

Great Yarmouth and Waveney Joint Health Scrutiny Committee

Date: Tuesday 29 January 2013

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 those attending the meeting is enclosed as part of the agenda.

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

John Bracey
Peter Byatt
Michael Carttiss (Chairman)
Marlene Fairhead
Michael Chenery of Horsbrugh
Tony Goldson
David Harrison
Alan Murray
Colin Walker

AUTHORITY

Broadland District Council
Waveney District Council
Norfolk County Council
Great Yarmouth Borough Council
Norfolk County Council
Suffolk County Council
Norfolk County Council
Suffolk County Council
Suffolk Coastal District 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. **Apologies**

2. **Minutes**

Page 7

To confirm the minutes of the meeting of the Great Yarmouth and Waveney Joint Health and Scrutiny Committee held on 16 October 2012.

3. **Members to Declare any Interests**

If you have a **Disclosable Percuniary 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.

If you have a **Disclosable Percuniary 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.

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.

If you do not have a Disclosable Percuniary Interest you may nevertheless have an **Other Interest** in a matter to be discussed if it affects:

- 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.

If that is the case then you must declare such an interest but can speak and vote on the matter.

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

5. **Autism Services for Children**

Page 11

Report by Elaine Mash, Children's Commissioner, Great Yarmouth and Waveney Clinical Commissioning Group (HealthEast)

6. **Autism Services for Adults**

Page 16

Report by Kim Arber, Programme Board Manager for Mental Health and Learning Disabilities, NHS Great Yarmouth and Waveney Clinical Commissioning Group

7. Information Only Items:

These items are not intended for discussion at the Committee meeting. Further information may be obtained by contacting the named officer or Committee Member 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 that forward work programme is discussed.

- 8. Update on ME/CFS Services** Page 23
Report by Kimi Prosser, Director, Strategic Planning and Service Change, NHS Norfolk and Waveney Commissioning Support Unit.
- 9. Specialist Commissioning Group's Review of Changes To Neonatal Services At James Paget University Hospitals NHS Foundation Trust** Page 25
Report by Ruth Ashmore, Personal Network Director, East of England Specialised Commissioning Group.
- 10. System Leadership Partnership Update** Page 28
Report by Rebecca Driver, Director of Engagement, Great Yarmouth and Waveney Clerical Commissioning Group (HealthEast).
- 11. The Future of NHS Care in Lowestoft** Page 30
Report by Natalie Williams, Senior Engagement Manager, NHS Great Yarmouth and Waveney
- 12. Forward Work Programme** Page 31
To consider and agree the forward work programme
- 13. To Agree Dates For Future Meetings**
Members are asked to bring their diaries with them to the meeting.
- 14. Glossary of Terms and Abbreviations** Page 32

Chris Walton
Head of Democratic Services
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Date Agenda Published: 21 January 2013



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Issued on behalf of Great Yarmouth Borough Council.

**GREAT YARMOUTH AND WAVENEY JOINT HEALTH SCRUTINY COMMITTEE
MINUTES OF THE MEETING HELD ON 16 October 2012**

Present:

| | |
|---------------------------------|----------------------------------|
| John Bracey | Broadland District Council |
| Peter Byatt | Waveney District Council |
| Michael Carttiss (Chairman) | Norfolk County Council |
| Marlene Fairhead | Great Yarmouth Borough Council |
| Michael Chenery of Horsbrugh | Norfolk County Council |
| Tony Goldson | Suffolk County Council |
| Alan Murray | Suffolk County Council |
| Colin Walker | Suffolk Coastal District Council |

Also Present:

| | |
|------------------|---|
| Rebecca Driver | Director of Engagement, HealthEast |
| David Hill | Chief Executive, James Paget NHS University Hospital Trust |
| Theresa Harden | Democratic Services (Suffolk) |
| Keith Cogdell | Scrutiny Support Manager, Norfolk County Council |
| Tim Shaw | Committee Officer, Norfolk County Council |
| Barbara Robinson | Member of the public |

1 Election of Chairman

Resolved

That Michael Carttiss be elected Chairman of the Committee for the ensuing year.

2 Election of Vice-Chairman

Resolved

That Alan Murray be elected Vice-Chairman of the Committee for the ensuing year.

3 Apology for Absence

An apology for absence was received from David Harrison, Norfolk County Council.

4 Public Participation Session

The Chairman agreed to allow Barbara Robinson, a member of the public, to speak in the public participation session.

Barbara Robinson explained the latest developments with ME/CFS Services in the Great Yarmouth and Waveney area. She said that following a meeting

between local NHS commissioners and managers from across the Eastern region with patient and carer representatives, a firm commitment had emerged from the local NHS management to establish a new consultant led ME/CFS service. The local NHS management had also agreed to work alongside patients and carers in the selection of a lead consultant and in developing the kind of service that patients wanted.

Barbara Robinson went on to say that due to staffing changes at NHS Norfolk and Waveney there had been a delay in the delivery of the new signed off service specification for ME and CFS, but the good news was that Norfolk's Clinical Commissioning Groups had recently agreed the service specification in principle and NHS Norfolk planned to look at this matter again very soon. Barbara Robinson added that all concerned wanted to prevent any unnecessary delays in the implementation of the new service and that she was continuing to press the NHS for a detailed review after the new service had been in place for six months. She said the main outstanding difficulty was finding a suitable consultant to lead the new service and deal with what she described as six hundred new referrals in the area each year.

Barbara Robinson said that she would like to place on record her thanks to Shirley Weymouth, a previous member of the Committee, for all the hard work and support that she had provided on this matter.

It was pointed out that the tendering process for the new service was being led by NHS Norfolk and Waveney.

It was suggested that Barbara Robinson might like to contact the community radio station for the Framlingham area which could be willing to run a local news story on the issue of ME and CFS of a similar style to that of previous news stories that they had run on other health related matters.

It was agreed that the Committee should receive an update on ME/CFS at a future meeting, to which all the relevant NHS bodies should be invited to attend.

5 Declaration of Interest

It was noted that Tony Goldson of Suffolk County Council was a Governor at the James Paget Hospital.

6 Minutes

The minutes of the previous meeting held on 25 April 2012 were confirmed as a correct record and signed by the Chairman.

7 Update from James Paget University Hospitals NHS Foundation Trust on Care Quality Commission (CQC) Inspections and New Governance and Accountability Structure

The Committee received a suggested approach from the Business Manager, Democratic Services at Suffolk County Council, to an update on the Care Quality Commission (CQC) inspections and the new governance and accountability

structure for the James Paget University Hospital.

David Hill, Interim Chief Executive at the James Paget Hospital, spoke about the CQC inspections of the hospital since April 2011 and the new monitoring and assurance framework that had been introduced as a result. He said that the hospital was now fully compliant with the Health and Social Care regulations and there were no outstanding concerns against any of the CQC outcomes. The Interim Chief Executive said that he had put in place a quality safety assurance framework that he considered would provide a system of audit, peer review and mock CQC inspections with external stake holders to ensure on-going compliance with all future CQC outcomes. He said that the Board of Directors were reviewing data that was produced by this system at its monthly meetings.

In reply to questions, David Hill said that several changes had taken place at Director level and Divisional Managers were reporting directly to him.

David Hill said that in his opinion ambulance turnaround times at the hospital would not be improved by introducing a system of fines for slow turnarounds, which could end up making matters worse.

Members spoke about how the James Paget Hospital was highly regarded by the public and the local news media which was very supportive of the significant changes at board and leadership level including changes of Chairman, Chief Executive, Medical Director and Director of Nursing.

The Committee did not consider it necessary to receive a further report about the James Paget Hospital before late 2013, unless in the meantime Norfolk Link or Suffolk Link wanted to bring any issues of concern to the Committee's attention.

8 Update on HealthEast Authorisation and Next Steps

The Committee received a suggested approach from the Business Manager, Democratic Services at Suffolk County Council to a report from Rebecca Driver, Director of Engagement for HealthEast about the next steps in the authorisation process for HealthEast, the CCG for the Great Yarmouth and Waveney area.

Rebecca Driver said the purpose of the authorisation process was to make sure that each CCG was fit for purpose and HealthEast expected to hear in early December 2012 whether it was "fully authorised" or "authorised with conditions". Rebecca Driver expected HealthEast to be "fully authorised" and to become the accountable statutory body from 1 April 2013, replacing part of NHS Norfolk and Waveney as the Commissioner of Health Services for the people of Great Yarmouth and Waveney.

The Committee agreed to receive at a future meeting yet to be determined a written update from HealthEast on the progress that it is making in the discharge of its statutory responsibilities for commissioning health care services from 1 April 2013.

9 Information Only Items

The Committee noted information on the following subjects:

- (i) Belton Branch Surgery – Update on work with local people/transport operators.
- (ii) Suffolk Health Scrutiny Committee Task and Finish Group on Continuing Health Care funding.

10 Forward Work Programme

The Committee agreed its Forward Work Programme with the following additions:

- Autism Services for adults and children to be considered as two separate reports at the next meeting in January 2013.
- An update on the provision of hospital beds at Carlton Court, Lowestoft to be placed on the agenda for the January 2013 meeting, for information purposes only.
- An update on the proposed new ME/CFS Service to be reported to a future meeting to which all the relevant NHS bodies should be invited to attend (which meeting this will be has yet to be determined).
- The provision of out of hours services to be considered at a future meeting (which meeting this will be has yet to be determined).
- An update from the James Paget University Hospital Trust on its new governance and accountability structure to be brought before the Committee sometime in late 2013.
- An update on progress that HealthEast is making in the discharge of its statutory responsibilities for commissioning health care services from 1 April 2013, to be reported to the Committee at a time yet to be determined.

11 Urgent Business

There were no items of urgent business.

12 Date and Time of Next Meeting

It was agreed that the next meeting of the Committee should be held in the Great Yarmouth area on Tuesday, 29 January 2013 at 10.30am.

The meeting concluded at 12.40pm.

CHAIRMAN



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Autism Services for Children

Suggested approach from the Scrutiny Support Manager

1. Background

- 1.1 Norfolk Health Overview and Scrutiny Committee (NHOSC) set up a Children's Autism scrutiny working group in April 2011 and received its report in October 2011. The report contained seven recommendations, three of which were directed at NHS Great Yarmouth and Waveney as it then was, in addition to other relevant NHS organisations. These recommendations and the reasons for them are outlined in paragraphs 1.2 to 1.4 below.
- 1.2 One of the working group's main findings was that NHS Norfolk had decided to include improving services to children with an Autistic Spectrum Disorder (ASD) as one of the priorities in its Children's Commissioning Strategy and had convened a Rapid Action Team (RAT) in September 2010 to redesign the model for the delivery of ASD services to provide greater equity across NHS Norfolk's area, and integrated pathways across health and education services. It also emerged that NHS Great Yarmouth and Waveney had already undertaken a similar piece of work for its area and that a final business proposal for improving the service had been completed in April 2010. This included proposals for extra staffing and would have required additional funding in the region of £350,000. However, these proposals had been put 'on hold' indefinitely and it remained to be seen whether compliance with expected NICE guidelines or some other national initiative would enhance their chances of being reconsidered. The NHOSC working group was concerned that this would create significant inequalities between the two areas within the newly created PCT cluster and therefore recommended that **NHS Great Yarmouth and Waveney and HealthEast should give equal priority to this area of work as NHS Norfolk and assess how a similar pathway (for referral, assessment and intervention) could be implemented in their area.**
- 1.3 From visits to the multi-disciplinary teams providing services to children with ASD and their families across Norfolk, the working group also concluded that in addition to addressing shortages of Clinical Psychologists and Occupational Therapists, there were some other changes that could make a positive contribution to the functioning of these teams. It was therefore recommended that, **if it had not already done so, the work on service redesign should include consideration of the roles that could be undertaken by ASD Nurses, Family Support Workers and the use of key workers.**
- 1.4 The working group also learned that a major plank in the support available for parents following diagnosis was involvement in an 'Early Bird' or 'Early Bird Plus' programme. These programmes had been developed by the National Autistic Society, with Early Bird being aimed at parents of pre-school children and Early Bird Plus for parents of

school age children up to 8 years of age. However, the waiting times for families of newly diagnosed children to participate in Early Bird courses in some parts of Norfolk was considered to be unacceptable and it was therefore recommended that **there is investment in sufficient capacity, including accredited trainers, to ensure that there is a rolling programme of Early Bird and Early Bird Plus courses in each area so that there is access to courses as soon as a quorum of participants is reached.**

- 1.5 These three recommendations were accepted by NHS Great Yarmouth and Waveney and progress reports from the Children's Commissioner at Great Yarmouth and Waveney Clinical Commissioning Group (HealthEast) were presented to NHOSC in March and October 2012.
- 1.6 It was noted from discussion at the NHOSC meeting in October 2012 that:
 - There were 360 children and young people under 18 years of age with an autistic need in the Great Yarmouth and Waveney area, compared with around 1600 in the whole of Norfolk.
 - Across Norfolk, there were about 300 children waiting for an assessment of their needs, with waiting times of between four and six months for new referrals.
 - The Autistic Spectrum Disorders pathway agreed between Norfolk County Council and NHS Norfolk and Waveney was due to be implemented by 1 November 2012.
 - The pathways for referral, assessment and intervention were different in Norfolk and Suffolk.

At the conclusion of this discussion, it was suggested that the Great Yarmouth and Waveney Joint Health Scrutiny Committee might wish to consider whether it wanted to examine progress in HealthEast's area early in 2013, and the Joint Committee agreed to do so at its last meeting.

2. Suggested approach

- 2.1 It is suggested that members of the Joint Committee consider the attached update from the Children's Commissioner at Health East and raise any outstanding questions or concerns. These may include:
 - Progress in aligning practice with the rest of Norfolk and Suffolk and details of significant variations and relative strengths and weaknesses between the pathways developed in each county.
 - Whether the Health Visitor liaison post has been filled and details of any other vacancies affecting the services concerned.
 - Progress in reducing the number of children and young people waiting for an assessment, the length of time between referral and assessment, and between assessment and intervention.
 - The anticipated timescale for moving to a single point of referral, an integrated Multi Disciplinary Team for the Great Yarmouth and Waveney area, and improved early support.
 - The number of families currently waiting for a place on an Early Bird or Early Bird Plus course and the average length of wait.

- The availability of Early Bird courses at times which suit working families.
- The availability of alternative forms of support for families, especially those for whom Early Bird courses are not the most appropriate.

2.2 The Joint Committee is also asked to decide whether it would like to receive a further progress report on this topic and, if so, at what interval.

Officer contact: Keith Cogdell, Scrutiny Support Manager, Norfolk County Council, email keith.cogdell@norfolk.gov.uk , Tel. 01603 222785



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Great Yarmouth and Waveney Clinical Commissioning Group's Approach to Delivering Services to Children with Autistic Spectrum Disorder

1. Introduction and Background

The approach of Great Yarmouth and Waveney Clinical Commissioning Group (GYW CCG) to delivering services to children with Autistic Spectrum Disorder (ASD) has been conducted against a backdrop of recent significant national initiatives.

The first of these is the publication of the National Autism Plan for Children (NAPC) under the banner of the National Autistic Society in July 2003. The NAPC sets out guidelines for the identification, assessment, diagnosis and access to early interventions for pre-school and primary school age children with ASD. While some of these guidelines are of a clinical nature, the plan offers useful benchmarks against which local practices and services can be assessed.

The second significant publication was the draft guideline from the National Institute for Health and Clinical Excellence (NICE) on the recognition, referral and diagnosis of ASD in children and young people from birth up to 18 years September 2011.

There is also a green paper consultation being undertaken by the Department for Education on "a new approach to special educational needs and disability". Many of the proposals outlined in this green paper carry some clear messages on issues, such as the importance of early identification and support, the need to give parents more control, and removing obstacles to education, health and social care professionals being able to work together seamlessly to meet the specific needs of children and their families. Until recently the Government guidance for the care of people with ASD has been focused on adult care.

2. Current Position

The Children's Developmental Unit (CDU) for Great Yarmouth and Waveney are two teams which have developed and are following the diagnostic pathway as recommended by the NAPC. The ASD diagnostic pathway works well, although we have faced workforce challenges over the last two years.

Our Children's Community Occupational Therapists (OT) and our Speech and Language Therapists (SALT) have been at full capacity since 2010. Both provisions make up the Multi-agency Diagnostic Assessment along with our Norfolk and Suffolk County Council Educational Psychological service colleagues. We still have a gap in Health Visitor liaison, for Special Educational Needs co-ordination and we are currently actively addressing this area. East Coast Community Healthcare, the provider of community services in Great Yarmouth and Waveney, is currently recruiting to the Health Visitor liaison post. An interim locum Paediatrician has also been appointed to focus on the waiting list, and a Community Consultant Paediatrician post is now filled.

Our Norfolk ASD support worker is part of the multi-disciplinary team delivering awareness training and support. In Suffolk, this is provided through the 'Include' service. The Early Bird and Early Bird Plus programme is part of the pathway. There are no waiting lists. This is on a rolling programme and currently our training capacity is sufficient for the numbers coming through. We are also considering introducing 'Cygnet' training, which is a shorter programme and can cover more numbers of children and their families.

3. The local position

Great Yarmouth

Under 4 years:

Referral to assessment waiting list is between 2-6 months. There are 34 children waiting. Assessment to treatment varies according to individual recommendations but 97% seen within time frame.

Over 4 years:

This is more complex as it involves the schools participation and relies on the time it takes for their reports to be submitted. There are currently 14 children on the waiting list.

Waveney

The primary difference between Waveney and Great Yarmouth is the face to face parent feedback. These work well but do take time to arrange.

Under 4 years:

The process is the same as Great Yarmouth team, and the early years pathways, even though a complex process, works well. Currently there are 5 children on the waiting list.

Over 4 years:

The waiting list has greatly reduced since June 2012. The Waveney Diagnostic Assessment Group now meets every 4 weeks instead of every 3 months.

There are approximately 70 children still waiting for assessment.

4. Next Steps

There is a meeting on January 31st to discuss the integration process for the ASD (and Attention Deficit Hyperactivity Disorder) pathways. Planning and times will be agreed at this meeting. The plans will move to a single access for referrals and single assessment to treatment process, so that Great Yarmouth and Waveney become one team and one pathway.

Elaine Mash

Children's Commissioner

January 2013

Autism Services for Adults

Suggested approach from the Scrutiny Support Manager

1. Background

1.1 The national autism strategy

1.1.1 The government's aspirations for services for adults with autism were spelled out in the Autism Act 2009 and the subsequent adult autism strategy 'Fulfilling and Rewarding Lives' which was published in March 2010. The vision upon which this strategy is founded is:
All adults with autism are able to live fulfilling and rewarding lives within a society that accepts and understands them. They can get a diagnosis and access support if they need it, and they can depend on mainstream public services to treat them fairly as individuals , helping them make the most of their talents.

1.1.2 The strategy spelled out areas of work that should be the focus of action during the period 2010-2013 and made a commitment to formally review progress and revise the strategy as necessary at the end of this period. The areas identified were:

- increasing awareness and understanding of autism among frontline professionals
- developing a clear, consistent pathway for diagnosis in every area, which is followed by the offer of a personalised needs assessment for adults with autism and their carers
- improving access for adults with autism to the services and support they need to live independently within the community
- helping adults with autism into work, and
- enabling local partners to plan and develop appropriate services for adults with autism to meet identifies needs and priorities.

1.1.3 In April 2011, the Government published further guidance and a self-assessment framework ('Fulfilling and Rewarding Lives: Evaluating Progress') to help local authorities and NHS organisations and their partners to implement the statutory guidance and evaluate progress.

1.2 Norfolk Health Overview and Scrutiny Committee

1.2.1 Norfolk Health Overview and Scrutiny Committee (NHOSC) received reports from NHS Norfolk and other relevant organisations on services for adults with autism in October 2010, 2011 and 2012. These reports have tracked progress in implementing the national autism strategy.

1.2.2 At its meeting in October 2012, Norfolk Health Overview and Scrutiny Committee was informed that there were around 2,500 known cases of adults with autism in Norfolk and it is estimated that about 85% of these were not in employment. Health and social care service commissioners outlined a number of initiatives that contributed to implementing the statutory guidance locally:

- The needs of adults with autism who also have a learning disability were being addressed through a Joint Commissioning Strategy for People with a Learning

Disability 2010 -2015 and Learning Disabilities Locality Teams.

- A draft Norfolk Autism Summary Action Plan had been produced
- An 'Adults with Autistic Spectrum Conditions Public Health Needs Assessment' for Norfolk was being developed and being used as a focus of work to address the national guidance in a number of areas:
 - collecting and collating relevant data about adults with autism
 - developing an integrated commissioning plan around services for adults with autism
 - developing a plan to deliver appropriate levels of training to frontline staff
 - mapping local employment services that support adults with autism
 - mapping local voluntary services and groups that support adults with autism
- The needs of people with Aspergers Syndrome were being addressed through support for Asperger Services Norfolk and Aspergers East Anglia
- Autism Action Plans had been developed for each of the acute hospitals in Norfolk
- There were plans to set up a steering group for the commissioning of services for adults with autism and all stakeholder groups would be invited to join this group. This group would also help in monitoring progress and it was anticipated that the first meeting would be held early in 2013.

1.3 Suffolk Health Scrutiny Committee

1.3.1 The Suffolk Health Scrutiny Committee received an update on progress in relation to local health and social care implementation of both the national autism strategy and the associated statutory guidance at its meeting on 17 January 2012. The Committee was informed that no additional resources had been made available to implement the strategy.

1.3.2 A multi-agency steering group had been established in June 2009 to action plan and oversee implementation of the five strands and included representation from across Suffolk County Council including: Children and Young Peoples service (Transitions); Adult and Community Services; commissioning; workforce development; adult safeguarding; community learning; supported housing; community inclusion and Customer First. There was also attendance from Suffolk School Age Autism Service, Suffolk Police, the National Autistic Society, Suffolk Mental Health Partnership NHS Trust, further education colleges and people with autism and their family carers or supporters.

1.3.3 The Committee was informed national prevalence data indicated there were around 5,500 adults in Suffolk on the autistic spectrum of whom, around 50% also had a learning disability. There was clear evidence of a growing number of young people with this diagnosis who would need some form of specialist support in adulthood. In this respect, Suffolk was starting from a low baseline in that, apart from a dedicated service for children in mainstream schooling from the ages of 5 to 14, there were no specialist autism services in any sector and limited knowledge and awareness of the condition.

At the time of the report, key achievements included:-

- The commissioning and development of a comprehensive training plan to improve knowledge and understanding of autism across the social care and supported housing sector;
- Awareness-raising across NHS Trusts and police to improve autism sensitive practice;
- Adoption of the Autism Aware Card and Stay Safe programme;

- The beginnings of a market shaping approach to encourage specialist providers into Suffolk to ensure an enhanced range and choice of service is available to people with autism and their family carers;
- Dedicated support to family carers in the north and west of the county via an innovations grant;
- The development of dedicated supported housing schemes which enabled people with autism to return from expensive out of county placements. There were several more in the planning stages;
- Establishment of a best practice forum for Suffolk further education providers to enable young people with autism to access local educational opportunities and improve the transition from school to college;
- Two dedicated learning disability and autism liaison nurses in James Paget and Ipswich Hospitals working to ensure the needs of people with autism in acute healthcare settings were met;
- The establishment of a diagnostic pathway in the NHS and Great Yarmouth and Waveney area provided by Norfolk and Waveney Mental Health Foundation NHS Trust;
- The production of a business case for the development of a diagnostic pathway with specialist interventions across the whole of Suffolk had been successful in securing 50% funding from the council;

Agreement with Primary Care Trusts and GP commissioners on some of the key principles for the design of a whole county diagnostic pathway.

- 1.3.4 Areas for further improvement and development in Suffolk included the need for better systems and processes for recording numbers of people with autism on health and social care systems to develop a proper needs analysis for planning purposes rather than rely on national prevalence data; extension of family carer specific support; and the need to gain NHS Suffolk commitment to providing the joint funding required to develop a diagnostic pathway.

2. Suggested approach

- 2.1 It is suggested that members of the Joint Committee consider the attached report from the Programme Board Manager - Mental Health & Learning Disabilities, NHS Great Yarmouth & Waveney Clinical Commissioning Group, and raise any outstanding questions or concerns. These could include:
- How services for adults with autism in Great Yarmouth and Waveney compare with what is available in the rest of Norfolk and Suffolk.
 - Whether there are any variations in service provision within the Great Yarmouth and Waveney area and, if so, the nature and extent of these.
 - Progress in developing an adult autism diagnostic pathway for the area.
 - Arrangements for ensuring improvements in services in the area in line with the national autism strategy and for monitoring progress.
- 2.2 The Joint Committee is also asked to decide whether it would like to receive a further progress report on this topic and, if so, at what interval.

Officer contact: Keith Cogdell, Scrutiny Support Manager, Norfolk County Council, email keith.cogdell@norfolk.gov.uk , Tel. 01603 222785



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Report on NHS Great Yarmouth and Waveney Clinical Commissioning Group's Approach to Delivering Services to Adults with Autistic Spectrum Disorder to the Great Yarmouth and Waveney Health Scrutiny Committee

1. Background

1.1 Both Norfolk and Suffolk Health Overview and Scrutiny Committees have received reports from the Norfolk and Suffolk Health and Social care system and associated organisations over the last couple of years with regards to their plans in relation to the implementation of the National Autism Strategy and associated guidance.

1.2 Great Yarmouth and Waveney covers parts of Norfolk and Suffolk and therefore works in partnership with both Norfolk and Suffolk County Councils and NHS Norfolk and NHS Suffolk, who in turn will be seven CCG's from 1st April 2013.

1.3 Autism is included in and remains a key priority within both Norfolk and Suffolk's Joint Commissioning Strategies for people with a learning disability. And both the Norfolk and Suffolk Learning Disabilities Partnership Boards see this as a high priority.

2. Great Yarmouth and Waveney's current approach to services for adults with Autism

2.1 A significant number of people with autism also have a learning disability and in Great Yarmouth and Waveney they receive their support and facilities through the local Community Learning Disabilities Teams. These are the East Community Learning Disability Team through Norfolk Learning Disabilities Service (NLDS) and the Waveney Community Learning Disabilities Team through Norfolk and Suffolk Foundation Trust (NSFT).

2.2 For those people with autism but without a diagnosis of a learning disability their needs are often associated with a subsequent diagnosis of Asperger's Syndrome or their functioning autism is known as "Higher functioning autism". In Norfolk, including those individuals who live in Great Yarmouth, they have been diagnosed and are offered support through Aspergers Services Norfolk (ASN). This service is commissioned by Norfolk County Council, NHS Norfolk and NHS Great Yarmouth and Waveney.

There has been huge demand on this service since it commenced, and the Aspergers Services Norfolk 2012 Annual Report identifies a number of trends:

- GP referrals have increased from the last year, suggesting that the awareness of this service is becoming more apparent in Primary Care
- Increased referral from housing agencies, further and higher education is demonstrating that other sectors are becoming more aware of the service
- Referrals of people between the ages of 18-30 remain at a high level. This may suggest that there are a number of young people who remain undiagnosed in childhood and therefore this is placing additional demand on the adult service.

Aspergers Services Norfolk is aware of the waiting list they have and have taken the following steps to address this:

- Prioritising people when a diagnosis will have a major impact on their life (for example, people about to start university)
- Responding to urgent requests
- Are developing an explanatory leaflet about the process
- Recruiting an 0.5 WTE Assistant Psychologist on a 12 month contract to support the pathway
- Continually reviewing their processes to make improvements.

2.3 For those individuals who live in Waveney with Aspergers and/or High Functioning Autism there are different arrangements in place. In the past any assessments requested by GP's have been commissioned on an individual funding basis or we have asked Aspergers East Anglia to do these on our behalf. However, due to the increased demand on the specialist service in Norfolk this has not been possible recently. However, the number of requests for these assessments has been approx one or two every couple of years. More complex cases have been picked up by the Community Mental Health Team in Waveney provided by Norfolk and Suffolk Foundation Trust by way of a special interest that the local team has developed over a number of years, but there been no formal commissioning arrangements in place for this to date.

2.4 The James Paget University Hospital (JPUH) has a full time Learning Disabilities Acute Liaison Nurse whose priority is for people with a learning disability but whose role has also embraced meeting the needs of people with Autism in the following ways:

- The overall coordination of the training, and awareness training of the *Fulfilling and Rewarding Lives* duties and responsibilities amongst hospital staff
- Their arrangements to regularly monitor performance and developments
- Their efforts to include people with autism alongside but in addition to those with learning disabilities in this work and their approach.

The action plan developed by the JPUH from the Acute Hospital Self Assessment Framework which they had to complete in relation to people with a learning disability reflects their commitment and plans for people with autism.

All of the Learning Disabilities Acute Liaison Nurses in Norfolk and Suffolk are involved in a Regional Network and share learning and best practice.

All patients in Great Yarmouth and Waveney are able to access this Practitioner at the JPUH and they work closely with both of the East Community Learning Disabilities Team and Waveney Community Learning Disabilities Team as well as other professionals if appropriate.

3.0 Great Yarmouth and Waveney's future approach to services for adults with autism

3.1 To establish a local steering group to develop a local action plan to identify gaps in service provision, look at service development and implementation with a priority to create an equitable pathway across Great Yarmouth and Waveney.

3.2 To ensure that both the Mental Health and Learning Disabilities Programme Board and Clinical Commissioning Committee at NHS Great Yarmouth and Waveney Clinical Commissioning Group are updated and involved in the process and to ensure that the recommendations of the National Autism Strategy are seen as a priority for the organisation.

3.3 Norfolk and Suffolk Foundation Trust as part of their Radical Pathway Redesign Programme are looking to include ADHD and Aspergers for those people who sit outside of learning disabilities services within their Pathway A. NHS Great Yarmouth and Waveney

to have discussions with them as to how this will develop and be implemented in the Great Yarmouth and Waveney area.

3.4 To ensure that the transitions pathway from children into adults services is seamless but working with the Children's Commissioner to address this.

3.5 To link in with the wider Norfolk and Suffolk systems as to their plans.

Report by:

Kim Arber

Programme Board Manager, Mental Health and Learning Disabilities
NHS Great Yarmouth and Waveney CCG

January 2013

Great Yarmouth and Waveney Joint Health Scrutiny Committee - 29 January 2013

For information only

Myalgic encephalomyelitis/myalgic encephalopathy (ME) and chronic fatigue syndrome (CFS) Services for Norfolk and Suffolk patients: update on service development work

NHS Norfolk and Waveney (and NHS Suffolk) currently commission services for these patients from East Coast Community Healthcare. For the Norfolk and Waveney cluster, there are two separate contracts and service specifications, one for Norfolk patients and one for Great Yarmouth & Waveney patients.

Following the departure of the consultant from the existing East Coast Community Healthcare service, and significant concerns expressed by service users, NHS Norfolk and Waveney were asked by the Suffolk and Norfolk Joint Health Overview and Scrutiny Committee to work with the Service User Group to develop a revised service specification.

After detailed discussions on all aspects of the service, commissioners met with a group of service users, patients and carers on 20th November to review a final draft of a revised service specification. This has now been agreed with a majority of service users to a point where we feel we can start to have discussions around procurement and mobilisation of a revised service.

The next step is to complete a detailed comparison of the new service specification with the existing service specification (i.e. a gap analysis), in order to determine the most appropriate route for procurement. If the new service specification is significantly different from the current, and/or there is a reasonable expectation that there are other providers who may wish to bid for this, there will need to be an open procurement process, which is likely to take 6 to 12 months. If it is concluded that the new service specification is not significantly different from the current one, and/or we have concerns about the availability of providers in this market, we may be able to negotiate with the current service provider. We are also reviewing current contract terms and periods, to ensure that we can secure the existing service, and continue with any appropriate service developments, while we determine the procurement route that will be required.

At the same time, we will work with the existing provider, using the gap analysis referred to above, to understand in detail what the financial, operational and workforce implications of the new service specification are likely to be.

We are planning to complete the gap analysis and the evaluation of implementation requirements by the end of February.

A full business case, outlining the features, benefits and funding implications of the proposed new service will then be submitted to the Norfolk and Waveney Clinical Commissioning Groups (CCGs), for approval, in March. The CCGs will be responsible for deciding what level of investment they are able to make in this service.

If the business case is approved, and dependent on the advice regarding procurement, we will then initiate either a procurement project or discussions with the existing provider.

Subject to CCG approval, we would therefore be expecting to have a new service in operation in Quarter 3 of 2013 at the earliest, and Quarter 1 of 2014 if we undertake a full procurement exercise.

Kimi Prosser
Director Strategic Planning and Service Change
NHS Norfolk & Waveney Commissioning Support Unit

January 2013

**NORFOLK, SUFFOLK AND CAMBRIDGESHIRE NEONATAL DESIGNATION UPDATE
TO THE GREAT YARMOUTH and WAVENEY JOINT HEALTH SCRUTINY COMMITTEE**

REPORT FROM EAST OF ENGLAND SPECIALISED COMMISSIONING GROUP

DATE: 2nd November 2012

REPORT TITLE: **Improving Specialist Care for Newborn Babies.** Final Progress Report of the designation of neonatal units within Norfolk, Suffolk and Cambridgeshire.

REPORT OF: Ruth Ashmore. East of England Perinatal Network Director

1. PURPOSE OF THE REPORT

- 1.1 This report updates the Joint Health Scrutiny Committee on the final outcome of the implementation plans and work programme of the Specialised Commissioning Group (SCG) on improving neonatal services for Norfolk, Suffolk and Cambridgeshire following designation of units in 2011.
- 1.2 In the summer of 2008, the East of England Specialised Commissioning Group (SCG) asked the Neonatal Network to undertake an assessment of the 6 units within Norfolk, Suffolk and Cambridgeshire (NSC) to agree their formal designation for commissioning purposes.
- 1.3 No formal designation had taken place before, although the units have notionally called themselves Level 2 units, each aspiring to reach the British Association of Perinatal Medicine (BAPM) Level 2 Standards.
- 1.4 Following discussion and formal engagement exercise with families and staff in 2011, the SCG formally agreed the designation and investment in services across Norfolk and Suffolk.
- 1.5 The East of England SCG Board met on 26th September, 2011 and looked at the feedback given to them by parents and families with experience of neonatal care. They agreed that:
 - ✓ The clinical leaders of neonatal care in Norfolk, Suffolk and Cambridgeshire should continue to work with premature baby charity Bliss and their local champions on ways to support local parents and families.
 - ✓ They would do this through a 'Family Centred Care Nurse' which will only be the second of its kind in the UK. The nurse will be based at the Norfolk and Norwich University Hospital and should be in place by the end of 2011.
 - ✓ Agreed a five year plan in medical and nurse investment of £6.8 million across the east of England.

2 BACKGROUND

- 2.1 Most women have normal pregnancies and healthy babies, and they can receive all their care safely at home or within a local unit.
- 2.2 Neonatal care is a specialised part of the services that support the services delivering and caring for babies. It is concerned with the smallest, sickest babies, such as those born prematurely, low birthweight or congenital abnormality requiring care. These babies often require extra help, for example with breathing or feeding, until they are strong enough to go home.
- 2.3 The majority of babies are born with no complications, but for the very small numbers who require intensive care (around 140 out of around 30,000 births in the three counties), it is important that they are cared for in hospitals where staff have regular experience of their complex conditions. These units are known as Neonatal Intensive Care Units (NICU).
- 2.4 There are also national quality standards issued by the Department of Health and clinical standards issued by leaders of neonatal care, which all units have to meet.
- 2.5 This means that some hospitals have or will experience a small change in the types of babies that they can treat in the long term, but all units have to be able to stabilise and care for babies who are born unexpectedly very small or sick until they can be transferred to a NICU.
- 2.6 However, once a baby's condition has improved during their stay in a NICU, they will be transferred back to their local hospital/a hospital closer to their home to receive on-going care.
- 2.7 For the 140 babies a year that require the most specialist intensive care at a NICU, there are hundreds more that need high dependency care and extra support (known as special care) when they are born. This is why these services and the babies that need them will remain at their local hospital – because they are needed and they provide excellent care.
- 2.8 High quality services and staff are available, and will remain, at all units in Norfolk, Suffolk and Cambridgeshire, in the configuration below:
There are three types of neonatal unit:
 - **Neonatal Intensive Care Unit (NICU)** – *Addenbrooke's Hospital and Norfolk and Norwich University Hospital* – where all babies from Norfolk, Suffolk and Cambridgeshire requiring intensive care can be treated, as well as providing high dependency and extra support for babies in their catchment area.
 - **Local Neonatal Unit (LNU)** – *Ipswich Hospital, Queen Elizabeth Hospital in King's Lynn and Peterborough City Hospital* – where babies who require intensive care for less than 48 hours, high dependency care and all other extra support are treated.

- **Special Care Baby Unit (SCBU)** – *Hinchingbrooke Hospital, James Paget Hospital and West Suffolk Hospital* – where babies who require high dependency and extra support are treated.

3 UPDATE ON PROGRESS

- **Nurse Staffing**: There has been considerable recruitment in nursing staff across the network with a 6.6 % increase in staff. Recruitment to ensure skill-mix and ratio of qualified: non-qualified staff meets BAPM requirements has now moved all units towards compliance of over 70% against the standards. All units in Norfolk and Suffolk have had investment in nurse staffing.
- **Capacity**: There has been a challenge in achieving cot configurations to deliver enough capacity across the network, therefore cot numbers have increased at the Norfolk and Norwich University Hospital (NNUH) in a phased approach plan so that by the 5th November, 2012 they will have 42 cots, an increase of 10 cots.
- **Medical Staffing**: The NNUH have also had investment in consultant medical staff, with the appointment of 2 further neonatal consultants taking their number to 7.00. This has enabled outreach visits to its cluster hospitals to take place on a 3 monthly basis during 2012.
- **Integration of Networks and Clinical Patient Pathways**: This has now been agreed for all units. Clinical thresholds have been agreed and the networks and commissioners are reviewing on a quarterly basis.
- **Support to Parents / Families**: In March 2012 the second Bliss Family Centred Care Nurse was appointed at the NNUH and has commenced working between the four cluster hospitals. Families can now also travel with their baby with the dedicated neonatal transfer service, ANTs, for both emergency transfers and repatriation. **This is the first service nationally to provide this for parents.**
- **Skills Training**: During 2011/12 we have also developed a training course to support the maintenance of key resuscitation and emergency skills. Each unit has also been provided with a high fidelity simulation mannequin, together with support training to enable on-going unit based training.
- **Improvement Programmes**: The network is continuing to work with all the units on a number of improvement programmes aimed at supporting families to stay together and also improve breast feeding and early discharge. All units are engaged and on board with these programmes.

Ruth Ashmore

Perinatal Network Director, Specialised Commissioning Group – November 2012

For information only

Briefing for Great Yarmouth and Waveney Health Scrutiny Committee on the System Leadership Partnership

The Great Yarmouth and Waveney System Leadership Partnership (SLP) brings together local leaders of all the key organisations and groups within the Great Yarmouth and Waveney Local Health Economy. It has been in existence since Sept 2010, but was reviewed and refocused in 2012.

The purpose of the SLP is to deliver improvements in care and outcomes for patients and the public whilst maintaining financial stability in an environment of reductions in public expenditure overall and required efficiencies.

The role of the SLP is to:

- Set the strategic direction for integrated health and social care for Great Yarmouth and Waveney whilst recognising that the health economy spans two county council boundaries.
- Support the Norfolk and Suffolk Health and Wellbeing Boards in the delivery of their strategic objectives and required outcomes through local actions and partnership working.
- Support the Norfolk and Suffolk Health and Wellbeing Boards through providing a conduit to local community engagement and views on priorities and plans. Here district and borough councils have a key role.
- Develop the right relationships and trust within the local health system and with county structures to deliver improvements in health and wellbeing and in the provision of integrated health and social care.
- Deliver and develop appropriate local networks which enable local flexible delivery built on the local network of partners and local opportunities for funding.
- Provide a mechanism for Chairs and Chief Executives operating within the local health and social care economy to discuss and identify further actions to be undertaken across the area to achieve the strategic changes required in service provision over the next three to five years. Also to facilitate the dissemination of national policy and discussions regarding system implementation of such.
- Develop a better shared understanding of the joint strategic plans across the LHE and how they can link together to mutual benefit of partners e.g QIPP, Sustainability

Strategies, housing strategies etc where these can have a positive impact on health and wellbeing

- Provide a forum for strategic issue resolution across the whole health economy. Examples might be leadership development, unplanned care, choice and personalised care

Membership includes Chairs and Chief Executives for each of the following organisations:

- Norfolk County Council
- Suffolk County Council
- Waveney District Council
- Great Yarmouth Borough Council
- Great Yarmouth and Waveney Clinical Commissioning Group ('HealthEast')
- NHS Great Yarmouth and Waveney
- Voluntary Norfolk
- Suffolk Voluntary sector rep
- Representative(s) for Norfolk and Suffolk Chamber of Commerce
- Norfolk LINKs / Healthwatch
- Suffolk LINKs / Healthwatch
- James Paget Hospital Foundation Trust
- Norfolk and Waveney Mental Health Foundation Trust
- East Coast Community Healthcare (ECCH)

Current Workplan for the System Leadership Partnership

The SLP has a clear workplan centred on five key areas:

1. Integration eg Personal Health Budgets, workforce and discharge planning
2. Joint Health and Wellbeing Strategies for Norfolk and Suffolk
3. Community facilitation and involvement eg community projects in Gorleston and Kirkley
4. Prevention eg reducing the impact of alcohol abuse and reducing teenage pregnancy rates
5. System management eg reviewing new models for intermediate care.

Great Yarmouth and Waveney CCG would be pleased to give the Health Scrutiny Committee more information on the work of this group if needed.

Rebecca Driver

Director of Engagement

Great Yarmouth and Waveney Clinical Commissioning Group

January 2013

For information only

Briefing for Great Yarmouth and Waveney Health Scrutiny Committee on the future of NHS care in Lowestoft

NHS Great Yarmouth and Waveney Clinical Commissioning Group is planning to launch a public consultation in the summer, in partnership with the James Paget University Hospitals NHS Foundation Trust (JPUH) and East Coast Community Healthcare (ECCH), on the future of NHS care in Lowestoft.

Patients, stakeholders and clinicians across Great Yarmouth and Waveney are in agreement that we must focus on making sure the people of Lowestoft and the surrounding area have access to the very best healthcare services possible. We want to do this by updating the models of care we have now as there are a number of important services currently not available there which should be, and developing new ways of caring for patients that match the very best.

In the lead up to the public consultation a pre-consultation is taking place where we are holding conversations with clinicians, key stakeholders and staff who will help develop the options and questions which could be put forward.

We are now in a position to start discussing possible ideas with representatives from the local community and all the stakeholder organisations. Views gathered from the Lowestoft Health Development Group, which has its first meeting on January 24 2013, will help us to shape the consultation. It will make sure that we are sharing the right information with people and that we are asking the right questions during the consultation period.

The aim will be to ask how best to provide NHS care to patients in the 21st century. Conversations will include reviewing opportunities to provide services in both the North and South of Lowestoft.

The decision to move forward to the pre-consultation stage has been approved by the Boards at NHS Norfolk and Waveney, HealthEast, the James Paget University Hospitals NHS Foundation Trust and East Coast Community Healthcare.

Andy Evans, NHSGYW CCG's Chief Executive is happy to give further detail to Health Scrutiny Committee councillors if required during this pre-consultation period.

Natalie Williams

Senior Engagement Manager
NHS Great Yarmouth and Waveney CCG

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January 2013

Great Yarmouth and Waveney Joint Health Scrutiny Committee

Proposed Forward Work Programme

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

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

| Meeting dates | Subject | Approach |
|----------------|---|----------------------|
| To be arranged | Update on progress by HealthEast in commissioning health services from 1 April 2013 | <i>Scrutiny item</i> |
| “ | ME/CFS Service | <i>Scrutiny item</i> |
| “ | The provision of out of hours services | <i>Scrutiny item</i> |
| “ | The governance and accountability structure at the James Paget University Hospitals NHS Foundation Trust | <i>Scrutiny item</i> |

Provisional dates for consultations / update reports to the Joint Committee: None

Great Yarmouth and Waveney Joint Health Scrutiny Committee – 29.1.13**Glossary of Terms and Abbreviations**

| | |
|-------|---|
| ADHD | Attention Deficit Hyperactivity Disorder |
| ANTs | Dedicated Neonatal Transfer Service |
| ASD | Autistic Spectrum Disorder |
| ASN | Aspergers Services Norfolk |
| BAPM | British Association of Perinatal Medicine |
| CCG | Clinical Commissioning Group |
| CDU | Children's Developmental Unit |
| ECCH | East Coast Community Healthcare |
| JPUH | James Paget University Hospital |
| LNU | Local Neonatal Unit |
| NAPC | National Autism Plan for Children |
| NHOSC | Norfolk Health Overview and Scrutiny Committee |
| NICE | National Institute for Health and Clinical Excellence |
| NICU | Neonatal Intensive Care Unit |
| NLDS | Norfolk Learning Disabilities Service |
| NNUH | Norfolk and Norwich University Hospitals NHS Foundation Trust |
| NSC | Norfolk, Suffolk and Cambridgeshire |
| NSFT | Norfolk and Suffolk Foundation Trust |
| OT | Occupational Therapist |
| RAT | Rapid Action Team |
| SCBU | Special Care Baby Unit |
| SCG | Specialised Commissioning Group |
| SLP | System Leadership Partnership |
| WTE | Whole Time Equivalent |