

Great Yarmouth and Waveney Joint Health Scrutiny Committee

Date: **Tuesday 12 May 2009**
Time: **10.30am**
Venue: **The OrbisEnergy Centre, Wilde Street,
Lowestoft**

Persons attending the meeting are requested to turn off mobile phones.

Members of the public or interested parties who have indicated before the meeting that they wish to speak will, at the discretion of the Chairman, be given five minutes at the microphone. Others may ask to speak and this again is at the discretion of the Chairman.

Membership –

MEMBER

Mr M Cherry
Mr P Collecott
Mrs J Eells
Mrs J A Howe
Mr D Lockwood
Mrs S Vincent
Mr D Yorke Edwards
Mr B R Walker
Mrs S Weymouth

AUTHORITY

Suffolk County Council
Waveney District Council
Norfolk County Council
Norfolk County Council
Suffolk County Council
Forest Heath District Council
Suffolk County Council
Norfolk County Council
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 To receive apologies and details of any substitute members attending

2 Glossary of Terms and Abbreviations

Terms and abbreviations used in the agenda papers. (Page)

3 Minutes

To confirm the minutes of the meeting of the Great Yarmouth and Waveney Joint Health and Scrutiny Committee held on 16 January 2009. (Page)

4 Members to Declare any Interests

Please indicate whether the interest is a personal one only or one which is prejudicial. A declaration of a personal interest should indicate the nature of the interest and the agenda item to which it relates. In the case of a personal interest, the member may speak and vote on the matter. Please note that if you are exempt from declaring a personal interest because it arises solely from your position on a body to which you were nominated by the County Council or a body exercising functions of a public nature (e.g. another local authority), you need only declare your interest if and when you intend to speak on a matter.

If a prejudicial interest is declared, the member should withdraw from the room whilst the matter is discussed unless members of the public are allowed to make representations, give evidence or answer questions about the matter, in which case you may attend the meeting for that purpose. You must immediately leave the room when you have finished or the meeting decides you have finished, if earlier. **These declarations apply to all those members present, whether the member is part of the meeting, attending to speak as a local member on an item or simply observing the meeting from the public seating area.**

5 To receive any items of business which the Chairman decides should be considered as a matter of urgency

6 Norfolk and Suffolk CFS/ME Services

Suggested approach from Keith Cogdell, Scrutiny Support Manager and report by Stephanie Groom, Commissioning Manager, NHS Great Yarmouth and Waveney (Page)

7 Changes to Older People’s Mental Health Services in the NHS Great Yarmouth and Waveney Area

Suggested approach from Keith Cogdell, Scrutiny Support Manager and update report by Chris Humphris, Interim Head of Joint Commissioning, NHS Great Yarmouth and Waveney (Page)

8 Additional NHS Dental Services

Suggested approach from Keith Cogdell, Scrutiny Support Manager and report by Elaine Bond, Head of Contracting (Primary and Independent Contracting), NHS Great Yarmouth and Waveney (Page)

9 NHS Great Yarmouth and Waveney’s Five Year Strategic Plan

Presentation by Sam Brown, Head for World Class Commissioning, NHS Great Yarmouth and Waveney on latest developments and the PCT’s plans to address the issue raised by the World Class Commissioning Panel Report

10 Divestment of NHS Great Yarmouth and Waveney Community Services

Presentation by Keith Barton, Project Lead for Community Services, NHS Great Yarmouth and Waveney

11 Agree Dates for Further Meetings in 2009

Members are asked to bring their diaries with them to the meeting

12 Forward Work Programme

To consider and agree the forward work programme (Page)

Chris Walton
Head of Democratic Services

Norfolk County Council
County Hall
Martineau Lane
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NR1 2DH

Chief Executive
Andrea Hill

Suffolk County Council
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Date Agenda Published: 1 May 2009



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Glossary of Terms and Abbreviations

CBT	Cognitive Behavioural Therapy
CFS	Chronic Fatigue Syndrome
EAME	East Anglia ME Patient Partnership
GET	Graded Exercise Therapy
LINK	Local Involvement Network
ME	Myalgic Encephomyelitis
NHS	National Health Service
NICE	National Institute for Health and Clinical Excellence
NWMHFT	Norfolk and Waveney Mental Health Foundation Trust
PBC	Practice Based Commissioning
PCT	Primary Care Trust
PDS	Personal Dental Services
PPI	Patient and Public Involvement
SDPG	Service Design Project Group

**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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Norfolk and Suffolk CFS/ME Services

Suggested approach from Keith Cogdell, Scrutiny Support Manager

1. Background

- 1.1 The issue of services for people with CFS/ME was referred to the Joint Committee by the Suffolk Health Scrutiny Committee in March 2008. Reports to the of the Joint Committee on 12 August highlighted past and current concerns of patient and carer groups about the level and nature of service provision, and clarified the arrangements for service commissioning and delivery.
- 1.2 The Joint Committee decided to focus its attention on work being undertaken by NHS Great Yarmouth and Waveney to revise the service specification, and how this fitted with the guidelines issued by the National Institute for Health and Clinical Excellence (NICE). A report to the Committee on 22 October from the Chief Executive of NHS Great Yarmouth and Waveney described the approach being taken by the PCT in reviewing the service specification and linking this work to the NICE guidelines. The report also highlighted a delay in completing this work in respect of a key element of the NICE guidelines on 'Treatment and Management', and how this would be managed in respect of meeting deadlines for tendering for the services by April 2009. The Chief Executive made a commitment that there would be no change to current services until the revised service specification and the tendering process with the new provider are completed.
- 1.3 It was pointed out by representatives of user groups that the NICE guidelines were at this time the subject of a judicial review in the High Court initiated by two people with ME who claimed that NICE had made "irrational and perverse" restrictions on the treatments available for ME sufferers, and that there needed to be alternative treatments available to cognitive behaviour therapy and graded exercise therapy. However, it was announced on 14 March that this challenge had been unsuccessful, although the ME Association promised to "continue to ask NICE to review the contents of what we maintain is a seriously flawed and unhelpful guideline."

2. Suggested action

Members are asked to:

- raise any issues or questions arising from the attached reports from NHS Great Yarmouth and Waveney and Norfolk Local Involvement Network
- agree how it wishes to proceed with its consideration of this topic



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ME/CFS SERVICE REDESIGN

AN UPDATE REPORT FOR THE JOINT OVERVIEW AND SCRUTINY COMMITTEE – 12TH MAY 2009

1. INTRODUCTION

The Norfolk and Suffolk ME/CFS Service is provided by Great Yarmouth Community Services, the Arms-Length Provider Arm of NHS Great Yarmouth and Waveney. The Norfolk and Suffolk ME/CFS Service is commissioned by NHS Great Yarmouth and Waveney, NHS Norfolk and NHS Suffolk for their respective patient populations.

Following correspondence and representations from EAME¹, regarding the Norfolk and Suffolk ME/CFS Service, the service model and patient pathway for patients with Myalgic Encephalomyelitis (ME) / Chronic Fatigue Syndrome (CFS) has been reviewed, and NHS Great Yarmouth and Waveney established and co-ordinated a Service Design Project Group (SDPG) for this purpose. Membership of the SDPG includes commissioning representatives from NHS Norfolk, NHS Suffolk and NHS Great Yarmouth and Waveney, and 5 nominated patient/carer representatives.

The purpose of this paper is to update the joint Health Scrutiny Committee (HSC) members on the ME/CFS Service Redesign.

2. ACTION FOLLOWING THE JOINT OVERVIEW AND SCRUTINY MEETING HELD 16TH JANUARY 2009

Members will recall that NHS Great Yarmouth and Waveney reported at the HOSC meeting held 16th January 2009 that a proposed draft service model for the ME/CFS Service was agreed in principle by the SDPG meeting held 9th January 2009. It was further agreed at the SDPG meeting of 9th January 2009 that the draft service model would be subject to public consultation.

NHS Great Yarmouth and Waveney expects that the ME/CFS service commissioned for its patient population will be evidence-based and reflect NICE guidance, and while the PCT accepts and recognises the concerns of some patients and their representatives regarding the inclusion of CBT and GET in the draft proposed service model discussed at the SDPG meeting on 9th January 2009, this is supported by NICE guidance². In developing the NICE guidelines for ME/CFS, the NICE guideline development group considered a range of complex issues in considerable detail, taking into account the views of patient groups and healthcare

¹ East Anglian ME Patient Partnership

² CGC5 Chronic fatigue syndrome / Myalgic encephalomyelitis (or encephalopathy): diagnosis and management, NICE, 2007 <http://www.nice.org.uk/nicemedia/pdf/CG53NICEGuideline.pdf>

Great Yarmouth and Waveney

professionals. Members of the HSC will be aware that the recent judicial review³ of these guidelines recognised the robust procedures NICE followed in ensuring that the guidance was independent, evidence-based and fit for purpose.

As a joint project, the PCTs (NHS Norfolk, NHS Suffolk and NHS Great Yarmouth and Waveney) have agreed to work together to undertake a joint public consultation on the proposed service model. Public consultation will ensure that consultation is open, inclusive and comprehensive, and will ensure that all stakeholders are able to respond. As part of this consultation, Practice Based Commissioners will be encouraged to consult with patient groups attached to their general practices. Members of the SDPG will, of course, be given every opportunity to respond to the proposed service model as part of this public consultation.

It is currently anticipated that each PCT will co-ordinate the consultation for its respective patient populations. Consultation has been delayed pending the outcome of the judicial review referred to above. However, an initial meeting of communications/patient involvement leads from each PCT has been co-ordinated to take place week commencing 27th April 2009 in order to initiate the consultation process. The public consultation will take place over a 3-month period, which is expected to commence late May/early June 2009, and will utilise all available means of public and professional consultation. A further SDPG meeting will be co-ordinated by NHS Great Yarmouth and Waveney to take place following the consultation in order to consider the outcomes.

NHS Great Yarmouth and Waveney will proceed to commissioning an updated and revised service model as soon as possible following completion of the public consultation. In the interim, NHS Great Yarmouth and Waveney has secured the continuation of the existing service for its patient population.

3. CONCLUSIONS

In summary, it can be seen that:

- A draft service model has been agreed in principle by the SDPG;
- A full public consultation will be held on the draft service model; and
- Arrangements are in place to continue existing service provision while public consultation takes place, and an updated, revised service model commissioned.

4. RECOMMENDATIONS

Members are asked to note the contents of this paper.

Stephanie Groom
Commissioning Manager
April 2009

³ Re v National Institute for Health and Clinical Excellence [2009] EWHC 452 (Admin)

Great Yarmouth and Waveney Joint Health and Scrutiny Committee
12 May 2009
Item 6

**Norfolk LINK report on ME/CFS Services in response to the report from
NHS Great Yarmouth and Waveney**

Due to the late submission of the ME/CFS paper by NHS Great Yarmouth and Waveney PCT, there was not enough time for Norfolk LINK to submit a detailed report.

Norfolk LINK's understanding from the Joint Health Overview and Scrutiny Committee meeting held on the 16th January 09, is that NHS Gt Yarmouth and Waveney PCT were to provide

- the revised service model and
- a briefing note to patients representatives regarding the service specification in 2005.

Since January there has been no information forthcoming from NHS Great Yarmouth and Waveney regarding the service specification or the proposed consultation. As such Norfolk LINK requested an urgent meeting which took place on Monday 27th April.

The meeting had in attendance: PPI representatives from NHS Norfolk, PPI and Head of Corporate Development from NHS Great Yarmouth and Waveney, a patient representative and representatives from Norfolk LINK.

At this meeting it is was agreed that

1. The ME/CFS specification model would be forwarded to all parties involved, no later than the morning of 28th April. Norfolk LINK had still not received this information by 29th April.
2. Norfolk LINK suggest that the LINK take the lead to pull together a consultation reference group which would include the PPI leads from NHS Norfolk, NHS Suffolk and NHS Great Yarmouth and Waveney plus Patient representatives from these Trust Areas and Suffolk and Norfolk LINK.
3. During the meeting on the 27th April it was agreed that the first of these Reference group meeting's will not take place until the end of May/ beginning of June due to existing heavy commitments for May from all parties concerned.
4. The Head of Corporate Development would check the service specification as to the inclusion of Children and Young people's services, and that of the severely affected; as this would affect the consultation period. We have not received confirmation of this at today's date (29th April). I have today spoken to one of the patient representatives who has confirmed that the Children and Younger People's Services have not been discussed.

In regard to the above it is therefore incorrect and misleading for NHS Great Yarmouth and Waveney to state in their report to the Joint HOSC that the

Public Consultation will commence late May/early June 2009. The Trust has some way to go before public consultation can begin including: Trust decisions about how they will consult (jointly or as individual Trusts), with whom, and what to consider in the construction of a user-friendly consultation document. This we would suggest will take 6 weeks to two months to complete. Due to the consultation period being over the summer holidays, an extension time, we would recommend, is required (12 weeks plus). Taking all of the above into consideration, the likelihood of a new service being implemented before April 2010 is very questionable.

Current service

At the meeting on the 9th January the PCT confirmed that staffing levels were back up to full strength within the ME/CFS services. However the LINK has to report that patient representatives are still receiving comments about delays in accessing the services and the quality of service received.

Catherine Phillips

Facilitator

Norfolk LINK

Changes to Older People's Mental Health Services in the NHS Great Yarmouth and Waveney area

Suggested approach from Keith Cogdell, Scrutiny Support Manager

1. Background

- 1.1 At its meeting on 22 October 2008, the Joint Committee received a report showing that the uptake of assistance with transport arrangements by relatives or friends of patients at Carlton Court had continued to be very limited, although a number of staff members had benefited. The report also outlined the work being undertaken by the PCT with a number of partners to develop the PCT's Older People's Strategy. It explained that detailed work on local dementia pathways and strategies was effectively on hold pending the publication of a national dementia strategy by the Department of Health.
- 1.2 At this time, it was expected that guidance on the implementation of the national strategy would be available from the Department of Health in time for a further report to be brought to the following meeting of the Joint Committee in January 2009. However, the strategy itself, 'Living well with dementia', was not published until 3 February.
- 1.3 A report provided by Norfolk LINK for a discussion of Older People's Mental Health Services by the Norfolk Health Overview and Scrutiny Committee on 16 April claimed that some patients at Carlton Court have been transferred to the Julian Hospital in Norwich since October 2008 due to "high bed usage" in the Great Yarmouth and Waveney area.

2. Suggested action

- 2.1 Members may wish to seek further clarification on issues raised in the attached reports from NHS Great Yarmouth and Waveney and Norfolk Local Involvement Network, and in particular:
 - Is the activity information for in-patients at Carlton Court consistent enough to support the view that the reduction in numbers is due to the involvement of community teams rather than seasonal variations?
 - At what stage are negotiations with Norfolk and Suffolk County Councils regarding who will be leading, commissioning and providing older people's mental health services in the future?
 - When will the decision be made as to whether the PCT will formally consult on specific proposals for future services?
- 2.2 Members are also asked to agree whether they would like to give further consideration to this topic at a future meeting and, if so, specify the issues that they wish to address.



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Great Yarmouth and Waveney

Older People's Mental Health Services in the NHS Great Yarmouth and Waveney area

Report by Chris Humphris, Interim Head of Joint Commissioning, NHS Great Yarmouth and Waveney

1. Introduction

A report went to the Joint Committee in October 2008 regarding the position following the move of in-patient beds from Northgate to Carlton Court together with the establishment of the Crisis Resolution and Home Treatment Team.

As agreed at that meeting this report updates the Joint Committee on the work that the PCT is undertaking to review the outcome of these changes in service and to plan for the future.

2. Arrangements at Carlton Court

Transport arrangements

As reported to the Committee in August information on the assistance with transport available to family and friends has been well circulated although there has been very limited take up of this. No complaints have been received regarding access to Carlton Court. In addition a number of staff are making use of the transport on a regular basis.

Bed Occupancy

From June to September 2008 a number of placements had to be made at the Julian Hospital in Norwich as there were insufficient beds at Carlton Court to cope with these extremely busy months. At the peak of this there was an average of 4 or 5 people at the Julian from the Great Yarmouth and Waveney area. This period was prior to the establishment of the Crisis Resolution and Home Treatment Service in October. Since then these numbers have reduced significantly. From January to March there was an average of less than one person from the area at the Julian. (0.6)

3. Future plans

When the move took place the PCT agreed to look at longer term plans for services for older people with mental health problems. It was envisaged that this piece of work would occur once there had been sufficient time for the new service to be established. At that time it was anticipated that the National Dementia Strategy would be published at the same time. In fact publication of this Strategy was delayed and only occurred in February 2009.

4. The National Dementia Strategy

The National Dementia Strategy for England is a five year vision for the transformation of dementia services. It sets out three major themes with a number of specific recommendations under each:

Raising awareness and understanding

1. A public information campaign to improve public understanding about dementia

Early diagnosis and support

2. Early diagnosis through the development of specialist memory assessment services
3. Improving access to information about dementia following diagnosis
4. The development of a dementia care adviser role
5. Developing peer support networks for people with dementia and their carers

Living well with dementia

6. Improved community personal support
7. Implementing the Carers' Strategy for people with dementia
8. Improved care in general hospitals
9. Improved intermediate care for dementia
10. Supportive housing and telecare
11. Improved care home care
12. Improved end of life care

It also has recommendations regarding workforce education; joint planning, performance monitoring; research; and national and regional support.

5. Next Steps

The PCT has been working with Norfolk and Suffolk County Councils as well as colleagues in NHS Norfolk and Suffolk to develop County wide Dementia Strategies. At present Suffolk is a bit more advanced in the production of a Strategy document.

Both Norfolk and Suffolk will be bidding for funds available from the Department of Health to be a "Demonstrator" site for the Dementia Care Adviser roles (see recommendation 4 in the National Dementia Strategy). The PCT has been an active partner in both bids which, if successful, will include pilot developments within the PCT's area.

The PCT will be developing a “Dementia Strategic Action Plan” for Great Yarmouth and Waveney. This will build on the National and County Dementia Strategies to provide a specific Plan for the local area.

This Plan will be informed by an assessment of local health need and a mapping of existing services. A small multi-agency group will be established shortly to take this work forward and the Great Yarmouth and Waveney Older People’s Multi Agency Partnerships will be informed and involved.

As part of this work specific proposals will be developed for future bed provision as part of the wider pattern of services for older people with mental health problems.

The intention is that both the Dementia Strategic Action Plan and the specific proposals for future services will be ready by the end of October. The latter are likely to then be subject to a formal consultation.

**Norfolk LINK report in response to the NHS Great Yarmouth and
Waveney's report on Older People's Mental Health Services**

Due to the late submission of this paper by NHS Great Yarmouth and Waveney, Norfolk LINK were not given enough time comment on the report in full.

Bed Occupancy

Norfolk LINK has evidence that since January there have been at least three patients at the Julian Hospital from Carlton Court on an ongoing basis.

Norfolk LINK sits on the central Norfolk Implementation Project Team Meetings for Norfolk and Waveney Mental Health Foundation Trust (NWMH FT) where bed numbers are reported on a monthly basis. NWMHFT state the reason for patients from the coast being at the Julian Hospital is because Carlton Court is full to capacity.

This is a concern as at the last Norfolk HOSC meeting in April it was reported by NWMH FT patient would be transferred to the coast should there be a lack of capacity at the Julian Hospital Site.

In section five (**Next Steps**) of NHS Great Yarmouth and Waveney's report they state "Specific proposals will be developed for future bed provision as part of the wider pattern of services for people with mental health problems". **Does this mean fewer beds or more beds? If more beds will these be back in GT Yarmouth.**

Transport

In regard to transport, Norfolk LINK members have concerns over how long the transport service now in place and funded by NHS Great Yarmouth and Waveney will last.

- Are the staff, that were transferred to Carlton Court using this service? It is a very long way for staff to travel to work. If this service should cease this could have an impact on the staffing levels.

Future Plans

Norfolk LINK wishes to work more closely with NHS Great Yarmouth and Waveney in developing both functional and organic services in Great Yarmouth and Waveney as part of the original consultation and to assist with the development of Dementia Strategic Action Plan for this Trust. We have forged close links with NWMHFT and NHS Norfolk, working along side them to develop this strategy for central Norfolk. Would it not be beneficial for all parties to work together?

Additional NHS Dental Services

Suggested approach from Keith Cogdell, Scrutiny Support Manager

1. Background

- 1.1 At its meeting on 12 August 2008, the Joint Committee received a report from Elaine Bond, Head of Contracting at NHS Great Yarmouth and Waveney, concerning additional general dental and specialist orthodontic services that the PCT was planning to commission in response to its Oral Health Needs Assessment. These were:

General Dentistry:

- Southwold - additional units of dental activity to a minimum value of £400,000. This may have required the establishment of a new practice in which case the PCT would be prepared to offer assistance via capital funding. Any new surgery must be within 5 miles of the town centre.
- Halesworth & Bungay - additional units of dental activity to a minimum value of £178,000
- Great Yarmouth Borough - additional units of dental activity to a minimum value of £250,000
- Martham - to establish a dental surgery within the Martham area. Capital funding may have been available for assistance with set up costs. Additional units of dental activity to a minimum value of £128,000 would be required
- Lowestoft area - additional units of dental activity to a minimum value of £350,000

Specialist Orthodontic Services:

An additional 6900 units of orthodontic activity per year from a General Dental Council registered Specialist Orthodontic practitioner

- 1.2 The PCT did not consider this to be a change to services that would cause members of the public concern and therefore was not intending to undertake a period of formal public consultation. However, the PCT was seeking the views of the Joint Health Scrutiny Committee in this regard.
- 1.3 The Joint Committee took the view that it was for the PCT to decide whether there should be a period of public consultation on the proposals, and agreed to receive an update report in mid 2009. This report should also include details of dental services for disabled people, for hospital patients, and for those people who need a specialist home visiting service.

2. Suggested action

2.1 It will be noted that the attached report only concerns 'Dental Services for Vulnerable and Priority Groups.' Apart from any questions arising from this report, therefore, members may wish to request a verbal update on the plans outlined in paragraph 1.1 above, including:

- Are these additional services up and running and, if not, when will they be?
- To what extent does this extra provision meet the shortfalls in services identified in the Oral Health Needs Assessment conducted by the PCT?
- Why were the needs of vulnerable and priority groups not fully identified in this Needs Assessment, so that it would not now be necessary to conduct a separate assessment for these groups?

2.2 Members are also asked to agree whether they would like to give further consideration to this topic at a future meeting and, if so, specify the issues that they wish to have addressed.



If you need this document in large print, audio, Braille, alternative format or in a different language please contact the Scrutiny Support Team on Tel: (01603) 228911 or Textphone 0844 8008011 and we will do our best to help.

**Great Yarmouth & Waveney Scrutiny and Overview Committee
Tuesday 12th May, 2009**

Report on Dental Services for Vulnerable and Priority Groups

1 Services for Vulnerable and Priority Groups

The NHS Primary Care Trust Dental Services Directions 2006 required Community Dental Services to be provided under Personal Dental Services (PDS) arrangements. In response to these Directions the PCT reviewed and developed a specification for the service in conjunction with the Provider at that time. Following a full competitive tendering process, a three year PDS contract for Vulnerable and Priority Groups was awarded in February 2008 to the James Paget University Hospital NHS Foundation Trust.

The contract provides a referral service for general dentistry (including where appropriate sedation and general anaesthesia) for adults and children with:

- learning difficulties;
- mental health problems;
- significant medical problems;
- anxiety and dental phobias
- special needs who are unable to access general dental services provision, and
- children with behavioural management problems.

The contract also has a dental public health responsibility which includes:

- oral health promotion and education;
- school screening, and
- national survey programmes

Services are provided from:

- Newberry Clinic, Gorleston on Sea
- Beccles Health Centre, Beccles
- Lowestoft Hospital, Lowestoft

A new mobile unit to serve the Great Yarmouth locality will be available shortly.

2 Hospital Inpatients

Anyone who is in hospital receiving treatment as an inpatient and who needs urgent dental treatment should have that treatment provided by the hospital.

3 Domiciliary Visits

The PCT is aware that there are some people living in residential or nursing homes, or even within their own homes, who are housebound and unable to visit a dentist. In order to try to understand the number of people this applies to the PCT is undertaking a Needs Assessment to enable it to develop a domiciliary service for these people.

At the present time, there is capacity within some existing contracts to provide domiciliary visits. People who are housebound and experience problems in accessing a domiciliary visit should contact the PCT.

E Bond
Head of Contracting (Primary Care & Independent Contracting)
April 2009

**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 topic below

Please consider issues of priority, practicality and potential outcomes you wish to achieve before adding to the work programme.

Proposed Forward Work Programme

<i>Meeting dates</i>	<i>Briefings/Main scrutiny topic/initial review of topics/follow-ups</i>	<i>Administrative business</i>
October 2009	Older People’s Mental Health Services in the NHS Great Yarmouth and Waveney area – a full review of the outcomes of the changes that were subject to a public consultation from October to December 2007.	

Provisional dates for update reports to the Committee – 2009

To be agreed