Norfolk County Council

Suffolk County Council

Unconfirmed

Minutes of the Great Yarmouth and Waveney Joint Health Scrutiny Committee Meeting held on 13 April 2018 at 10:33 am in the Claud Castleton Room, Riverside Campus, Lowestoft.

Present:	Councillors Michael Ladd (Chairman, Suffolk County Council), Michael Chenery of Horsbrugh (Norfolk County Council), Jane Murray (Waveney District Council), Marlene Fairhead (Great Yarmouth Borough Council), James Reeder (Suffolk County Council), Nigel Legg (South Norfolk District Council).
Also present:	Cath Byford (Deputy Chief Officer, Director of Commissioning, NHS Gt Yarmouth and Waveney Clinical Commissioning Group), Teresa Church (Senior Locality Manager, East of England Ambulance Service Trust), Dr Mark Lim (Programme Director, NHS Gt Yarmouth and Waveney Clinical Commissioning Group), Jessica Lorraine (Occupational Therapist, East Coast Community Healthcare), Lorraine Rollo (Head of Communications and Engagement, NHS Gt Yarmouth and Waveney Clinical Commissioning Group) and Charlotte Tracy (Senior Physiotherapist, James Paget University Hospital).
Supporting officers present:	Paul Banjo (Senior Democratic Services Officer), Rebekah Butcher (Democratic Services Officer) and Maureen Orr (Democratic Support and Scrutiny Team Manager).

27. Apologies for Absence and Substitutions

An apology for absence were received from Councillor Richard Price (substituted by Councillor Michael Chenery of Horsbrugh, Norfolk County Council).

28. Minutes of the Previous Meeting

The minutes of the meeting held on 2 February 2018 were confirmed as a correct record and signed by the Chairman.

29. Public Participation Session

With permission of the Chairman, Dr Patrick Thompson PhD, a member of the public, requested to address the Joint Committee speaking in relation to the Agenda Item 7; an Information Bulletin update item on the progress of the Shrublands Site. Dr Thompson informed the Joint Committee of his disappointment that the proposals and plans from the Clinical Commissioning Group (CCG) on the long-term delivery of GP services in Gorleston had not been

implemented, noting that the 'temporary accommodation' would be in place for a further five years. He questioned why the proposals had not begun to take shape and stated that, in his opinion, it did not give confidence to the patients, the public or those delivering the service. He also asked why a GP service had been brought on-line at the James Paget University Hospital, when this had not been possible under the original plans.

Dr Thompson also informed Members that he felt 'loneliness' had become very prevalent in society and wished both the Suffolk and Norfolk health scrutiny committee's and respective health and wellbeing boards consider this topic.

To conclude, Dr Thompson asked of the CCG the following questions: What was happening to GP services in Gorleston; how come the plans had not come to fruition in conjunction with NHS England; why the CCG had not kept everyone informed; had the CCG changed its position and how were the plans being funded under current pressures; and what plans were in place in relation to 'loneliness'.

Dr Thompson thanked Members for the opportunity to address the Joint Committee.

30. Declarations of Interest and Dispensations

There were no formal declarations made or dispensations given.

31. Diabetes Care Within Primary Care Services in Great Yarmouth and Waveney

At Agenda Item 5, the Joint Committee received a suggested approach from the Senior Democratic Services Officer at Suffolk County Council to an update on the Integrated Model of Diabetes Care in Great Yarmouth and Waveney.

The Chairman welcomed Dr Mark Lim and Cath Byford (GY&W CCG) to the meeting and to introduce the report.

During the discussion, Members heard that the National Diabetes Audit calculated how many newly diagnosed patients reached the NICE targets in relation to cholesterol, blood glucose and blood pressure, and how many go on to structured training courses. Education programmes, such as 'DESMOND' used in the Gt Yarmouth and Waveney area, helped reduce amputation rates and improved patients' outcomes in the long-term. A diabetes diagnosis was life changing and patients did not always truly understand the consequences of living with it.

'DESMOND' was a key factor in the 'requires improvement' rating, which would otherwise have been 'inadequate'. Members heard that the CCG would likely remain as 'requires improvement' for at least the next 10-months, although short-term actions had been undertaken in the meantime. One project to further improve services had identified patients who were very far off their treatment targets (for example, who had worryingly high blood marker levels) using the Eclipse software to review them. As a result, Dr Julian Brown attended the various practices to work with them to alter those patient treatment plans in order

to bring them back in-line with ideal levels. A diabetic retinopathy screening service had also been set-up and was being co-ordinated by Dr Karen Mitchell on behalf of patients at her local practice. This was providing learning opportunities with a view to roll-out a fully commissioned service in the near future. It was hoped that these shorter-term projects would help to try and stem the pandemic of type 2 diabetes and provide help to those people living with it.

Members also heard that 'Making Every Contact Count' was used as an opportunity to look into other patient issues, such as blood sugar and blood pressure testing, although the CCG recognised that they could be better at using this process. The Joint Committee were informed there was a gap between Primary and Secondary Care services. Increased awareness was required by GP's that blood pressure had a strong association as to whether there would be a bad outcome or not.

The Joint Committee were informed that diabetes prevention could not be undertaken by the CCG alone as it was beyond just the health sector, and Members recognised this. The County Council, HealthWatch and Schools were suggested as being key stakeholders to help towards the prevention of diabetes. The strategy of works was massive and could take 5-10 years before changes could be seen, yet once this was accepted, everyone could move forward with the challenge proactively. Initiatives such as Slimming World vouchers (used in Norfolk) and 'One Life Suffolk' was part of a health package for patients, although not commissioned by the CCG. These directly linked to the success and prevention of diabetes early on.

The Chairman thanked witnesses for their contributions.

Recommendation: The Joint Committee:

a) noted that there was a lot of work to do to improve on the CCG's current 'Requires Improvement' rating for diabetes treatment in Gt Yarmouth and Waveney, and that this was one of the CCG's top four priorities for 2018/19;

b) noted and supported the need for improved integration between Primary and Secondary Care of diabetes;

c) recommended that the NHS Gt Yarmouth & Waveney CCG worked further across boundaries and picked up best practice in diabetes treatment from those rated as 'Outstanding';

d) recommended that the NHS Gt Yarmouth & Waveney CCG continued to connect with Public Health at Norfolk and Suffolk County Council's – getting them take on more of the requirement for improved public education, including in schools, about diabetes prevention;

e) resolved to make a comment to the Suffolk and Norfolk Health & Wellbeing Boards about the important system-wide role to play in improving diabetes awareness and treatment; and

f) wished to review this topic in a year's time.

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

Alternative options: There were none considered.

Declarations of interest: There were none declared.

Dispensations: There were none noted.

32. Update on the Early Intervention Vehicle (EIV) Pilot

At Agenda Item 6, the Joint Committee received a suggested approach from the Senior Democratic Services Officer at Suffolk County Council to an update on the Great Yarmouth and Waveney CCG's commissioned pilot of an Early Intervention Vehicle (EIV).

The Chairman welcomed Cath Byford (GY&W CCG), Teresa Church (East of England Ambulance Service (EEAST), Jessica Lorraine (East Coast Community Healthcare (ECCH) and Charlotte Tracy (James Paget University (JPUH) to the meeting and to introduce the report.

Members also watched a short video provided by the East of England Ambulance Trust.

Members heard that after a successful pilot in Norfolk last year, this innovative programme was put in place to help alleviate the pressures on the ambulance service for frail individuals who had fallen but also provided support and treatment for individuals who would otherwise have required a hospital admission had it not been for early intervention. The vehicle had been in place Friday to Monday, when higher demand was experienced and was believed to have been positive on patients, as well as improving the integration of EEAST, JPUH and ECCH services.

The Joint Committee were informed that since the introduction of the pilot, colleagues from these organisations had pulled together knowledge and skills to share more widely. It gave therapists an appreciation as to how EEAST was run, being trained by and working alongside paramedic colleagues. Members heard that health staff were too familiar with patients being admitted to hospital only to get lost in the system. The pilot helped with service integration, providing improvements across the health system as a whole and getting patients back out to their homes. Members heard that staff had willingly volunteered to be involved in the pilot, as opportunities to work across the three organisations in this integrated way were very rare.

Members were informed that the EIV was an outstanding example of how health services could be brought from the hospital to the patients. The CCG was embarking on a system-wide piece of work 'improving flow' for patients to have better co-ordination of services and prevention of hospital admissions, with assessments taking place at the patient's home. Not all practitioners were on the same systems, and there was a need to do more to explain to patients the benefit of giving consent to information sharing with medical practitioners.

Members also heard that the EIV vehicle carried 'Lions pots' and 'Warm and Well' kits. Therapists on the EIV had worked with local charities and local councils to improve the lives of vulnerable patients encountered throughout the pilot.

Recommendation: The Joint Committee:

a) congratulated the partner organisations involved on this successful Pilot programme; a very good example of integrated working, putting the patient at the centre;

b) noted and supported the CCG's plan that the EIV would continue beyond April as a fully commissioned service; and

c) recommended that there be further work done with HealthWatch Norfolk and Healthwatch Suffolk, to seek to improve the public consent rate for sharing of medical information between practitioners.

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

Alternative options: There were none considered.

Declarations of interest: There were none declared.

Dispensations: There were none noted.

33. Information Bulletin

The Joint Committee noted the information bulletin at Agenda Item 7 and agreed to request further information on the Shrublands development, and on the recent JPUH staff survey.

34. Forward Work Programme

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

The Joint Committee agreed to the following additions and amendments:

<u>13 July 2018:</u>

a) 'CCG Planning for Primary Care Capacity' would be the prime scrutiny topic that day and would include an update on the Shrublands development.

b) The 'End of Life Care' topic will now be an Information Bulletin item briefing.

c) An Information Bulletin briefing on 'Outcome of the Social Prescribing Pilot'.

d) *(Provisional)* An Information Bulletin briefing on the recent staff survey results at the James Paget University Hospital (JPUH), once this has been published by the JPUH.

The meeting closed at 12.47 pm.

Chairman