Great Yarmouth and Waveney Joint Health Scrutiny Committee

Date: **Friday 1 February 2019**

Time: **10.30 am**

Venue: **Claud Castleton Room**
Suffolk County Council and Waveney District Council
Riverside Campus
4 Canning Road
Lowestoft, Suffolk, NR33 0EQ

Persons attending the meeting are requested to turn off mobile phones.

Under the Council's protocol on the use of media equipment at meetings held in public, this meeting may be filmed, recorded or photographed. Anyone who wishes to do so must inform the Chairman and ensure that it is done in a manner clearly visible to anyone present. The wishes of any individual not to be recorded or filmed must be appropriately respected.

Membership –

MEMBER	AUTHORITY
Cllr Stephen Burroughes	Suffolk County Council
Cllr Emma Flaxman-Taylor	Great Yarmouth Borough Council
Cllr Nigel Legg	South Norfolk Council
Cllr Jane Murray	Waveney District Council
Cllr Richard Price	Norfolk County Council
Cllr Keith Robinson	Suffolk County Council

For further details and general enquiries about this Agenda please contact the Committee Administrator:
Tim Shaw on 01603 222948
or email timothy.shaw@norfolk.gov.uk

A g e n d a

1. Apologies for Absence and Substitutions

To note and record any apologies for absence or substitutions received.

2. Minutes

(Page 5)

To confirm the minutes of the meeting of the Great Yarmouth and Waveney Joint Health Scrutiny Committee held on 26 October 2018.

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 5 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 by contacting Tim Shaw at the email address above by no later than 12 noon on 28 January 2019.

The public participation session will not exceed 20 minutes to enable the Joint Committee to consider its other business.

4. Members to Declare any Interests

If you have a **Disclosable Pecuniary Interes**t in a matter to be considered at the meeting and that interest is on your Register of Interests you must not speak or vote on the matter.

If you have a **Disclosable Pecuniary Interest** in a matter to be considered at the meeting and that interest is not on your Register of Interests you must declare that interest at the meeting and not speak or vote on the matter

In either case you may remain in the room where the meeting is taking place. If you consider that it would be inappropriate in the circumstances to remain in the room, you may leave the room while the matter is dealt with.

If you do not have a Disclosable Pecuniary Interest you may nevertheless have an **Other Interest** in a matter to be discussed if it affects, to a greater extent than others in your division

- Your wellbeing or financial position, or
- that of your family or close friends
- Any body -
    - Exercising functions of a public nature.
    - Directed to charitable purposes; or

- One of whose principal purposes includes the influence of public opinion or policy (including any political party or trade union);

Of which you are in a position of general control or management.

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

6. Norfolk and Waveney Integrated Urgent Care Service (Page 13)

To examine capacity and performance in the service, including NHS 111 and primary care out-of-hours services.

7. Great Yarmouth and Waveney NHS Community Services (Page 59)

To receive details of the service to be provided under the new contract from April 2019.

8. Information Bulletin

To note the written information provided for the Committee

(a) Myalgic Encephalomyelitis / Chronic Fatigue Syndrome (ME/CFS) – update (Page 65)

(b) GP and general healthcare provision in the Halesworth area – update (Page 66)

(c) Use of funds from the sale of Lowestoft Hospital (Page 69)

(d) Norfolk and Waveney Sustainability Transformation Plan (STP) - update (Page 71)

9. Forward Work Programme

To consider and agree the forward work programme and dates and times of future meetings. (Page 75)

10. Urgent Business

To consider any other items of business which the Chairman considers should be considered by reason of special circumstances (to be specified in the minutes) as a matter of urgency.

Glossary of Terms and Abbreviations (Page 76)

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GREAT YARMOUTH AND WAVENEY JOINT HEALTH SCRUTINY COMMITTEE
MINUTES OF THE MEETING HELD ON 26 October 2018

Present:

Stephen Burroughes	Suffolk County Council
Emma Flaxman-Taylor	Great Yarmouth Borough Council
Nigel Legg (Chairman)	South Norfolk District Council
Jane Murray	Waveney District Council
Richard Price	Norfolk County Council
Keith Robinson	Suffolk County Council

Also Present:

Cath Byford	Director of Commissioning and Deputy Chief Officer, NHS Great Yarmouth & Waveney CCG
Nick Wright	Deputy Director of Adult Services, East Coast Community Healthcare
Jo Wiggins	ME/CFS Service Lead, East Coast Community Healthcare
Luke Croager	Out of Hospital Hub Manager – Waveney, East Coast Community Healthcare
Debbie Coe	Out of Hospital Hub Manager – Lowestoft, East Coast Community Healthcare
Lorraine Rollo	NHS GY&W CCG
Dr Patrick Thompson PhD	Member of the Public (attending for item 6 regardingMyalgic encephalomyelitis and chronic fatigue syndrome (ME/CFS))
Richard Chilvers	Member of the public
Beverley James	Member of the public (and an ME/CFS service user)
Robert Boardley	Member of the public
Barbara Robinson	Member of the public and Norfolk and Suffolk ME and CFS Patient Carer Group and Service Development and Implementation Working Group
Maureen Orr	Democratic Support and Scrutiny Team Manager, Norfolk County Council
Paul Banjo	Democratic Services, Suffolk County Council
Tim Shaw	Committee Officer, Norfolk County Council

1. Welcome to new Members

The Chairman welcomed Mrs Emma Flaxman-Taylor and Mr Keith Robinson to their first meeting of the Committee.

2. Apologies for Absence

There were no apologies for absence.

3 Minutes

3.1 The minutes of the previous meeting held on 13 July 2018 were confirmed as a correct record and signed by the Chairman.

4 Public Participation Session- Myalgic encephalomyelitis and chronic fatigue syndrome (ME/CFS)

4.1 With the permission of the Chairman, Beverley James, a member of the public (and an ME/CFS service user) spoke about the difficulties that she had experienced in getting the help that she needed for her condition of ME since she was diagnosed in 2009. She said that the limited help that she had received had come from her GP and a nurse practitioner and that this fell far short of what was available elsewhere in the country.

4.2 With the permission of the Chairman, Dr Patrick Thompson PhD, a member of the public, spoke about the difficulties that sufferers from ME/CFS had in getting the kind of support that they needed. He said that although WHO and NICE had defined what was meant by ME/CFS they were silent as to whether the condition should be treated by a “consultant led” service. He said that it would be helpful if patients were able to have direct access to one of the two GPs in the Great Yarmouth and Waveney area with a specialist interest in the subject and for data to be kept as to how long patients had to wait for an initial assessment. He also said that an explanation should be given as to why it was appropriate for the existing Carer and User Group to be disbanded.

4.3 With the permission of the Chairman, Barbara Robinson, a member of the public, spoke about the issues which she had raised with the Great Yarmouth and Waveney CCG on a number of occasions before today’s meeting and to which she had received a response by letter yesterday. She said that it was important for her and for other patient carer representatives to be seen by the public to be working in a transparent and open manner. Barbara Robinson said that she and other patient representatives would be happy to take up an opportunity to meet with senior members of the Great Yarmouth and Waveney CCG commissioning team to talk about the needs of patients but were concerned that the CCG had indicated that responding to further written questions would be an inappropriate use of their staffing resource.

4.4 The Chairman thanked the members of the public for their comments and asked the speakers from the CCG if they would like to respond when the Joint

Committee considered the issue further at item 6 on the agenda.

5 Declarations of Interest

5.1 Stephen Burroughes declared an "other interest" in relation to his councillor role at Suffolk Coastal District Council, where he was a member of one of the planning/development related 'shadow' teams set up in preparation for the new East Suffolk Council next year, from the merger of Suffolk Coastal and Waveney District Councils.

5.2 Emma Flaxman-Taylor declared an "other interest" because she was a member of the JPH Board of Governors.

5.3 Richard Price declared an "other interest" because his wife suffered with ME and he was the Deputy Leader of North Norfolk District Council.

6 Myalgic encephalomyelitis and chronic fatigue syndrome (ME/CFS)

6.1 The Joint Committee received a suggested approach from Maureen Orr, Democratic Support and Scrutiny Team Manager at Norfolk County Council, to an update report from Great Yarmouth and Waveney CCG on the work to improve the current Myalgic encephalomyelitis and chronic fatigue syndrome(ME/CFS) service for Norfolk and Suffolk.

6.2 The Committee received evidence from Cath Byford, Director of Commissioning and Deputy Chief Officer, NHS Great Yarmouth & Waveney CCG, Nick Wright, Deputy Director of Adult Services, East Coast Community Healthcare and Jo Wiggins, ME/CFS Service Lead, East Coast Community Healthcare.

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

- Cath Byford said that while there would always be fluctuations in caseload numbers for any clinical service, and a degree of rounding up or down of caseload figures was not atypical, she was able to confirm that the active caseload for ME/CFS at any given point in time was usually in the region of 1,500 to 1,600 cases.
- The number of active cases had doubled since 2009.
- The caseload numbers found in the report included those with Mild/Moderate/Severe needs.
- The speakers said that patients had access to the ME/CFS service in a variety of ways such as by a clinic appointment, email, telephone or domiciliary visit. Access was determined by patient choice and based on individual circumstances and needs.
- All patients who were assessed as requiring support were offered an individualised follow up plan. A flexible approach was taken to the delivery of patient follow ups that met with their individual needs.
- All patients were offered a minimum of six appointments. The average period of intervention was 18 months.
- Where the need for medication was considered appropriate, the assessment service advised the patients' own GP.
- Where patients had other health conditions or developed further problems as a result of ME/CFS then they were signposted to the most appropriate

service. Where patients were severely affected by ME/CFS and unable to get into an assessment clinic, home visits were available.

- Members said that many GPs remained unfamiliar with the ME/CFS condition.
- The speakers said that this was partly due to there being no specific medication to treat ME/ CFS, although the clinical staff at the GY&W CCG could advise GPs on medications that they knew from past experience had worked well for this group of patients.
- The speakers said that there was a 'ring-fenced' and protected education and training budget specifically for the clinical team working within the ME/CFS service.
- All diagnosis of children was made by a paediatrician as per the current referral protocol.
- Members were of the view that information should be collected and recorded about ME/CFS in a way that it could be used in dashboard performance data.
- The speakers from the GY&W CCG said that the Norfolk and Suffolk commissioning organisations were confident that by bringing contracts together and robustly monitoring delivery against the service specification that this would ensure an improved service over and above that which was provided in the past.
- The speakers said that GY&W CCG would review the Change Audit format and seek an objective review of the current specification ahead of the anticipated publication of new NICE guidance in 2020. The review would include observation, interviews, meetings and discussions with stakeholders, and documental data gathering and information analysis.
- It was pointed out that in addition to the service provided by East Coast Community Healthcare (ECCH), NHS Ipswich and East Suffolk and NHS West Suffolk CCGs (IES and WS) also invested in the service by using some of the money from the Individual Funding Request budget to meet the needs of people with moderate and severe ME/CFS.
- Members asked for a breakdown of the numbers of ME/CFS patients within each CCG area covered by the ECCH service and the amount of funding provided by each of the CCGs for the ECCH service.
- The locations from where the ME/CFS Service provided clinical services in Norfolk and Suffolk were set out in the report. Members were concerned that these locations did not include a base in North Norfolk.
- Members suggested that the GY&W CCG (as the co-ordinating commissioner for Norfolk and Waveney) and ECCH should consider working together to identify a possible location for a base for the ME/CFS service within the North Norfolk area and keep the Joint Committee informed of developments.
- Members also spoke about the importance of improved communication with GPs. It was suggested that GY&W CCG should look to provide a short briefing note for GPs to raise awareness of ME/CFS and the public services that were available and for this to be updated on a regular basis.
- Members also asked for more of a breakdown of where the funding received by the ECCH was spent (i.e. how much was spent in each CCG area).
- Members asked if the data collected could include information about where patients came from and where the money was spent in terms of

staffing costs and overheads, travel etc.

- The speakers said that the plan was for the Norfolk and Waveney CCGs to have a joint contract in place from 1 December 2018 with a view to the other CCGs joining by 1 April, 2019.

6.4 The Joint Committee **noted** the information presented by the GY&W CCG and asked for additional information on the following issues:

- The numbers of ME/CFS patients within each CCG area covered by the ECCH service and the amount of funding provided by each of the CCGs for the ECCH service.
- A breakdown of where the funding received by ECCH was spent (i.e. how much spent in each of the CCG areas it covered).
- To be kept informed of any developments regarding the possibility of a new base for the ME/CFS service within the North Norfolk area.

It was noted during the discussion of this item that the information requested of the GY&W CCG that was not commercially sensitive would be included in the Joint Committee's next Information Bulletin. Where commercially sensitive financial information had to be provided to Members then this would be done in the strictest of confidence.

6.5 The Joint Committee **agreed** the following recommendations:

- That GY&W CCG (as co-ordinating commissioner for Norfolk and Waveney) and ECCH should consider providing a base for the ME/CFS service within the North Norfolk area.
- That GY&W CCG should look to provide a short briefing note for GPs to raise awareness of ME/CFS and the services that were available. The briefing should be regularly updated to cover relevant developments.

7 Out-of-hospital services

7.1 The Joint Committee received a suggested approach from Maureen Orr, Democratic Support and Scrutiny Team Manager at Norfolk County Council, to an update report from Great Yarmouth and Waveney Clinical Commissioning Group (GY&W CCG) and East Coast Community Healthcare (ECCH) on progress of the out-of-hospital services across Great Yarmouth and Waveney in the past year, including development of the new service in South Waveney.

7.2 The Committee received evidence from Cath Byford, Director of Commissioning and Deputy Chief Officer, NHS Great Yarmouth & Waveney CCG, Nick Wright, Deputy Director of Adult Services, East Coast Community Healthcare, Luke Croager, Out of Hospital Hub Manager for Waveney, East Coast Community Healthcare and Debbie Coe, Out of Hospital Hub Manager for Lowestoft, East Coast Community Healthcare.

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

- The Joint Committee was updated on the progress with the expansion of Out of Hospital Team (OHT) services by East Coast Community Healthcare (ECCH) into the South Waveney area.

- The speakers said that OHT services in the South Waveney area were now fully operational. In reply to questions, the speakers said that the OHT team serving the South Waveney locality had the right skills mix to meet the needs of the population and deliver out of hospital services that were equitable with those provided elsewhere in the Great Yarmouth and Waveney area.
- OHT services were run by teams of senior professionals and support staff operating from bases at Beccles Hospital and from two other bases across the Great Yarmouth and Waveney locality at Kirkley Mill Health Centre in Lowestoft and at the Herbert Matthes Block on the Northgate Hospital site in Great Yarmouth.
- Case load figures for each team were as set out in the report, as were the locations used for reablement beds with care in the Great Yarmouth and Waveney area and details regarding the 22 intermediate care beds available at Beccles Hospital.
- The Joint Committee was informed of the work that had gone into making significant upgrades and improvements to the facilities at Beccles Hospital, including a dementia friendly design.
- It was pointed out that average length of stay in the intermediate care beds at Beccles hospital was for 18.5 days, which was lower than the average length of stay for intermediate care beds elsewhere.

7.4 The Joint Committee **agreed**:

- That Great Yarmouth and Waveney (GY&W) CCG and East Coast Community Healthcare (ECCH) should be asked to consider carrying out an audit of the effect of length of stay at Beccles hospital on the condition of patients over the age of 80 (for comparison with the data in relation to acute hospital length of stay that could be found at page 41, paragraph 9 of the agenda papers).
- That Members should be informed of the amount of money that the CCG spent on commissioning beds in private care homes. (A ball-park figure of approximately £400,000 per annum was given at the meeting but this had to be confirmed).
- That GY&W CCG should look to investigate a concern raised by a Member of the Joint Committee about a GP practice in the North Lowestoft area that it was alleged had not carried out a blood test required by the James Paget Hospital.
- That the Joint Committee should receive an update on healthcare services in the Halesworth area via its next Information Bulletin (see the Forward Work Programme item at minute 9 below.)

8 Information Only Items

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

a) Blood testing services in Great Yarmouth and Waveney
b) Norfolk and Suffolk NHS Foundation Trust progress in Great Yarmouth and Waveney
c) Norfolk and Waveney Sustainability Transformation Plan –update
d) Health provision for the Woods Meadow development, Oulton

9 Forward Work Programme

9.1 The Joint Committee **agreed** the forward work programme as set out in the report subject to the following updates:

1 February 2019
Agenda items:-

- *Mental Health Services in Great Yarmouth and Waveney – update following CQC reinspection of NSFT during 2018* - removed from the agenda as NSFT is scheduled to attend both the Norfolk and Suffolk health scrutiny committees in January 2019 and issues can be raised at those meetings.

- *Great Yarmouth and Waveney NHS Community Services* – added to the agenda. The Joint Committee will examine details of the new service to be provided in the GY&W CCG area from April 2019.

Information Bulletin items:-

- ME/CFS – a progress update and including the information set out under item 6 above.

- GP and general healthcare provision in the Halesworth area

Visits to services

- A Member visit to the primary and community services at the Shrublands site, Gorleston, to be arranged.

- Waveney Members of the Joint Committee to be invited to any visits arranged in the Great Yarmouth & Waveney area as a result of Norfolk Health Overview and Scrutiny Committee's 18 Oct 2018 resolution to visit community palliative & end of life care services across the Norfolk and Waveney Sustainability Transformation Partnership area.

10 Urgent Business

10.1 There were no items of urgent business.

The meeting concluded at 12.50 pm.

CHAIRMAN

Norfolk and Waveney Integrated Urgent Care Service

Suggested approach by Maureen Orr, Democratic Support and Scrutiny Team Manager

A report from Integrated Care 24 Limited (IC24) on capacity and performance of the Integrated Urgent Care Service, including NHS 111, the clinical assessment service and face-to-face urgent primary care service, static and mobile.

1. Purpose of today's meeting

1.1 The key focus areas for today's meeting are:-

(a) To scrutinise the delivery of the IC24 Integrated Urgent Care Service in Great Yarmouth and Waveney during winter 2018-19.

(b) To examine the capacity within the service to meet current needs and future demands.

1.2 IC24, the service provider, was been asked to provide the following information:-

(a) Performance of each element of the Integrated Urgent Care Service against key performance indicators.
(b) Benchmarking of each element of the Integrated Urgent Care Service against other local, regional and national services, particularly in areas such as transfer of calls to the ambulance service and waiting times for patients.
(c) Trends in service user complaints and feedback about each element of the Integrated Urgent Care Service.
(d) Numbers and types of staff vacancies in the service and sickness absence trends.
(e) Details of changes to the elements of the service since IC24 started to provide it in 2011-12 in terms of the type of staff employed and (for NHS 111) alterations to the triage algorithm used by call handlers to assess patients' condition and decide appropriate action.
(f) Trends in the numbers of patients accessing the elements of the service.
(g) Details of IC24's liaison with the ambulance service to achieve an appropriate level of transfers from NHS 111 to the 999 emergency service.

IC24 has provided the information in the presentation (**Appendix A)** and report (**Appendix B)** attached and representatives will attend the meeting to answer Members' questions.

Representatives of Great Yarmouth and Waveney CCG and Norwich CCG (lead commissioner of the service across Norfolk and Waveney, plus Wisbech) will also be in attendance to address questions about the commissioning of the service.

2. Background

2.1 IC24 (formerly known as South East Health Ltd) is a Social Enterprise; a not for profit organisation with no shareholders and where any surpluses are re-invested into the service. It has provided primary care out-of-hours services in Great Yarmouth and Waveney since 30 September 2011 and NHS 111 services in the area since June 2012. It has also provided NHS 111 and primary care out-of-hours services in the rest of Norfolk and Wisbech (Cambridgeshire) since 1 September 2015.

Originally the Great Yarmouth and Waveney service was under a separate contract with GY&W CCG but on 1 April 2017 GY&W joined the Norfolk and Wisbech contract.

NHS 111 and primary care out-of-hours services in the rest of Suffolk are provided by Care UK via the Suffolk GP Federation.

2.2 Great Yarmouth and Waveney Joint Health Scrutiny Committee (GY&W JHSC) received a report from IC24 in July 2013 setting out details of how the GY&W service operated, its opening hours and the location of its GP out-of-hours bases (in Great Yarmouth, Lowestoft and Beccles, with an additional Saturday morning base in Halesworth). The report is available on Suffolk County Council's website via the following link:-
IC24 report to 2 July 2013 GY&W JHSC.
In 2013 the service was compliant with all the standards set by the commissioners.

A year later, on 23 July 2014, the Joint Committee received an Information Bulletin update from IC24, which again confirmed that the NHS 111 service had been consistently compliant with all NHS England's requirements and that staff rotas were routinely filled.

The most recent update was in the Information Bulletin for 8 October 2014 meeting, when the Joint Committee was informed about a move of the Great Yarmouth GP out-of-hours base from Nelson Medical Centre to the James Paget Hospital.

2.3 IC24 has attended Norfolk Health Overview and Scrutiny Committee (NHOSC) twice in recent years:-

14 April 2016 - to report on the progress of the service following concerns about the Norfolk and Wisbech service raised during an unannounced CCG visit in November 2015.

6 April 2017 – to update the committee on actions taken to address a CQC report on the Norfolk and Wisbech service published on 5 July 2016

The main concerns at that stage were about staff recruitment and training, delays in patients accessing the services, and medicines and records management.

2.4 The latest CQC inspection of IC24's service across Norfolk and Waveney was on 21 June 2018 when it was rated 'Good' overall. The report is available on the CQC website via the following link:- https://www.cqc.org.uk/location/1-2192943954

2.5 NHOSC's concerns in 2016-17 centred around capacity in the Norfolk and Wisbech service and IC24's ability to recruit and retain enough doctors and other primary care clinicians to fill the rotas and meet patients' needs in a timely way, particularly during the busy winter months. The workforce shortages across the NHS have not eased since then.

The Quality and Performance report to GY&W CCG Governing Body on 29 November 2018 noted that IC24 had 'Continuing challenges with recruitment of clinical staff'. Also, 'Lack of primary care workforce due to vacancies and impending retirement' was a red-rated critical risk in the Governing Body Assurance Strategy and Action Plan.

3. Suggested approach

3.1 After the IC24 representatives have presented their report Members may wish to discuss the following issues with them and the representatives from the CCG:-

(a) The Joint Committee is aware of the national workforce shortages faced by the NHS and the particular difficulties in recruiting GPs. What actions are IC24 and the CCG taking to attract GPs to work in the out-of-hours service?

(b) Given the national shortage of GPs, primary care both in-hours and out-of-hours needs to adapt to make greater use of allied professionals (Nurse Practitioners and others) where it is safe to do so. What are the minimum numbers of each staff type that should be on duty each night to provide a safe and timely OOH service at the three bases in Great Yarmouth and Waveney?

(c) Is there collaboration between the local organisations that need to employ GPs (i.e. GP practices, 999, the OOH service and 111) to make sure that scarce resources are deployed to best effect?

(d) Does the IC24 service have participation and support from local Great Yarmouth and Waveney GPs?

(e) What is the trend in the number of patients that the NHS 111 service refers to A&E or puts through to the 999 service?

(f) What has IC24 learned from reviews of the outcomes of calls to NHS 111 that has led to improvements in the clinical quality of the service?

(g) How does version 17of NHS 111 Pathways, which IC24 will introduce to the local service in spring 2019, differ from the current version and how will it impact on patients and the wider healthcare system?

(h) How does the NHS 111 service manage calls where communication with the patient is difficult, particularly with regard to clinical risk?

(i) How does the NHS 111 service transfer information about the patient to primary care out-of-hours service in cases where the patient is asked to attend an OOH base for a face-to-face consultation, and to what extent does the OOH clinician have access to the patient's full medical records?

(j) IC24's report mentions that NHS 111 Online will take additional clinical oversight once the numbers begin to increase. NHS 111 Online is a new service which has been tested and made increasingly available across England since March 2017. People can also access it online through the new NHS App, which is being gradually rolled out across England. To what extent is NHS111 Online being used locally and how many more clinicians does IC24 think it will require when used to the full extent?

4. Action

4.1 Depending on discussions at the meeting the Joint Committee may wish to consider:-

- Whether there are any comments or recommendations that the committee wishes to make arising from the report and discussion.

- Whether there are specific issues to raise with the commissioners or provider at a future meeting.

- Whether there is further information or updates that the committee wishes to receive via the Information Bulletin.

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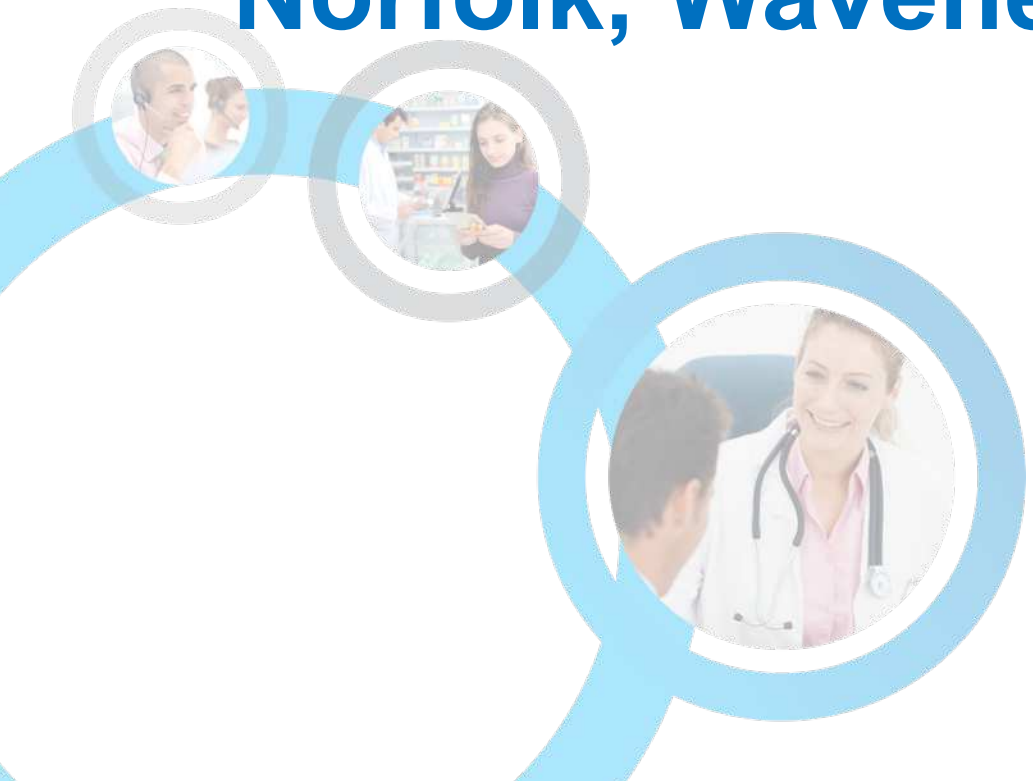
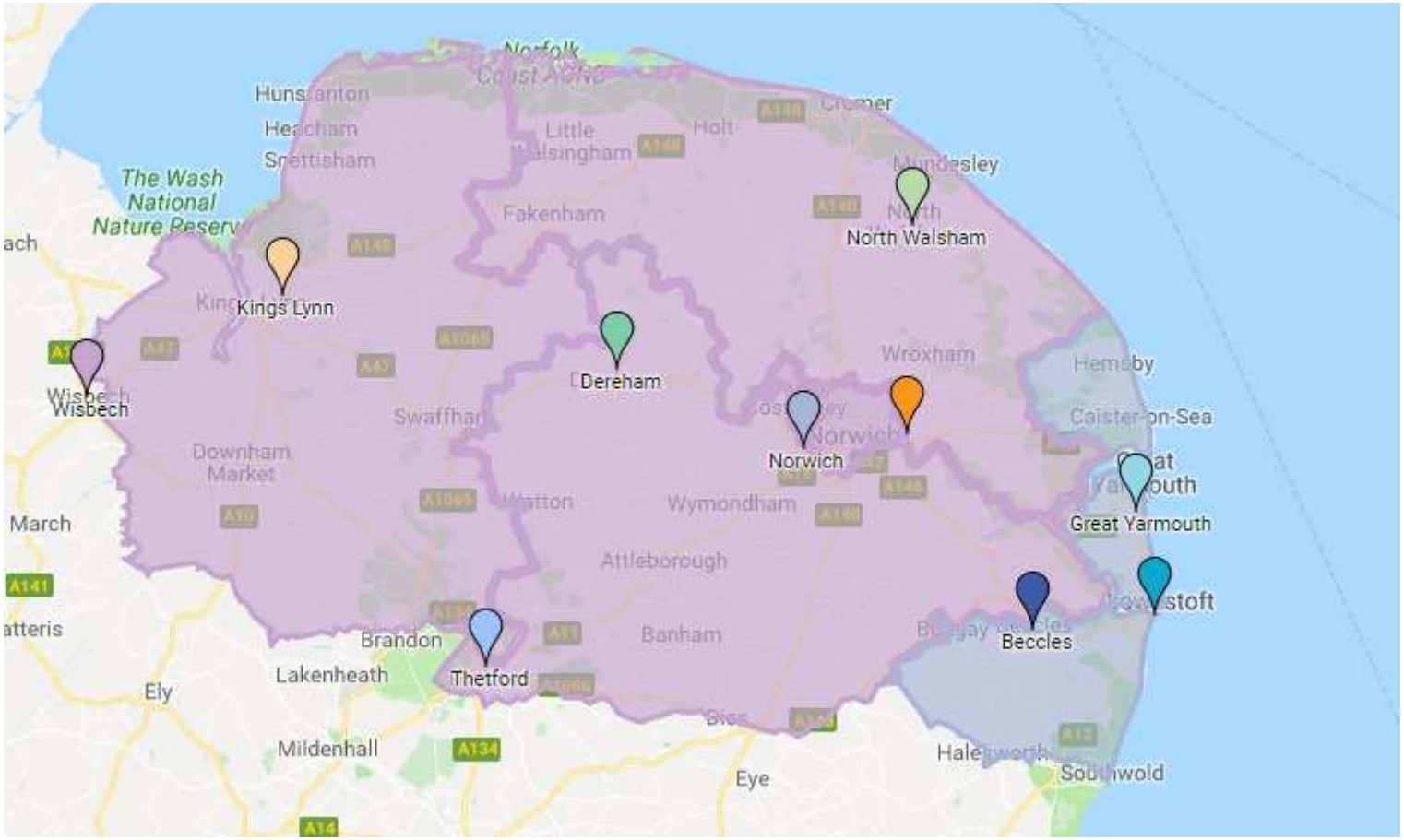
Integrated Urgent Care Norfolk, Waveney and Wisbech



Jan Thomas,
Associate Locality Director
&
Dr Andrew Catto,
Deputy CEO & Chief Medical Officer

Current service



History

- 2011: 111 and Out of Hours for Great Yarmouth and Waveney delivered from Contact Centre in Ipswich and three Primary Care Centres in Beccles, Lowestoft and Great Yarmouth.
- 2017: Contract merged with Norfolk and Wisbech with Contact Centre delivery based in Norwich but delivered virtually.
- Eleven Primary Care Centres (three only available at weekends).
- A traditional model of Out of Hours delivery.

The future of Urgent Care

- The Integrated Urgent Care Service Specification is the NHS England mandate for the front end of non emergency or ‘urgent care’ services.
- The future of Urgent care is being driven by the STP (Sustainability and Transformation Partnership).
- Triggers widespread change in the NHS.
- “No change” is not an option.

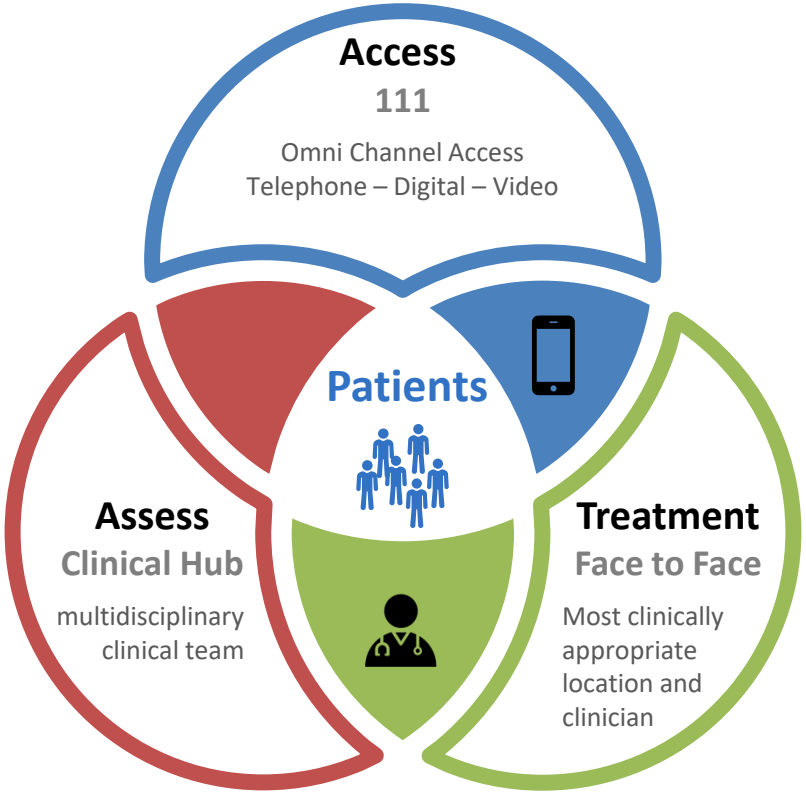
The Clinical Assessment Service (CAS)

- The CAS is a key component of IUC integration.
- Nationally mandated.
- NHS 111 is the gateway to services.
- Senior clinical triage earlier on in the patient pathway.
- Facilitates “right care, right place, right time. right clinician.
- Development of Clinical Workforce and the consequent skill mix defined by the National Workforce Blueprint.

The introduction of an IUC CAS will fundamentally change the way patients access health systems. It will mean patients will receive a complete episode of care concluding with either: advice, a prescription or an appointment for further assessment or treatment.

Integrated Urgent Care Service Specification, NHS England. August 2017

Elements of IUC Services



Activity

- Calls to 111 are increasing
- Calls to OOHs are decreasing slightly, but the urgency rate is higher.

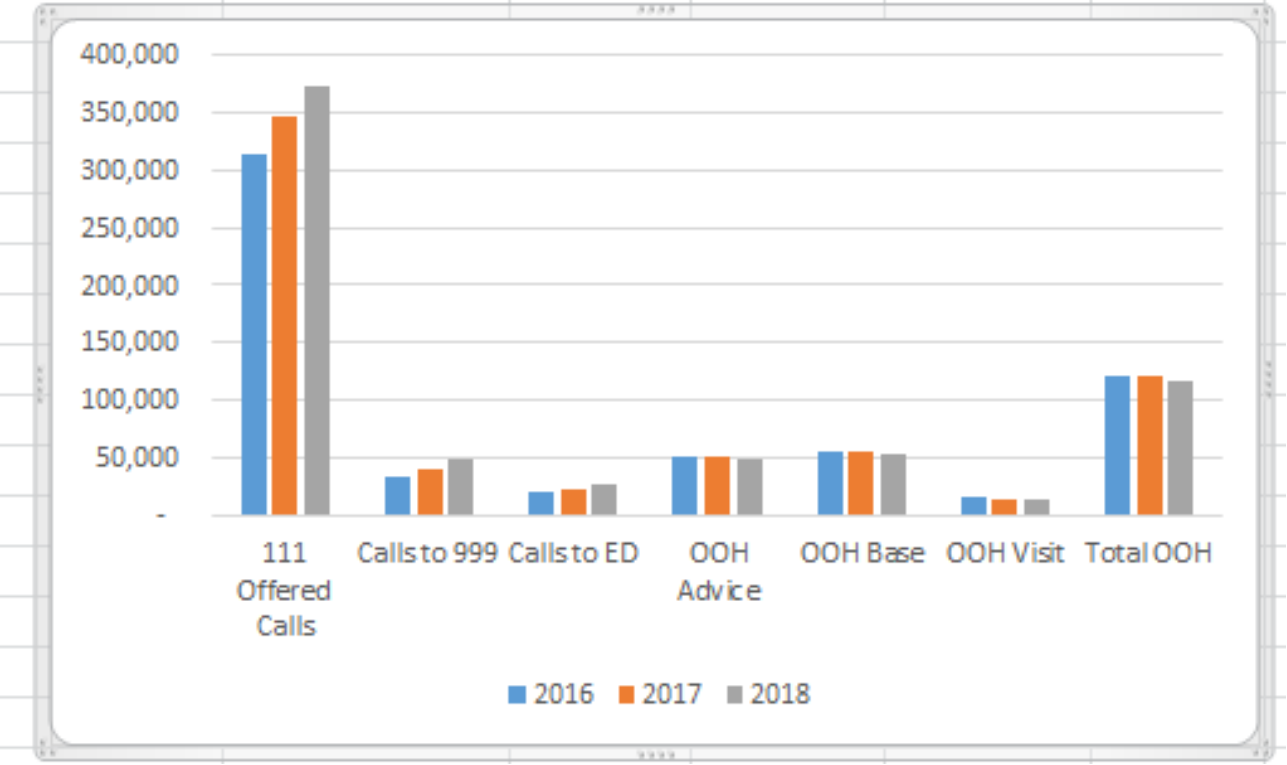
From 1st Jan – 10th January 2019 we had 1,562 base appointments, of which **628 (40.2%)** were urgent and 934 were routine.

Compared to 2018 there was a total of 1,683 base appointments, of which **596 (35.4%)** were urgent and 1087 were routine.

From 1st Jan – 10th January 2019 we had 384 visits, of which **87 (22.66%)** were urgent and 297 were routine.

Compared to 2018 there was a total of 456 visits, of which **77 (16.89%)** were urgent and 379 were routine.

Increasing Activity from 2016-2018



111 Performance and Benchmarking

- Two key metrics reported nationally on a daily basis via Unify. National Sitrep weekly.
  - Calls answered within 60 seconds(95%)
  - Abandonment rates (under 5 %)

  - National and Regional picture challenging against calls answered within 60 seconds with majority of Providers non compliant in mid to high 80's. For the week ending the 6th January the national average was 86.7% and Norfolk and Waveney was 87.5%.
  - Abandonment for IC24 for the same week was 1.7% and the national average was 2.5%.
  - **The abandonment rate is a quality indicator and is consistently low in Norfolk and Waveney.**
  - Although for calls answered within 60 seconds we are non compliant, we are normally over 95% for calls answered within 70 seconds.

CAS Performance and Benchmarking

- The key CAS metric is the percentage of calls transferred to a clinician for assessment. This should be above 50 %.
- This metric is achieved consistently in Norfolk and Waveney.
- Latest data for December 2018 - 51.92%.
- National compliance against this metric demonstrates a wide variation between providers.

OOHs Performance

- No current national benchmarking for traditional Out of Hours (Face to Face) element of the service.
- Compliance for face to face is 95%.
- Timeframes do not match 111 dispositions and patients have to be seen within 2 hours or 6 hours depending on priority
- **This is a much higher access standard than access to in-hours primary care appointments**

Month	Base Routine	Base Urgent	Visit Routine	Visit Urgent	Walk in Routine	Walk in Urgent
November	98.5%	89.1%	88.2%	83.7%	90.9%	100%
December	97.97%	88.28.%	81.81%	83.71%	90.16%	100%

Patient Satisfaction

The percentage of complaints versus the number of calls taken into the service is circa 0.056%.

High levels of patient satisfaction following a contact with the 111 service

Healthwatch Suffolk conduct an independent survey three times a year.

Key messages

What does it mean:

- Consistency – enable services and patients to make more efficient and informed use of resources – hospital and ambulance only when its really needed
- Right care, at the right time, first time, every time.
- System-wide, integrated working
- Supported by technology such as NHS111 on-line and videoconferencing
- Better patient experience with more care at home, without recourse to travelling to a hospital or a GP surgery

The introduction of an IUC CAS will fundamentally change the way patients access health systems. It will mean patients will receive a complete episode of care concluding with either: advice, a prescription or an appointment for further assessment or treatment.

Integrated Urgent Care Service Specification, NHS England. August 2017

Ultimately:

- The implications of the change in national model is significant both for the service delivered by IC24 and the whole N&W system.

- It heralds a change to the way Primary Care is delivered 24/7.

Workforce

- Challenges for GP recruitment nationally and to the area.
- The skill mix within GP practice and within the wider system has changed.
- Conflicting workforce priorities within the system including ED Streaming and Improved Access.
- Competition for scarce clinical resource means that *providers need to work together to optimise the clinical hours available*.

Skill Mix

- An average weekend for Norfolk and Waveney (12th and 13th December)

Norfolk, Waveney & Wisbech OOH Weekend Overview

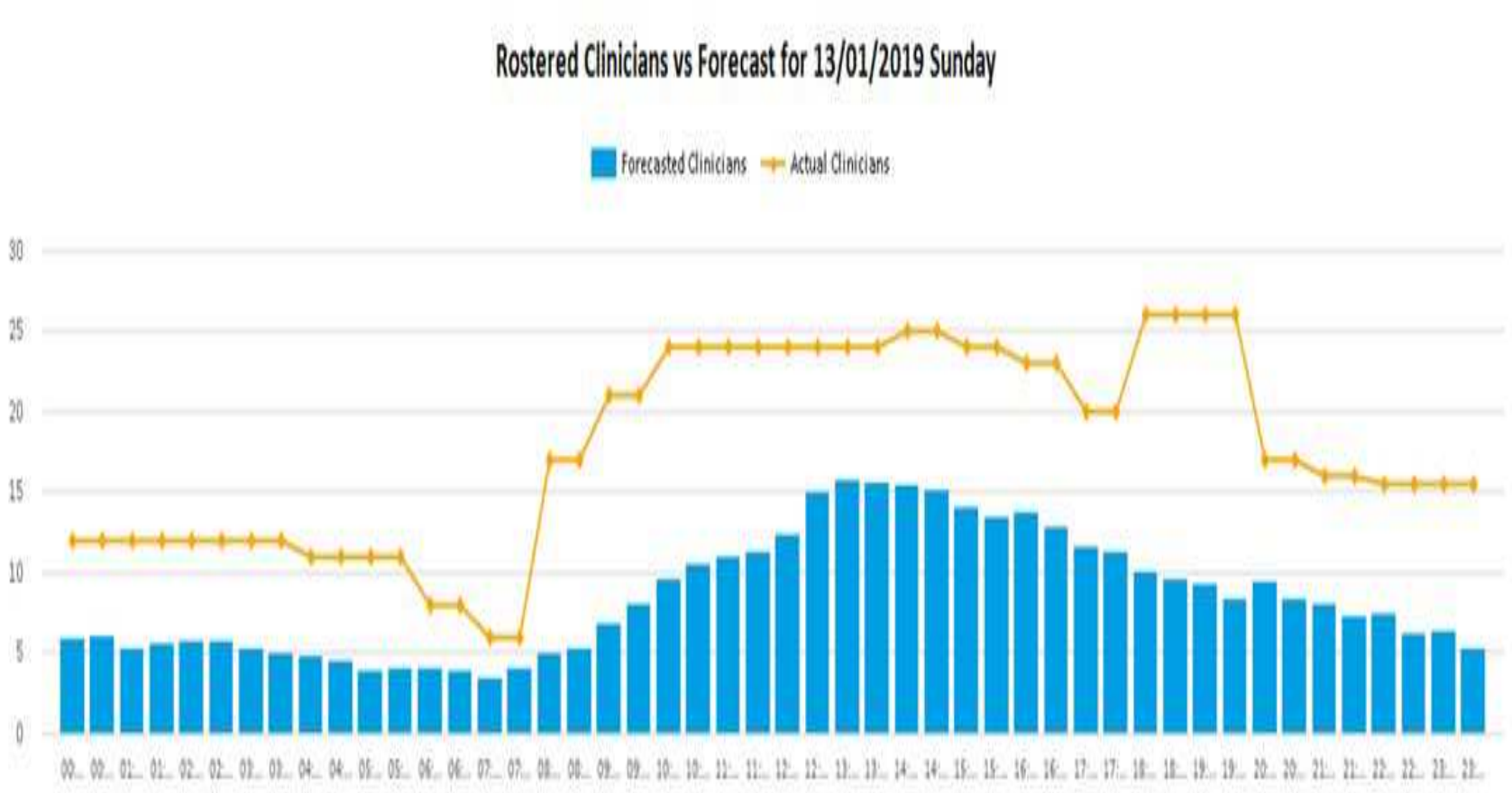
This pack is the current SitRep as of 10:30 04/01/2019 and is subject to change. Currently total clinical hours filled (1246.00hrs) against planned (1375.00hrs) sits at 90.62%.

Current clinical cover is 113.84% against core model.

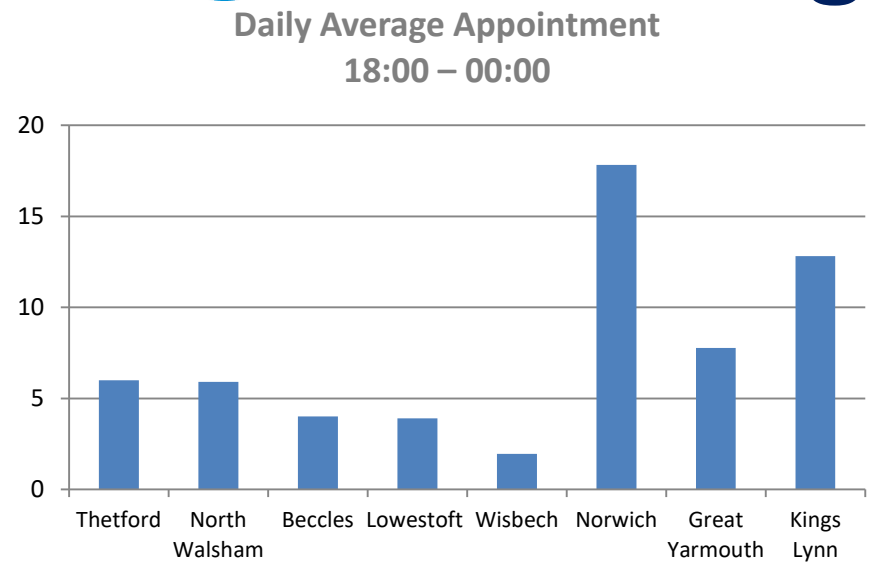
Of the overall clinicall hours hours (1317.00 Inc. GPST) our prescribing capacity is 79.76% which equates to 1050.50 hours.

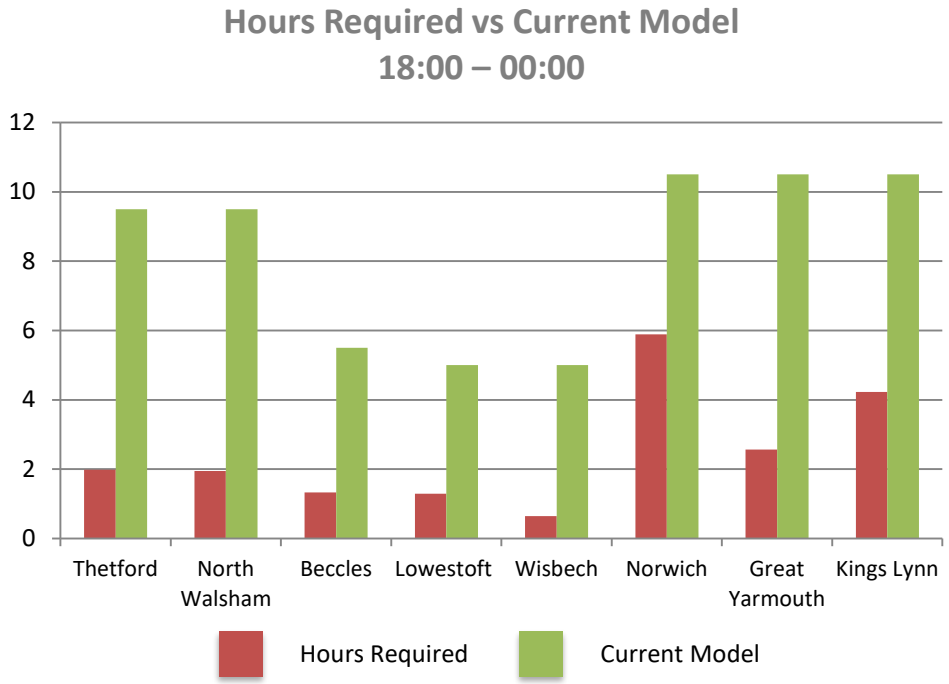
GP = 712.00 hours (54.06%)
GPST = 71.00 hours (5.39%)
ANP = 267.50 hours (20.31%)
UCP Nurse = 61.50 hours (4.67%)
UCP Paramedic = 205.00 hours (15.57%)

Demand/Capacity



Capacity: GP Resource Utilisation





The Challenge

- To maintain clinical resource and utilise more effectively.
- To move to a demand responsive service that is not constrained by physical location
- To support and develop a multi-disciplinary team
- To develop a model that is more responsive to patient behaviours and clinical need in a challenging environment.

IC24 Active Collaborations

- EEAST(East of England Ambulance)Service
- ECCH (East Coast Community Healthcare)
- NEAT (Norwich Escalation Avoidance Team)
- Acutes
- Improved Access
- Walk in Centre
- Mental Health
- Palliative
- Urgent Treatment Centres
- System Resilience Partnership

Questions?

Great Yarmouth and Waveney Health Overview and Scrutiny Committee
February 2019
Norfolk, Waveney and Wisbech Integrated 111 and Out of Hours Service

1. INTRODUCTION

IC24 Integrated Care 24 Ltd (IC24) is a "not-for-profit" social enterprise which has been providing urgent care services for almost 30 years. IC24 has been providing the Integrated NHS 111 and Out of Hours service in Norfolk, Waveney and Wisbech since the 1st September 2015.
IC24 (formerly South East Health) provided the 111 and Out of Hours service in Great Yarmouth and Waveney from 2011.
The Norfolk and Wisbech and the Great Yarmouth and Waveney contracts were amalgamated in April 2017 and is now one operating and reporting area.

In March 2018 the CQC rated the Norfolk, Waveney and Wisbech Integrated Service as "Good".

IC24 provide a range of urgent care services (including four 111 contracts) to around six million patients across the following areas:

- Sussex
- East Surrey
- East and West Kent
- Northampton
- Mid and South Essex
- Norfolk, Waveney and Wisbech

IC24 delivers NHS 111 from three geographically dispersed Care Co-Ordination Centres (CCC):

- Ashford (Kent)
- Ipswich
- Norwich

We also deliver services to Prisons and Walk in Centres in other areas of the country.

The Norfolk, Waveney and Wisbech service is an outcome based contract focused on providing a 24/7 Integrated urgent care service. The elements of the service consist of the 111 Service providing the initial gateway and telephone assessment 24/7; the Clinical Assessment Service (CAS) which is operational whenever the traditional "Out of Hours" service is operational and the traditional Out of Hours element which delivers the face to face care via base appointments or home visits.

The Clinical Assessment Service has been introduced following the publication of the NHS England Five Year Forward View. The Clinical Assessment Service consists of a multi-disciplinary team including GPs; ANPs and Pharmacists who provide the senior consultation and oversight required for the delivery of the mandated integrated service.

The 5 year forward view emphasised the importance of integrated supportive working to bridge the gaps between services operating in urgent and emergency care to make sure patients see the right clinician first time as often as possible.

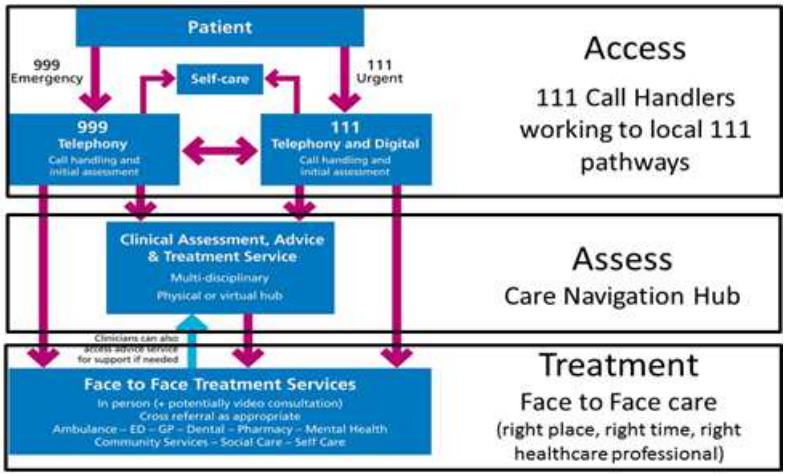
The final element of the service is delivered in the more traditional Out of Hours environment which has not undergone major change in the last thirty years.

However, the service specification that was commissioned for Norfolk, Waveney and Wisbech has a number of changes from the historical Out of Hours.

- GP Led service - this encourages and supports a wider use of skill mix reflecting the model seen within the in hours primary care setting
- Integrated 111 and OOH - commissioned as one service and not two separate work streams

Through the introduction of the CAS we now have three very clear service components:

- Access
- Assess
- Treatment



The benefits of our service model achieved through the integration of 111 and OOH service include:

- Increased clinical support for the 111 staff; co-location of the clinical staff offers support to the call handlers, reduces the amount of cases passed inappropriately to the Out of Hours element of the service as urgent, ensuring that patient care is improved as true urgent cases are seen in a more timely manner.

- Responsibility for the whole patient journey – The impact of high urgency rates can be seen by the integrated team and they work together to ensure the appropriateness of these.

2. ACCESS – Norfolk, Waveney & Wisbech 111

The 111 service is answered and delivered from our Care Co-ordination Centre in Reed House, Norwich. We have two other sites in Ipswich and Ashford respectively and we operate on a virtual model, offering resilience and flexibility.
In practice, calls will present at their geographical "host" contact centre first, but will divert to one of the other two centres if the local agents are all busy and an agent from another centre becomes free. This reduces potential waits for patients and reduces abandonment rates.
IC24 deliver 111 services for Norfolk, Waveney and Wisbech, South and Mid Essex and East Kent. In December 2017 NHS England requested that IC24 take over the East Kent 111 service from a failing Provider. This element of the service was implemented within six weeks, but as minimal staff were transferred over, we had to recruit heavily to fill the void.
This had an anticipated impact on performance but we have worked steadily to recover the position and maintain the very key quality standard relating to abandonment.

The service is delivered by NHS 111 Pathways Advisors and NHS 111 Clinicians supported by on site clinical and operational leadership. IC24 has its own NHS Pathways trainers. (NHS Pathways is the nationally licensed delivery model for NHS 111). As an early implementer of NHS 111 we have been able to build and enhance the training we deliver which exceeds that prescribed at a national level.
NHS 111 Pathways is under constant review by the national team and, as an organisation, we have always been proactive in terms of beta testing new pathways for testing such as the Sepsis Pathway which was later incorporated the new version of Pathways.
We have a dedicated member of the Clinical staff responsible for overseeing the implementation of any updates and they also send any feedback to the national team for consideration when revising and updating the system.
New versions of NHS Pathways are implemented only after further staff training and staff are unable to work unless they have received update training. We will be moving to version 17 of NHS 111 Pathways in the spring.

- **NHS 111 Clinicians**

Our NHS 111 Clinicians include senior Nurses or Paramedics who have undergone a minimum of 84 hours NHS Pathways training in additional to their core clinical training. IC24 operate a skill mix of that varies between 1 clinician to 2 PAs and the nationally accepted standard of 1 clinician to every 6 PAs.
It has become increasingly difficult to maintain the lower ratios as clinical staff have been diverted to focus on Ambulance revalidations. 111 Online will also take additional clinical oversight once the numbers begin to increase.
The Professional Development of the Contact Centre clinical staff is a high priority and two of our Pathways Clinicians have undergone additional training to enable them to work in a face to face setting, treating patients.

There are three full time Pathways Clinician Posts currently being advertised across the three Contact Centres. Current day to day vacant shifts are covered by approved agency staff.

- **NHS 111 Pathways Advisors (PA)**

IC24 are currently slightly above their budgeted headcount for Pathways Advisors and we are continuing to recruit throughout the year to cover attrition and also to provide for sickness and winter pressures.

The training required to be a 111 PA includes;

- 64 hours (minimum) class room training on NHS Pathways
- Exam based assessment
- Exposure to the live environment (listening to calls and contact centre familiarisation)
- 1-2-1 supervision

Once signed off against all the levels above the PA is progressed to our Graduation Bay. The Graduation Bay is an environment within the CCC that is slightly removed from the main centre and benefits from higher clinical intervention. This enables the new PAs to feel supported in their new role, reduces the attrition rates and ensures a higher standard of care for our patients.

In Autumn 2018 we introduced a further level of Advisor, in line with the National Blueprint. The role of Service Advisor provides an entry level for Advisors dealing with Dental Calls; Health Care Professional calls and Repeat calls. This allows staff the opportunity to experience the Contact Centre environment within a less pressurised role.
Some staff choose not to progress through their training to Pathways Advisors and will remain in their Service Advisor Role.

As with all call centre environments employee attrition is a challenge. Within the 111 environment this is exacerbated by the unique healthcare aspects of the role. To mitigate against this we do provide enhanced training and high levels of support.
Sickness levels for the last three months for both 111 Contact Centre and the OOHs service are shown below:

Sickness

	October	November	December
111	13.92%	13.15%	14.83%
OOHs	2.89%	3.20%	2.09%

Attrition

	October	November	December
111	0.41%	1.54%	2.62%
OOHs	0.70%	0.00%	0.00%

PA recruitment numbers are very positive now and we have regular Recruitment Days and Training courses booked throughout the year. There is good career progression, which has been further enhanced by the ongoing development of the National Blueprint for integrated services which maps roles and competencies and provides clear opportunities for progression and development in what can be a very challenging area of work.
Twelve of our Contact Centre Staff qualified last year as Mental Health First Aiders enabling them to provide enhance support via their contact with patients and also to colleagues, who can often encounter harrowing and potentially traumatic situations when dealing with calls.

Performance – 111

Improvement in 111 performance has been a priority area locally and is monitored on an ongoing basis against a challenged national picture.
Performance is reported on a daily basis to commissioners and we also report against a weekly improvement plan which is shared with NHSE.

As 111 is a national service we have set key performance and quality metrics on access that include:

- % of calls answered within 60 seconds (Target >95%)
- % of abandoned call (target <5%)

While we have seen improvements against the metrics above under times of extreme pressure we still experience performance challenges with answering in 60 seconds. However, abandonment in this area is traditionally low compared to the national average.

The last three months performance is included against the regional and national performance levels.

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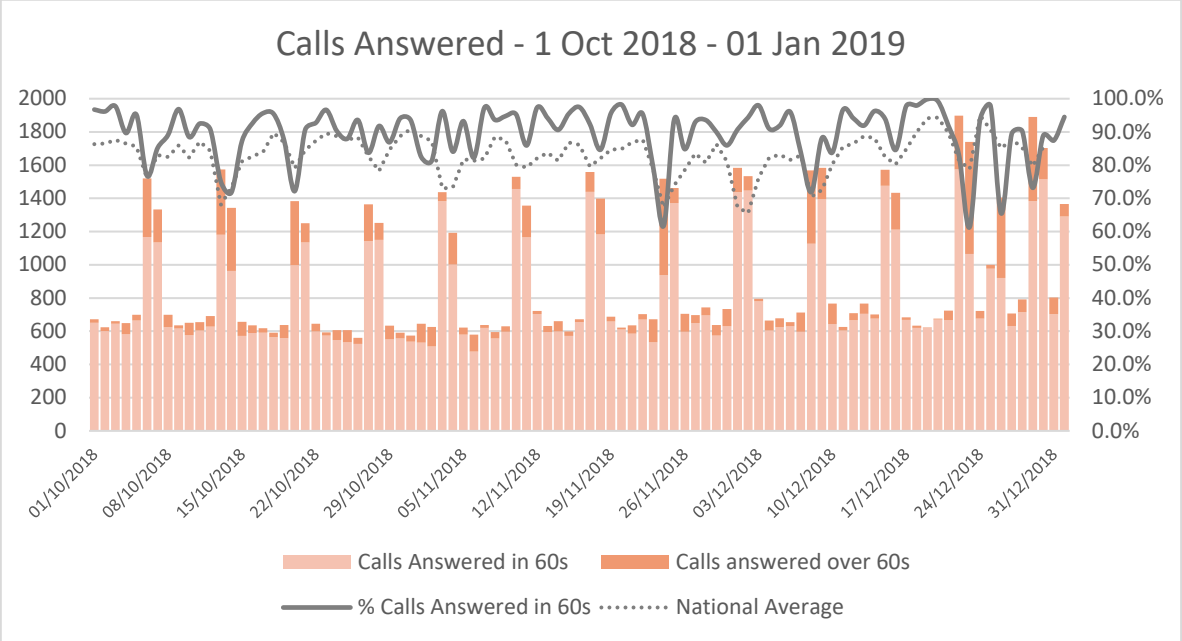


The above table shows call volume, answering performance and the national average.

3. ASSESS – Clinical Assessment Service

As previously identified part of our commitment to service improvement we have continued to work with our commissioners to expand the scope of the integrated 111 and OOH service, this includes the CAS. We have developed the CAS in line with the NHS England Integrated Urgent Care Strategy. A clear priority of this strategy is to increase senior clinical input in a patients urgent care journey.

Working closely with the Norwich CCG (as the co-ordinating commissioners) and CAS progress is monitored via the Integrated Urgent Care Implementation Group.

IC24 has a Project Board which oversees development across the organisation and provides the governance structure.

- Operational since July 2016,
- Developed in line with CQUIN,
- Set up to deal with non-urgent 999 (Category 3 and 4 ambulance dispositions) and non-urgent A&E Dispositions.
- Operational Hours –the traditional Out of Hours period i.e. 1830-0800 weekdays and 24/7 weekend and Bank Holidays.

The CAS is also important as a system integrator and work with partners is key to the development of a truly integrated service which has the ability to respond across organisational boundaries.

There are number of initiatives we are involved in with partners including:

- Paramedic Booking into Base Appointments
- The local enhancement to the nationally mandated Ambulance Validation process.
- Work with Mental Health services to develop a service whereby the CAS clinicians can liaise with mental health professionals working elsewhere in the system to confirm treatment plans and onward referral.
- The hosting of the NEAT (Norfolk Escalation Avoidance Team) at our Contact Centre in Reed House and the scoping of joint pathways between the services.
- The strategic Partnership with East Coast Community Healthcare (who have recently been successful in their bid to deliver Adult Community and Specialist Services in Great Yarmouth and Waveney) to support joint working on new models of care.

4. TREATMENT - Out of Hours (OOH)

The Out of Hours element of the integrated service was commissioned as a 'GP led' service, with Commissioning colleagues taking into account the national GP shortage crisis and recognising that OOH care should be delivered in a similar way to the in hours service. Consequently, the OOH service is delivered by a team consisting of GPs, Advanced Nurse Practitioners (ANPs) and Urgent Care Practitioners (UCPs).

The locality clinical and operational management team are co-located with the Care Coordination Centre in Reed House, Norwich. To effectively deliver face to face treatment across the Norfolk & Wisbech area we provide care out of eight primary care bases:

Workforce

ANPs are registered nurses who have acquired the expert knowledge base, complex decision making skills and clinical competencies for expanded practice. They hold additional prescribing qualifications, which mean they can both prescribe and write prescriptions. Urgent Care Practitioners are qualified Registered Nurses and Paramedic Practitioners. All have enhanced skills in minor illness and physical examination. This group can issue medications under a **Patient Group Directive** (PGD), which has been validated by the local Clinical Commissioning Group Medicine Management Committee.
However, we have recently funded two of our UCPs to complete the Non -Medical Prescribers course which has recently become accredited. We have plans to fund or part- fund our remaining UCP workforce on this programme in the future.
Continuous professional development is encouraged within our workforce and we have been fortunate to be able to offer additional training in Paediatric Assessment; Telephone Triage and Mental Health Assessment.

The multi-disciplinary skill mix works well in primary care and does so in the Out of Hours environment. We also have an additional level of clinical oversight via the Clinical Assessment Service, where the senior GP monitors the demand on the OOHs in general and ensures that patients are allocated to the most appropriate clinicians at the very busy times.

We currently have 113 GPs working within our service in Norfolk and Wisbech, 45 ANPs and 30 UCPs. We have recently recruited to some of the UCP and ANP hours we have vacant over the month, but we have Bank Staff who also fill rota hours. The competition for all clinical staff within the system is not just restricted to GPs but also applies to ANPs and UCPs who are in demand in General Practice ; Walk in Centres and Emergency Departments.

HOSC colleagues may be aware of the national issues relating to GPs working in OOH period and the reasons for this include the challenges of increased indemnity costs, additional responsibilities within their own practices and also the competition for their services from other areas such as Urgent Care Centres A&E Departments and Improved Access. These challenges will continue into the future, particularly given the national shortage of GPs.
Great Yarmouth and Waveney GPs are represented in our service, both within the Clinical Assessment Service and at the Face to Face level. A number work across a number of bases and from the Centre in Norwich.
IC24 is committed to working with system partners to explore opportunities to share clinical resource and ensure that also offer up any additional clinical capacity within our service to assist where there are capacity issues elsewhere.

The lack of GPs generally has driven the changes to the skill mix in practices and we also see this reflected in OOHs and also within the National Blueprint for the development of Integrated Urgent Care.

The numbers of GPs working in the Out of Hours Service does not fluctuate significantly and the workforce is relatively stable. However, there was a noticeable increase in the numbers of GP hours requested following the announcement by NHSE relating to Winter Indemnity.
Within a few weeks of the introduction of the Winter Indemnity Scheme 1720 hrs had been requested up to the end of March, with 716.5 hrs attributable to GPs who had come back into the service specifically as a result of the Indemnity scheme.

Agency usage in the Norfolk, Waveney and Wisbech area is very low and ranges from 6% to 11 % on a monthly basis.
There is only one agency GP who works in the area for IC24 and the majority of the agency hours are attributable to ANPs and UCPs.

Performance

Currently, there is no comparable information available against which to benchmark the performance of the Out of Hours service. This particular element is under review as part of the integrated urgent care model and from April 2019, new performance metrics are planned and they will be reported nationally as the 111 performance metrics are currently.
Performance is reported monthly to the Clinical Commissioning Groups and there are monthly contract and Quality meetings including representation from Great Yarmouth and Waveney CCG.
IC24 is transparent in reporting rota fill to commissioners and there are weekly calls with commissioners in which any specific rota fill issues are discussed openly and full mitigation provided if necessary.

Traditional out of hours models have historically comprised of a number of bases strategically positioned throughout the operating area, providing Advice, Appointments and a home visiting service.
Each base or Primary Care Centre has operated with a degree of independence, arranging its own appointments and visiting timetable and incorporating telephone assessment.
The establishment of the CAS, the new skill mix and the need to focus the senior workforce earlier in the patient pathway (i.e. in the CAS) has resulted in a serious review of the operating model that would optimise the workforce capability and allow a degree of flexibility that would deliver patient care more quickly and more effectively.

The need to develop the CAS and realign the clinical workforce has created a situation whereby more resource is required for the CAS, but the model still has to provide the same traditional model of delivery.

Ambulance dispatch rates in Norfolk and Waveney are historically high and it is recognised that the demographic is a significant factor.

However, we work proactively with our partners in the East of England Ambulance Trust to review these calls and to understand if there is more that we can do to decrease the levels.

It should be noted that our conveyance rates are in line with the 999 service, so there is some synergy across the board in terms of appropriateness of ambulances sent.

The ability to influence the rates of non-emergency ambulance referrals has been assisted by the National mandate from NHS England to allow for the review of these calls prior to dispatch.

We have also closely examined the triggers within NHS Pathways which determine an ambulance and we have developed additional training for our staff to enable them to understand how the way questions are asked may determine the 999 outcome.

The latest NHS 111 Pathways version has also incorporated updates after the top five national triggers were identified and prompted a review of the pathway.

5. PARTNERSHIP WORKING

Earlier in the document we outlined some of the partnership working currently in progress.

In addition to the above we have welcomed local MPs into our Contact Centre throughout the last few years and one local MP also visited one of our local Out of Hours Base to meet the staff and Clinicians on duty. This provided a real time insight into how the service operates from the 111 initial entries for the patient through to the contact with the Out of Hours clinician.

We are keen for this engagement to continue alongside the interest from patient groups who have also been welcomed in the Contact Centre. We are regularly invited and attend group meetings to explain the service in more detail.

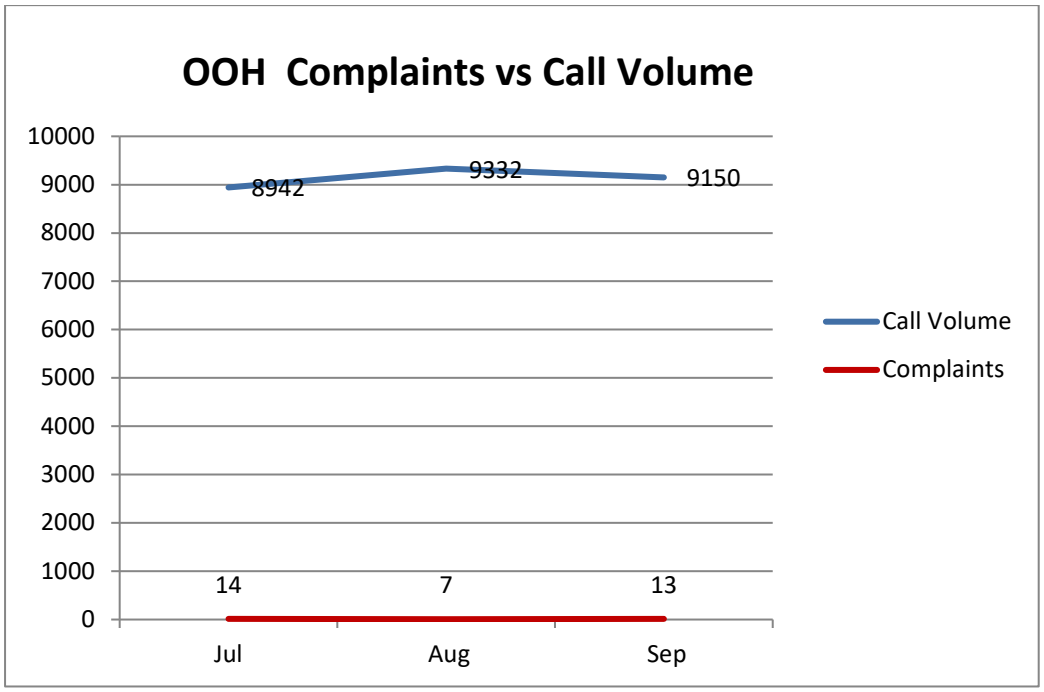
The opportunity for patients to see the service working and understand the detail and process in more depth if particularly important at a time when there is so much concern about the system as a whole.

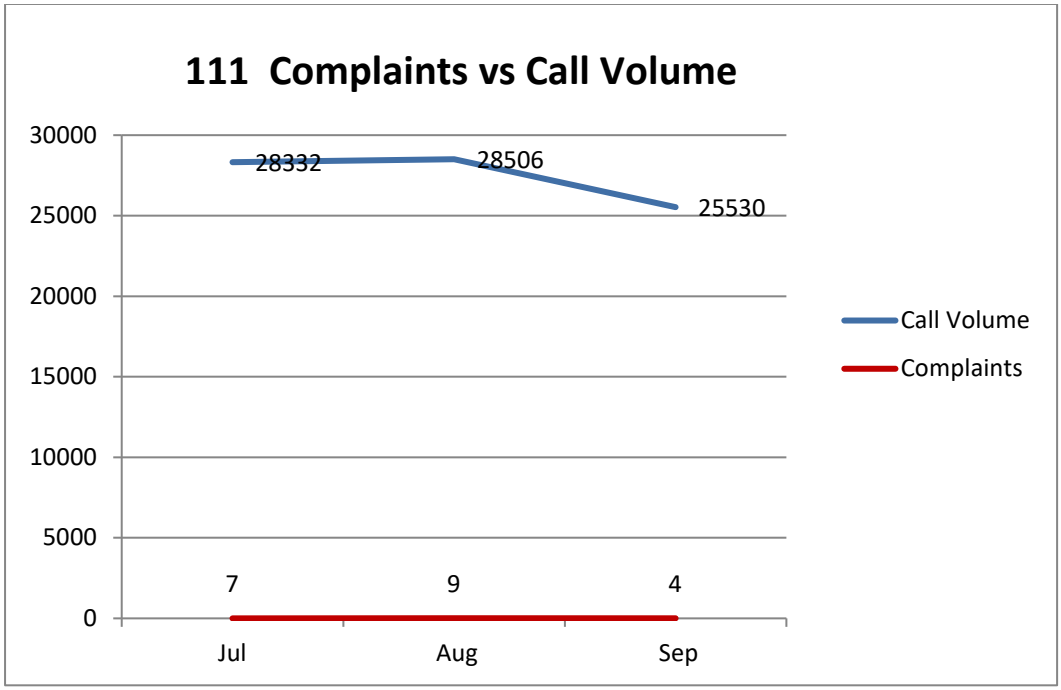
We also welcome Graduate entry staff employed by system partners to shadow the various elements of our service as part of their in service training and entered into an agreement with the University of East Anglia to accept Paramedic Students on placement.
Whilst not directly benefiting the service IC24 delivers, this does enhance the offering to the wider system.

We are particularly grateful to colleagues in Health watch, who not only attend our monthly Quality meetings with Commissioners, but also provide an independent Patient Experience Report three times a year specifically relating to Great Yarmouth and Waveney.

6. COMPLAINTS, INCIDENTS AND COMPLIMENTS

We closely monitor any complaints and incidents that are received for both 111 and OOHs and these are reported on and examined in detail at out our Clinical Quality Review Groups with our Commissioners. These meetings are monthly for every quarter we produce a quarterly report for both the 111 service and the Out of Hours service.
A Call Review Group meets monthly and will review in detail a number of calls relating to different dispositions or to complaints or incidents. The organisation also hosts Clinical Review forums where complaints and incidents from across the organisation can be shared and appropriate learning cascaded. Where possible changes to NHS Pathways are required, these are fed back to the national team for review. Local experiences particularly around mental health calls have resulted in further training for staff, change in process and further collaboration with partners to improve the quality of the service to patients in crisis.
For the quarter covering July-September 2018 the numbers and types of complaints for each service are as follows:





Complaints are grouped by category and reviewed in order to identify any significant trends. For July-September the complaints by category are:

Out of Hours

None of the complaints in the OOH service resulted in harm to patients. Most of the complaints in the OOH service (16) relate to

- Delays in telephone call back
- Delays in home visits
- Delays in base appointment

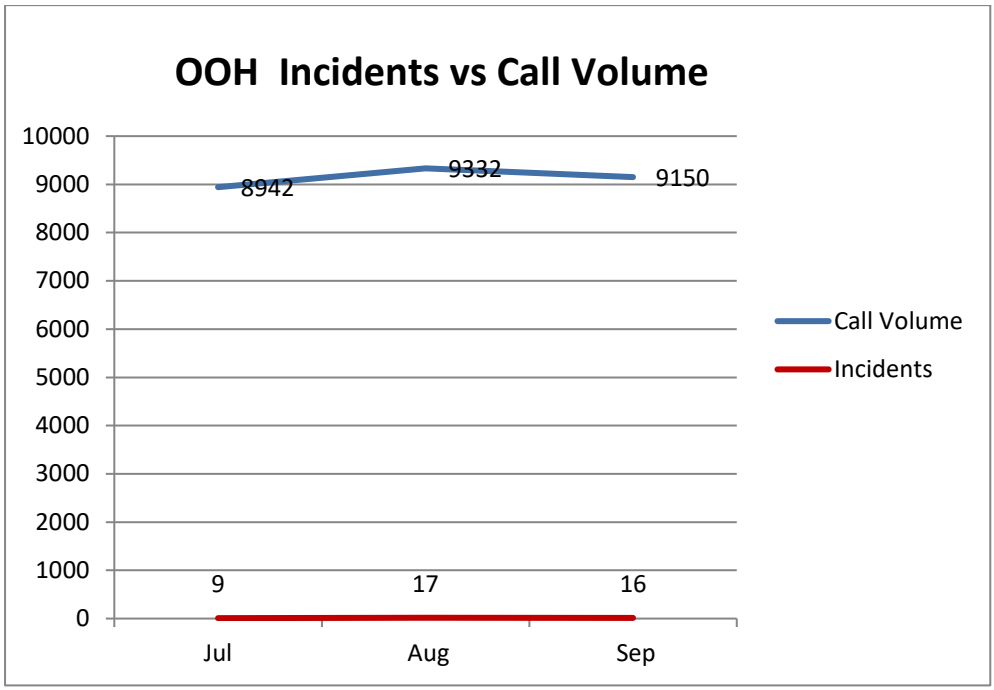
On review, most of the complaints coincided with operational challenges such as staffing gaps due to sickness, leave and hours requiring recruitment which is now in process. As part of the investigations, it is apparent that the Comfort Calling procedure had not been enacted in most of the cases, where delays were anticipated.

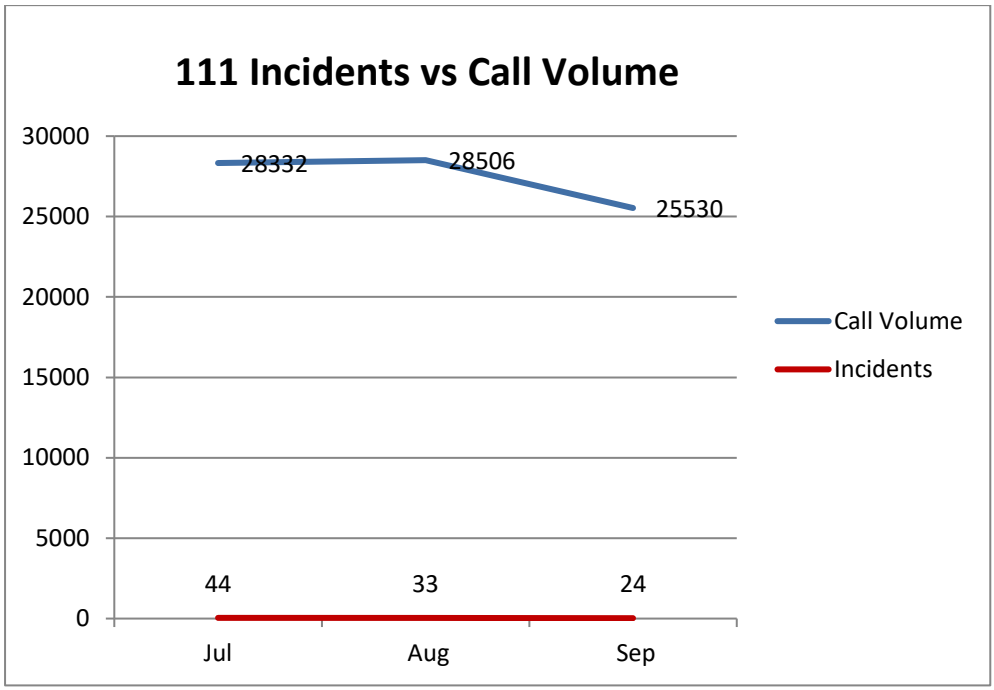
Some of the complaints were withdrawn or not upheld following investigation such as an End of Life complaint that had been raised, as the OOH service had responded correctly to the call and the shortfalls related to another service.

111

Despite higher call volumes in comparison to OOH service, the NHS 111 service received fewer complaints in the quarter. Most of the complaints were received in July and August with a significant drop in September 2018.
Some of the clinical treatment complaints related to dental cases where patients were not happy that the service could not address their dental concerns. On review of the complaint, this was not upheld as the advice given was in line with current arrangements for dental calls. Similar dental complaints were also logged as perceived staff attitude. Where staff attitude has been of concern following review of telephone recording, one to one and feedback conversations have taken place.

We encourage those working within our service to raise incidents if they have any concerns.
The tale below shows the numbers of incidents etc. that have been received over the same quarter:


OOH Incidents vs Call Volume
10000
9000
8000
7000
6000
5000
4000
3000
2000
1000
0
8942
9332
9150
9
17
16
Jul
Aug
Sep
Call Volume
Incidents



Some incidents raised are not attributable to IC24 and they were forwarded to the relevant services in line with the healthcare professional feedback process. None of the incidents resulted in a serious incident. Concerns from other providers include:

- Reported incident regarding medicines cupboard found unlocked at one of the primary care centres (duplicate incident in operational issues)
- Delays in verification of death
- Delays in call back by GP when paramedics seeking advice via the HCP line

The majority of operational issues in the quarter relate to gaps in vehicle checks which were reported from one base and this is now a standing agenda item on base meetings as well as daily vehicle checks which are audited by Service Delivery Managers monthly.

111 Incidents by cause

Most incidents were health care professional feedback, which includes Directory of Services (DOS) issues for patients on the Thetford border (as reported by another Provider). This was escalated to the DOS Lead for investigation. Concerns from other providers include incidents raised by other services requesting a review of the pathways selected (in one incident, the wrong pathway had been selected therefore concern upheld).

The majority of the NHS 111 service issues relate to incorrect Pathways being selected by Pathways Advisors. These are picked up during audit and feedback is provided to Pathways Advisors. Where patient outcome is not known, contact is made with the patient to ensure the correct level of investigation is undertaken. Pathway Advisor scores are also shared in the monthly Call Review meeting and actions taken to address any issues are shared with the Commissioners. This includes over-audit, support plans and return to the graduation bay when required.

All incidents not attributable to IC24 were forwarded to relevant organisations for investigation and response.

Serious Incidents/Never Events

111

Month	Serious Incidents	Never Event
July	1	0
August	0	0
September	0	0

OOH

Month	Serious Incidents	Never Event
July	0	0
August	0	0
September	0	0

As with all Incidents and Complaints, the key learning from Serious Incidents is incorporated into practice. Process is changed as required and often case studies are incorporated into training.

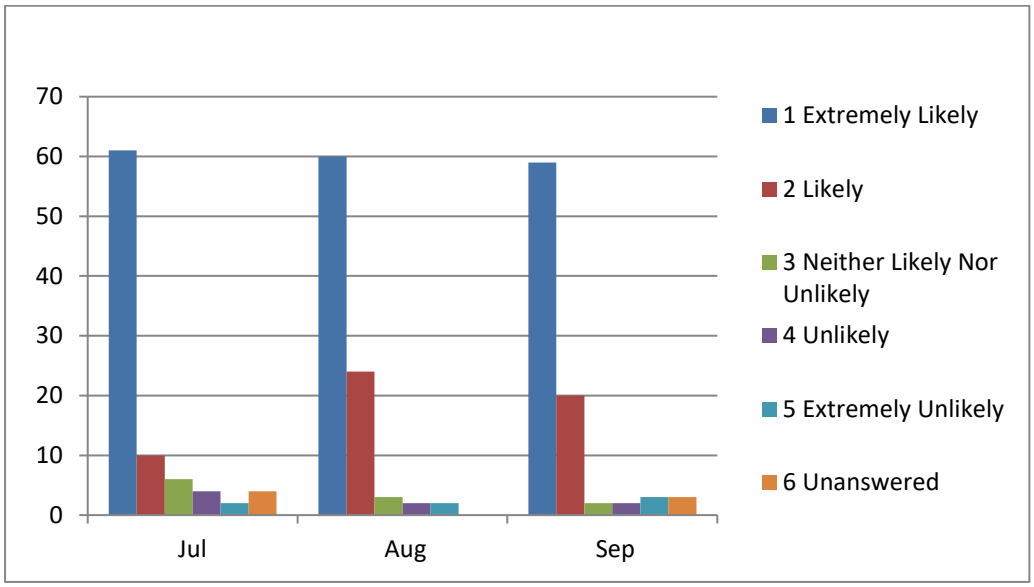
Feedback from patients is received in a number of ways, either from specific letters or responses made within a patient questionnaire (sent out to a random sample of patient contacts monthly) or from complaints received independent of this process.

Negative feedback is dealt with via the incident process and duly investigated.

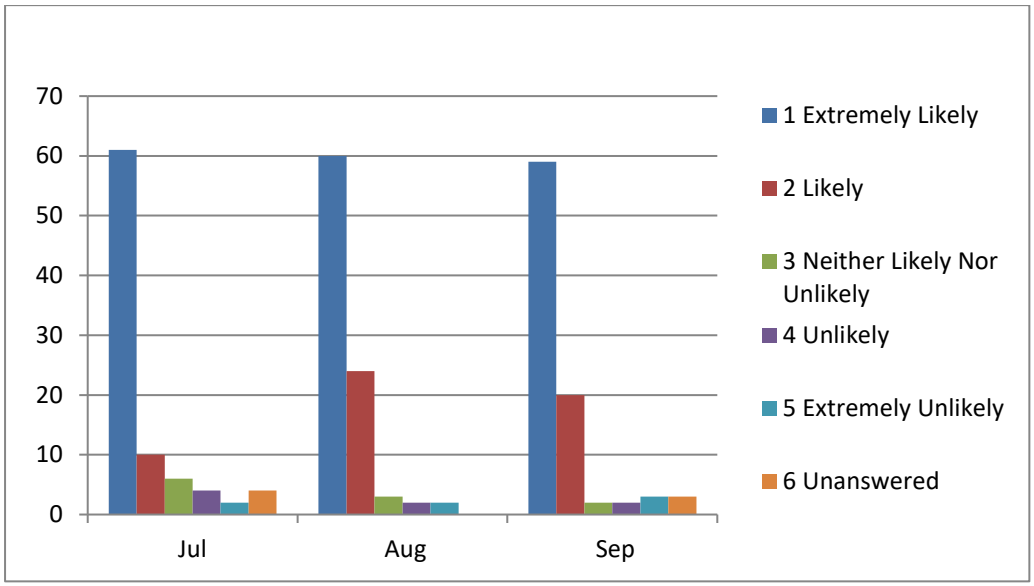
We have introduced a texting method for immediate feedback from patients following a contact with 111. We are able to monitor the patient feedback in the live environment and it can be a good barometer for the level of service especially during busy periods.

The “Friends and Family” test is one that asks patients whether they would recommend the service following their contact.
The results are provided.

111 Service



OOHs service



It is reassuring that most of the returns show that most of the patients will be happy to use the NHS 111 and OOH service again. Continued efforts are made to improve the service provision so that we reduce the number of patients who are unlikely to use our service again.

Compliments for specific members of staff are fed back to them when received.

A few examples of the compliments received for the period July-September 2018 are shown below.

Patient Compliments for 111 and Out of Hours July-September 2018.

111	*"I have the utmost confidence in this service and also the NHS in dealing with my sickness"*
111	*"The person I spoke to over the phone was very kind and reassuring. I was upset and she was lovely, also patient with me while I composed myself, thank you!"*
111	*"The call handler who took my initial call was absolutely lovely, empathetic and Kind - a real credit to the service".*
111	*"Very good and reassuring attitude of all staff members and I rate you all 10 out of 10"*
111	*"Fantastic service. I've used for my 4 year old several times - would recommend and hope it continues"*
OOH	*"Very happy with the service received. The clinician that visited was very good and kind"*
OOH	*"The clinician that saw my daughter was polite and professional. He had a lovely manner and provided a very thorough examination"*
OOH	*"I was seen very quickly and dealt with kindly and professionally".*
OOH	*"I got given an appointment and was seen really quickly. The prescription was written up and given with minimal waiting time"*
OOH	*"I was very happy with the service received from OOH. The Doctor attended my home address within half an hour and spent an hour with me. Thank you".*

In addition to the Patient Experience Questionnaires that are sent on a regular basis, we have for a number of years supported an independent audit completed by Healthwatch Suffolk specifically for Great Yarmouth and Waveney patients. The audit is three times a year and all patients for a specific weekend are sent a questionnaire.
The last audit was for the weekend of the 6th and 7th October. The report does split the service into Out of Hours and 111 although patients will often make comments about both services.

For 111 the following conclusions were reported:

"There were comments praising the system generally with one respondent saying that he/she had contacted the service before and had "always found them helpful and reassuring". Patients also praised the staff.

Although the numbers are small and with fewer comments, it appears that most people are satisfied with the 111 service and find the advice helpful. As in the past, delays are the most

common reason for discontent." The delays are not necessarily related to the 111 service as such and may come later in the patient pathway.

For Out of Hours:

"The only adverse comment was from a patient who insisted that he/she had not called the service.

All the other comments were complimentary. People praised the service in general, "First class service, from the call centre to the doctor seen at …" The staff were also praised – "everyone was very polite and I felt I was treated as anyone would like to be treated"... Speed and promptness was also praised. "

Delays have featured in complaints and feedback and any reported delay is investigated. They can relate to a real delay in our service, but equally the complaint may be more related to expectation and it is found that the timescales were within the required timeframes.

IC24
February 2019

Great Yarmouth and Waveney NHS Adult Community Services and Specialist Palliative Care

Suggested approach by Maureen Orr, Democratic Support and Scrutiny Team Manager

A report from Great Yarmouth and Waveney CCG and East Coast Community Healthcare on the newly procured NHS adult community services and specialist palliative care for the area.

1. Purpose of today's meeting

1.1 The key focus areas for today's meeting are:-

(a) To discuss the implementation plan for the newly procured NHS adult community services and specialist palliative care in the Great Yarmouth and Waveney area.

(b) To examine the differences between the current service and the new service.

1.2 Great Yarmouth and Waveney CCG has provided a report setting out the details of the new and service (**Appendix A**).

At the meeting representatives from the CCG and East Coast Community Healthcare (ECCH) Community Interest Company will give a presentation on the implementation of the new service and will answer Members' questions.

2. Background

2.1 NHS community services in Great Yarmouth and Waveney have been provided by ECCH since its establishment in 2011 during the transfer of NHS provider services from Primary Care Trusts to external organisations.

2.2 In 2018 Great Yarmouth and Waveney CCG re-tendered for adult community services and specialist palliative care and ECCH won the contract, which is worth £207m over seven years. The new service is expected to start on 1 April 2019.

3. Suggested approach

3.1 After the CCG and East Coast Community Healthcare (ECCH) have given their presentation to the committee Members may wish to discuss how the new service will work in practice, covering areas such as:-

(a) Does the new contract provide for increased in capacity in existing ECCH services?
(b) What differences will patients see between the current adult community service and the new service?
(c) In what ways will the new service work more closely with primary care?
(d) What does the new specialist end of life care service include and how will it operate?
(e) How will St Elizabeth Hospice, Ipswich, and the specialist palliative care service support and work with the non-specialist end-of-life care provided within the Great Yarmouth and Waveney area?
(f) Where will the new specialist palliative care beds be located and how many will there be?

4. Action

4.1 Depending on discussions at the meeting the Joint Committee may wish to consider:-

- Whether there are any comments or recommendations that the committee wishes to make arising from the report and discussion.

- Whether there are specific issues to raise with the commissioners or provider at a future meeting.

- Whether there is further information or updates that the committee wishes to receive via the Information Bulletin.

IN TRAN communication for all	If you need this report in large print, audio, Braille, alternative format or in a different language please contact Customer Services on 0344 800 8020 or Text Relay on 18001 0344 800 8020 (textphone) and we will do our best to help.

NHS
Great Yarmouth and Waveney
Clinical Commissioning Group

70 YEARS OF THE NHS 1948 - 2018

Briefing for Great Yarmouth and Waveney health Overview and Scrutiny Committee: Community Services and specialist palliative care

During 2018 Great Yarmouth and Waveney Clinical Commissioning Group (CCG) undertook a procurement exercise to commission adult community services and adult specialist palliative care services under a one new contract from April 2019. Currently these services are delivered by multiple providers in different ways.

The contract, which is for five years, with an option to extend for up to 2 years was awarded to East Coast Community Healthcare CIC.
The new contract will enable and require services to be integrated across pathways and organisations, which are neighbourhood based to ensure positive patient, carer and system outcomes. Central to this is close working with the emerging Primary Care Networks.

Our ambition is for our population, regardless of their health needs, to play a central role in their own wellbeing.

We believe the key tools for people being able to optimise their wellbeing include:

- **being able to access the services they need connected through primary care, the custodians of their patient story**
- **ensuring the role of family and carers is recognised and appropriately supported**
- **having the opportunity to be part of their community and build personal resilience**

Our local authority, social care, voluntary sector and public health partners are all key to supporting these opportunities which are also underpinned by proactive services and locality working.

The new service will be outcome based, focused on improving the following areas;

- People's experience of health and care
- People's health and wellbeing
- Efficiency and value for money of services
- Integrated services across the system, including primary, community, social and secondary care
- Support and promote people's ability to self-care

Service benefits

The high level benefits that have been identified include

- Improve people's experience of health and care
- Improve people's health and wellbeing
- Increased efficiency and value for money of services
- Integrated services across the system, including primary, community, social and secondary care
- Support and promote people's ability to self-care

The services included in the new contract, have been identified as belonging to each of the following areas of Proactive, Reactive, Bed Based, Supporting and Enabling and Condition specific services. Previously they would have been described along service lines such as district nursing, physiotherapy etc. For each area, outcomes have been identified that will be measured to assess and understand performance.

Proactive outcome

- Well informed patients, engaged in their own care planning and equipped with knowledge and skills for self-care related to any health conditions.

Reactive outcome

- Single point of access for all professionals
- Rapid response and health and social care provision for individuals referred from primary care to avoid unnecessary and avoidable emergency conveyance and admission to hospital
- Reduction in the number of people requiring short/ long term bedded facilities in acute and community hospital, residential or nursing home
- When people are admitted to a bed, a reduction in the length of stay in the bedded facility, including in-reach to acute and community hospitals.
- Increase in the number of people remaining/returning to their own home.
- Decrease in the number of long term care placements.

Bed Based outcomes

- Community bed based care to safely manage individuals to avoid hospital admission or facilitate early discharge that could otherwise not be done in their usual place of residence or other community setting.

Supporting and enabling outcomes

- Joined up, prompt and responsive provision of support for individuals under the care of adult community services and specialist palliative care. To include all aspects of care and interventions across all settings.

Condition specific services outcomes

Diabetes

- Improvement in diabetes treatments targets performance
- Improvement in diabetes care processes performance
- Reduction in secondary care outpatient activity
- Improvement in Type 1 education performance
- Individuals to have self-care plans in place

Stroke

- To ensure that people who have had a stoke achieve maximum independence and reduce reliance on long term care

Specialist Palliative Care

- Improved quality of life of all individuals with a palliative or end of life

diagnosis
- More individuals being cared for and dying in their preferred place of care (PPOC)
- Earlier and more effective discharge from acute and community hospitals
- Reduced unplanned crisis admissions in the last year of life
- Ability to deliver more complex clinical interventions closer to home (note: community specialist palliative medical oversight is required for this element)
- Improved quality of life for people with long term conditions with a view to transitional care
- Co-ordinate and increase the existing pool of volunteers to support care in liaison with voluntary sector organisations
- System-wide coordination of stakeholders, partners to facilitate high quality care
- Working with a GP facilitator in relation to Gold Standard Framework meetings
- Closer alignment with social care through an integrated team model
- Highly competent, empowered and informed workforce delivering palliative care in the community and the provision of education to wider stakeholders as part of the day to day running of the service

Implementation

Work to ensure the services are in place by 1 April 2019 is ongoing and the detail will be provided within a presentation to the HOSC. Given that it is essential for as many people as possible to understand the new services that will be delivered and how to access them, there has been a focus on communication within the first month with system partners.

The CCG is confident that ECCH, along with partners, will deliver the improvements to services as commissioned and realise the improved outcomes described above.

The CCG will closely monitor both the implementation and the ongoing development of the services to ensure the agreed outcomes are realised in a timely manner.

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:-

(a) Myalgic Encephalomyelitis / Chronic Fatigue Syndrome (ME/CFS) – update

(b) GP and general healthcare provision in the Halesworth area – update

(c) Use of funds from the sale of Lowestoft Hospital

(d) Norfolk and Waveney Sustainability Transformation Plan (STP) - update

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(a) Myalgic Encephalomyelitis / Chronic Fatigue Syndrome (ME/CFS)

NHS
Great Yarmouth and Waveney
Clinical Commissioning Group

Information requested by Great Yarmouth and Waveney Health Overview and Scrutiny Committee following the meeting in October 2018

1. East Coast Community Healthcare (ECCH) have been exploring suitable locations for clinics within North Norfolk, they have identified one location and are exploring a second. Details will follow in a briefing at the April meeting of the HOSC 2019

2. ECCH are in the process of developing a briefing for primary care, this will be shared at the meeting of the HOSC in April 2019

(b) GP and general healthcare provision in the Halesworth area

NHS
Great Yarmouth
and Waveney
Clinical Commissioning Group

Briefing for Great Yarmouth and Waveney Health Scrutiny Committee: General Practice provision in Halesworth

Background

Cutlers Hill Surgery has a registered population of almost 10.5k. The practice was inspected by the Care Quality Commission in March 2018 and were rated for each of the following domains:

- Safe *Requires Improvement*
- Effective *Good*
- Caring *Good*
- Responsive *Good*
- Well-led *Requires improvement*

These domain ratings resulted in an overall rating of "*requires improvement*". The practice are have an improvement programme in place to deliver the required improvements identified within the inspection report and return to an overall Good rating.

The Cutlers Hill Patient Participation Group is proactive, with a named contact at the practice. They meet regularly with the practice with whom they have a robust, but positive and productive relationship.

The Practice

The practice is led by its four GP partners, who offer continuity of care through personal lists. They are supported by a multi-disciplinary team, including Advanced Nurse Practitioners and Emergency Care Practitioners. The practice host the co-location of community staff (e.g. community matron, district nurses, out of hospital team) and have a long history of successful partnership with the voluntary sector, mental health trust and social prescribing teams.

In April 2018 the practice introduced a GP led same day team made up of advanced nurse practitioners and an urgent care practitioner who see patients on the day they

contact the practice (any time between 0800 - 1830 hours) who require a same day appointment following triage.

The same day team can deal with excess of 100 patients a day, both in the surgery and in their own homes. A recent survey involved 100 questionnaires given to patients who had been triaged or given telephone advice with a response rate of 75% indicated a high level of satisfaction with the survey. The same day team are able to provide on the day care for those patients who need this, freeing up GPs to focus on more patients with more complex needs including multiple long term conditions including frailty.

Locum GP cover is provided by local GPs, including two former partners, who are familiar with both the needs of and services available to the South Waveney community.

The average waiting time for a routine appointment with a named GP is between 3-4 weeks which does represent an increase for some patients in recent year. The practice will be looking in depth at opportunities to improve its appointment system as part of the NHS England Productive GP programme which is it currently undertaking alongside 10 other practices across Great Yarmouth and Waveney.

Partnership Working

Visiting clinics for the Halesworth population include Abdominal Aortic Aneurysm screening (September, October and November 2018) and Diabetic Retinal Eye Screening (5 day sessions delivered quarterly). These are available on the Halesworth site together with phlebotomy services which are available on weekday mornings. The practice co-ordinated additional services to support diabetic patients as part of a “one stop shop” as part of the Diabetic Retinal Eye Screening clinic on 30 October 2018, working in partnership with Health Intelligence Limited who are commissioned to deliver this service as well as other local providers and organisations.

Dr Kevin Maclusky provides the leadership under which brings together the five general practices within South Waveney to facilitate key areas of the GP Five Year Forward View and Norfolk and Waveney Sustainable Transformation Partnership and the recently published NHS Long Term Plan to support resilience in general practice.

Cutlers Hill Surgery are also fully engaged with the emerging Great Yarmouth and Waveney GP Provider Group, Coastal Health who work at system (Norfolk and Waveney), place (Great Yarmouth and Waveney), and neighbourhood (South Waveney) level as part of an aspirant integrated care system.

Improved Access

A range of pre-bookable appointments (including GP, nurse, physio and others) are provided at the following sites for patients of Cutlers Hill practice and can be pre-booked by patients registered with Cutlers Hill at the locations and times shown below. All appointments are delivered by local clinicians who are familiar with the health and social care system and services as well as the demographics and needs of the population of Waveney.

- The Rosedale Surgery, Ashburnham Way, Carlton Colville, Lowestoft, NR33 8LG
- Victoria Road Surgery, 82 Victoria Road, Lowestoft, NR33 9LU
- Crestview Surgery, 141 Crestview Drive, Lowestoft, NR32 4TW
- Bridge Road Surgery, 1a Bridge Road, Lowestoft, NR32 3LJ

Mon	Tues	Weds	Thurs	Fri	Sat	Sun
1830 – 2000	1830 - 2000	1830 – 2000	1830 – 2000	1830 – 2000	0800 – 1200	0800 – 1200
Rosedale Surgery	Rosedale Surgery	Rosedale Surgery	Rosedale Surgery	Rosedale Surgery	Bridge Road Surgery	Bridge Road Surgery
Victoria Road Surgery	Victoria Road Surgery	Victoria Road Surgery	Victoria Road Surgery	Crestview Surgery		Rosedale Surgery
Crestview Surgery			Crestview Surgery			

Ben Hogston
Deputy Director of Primary Care

Dr Kevin Maclusky
GP Partner, Cutlers Hill Surgery

(c) Use of funds from the sale of Lowestoft Hospital

James Paget University Hospitals NHS Foundation Trust

Great Yarmouth & Waveney Joint Health Scrutiny Committee 1 February 2019

Lowestoft Hospital: Use of sale proceeds

The decision to close the hospital dates back to the 12 week public consultation conducted by NHS Great Yarmouth and Waveney Clinical Commissioning Group in 2013. Whilst there was a great deal of affection for the Hospital, those that participated recognised that modern healthcare needed to be provided in modern facilities.

The outcome of the consultation was that an out of hospital team would be in place to care for people closer to or in their own homes, recognising the challenges of providing care from the very old hospital in Lowestoft. The James Paget University Hospitals' Board of Directors at its meeting held in public in June 2017 agreed to dispose of the site. Following significant work and consultation with the Department of Health, in line with their national guidance, there was a change to the method of sale agreed by the Board at its meeting held in public in September 2018. At that meeting it was confirmed that this was likely to take place during October 2018. Throughout this process, preservation of the memorial stones was a priority and this formed part of the sale documentation to protect them on behalf of the people of Lowestoft. The site sold via open auction on 25 October 2018.

The Trust's priority is always its patients and their needs, ensuring that services are safe and effective. This underpins all decisions that are made to deliver care to our population of over 230,000 people. All proceeds from the sale of the site are being used to continue to enhance the healthcare provided to our local population, from the northern villages to Southwold, which includes the people of Lowestoft.

There has been significant pressure and increasing demand at the Trust's Emergency Department and A&E in recent years, over the winter period particularly, and then the summer heatwave of 2018. Approximately 33% of all patients the Trust sees are from Lowestoft post codes. The Trust was successful in achieving a £1.0m capital allocation from the Department of Health to support the improvements required for patients. Significant Trust investment was also required. This enabled the creation of an expanded Ambulatory Care Unit (AmbU) as part of a multi-phase plan to transform the hospital's Emergency Department.

AmbU helps patients receive care quickly while reducing pressure in A&E and preventing unnecessary admissions. It is an outpatient service, which brings healthcare teams to the patient and is nationally recognised as an effective way of delivering safe care for an increasing number of conditions, while improving patient experience. It allows patients to receive diagnosis, observation, consultation and treatment services in one area of the hospital and is designed to be a 'one stop shop' for patients, improving the efficiency of their care, reducing their time in hospital and preventing admissions.

The previous AmbU unit, established in 2015, was designed to support 20 patients per day whilst sometimes it had to cater for double that number. Now care is being delivered from a brand-new, purpose-built facility, which is double the size of the previous unit and can see three times as many patients. The unit was created with input from Trust staff and consists of:

- Six single treatment rooms
- An IV room
- GP referral assessment area
- Point of Care Testing (POCT) room, which includes equipment which can provide diagnostic blood test results within five minutes.
- Reception area/nurses station
- Waiting area (accommodates up to 30 people).

Other work already completed includes the provision of GP streaming consultation rooms in A&E and a new children's waiting area as well as the creation of a new Operations Room and Discharge Hub.

The Trust is required to maximise its use of resources to provide high quality and sustainable care for patients. The former Lowestoft Hospital site was sold for £475,000, which was in line with the reserve price. In summary, the financial detail is as set out below:

Total spend on A&E/AmbU scheme	£3.035m
Department of Health capital funding	£1.000m
Net proceeds of Lowestoft Hospital site sale	£0.469m
Additional Trust investment made	£2.565m

Ann Filby
Head of Communications & Corporate Affairs

(d) Norfolk and Waveney Sustainability Transformation Partnership (January 2019 update)

NHS
Great Yarmouth and Waveney
Clinical Commissioning Group

1. This briefing paper provides an update on the Norfolk and Waveney Sustainability and Transformation Partnership (STP), with a focus on progress made with key pieces of work since the last report in November 2018.

Creating an Integrated Care System (ICS) for Norfolk and Waveney

2. On 7 January 2019, the NHS published its Long Term Plan, which lists a number of important ambitions for the next few years. Central to the delivery of all of them will be the need for people to work together – whether that's GP surgeries teaming up with each other, as well as community and mental health services, so they can provide more appointments and services, or whole health and care systems coming together to plan and deliver improvements for patients. The Long Term Plan says that by April 2021 integrated care systems (ICS) will cover the whole country, growing out of the current network of Sustainability and Transformation Partnerships (STPs).

3. Over the past few months a significant amount of work has been done to develop our ICS through our involvement in the Aspirant ICS Programme and engagement with a broader group of colleagues, including CCG governing bodies and provider boards, as well as local voluntary and community sector organisations and patients.

4. Our ICS will operate at three levels: at "neighbourhood" level, place level and across Norfolk and Waveney. We have been considering what we could do differently at these three levels to better integrate services and provide more joined-up care:

At "neighbourhood" level

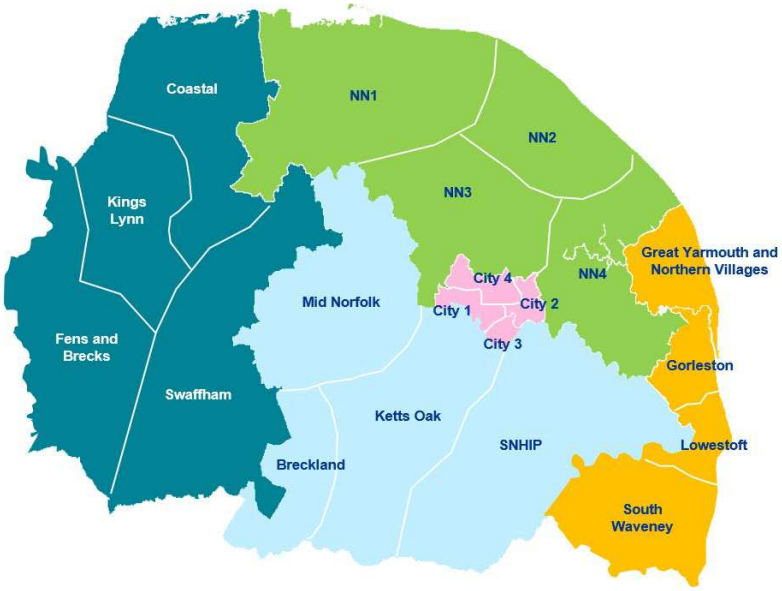
5. We will create 20 "neighbourhoods" – four in each CCG area, serving a population of between 25,000 and 70,000 people. At this neighbourhood level we have some really exciting ideas about how we can transform care, based on what the most effective GP practices are already doing.

6. In each neighbourhood we want to create primary care networks – teams based around groups of GP practices and made up of professionals from a range of different backgrounds, for example there would be an adult social care lead and team, mental health workers and community healthcare colleagues.

7. These multi-disciplinary teams will work closely with local voluntary and community groups and other statutory services; social prescribing will be a key tool for helping tackle the underlying causes of ill-health. We've just been

awarded £535,000 from NHS England to develop our primary care networks. This video explains more about primary care networks and the benefits they'll bring to people living in Norfolk and Waveney.

8. Here is a map showing the 20 primary care networks we are developing:



At place level

9. We have five CCG areas which are very different from each other in many ways. For example Norwich is urban and has a much younger population than rural North Norfolk, and so there are some instances when we need to adapt services to meet the needs of each area. We are creating local delivery groups in each of the five places, involving the district council(s) and other key partners including the voluntary and community sector.

Across Norfolk and Waveney

10. There are times when it makes sense for us to make decisions and provide services for the whole area or 'system', particularly to remove the unwarranted variations in quality and care that still exist. We need to be clear about when this is the case and equally to understand when we'd be better to make a decision at a more local level.

11. We have started to draft a vision and strategy for our system, together with a financial strategy, contracting arrangements, an approach to population health management and a plan for how we can strengthen our primary care networks.

12. An important milestone for the STP will be an invitation from NHS England to formally submit an application to become an ICS. We expect NHS England to notify us of the application process for becoming an ICS by the end of January. Governing bodies and boards will be notified of this process as soon as possible. In due course governing bodies, boards and committees will be invited to discuss the expression of interest within the timescales set by NHS England.

Draft Mental health strategy for Norfolk and Waveney published

13. On 10 December 2018, we published the draft Mental Health Strategy for Norfolk and Waveney, which is available to read here: https://www.healthwatchnorfolk.co.uk/ingoodhealth/stp-mental-health
Our draft strategy has been developed with input from thousands of local people and professionals. Based on what we have heard so far, our vision is to develop and deliver 'place based' services wrapped around primary care through integrating mental and physical health in each of our localities: Great Yarmouth and Waveney, North Norfolk, Norwich, South Norfolk and West Norfolk.

14. Six pillars have been identified for future work and we are co-designing the detailed plans that sit behind each of these. The pillars are worth highlighting as these come straight from what we have heard about where current services need to be improved:

    - Focus more on prevention and wellbeing
    - Ensure clear routes into and through services and make these transparent to all
    - Support the management of mental health issues in primary care settings
    - Provide appropriate support to those in crisis
    - Ensure effective in-patient care for those that really need it
    - Ensure the system is focused on working in an integrated way to care for patient

15. We are now asking people what they think of our draft strategy, to help us refine it into the final document. People can tell us what they think of it by:

    - Completing our online survey: https://www.smartsurvey.co.uk/s/NWMHStrategyDraftFeedback/. A printed version is also available on request.
    - Writing to us: Freepost RTJE-GXBZ-CSJR, NHS Norwich CCG, Room 202, City Hall, St Peters Street, Norwich, NR2 1NH.
    - Inviting us to a meeting of their local group or organisations between now and 6 February. We will do our best to have someone attend to discuss the strategy.

16. As a partnership we are committed to working together to respond to NSFT's recent CQC report and to make the improvements to mental health care that we need to. We are working closely with our national NHS colleagues, our counterparts in Suffolk and NSFT itself to ensure that the necessary short-term

changes take place quickly and effectively while we're developing a new model of care, based on prevention, primary care and community.

Review of child and adolescent mental health services

17. We have also reviewed child and adolescent mental health services (CAMHS). Our aim is create a much more integrated children's system, with consistent system-wide strategic leadership for children and young people's mental health.

18. As with our review of adult mental health services, this work has been driven by engagement with young people, their parents / carers, professionals and others. The review has looked at a range of aspects of our Local Transformation Plan and our wider ambitions for these important services. This has included commissioning arrangements, leadership and governance, service models, performance, the provider landscape, and the many interfaces these services need to have with other parts of the system.

Focusing on children and young people

19. In addition to reviewing child and adolescent mental health services, we have also given some thought to the wider integration of children's services. We have decided to create a sixth STP strategic workstream for children and young people. This will enable us to collectively make the biggest difference to the lives of children and young people living locally, and will support, for example, the implementation of the recommendations from the review of CAMHS.

Establishing the joint Norfolk and Waveney HOSC

20. As yet there have been no notifications of firm proposals for specific substantial changes to services that require the joint health scrutiny committee of members from Norfolk HOSC and Suffolk HOSC to be established, in line with the terms of reference agreed by Norfolk HOSC in April 2017 and Suffolk HOSC in July 2017.

Officer Contact
If you have any questions about matters contained in this paper please get in touch with:
Name: Chris Williams, ICS Development Manager
Email: Chris.Williams20@nhs.net

Date: 1 February 2019
Agenda Item: 9

Great Yarmouth and Waveney Joint Health Scrutiny Committee
Draft Forward Work Programme 2019

Draft Forward Work Programme 2019

Meeting date & venue	Subjects
Friday **26 April 2019** Riverside, Lowestoft	**Agenda items:-** Diabetes Care within Primary Care Services in Great Yarmouth and Waveney • Further review of this topic, as agreed in mtg on 13 April 2018
Friday **12 July 2019** Riverside, Lowestoft *(Meeting date tbc following Norfolk CC's change to Cabinet governance & establishment of new committees in May 2019)*	**Agenda items:-** Palliative and end of life care • Progress with service provision in Great Yarmouth and Waveney (since the info bulletin on 13 July 2018 and discussion around the new adult community services and adult specialist palliative care services on 1 February 2019).

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

Great Yarmouth & Waveney Health Overview and Scrutiny Committee
1 February 2019

Glossary of Terms and Abbreviations

ANP	Advanced Nurse Practitioner
Beta testing	A beta test is a type of testing for a computer product prior to official release. Beta testing is considered the last stage of testing and normally involves distributing the product to test sites for 'real world' exposure
CAS	Clinical Assessment Service
CFS	Chronic Fatigue Syndrome
CQC	Care Quality Commission – the independent regulator of health and social care in England. Its purpose is to make sure health and social care services provide people with safe, effective, high quality care and encourage care services to improve.
CQUIN	Commissioning for quality and innovation
DOS	Directory of Services
ECCH	East Coast Community Healthcare
EEAST	East of England Ambulance Service NHS Trust
GPST	General Practice Specialty Training
GY&WCCG	Great Yarmouth And Waveney clinical commissioning group
GY&W JHSC	Great Yarmouth and Waveney Joint health Scrutiny Committee (which includes Members from Norfolk and Suffolk Health overview and Scrutiny Committees)
HOSC	Health Overview and Scrutiny Committee
IC24	Integrated Care 24 (a not for profit social enterprise organisation providing GP out of hours and NHS 111 services in Norfolk, Waveney and Wisbech)
IUC	Integrated Urgent Care
ME	Myalgic Encephalomyelitis
NEAT	Norwich Escalation Avoidance Team
NHOSC	Norfolk Health Overview and Scrutiny Committee
N&W STP	Norfolk and Waveney Sustainability & Transformation Plan / Partnership
OOH	Out of hours
PA	Pathway Advisors (in the NHS 111 service)
PGD	Patient Group Directive
PPOC	Preferred place of care
UCP	Urgent Care Practitioner