

**GREAT YARMOUTH AND WAVENEY JOINT HEALTH SCRUTINY COMMITTEE
MINUTES OF THE MEETING HELD ON 20 January 2017**

Present:

Alison Cackett	Waveney District Council
Michael Ladd (Vice-Chairman and Chairman for the meeting)	Suffolk County Council
Dr Nigel Legg (Substitute)	South Norfolk District Council
Bert Poole	Suffolk County Council
Shirley Weymouth	Great Yarmouth Borough Council

Also Present:

Cath Byford	Deputy Chief Executive, NHS Great Yarmouth & Waveney CCG
Lorraine Rollo	NHS GY&W CCG
Gill Morshead	Locality Manager, Norfolk and Suffolk NHS Foundation
Alex Stewart	Chief Executive, Healthwatch Norfolk
Barbara Robinson	Member of the public (spoke on ME / CFS (Item 7(e) Information Bulletin).
Cllr Sonia Barker	Suffolk County Councillor and Waveney District Councillor
Cllr Jane Murray	Waveney District Councillor
Maureen Orr	Democratic Support and Scrutiny Team Manager, Norfolk County Council
Tim Shaw	Committee Officer, Norfolk County Council

1A The Late Mr Colin Aldred

The Chairman said that he was sad to have to report on the funeral arrangements for Mr Colin Aldred who had recently passed away. Mr Aldred had served as a Member of the Joint Committee from July 2014.

1B Apologies for Absence and Substitution

An apology for absence was received from Graham Wilde, Acting Chief Operating Officer, James Paget University Hospital NHS Foundation Trust, who due to unforeseen circumstances was unable to attend the meeting to answer questions about the services to replace Greyfriars GP practice and walk-in centre.

Dr Nigel Legg substituted for Michael Carttiss.

In the absence of Michael Carttiss, who had given his apologies, Michael Ladd, the Vice-Chairman, took the chair for the meeting.

Michael Ladd in the Chair

1C Recording of the meeting

It was pointed out that a member of the public would be taking a sound and /or picture recording on a mobile phone of part of today's proceedings. This met with Norfolk County Council's protocol on the use of media equipment at meetings held in public.

2 Minutes

The minutes of the previous meeting held on 7 October 2016 were confirmed as a correct record and signed by the Chairman.

3 Public Participation Session (Myalgic Encephomyelitis / Chronic Fatigue Syndrome)

3.1 With the permission of the Chairman, Mrs Barbara Robinson, a member of the public, spoke about ME / CFS which was Item 7(e) on the Information Bulletin. Mrs Robinson said that ME/CFS was commissioned by the 7 CCGs in Norfolk and Suffolk and provided by East Coast Community Health (ECCH). She said that in 2009 the then 3 PCT's had accepted that the change to the service from 'consultant led' to 'therapy led' that had taken place in 2005 had resulted in significant inequalities of care. The NHS had accepted the recommendations of this Joint Committee in 2009 to develop the service to address these inequalities of care. The consultant led review carried out in autumn 2016 had accepted that there were significant inequalities of care, especially for the severely affected. Mrs Robinson estimated that there were 8,000 potential patients who would benefit from a consultant led service.

3.2 Mrs Robinson said that following the completion of the consultant led review an opportunity had occurred to deliver a cost neutral, consultant led service. However, HealthEast, as one of the commissioners of the service, was now reluctant to agree to the change but had given no reasons for its decision. The consultant who had expressed an interest in leading the service had waited for over 14 months to receive an answer and could not be expected to wait much longer. Without the clinical leadership that the consultant was able to provide it would not be possible to implement the proposed changes in the service. Mrs Robinson said she wanted to know if HealthEast, had undertaken an equality impact assessment before a decision not to proceed with a consultant led service was reached. Mrs Robinson also spoke about why it was very important for ME/CFS to be considered as part of the work stream of the STP Board.

3.3 This subject was discussed further as part of the Forward Work Programme (see minute 8).

4 Declarations of Interest

There were no declarations of interest.

5 Services to replace Greyfriars GP practice and walk-in centre

5.1 The Joint Committee received a suggested approach from the Democratic Support and Scrutiny Team Manager at Norfolk County Council to an update report from NHS Great Yarmouth and Waveney CCG and the East of England Ambulance Service NHS Trust on the impact of the closure of the Greyfriars GP practice and walk-in Centre and the progress of replacement services.

5.2 The Committee received evidence from Cath Byford, Deputy Chief Executive, NHS Great Yarmouth & Waveney CCG.

5.3 In the course of discussion the following key points were noted:

- The latest data (included in graphs 1 and 2 of the report) showed the closure of the walk-in centre to have had no significant impact on the East of England Ambulance Service NHS Trust.
- The data showed the closure of the walk-in centre to have also had no detrimental impact on A&E services at the JPUH.
- The data covered GYW patients only. It was not intended to be used for comparative purposes with data on A&E attendances at the JPUH for patients from outside as well as inside the GY&W area.
- The walk-in centre had closed at the end of the summer holiday season. This meant that the latest data for the period that immediately followed the closure did not cover a time of year when there were high numbers of tourists in the town.
- Cath Byford said that the managed patient dispersal process that followed the closure of the walk –in centre had led to a coordinated and smooth transfer of patients to GP practices elsewhere in the GY&W area and to an improved service.
- Additional GP capacity had been provided at the GP practices to which patients had been dispersed following the closure of the walk –in centre.
- The new arrangements meant that patients attending A&E at the JPUH were clinically triaged on arrival and could be streamed to out of hours primary care.
- Streaming had a positive impact on A&E by diverting patients with a primary care need to an out of hours GP, thereby reducing A&E attendances.
- By reducing the number of patients requiring A&E support, streaming had created additional A&E capacity, and helped to ensure patients were seen and treated by the most appropriate clinician.
- The A&E Delivery Board at the JPUH was due to re-examine its arrangements for streaming of patients so as to include weekend evenings and Monday evenings and provide for seasonal variations. Further details about the streaming arrangements could be made available to members at a future meeting.
- The Joint Committee noted that a review was planned into the current homeless service and also the future requirements of homeless patients

throughout the GY&W area to ensure an equitable service. Cath Byford said that she would provide Members of the Committee with the timeframe for when this review would be completed.

- The Joint Committee was informed that the vulnerable children safeguarding issues that were formerly handled by a specialist nurse at the walk-in centre were now handled by the GP practices to which patients had been transferred. A named GP was in place to support the practices in relation to safeguarding issues and making referrals to Children's Services.

5.4 The Joint Committee agreed to:

- (a) Receive an update on the effects of the Greyfriars walk-in centre closure on JPUH A&E after the summer period (i.e. at the October 2017 meeting). The data to include analysis of visitor attendance at A&E as well as resident attendance. (See Forward Work Programme below for further details).**
- (b) Receive details of the timeframe for provision of a new service for homeless people in Great Yarmouth & Waveney.**

6 Norfolk and Suffolk NHS Foundation Trust – update on mental health services in Great Yarmouth and Waveney

6.1 The Joint Committee received a suggested approach from the Scrutiny Officer at Norfolk County Council to a report from the Norfolk and Suffolk NHS Foundation Trust (NSFT) on the outcomes and impacts for mental health services in Great Yarmouth and Waveney arising from the latest Care Quality Commission inspection of the NSFT.

6.2 The Committee received evidence from Gill Morshead, Locality Manager, Norfolk and Suffolk NHS Foundation Trust who spoke about the local action that was being taken in respect of the Trust-wide action plan. The Committee also heard from Cllr Sonia Baker, a Suffolk County Councillor and Waveney District Councillor, who spoke about the Dragonfly Unit at Carlton Court, Lowestoft that was within her division.

6.3 In the course of discussion the following key points were noted:

- Gill Morshead explained the action that the NSFT was taking in response to the latest CQC's inspection report, specifically as it affected the Great Yarmouth and Waveney locality.
- It was noted that the Care Quality Commission (CQC) currently rated the NSFT as 'requires improvement' overall as NHS Improvement had taken the Trust out of special measures.
- The NSFT was still rated 'inadequate' for safety. The safety concerns included: unsafe environments that did not promote the dignity of patients; insufficient staffing levels to safely meet patients' needs; inadequate arrangements for medication management; concerns regarding seclusion and restraint practice.
- It was noted that so far as the Great Yarmouth and Waveney locality was concerned many of the outstanding issues on safety related to the property estate. A comprehensive work plan had been put in place to tackle these

issues.

- In reply to questions, Gill Morshead said that the issues in the CQC report related to service lines rather than specifically identified localities in most cases and that the safety issues had been addressed in all localities across NSFT, including the Great Yarmouth and Waveney area. A follow up inspection by the CQC was expected in summer 2017. In response to the CQC report, the NSFT had reorganised its governance processes and begun to use an updated action plan to inform performance monitoring at monthly meetings of the Board.
- The Board had raised their visibility through a programme of executive and non-executive visits to Nottinghamshire Mental Health Foundation Trust (who had supported the NSFT be acting as a “buddy trust”) and by visiting a trust in East London that was considered to be outstanding.
- Managers were currently establishing the ability of staff to use the new computer system called Lorenzo. Clinical leads were being contacted to organise any additional or bespoke training that might be required on Lorenzo.
- Cllr Sonia Barker spoke about the 12 in-patient beds at the Dragonfly Unit at Carlton Court in Lowestoft that had been created to replace the out-of-date Airey Close Unit at Lothingland Hospital. The Dragonfly Unit was the only unit of its kind providing mental health beds specifically for children in Norfolk and Suffolk. NHS England had commissioned 7 of the in-patient beds at Carlton Court but continued to provide for children to be placed out of area even when excellent facilities remained to be filled at the Dragonfly Unit.
- Further investment in the Dragonfly Unit would make a huge difference to young people and their families in Norfolk and Suffolk with complex mental health needs.

6.4 The Joint Committee agreed to:-

- (a) Write to NHS England to welcome their commissioning of 7 in-patient beds for children at the Dragonfly Unit, Carlton Court, and to support the commissioning of five more beds so that the facility was used to full capacity.**
- (b) Encourage co-working between NSFT and the new school for pupils with social, emotional and mental health needs at Carlton Colville, which was sponsored by Catch 22. Gill Morshead to put Cllr Sonia Barker in touch with Rob Mack, Compass schools service manager at NSFT.**
- (c) Arrange a Member visit to the Dragonfly Unit within the next 2 to 3 months.**

7 Information Only Items

7.1 The Joint Committee **noted** information on the following subjects:

- (a) Autism services** – the situation with regard to the Autism Suffolk Family Support Worker service when the current contract (with Suffolk County Council) ended in March 2017. The CCG was unable to invest in the Autism Suffolk service and had set out action it had taken to address the likely impact on families when the Autism Suffolk service ended.

- (b) **Diabetes care within primary care services** – Directors of Public Health responses to the Joint Committee’s recommendation of 7 October 2016.
- (c) **Out-of-hospital teams** – update regarding staffing levels and the situation in respect of Halesworth. Recruitment of physiotherapists continued to be difficult. A further update was required at the next meeting.
- (d) **Delayed transfers of care** – the James Paget Hospital escalated to OPEL 4 in early January (i.e. no capacity) but was able to de-escalate quickly. The overall impression was that the planning had paid off.
- (e) **ME / CFS (Myalgic Encephomyelitis / Chronic Fatigue Syndrome)** – an update on service commissioning. Also see Public Participation Session minute above for the comments made by Barbara Robinson, a member of the public.

In response to the comments that had been made in the public participation session, Cath Byford said that the CCG was unable to accept the findings of the outcome of the review because of a conflict of interest. The consultant who had led the review and the consultant whom was expected to lead the proposed new service were the same person. The review should also not be implemented because it was too limited in its scope. The review had not considered the redundancy costs and other transitional costs that would be associated with setting up a new ME/CFS service with the same high degree of resilience as the existing service. The review did not accurately reflect the concerns of existing patients and patient groups. The CCG had not undertaken an equality impact service because it had not at any time accepted the outcome of the review and it had not proposed the service outlined in the review.. The outcome of the review would be fully considered by the CCG’s Clinical Executive Committee but there was currently no firm date for when this would take place. The position of the other CCGs had also not been made fully clear at this time.

- (f) **Development of Shrublands centre** – aiming to submit for planning permission in spring 2017. An update would be available in the next Information Bulletin.
- (g) **Norfolk and Waveney Sustainability Transformation Plan** – NHOSC met on 12 January (after agenda papers for today’s meeting were published) and made some revisions to the comments before agreeing them by majority vote. The final version, as approved by NHOSC, was circulated to all Members of GY&W JHSC on 16 January 2017.
- (h) **Most Capable Provider** procurement process – this subject was originally on today’s agenda. The bulletin explains that the CCG did not take it forward and that the Sustainability Transformation Plan is now the vehicle for achieving greater integration of services.
- (i) **Briefings received from the CCG since October 2016**
 - (1) Final two **Lowestoft hospital** services move on 5 December 2016
 - (2) **Westwood surgery** move

These briefings went out to Members of the Joint Committee when received in November 2016.

8 Forward Work Programme

8.1 The Joint Committee agreed the forward work programme, subject to the addition of the following items:

The Joint Committee meeting on Tuesday 4 April 2017

Agenda

- ME/CFS - to examine commissioning decisions.
- Out of Hospital Teams – progress of the teams and progress towards provision for the Halesworth area.

In the information bulletin

- Update on development of the Shrublands centre and on GP services for the Woods Meadow development, Sands Lane, Oulton.
- Update on the outcomes of the Delayed Transfer of Care learning event held on 11 January 2017

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The Joint Committee meeting on Friday 14 July 2017

Venue to be confirmed

No additional items added

The Joint Committee meeting in October 2017

Agenda

- A&E performance at JPUH – to examine
 - the overall trend of A&E performance
 - an analysis of the effects of the Greyfriars walk-in centre closure on JPUH A&E after the summer

9 Urgent Business

9.1 There were no items of urgent business.

10 Date and Time of Next Scheduled Meeting

10.1 It was agreed that the Joint Committee would next meet on Tuesday 4th April 2017 at 10.30am, in the Council Chamber, Great Yarmouth Town Hall.

The meeting concluded at 13.05 pm.

CHAIRMAN



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