

**GREAT YARMOUTH AND WAVENEY JOINT HEALTH SCRUTINY COMMITTEE  
MINUTES OF THE MEETING HELD ON 19 JANUARY 2011**

**Present:**

John Bracey	Broadland District Council
Michael Carttiss (Chairman)	Norfolk County Council
David Harrison	Norfolk County Council
Colin Walker	Suffolk Coastal District Council
Shirley Weymouth	Great Yarmouth Borough Council
Anne Whybrow	Suffolk County Council

**Substitute Member Present:**

Tom Garrod for Michael Chenery of Horsbrugh	Norfolk County Council
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**Also Present:**

Chris Humphris	Deputy Director of Commissioning and Performance, NHS Great Yarmouth and Waveney
James Elliott	Deputy Director of Commissioning and Performance, NHS Great Yarmouth and Waveney
Rachel Miles	Acting Head of Unplanned Care, NHS Great Yarmouth and Waveney
Allen Pettitt	Suffolk LINK
Francoise Price	Deputy Head of Prescribing and Medicines Management, NHS Great Yarmouth and Waveney
Natalie Williams	Senior Communications and Engagement Manager, NHS Great Yarmouth and Waveney
Keith Cogdell	Scrutiny Support Manager, Norfolk County Council
Tim Shaw	Committee Officer, Norfolk County Council

**1 Apologies for Absence**

Apologies for absence were received from Michael Chenery of Horsbrugh (Norfolk County Council), Peter Collecott (Waveney District Council), Tony Goldson (Suffolk County Council) and Susan Vincent (Forest Heath District Council).

**2 Glossary of Terms and Abbreviations**

The Committee noted the glossary of terms and abbreviations.

**3 Minutes**

The Minutes of the previous meeting held on 22 October 2010 were confirmed by the 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 Pharmaceutical Needs Assessment (PNA) – Outcome of Public Consultation**

The Committee received a suggested approach from Keith Cogdell, Scrutiny Support Manager, Norfolk County Council, to a report from Francoise Price, Deputy Head of Prescribing and Medicines Management at NHS Great Yarmouth and Waveney, which gave details of the process followed in producing the PNA including the involvement of key partners and stakeholders as well as local people.

Francoise Price said that the public consultation on the PNA had closed on 26 November 2010.

The Committee had no further comments to make on the PNA at this meeting.

The Committee noted that the PNA would be submitted for “sign-off” by the NHS Great Yarmouth and Waveney Board at the Public Board meeting on 26 January 2011 and published on 1 February 2011.

## **7 Progress in Developing a GP Consortium for Great Yarmouth and Waveney**

The Committee received a suggested approach from Keith Cogdell, Scrutiny Support Manager, Norfolk County Council, to a report and a PowerPoint presentation from Andy Evans, Chief Executive of HealthEast about progress in setting up a GP consortium for Great Yarmouth and Waveney, in line with reforms outlined in the Health White Paper “Equity and Excellence, Liberating the NHS.”

The key points that arose from the presentation were:

### **(a) Features of GP Commissioning –**

- Universal – all practices involved.
- Covers the majority of NHS clinical services commissioning.
- To be carried out in concert with County Council local Health and Wellbeing Boards.
- GPs take responsibility.
- Removal of intermediate tiers – SHA, PCT.
- New National Commissioning Board.
- GP practices to form consortia.
- Flexible/permissive rules on consortia governance/size/shape.
- Prescribed timetable (with deadlines).
- Clinicians/professions of all sorts/organisation to be involved.
- Public/patients’ greater say.
- Lower management/running costs.
- Reduced targets and central diktat.

**(b) HealthEast Community Interest Company –**

- Involving all Great Yarmouth and Waveney practices.
- Not for profit, social enterprise.
- Focused on patient need and clinically led.
- Part of the local healthcare system.
- A *pathfinder* consortium.
- Adopting PCT/system strategies and priorities.
- Integration, a big priority.
- Authorised to manage PCT budgets through delegated authority with budget responsibility c. £360m.
- Assimilating the best of NHS Great Yarmouth and Waveney.
- Some staff transfer from NHS Great Yarmouth and Waveney.

**(c) Working with Local Authorities –**

- An holistic/integrated approach – duty to work together.
- Working with Norfolk and Suffolk County Councils was important but Great Yarmouth and Waveney would remain the priority.
- Health and Wellbeing Board – at County level
- Transfer of health improvement, public health and budgets, to County Councils.

During discussion, the following key points were made:

- HealthEast CIC was a non-profit making, social enterprise company, set up specifically to plan and organise all aspects of healthcare for the local population of Great Yarmouth and Waveney.
- HealthEast CIC would progressively be taking over the duties currently carried out by NHS Great Yarmouth and Waveney over the next year or so, as the recently published Government plans for the NHS took effect and the PCT was ultimately dissolved by April 2013.
- In reply to questions, it was pointed out that HealthEast CIC was run by a Board of Directors. The Board was comprised of 16 members, eight GPs and six Practice Managers, elected by the Member Practices and two Lay Directors who provided a public/patient perspective. A list of the GP practices that owned HealthEast, and the names of the Company Directors that sat on the Board, could be found on the HealthEast website at [www.healtheastcic.co.uk](http://www.healtheastcic.co.uk). The website would be regularly updated so as to keep the public up to date with how changes in Government health policy impacted on the services provided by HealthEast CIC.
- There was expected to be a local office of the new National Commissioning Board set up in the Great Yarmouth and Waveney area. How this would operate in practice was as yet unclear.
- No changes were expected to be made in the independent complaints process for the NHS.

- The Committee noted that the relationship between each GP commissioning consortium and the appropriate Health and Wellbeing Board would be crucial to that Board's success.
- While these were early days, it was anticipated that there would be five or six GP consortia operating in the NHS Norfolk area, and two or three GP consortia operating in Suffolk, and a separate GP consortium covering the whole of the Great Yarmouth and Waveney area.
- Careful consideration was being given to the relationship at the County level between the Health and Wellbeing Boards for Norfolk and Suffolk and those responsible for County Council and NHS services. One possible option, favoured by HealthEast CIC, was the creation of a new Health and Wellbeing Partnership that included representation from all the key stakeholders in the Great Yarmouth and Waveney area but it was as yet unclear if this would be the outcome, and what the balance of representation might be between the County Council and NHS commissioners.

The Committee agreed to receive an update report from HealthEast CIC in not less than nine months time.

## **8 Integrated Urgent Care Strategy (including the Out-of-Hours GP Service for the Great Yarmouth and Waveney Area)**

The Committee received a suggested approach from Keith Cogdell, Scrutiny Support Manager, Norfolk County Council, to a report by James Elliott, Deputy Director of Commissioning and Performance, NHS Great Yarmouth and Waveney, about the Integrated Urgent Care Strategy (including the out-of-hours GP service for the Great Yarmouth and Waveney area). The Committee also heard from Rachel Miles, Acting Head of Unplanned Care, NHS Great Yarmouth and Waveney.

In the course of discussion, the following key points were made:

- The James Paget Hospital was experiencing unprecedented levels of growth for emergency admissions and A&E attendances.
- The NHS Great Yarmouth and Waveney Board had endorsed the Integrated Urgent Care Strategy in September 2010.
- Norfolk and Suffolk LINKs were involved in the work of the Unplanned Care Clinical Programme Board that contributed to the development of the strategy.
- NHS Great Yarmouth and Waveney planned to develop a single access point where patients could call one number to receive urgent care advice around the clock.
- The out-of-hours bases were due to be co-located with other minor injury and illness services.
- However, it was noted that plans for a telehealth service had been put on hold.

This decision by the Clinical Executive Committee was due to be reviewed in six to nine months time, in the context of the impact that other investments had made in reducing emergency admissions.

- The out-of-hours service model was aimed at achieving an equitable and accessible service for those who needed it, irrespective of whether patients were registered with a GP or whether or not they were British Nationals.
- It was unclear at this stage which (if any) aspects of the Integrated Urgent Care Strategy NHS Great Yarmouth and Waveney would be consulting on.

The Committee noted the Integrated Urgent Care Strategy that was set out in the report from NHS Great Yarmouth and Waveney and decided not to add any aspects of the strategy to its Forward Work Programme.

## **9 Forward Work Programme**

The Forward Work Programme was agreed as set out in the attached report, subject to reference to the Continuing Care Consultation being deleted. It was noted that this service was no longer subject to change and, therefore, a public consultation period would not be required.

## **10 Date and Time of Next Meeting**

It was agreed that the next meeting of the Committee would be held at the Cobholm and Litchfield Health and Resource Centre, Pasteur Road, Great Yarmouth, on Wednesday 27 April 2011 at 10.30am.

The meeting concluded at 12.25pm

### **CHAIRMAN**

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