

Great Yarmouth and Waveney Joint Health Scrutiny Committee

(Quorum 3)

Date: Friday, 20 October 2017

Venue: Thomas Crisp Room
Suffolk County Council and Waveney District Council
Riverside Campus
4 Canning Road
Lowestoft, Suffolk, NR33 0EQ

Time: 10:30am

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

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

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

To note and record any apologies for absence or substitutions received.
2. **Minutes of the Previous Meeting** Pages 5-8

To approve as a correct record, the minutes of the meeting held on 6 July 2017.
3. **Public Participation Session**

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

A speaker will need to give written notice of their wish to speak at the meeting using the contact details under 'Public Participation in Meetings' by no later than 12 noon on Monday 16 October 2017.

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

To receive any declarations of interests, and the nature of that interest, in respect of any matter to be considered at this meeting.
5. **A&E performance at James Paget University Hospitals NHS Foundation Trust** Pages 11-18

10:35-11:20

An update on A&E performance overall trends including any effects of the Greyfriars Walk-in Centre and GP practice closure.
6. **Out-of-hospital services** Pages 19-24

11:20-12:05

An update on the Southwold and Reydon Community Integrated Care Team pilot, the out-of-hospital services for Halesworth, Bungay and Kessingland, and the overall number of beds-with-care that have been made available in Great Yarmouth and Waveney.

7. Information Bulletin Pages 25-33

To note the written information provided for the Committee: 12:05-12:20

- a) Adult and Dementia Mental Health Service trends.
- b) Progress in relation to commissioning a consultant-led ME/CFS service.
- c) GP Surgery CQC Inspections Update.
- d) GY&W CCG Annual Assessment for 2016/17
- e) Norfolk & Waveney Sustainability & Transformation Partnership Plan (STP) Update

8. Forward Work Programme Page 35

To consider and agree the forward work programme. 12:20-12:30
Finish

Date of next scheduled meeting

Friday, 2 February 2018, 10.30am, Riverside Campus, Lowestoft

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Sue Cook
Interim Chief Executive
Suffolk County Council

Chris Walton
Head of Democratic Services
Norfolk County Council

Unconfirmed

Minutes of the Great Yarmouth and Waveney Joint Health Scrutiny Committee Meeting held on 6 July 2017 at 10:35 am in the Claud Castleton Room, Riverside Campus, Lowestoft.

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

Also present: Councillor Sue Allen, Waveney District Council.

Supporting officers present: Paul Banjo (Scrutiny Officer, SCC), Katherine Bailey (Democratic Services Officer, SCC) and Maureen Orr (Democratic Support and Scrutiny Team Manager, NCC).

1. Election of Chairman and Vice Chairman for 2017-18

Councillors Michael Ladd (Suffolk County Council) and Dr Nigel Legg (South Norfolk Council) were elected as Chairman and Vice-Chairman respectively for the 2017-18 municipal year.

2. Apologies for absence and substitutions

There were no apologies for absence.

Councillors Jane Murray and James Reeder attended this meeting as temporary appointments by Suffolk Health Scrutiny Committee, subject to confirmation of their membership at the Suffolk Health Scrutiny Committee meeting on 12 July 2017.

3. Minutes of the previous meeting

The minutes of the meeting held on 4 April 2017 were approved as a correct record subject to the following amendment:

Minute 3.3 – the words “which would be part of” were replaced by “which could be linked with”.

4. Public participation session

No formal requests to speak were received in advance of the meeting, however Councillor Sue Allen (Waveney District Council) requested and received clarification of the number of council officers involved with the Joint Committee meetings.

5. Declarations of interest and dispensations

Councillor Richard Price declared a personal interest in the Information Bulletin (agenda item 7) item on Myalgic Encephalomyelitis/Chronic Fatigue Syndrome.

6. Services for children who have an autistic spectrum disorder

At agenda item 6, the Joint Committee considered services in Great Yarmouth and Waveney for children who have an autistic spectrum disorder. For this item, the Joint Committee received evidence from the following officers:

Cath Byford, Deputy Chief Officer, NHS Gt Yarmouth and Waveney CCG;

Jan Welsh, Head of County Inclusion Support Service, SCC; and

Michael Bateman, Head of Education Inclusion Service, NCC.

Georgina Green, Head of Service Development, Special Educational Needs/Alternative Provision, SCC sent her apologies to the meeting.

The Joint Committee heard that the evidence presented to this meeting was an update on progress since the Joint Committee last considered the matter on 15 July 2016. Members heard that the CCG and local authorities were working well together in support of children with additional needs, and in recognition of the strong relationship between health and educational attainment. There were currently 322 children with a diagnosis of autistic spectrum disorder across the Great Yarmouth and Waveney area, and most referrals now received a first assessment appointment within 6 weeks. The service was working with families and carers to reduce the number of missed appointments, and with GPs to improve the quality of referrals and raise their confidence in the service.

The witnesses summarised the information provided in the agenda papers and answered questions from Joint Committee members.

Recommendations:

The Joint Committee commended the representatives from the Norfolk and Suffolk County Councils and the Great Yarmouth and Waveney CCG for the considerable collective work that had been done in the past year to improve the service, and recommended:

- a) That Norfolk and Suffolk County Councils should encourage Ofsted, in their regular inspections of schools, to strengthen the focus on assessing how schools manage children with ASD.
- b) That Norfolk and Suffolk County Councils and the Great Yarmouth and Waveney CCG should seek to provide more support to, and contact with, parents and carers of children with ASD, with more information and signposting of where and how they can get help.
- c) That Norfolk and Suffolk County Councils and the GY&W CCG should continue to improve the feedback given to referrers, to ensure that children are placed on the correct assessment pathway at an early stage.
- d) That Norfolk and Suffolk County Councils and the GY&W CCG should keep encouraging schools to play a greater part in identifying and supporting

children with ASD, and recognising the link between academic success and children's emotional wellbeing.

- e) That Norfolk and Suffolk County Councils should continue to share knowledge and good practice between each other.

The Joint Committee requested:

- f) That, for the Joint Committee's February 2018 Information Bulletin, the Great Yarmouth and Waveney CCG should provide updated full-year data showing the numbers of children in GY&W with ASD, data on time-to-assessment and time-to-treatment, and any data on the reasons why children haven't attended their appointments.

Reasons for recommendations:

- a) Members heard that SCC had an ongoing dialog with SENCOs in all Suffolk schools to monitor provision for children in need of support, and that a similar process had been developed in Norfolk.
- b) A part of the OFSTED inspection of schools always focussed on SEN provision, and the OFSTED framework was being enhanced in this area. Members agreed that the Local Authorities should support OFSTED to increase their level of challenge in this area of provision.
- c) The Joint Committee heard that parents or carers who considered that they were not getting a satisfactory response from their child's school could approach SENDIASS (Special Educational Needs and Disability Information, Advice and Support Service) in either local authority, and information and lists of useful support contacts were also available on each local authority's website. The Joint Committee commented that parents in this situation require as much support as the children, and anecdotal evidence indicated that some parents were still struggling to access support. Members noted that services and websites were continuously improving and were keen that support services should continue to evolve, taking into account feedback from parents and carers.
- d) Members heard that a single point of access had been introduced, and an initial paper-based triage was performed by hospital paediatric staff on all referrals, based on the information that had been sent with the referral. At the point of triage, staff ensured that children were referred to the correct service for their needs and placed on an appropriate waiting list then, rather than when they were diagnosed. If the information provided with the referral was inadequate, staff would request more information from the referrer before making a decision, which would delay the triage process. The process of making specific responses to referrals in this way would educate those referring children, and it was hoped that the quality of the supporting information provided with referrals would increase as the system bedded in.
- e) The Joint Committee heard that when different types of school were considered (academies, maintained schools etc.) no significant variations

in their provisions for children with additional needs were noted, and it was becoming clear that the adequacy of a school's SEN provision was a function of its governance and leadership arrangements. Local authorities were able to access any type of school if the leadership was supportive of collaboration, and conversely any school which didn't want to collaborate (including maintained schools) was hard to access. This situation was complicated by Multi Academy Trusts, some of which made their own arrangements for SEN provision. However, SEN legislation was very clear about organisational responsibilities, and local authorities were aware of their role in reinforcing these responsibilities, and of their powers to intervene if necessary. Some schools were slow to identify and put measures in place for pupils in need of additional support, particularly those who were borderline, and this was often down to lack of experience, especially in small schools. Members heard that the local authorities had mechanisms in place to advise these schools, and were proactively engaged in dialog with all schools about their arrangements for SEN provision. They commented that it was important to keep emphasising the link between academic success and emotional wellbeing.

- f) The Joint Committee heard that the local authority inclusion support services were engaged in a regional peer review process, commended them on this and encouraged them to continue to work together and learn from the experience of other local authorities.
- g) Members requested clarification of the table on page 20 of the agenda papers and noted that the first column of data was for a year, whilst the second column covered only 6 months. The Joint Committee requested an update on the data provided in the report when the second whole-year information was available. Members also requested information about the reasons for children not attending appointments. It was recognised that family commitments sometimes made it difficult for parents and carers to arrange for children to attend, but there were concerns about communication between the health service and foster parents of looked after children.

Alternative options: none considered.

Declarations of interest: none received.

Dispensations: none reported.

7. Information Bulletin

The Joint Committee noted the information bulletin at agenda item 7.

Myalgic Encephalomyelitis/Chronic Fatigue Syndrome

Members noted that the final sentence of the second paragraph in the bulletin on Myalgic Encephalomyelitis/Chronic Fatigue Syndrome, should be amended to read:

"The service is a non-prescribing out-patient service with therapy-led treatments, there is no consultant leading the service."

The following phrase was deleted from this sentence:

“as per other services in Essex, Peterborough and Cambridgeshire,”

Members heard that this was because there were consultants in the Cambridgeshire children’s and Essex adults’ services.

Decisions:

The Joint Committee agreed:

- a) To request adult and dementia mental health service performance statistical data and trends from NSFT/CCG for the Oct 2017 information bulletin.
- b) To request a further update on progress in relation to commissioning a consultant-led ME/CFS service for the Oct 2017 information bulletin.

Reasons for decisions:

- a) The Joint Committee had been receiving regular updates on changes to adult and dementia mental health services and agreed that it wished to see data at the next meeting to enable it to identify trends in performance.
- b) The Joint Committee agreed that it wished to continue to monitor progress on the commissioning of a consultant-led service for ME/CFS for Norfolk and Suffolk.

Alternative options: none considered.

Declarations of interest: none received.

Dispensations: none reported.

8. Forward Work Programme

At agenda item 8, the Joint Committee considered the Forward Work Programme.

Decisions:

Members agreed the Forward Work Programme and also decided that:

- a) the item in October 2017 on out-of-hospital services should include data about the number of beds-with-care that have been made available.
- b) the main agenda item for the meeting on 2 February 2018 should be Mental Health Services in Great Yarmouth and Waveney.
- c) a second item for the meeting on 2 February 2018 should be Blood Testing services in Great Yarmouth and Waveney, including patient experience of accessing the service.
- d) officers would approach the Dragonfly Unit, Carlton Colville with a view to arranging a visit from Joint Committee members.

Reasons for decisions:

- a) The Joint Committee received an Information Bulletin on out of hospital services for Halesworth, Bungay and Kessingland and commented that it was unclear how many beds-with-care were now available, compared to the number of beds that had closed. Members requested clarification of this point as part of the scrutiny of this matter in October 2017.
- b) Members heard that the Care Quality Commission was performing an inspection of Norfolk and Suffolk Foundation Trust in July 2017 and considered that it would be appropriate to scrutinise mental health services at the February meeting.
- c) The Joint Committee considered anecdotal reports of concerns about changes to the operation of the blood testing service, which were reported to be impacting on patients, and agreed that it should scrutinise this issue.
- d) Members agreed that they would like to revisit the Dragonfly Centre now that it was operational.

Alternative options: none considered.

Declarations of interest: none received.

Dispensations: none reported.

9. Urgent Business

There was no urgent business.

The meeting closed at 12:20.

Chairman

**Great Yarmouth and Waveney
Joint Health Scrutiny Committee
20 October 2017**

**Accident & Emergency (A&E) Performance at James Paget
University Hospitals NHS Foundation Trust (JPUH)**

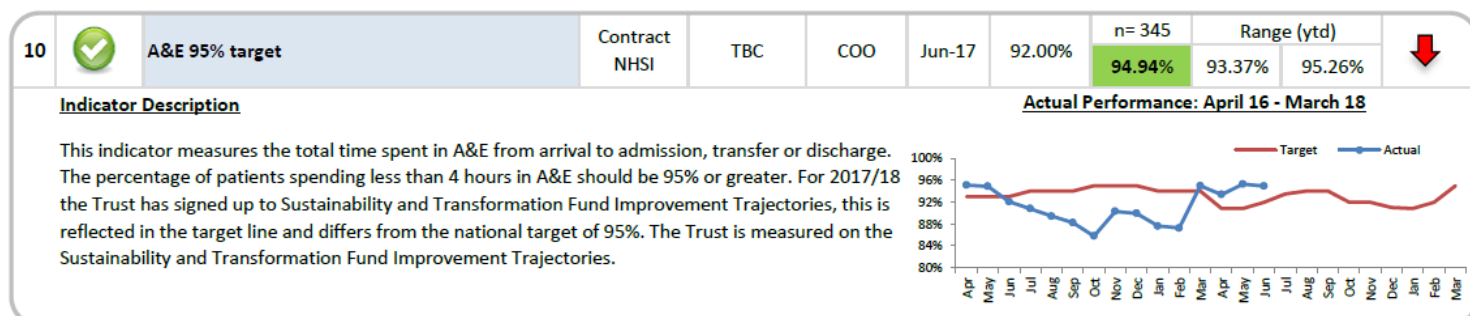
Suggested approach from the Scrutiny Officer.

The James Paget University Hospital (JPUH) and the Great Yarmouth and Waveney Clinical Commissioning Group (GY&W CCG) will update the Committee on A&E performance overall trends including any effects of the closure of Greyfriars Walk-in Centre and GP practice.

Background

1. At the Joint HSC meeting on [15 April 2016](#), in considering '*James Paget University Hospital (JPUH) Transformation Plan and CQC Inspection follow-up – a progress update and action plan*', the Joint Committee had commended and congratulated the JPUH on the Good CQC rating, noted the good progress of the JPUH transformation action plans, and requested an update on progress with the root-cause analysis of the 'business continuity event' of 3-4 January 2016.
2. At the Joint HSC meeting on [15 July 2016](#), in considering '*Greyfriars Walk-In Centre*', the Joint Committee asked the GY&W CCG to provide information on what service will be provided in future to the vulnerable children at risk of harm who are currently seen by a specialist nurse at the Greyfriars practice. The Joint Committee agreed to review the progress of the replacement services for Greyfriars in January 2017.
3. At the Joint HSC meeting on [20 January 2017](#), in considering '*Services to replace Greyfriars GP practice and walk-in centre*', the Joint Committee discussed an update report from NHS Great Yarmouth and Waveney CCG and the East of England Ambulance Service NHS Trust on the impact of the closure of the Greyfriars GP practice and walk-in Centre and the progress of replacement services. In the course of the discussion the following key points were noted:

- a) The latest data (at the time of the January 2017 report) showed the closure of the walk-in centre to have had no significant impact on the East of England Ambulance Service NHS Trust.
 - b) The data showed the closure of the walk-in centre to have also had no detrimental impact on A&E services at the JPUH.
 - c) The data covered GY&W patients only. It was not intended to be used for comparative purposes with data on A&E attendances at the JPUH for patients from outside as well as inside the GY&W area.
 - d) The walk-in centre had closed at the end of the summer holiday season. This meant that the latest data for the period that immediately followed the closure did not cover a time of year when there were high numbers of tourists in the town.
 - e) The CCG said that the managed patient dispersal process that followed the closure of the walk-in centre had led to a coordinated and smooth transfer of patients to GP practices elsewhere in the GY&W area and to an improved service.
 - f) Additional GP capacity had been provided at the GP practices to which patients had been dispersed following the closure of the walk-in centre.
 - g) The new arrangements meant that patients attending A&E at the JPUH were clinically triaged on arrival and could be streamed to out of hours primary care.
 - h) Streaming had a positive impact on A&E by diverting patients with a primary care need to an out of hours GP, thereby reducing A&E attendances.
 - i) By reducing the number of patients requiring A&E support, streaming had created additional A&E capacity, and helped to ensure patients were seen and treated by the most appropriate clinician.
 - j) The A&E Delivery Board at the JPUH was due to re-examine its arrangements for streaming of patients so as to include weekend evenings and Monday evenings and provide for seasonal variations. Further details about the streaming arrangements could be made available to members at a future meeting.
 - k) The Joint Committee noted that a review was planned into the current homeless service and also the future requirements of homeless patients.
4. Overall A&E performance data is reported regularly in the Performance Management Reports to the JPUH Board. For example, the measure 'A&E 95% target' at the 28 July 2017 Board meeting showed the following overall data (Note that this overall view does not distinguish between visitors and residents):



Purpose of today's meeting

5. The JPUH and GY&W CCG have been asked to update the Joint Committee on A&E performance at the JPUH, with particular focus on:
 - a) The overall trend of A&E performance; and
 - b) an analysis of the effects of the Greyfriars Walk-in Centre and GP practice closure on JPUH A&E after the summer period, including analysis of visitor attendance at A&E as well as resident analysis.
6. The following document is attached:
 - a) Appendix A – Report by JPUH, October 2017.

Suggested approach

7. Representatives from the JPUH and the CCG will present the update and respond to any questions or comments from the joint committee. These may include:
 - a) What are the overall trends in A&E performance at the JPUH over the past year?
 - b) What differences in pattern are observed for GY&W residents and for seasonal visitors to the area?
 - c) What factors have been the main contributors to any variations in A&E performance?

References

- (i) JPUH Performance Management Report, 28 July 2017:
<http://www.jpahet.nhs.uk/media/356311/280717-Performance-Management-Report.pdf>
- (ii) Joint HSC Meeting, 15 April 2016:
<http://committeeminutes.suffolkcc.gov.uk/meeting.aspx?d=15/Apr/2016&c=Great%20Yarmouth%20and%20Waveney%20Joint%20Health%20Scrutiny%20Committee>
- (iii) Joint HSC Meeting, 15 July 2016:
<http://committeeminutes.suffolkcc.gov.uk/meeting.aspx?d=15/Jul/2016&c=Great%20Yarmouth%20and%20Waveney%20Joint%20Health%20Scrutiny%20Committee>
- (iv) Joint HSC Meeting, 20 January 2017:
<http://committeeminutes.suffolkcc.gov.uk/meeting.aspx?d=20/Jan/2017&c=Great%20Yarmouth%20and%20Waveney%20Joint%20Health%20Scrutiny%20Committee>

Contact details

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James Paget University Hospitals



NHS Foundation Trust

Report to the Norfolk Health Overview and Scrutiny Committee October 2017

A&E Update

Performance against the A&E standard at the James Paget University Hospital was challenging throughout 2016 and the early part of 2017. This short paper outlines the focussed work undertaken to improve performance and the ongoing work to sustain the standard to ensure patient care and quality is maintained.

1. A&E Performance

The following table details the performance against the 95% standard:

Month	A&E Standard
October	86.0%
November	90.0%
December	89.8%
January 2017	87.6%
February	86.9%
March	94.9%
April	93.3%
May	95.2%
June	94.9%
July	93.8%
August	95.2%
September	93.4%

In January 2017 focussed transformation work commenced. The first part of this work was a diagnostic to understand the patient pathways and the drivers for performance issues. Following this the senior leadership support for the emergency standard was revised and a new management structure was put in place to support the emergency care service.

2. Key Improvements

2.1 Emergency Floor Reconfiguration

The Emergency Care service includes:

- A&E
- Emergency Assessment & Discharge Unit (EADU)
- Ambulatory Care Unit
- Short Stay Medical Unit (SSMU)

The SSMU was located on the first floor of the hospital. In April 2017 the unit was relocated to be adjacent with EADU and the Emergency Department. SSMU has been established as a true short stay unit with length of stay reduced to two days. This has improved flow significantly and has been a major driver to performance improvement.

2.2 GP Assessment Bay

GP urgent referrals are now redirected to EADU. Previously these patients would wait in A&E and during times of high admissions patients could wait much longer. This was an extremely poor patient experience.

In May 2017 the GP Assessment bay was launched. All GP referrals for urgent assessment that do not need to attend A&E arrive in the GP unit on EADU and are assessed by the medical team. The aim is to discharge these patients after treatment in the unit.

2.3 A&E Process

Pathway review and process has been a key element of performance improvement. Examples of process change include nurse led services e.g. Emergency Nurse Practitioners deliver nurse led minors which improves throughput in A&E.

2.4 Patient flow – Red2Green

Red2Green is a foundation for patient flow improvement. This ensures inpatient pathways are streamlined and any blocks to the pathway or discharge are managed daily through a multidisciplinary approach on the ward. This is a clinically led initiative which is embedding throughout the Trust with focussed teaching and learning for all staff.

2.5 GP streaming

This commenced on 1 October 2017 and each day patients who attend A&E with a minor illness or injury who do not need any diagnostic tests will be streamed to a GP or Nurse Practitioner. This will ensure timely intervention and reduce overcrowding.

3. Further Work

Sustaining the A&E standard is a challenge given the demand pressures. However there are further improvement projects underway as follows:

3.1 Care Home Group

Clinicians across system partners have agreed an action plan to review and manage care home patients who require medical input. This will include focussed support such as pharmacy or specialist nurse reviews to ensure those patients with ongoing health needs receive the care they require.

3.2 Early Intervention Vehicle

This is a collaboration with the East of England Ambulance Service, East Coast Community Healthcare and the Trust. A paramedic technician and Occupational Therapist will attend patients who have fallen and work with those patients to avoid the need to attend A&E. This will hopefully go live in November.

3.3 Emergency Care Physical Reconfiguration work

As part of the GP streaming service the Trust was successful in bidding for £1m of capital funding to redevelop parts of the emergency floor. This resource will be used to ensure our A&E and emergency floor are redesigned to maximise patient flow and ensure patient care and experience are maximised.

4. NHS Great Yarmouth & Waveney support on demand management

In July 2017 NHS Great Yarmouth and Waveney CCG launched a summer campaign called “Guide to local NHS services”. The key objectives were to reduce the pressure on A&E and to reduce the pressure on local GPs by raising awareness particularly for visitors of using the right service at the right time. The key messages of the campaign were as follows:

- For expert advice on a range of common illnesses visit your local pharmacist
- Your GP can help you with an illness or minor injury out of hours unless it's out of hours when you need to call 111
- If you are visiting the area, please call 111 first unless it's life threatening
- Visit NHS Choices to find your nearest surgery or pharmacy.

The budget for the campaign was £10k. Key messages were put into posters and social media graphics were created. Permission to use a 111 video featuring Dom Joly the comedian was given by another CCG.

The posters were sent to all GP surgeries in Great Yarmouth and Waveney for display. The video was sent to GP surgeries and the JPUH to display on waiting room screens. Six foot posters were displayed at Great Yarmouth, Lowestoft and Gorleston sea fronts and high streets (also bus backs).

A communications officer from the CCG personally visited more than 50 holiday parks between Scratby and Kessingland and asked them to display the poster. A press release was published, with social media graphics and schedule sent to partners who shared the content.

**Great Yarmouth and Waveney
Joint Health Scrutiny Committee
20 October 2017**

Out-of-Hospital Services

Suggested approach from the Scrutiny Officer.

The Great Yarmouth and Waveney Clinical Commissioning Group (CCG) will update the Committee on the Southwold and Reydon Community Integrated Care Team pilot, the out-of-hospital services for Halesworth, Bungay and Kessingland, and the overall number of beds-with-care that have been made available in Great Yarmouth and Waveney.

Background

1. At the Joint HSC meeting on [7 October 2016](#), in considering '*Out-of-Hospital Teams*', the Joint Committee noted:
 - a) that the ECCH had announced that the Patrick Stead Hospital would temporarily no longer admit new patient's due to staff shortages. This was attributed to staff moving to take up new positions elsewhere in the NHS. Members were disappointed at the temporary suspension of inpatient admissions and the impact that nursing shortages could have for patient safety.
 - b) the out of hospital care provided by the ECCH at the Lowestoft OHT and at the North OHT, and the out of hospital care provided by Sole Bay Health in Southwold and Reydon.
 - c) Members referred to the considerable amount of new housing that was due to be built in some areas of Great Yarmouth and Waveney and stressed how important it was that the GY&W CCG made appropriate responses to Local Authorities regarding the implications of planning applications.
 - d) The Joint Committee agreed to write to the GY&W CCG to fully support the GY&W CCG in the provision of an out of hospital team for the Beccles, Bungay, Kessingland and Halesworth areas. The Joint

Committee considered it important that Halesworth was not left out of plans to improve out of hospital services.

- e) The GY&W CCG was reminded that it needed to respond to consultation about planning applications for housing, as NHS services were already under pressure in some areas.
 - f) To request an information bulletin for the meeting on [20 January 2017](#) regarding staff turnover and vacancy levels within the out-of-hospital teams, the latest situation regarding the Patrick Stead Hospital or other provision for the Halesworth area, and the trend in emergency admissions to hospital.
2. At the Joint HSC meeting on [4 April 2017](#), in again considering 'Out-of-Hospital Teams', the Joint Committee noted:
- a) that there were five Out of Hospital Teams (OHT) in the NHS Great Yarmouth & Waveney CCG area. The CCG was planning to undertake an in-depth review of the services that they provided.
 - b) The review would be carefully assessed by the CCG with a view to informing future Out-of-Hospital services for the population of Great Yarmouth and Waveney as a whole.
 - c) The outcome of the review would be reported back to the Committee.
 - d) The review would enable the CCG to understand more clearly the demand for Out-of-Hospital services. It would examine the reasons for intervention, identify peak periods, any gaps in service delivery and also the different issues facing rural and urban areas.
 - e) The service was currently provided by a Lowestoft OHT and a North OHT provided by East Coast Community Healthcare, and a Community Integrated Care Team (CICT) in Southwold and Reydon provided by Sole Bay Health.
3. The Joint Committee asked to see the outcome of the review of the effectiveness of the Out-of-Hospital Teams and of the Southwold and Reydon Community Integrated Care Team pilot at its October meeting, and to be kept up-to-date with developments regarding services for Halesworth, Bungay and Kessingland.
4. At the Joint HSC meeting on [6 July 2017](#), there was an Information Bulletin item, '*Briefing for Great Yarmouth and Waveney Health Scrutiny Committee: Update on developments regarding out of hospital services for Halesworth, Bungay and Kessingland*'. The briefing stated that the review is underway and the Governing Body would be updated during July on progress. The final review report will present options and recommendations to the governing body to roll out services to the remainder of the population of Great Yarmouth and Waveney. The intention is to ensure all services are in place to support winter planning. At the present time (*July 2017*) out of hospital services are available to 80% of the population in Great Yarmouth and Waveney. The Joint Committee agreed to request that the agenda item in October 2017 on Out-of-hospital services should include data about the number of beds-with-care that have been made available.

Purpose of today's meeting

5. GY&W CCG have been asked to update the joint committee on the Out-of-hospital services, with particular focus on:
 - a) Outcome of the review of the Southwold and Reydon Community Integrated Care Team pilot;
 - b) Update on developments regarding out-of-hospital services for Halesworth, Bungay and Kessingland; and
 - c) Data about the number of beds-with-care that have been made available.
6. The following document is attached:
 - a) Appendix A – Report by the CCG, October 2017.

Suggested approach

7. Representatives from the CCG will present the report and respond to any further questions or comments from the joint committee.

References

- (i) Joint HSC Meeting, 7 October 2016:
<http://committeeminutes.suffolkcc.gov.uk/meeting.aspx?d=07/Oct/2016&c=Great%20Yarmouth%20and%20Waveney%20Joint%20Health%20Scrutiny%20Committee>
- (ii) Joint HSC Meeting, 20 January 2017:
<http://committeeminutes.suffolkcc.gov.uk/meeting.aspx?d=20/Jan/2017&c=Great%20Yarmouth%20and%20Waveney%20Joint%20Health%20Scrutiny%20Committee>
- (iii) Joint HSC Meeting, 4 April 2017:
<http://committeeminutes.suffolkcc.gov.uk/meeting.aspx?d=04/Apr/2017&c=Great%20Yarmouth%20and%20Waveney%20Joint%20Health%20Scrutiny%20Committee>
- (iv) Joint HSC Meeting, 6 July 2017:
<http://committeeminutes.suffolkcc.gov.uk/meeting.aspx?d=06/Jul/2017&c=Great%20Yarmouth%20and%20Waveney%20Joint%20Health%20Scrutiny%20Committee>
- (v) News - EADT, 'Cash from Halesworth and Southwold hospital sales 'should be invested in healthcare'', 10 July 2017:
<http://www.eadt.co.uk/news/cash-from-halesworth-and-southwold-hospital-sales-should-be-invested-in-healthcare-1-5099436>

Contact details

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



Briefing for Great Yarmouth and Waveney Health Scrutiny Committee: Update on developments regarding out of hospital services for South Waveney

Background

Out of hospital services were introduced in 2014, as a new way of providing services for people closer to home following two extensive public consultations.

Out of hospital services were introduced in Lowestoft in April 2014 and Great Yarmouth and the northern villages in April 2015. A service provided by the local GP practice has been delivered in Southwold and Reydon since April 2016 and caters for the local population. Part of the model includes the commissioning of Beds With Care. At present there are 5 BWC in Lowestoft, 7 BWC in Great Yarmouth and the Northern Villages and 1 BWC in Reydon.

In March 2017 the CCG's Governing Body decided that given the changes in the landscape across the CCG and the increase in demand for urgent and emergency care since out of hospital services were first set up that there should be a full review of all services. This would provide assurance around the finances, data, capacity and outcomes of the current models to inform future service development. This review will be published in November 2017.

Progress to date

A review of existing out of hospital teams has been undertaken including the pilot service provided by Solebay practice. This will be presented to the CCG Clinical Executive Committee in November.

It has been widely noted that there has been inequity in access to out of hospital services in Beccles, Bungay, Kessingland and Halesworth. A number of very positive discussions have been held with the South Waveney practices (Beccles, Bungay, Halesworth, Kessingland and Solebay) regarding the options for an out of hospital service in South Waveney. Following the presentation of an offer with options for the model of delivery, the practices were asked to collectively agree the favoured way forward on the how this service should be delivered. This has been received and a business case to fund the service is currently being developed for presentation at the next Governing Body meeting that will be held in public (30 November).

Conclusion

It is recognised that the proposed out of hospital service will not only result in improved services for the residents of South Waveney but also provide support and enable resilience for our local GP practices. Of particular note is the demonstrable commitment of the practices to work together to agree consistent way forward for the benefit of their patients.

Cath Byford

Deputy Chief Officer / Director of Commissioning

Agenda Item 7

Gt Yarmouth & Waveney Joint Health Scrutiny Committee, 20 October 2017

Information Bulletin

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

If there are any matters arising from this information that warrant specific aspects being added to the forward work programme or future information items, Members are invited to make the relevant suggestion at the time that the forward work programme is discussed.

This Information Bulletin covers the following items:

1. Adult and Dementia Mental Health Service trends
 2. Progress in relation to commissioning a consultant-led ME/CFS service
 3. GP Surgery CQC Inspections Update
 4. GY&W CCG Annual Assessment for 2016/17
 5. Norfolk & Waveney Sustainability & Transformation Partnership Plan (STP) Update
-

1. Adult and Dementia Mental Health Service trends

Further to the information bulletin item on this topic at the [6 July 2017](#) meeting, the Joint Committee requested to see some statistical data and trend information for the adult and dementia mental health service performance in Great Yarmouth and Waveney.



Briefing for Great Yarmouth and Waveney Health Scrutiny Committee: Mental Health Services Update

Adult Inpatient Services:

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

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

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

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

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

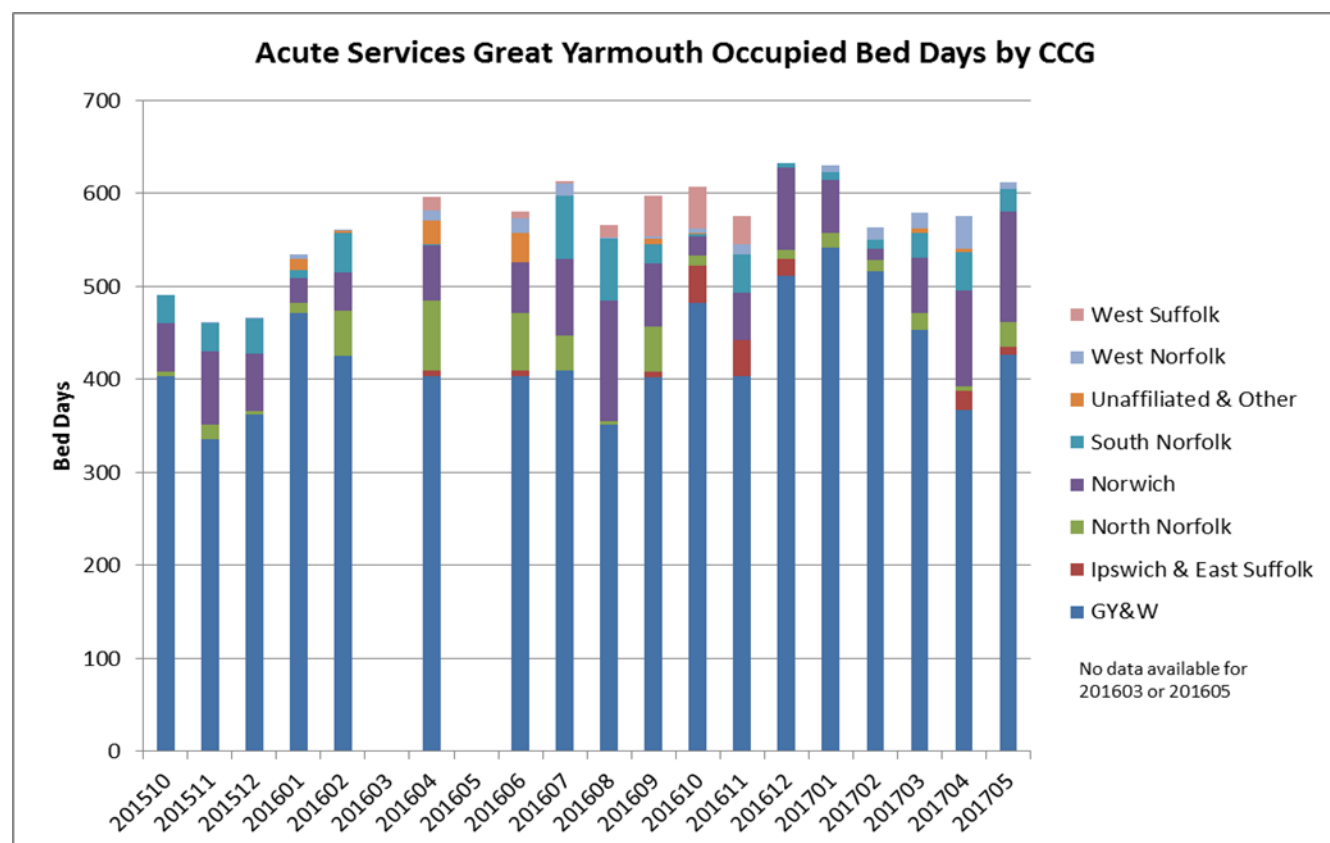
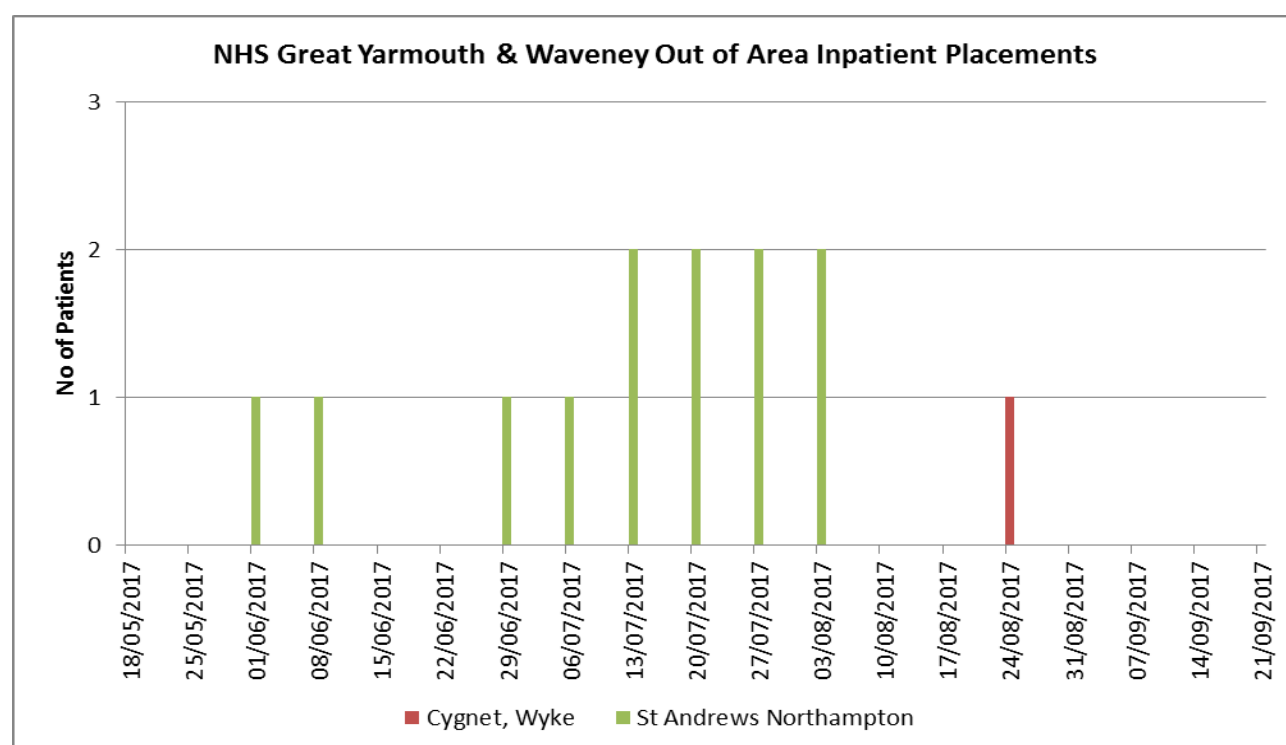


Figure 2 below shows the out of area inpatient placements for Great Yarmouth and Waveney patients – this is for patients who were cared for outside the Norfolk and Suffolk foundation Trust inpatient services

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



Dementia Diagnosis:

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

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

Kim Harvey
Mental Health and Learning Disabilities Senior Manager

2. Progress in relation to commissioning a consultant-led ME/CFS service

Further to the information bulletin item on this topic at the [6 July 2017](#) meeting, the Joint Committee requested to see a further update on progress in relation to commissioning a consultant-led ME/CFS service in Great Yarmouth and Waveney.



Briefing for Great Yarmouth and Waveney Health Scrutiny Committee: ME/CFS Update

The Myalgic Encephalomyelitis and Chronic Fatigue Service (ME & CFS) is commissioned by the seven CCGs in Norfolk and Suffolk and is provided by East Coast Community Healthcare (ECCH). Ipswich and East Suffolk CCG is currently the lead commissioner for the service, responsible for working in partnership with the other CCGs in Norfolk and Suffolk and the ME & CFS User and Patient Group to support the development of the service.

ECCH provide a multi-disciplinary specialist service to assess, diagnose and advise on the clinical management of ME/CFS to adult and paediatric patients across Norfolk and Suffolk. There are approximately 1400 active patients undergoing treatment. The team consists of general practitioners with specialist interest in ME/CFS (GPsWI), occupational therapists and physiotherapists. The initial assessment of patients to confirm diagnosis is carried out by therapists or, in more complex cases, the GPsWI. The service is a non-prescribing outpatient service with therapy-led treatments: there is no consultant leading the service.

In the summer of 2015, six CCGs in Norfolk and Suffolk commissioned a review to be completed by a specialist ME/CFS consultant to review the options to develop a consultant led service for this group of patients across Norfolk and Suffolk. This report was completed and shared with the CCGs including Great Yarmouth and Waveney CCG in December 2016.

Following that report on Monday 13 March 2017, all of the Norfolk and Suffolk CCGs met to agree next steps.

It was agreed that the commitment to deliver a consultant led service had been made by the CCG's predecessors, NHS Norfolk and NHS Suffolk, and that the CCGs would like to explore this option further.

A number of criteria for a new service were agreed:

- Within the current cost envelope
- A viable model
- A resilient model
- The change to a new service would not result in patients currently receiving a service losing access to a service completely
- Any new service model cannot deliver improvements for one group of patients and disadvantage another.

Suffolk CCG agreed to carry out a market test process to explore whether or not there would be a provider for a consultant-led service which would be delivered to the criteria above.

Unfortunately, despite three organisations being initially interested in providing the service, two pulled out before the presentation day and one went forward to present but was not suitable to provide the complex provision that would be required for a consultant-led service.

The seven CCGs have had to conclude that it is not possible to procure a consultant-led service for ME CFS.

The HOSC challenged the CCGs to look at what a non-consultant led service would look like if it was not possible to procure such a service.

The CCGs are now working with the current provider ECCH to look at what options there are to change the skill mix within the current service to meet more of the requirements for a service going forward. We are also looking at what can be done to improve the quality of the service and improve satisfaction amongst people using the service.

The CCGs are also aware that NICE have recently announced that they are going to review their guidance on the treatment of ME/CFS following a recent public consultation with patient and professional groups.

Cath Byford
Director of Commissioning

3. GP Surgery CQC Inspections Update



Briefing for Great Yarmouth and Waveney Health Scrutiny Committee: Care Quality Commission (CQC) inspections Kirkley Mill Health Centre and Central Healthcare centre

Background

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

The CQC inspection is based on five key questions asked of all services being inspected. These are:

- **Is it safe?** Are you protected from abuse and avoidable harm?
- **Is it effective?** Does your care, treatment and support achieve good results and help you maintain your quality of life, and is it based on the best available evidence?
- **Is it caring?** Do staff involve you and treat you with compassion, kindness, dignity and respect?
- **Is it responsive?** Are services organised so that they can meet your needs?
- **Is it well-led?** Does the leadership of the organisation make sure that it's providing high-quality care that's based around your needs? And does it encourage learning and innovation and promote an open and fair culture?

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

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

CQC Inspections

The CQC carried out two inspections, Kirkley Mill practice in Lowestoft, which is run by East Coast Community Health C.I.C (ECCH) with a patient list size of 6285 was inspected on the 01/06/2017 with final report published on the 20/07/2017.

Central Healthcare Centre in Gorleston with a patient list size of 20,000 inspected on the 31/05/2017 with its final report published on the 10/08/2017.

The CQC has found both practices to be overall rated as (**Inadequate**) and failing its patients in delivering safe and excellent care. The CQC under its regulatory powers has placed both practices “under special measures” which means both services will be re-inspected in within six months. If insufficient improvements have been made the CQC could stop the providers from delivering services, cancel or vary their CQC registration. CQC has issued directives for improvement and action plans have been produced with support from the CCG for both practices.

Practice	Are services safe?	Are services effective?	Are services caring?	Are services responsive to people's needs?	Are services well-led?
Kirkley Mill Practice (ECCH)	Inadequate	Inadequate	Requires Improvement	Requires Improvement	Inadequate
Central Healthcare Centre	Inadequate	Requires Improvement	Requires Improvement	Inadequate	Inadequate
Overall Summary	The themes that have come out of these inspections is that both practices are lacking clinical leadership, have inadequate governance arrangements, delivering poor outcomes for patients and have poor or non-existent standard operating procedures in line with the Primary Care Medical Handbook regulations.				

The individual CQC reports are available:

Central Healthcare Service www.cqc.org.uk/location/1-537770807

Kirkley Mill www.cqc.org.uk/location/1-2682497103

Progress to date

The CCG has worked with these practices to produce robust Improvement Plans which build upon the CQC findings and recommendations.

These plans have been shared with CQC and other stakeholders such as NHS England and the Local Medical Committee.

The Director of Primary Care is meeting frequently with these practices to ensure actions are being enacted and support is available. For example, a CCG careers plus scheme GP is based at Kirkley Mill Practice one day a week to offer support and guidance.

Both practices are benefitting from the CCG's primary care pharmacy team who are working with them to improve prescribing practices.

The Royal College of General Practitioners has provided an intensive support team to Central Surgery to undertake a diagnostic and develop further action plans to support the practice in addressing areas of weakness. This is in progress.

The improvement plans are updated on a fortnightly basis, showing positive direction of travel and copies sent to CQC and NHSE for assurance on progress made to date.

Parveen Mercer

Assistant Director of Primary Care (Contracting and Performance)

4. GY&W CCG Annual Assessment for 2016/17



Briefing for Great Yarmouth and Waveney Health Scrutiny Committee: CCG annual assessment for 2016/17

NHS Great Yarmouth and Waveney CCG was awarded an overall rating for the financial year 2016/17 of inadequate with the implementation of a revised form of special measures, which embraces support to help CCGs improve.

The annual assessment was based on a red rated assessment of both leadership and financial performance, and delivery against the national target for dementia diagnosis.

The annual assessment also highlighted several areas of strong performance within NHS Great Yarmouth and Waveney CCG, including primary care services, patient engagement and improvements to urgent care. NHS England also said that February's appointment of the new Chief Officer, which took place towards the end of the period covered by the assessment, had addressed its previous concerns about leadership.

Whilst it is clear that the CCGs performance during 2016/17 was not good enough, measures have already been put in place to address this which shows improvement in our financial performance and delivery. The CCG is also working to strengthen primary care provision, care for people with mental health conditions and increasing the CCGs efforts to make sure people receive better support which is tailored to their individual wishes at the end of their lives.

The CCG has developed a draft improvement plan which is being submitted to NHS England and will be presented to the November Governing Body meeting in public.

Further information is available on the CCG website:

[NHS England rating letter](#)

[NHS England summary of 2016/17 performance](#)

[Assessment for cancer, dementia and mental health](#)

[Assessment ratings for cancer, dementia and mental health](#)

Rebecca Driver
Director of Communications and Corporate Affairs

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

A comprehensive update on implementation planning for the N&W STP was presented to the Norfolk Health and Wellbeing Board on 27 September 2017.

The report (Agenda Item 7) and an associated presentation slide pack can be viewed online at:

<http://norfolkcc.cmis.uk.com/norfolkcc/Meetings/tabid/70/ctl/ViewMeetingPublic/mid/397/Meeting/587/Committee/39/Default.aspx>

The Norfolk Health Overview and Scrutiny Committee will be receiving an update report from Antek Lejk (STP Lead Norfolk & Waveney) and Jane Harper-Smith (STP Programme Director) at its meeting on 26 October 2017. Councillors Michael Ladd and Jane Murray have been invited to attend the meeting.

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

Date: 20 October 2017

Agenda Item: 8

Great Yarmouth and Waveney Joint Health Scrutiny Committee

ACTION REQUIRED

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

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

Forward Work Programme 2017-18

Meeting date & venue	Subjects
Friday 2 February 2018 Riverside, Lowestoft	<p><u>Mental Health Services in GY&W</u></p> <ul style="list-style-type: none"> • Update following the CQC inspection of NSFT in July 2017. <p><u>Blood Testing Services in GY&W</u></p> <ul style="list-style-type: none"> • Update on the service provision arrangements in GY&W including patient experience of accessing the service <p>Information Bulletin items -</p> <ul style="list-style-type: none"> • <u>ASD</u> - Updated full-year data showing the numbers of children in GY&W with ASD, data on time-to-assessment and time-to-treatment, and any data on the reasons why children haven't attended their appointments. • <u>GPs</u> – Action Plans for GP surgeries with low CQC ratings
Friday 13 April 2018 Riverside, Lowestoft	<p>(provisional) <u>Diabetes care within primary care services in Great Yarmouth and Waveney</u></p> <ul style="list-style-type: none"> • Update on the Integrated Model of Diabetes care. Ref. the outcome of the <u>7 Oct 2016</u> meeting and info bulletin at the <u>20 Jan 2017</u> mtg. Committee agreed to return to the subject in a year to look at:-

	<ul style="list-style-type: none"> • Progress of the new diabetes specialist nurse model of care • Data on the numbers of people with diabetes being cared for in a primary care setting rather than secondary care • Data on the level of provision of the recommended care processes and treatment for patients with diabetes • Progress with the national Diabetes Prevention Programme, on which the CCG is working with Public Health. <p><u>Information Bulletin item – Update on Implementation of the Transforming Care Programme for people with learning disabilities and / or autism</u></p>
Friday 13 July 2018 Riverside, Lowestoft	<i>Agenda items to be confirmed</i>

NOTE: These items are provisional only. The Joint Committee reserves the right to reschedule this draft timetable.

Items for consideration / scheduling:

Dates for a Member visit to Norfolk and Suffolk NHS Foundation Trust's (NSFT) Dragonfly Unit, Carlton Colville (the children's in-patient unit) to be circulated. *[A visit by two committee members took place on 14 Sep 2017]*

The Chairman has suggested a visit to the Kirkley Mill Health Centre, where the GP practice and the out-of-hospital team are based. *[This is scheduled for 20 Oct 2017 at 0900-1000].*