GREAT YARMOUTH AND WAVENEY JOINT HEALTH SCRUTINY COMMITTEE
MINUTES OF THE MEETING HELD ON 13 MAY 2011

Present:

John Bracey	Broadland District Council
Michael Carttiss (Chairman)	Norfolk County Council
Tony Goldson	Suffolk County Council
David Harrison	Norfolk County 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

Also Present:

Patrick Thompson	Norfolk LINk Transition
Lucy Dominy	Communications Officer, East of England Specialised Commissioning Group
Ruth Ashmore	East of England Perinatal Network Director, East of England Specialised Commissioning Group
Dr Bernard Brett	Medical Director, James Paget University Hospital NHS Foundation Trust
Dr John Chapman	Consultant Paediatrician and Honorary Senior Lecturer, UEA, Clinical Lead for Paediatrics, James Paget University Hospital NHS Foundation Trust
Dr Rahul Roy	Consultant Neonatologist, Norfolk and Norwich University Hospital NHS Trust
Harper Brown	Director of Commissioning and Performance and Deputy Chief Executive, NHS Great Yarmouth and Waveney
Karin Bryant	Commissioning Manager, Cancer and Acute Specialised Services, NHS Norfolk
Keith Cogdell	Scrutiny Support Manager, Norfolk County Council
Maureen Orr	Scrutiny Support Manager, Norfolk County Council
Tim Shaw	Committee Officer, Norfolk County Council

1 Apology for Absence

An apology for absence was received from Michael Chenery of Horsbrugh (Norfolk County Council) and Colin Walker (Suffolk Coastal District Council). It was noted that Peter Collecott and Susan Vincent were no longer Members of the Joint Committee.

2 Glossary of Terms and Abbreviations and Chairman's Announcements

The Committee noted the glossary of terms and abbreviations.

The Chairman said that the meeting of the Joint Health Scrutiny Committee that was planned for 27 April 2011 had been postponed until today because the Specialised Commissioning Group, who had written the report on neonatal services, had been advised by the Strategic Health Authority not to make the report public in the run up to the local elections on 5 May 2011.

3 Minutes

The Minutes of the previous meeting held on 19 January 2011 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 Neonatal Services

The Joint Committee received a suggested approach from Maureen Orr, Scrutiny Support Manager, Norfolk County Council, to a report from the East of England Specialised Commissioning Group (SCG) about its plans to re-designate neonatal services and the implications for the James Paget University Hospital NHS Foundation Trust (hereinafter referred to as the JPH).

The Joint Committee received evidence from Lucy Dominy, Communications Officer, East of England Specialised Commissioning Group, Ruth Ashmore, East of England Perinatal Network Director, East of England Specialised Commissioning Group, Dr Bernard Brett, Medical Director at the JPH, Dr John Chapman, Consultant Paediatrician and Honorary Senior Lecturer, UEA, Clinical Lead for Paediatrics, JPH, Dr Rahul Roy, Consultant Neonatologist, Norfolk and Norwich University Hospital NHS Trust, Harper Brown, Director of Commissioning and Performance and Deputy Chief Executive, NHS Great Yarmouth and Waveney, and Karin Bryant, Commissioning Manager, Cancer and Acute Specialised Services, NHS Norfolk.

In hearing from the witnesses and in answer to Members' questions, the Committee noted the following:

- For specialised neonatal services, the PCTs in the east of England worked together through the East of England Specialised Commissioning Group (SCG).

- Research evidence showed that between 8-13% of all new born babies required some form of special care and 2-3% required intensive and/or high dependency care. Babies 28 weeks gestation or below accounted for 40-50% of total Neonatal Intensive Care Unit occupancy and 70-80% of intensive care days. Large volume Neonatal Units provided "better outcomes" for babies and their families.

- The SCGs plans were about ensuring that babies and their mothers received the highest quality of care, as close to home as possible, and about ensuring that there was sufficient capacity and an appropriate infrastructure to support neonatal services.

- The SCG Board had endorsed the designation of the JPH as a Special Care Unit, providing special care for those in its locality. The JPH had the capacity to provide neonatal care for at least 95% of babies born to women booked for delivery at the hospital. As a local Special Care Unit, the age cut off for deliveries was moving to 29 weeks plus 6 days gestation. The implications in terms of numbers of babies and pregnant women that would need to be treated at the NNUH was fully explained in the attached report. After the implementation of the new designation for the JPH, its greatest challenge would be the capacity of the NNUH, as a Neonatal Intensive Care Unit, to provide additional care for those babies and their families that were referred to it. The most important point was that the small number of babies and pregnant women that needed more care than could be provided at the JPH should not be routinely expected to travel further than to the NNUH.

- The NNUH would be equipped with a birthing pool that could support the delivery of 1,200 babies and reduce pressure on the current delivery suite. No formal date had been set for the completion of the birthing pool.

- The re-designation of the JPH would not be implemented in practice until the extra capacity at the NNUH was ready.

- Staff undertaking transfers of babies and mothers to the NNUH were able to call upon four vehicles containing specialised equipment to provide a transfer service 24 hours a day, seven days a week. All transport vehicle providers had to comply with hospital guidance covering patient travel arrangements. Wherever possible, parents were given the opportunity to accompany the baby. Plans were in hand to provide a return transport service for parents as well as baby at some time in the future.

- There were currently five trained and accredited Consultant Neonatalogists providing neonatal care at the NNHU. An additional two such consultants were due to be recruited from September 2011. An additional 15 FTE neonatal nurses were also being recruited at the same time. There were not expected to be any difficulties in recruiting to these posts.

- The SCG had not identified any additional training needs for staff at the JPH. All neonatal staff had undertaken training appropriate to their roles and responsibilities. Staff at the JPH would be able to rotate with staff at the NNUH in order to keep up to date on the use of specialist neonatal skills.

- By way of fortnightly visits to the JPH, SCG staff would be able to continue to monitor the activities of the Special Neonatal Unit and the outcomes of the changes in service, so as to maintain the existing high standards of service.

The Joint Committee agreed to ask for a further progress report from the SCG at the end of 2011 and for the report to include statistical data about neonatal staffing levels and neonatal fatalities for the NHS Great Yarmouth and Waveney

area and explain how these figures had changed over the last five years.

7 Care Closer to Home

The Joint Committee received a suggested approach from Keith Cogdell, Scrutiny Support Manager, Norfolk County Council, to a report on Care Closer to Home from NHS Great Yarmouth and Waveney.

The Joint Committee received evidence from Harper Brown, Director of Commissioning and Performance and Deputy Chief Executive at NHS Great Yarmouth and Waveney.

In hearing from Harper Brown and in answer to Members' questions, the Committee noted the following:

- NHS Great Yarmouth and Waveney was looking to provide more health services closer to people's homes. It was working closely with other organisations to achieve this and to ensure that patients had a strong voice in shaping the future of care in the NHS Great Yarmouth and Waveney area.

- NHS Great Yarmouth and Waveney was well aware that the shift of resources towards treatment in the community needed to be made in a planned way so that the impact did not de-stabilise services at the JPH, and that services could not be moved away from hospital care until there was capacity to deliver replacement services in the community.

- Proposals for future community health services in the Great Yarmouth and Waveney area were being put together on a locality basis. The Locality Teams would be expected to work to agreements and protocols that ensured quality standards continued to be met. A key role in each of the localities would be engaging with the public about the development of services closer to home in order to ensure that the services evolved in response to local need.

- Hospital care was not always right for the patient and usually cost more than care provided in home/community settings.

- Specialist hospital services were becoming increasingly high-tech and requiring increasing levels of equipment and skill.

- Some GPs were developing areas of expertise that had traditionally only been available in hospital.

- The advances in medical technology that were mentioned in the report, meant that more people with long term conditions were able to live more independent lives at home than had been the case in the past.

- The ten Community Matrons that were in post were joining up with staff in Adult Social Care at Norfolk County Council to make sure older patients with some of the long term conditions that were mentioned in the report, got the right kind of health and social care treatment to remain at home.

- The majority of telephone calls to the NHS111 Service had been about dental

issues.

- Approximately 75% of emergency admissions to the JPH were patients over 80 years of age.

- New out-of-hours services for the NHS Great Yarmouth and Waveney area were due to be introduced from October 2012.

- It was recognised that any proposals for health care in the community had to take account of the practical realities of public transport.

Members asked for a further progress report about Care Closer to Home to be brought before the Joint Committee in approximately six months time and for this report to make particular reference to the numbers of patients managed by Community Matrons and the numbers of patients with dementia that were being treated in the community.

At the request of the Deputy Chief Executive of NHS Great Yarmouth and Waveney it was agreed that the Joint Committee should assist NHS Great Yarmouth and Waveney in identifying some overall performance indicators for Care Closer to Home.

8 Information Only Items: Transfer of Community Services: ME/CFS Services: Older People's Mental Health NHS Specialist Beds/Dementia Strategy

The Joint Committee noted without discussion information on the above mentioned issues.

9 Forward Work programme

In considering the Forward Work Programme, the Joint Committee asked for the following items to be considered at its next meeting in mid to late September 2011:

- Improved access to psychological therapies.

- Progress in out-of-hours services in the Great Yarmouth and Waveney area with an invitation being sent to the service provider, Harmony, to participate in the meeting, should they wish to do so.

10 Date and Time of Next Meeting

It was agreed that the next meeting of the Joint Committee would be held in Suffolk on a date yet to be agreed in mid to late September 2011.

The meeting concluded at 4.20pm

CHAIRMAN

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