustained period.

The overnight beds at Patrick Stead Hospital had been under-occupied for several months prior to the realignment.

Adele Madin

Director of Adult Services

East Coast Community Healthcare

Date: 6 February 2015
Item no: 7

Great Yarmouth and Waveney Joint Health Scrutiny Committee

ACTION REQUIRED

Members are asked to:

- suggest issues for the forward work programme that they would like to bring to the Committee's attention;
- consider whether there are topics to be added;
- consider and agree the scrutiny topics below;
- provide clear information about why each item is on the forward work programme
- agree a date for meeting in July 2015

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

Forward Work Programme

Meeting dates	Subject	Approach
8 April 2015	<p><u>Adult and dementia mental health services in Great Yarmouth and Waveney</u> – reconfiguration progress update <i>As well as a general progress update on all aspects of the reconfiguration plans, this item to include information on</i></p> <ul style="list-style-type: none"> • <i>The trend in out of area placements, i.e.</i> <ul style="list-style-type: none"> ○ <i>Numbers of patients from other areas who have been placed in GY&W</i> ○ <i>Numbers of patients from GY&W who have been placed in other areas</i> • <i>The establishment of a children's service at Carlton Court</i> <p><u>Consultation on integrated health and social care services for Great Yarmouth and Waveney</u> – formal consultation by the CCG. <i>This item may be postponed to a later meeting depending on the CCG Governing</i></p>	Follow-up on previous issues raised by the committee

	<p><i>Body's decision on 29 Jan 2015 on whether to launch public consultation on 4 March 2014 or at a later date.</i></p> <p><u>Information items –</u></p> <ul style="list-style-type: none"> • <i>Services for Children with Autism in Great Yarmouth and Waveney - as requested by the joint committee 23/7/14, to include:-</i> <ul style="list-style-type: none"> ○ <i>Progress with plans to move to a single access for referrals and single assessment to treatment processes so that Great Yarmouth and Waveney become one team with one pathway.</i> ○ <i>Joint working with Children's and Young People's Services at Norfolk and Suffolk County Councils, Public Health and Adult Social Services to facilitate the development of a seamless pathway for children and young people with autistic spectrum disorders age 0-25.</i> ○ <i>An assurance that the pathway used across both Great Yarmouth and Waveney included seeking parents' consent to contact Autism Anglia on their behalf when children were diagnosed.</i> 	<p>Items for info, not for discussion on 8 April</p>
July 2015		

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

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

July 2015 – agree a date – chairman & vice chairman to be appointed in July

October 2015

January 2016

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

April 2016

Great Yarmouth & Waveney Joint Health Scrutiny Committee 6 February 2015

Glossary of Terms and Abbreviations

A&E	Accident and emergency
AHP	Allied Health Professionals
CCG	Clinical Commissioning Group
CPOD	Chronic Obstructive Pulmonary Disease
ECCH	East Coast Community Healthcare
GP	General Practitioner
GY&WCCG	Great Yarmouth and Waveney Clinical Commissioning Group
GY&W JHSC	Great Yarmouth and Waveney Joint Health and Scrutiny Committee
HR	Human Resources
IT	Information technology
JPUH	James Paget University Hospitals NHS Foundation Trust