

Great Yarmouth and Waveney Joint Health Scrutiny Committee

(Quorum 3)

Date: Friday, 2 February 2018

Venue: Claud Castleton Room
Riverside Campus
4 Canning Road
Lowestoft, Suffolk, NR33 0EQ

Time: 10:30 am

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|--------------------|-----------------------|-----------------------------------|
| Membership: | Cllr Marlene Fairhead | Great Yarmouth Borough Council |
| | Cllr Michael Ladd | Suffolk County Council (Chairman) |
| | Cllr Nigel Legg | South Norfolk District Council |
| | Cllr Jane Murray | Waveney District Council |
| | Cllr Richard Price | Norfolk County Council |
| | Cllr James Reeder | Suffolk County Council |

For further information on any of the agenda items, please contact Rebekah Butcher, Democratic Services Officer, on 01473 264371 or rebekah.butcher@suffolk.gov.uk

Business to be taken in public

1. **Apologies for Absence and Substitutions** *10:30 am*

To note and record any apologies for absence or substitutions received.
2. **Minutes of the Previous Meeting** Pages 5-10

To approve as a correct record, the minutes of the meeting held *10:31 am*
on 20 October 2017.
3. **Public Participation Session**

A member of the public who is resident, or is on the Register of Electors for Norfolk or Suffolk, may speak for up to five minutes on a matter relating to the following agenda.

A speaker will need to give written notice of their wish to speak at the meeting using the contact details under 'Public Participation in Meetings' by no later than 12 noon on 29 January 2018.

The public participation session will not exceed 20 minutes to enable the Joint Health Scrutiny Committee to consider its other business.
4. **Declarations of Interest and Dispensations**

To receive any declarations of interests, and the nature of that interest, in respect of any matter to be considered at this meeting.
5. **Mental Health Services in GY&W – Update following the CQC inspection of NSFT in July 2017** Pages 11-26

10:40 am

To receive an update on the impacts and action plans for mental health services in Great Yarmouth and Waveney (GY&W) in context of the latest Care Quality Commission inspection of Norfolk and Suffolk NHS Foundation Trust (NSFT).
6. **GY&W CCG Strategic Action Plans update** Pages 27-34

To receive an update on the Great Yarmouth and Waveney Clinical Commissioning Group (CCG's) Strategic Action Plan, in context of the NHS(E) assessment rating in Sep 2017, and including an update on the strategy for out-of-hospital services. *11:25 am*

7. Information Bulletin

Pages 35-47

To note the written information provided for the Committee:

12:10 pm

- a) Blood Testing Services in GY&W;
- b) Autistic Spectrum Disorder (ASD);
- c) GP Surgery Action Plans;
- d) Update on Reydon Land;
- e) Patients paying for GP prescriptions at JPUH A&E;
- f) How the JPUH responds to comments received at its Feedback Centre; and
- g) Norfolk and Waveney Sustainability and Transformation Partnership Plan (STP) Update.

8. Forward Work Programme

Pages 49-50

To consider and agree the forward work programme.

12:20 pm

Date of next scheduled meeting

Friday, 13 April 2018, 10:30 am, Riverside Campus, Lowestoft.

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Sue Cook
Interim Chief Executive
Suffolk County Council

Chris Walton
Head of Democratic Services
Norfolk County Council

Unconfirmed

Minutes of the Great Yarmouth and Waveney Joint Health Scrutiny Committee Meeting held on 20 October 2017 at 10:30 am in the Thomas Crisp Room, Riverside Campus, Lowestoft.

Present: Councillors Michael Ladd (Chairman, Suffolk County Council), Michael Chenery of Horsbrugh (Norfolk County Council), Marlene Fairhead (Great Yarmouth Borough Council), Jane Murray (Waveney District Council), Nigel Legg (South Norfolk District Council) and James Reeder (Suffolk County Council).

Also present: Councillor Sue Allen (Waveney District Council), Cath Byford (Deputy Chief Executive, NHS Great Yarmouth and Waveney Clinical Commissioning Group), Joanna Fawcus (Associate Operations Manager, James Paget University Hospital), and Tony Rollo (Chairman, HealthWatch Suffolk).

Supporting officers present: Paul Banjo (Scrutiny Officer), Rebekah Butcher (Democratic Services Officer) and Maureen Orr (Democratic Support and Scrutiny Team Manager).

10. Apologies for Absence and Substitutions

Apologies for absence were received from Councillor Richard Price who was substituted by Councillor Michael Chenery of Horsbrugh, Norfolk County Council.

11. Minutes of the Previous Meeting

The minutes of the meeting held on 6 July 2017 were confirmed as a correct record and signed by the Chairman.

12. Recording of the Meeting

It was notified that a member of the public would be taking a sound recording on an audio device of part of today's proceedings. This met with Suffolk County Council's protocol on the use of media equipment at meetings held in public.

13. Public Participation Session

Mrs Barbara Robinson, a member of the public, had requested to address the Joint Committee and spoke in relation to the Agenda Item 7; an Information Bulletin item on the 'progress in relation to commissioning a consultant-led ME/CFS service'. Mrs Robinson informed the Committee that she believed the report issued from the NHS Gt Yarmouth and Waveney CCG in the past week to

be misleading. Mrs Robinson highlighted her concerns with the CCG's statement in relation to criteria used for a consultant-led service, as well as the perceived errors in patients described as being active, supported or undergoing treatment.

Mrs Robinson stated that the 'ME community' could not support further work with East Coast Community Healthcare (ECCH). She stated the 'ME community' had monitored ECCH using key performance indicators and other statistics obtained via Suffolk Commissioning. Mrs Robinson stated to the Committee that ECCH had recently reduced the service by refusing to give patients supported letters for benefits claims, contrary to advice from the Department for Work and Pensions and the Health Advisory Service. Mrs Robinson felt that ECCH had failed by giving preference to the more moderate cases and abandoning their severest.

Mrs Robinson reiterated her view that if a consultant was approached, funding could be cost neutral and would deliver a revised version of the NICE approach which was not currently being followed locally.

14. Declarations of Interest and Dispensations

There were no declarations made or dispensations given.

15. A&E Performance at James Paget University Hospitals NHS Foundation Trust

At Agenda Item 5, the Joint Committee received a suggested approach from the Scrutiny Officer at Suffolk County Council to a report by the James Paget University Hospital (JPUH) and the NHS Great Yarmouth and Waveney Clinical Commissioning Group (CCG) on Accident and Emergency (A&E) performance overall trends including any effects from the closure of the Greyfriars Walk-in Centre and GP practice.

The Chairman invited Joanna Fawcus, Associate Operations Manager (JPUH) and Cath Byford, Deputy Chief Executive (NHS Great Yarmouth and Waveney CCG) to the meeting and to introduce the report.

The Joint Committee heard that A&E performance had much improved over the past year, against a backdrop of increasing attendances. The emergency floor had been redesigned, moving the short stay unit to be co-located with the emergency department, to reduce a patient's length of stay. A GP assessment bay had been introduced, reducing waiting times for patients. A review of the processes surrounding diagnosis and treatment had also been undertaken.

The JPUH had started the 'red to green' programme, a national initiative to ensure efficient patient pathways, improving patient flow. This linked to other organisations such as Local Authorities who were involved in the process, and it had already made a difference in A&E.

In October, the GP streaming programme started, streaming patients with a minor injury or illness to either a GP or a Nurse Practitioner. Members heard this was working well with about 250 patients streamed since it started. Streaming was not meant to replace access to people's own GP, hence it had not been advertised to the general public. The purpose of streaming was to ensure that

A&E did not get clogged up with patients who should not really be in A&E. The CCG wished to reinforce the message that unnecessary presentation at A&E disadvantaged genuine cases.

Members heard the 'Care Home' programme had also recently been launched with partners, which looked at hospital admissions and included the 'red bag' programme; the bag would hold patient's medications, care plan, DNR status and so forth, improving patient experience and receiving quicker treatment plans.

This year, the JPUH received £1 million for the physical reconfiguration of the A&E department, with the ambulatory unit being updated first, increasing it in size to deal with the volume of patients being seen. This was consultant-led to 'right-size' the ambulance bays, and there was a joint pilot to have a multi-disciplinary team in A&E to assess the patient's needs; a lot of patients did not have medical needs, could be cared for at home, or cared for in 'beds with care'. Members were told that this was innovative work which helped to avoid unnecessary hospital admissions.

The JPUH had worked closely with the CCG on demand management of holiday makers over the summer period and it was successful – attendance was high however the hospital managed well. The summer campaign included use of Twitter and Facebook. One weekend there were 50,000 'shares' on Facebook and A&E attendance did reduce.

Members heard the Early Intervention Vehicle (EIV) would go live in November 2017; the car would have a Paramedic and an Occupational Therapist. An EIV pilot had been completed in Central Norfolk. Funding for the trial in Great Yarmouth and Waveney would come from the Sustainability and Transformation Partnership (STP).

There was some correlation between high levels of unnecessary A&E attendance and GP practices in 'special measures'. Increases in minor A&E attendance was much higher in Gorleston (5%) than in Yarmouth (1%). The CCG had invested heavily in primary care teams and targeted support. There were also geographic issues – it had to be easier for people to go to their GP.

With regard to primary care capacity for new housing developments, Members heard that in future the model should be around the team required, not just the GP, including Nurse Practitioner, Pharmacies and Mental Health Practitioners. It was noted that Local Development Plans were currently in consultation.

In response to questions about patients having to pay for prescriptions, and how the JPUH responded to comments received at its Feedback Centre, the witnesses agreed to provide the Joint Committee with some brief clarification.

Decision: The Joint Committee complimented the JPUH on the continued good A&E performance results and requested:

- a) further information in six months (April 2018) on the results of the Early Intervention Vehicle (EIV) Pilot; to include input from the Ambulance Trust;
- b) that the Joint Committee considered a potential future scrutiny item regarding the Local Development Plans in Great Yarmouth and Waveney.

Reason for decision: The Joint Committee formed the view based on the evidence it received.

Alternative options: There were none considered.

Declarations of interest: There were none declared.

Dispensations: There were none noted.

16. Out-of-Hospital Services

At Agenda Item 5, the Joint Committee received a suggested approach from the Scrutiny Officer at Suffolk County Council to a report by the NHS Great Yarmouth and Waveney Clinical Commissioning Group (CCG) updating the Committee on the Southwold and Reydon Community Integrated Care Team pilot, the out-of-hospital services for Halesworth, Bungay and Kessingland, and the overall number of beds-with-care that had been made available in Great Yarmouth and Waveney.

The Committee received evidence from Cath Byford, Deputy Chief Executive (NHS Great Yarmouth and Waveney CCG).

Members heard that the full business case for Out-of-hospital services across Great Yarmouth and Waveney was to be taken to the NHS Great Yarmouth and Waveney CCG Board on 30 November 2017. Financial constraints had meant that the out-of-hospital services had not been rolled out as originally envisaged. Members expressed disappointment as they had expected the out-of-hospital service in Halesworth to be in place to pick up what had stopped when the Patrick Stead hospital closed.

The Joint Committee were informed that it was the out-of-hospital team that had admission rights over the 'beds with care', which were just a transition arrangement, with length of stay ranging from a few days up to two weeks.

Members heard that there was significant focus by the CCG on improving 'End of Life' care. A specialist service was being planned for next year.

Members of the Joint Committee had visited the Kirkley Mill Health Centre earlier that morning which was hosted by Adele Madin (Executive Director of Adult Services, East Coast Community Healthcare) and Dr Paul Berry (Retained GP). Members were impressed with what they had seen, including the out-of-hospital service, however were disappointed that the GP surgery there had a poor rating. Members were told that the CCG had a plan for Kirkley Mill GP Surgery that would be announced in the next two weeks.

Decision: The Joint Committee requested:

- a) that it looked again at this topic in October 2018; and
- b) that it received a brief update on the Reydon care home plans.

Reason for decision: The Joint Committee formed the view based on the evidence it received.

Alternative options: There were none considered.

Declarations of interest: There were none declared.

Dispensations: There were none noted.

17. Information Bulletin

The Committee noted the information bulletin at Agenda Item 7.

In relation to ME/CFS, it was noted a consultant-led service was not possible however the NHS Great Yarmouth and Waveney CCG would continue to look at quality and improvement of the service and the Joint Committee would keep a 'watching brief' on this.

In relation to mental health services, it was noted that in addition to the Joint Health Scrutiny Committee looking at the NHS Norfolk and Suffolk Foundation Trust (NSFT) in February, the Norfolk Health Overview and Scrutiny Committee were scrutinising the NHS NSFT in December 2017, and Suffolk Health Scrutiny Committee would be looking at Child and Adolescent Mental Health Services within the NHS NSFT in January 2018.

18. Forward Work Programme

The Joint Committee received a copy of its Forward Work Programme at Agenda Item 8.

The Joint Committee agreed to the following additions and amendments:

February 2018:

- a) A new item to look at NHS Gt Yarmouth and Waveney CCG Strategic Action Plans update (including out-of-hospital services).
- b) The proposed item on Blood testing to be included as an Information Bulletin briefing.

April 2018:

- c) A new item providing an update on the Early Intervention Vehicle (EIV) Pilot.

July 2018:

- d) A new item to look at End-of-Life care.
- e) A provisional new item to look at CCG Estate and NHS Property Plans, aligned with Local Development Plans.

October 2018:

- f) A new item to provide an update on Out-of-Hospital Services.

To be scheduled:

- g) An Information Bulletin item – Outcome of the Social Prescribing Pilot; and
- h) To keep a 'watching brief' on ME/CFS services.

In addition, a further visit to the Dragonfly Unit, Carlton Colville, would be arranged for Members unable to attend previously.

The meeting closed at 12:27 pm.

Chairman

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| Agenda Item 5 |
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Great Yarmouth and Waveney Joint Health Scrutiny Committee

2 February 2018

Mental Health Services in GY&W – Update following the CQC inspection of NSFT in July 2017

Suggested approach from the Scrutiny Officer.

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| For councillors to receive an update on the impacts and action plans for mental health services in Great Yarmouth and Waveney (GY&W) in context of the latest Care Quality Commission inspection of Norfolk and Suffolk NHS Foundation Trust (NSFT). |
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Purpose of Today's Meeting

1. The focus of today's meeting is just on the GY&W locality, as there have been recent Norfolk Health Overview and Scrutiny Committee (HOSC) and Suffolk Health Scrutiny Committee (HSC) meetings scrutinising county-wide aspects of mental health services; it is not desired to repeat scrutiny of aspects covered very recently in other scrutiny committees.
2. The Committee would wish to consider what aspects of the Care Quality Commission (CQC) report (good practice as well as improvement areas) have particular relevance to the GY&W area, and what local action is being taken in respect of the Trust-wide action plan, with particular regard to:
 - a) NSFT's overall approach to improvement
 - b) Availability of beds and out of trust/out of area placements
 - c) Staffing
 - d) IT system
 - e) Future commissioning strategy and funding

Background

3. The report of the Care Quality Commission (CQC) inspection of NSFT in July 2017 was published on 13 October 2017. The Trust was rated 'Inadequate' and returned to special measures by NHS Improvement, the regulator of NHS trusts. The full CQC report is available at: <http://www.cqc.org.uk/provider/RMY>. The CQC said that the return to an 'inadequate' rating following the inspection in July 2017 was because (in summary):

- The board had failed to address all the serious concerns that had been reported to them since 2014.
 - The CQC lacked confidence that the trust was collecting and using data about performance to assure itself that quality and safety were satisfactory.
 - Performance improvement tools and governance structures had not facilitated effective learning or brought about improvement to practice in all areas.
 - Mandatory training was below acceptable levels. Many staff had not received regular supervision and appraisal.
 - A lack of availability of beds meant that people did not always receive the right care at the right time.
 - Community and crisis teams' targets for urgent and routine assessments following referral were not always being met in all areas.
 - Poor performance of the single electronic records system had a negative impact on staff and care.
 - Errors in the application of the Deprivation of Liberty Safeguards and the Mental Health Act.
4. Details of the CQC's overall findings within each of the services inspected are shown at Figure 1 below, including the 'Outstanding' rating for child and adolescent mental health wards at the Dragonfly Unit, Carlton Colville, Suffolk, which opened in September 2016. It should be noted that the caring shown by staff was rated 'Outstanding' in child and adolescent mental health wards and 'Good' across all other services.
5. Norfolk HOSC looked at NSFT on [7 Dec 2017](#), "*A report on the impact of the latest Care Quality Commission inspection of Norfolk and Suffolk NHS Foundation Trust (NSFT) on the provision of mental health services in Norfolk.*" [NB. The summary above and the figure below are taken from the papers for that meeting]. The NHOSC 7 Dec meeting considered:
- NSFT's overall approach to improvement
 - Availability of beds and out of trust/out of area placements
 - Staffing
 - IT system
 - Future commissioning strategy and funding

At that meeting the NSFT Interim Chief Executive drew a distinction between the action to deal with "systemic challenges" and the action to deal with the 'must dos' and 'should dos' contained within the CQC report. A CQC re-inspection would occur before July 2018 and a full inspection was likely to be in the autumn of 2018. The CQC and NHS Improvement (NHS I) were monitoring the NSFT's progress. The Norfolk HOSC made various recommendations covering, co-production with and feedback to representative service users, oversight of the service received by patients in out-sourced beds, incentives in 'hard-to-recruit' areas, and the funding impact of increased referrals to secondary mental health care and demographic variation.

| Name of provider | Norfolk and Suffolk Foundation Trust | | | | | |
|---|--------------------------------------|----------------------|-------------|----------------------|----------------------|----------------------|
| | Safe | Effective | Caring | Responsive | Well-led | Overall |
| Acute wards for adults of working age and psychiatric intensive care units (PICU's) | Inadequate | Requires Improvement | Good | Requires Improvement | Inadequate | Inadequate |
| Long stay/rehabilitation mental health wards for working age adults | Requires Improvement | Requires Improvement | Good | Good | Requires Improvement | Requires Improvement |
| Forensic inpatient / secure wards | Requires Improvement | Good | Good | Good | Good | Good |
| Child and adolescent mental health wards | Good | Outstanding | Outstanding | Outstanding | Good | Outstanding |
| Wards for older people with mental health problems | Requires Improvement | Requires Improvement | Good | Good | Good | Requires Improvement |
| Wards for people with a learning disability or autism | Requires Improvement | Good | Good | Good | Good | Good |
| Community-based mental health services for adults of working age | Inadequate | Requires Improvement | Good | Requires Improvement | Inadequate | Inadequate |
| Mental health crisis services and health based places of safety | Requires Improvement | Requires Improvement | Good | Requires Improvement | Inadequate | Requires Improvement |
| Specialist community mental health services for children and young people | Requires Improvement | Requires Improvement | Good | Requires Improvement | Requires Improvement | Requires Improvement |
| Community-based mental health services for older people | Inadequate | Requires Improvement | Good | Good | Requires Improvement | Requires Improvement |
| Community mental health services for people with a learning disability or autism | Good | Good | Good | Good | Requires Improvement | Good |
| Overall | Inadequate | Requires Improvement | Good | Requires Improvement | Inadequate | Inadequate |

Figure 1: CQC findings published in October 2017

6. Suffolk HSC looked at the NSFT CQC Report, and also the Emotional Wellbeing (EWB) of Children and Young People, on [24 Jan 2018](#).

The Suffolk HSC NSFT CQC Report scrutiny looked at the following key areas:

- The recent CQC findings and progress in addressing their 2014 concerns
- The actions being taken to address CQC's concerns
- How the current response differs to the response to the 2014 inspection
- Changes to the NSFT leadership structure chart
- The effectiveness and accountability of leaders and middle management
- Sharing good practice and promoting a culture of innovation
- Suffolk patients placed out of Trust

The NSFT report noted that, "*The Trust's Dragonfly Unit which provides inpatient adolescent mental health care was rated 'outstanding' by the CQC during their July 2017 inspection. The learning from this unit is being shared and adopted across other services to support improvement.*"

The Suffolk HSC EWB scrutiny looked at the following key areas:

- Progress since the Suffolk HSC last considered the matter in Jan 2017
- The interrelationships of the agencies involved with EWB2020
- The proposed action plan
- How the Single Point of Access will operate
- How are CAMHS services assessed and monitored
- The County Council working with health and education services in Waveney to ensure that services are consistent across the County
- Outcomes of the Healthwatch Suffolk report "My Health, Our Future"
- Good practice within Suffolk Schools
- Barriers to provision by schools of emotional wellbeing support to pupils

The co-produced Service Providers' report noted that, *"As lead organisation for commissioning services for Children, Young People and Maternity within Norfolk and Waveney, NHS Great Yarmouth and Waveney Clinical Commissioning Group (GYWCCG) works closely with the Suffolk CCGs and Suffolk County Council"*, and the report provides significant detail about the activities in support of services in Waveney.

7. On 30 Nov 2017 the GY&W CCG Board received a "Governing Body overview of Norfolk and Suffolk NHS Foundation Trust CQC inspection". *"Following a recent CQC inspection of the services at NSFT, the report published on 13th October 2017 rated the Trust as inadequate and as such the organisation has been placed in special measures. SNCCG are the lead commissioners of this service. This briefing outlines the initial response to the themes and issues highlighted by the inspection"*:
http://www.greatyarmouthandwaveneyccg.nhs.uk/store/documents/agenda_item_7b_gb_overview_nsft_cqc.pdf. The presentation slides from that meeting are included for reference in Appendix A.
8. On 30 Nov 2017 the GY&W CCG Board also received an update on 'Transforming Care'
(http://www.greatyarmouthandwaveneyccg.nhs.uk/store/documents/agenda_item_10_tcp_update.pdf). *"Executive summary: The Norfolk and Great Yarmouth and Waveney Transformation Plan sets out to deliver the ambitions of the Learning Disability Transforming Care programme (TCP) which aims to significantly re-shape services for people with learning disabilities and/or autism with a mental health problem, or behaviour that challenges, to ensure that more services are provided in the community and closer to home, rather than in hospital settings. At TCP level as of September 30th 2017 the total number of Clinical Commissioning Group (CCG) commissioned patients was 20 against a trajectory of 22. There have been six admissions in the last quarter and eight discharges. There are four planned discharges for the period Oct 1st 2017 to Jan 31st 2018. There were 17 SCG commissioned inpatients against a trajectory of 19. There was been one admission in the previous quarter and no discharges or step downs. There are two planned step downs for the next quarter."*

9. Previous considerations of mental health and emotional wellbeing related services by GY&W JHSC are as follows:
- a) 20 Oct 2017: Information Bulletin: [Adult and Dementia Mental Health Service trends](#).
For ease of reference this information is included again at Appendix B.
 - b) 6 July 2017: Scrutiny: [Autistic Spectrum Disorder – services for children](#). At that meeting the Joint Committee commended the representatives from the Norfolk and Suffolk County Councils and the GY&W CCG for the considerable collective work that had been done in the past year to improve the service, and made various recommendations to the County Councils and the GY&W CCG in relation to Ofsted inspections, support to parents and carers, feedback to referrers, encouraging schools to play a greater part, continuing to share knowledge and good practice, and data on assessment and treatment times.
 - c) 6 July 2017, Information Bulletin: Mental health services – [Adult and dementia mental health services](#).
 - d) 4 April 2017, Scrutiny: [Learning disability services](#). In that meeting it was noted that GY&W CCG was in the process of introducing a model of care for patients with learning disabilities that meant the use of fewer restricted inpatient care beds; the CCG currently had no more than 6 patients placed in a restrictive inpatient care setting at any one point in time; the CCG had been unsuccessful in its attempts to secure additional funding from a national transformation fund however good progress continued to be made with the implementation of the Transforming Care Programme for people with learning disabilities and/or autism.
 - e) 20 Jan 2017, Scrutiny: Mental health services - [Update on Norfolk & Suffolk NHS Foundation Trust mental health services in GY&W](#). At that meeting the Joint Committee heard about the local action that was being taken in respect of the Trust-wide action plan; it was noted that so far as the GY&W locality was concerned many of the outstanding issues on safety related to the property estate and a comprehensive work plan had been put in place to tackle these issues. It was noted that the Dragonfly Unit was the only unit of its kind providing 7 mental health beds specifically for children in Norfolk and Suffolk; the Joint Committee agreed to write to NHS England to support the commissioning of 5 more beds so that the facility was used to full capacity.
 - f) 20 Jan 2017, Information Bulletin: [Autism services - Situation re: Autism Suffolk family support worker service](#).
 - g) 15 July 2016: Scrutiny: [Mental health services - Implementing the changes to Adult & Dementia services](#).
 - h) 15 July 2016: [Services for children who have an Autism Spectrum Disorder](#).
 - i) 15 July 2016: Information Bulletin: [Mental health services - Policing and mental health services](#).
 - j) 15 April 2016: Information Bulletin: [Mental health services - Norfolk and Suffolk NHS Foundation Trust staff survey](#).

Suggested approach

10. Representatives from the NSFT and CCG will present the report and respond to any further questions or comments from the joint committee, in relation to the areas set out in Section 2 above.

Supporting Information

11. The following documents are attached:
 - a) Appendix A – Copy of the presentation to the 30 Nov 2017 GY&W CCG Board meeting, for the agenda item on “*Governing Body overview of Norfolk and Suffolk NHS Foundation Trust CQC inspection*”.
 - b) Appendix B – The Information Bulletin item previously shown to the Joint HSC Committee on 20 October 2017, ‘*Adult and Dementia Mental Health Service trends*’
 - c) Appendix C – A slide-pack report from NSFT giving an update in relation to just the GY&W locality, ‘*Great Yarmouth & Waveney locality response to CQC inspection 2017*’.

Contact details

Paul Banjo, Scrutiny Officer; Email: paul.banjo@suffolk.gov.uk; Tel: 01473 265187

Copy of the presentation to the 30 Nov 2017 GY&W CCG Board meeting

Response to Norfolk and Suffolk Foundation Trust Care Quality Commission Inspection

Better Health, Better Care, Better Value

Care Quality Commission inspection ratings

| Overall rating for services at this Provider | Inadequate | |
|--|----------------------|--|
| Are services safe? | Inadequate | |
| Are services effective? | Requires improvement | |
| Are services caring? | Good | |
| Are services responsive? | Requires improvement | |
| Are services well-led? | Inadequate | |

Better Health, Better Care, Better Value

Domain: Are Services Safe? Inadequate

Must do's

- **Environment** – Defibrillator; ligatures; single room accommodation; seclusion facilities; restrictive practices; personal alarms; storage of medication.
- **Workforce** - safe staffing levels; statutory & mandatory training.
- **Patient care** – risk plans, crisis plans and care plans in place; vital signs monitoring.

CCG Response

- **Environment** – monitored at Clinical Quality Review Group (CQRG) monthly; NSFT have been asked to provide Mixed Sex Accommodation (MSA) data as returns to Norfolk have been nil to date ; MSA breaches are predominantly in Suffolk; CCG quality assurance visits planned to monitor compliance.
- **Workforce** – all aspects of this are monitored monthly at CQRG; actions to address vacancy rates include completion of the accelerated nursing pathway and Assistant Practitioner programme. All staff in these cohorts were employed. Recruitment to the UEA training which commenced in September was oversubscribed; numbers have subsequently been agreed at 41. All students in this cohort have been given guarantee of employment on completion of training. The Trust are working with University College Suffolk to undertake an enhanced Nurse Apprenticeship programme, which is due to commence in early 2018.
- **Patient Care** – Contract Performance Notices (CPN) in place with regard to performance against number of service users on a Care programme Approach (CPA) having a formal review within standard and percentage of service users whose CPA care plan is in place. These are being monitored and action plans/trajectories have been agreed. Commissioners supporting NSFT with this work. All CPNs are monitored at monthly contract meetings.

Better Health, Better Care, Better Value

Domain: Are services effective? Requires improvement

Must do's

- **Environment** – review of electronic patient record system.
- **Workforce** – staff supervision & appraisal; access to clinical records.
- **Patient care** – physical healthcare; use of restriction within legal frameworks; right care right place right time; access to 24 hour crisis services; minimise disruption during episode of care; discharge planning; waiting times; care co-ordination.

CCG Response

- **Environment** - the performance of Lorenzo and its impact on clinicians time has been highlighted and being managed through a CPN relating to the 28 day referral to assessment Key Performance Indicator (KPI).
- **Workforce** – supervision and appraisal rates are monitored monthly at CQRG; Remedial Action Plan (RAP) and trajectories to be agreed.
- **Patient care** - The suite of referral to assessment and referral to treatment targets within the contract are monitored monthly at contract review meeting (CRM). With the exception of two of the KPIs the CCG has issued CPNs and recovery trajectories are in place and being monitored. NSFT are meeting the agreed trajectories. For the two targets with no CPN in place trajectories are being developed for agreement by the end of November.
- The Trust are focusing on reducing delayed transfers of care (DTOCs). This is monitored monthly at CRM. Actions being taken forward include the introduction of clear discharge policy for patients fit to discharge but are refusing suitable move on options. NSFT hold weekly review meetings to discuss DTOCs and the provision of step down accommodation.
- NSFT have already taken action to prevent the movement of patients at night.
- Out of Area placements: An Out of Area (OOA) action plan in place, which is jointly reviewed and updates provided to NHSE . NSFT provide weekly bed status reports to CCGs. This is reviewed and discussed at SPRG.

Better Health, Better Care, Better Value

Domain: Are services caring Good

Must do's

- **Patient care** – patient involvement in the development of care plans.

CCG Response

- The CCG monitor this at CQRG monthly. Patient Experience Surveys are also reported on and monitored monthly at CQRG .
- NSFT Recovery Programme including the development of a new recovery Strategy is now being implemented across the trust; this is monitored quarterly at CQRG.

Better Health, Better Care, Better Value

Domain: Are services responsive to peoples needs? Requires Improvement

Must Do's

- **Environment** – bed occupancy;
- **Workforce** – access to dementia services in all areas.
- **Patient care** – timely assessment; operating policy for crisis services including performance indicators.

CCG response

- **Environment** - NSFT have a trust wide central bed administration initiative project that is now live with a targeted completion date of end November 2017. This is monitored and reported back at CRM.
- **Workforce** – access to dementia services in all areas is an ongoing conversation with NSFT through CRM; the CCG's position is that these services are commissioned.
- **Patient care** – See comments above re CPNs; a joint investigation is also underway for Crisis Resolution and Home Treatment (CRHT) this is due to report to CRM in November. This will include the development of a standard operating procedure (SOP) with performance targets and indicators.

Better Health, Better Care, Better Value

Domain: Are services well led? Inadequate

Must Do's

- The Board need to take timely action to address areas of improvement; services should be fully safe; any breaches of regulation identified previously should be addressed.
- The Board needs to demonstrate there is a safety narrative throughout the organisation.
- Use of information to support effective decision making.
- Demonstrate effective learning and bring about service improvement
- Risks identified and fully understood at Board level.

CCG Response

- Through CRM and CQRG, NSFT are held to account for the delivery of all KPIs and RAPs/trajectories using contractual levers.
- NHS Improvement (NHSI) through the employment of a Recovery Director and the buddying with another Mental Health Trust will provide oversight for the cultural issues that need to be addressed.
- The CCG will support this work through the attendance at monthly stakeholder meetings and local management of the contract as above. NSFT have been asked to develop and implement their revised Quality Strategy which in turn will be monitored at CQRG.
- South Norfolk CCG are the lead commissioner for Mental Health; the Director of Quality has a close working relationship with Director of Nursing at NSFT meeting monthly outside of CQRG to discuss and monitor progress.
- The CCG has initiated a monthly discussion with NHS I to share local intelligence.

Better Health, Better Care, Better Value

Should Do

- The trust should ensure that the work undertaken in relation to deaths is learnt from to ensure that there are not missed opportunities that would prevent serious incidents.
- The trust should review the audit trail for medicines held at community clinics for administration or supply to service users
- The trust should review the arrangements to support people in the rehabilitation and recovery service to manage their own medicines in preparation for discharge
- The trust should review the training provided to staff in St Catherine's who handle medicines.

- NSFT have an established Mortality Review Board led by the Medical Director; this is well attended by quality & safeguarding leads. The CCG is also in attendance. The CCG will continue to support the development of the Board which should include further engagement with NSFT operational teams within the Trust to improve opportunities to learn and implement change.
- SNCCG are currently working with NSFT to review the serious incident (SI) process to develop a new policy that ensures that there are not missed opportunities that would prevent SIs. This is being monitored through CQRG and will report back in December.
- The CCG is currently working with NSFT with regard to medicines management in the community following a recent proposed cost improvement programme (CIP). This is being monitored through CQRG.

Better Health, Better Care, Better Value

For Reference – Copy of the Information Bulletin item
previously shown to the Joint Committee on 20 October 2017,
'Adult and Dementia Mental Health Service trends'

**[20 Oct 2017] Briefing for Great Yarmouth and Waveney Health Scrutiny
Committee: Mental Health Services Update**

Adult Inpatient Services:

At the beginning of 2014 NHS Great Yarmouth and Waveney CCG held a public consultation on the future of adult and dementia mental health services provided by Norfolk and Suffolk NHS Foundation Trust (NSFT).

One of the outcomes of this saw a reduction in adult inpatient beds from 28 beds across two acute units to one 20 bedded unit on the Northgate Hospital site which in turn saw the bringing together of two Crisis Resolution and Home Treatment teams to provide an enhanced team for the locality.

There had been concerns that a reduction in inpatient beds would mean that there would be insufficient bed capacity for the population of Great Yarmouth and Waveney and this would result in people being placed out of trust for treatment. This has not occurred and Great Yarmouth and Waveney patients have been able to access a bed locally when required and if an out of trust bed has been used it has tended to be for patients on the DCLL (dementia and complexity in later life) pathway and they have been repatriated back to an NSFT service as soon as a bed has become available.

Figure 1 shows the occupied bed days at Great Yarmouth Acute Services by CCG and that other CCG's patients are frequently admitted to these beds.

Figure 1: Great Yarmouth Acute Services Occupied Bed Days by CCG

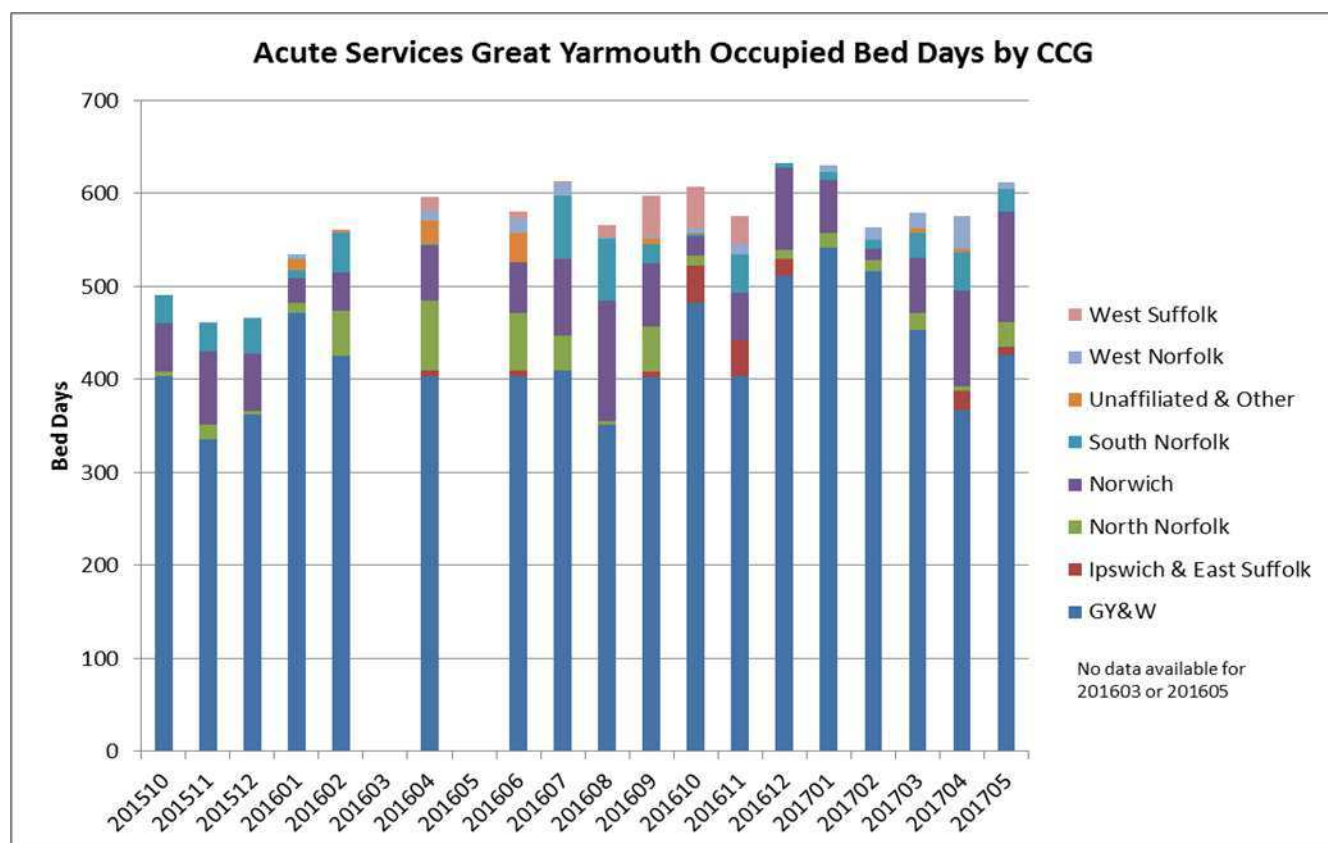
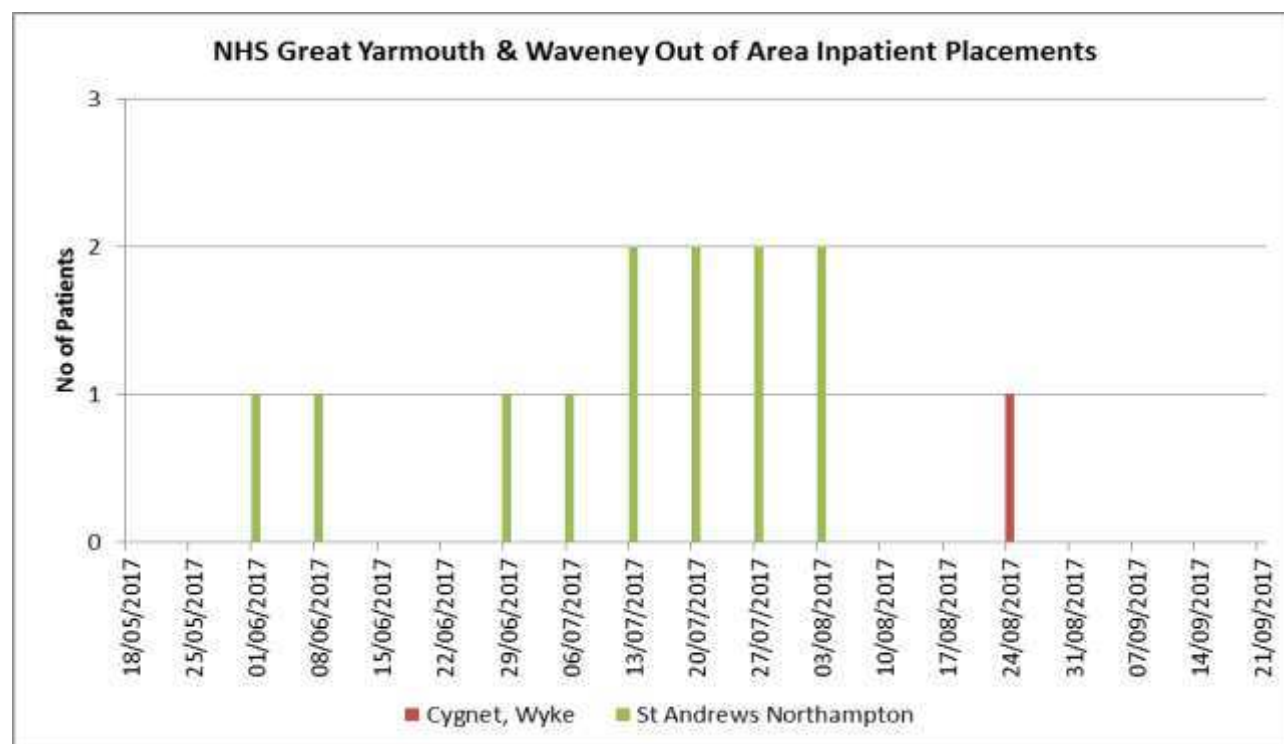


Figure 2 below shows the out of area inpatient placements for Great Yarmouth and Waveney patients – this is for patients who were cared for outside the Norfolk and Suffolk foundation Trust inpatient services

Figure 2: Great Yarmouth and Waveney Out of Area Inpatient Placements



Dementia Diagnosis:

Increasing the dementia diagnosis rates has been an NHS England priority for the last few years. This is important because it allows the local health and social system to consider the care that should be available to people and their carers after a dementia diagnosis. It also allows people to plan for the future.

The national target for dementia diagnosis is to ensure that 66.7% aged over 65 who could have dementia are diagnosed. The Great Yarmouth and Waveney CCG's performance is monitored against this national target on a monthly basis. Our current performance is 62.1% (August 2017). NHS Great Yarmouth and Waveney CCG has a requirement to report on this as part of its assurance process with NHS England as we remain under the expected target. A trajectory is in place to achieve the national target by March 2018 and this is supported by an action plan as to how this will be delivered and also how a systemwide post diagnostic support pathway will be put in place. This work is being led by a local GP Dr Ardyn Ross who is the clinical lead in the CCG for mental health services.

Kim Harvey
Mental Health and Learning Disabilities Senior Manager

[20 Oct 2017]

Great Yarmouth & Waveney locality response to CQC inspection 2017

Norfolk and Suffolk 
NHS Foundation Trust

Great Yarmouth & Waveney locality response to CQC inspection 2017

Presentation for Great Yarmouth & Waveney Joint
Health Scrutiny Committee.

2nd February 2018

 Working together
for better mental health

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Norfolk and Suffolk 
NHS Foundation Trust

Overview

1) Focus on s29a notice

- **Ligature point management and environmental risks**
- **Seclusion environments and seclusion practice**
- **Accommodation for men and women**
- **Staffing levels**
- **Management oversight and governance to ensure staff have regular supervision, appraisal and training**
- **Access to services**
- **Risk assessment and care planning**

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Overview

- Clinical records
 - Access to alarms and emergency equipment
- 2) Service Line Approach across Trust to promote consistency and communication.
 - 3) Appointment of Improvement Director: Hands on approach, Quality Summits, specific support for GYW.
 - 4) GYW strategy: Work stream leads; co-ordinate, communicate, escalate, monitor, changes to LGM

Are Services Safe?

- 1) Environmental safety; Community & Inpatient areas
St Catherine's review, Ligature & environmental risk assessments, pit alarms, team training (local management).
- 2) Training; CQC concerned with poor compliance with mandatory training
GYW compliance is increasing month on month currently 88% (90% target) Local training organised, protected time, direct booking.
- 3) Restrictive interventions/seclusion;
Planned build of designated MHA COP compliant seclusion suite. Roll out of Positive Behavioural Support Plans in GYWAS. MHA/MCA training above 90%.

Are Services Effective?

1) Appraisals;

Compliance has significantly increased from 41% in January 2017 to current compliance is 88% (target 89%).

2) Supervision; CQC identified multiple methods to monitor & record supervision as well as evidence of non compliance.

Further improvement required. Compliance has improved July 2017 28% increasing to 70% December 2017; achieved through training in ESR system and consistent monitoring.

3) CPA compliance (care plans & risk assessments)

Significant improvement required still required in community teams. Project team commissioned for 3 months; robust plan in progress.



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Are Services Responsive?

1) Staffing levels & Access to services; S29a notice highlights GYW issues with CRHT night cover, S136 suite & adult community services.

- CRHT: Increased night time provision, and business case to be submitted
- S136: Continue to allocate staff member each shift within establishment
- Adult Community: Business case submitted; exec board have agreed 5 WTE Band 6 practitioners (recruitment in process).
- Recovery Information Centre (Waveney Recovery Team)
- Recovery College



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Are Services Well Led

Current Initiatives:-

- Quality improvement team
- Clinical leadership
- Data Performance – accessible information (Abacus, Patient Journey Dashboard, ESR)
- Learning from serious incidents – (suicide awareness and risk assessment workshops)
- Ongoing recruitment of CTL administrative staff



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Glossary:

- Abacus - The Trust's business intelligence system
- CRHT - Crisis Resolution Home Treatment
- CTL - Clinical Team Lead
- ESR - Electronic Staff Record
- GYWAS - Great Yarmouth and Waveney Acute Services
- LGM - Locality Governance Meeting
- MHA - Mental Health Act
- MCA - Mental Capacity Act
- s29a - a warning notice under section 29A of the Health and Social Care Act 2008

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| Agenda Item 6 |
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Great Yarmouth and Waveney Joint Health Scrutiny Committee

2 February 2018

GY&W CCG Strategic Action Plans update

Suggested approach from the Scrutiny Officer.

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| For councillors to receive an update on the Great Yarmouth & Waveney Clinical Commissioning Group (CCG's) Strategic Action Plan, in context of the NHS(E) assessment rating in September 2017, and including an update on the strategy for out-of-hospital services. |
|--|

Purpose of Today's Meeting

1. The key focus areas for the meeting are:
 - a) Strategic and operational response to the NHS(E) assessment rating, and the CCG Improvement Plan of October/November 2017.
 - b) The CCG's leadership role within the Norfolk & Waveney STP (Sustainability and Transformation Plan partnership).
 - c) Update on the strategy and any issues for out-of-hospital services (OHS), including the new clinical model approved by the Governing Body in Nov. 2017, the Waveney OHS arrangement and any changes (e.g. opening hours) to the other OHS teams in Lowestoft and Gt Yarmouth.

Background

2. On 20 October 2017 the Joint Committee received an Information Bulletin item on '[GY&W CCG Annual Assessment for 2016/17](#)'. In reviewing its Forward Work Programme, the Joint Committee agreed to include a new item for February 2018, to look at NHS Gt Yarmouth and Waveney CCG Strategic Action Plans update (including out-of-hospital services).
3. On 30 November 2017 the GY&W CCG Board received a report "CCG Improvement Plan":

"The purpose of this paper is to present the CCG's improvement plan in public, and to receive comments from the Governing Body on progress."

"Great Yarmouth and Waveney CCG developed an Improvement Plan to address weaknesses in leadership and financial performance as identified through the NHS England (NHSE) Improvement and Assessment Framework"

(IAF) in 2016/17. The CCG had received a red rated assessment in relation to leadership, financial performance and mental health commissioning, resulting in the CCG being given an inadequate rating by NHSE and being placed in the reframed Special Measures regime. The CCG recognised that leadership and financial performance required strengthening in light of a financial position which had worsened since 2014/15. The CCG missed its control total by £7m in 2016/17 and had a cumulative deficit of £2.7m."

"A new Accountable Officer was appointed in February 2017. Changes were made at Chief Financial Officer level and a Financial Recovery Director appointed. The financial deterioration has been arrested. The improvement plan was approved by NHS England in November. The accompanying spreadsheet sets out our progress, and this is monitored regularly. Eight improvement areas have been identified. This is based on recommendations from the IAF and other reviews including PwC's Capability and Capacity review commissioned in April 2016 and finalised in July 2016. The Improvement Plan shows 37 recommendations and 80 actions to achieve them. Significant progress has been made to date. Each of the actions has been given a RAG (red, amber, green) rating."

4. The NHS Great Yarmouth & Waveney CCG Improvement Plan 2017/18, October 2017 can be accessed online here:
http://www.greatyarmouthandwaveneyccg.nhs.uk/store/documents/agenda_item_12b_ccg_improvement_plan.pdf

and the associated Improvement Implementation Plan here:

http://www.greatyarmouthandwaveneyccg.nhs.uk/store/documents/agenda_item_12c_ccg_improvement_plan.pdf.

(There are various actions in the Action Plan on 'System Working' and 'Provider Relationships', however no explicit reference to Out of Hospital Services.)

On 30 November 2017 the GY&W CCG Board received a report "Out of hospital services in South Waveney":

http://www.greatyarmouthandwaveneyccg.nhs.uk/store/documents/agenda_item_8_out_of_hospital_services_waveney.pdf.

"The purpose of this paper is to seek the Governing Body's approval for the implementation of a new model of out of hospital care in South Waveney from January 2018"

"This business case seeks approval for investment of £1,314,128 into out of hospital services, the minor injuries service and phlebotomy in the South Waveney locality."

"A clinical review of the current provision for out of hospital teams in Great Yarmouth, Northern villages, Lowestoft and Southwold and Reydon has been completed. A new clinical model was presented and approved by the Clinical Executive Committee in November 2017. The Primary Care Commissioning Committee at their meeting in October 2017 approved the delegation of the decision for phlebotomy and minor injuries to the Governing Body so that it could be considered as part of the overall package for south Waveney"

Suggested approach

5. Representatives from the CCG will present their report and respond to any further questions or comments from the joint committee, in relation to the areas set out in Section 1 above.

Supporting Information

6. The following documents are attached:

Appendix A – A brief summary report from the CCG, '*NHS Great Yarmouth and Waveney CCG strategic action plan update and update on out of hospital services in south Waveney*'.

Contact details

Paul Banjo, Scrutiny Officer; Email: paul.banjo@suffolk.gov.uk; Tel: 01473 265187



Great Yarmouth and Waveney Health Scrutiny Committee: NHS Great Yarmouth and Waveney CCG strategic action plan update and update on out of hospital services in south Waveney.

CCG Improvement plan

NHS Great Yarmouth and Waveney CCG has developed an Improvement Plan to address weaknesses in leadership and financial performance identified through the NHS England (NHSE) Improvement and Assessment Framework (IAF) for the 2016/17 financial year. Since an 'inadequate' rating, a series of actions have been put in place to address this. This paper describes why this rating was awarded, and explains the CCG's actions in response to this.

The CCG had received a red rated assessment in relation to leadership, financial performance and mental health commissioning, resulting in the CCG being given an inadequate rating by NHSE and being placed in the Special Measures regime.

The CCG recognised that leadership and financial performance required strengthening in light of a financial position which had worsened since 2014/15. The CCG missed its control total by £7m in 2016/17 and had a cumulative deficit of £2.7m.

In response to this, a new Accountable Officer was appointed in February 2017. Changes were made at Chief Financial Officer level and a Financial Recovery Director appointed. The financial deterioration has been arrested. An improvement plan has developed by the CCG and was approved by NHS England in November 2017.

Eight improvement areas have been identified. The Improvement Plan shows 37 recommendations and 80 actions to achieve them. Significant progress has been made to date. Each of the actions has been given a RAG (red, amber, green) rating and a summary is shown below:

| Improvement Area | Amber | Green |
|--|-----------|-----------|
| 1. Governance | 2 | 10 |
| 2. Organisational Leadership and Structure | 7 | 11 |
| 3. Financial Management and Contracting | 4 | 8 |
| 4. QIPP Planning and Delivery | 6 | 6 |
| 5. Mental Health | 3 | 2 |
| 6. System Working | 5 | 1 |
| 7. Provider Relationships | 5 | 9 |
| 8. Digital Roadmap | 1 | 0 |
| Total | 33 | 47 |

A copy of the improvement plan is available on the CCG website:

http://www.greatyarmouthandwaveneyccg.nhs.uk/store/documents/agenda_item_12b_ccg_improvement_plan.pdf

The CCG has already taken a number of steps to achieve strong leadership, together with sustainable financial balance and improvements to mental health commissioning. Governance and leadership processes have been reviewed and strengthened to ensure clear accountability, roles and responsibilities, with an emphasis on clinical leadership. An organisational restructure has been completed, which has included external recruitment to new posts to address capability and capacity gaps.

This plan recognises the need to transition to system-wide transformational change and the CCG's role in driving this with our Sustainability and Transformation Plan (STP) partners. This, in turn, will support delivery of sustainable and financially viable services in the medium to long term.

Out of hospital services in South Waveney

In November 2017 the CCGs Governing Body approved investment of £1.3million to develop an out of hospital team, beds with care and a community-based phlebotomy service at the five south Waveney GP practices. The package also includes additional funding for the minor injuries service which the practices provide for their patients.

The out of hospital team will be delivered by East Coast Community Healthcare (ECCH), which already provides similar services in Lowestoft, as well as Great Yarmouth and the northern villages. The model of care was developed following extensive engagement with GPs from the South Waveney area.

The decision comes following the CCG's 'shape of the system' consultation in 2015. Since then, out of hospital services have been introduced in Lowestoft, Southwold, Great Yarmouth and the northern villages, while Beccles Hospital has been developed into an intermediate care facility. The out of hospital service for South Waveney represents the final piece of the jigsaw.

Once the new services are in place, the CCG will discuss a business case for the future of services on the Patrick Stead Hospital site, including the hospital building.

The November Governing Body paper is available here:

http://www.greatyarmouthandwaveneyccg.nhs.uk/_store/documents/agenda_item_8_out_of_hospital_services_waveney.pdf

Melanie Craig
Chief Officer

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| Agenda Item 7 |
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Gt Yarmouth & Waveney Joint Health Scrutiny Committee, 2 February 2018

Information Bulletin

The Information Bulletin is a document that is made available to the public with the published agenda papers. It can include update information requested by the Committee as well as information that a service considers should be made known to the Committee. The items are not intended for discussion at the Committee meeting.

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 the forward work programme is discussed.

This Information Bulletin covers the following items:

1. Blood Testing Services in GY&W
2. Autistic Spectrum Disorder (ASD)
3. GP Surgery Action Plans
4. Update on Reydon Land
5. Patients paying for GP prescriptions at JPUH A&E
6. How the JPUH responds to comments received at its Feedback Centre
7. Norfolk & Waveney Sustainability & Transformation Partnership Plan (STP) Update

1. Blood Testing Services in GY&W

[Update on the service provision arrangements in GY&W including patient experience of accessing the service.]

Background: On [6 July 2017](#) JHSC had an Information Bulletin briefing on 'Briefing for Great Yarmouth and Waveney Health Scrutiny Committee: Blood testing facilities'. The committee agreed to schedule an item in its Forward Work Programme to scrutiny this further, however it was subsequently agreed on 20 Oct 2017 that the item should just be a further Information Bulletin briefing update, including patient experience of accessing the service, in particular the new 'booked appointment' service.

Briefing for Great Yarmouth and Waveney Health Scrutiny Committee: Blood testing in Great Yarmouth and Waveney

Blood testing or phlebotomy services have been provided to all patients across Waveney by the James Paget University Hospitals NHS Foundation Trust (JPUH) through a combination of community based clinics and drop in services at the hospital. In Great Yarmouth and Gorleston this service is largely provided by the practices and patients are also able to access drop in services at the hospital.

However, the James Paget has now served notice on the contract which expires on 31 March 2018. The CCG now plans to run a pilot service during 2018/19 to test different arrangements for providing the service and to inform commissioning intentions for a new service from 1 April 2019.

Arrangements for south Waveney were approved at the CCG's Governing Body in November as part of an overall package of investment which also includes out of hospital and minor injuries services.

The CCG must develop a different way of providing phlebotomy services to its patients. In South Waveney, Great Yarmouth and Gorleston, this is not likely to lead to significant change as phlebotomy services will continue to be provided through GP practices and a drop in service at Beccles Hospital (which is available to all patients).

In Lowestoft, provision is currently based at the Kirkley Mill Health Centre, Alexandra Road and Crestview surgeries, under the new pilot access to phlebotomy services will improve through provision across all GP practices with the ability to also attend the drop in service at Beccles Hospital.

The service will support local patients to receive care closer to home. The change in commissioning through this pilot also provides the opportunity to harmonise the historical variation in commissioning arrangements for phlebotomy services where we have different arrangements for our Norfolk and Suffolk practices.

The current service model provides booked appointments in GP practice sites and drop in access at the hospital, Beccles and Kirkley Mill. Historically drop in services have sometimes seen extremely long waits for patients which has led to poor patient experience.

The future model will see booked appointments being provided across all practice sites but with flexible provision to accommodate on the day clinically urgent demand. The drop-in clinic at Beccles will continue and be accessible to any CCG patients.

The intention is that patients (including children) will attend the practice phlebotomy service for their primary care phlebotomy and only attend the hospital if they have a specialist need (eg a very young child or very hard to bleed requiring specialist care). It is expected that practices will continue to work with their patient participation groups to review and refine their phlebotomy service during the pilot.

Phlebotomy generated by the hospital in conjunction with hospital care (eg an outpatient appointment) will continue to be provided by the hospital clinic.

It is expected that phlebotomy services will normally be available in all GP practice main sites, however practices have the option to work together during the pilot to provide more flexible access for patients and to respond to staff sickness or holiday (this is being developed as part of the Lowestoft model).

All locality models will be delivered on a one-year pilot basis for 2018/19. This will allow the CCG to implement a robust reporting mechanism to ensure that the service is delivered appropriately, test the different models, collect robust data and provide sufficient time to enable the procurement of the service for 2019/20. Part of this process will be to undertake an evaluation of the success of the different service models delivered through the pilot and to incorporate patient views to inform future commissioning intentions.

The pilot service which will see phlebotomy services across Great Yarmouth and Waveney delivered in GP practices will be in place from 1 April 2018.

Sadie Parker

Director of Primary Care

For further information please contact: Lorraine Rollo, Head of Communications and Engagement, NHS GY&W CCG; Email: lrollo@nhs.net, Telephone: 01502 719582.

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2. Autistic Spectrum Disorder (ASD) Update

[Updated full-year data showing the numbers of children in GY&W with ASD, data on time-to-assessment and time-to-treatment, and any data on the reasons why children haven't attended their appointments.]

Background: JHSC looked at 'Services for children who have an autistic spectrum disorder' on [6 July 2017](#), and requested that for the Joint Committee's February 2018 Information Bulletin, the Great Yarmouth and Waveney CCG should provide updated full-year data showing the numbers of children in GY&W with ASD, data on time-to-

assessment and time-to-treatment, and any data on the reasons why children haven't attended their appointments.



**Briefing for Great Yarmouth and Waveney Health Overview and Scrutiny Committee:
Services for children who have an Autistic Spectrum Disorder (ASD).**

Question A 'updated full year data showing the numbers of children in the Great Yarmouth and Waveney area with ASD'

Previous paper submitted contained data from January to June 2017 (total 54); the table below is the updated number of young people newly diagnosed with ASD from June 2017-January 2018.

| | The number of new ASD diagnoses for the period June 2017 – January 2018 |
|--|---|
| Under 7yrs old via the neuro-developmental assessment clinic | 65 |
| Over 7yrs old in Waveney via the Great Yarmouth and Waveney Assessment Group (GYWAG) | 41 |
| Over 7 yrs. old in Great Yarmouth via GYWAG | 38 |
| Total | 144 |

There are currently 107 school aged children and 41 pre-schools currently on the ASD assessment pathway – **total 148**

Question B 'data on time-to-assessment and time-to-treatment, and any data on the reasons why children haven't attended their appointments'

Time to assessment: Current time-to first appointment is 10 weeks; this is improved from 12 weeks.

Time-to-treatment is not reported as this is an assessment service.

Work is currently being undertaken to look at time-to-diagnosis data in order to provide a more accurate picture of the service. Due to the nature of the condition and the need for multi-agency input, time to diagnosis is variable. It is possible to reach a diagnosis within three months for some young people due to the obvious nature of their clinical presentation, for others it is appropriate to allow for a longer period of clinical assessment in order to properly assess the individual presentation. The aim is to be able to report on maximum and minimum wait times to diagnosis.

Once a diagnosis is made, children and families are provided with a post diagnostic pack tailored to the specific needs of the young person. This may include; post diagnosis information from the National Autistic Society, Special Educational Needs and Disabilities Information Advice and Support Services (SENDIASS) leaflets on Education Health and Care Plans (EHCP's), information relating to transitions, advice on special educational needs funding or lists of local resources and clubs that can be joined.

The current did not attend rate (DNA) for community paediatrics is 11%. Work is ongoing to try and reduce the DNA rates including:

- Booking from a follow up waiting list six weeks prior to a planned appointment rather than far in advance. This ensures that the appointment is uppermost in the mind.
- Introducing a text messaging reminder service for patients who have consented to the use of their mobile number for the purpose
- Introduction of robust referral criteria ensuring only patients suitable for the service are booked.

Patricia Hagan

Senior Commissioning Manager

Children, young people and maternity

For further information please contact: Lorraine Rollo, Head of Communications and Engagement, NHS GY&W CCG; Email: lrollo@nhs.net, Telephone: 01502 719582.

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3. GP Surgery Action Plans

[Action Plans for GP surgeries with low CQC ratings]

Background: JHSC had an Information Bulletin on [20 Oct 2017](#) on 'GP Surgery CQC Inspections Update'. It was agreed to follow up in Feb 2018 with a further update on the Action Plans for those GP surgeries with low CQC ratings.



Briefing for Great Yarmouth and Waveney Health Scrutiny Committee: GP Practices with low Care Quality Commission (CQC) inspections ratings within NHS Great Yarmouth and Waveney CCG

Background

This briefing is to update members following the previous paper submitted to this committee in October 2017 on two practices namely Kirkley Mill Health Centre in Lowestoft and Central HealthCare centre in Gorleston which had failed their CQC inspections and were rated as inadequate. Since then in November 2017 High Street medical practice based in Lowestoft has failed their CQC inspection and has also been rated as inadequate.

NHS Great Yarmouth and Waveney CCG covers 21 GP practices within their catchment area. Out of the 21 practices, 16 are classed as Good and two as outstanding by the CQC.

The CQC has found all three practices mentioned above to be overall rated as **Inadequate** and failing their patients in delivering safe and excellent care. The CQC under its regulatory powers has placed these practices “under special measures” which means these practices will be re-inspected within six months from the initial inspection. We are expecting these practices to be re-inspected during January/February 2018. If insufficient improvements have been made the CQC could stop the providers from delivering services, cancel or vary their CQC registration.

The CCG has been working with these practices to develop and implement recovery action plans and has been supporting them to improve on areas of weakness, as well as assuring the CQC of work being undertaken and keeping them informed of any changes such as the change of provider at Kirkley Mill. Equally the CQC has been supportive of the CCG in recognising the effort and resources being put into these failing practices.

Since the previous paper to this committee Kirkley Mill Health Centre which was run by East Coast Community Health Care C.I.C (ECCH), with the approval of the CCG, has now been taken over by the Suffolk GP Federation, who have a strong track record of delivering good quality primary care services.

Central Healthcare has made very good progress on their recovery plan and performance has improved. The CCG is confident that both practices will score well in future CQC re-inspection.

The High Street practice, which was inspected more recently is having ongoing intensive support from the CCG. The CCG remains concerned that not all areas of failings identified by the CQC have been addressed. The CCG continues to work with and support the practice and its GPs to improve services for patients in readiness for their re-inspection in January 2018.

The Care Quality Commission (CQC) is the independent regulator of health and social care in England, this includes GP practices, under the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, which include the fundamental standards introduced in April 2015.

The CQC inspection is based on five key questions described in the table below:

The inspection and evidence obtained by the CQC against the five questions will lead to an individual and an overall rating, which is either, **outstanding, good, requires improvement or inadequate**.

If practices fall short of the standards the CQC has the power to fine a practice, enforce an action plan or where there are very serious findings immediately close down a practice and withdraw their licence to practice.

| CQC Inspections – ratings overview | | | | | |
|---|---|--------------------------------|-----------------------------|---|-------------------------------|
| Practice | Question 1 | Question 2 | Question 3 | Question 4 | Question 5 |
| | Are services safe? | Are services effective? | Are services caring? | Are services responsive to people's needs? | Are services well-led? |
| The High Street medical practice | Requires Improvement | Inadequate | Good | Good | Inadequate |
| Kirkley Mill Practice (ECCH) | Inadequate | Inadequate | Requires Improvement | Requires Improvement | Inadequate |
| Central Healthcare Centre | Inadequate | Requires Improvement | Requires Improvement | Inadequate | Inadequate |
| Overall Summary | The themes that have come out of these inspections are that practices are lacking clinical leadership, have inadequate governance arrangements, delivering poor outcomes for patients and have poor or non-existent standard operating procedures in line with the Primary Care Medical Handbook regulations. | | | | |

The individual CQC reports are available:

High Street <http://www.cqc.org.uk/location/>

Central Healthcare Service <http://www.cqc.org.uk/location/1-537770807>

Kirkley Mill <http://www.cqc.org.uk/location/1-2682497103>

Parveen Mercer - Assistant Director of Primary Care (Contracting and Performance)

For further information please contact: Lorraine Rollo, Head of Communications and Engagement, NHS GY&W CCG; Email: lrollo@nhs.net, Telephone: 01502 719582.

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4. Update on Reydon Land

Background: At the JHSC meeting on [20 Oct 2017](#) in discussion of 'Out-of-Hospital Services' the Joint Committee requested that it received a brief update on the Reydon care home plans.



Briefing for Great Yarmouth and Waveney Health Scrutiny Committee: Update on Reydon land.

The purpose of this paper is to provide an update on the future use of the land in Reydon adjacent to the Sole Bay Health Centre, which had originally been expected to be developed as a care home facility.

NHS Property Services formally marketed the site twice and informally contacted prospective providers to determine if there was an interest in the site. Regrettably, it became clear that the site was not attracting potential buyers, with feedback from many potential developers about the size of the site and also concerns about workforce availability.

For this reason, the governing body of NHS Great Yarmouth and Waveney Clinical Commissioning Group's (CCG) on 20 July 2017 in public considered next steps for this project.

At the meeting, the governing body agreed that all reasonable steps had been taken to realise the commitment to the community during the 2015 'shape of the system' public consultation for a care home development on the Reydon site, without success. There continues to be a lack of commercial interest in the site. The governing body therefore confirmed that we would therefore support NHS Property Services to dispose of land at Reydon to release funds to spend on other healthcare projects, and that all reasonable engagement with the community and its representatives should continue to be made.

The CCG asked local people for their views on plans for the use of the land adjacent to the Sole Bay Health Centre in Reydon during two public meetings in March 2017.

The governing body agreed to support NHS Property Services to seek planning permission for a retirement village or for general use before marketing the land. Although this is not in line with the original plans for the land, it will free up capital funds which could then be invested in other NHS build projects. NHS Property Services has done everything it can to market the site to potential care home developers but with no success. So rather than continue this process indefinitely, the CCG has agreed to their request to dispose of the land for another use.

We appreciate that this may be a disappointment to some local people. However, as a CCG, we have a duty to make best use of NHS resources, which means that leaving this land vacant in the long term is not a viable option.

Sadie Parker

Director of Primary Care

For further information please contact: Lorraine Rollo, Head of Communications and Engagement, NHS GY&W CCG; Email: lrollo@nhs.net, Telephone: 01502 719582.

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5. Patients paying for GP prescriptions at JPUH A&E

Background: At the JHSC meeting on [20 Oct 2017](#) in discussion of 'A&E Performance at James Paget University Hospitals NHS Foundation Trust' clarification was requested about whether patients are required to pay for GP prescriptions at JPUH A&E.

The position is as follows:

"Chris Street, Chief Pharmacist at the JPUH has confirmed that there are no special rules for A&E. The NHS act requires us to levy a prescription charge if we supply medicines to a patient regardless of the service / department (but not if we administer to them, and not whilst they are resident with us - hence discharge prescriptions (TTOs) are not chargeable), unless the patient is exempt from prescription charges. In A&E, in-hours patients come to the pharmacy and are charged accordingly, out of hours our pharmacy department currently invoice patients rather than asking for payment there and then. We are looking into payment kiosks that would allow payment to be made up front which would obviously help with this."

For further information please contact: Joanna Fawcus, Associate Chief Operating Officer, James Paget University Hospitals NHS Foundation Trust, Tel. 01493 452375.

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6. How the JPUH responds to comments received at its Feedback Centre

Background: At the JHSC meeting on [20 Oct 2017](#) in discussion of 'A&E Performance at James Paget University Hospitals NHS Foundation Trust' clarification was requested about how the JPUH responds to comments received at its Feedback Centre.

The position is as follows:

"We do try to acknowledge all feedback providing we have contact details to respond to the person who has made comments. ... we have various teams that respond to feedback and deal with patient/family/carer comments etc."

For further information please contact: Joanna Fawcus, Associate Chief Operating Officer, James Paget University Hospitals NHS Foundation Trust, Tel. 01493 452375.

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7. Norfolk & Waveney Sustainability & Transformation Partnership Plan (STP) Update



Briefing for Great Yarmouth and Waveney Health Scrutiny Committee: Update on the Norfolk and Waveney Sustainability and Transformation plan

Joint Strategic Commissioning Committee

The five CCGs in Norfolk and Waveney have embarked on a process to form a single commissioning team to increase capacity and scale across the whole system. Each CCG Chief Officer is taking on a system-wide portfolio, for example, the Chief Officer for NHS Great Yarmouth and Waveney CCG is leading on primary care, and commissioning services for children and young people. This work will be coordinated through the new Joint Strategic Commissioning Committee which comprises all five CCGs, with full

delegated authority for commissioning decision making. This new committee is currently running in shadow form, and will meet formally in public from April 2018. This key development for the Norfolk and Waveney system will ensure consistency in commissioning decision making, and represents a very significant step forward in the work of the wider STP. With the CCGs continuing as statutory bodies, this will also ensure that the vital locality focus is maintained, with local delivery a priority.

Links with Waveney

Continuing to develop and enhance STP links across Waveney and Suffolk is a priority for the STP. In support of this, the Chief Executive Officer of Suffolk County Council and the Director of Adult and Community Services have been invited onto the Norfolk and Waveney STP Executive monthly meeting. In addition to this, the Chair of the Suffolk Health and Wellbeing Board has been invited to become a member of the STP Chairs Oversight Group.

Accountable Care Systems

In November, NHS England met with STP Leaders across the Midlands and East to discuss the development of STPs across the region and the direction of travel from central government on STPs and emerging accountable care systems.

At the STP Executive meeting in December, John Webster, Chief Officer in West Norfolk CCG, shared his experiences of developing the plan for an accountable care system in Bedford, Luton and Milton Keynes, who were a first wave accountable care system. This is being followed by a joint workshop between the Executive Group and Chairs Oversight Group in January to discuss this further, with a view to creating a vision for the future for wider discussion by the end of March 2018.

Key delivery highlights:

- **Active sign posting and self-care:** Across the STP, our aim is to have all practices with members of staff trained in sign-posting skills, with the ability to promote self-care and responsible health seeking behaviours from the public.
- **Social prescribing:** This is about developing a holistic approach to support the health and wellbeing of patients and carers to live well for longer at home. It lines up with the national Five Year Forward View and the new STP Prevention workstream. There are social prescribing projects already running across Norfolk and Waveney, with the lessons learned from each being used to plan for STP wide implementation.
- **Improved extended access:** Across the STP, the five CCGs have been working together to develop a consistent and robust approach to extended access for patients to GP services.
- **Workforce:** The STP Primary Care Workforce Strategy and delivery plan sets out how Norfolk and Waveney CCGs will support and enable primary care

providers to develop a multi-disciplinary workforce providing high quality primary care for the residents of Norfolk and Waveney.

- **Workforce Development and Productivity:** We are active participants in national programmes which support practice level resilience and organisational development. A number of practices across the STP are already actively taking part in workflow optimisation, essentially streamlining day to day work to make practices more efficient.
- **Acute Services Review:** The acute services review of cardiology, radiology and urology services is the key piece of work underway at the moment and is progressing well. Attain are completing the second phase of their work before moving onto propose options for the future. Work also continues on opportunities at scale including procurement. A series of engagement workshops were held before Christmas to inform this work.
- **Maternity and Children:** The final Local Maternity System (LMS) plan was submitted on 30 October 2017 to NHSE, as well as a detailed LMS Communications and Engagement plan.
- **Cancer:** This programme is focussed on delivering the National Cancer Task Force Strategy recommendations and the Five Year Forward View for cancer (in alignment with the East of England Cancer Alliance) to:
 - Improve cancer outcomes, safety and patient/carers experience
 - Reduce variation in cancer pathways
 - Improve and sustain system performance re national cancer waiting times standards.

The STP Cancer Locality Group has agreed a work programme to deliver these outcomes. Good progress is being made with a focus on the lung and prostate cancer pathway redesign and prevention.

- **Mental Health Workstream:** The Norfolk and Waveney STP is working closely with the Suffolk part of the North East Essex and Suffolk STP on mental health matters. This is essential to ensure our strategic plans for mental health services are coordinated, given we have a single primary provider across both geographical areas.
A new go live date of October 2018 is being worked to for the first crisis hub for Norfolk. Work continues on developing a business case for access to psychological services. The psychiatric liaison service is preparing to go-live at the Norfolk and Norwich Hospital in January 2017.
Looking ahead, an engagement event is under consideration to co-create a new vision for mental health services.
- **Urgent and Emergency Care Workstream:** The priorities agreed by the Urgent and Emergency Care Board are:
 - Developing an STP urgent and emergency care predictor tool
 - Developing a single frailty assessment tool
 - Extended health in care homes
 - Reducing variation in access to urgent and emergency care services
 - Rolling out discharge to assess
 - Reducing delayed transfers of care

- Developing an integrated urgent and emergency care service across the STP.
- **Prevention Workstream:** It has been agreed to establish a separate workstream on prevention to ensure this has a greater focus in the overall plan and to increase the pace of work around a range of prevention initiatives. Dr Louise Smith, Director of Public Health, will chair the Programme Board and be writing out shortly to key members regarding the first meeting in February.

The priorities of this work programme including implementing a new model for social prescribing, establishing the diabetes prevention programme and implementing the suicide prevention strategy, plus self-care, healthy lifestyles (including alcohol reduction, smoking cessation and weight management and exercise) and population health management.

A more detailed report on the Norfolk and Waveney STP was presented to the NHS Great Yarmouth and Waveney Governing Body and can be found here:

<http://www.greatyarmouthandwaveneyccg.nhs.uk/page.asp?fldArea=4&fldMenu=4&fldSubMenu=2&fldKey=442>

Rebecca Driver
Director of Communications and Corporate Affairs

For further information about the GY&W STP please contact: Rebecca Driver, Director of Communications and Corporate Affairs, GY&W CCG, Email: rebecca.driver@nhs.net, Telephone: 01502 719598.

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Date: 2 February 2018
Agenda Item: 8

Great Yarmouth and Waveney Joint Health Scrutiny Committee

ACTION REQUIRED

Members are asked to suggest issues for the forward work programme that they would like to bring to the committee's attention. Members are also asked to consider, for the current forward work programme:

- any topics to be added or deleted, postponed or brought forward;
- to agree the briefings, scrutiny topics and dates below.

Forward Work Programme 2017-18

| Meeting date & venue | Subjects |
|--|---|
| <p>Friday 13 April 2018</p> <p>Riverside, Lowestoft</p> | <p><u>Diabetes care within primary care services in Great Yarmouth and Waveney</u></p> <ul style="list-style-type: none"> • Update on the Integrated Model of Diabetes care. Ref. the outcome of the <u>7 Oct 2016</u> meeting and info bulletin at the <u>20 Jan 2017</u> mtg. Committee agreed to return to the subject in a year to look at: <ul style="list-style-type: none"> ○ Progress of the new diabetes specialist nurse model of care ○ Data on the numbers of people with diabetes being cared for in a primary care setting rather than secondary care ○ Data on the level of provision of the recommended care processes and treatment for patients with diabetes ○ Progress with the national Diabetes Prevention Programme, on which the CCG is working with Public Health. <p><u>Update on the Early Intervention Vehicle (EIV) Pilot</u></p> <ul style="list-style-type: none"> • To avoid the need to attend A&E: Update following service going live in Nov 2017 • Collaboration between JPUH, Ambulance Service and ECCH <p><i>Information Bulletin item – <u>Update on Implementation of the Transforming Care Programme</u> for people with learning disabilities and/or autism</i></p> |

| | |
|---|--|
| <p>Friday 13 July 2018</p> <p>Riverside, Lowestoft</p> | <p><u>End-of-Life care.</u></p> <p><i>(provisional)</i> <u>CCG Estate and NHS Property Plans, aligned with Local Development Plans.</u></p> |
| <p>October 2018 (date tbc)</p> | <p><u>Out of Hospital Services Update</u></p> <p><u>Myalgic Encephalomyelitis and Chronic Fatigue Service (ME/CFS) – Keeping a ‘Watching brief’ on this service; request ECCH to explain how the service operates currently, and future plans.</u></p> |

NOTE: The Joint Committee reserves the right to reschedule this timetable.

Items for consideration/scheduling:

- Information Bulletin: Outcome of the Social Prescribing Pilot.
- Date(s) for a further visit to Norfolk and Suffolk NHS Foundation Trust’s (NSFT) Dragonfly Unit, Carlton Colville (the children’s in-patient unit) for members unable to attend previously.
[This has now been scheduled for 2 Feb 2018]