

**GREAT YARMOUTH AND WAVENEY JOINT HEALTH SCRUTINY COMMITTEE  
MINUTES OF THE MEETING HELD ON 16 JANUARY 2009**

**Present:**

Mrs J Eells	Norfolk County Council (Chairman)
Mr M Cherry	Suffolk County Council
Mr P Collecott	Waveney District Council
Mr D Lockwood	Suffolk County Council
Mrs S Vincent	Forest Heath District Council
Mr D Yorke Edwards	Suffolk County Council
Mr B R Walker	Norfolk County Council
Mrs S Weymouth	Great Yarmouth Borough Council

**Also Present:**

Mike Stonard	Chief Executive, NHS Great Yarmouth and Waveney
Shirley Peters	Norfolk LINK
Dawn Whitaker	Patient with Severe ME
Barbara Robinson	Carer/Suffolk Family with two ME Patients
Patrick Thompson	Norfolk LINK
Jennifer Beesley	Member of the Public
Louise Catling	Public Health Research Officer, NHS Great Yarmouth and Waveney
Stephanie Groom	Commissioning Manager, NHS Great Yarmouth and Waveney
Olive Young	Lipspeaker, NHS Great Yarmouth and Waveney
Keith Cogdell	Scrutiny Support Manager, Norfolk County Council
Tim Shaw	Democratic Services, Norfolk County Council
Sue Morgan	Scrutiny Support Manager, Suffolk County Council

**1 Apology**

An apology for absence was received from Mrs J Howe.

**2 Glossary of Terms and Abbreviations**

The Joint Committee noted the glossary of terms and abbreviations used in the agenda papers.

**3 Minutes**

The Minutes of the meeting held on 22 October 2008 were confirmed by the Joint Committee and signed by the Chairman.

**4 Declarations of Interest**

There were no declarations of interest.

## **5 Urgent Business**

There were no items of urgent business.

## **6 Norfolk and Suffolk CFS/ME Service**

The Joint Committee received a suggested approach by Keith Cogdell, Scrutiny Support Manager, Norfolk County Council, a Service Re-Design Briefing Note from Mike Stonard, Chief Executive, NHS Great Yarmouth and Waveney, and a report from Tina Walton, Manager of Norfolk LINK, about the Norfolk and Suffolk CFS/ME service.

Mike Stonard gave a verbal update on progress made at the last Service Design Project Group meeting on 9 January 2009. He said the main points that came out of the meeting were:

- Members of the Project Group had provisionally agreed on a service model pending agreed amendments/additions and consultation.
- Following further agreement at the Project Group on the service model a three month consultation period would be undertaken. After that a specification would be written by commissioners and the procurement process would commence.
- No changes would be made to current services until the revised service specification had been agreed and the tendering process with the new service provider had been completed.

Mike Stonard added that, following the Project Group meeting, he had received a detailed email from patients' representatives expressing reservations about some aspects of what had been provisionally agreed by the Project Group.

It was noted that not all Members of the Joint Committee had seen a copy of the email and therefore the Joint Committee was not in a position to comment on its content at this meeting.

Shirley Peters from Norfolk LINK said that, whilst the Project Group had taken a number of important steps forward, the patients' representatives on the Group were concerned about some aspects of what the PCT would be consulting on. She said that it could take 12 months before a new service was established and a contract variation to the current service was issued. She said that the patients representatives were concerned about what service would be provided in the meantime.

The Joint Committee noted that there was a lack of consensus between the patients representatives and NHS Great Yarmouth and Waveney as to what the guidelines for CFS/ME should currently contain, particularly in relation to the use of Cognitive Behavioural Therapy and Graded Exercise Therapy, and NICE guidelines on this matter were subject to judicial review.

In reply to questions Mike Stonard said that the service currently delivered was a previously agreed service and NHS Great Yarmouth and Waveney was focusing

its attention on moving to a service that fitted in with guidelines issued by the National Institute of Health and Clinical Excellence (NICE). Mr Stonard said that in his opinion it was more important to adhere to NICE guidelines than it was to adhere to World Health Organisation (WHO) Identification Codes.

Some Members commented that the Project Group meeting on 9 January 2009 had made encouraging progress and the work on finalising the service model should be finalised without delay, even if a consensus could not be reached with the patients representatives on all the issues.

In reply to further questions, Mike Stonard said that the CFS/ME service was fully staffed. The current waiting time to see a specialist would hopefully be reduced by the time that the new service model was delivered. Mr Stonard said that how the service provider wished to deliver the service in terms of staffing would be a matter for the provider to decide. It was not possible to design the service around individual members of staff. The PCT had operated a GP-led CFS/ME service since 2005 and the changes that had been made at that time did not in his opinion constitute a substantial variation to the service. Mike Stonard offered to provide Members of the Joint Committee with a briefing note as to what changes had been made in 2005, and this was welcomed by Members. The Joint Committee did not, however, see it as part of their role to examine the detailed history of CFS/ME service provision, and were more concerned about what service improvements could be made.

Patrick Thompson, Norfolk LINK, said that it was important for CFS/ME sufferers to receive the same level of patient care as those receiving other health services.

The Joint Committee agreed to note the encouraging progress that had been made at the Service Design Project Group meeting on 9 January 2009 and the steps that were continuing to be made to finalise the new service model. The Joint Committee agreed to revisit the subject when the revised service specification had been drawn up and before it was finally agreed by the Trust's Board. The Joint Committee also asked that they receive all the necessary paperwork at the time when the agenda papers are despatched for the next meeting.

## **7 NHS Great Yarmouth and Waveney's Five Year Plan**

The Joint Committee received a suggested approach from Keith Cogdell, Scrutiny Support Manager, Norfolk County Council, concerning NHS Great Yarmouth and Waveney's five year plan which was due to be considered by the Trust's Board on 26 January 2009.

Mike Stonard, Chief Executive, NHS Great Yarmouth and Waveney, gave the Joint Committee a PowerPoint presentation about the five year strategic plan which contained the following key points:

### Challenging Health Needs and Health Trends

- High deprivation and disability rates
- High proportion of people aged over 75
- High rates of limiting long-term illness

- High unemployment, particularly long-term
- Health was improving slower than the English average
- Inequalities were not narrowing
- There was an 18 year difference in life expectancy between the best and worst wards in the PCT area
- The ageing population was expected to grow faster in the Great Yarmouth and Waveney area than in the east of England as a whole.

### Summary of Service Strategies to Support Goals

- Primary care – more GPs providing more services, opening longer hours, in updated, modern facilities. Mr Stonard said that the PCT was looking to reduce the average GP list from 1,800 patients to 1,600 patients.
- Staying healthy – increased support in lifestyle behaviour change.
- Access to services – quicker access to acute services.
- Choice – a greater choice of when and where care would be received.
- Maintaining independence – more support and choice to manage long-term conditions independently and at home.
- Dental health – more dentists providing NHS care. Mr Stonard said that the PCT was looking to have 90 NHS dentists in the area in the next five years.
- End of life – new palliative care services provided from a new resource centre.
- Mental health – improved mental health services with more psychological therapy and integration of Children's Services with mainstream.

The following key issues were raised during the meeting:

- That NHS Great Yarmouth and Waveney had launched a campaign to encourage people living in its area to eat a more balanced diet. A van offering fruit and vegetables at a reduced cost price regularly visited the most deprived wards in the area. This service was supported by a contract with a wholesale grocer and the PCT had plans to extend the service. The PCT had received national praise for providing this service.
- There were issues surrounding the need for more clinicians in the Hopton area where there continued to be a shortage of doctors.
- Steps were being taken to reduce the time that patients had to wait for orthodontic dental work.
- There remained difficulties in filling a post for a dietician that had been advertised in December 2008. The funding had, however, been made available for this post.

- There were issues concerning the out-of-hours service following incidents that had been reported in the local press. These were being properly investigated.
- The PCT was working with Adult Social Services at Norfolk County Council and Suffolk County Council about end of life issues.
- Jenny Beesley, a member of the public, spoke about the importance of the PCT having an end of life strategy that provided an opportunity to take on board hospice values and principles. She said that providing a hospice would improve choice for patients so that they could be well looked after at the end of their lives.
- Patrick Thompson spoke about the importance of improving patients' safety, particularly concerning the need for brain scans to be provided in much less than 24 hours of hospital admission following a stroke.

The Joint Committee noted the draft NHS Great Yarmouth and Waveney five year plan and that Mr Stonard would report back on any matter arising from the five year plan that should be referred to the Committee in the future.

## **8 Future Meetings**

It was agreed that the meeting of the Joint Committee that had been scheduled for 6 February 2009 should be cancelled and that NHS Great Yarmouth and Waveney should be asked to bring a revised service model for CFS/ME to a meeting of the Joint Committee in the second half of March 2009. It was further agreed that Members should be informed by email as to the date of the next meeting.

## **9 Forward Work Programme**

The Joint Committee agreed to the Forward Work Programme set out in a report by Keith Cogdell, Scrutiny Support Manager, Norfolk County Council, subject to a report about changes to older people's mental health services in the NHS Great Yarmouth and Waveney area being considered by the Joint Committee in March 2009, rather than in February 2009.

The meeting concluded at 5 pm

## **CHAIRMAN**

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