

## Great Yarmouth and Waveney Joint Health Scrutiny Committee

(Quorum 3)

**Date:** Friday, 13 April 2018

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

**Time:** 10:30 am

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

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

## **Business to be taken in public**

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

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

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

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

A speaker will need to give written notice of their wish to speak at the meeting using the contact details under 'Public Participation in Meetings' by no later than 12 noon on 9 April 2018.

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

To receive any declarations of interests, and the nature of that interest, in respect of any matter to be considered at this meeting.
5. **Diabetes Care Within Primary Care Services in Great Yarmouth and Waveney** Pages 9-21

10:40 am

To receive an update on the Integrated Model of Diabetes Care.
6. **Update on the Early Intervention Vehicle (EIV) Pilot** Pages 23-28

11:25 am

To receive an update on the Great Yarmouth and Waveney Clinical Commissioning Group's (CCG) commissioned pilot of an Early Intervention Vehicle (EIV).

**7. Information Bulletin** Pages 29-44

To note the written information provided for the Committee: *12:10 pm*

- a) Update on Implementation of the Transforming Care Programme for people with Learning Disabilities and/or Autism;
- b) James Paget Hospital's Customer Feedback Arrangements – A Further Update;
- c) Patrick Stead hospital and Rayner Green day service – update;
- d) Progress update on Shrublands Site; and
- e) Norfolk and Waveney Sustainability and Transformation Partnership Plan (STP) Update.

**8. Forward Work Programme** Pages 45-46

To consider and agree the forward work programme. *12:20 pm*

**Date of next scheduled meeting**

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

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**Sue Cook**  
**Interim Chief Executive**  
**Suffolk County Council**

**Chris Walton**  
**Head of Democratic Services**  
**Norfolk County Council**

## Unconfirmed

Minutes of the Great Yarmouth and Waveney Joint Health Scrutiny Committee Meeting held on 2 February 2018 at 10:30 am in the Claud Castleton Room, Riverside Campus, Lowestoft.

Present:	Councillors Michael Ladd (Chairman, Suffolk County Council), Michael Chenery of Horsbrugh (Norfolk County Council), Marlene Fairhead (Great Yarmouth Borough Council), Nigel Legg (South Norfolk District Council), Jane Murray (Waveney District Council) and James Reeder (Suffolk County Council).
Also present:	Councillor Sarah Adams (Suffolk County Council), Melanie Craig (Chief Executive, NHS Great Yarmouth and Waveney Clinical Commissioning Group), Ruth Pillar (Deputy Locality Manager, Norfolk and Suffolk NHS Foundation Trust), Lorraine Rollo (Head of Communications and Engagement, NHS Great Yarmouth and Waveney Clinical Commissioning Group), Nina Savory (Interim Deputy Locality Manager, Norfolk and Suffolk NHS Foundation Trust) and Chris Wager (Interim Locality Manager, Norfolk and Suffolk NHS Foundation Trust).
Supporting officers present:	Paul Banjo (Scrutiny Officer), Rebekah Butcher (Democratic Services Officer) and Maureen Orr (Democratic Support and Scrutiny Team Manager).

### **19. Apologies for Absence and Substitutions**

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

### **20. Minutes of the Previous Meeting**

The minutes of the meeting held on 20 October 2017 were confirmed as a correct record and signed by the Chairman.

### **21. Public Participation Session**

There were no applications to speak in the public participation session.

### **22. Declarations of Interest and Dispensations**

There were no declarations made or dispensations given.

### **23. Mental Health Services in Great Yarmouth and Waveney – Update following the CQC inspection of NSFT in July 2017**

At Agenda Item 5, the Joint Committee received a suggested approach from the Scrutiny Officer at Suffolk County Council to an update on the impacts and action plans for mental health services in Great Yarmouth and Waveney (GY&W) in

context of the latest Care Quality Commission (CQC) inspection of Norfolk and Suffolk NHS Foundation Trust (NSFT).

The Chairman welcomed Chris Wager, Nina Savory, Ruth Pillar (NSFT) and Melanie Craig (GY&W Clinical Commissioning Group (CCG) to the meeting and to introduce the report.

During the discussion, Members heard about the Service Line approach now being adopted in NSFT for improved consistency and Service Line Leads had now been appointed. A new Improvement Director was also now in post who provided detailed service support for Great Yarmouth and Waveney. Monthly locality governance meetings were also co-ordinated by the workstream leads who went through the areas of concern.

Key issues were around staff recruitment, retention and training, with priority focus on addressing patient safety issues. Teams were under resourced however an uplift of staff had been agreed to help with waiting list and case load levels.

The Joint Committee heard that the NSFT had a robust recruitment process and used social media to encourage agency nurses to join the NHS. Members noted that senior managers within the NSFT did approach agency workers regularly to see if they would like to join the NHS. However, due to personal circumstances, or the fact that some staff choose not to move to the locality, agency work was a better fit for them. It was also noted that there had been additional recruitment of administration staff to support the clinical teams and team leaders. It had been difficult to recruit staff for the adult services unit at Carlton Court.

Members heard there had been a moderate uplift to the NSFT budget, however the majority of improvements had been achieved through restructuring and delivering services differently, coupled with improved monitoring systems such as the Electronic Staff Record (ESR) and Patient Journey Dashboard systems. However, the new Quality and Improvement team within the NSFT was not an additional resource; instead funding was taken from each of the Service Lines which enabled the creation of the team.

In relation to training, Members heard that after introducing more locally based training, 88% of staff had now completed their mandatory sessions and this was increasing month on month. More was being done to protect staff time and rostering people in to enable staff to undertake the necessary training. Staff were also able to attend courses held at the Recovery College, alongside its service users.

In relation to access to services, Members heard that officers had submitted a successful business case to employ additional practitioners for night-time provision of adult services at the 136 Suite at Carlton Court; the recruitment had already taken place and new employees would be in-post shortly. Their first task would include looking at how caseloads were managed.

Members also heard that there was a Trust-wide business case for the appointment of physical health leads in each of the area's.

The Joint Committee was pleased to hear that there was now an NHS England commitment to fund up to 12 beds in the children's Dragonfly Unit.

The Chairman thanked the NSFT and CCG witnesses, noting that this was a period of transition that was starting to address some of the issues highlighted by the CQC that had persisted since 2014. The Joint Committee noted that the CQC inspectors would return before July 2018.

**Recommendation:** The Joint Committee requested an Information Bulletin update in six months, in particular on the progress in GY&W with staff recruitment (including at Carlton Court) and training.

The Joint Committee also requested the opportunity to have a site visit to the adult Dementia and Intensive Support Team at Carlton Court, Lowestoft, to complement the very helpful visit held on 2 February 2018 to the Dragonfly children's unit, on the same site.

**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.

#### **24. GY&W CCG Strategic Action Plans update**

At Agenda Item 5, the Joint Committee received a suggested approach from the Scrutiny Officer at Suffolk County Council to an update on the Great Yarmouth and Waveney Clinical Commissioning Group (CCG's) Strategic Action Plan, in context of the NHS England assessment rating in September 2017, and including an update on the strategy for out-of-hospital services.

The Chairman welcomed Melanie Craig and Lorraine Rollo (GY&W CCG) to the meeting and to introduce the report.

The Joint Committee noted the governance, leadership and financial issues that had resulted in the CCG being rated as 'inadequate' for 2016/17, and the significant progress that had been made subsequently in addressing all the issues, with the expectation of an improved rating for 2017/18.

Changes had been made to the CCG's governance structure, strengthening it to ensure clear accountability, roles and responsibilities. A new director post had also been filled who would take responsibility of primary care services, working closely with GP's. Ms Craig felt that competent managers and teams were now in place to help the CCG improve its services. It was also noted that the previous regime had strained relationships with its partners and one of the key briefs for Ms Craig upon her appointment as CEO was to reset these relationships.

Members also asked questions about working with the Voluntary and Community Sector, End-of-Life care, Out of Hospital Teams (OHT), and Out of Hours primary care. Members noted that the Southwold OHT had started well on 1 January 2018, with over 25 referrals so far into the OHT.

The Chairman thanked witnesses for attending the meeting.

**Recommendation:** The Joint Committee agreed:

- a) to request that East Coast Community Healthcare (ECCH) be invited to its meeting in October 2018 to present an update to the Joint Committee on the operation of the Out-of-Hospital Services; and
- b) to include on its forward work programme an item on the performance of the 111 service and Out-of-Hours primary care service.

**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.

*Councillor Michael Chenery of Horsbrugh left the meeting at 12.22 pm.*

## **25. Information Bulletin**

The Committee noted the information bulletin at Agenda Item 7.

## **26. 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:

April 2018:

- a) a fuller Information Bulletin update on the James Paget Hospital's customer feedback arrangements.

October 2018:

- b) to request that East Coast Community Healthcare (ECCH) be invited to present an update on the operation of the Out-of-Hospital Services.
- c) a further Information Bulletin update on Blood Testing services.
- d) an Information Bulletin update on the Mental Health Services in Great Yarmouth and Waveney following the CQC inspection of NSFT in July 2017, to cover in particular the progress in GY&W with staff recruitment (including at Carlton Court) and training.

To be scheduled:

- e) the performance of the 111 service and Out-of-Hours primary care service.
- f) a visit to the adult mental health unit at Carlton Court, Lowestoft.

*The meeting closed at 12:39 pm.*

Chairman

**Agenda  
Item 5**

## **Great Yarmouth and Waveney Joint Health Scrutiny Committee**

**13 April 2018**

### **Diabetes Care Within Primary Care Services in Great Yarmouth and Waveney**

Suggested approach from the Scrutiny Officer.

The objective is for Councillors to receive an update on the Integrated Model of Diabetes Care in Great Yarmouth and Waveney.

#### **Purpose of Today's Meeting**

1. The key focus areas for today's meeting are:
  - a) The progress of the new diabetes specialist nurse model of care.
  - b) Data on the numbers of people with diabetes being cared for in a primary care setting rather than secondary care
  - c) Data on the level of provision of the recommended care processes and treatment for patients with diabetes
  - d) Progress with the national Diabetes Prevention Programme, on which the GY&W CCG is working with Public Health.
  - e) The GY&W CCG's performance rating in relation to diabetes treatment.

#### **Background**

2. The Joint Committee looked at this topic on 7 Oct 2016 meeting, and subsequently had an information bulletin briefing at the 20 Jan 2017 meeting. The Joint Committee agreed to return to the subject in a year to look at the key areas listed above in section 1. a) - d).
3. At the 7 Oct 2016 meeting the committee was told that as part of the development of diabetes services the following vital next steps are required:
  - Right care workshop to develop action plan for next priority areas – Autumn 2016.
  - Continued implementation of the Diabetes Intermediate care team.

- Submission of wave 2 Diabetes prevention programme and if successful, roll out of the service in conjunction with Public health.
  - Development of a local Diabetes clinical network.
  - Development and implementation of a service model for foot care services.
4. At the 7 Oct 2016 meeting the Joint Committee also agreed to recommend to the Norfolk and Suffolk Directors of Public Health that they should raise at national level the need for a concerted nationwide campaign of proactive advice to the public about what it meant to have type 2 diabetes and what people could do to reduce their risk in terms of diet, exercise and other measures. The responses received were included in the Information Bulletin briefing at the 20 Jan 2017 meeting, and are attached again as Appendix B.
5. The Norfolk & Waveney STP has established a separate workstream on prevention to ensure this has a greater focus in the overall plan and to increase the pace of work around a range of prevention initiatives. The STP update report to the GYW CCG Governing Body meeting on 25 Jan 2018 stated that, "*The priorities of this work programme include implementing a new model for social prescribing, further rolling out the National Diabetes Prevention Programme and implementing the suicide prevention strategy, plus self-care, healthy lifestyles (including alcohol reduction, smoking cessation and weight management and exercise) and population health management.*"
6. NHS performance ratings of CCGs in relation to diabetes treatment shows GY&W CCG as 'Requires Improvement'. Comparison with the other CCGs in Norfolk and Suffolk is shown in Appendix C.
7. The report from the CCG addressing the key focus areas is in Appendix A.

## **Suggested approach**

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

## **Supporting Information**

9. The following documents are attached:
- a) Appendix A – GY&W CCG Report.
  - b) Appendix B – An extract from the Information Bulletin item previously shown to the Joint HSC Committee on 20 January 2017
  - c) Appendix C – Norfolk and Suffolk CCG Performance Comparative Information.

## **References**

- (i) Joint HSC meeting, 7 Oct 2016, Agenda Item 5:  
[https://committeeminutes.suffolk.gov.uk/DocSetPage.aspx?MeetingTitle=\(07-10-2016\),%20Great%20Yarmouth%20and%20Waveney%20Joint%20Health%20Scrutiny%20Committee](https://committeeminutes.suffolk.gov.uk/DocSetPage.aspx?MeetingTitle=(07-10-2016),%20Great%20Yarmouth%20and%20Waveney%20Joint%20Health%20Scrutiny%20Committee)

- (ii) Joint HSC meeting, 20 Jan 2017, Agenda Item 7:  
[https://committeeminutes.suffolk.gov.uk/DocSetPage.aspx?MeetingTitle=\(20-01-2017\)%20Great%20Yarmouth%20and%20Waveney%20Joint%20Health%20Scrutiny%20Committee](https://committeeminutes.suffolk.gov.uk/DocSetPage.aspx?MeetingTitle=(20-01-2017)%20Great%20Yarmouth%20and%20Waveney%20Joint%20Health%20Scrutiny%20Committee)
- (iii) Diabetes UK, 'Number of people living with diabetes doubles in twenty years', 27 Feb 2018:  
[https://www.diabetes.org.uk/About\\_us/News/diabetes-prevalence-statistics](https://www.diabetes.org.uk/About_us/News/diabetes-prevalence-statistics)
- (iv) NHS Performance statistics: <https://www.nhs.uk/service-search/performance-indicators/organisations/ccg-better-health?>
- (v) GY&W CCG Governing Body, 25 Jan 2018, Agenda Item 9, STP Report:  
[http://www.greatyarmouthandwaveneyccg.nhs.uk/\\_store/documents/agenda\\_item\\_9\\_stp\\_report\\_23.01.2018.pdf](http://www.greatyarmouthandwaveneyccg.nhs.uk/_store/documents/agenda_item_9_stp_report_23.01.2018.pdf)

## Contact details

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## Diabetes briefing for Great Yarmouth and Waveney Health Scrutiny Committee

This report is an update to Committee on the CCG's programme of work in relation to diabetes.

### Recent Developments

The CCG has been successful in receiving National Transformation funding to improve the achievement of treatment targets in patients in diabetes, and for additional patient education for type 2 diabetes patients. Both these objectives are also used by NHS England to rate CCGs on their diabetes care. This funding is for one year, but we are hoping to receive year 2 funding in 18/19 to continue the projects.

- In relation to the treatment targets, this is achieved by the CCG supporting practices to run systematic searches using ECLIPSE software. Practices identify, systematically review and develop further personalised management plans for the patients with the worst figures for blood pressure, cholesterol and HbA1c (a blood test detecting the levels of sugar coating on red blood cells, which acts as a marker of blood sugars over the last two months).
- In relation to patient education, the CCG is using the DESMOND course for patients who have just found out that they have type 2 diabetes. It is an accredited course that has been developed and tested to meet NICE guidelines. Our uptake is above the England average and the highest in Norfolk and Waveney, but additional courses are being provided for the non-newly diagnosed.

The CCG and the lead diabetes consultant from the James Paget Hospital have run additional training sessions for GPs and practice nurses in protected time for learning in both Great Yarmouth and Waveney.

NHS England also a programme called Right Care which aims to reduce health inequalities across England. The programme has identified foot care as a local priority and the CCG has put together a service development for a multidisciplinary team based at James Paget University Hospital.

### Progress of the new diabetes specialist nurse model of care

The CCG has commissioned an Intermediate Diabetes Service which holds clinics in every GP practice. The specialist nurses review complex patients, initiate treatment changes where appropriate, and provide advice to primary care clinicians. This team continues to increase its capacity and is now also linking into the ECLIPSE treatment target project. It is anticipated that through this work the clinics will be better utilised and more patients reviewed.

## **NHS England Assessment**

The CCG received a 'Requires Improvement' rating from NHS England in January 2018. This assessment was based on the National Diabetes Audit, which extracted data from practices pertaining to the period April 2016 to March 2017. This data has been presented on the following page next to the Public Health England data pertaining to the same year.

We have undertaken a review of local diabetes services, which was presented to the Clinical Executive by our lead GP last month. It has been agreed that the Intermediate Diabetes Service needs to be recommissioned with a new specification which follows best practice currently being followed elsewhere in the East of England.

As all five CCGs in the STP received a Requires Improvement rating or worse, and the Great Yarmouth and Waveney CCG Accountable Officer sponsored a presentation to the Joint Strategic Commissioning Committee in March 2018, which focused on the NHSE Assessment, Right Care information, and the service models currently in operation in neighbouring CCGs with better outcomes and ratings.

It has been agreed that Norfolk and Waveney needs to move to the far more primary-care led service models provided in Suffolk and Essex. The latest data from collected as part of monitoring GP contracts shows that just over 15,000 adult patients in Great Yarmouth and Waveney are seen in General Practice. Having this consistent approach across the geography will greatly help the commissioners in working with the area's diabetes teams to achieve this.

Working collaboratively across the STP will also improve the consistency of preventive messages, standardised data collection, allow constructive comparison between different pathways and increase the resilience and flexibility of the specialist workforce across the geographical area.

## **Progress with the National Diabetes Prevention Programme**

Wave 3 of the National Diabetes Prevention Programme is being rolled out across the STP in the summer of 2018. The procurement process for this service is currently underway and will move to the implementation phase in May. The project also includes Public Health colleagues and is linked to the health checks. Clinical leads have already been engaged with the programme, and the CCG/STP will work with them to identify appropriate patients to refer to the scheme.

In conclusion, the CCG is aware of its current performance, but has a programme of projects both locally and at STP level to introduce the National Diabetes Prevention Programme, improve performance in treatment targets and care processes and implement a local Multi-disciplinary foot care service. Alongside this there is an expansion in patient and professional education to improve the knowledge of clinicians and allow patients to better self-manage their Diabetes.

**Rachel Leeds**  
**Clinical Commissioning Senior Manager (Planned)**

**Data on the level of provision of the recommended care processes and treatment for patients with diabetes.**

CCG	NHSE Assessment	Part of NHSE Assessment Algorithm			PHE Profile			
		NDA Participation	% Diabetes patients that have achieved all the NICE recommended treatment targets	% People with diabetes diagnosed less than a year who attend a structured education course	Type 1 All 8 Care Processes	Type 2 All 8 Care Processes		
Castle Point and Rochford	Outstanding	100.0	42.8	22.5	18	26.9		
Ipswich and East Suffolk	Outstanding	97.5	43.3	27.7	50	51.6		
North East Essex	Outstanding	97.4	42.5	12.4	59.7	71.8		
West Suffolk	Outstanding	91.7	41.6	16.8	25.2	45.8		
Basildon and Brentwood	Outstanding	90.2	41.7	13.0	19.9	28.9		
Southend	Outstanding	79.4	43.1	25.3	24.2	29.9		
Thurrock	Outstanding	65.6	41.1	12.3	13.2	18		
West Essex	Good	88.6	40.8	8.1	28.1	24.1		
<b>West Norfolk</b>	Requires Improvement	95.2	40.1	5.0	25.2	45.8		
<b>Great Yarmouth and Waveney</b>	Requires Improvement	90.5	35.7	17.0	28.9	40.1		
<b>South Norfolk</b>	Requires Improvement	87.5	37.0	0.7	47.8	53.7		
Mid Essex	Requires Improvement	86.7	35.2	14.6	25.6	32.3		
<b>North Norfolk</b>	Requires Improvement	73.7	38.2	2.0	50.9	50		
Cambridgeshire and Peterborough	Inadequate	97.1	34.0	6.3	37.7	47.3		
<b>Norwich</b>	Inadequate	95.7	34.5	0.7	50.3	43.7		
<b>Data from 2016/7 National Diabetes Audit:</b>		NHS England Columns Key: [No statistical significance testing]			PHE:			
CCGs sorted by:								
NHSE Integrated Assessment Framework Rating								
Then NDA Participation		Higher than East Average		Better than Benchmark				
		Lower than East Average		Similar to Benchmark				
<b>NB Data from retinal screening comes out in late March</b>				Worse than Benchmark				
In 2015/6 all N&W CCGs had higher uptake (89.6-92.3%) than the England average (82.8%)				Aggregated from smaller areas				



## **Extract from the Information Bulletin of 20 January 2017**

### **Item (b)**

#### **Diabetes care within primary care services**

On 7 October 2016 Great Yarmouth & Waveney Joint Health Scrutiny Committee received a report from GY&W CCG on 'Diabetes Care within Primary Care Services in Great Yarmouth'. The discussions focused on the new diabetes specialist nurse service in the area and the work that still needs to be done to deliver the required treatments and care processes to all patients with diabetes in Great Yarmouth and Waveney. Prevention was also discussed and the Joint Committee made a recommendation for the Directors of Public Health in Norfolk and Suffolk:-

"That local Public Health Directors raise at national level the need for a concerted nationwide campaign of proactive advice to the public about what it means to have type 2 diabetes and what people can do to reduce their risk in terms of diet, exercise and other measures."

The responses were as follows:-

#### **Norfolk**

We are already doing a lot of work to tackle obesity locally, and it is a Health and Wellbeing Board priority. For example:

- We have helped Gt Y&W CCG submit a bid to NHS England to be part of the second phase of the diabetes prevention programme and await the outcome.
- We have just let a contract to fund 2,500 people through Slimming World, for people identified as having a BMI >30 at their NHS Health Check.
- Further access to weight management to reduce obesity, and roll out of Making every Contact count are proposed in the STP prevention plans.

With regards to a national campaign, Public Health England already run this with their 'One You' campaign.

#### **Suffolk**

We have a broad approach to both disseminating the messages about diabetes prevention those in Suffolk and also to offer support to allow people to change their lifestyle and reduce the risk of diabetes and support health in those who have diabetes. I have outlined below the key areas of activity within Public Health Suffolk.

General information and advice through the Healthy Suffolk website and the OneLife Suffolk website about healthy weight and physical activity supported by specific campaigns including our support of the Public Health England national campaign "One You". OneLife Suffolk is the provider of the new integrated Lifestyle service we commissioned which started in April 2016.

We are promoting Making Every Contact Count (MECC). MECC is a model where front line staff are trained to give evidence based brief interventions (relating to stop

smoking, diet, physical activity and alcohol) when appropriate and then refer individuals for additional support where necessary. We provided free training for staff which has been offered to the NHS for some time and now is available to the wider public sector and voluntary sector.

We have a programme of work to Increase the proportion of the Suffolk population with a healthy weight and improving diet through:

- Agreeing the Suffolk Food charter across the public, voluntary and private sectors,
- Funding our recently established Healthy Food award scheme for business in collaboration with environmental health teams in districts and boroughs
- Offering a programme to support at risk people to reach a healthy weight through tier 1 and 2 weight management interventions provided through One Life Suffolk (increasing from 1,600 people treated in 2016/17 to 7,500 treated per year across Suffolk by 2019/20 which is year 4 of the contract)

We have a programme of work to Increase the proportion of those who are physically active in Suffolk through:

- Delivery of the multiagency Suffolk Walking strategy, including the Year of Walking 2016/7 (which promotes “Beat the Street in Lowestoft”)
- Implementation of the multiagency Suffolk Cycling Strategy
- Increasing physical activity in those with disability and in older people (for example through the “fit villages” programme)
- County wide provision of health walks by OneLife Suffolk

We aim to improve Identification and support of those with prediabetes

- We have (with PH in Norfolk) helped Gt Y&W CCG submit a bid to NHS England to be part of the second phase of the diabetes prevention programme and await the outcome.
- NHS Health checks are offered to those aged 40-74 once every 5 years.
- More intensive support from our integrated lifestyle service (OneLife Suffolk) is available for those identified as having “pre-diabetes” and those who are high risk. This includes provision of specific support to increase physical activity in those with long term conditions with a focus on diabetes as well as intensive weight management support if required.
- We plan to start diabetes screening for those who attend the integrated lifestyle service who are at high risk for diabetes (2017/8)

In addition decreasing the prevalence, increasing detection and maximising optimum treatment of diabetes are key elements to the Suffolk prevention strategy “The Time Is Now” which was approved by the Suffolk Health and Wellbeing Board and are also prioritised through the STPs

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## Norfolk & Suffolk CCGs - Comparison of Ratings for Diabetes Care

This data is sourced from: <https://www.nhs.uk/service-search/performance-indicators/organisations/ccg-better-health?SortingMetricId=-1&ResultsViewId=1172&OrgsOnPageInShortListAsPageLoads=&EntityCode=CCG&InShortList=&DefaultLocationText=Please+enter+a+location+or+postcode&DefaultSearchRadius=25&CurrentSearchType=Full&ResultsViewId=1172&MetricGroupId=602&OrganisationNameSearchValue=yarmouth&LocationName=Please+enter+a+location+or+postcode&LocationId=0&Radius=25&PageSize=100>

## Performance of CCG | Better health in England



Performance of  
CCGs | CCG - Better health

Metric Group  
**Diabetes (3)**

Organisation Information	2016-17 CCG IAF Assessment - Diabetes  i	<u><a href="#">Diabetes patients that have achieved all the NICE recommended treatment targets</a></u>  i	<u><a href="#">People with diabetes diagnosed less than a year who attend a structured education course</a></u>  i
<b>NHS Great Yarmouth And Waveney CCG</b>  Beccles House, 1 Common Lane North, Beccles, Suffolk, NR34 9BN Tel: 01502 719 500	<b>Requires improvement</b>	<b>35.7%</b> 90.5% participation in the NDA.	<b>17%</b> 90.5% participation in the NDA.
<b>NHS Ipswich And East Suffolk CCG</b>  Endeavour House, 8 Russell Road, Ipswich, Suffolk, IP1 2BX Tel: 01473 770000	<b>Outstanding</b>	<b>43.3%</b> 97.5% participation in the NDA.	<b>27%</b> 97.5% participation in the NDA.
<b>NHS West Suffolk CCG</b>  West Suffolk House, Western Way, Bury St Edmunds, Suffolk, IP33 3YU Tel: 01284 750810	<b>Outstanding</b>	<b>41.6%</b> 91.7% participation in the NDA.	<b>16.8%</b> 91.7% participation in the NDA.

<b>NHS West Norfolk CCG</b>  King's Court, Chapel Street, King's Lynn, Norfolk, PE30 1EX Tel: 01553 666900	<b>Requires improvement</b>	<b>40.1%</b>  95.2% participation in the NDA.	<b>5%</b>  95.2% participation in the NDA.
<b>NHS North Norfolk CCG</b>  1 Mill Close, Aylsham, Norwich, Norfolk, NR11 6LZ	<b>Requires improvement</b>	<b>38.2%</b>  73.7% participation in the NDA.	<b>2%</b>  73.7% participation in the NDA.
<b>NHS South Norfolk CCG</b>  Lakeside, 400 Old Chapel Way, Norwich, Norfolk, NR7 0WG Tel: 01603 257000	<b>Requires improvement</b>	<b>37%</b>  87.5% participation in the NDA.	<b>0.7%</b>  87.5% participation in the NDA.
<b>NHS Norwich CCG</b>  Norwich City Hall, St. Peters Street, Norwich, Norfolk, NR2 1NH Tel: 01603 613325	<b>Inadequate</b>	<b>34.5%</b>  95.7% participation in the NDA.	<b>0.7%</b>  95.7% participation in the NDA.



**Agenda  
Item 6**

## **Great Yarmouth and Waveney Joint Health Scrutiny Committee**

**13 April 2018**

### **Update on the Early Intervention Vehicle (EIV) Pilot**

Suggested approach from the Scrutiny Officer.

The objective is for councillors to receive an update on the Great Yarmouth & Waveney CCG's commissioned pilot of an Early Intervention Vehicle (EIV).

#### **Purpose of Today's Meeting**

1. The key focus areas for the meeting are:
  - a) An update on the results from the pilot Early Intervention Vehicle (EIV) service, which commenced in Nov 2017.
  - b) The effectiveness of the scheme in avoiding the need to attend A&E.
  - c) How well the collaboration is working between the East of England Ambulance Service (EEAST), East Coast Community Healthcare (ECCH) and the James Paget University Hospital (JPUH).

#### **Background**

2. At the meeting on 20 Oct 2017, in discussion of A&E Performance at James Paget University Hospitals NHS Foundation Trust (JPUH), the Joint Committee heard about the Early Intervention Vehicle (EIV) pilot and requested further information on the results of the EIV Pilot, including input from the Ambulance Trust.
3. The GY&W CCG Press Release, 15 Nov 2017, is attached for reference as Appendix B. This includes a link to a YouTube video outlining how the new service will work.
4. The report to the GY&W CCG Governing Body, Agenda item 7, 25 January 2018, on 'Progress with winter pressures', stated that "*The Early Intervention Vehicle (EIV) commenced in early December to target patients for whom a 999-emergency ambulance was requested as a result of falling. The impact of this pilot is that approximately 70% of patients that would have been conveyed to the ED were avoided as a result of early intervention by the ambulance staff or therapist deployed with the vehicle.*"

5. In the report to GY&W CCG Governing Body, Agenda item 9, 24 October 2017, on 'Winter Planning – 2017/18', under 'Schemes to support winter 2017/18: Attendance / Admission Avoidance', it lists the Early Intervention Vehicle scheme, funded through STF – to support patients who have fallen, involving EEAST, JPUH & ECCH, and commenced in November 2017.
6. In the report to GY&W CCG Governing Body, Agenda item 11, 22 March 2018, on 'Norfolk and Waveney Sustainability and Transformation Partnership (STP) Update Report', under 'Urgent and Emergency Care', it notes that, "*At its last meeting on 28 February, the Urgent and Emergency Care Board agreed several key strategic STP wide Urgent and Emergency Care priorities including; ... Avoiding unnecessary admissions to hospital through rolling out a range of schemes, including an Early Intervention Falls Vehicle.*".
7. A joint report from the CCG, ECCH, EEAST and JPUH, addressing the key focus areas, is attached as Appendix A.

## **Suggested approach**

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

## **Supporting Information**

9. The following documents are attached:

Appendix A – A report from GY&W CCG, ECCH, EEAST and JPUH.

Appendix B – The GY&W CCG's Nov 2017 Press Release.

## **References**

- (i) GY&W CCG Governing Body, Agenda item 11, 22 March 2018, on 'STP Update Report: Urgent and Emergency Care':  
[http://www.greatyarmouthandwaveneyccg.nhs.uk/\\_store/documents/agenda\\_item\\_11\\_update\\_on\\_norfolk\\_and\\_waveney\\_stp\\_march\\_2018\\_final.pdf](http://www.greatyarmouthandwaveneyccg.nhs.uk/_store/documents/agenda_item_11_update_on_norfolk_and_waveney_stp_march_2018_final.pdf)
- (ii) GY&W CCG Governing Body, Agenda item 7, 25 January 2018, on 'Progress with winter pressures':  
[http://www.greatyarmouthandwaveneyccg.nhs.uk/\\_store/documents/agenda\\_item\\_7\\_winter\\_pressures\\_update.pdf](http://www.greatyarmouthandwaveneyccg.nhs.uk/_store/documents/agenda_item_7_winter_pressures_update.pdf)
- (iii) GY&W CCG Governing Body, Agenda item 9, 24 October 2017, on 'Winter Planning – 2017/18':  
[http://www.greatyarmouthandwaveneyccg.nhs.uk/\\_store/documents/agenda\\_item\\_9b\\_winter\\_planning.pdf](http://www.greatyarmouthandwaveneyccg.nhs.uk/_store/documents/agenda_item_9b_winter_planning.pdf)

## **Contact details**

Paul Banjo, Scrutiny Officer; Email: [paul.banjo@suffolk.gov.uk](mailto:paul.banjo@suffolk.gov.uk); Tel: 01473 265187



## **Briefing for Great Yarmouth and Waveney Health Scrutiny Committee: Update on the Early Intervention Vehicle (EIV) Pilot**

In September 2017 the CCG was approached by the East of England Ambulance Service (EEAST) to support the implementation of an Early Intervention Vehicle (EIV) for Great Yarmouth and Waveney based upon the successful pilot undertaken by EEAST and Norfolk Community Health & Care (NCH&C) within the Central Norfolk system.

Funding of £130,000 was sourced via the Norfolk and Waveney Sustainability and Transformation Partnership (STP) following a business case submission by EEAST; this was transformation funding provided by NHS England (NHSE). In November 2017 GYWCCG launched an EIV Pilot across Great Yarmouth and Waveney with the collaboration of East Coast Community Healthcare (ECCH) and the James Paget University Hospital (JPUH).

The vehicle operates between 07:00 and 19:00 Friday to Monday and aims to provide safe and rapid care for people who have contacted NHS111 or 999 following a fall or a frailty need within their usual place of residence, thereby avoiding unnecessary conveyance and/or admission to an acute hospital.

The EIV is not just for patients who have had a fall; it also provides support and treatment for those patients with a healthcare need where hospital admission might have been required were it not for the intervention of the team. To date the EIV has only seen patients in their own home, care or residential home setting.

Appropriate calls are triaged by the 999 call centre operated by EEAST prior to the dispatch of the team. The EIV is staffed by an Emergency Medical Technician (EMT) and an occupational therapist (OT) or physiotherapist (PT).

The EMT and therapist carry out a thorough clinical assessment to determine whether a conveyance to hospital is required (based on whether there are any immediate clinical needs that cannot be met by the EIV team). The team then put in place any immediate measures, including the issue of equipment which is carried on board the vehicle, to support the patient and minimise the risk of further falls. The team also have access to other services including the Community Falls Team, Norfolk Swifts, Waveney Night Response, and "I'm Going Home" pendant alarm and key safe systems, if required, to provide a seamless service for patients.

The EIV has seen an average of 71 patients per full month since it went live in mid-November 2017, slightly below target of 77 per month, mainly due to higher than anticipated numbers of Category 1 calls which are usually more time consuming. Category 1 calls are those that present an immediate threat to life such as cardiac arrest patients. The EMT and therapists are trained to perform CPR in the event that they are closest to such a patient. The therapy team have undertaken additional training provided by EEAST to enhance their CPR skills.

To date, the EIV has supported a reduction in:

- Emergency 999 responses to elderly ‘falls’ patients
- A&E attendances for this cohort of patients
- Emergency admissions
- Repeat fallers

**These interventions are likely to have resulted in a reduction of approximately 200 Emergency Service attendances, 135 A&E attendances, 41 unplanned admissions and 369 acute bed days.**

**“For the more vulnerable, being in hospital also frequently means: losing mobility losing confidence in the ability to live independently losing the continuity of whatever care packages are in place.” Why Not Home, Why Not Today? - Better Care Fund 2017**

Those patients that have been seen by the EIV are reporting a very positive patient experience, describing it as “friendly”, “very helpful” and “brilliant”, and providing “immediate benefit”.

This pilot has built on the original central Norfolk pilot by developing the range of equipment and services the EIV can offer, for example the “I’m Going Home” packs, and by adding physiotherapists to the team thereby engaging both hospital and community therapists. This has only been possible through collaborative working between, NHS Great Yarmouth and Waveney CCG, East Coast Community Healthcare, East of England Ambulance Service, James Paget University Hospitals.

The collaboration has proved very successful and has resulted in improvements across the health system including greater understanding of roles and services available within the system to support discharge and prevent admission, brought about by closer working and joint ownership of the pilot and its outcomes. The EIV collaboration has also generated a directory of services for these vulnerable patients that has been shared across the system, and benefits from using a single clinical record, streamlining the assessment and referral process for patients and clinicians.

Due to the success of the pilot and its benefits to patients, GYWCCG has funded an extension of the pilot to include April, whilst the STP undertakes the work to enable a fully commissioned service.

April 2018

**The Early Intervention Vehicle Pilot  
is a partnership between:**

East Coast Community Healthcare  
Great Yarmouth and Waveney CCG  
East of England Ambulance Service  
Norfolk Community Health and Care  
James Paget University Hospitals

## Early Intervention Vehicle Press Release, November 2017

Source: [http://www.greatyarmouthandwaveneyccg.nhs.uk/news\\_item.asp?fldID=856](http://www.greatyarmouthandwaveneyccg.nhs.uk/news_item.asp?fldID=856)



# New falls service to launch

15 November 2017

## New falls service set to launch

People living in Great Yarmouth and Waveney will soon receive extra support to help them remain at home after suffering a fall thanks to a new initiative which launches on Friday (17 November).

The early intervention vehicle (EIV) trial will see the East of England Ambulance Service NHS Trust (EEAST) dispatch an emergency medical technician to patients who have fallen. They will be accompanied by an occupational therapist or physio from East Coast Community Healthcare (ECCH) or the James Paget University Hospitals NHS Foundation Trust (JPUH).

The team will provide support to patients in their home with the aim of preventing a hospital admission or a trip to A&E, as well as making onward referrals for extra health and social care support where necessary. EIV staff will also provide equipment and offer help and guidance to avoid falls in the future, in turn improving people's quality of life and reducing pressure on NHS resources.

The trial has been funded until 31 March 2018 with £130,000 from the Norfolk and Waveney Sustainability and Transformation Plan (STP). It comes following the success of similar schemes taking place elsewhere in Norfolk, and has been developed by EEAST, ECCH, NHS Great Yarmouth and Waveney Clinical Commissioning Group (CCG), JPUH, Great Yarmouth Borough Council, Waveney District Council, Suffolk County Council and Norfolk County Council.

Cath Byford, Director of Commissioning with NHS Great Yarmouth and Waveney Clinical Commissioning Group, said: "We are really pleased that we have been able to work with our partners to trial this new service. Not only will the EIV ensure that people who have suffered a fall receive the best possible care, but will also mean they get the right help and support to stay in their own home wherever possible."

"The team will also be able to offer vital help and guidance, onward referral and specialist equipment to help prevent repeat falls in the future, which is great news for patients and their families as it will improve their outcomes and quality of life. At the same time, it will also help reduce pressure on the NHS by minimising unnecessary hospital admissions and A&E attendances, and making best use of the ambulance service's resources."

"I am confident that this new initiative will help prevent falls over what we know will be a busy few months over winter."

Terry Hicks, EEAST Sector Head for Norfolk and Waveney, said: "We are delighted to be expanding this service to help patients in Great Yarmouth and Waveney. One in five of all 999 calls to the ambulance service are to patients who have suffered a fall and an emergency ambulance is not always required as a response. This project puts an alternative pathway in place so that they can stay at home by putting measures in place such as hand rails, removing trip hazards and reviewing a patient's medication.

"It will help to reduce unnecessary A&E admissions, helps to keep a patient at home where they feel comfortable, and reduces the likelihood of falling again in the future."

ECCH's Director of Operations Adele Madin said: "We are delighted to have been able to build on the success of existing schemes, adding physiotherapy support as well as our occupational therapists to the team. This is a great example of how working in an integrated way with our NHS and social care colleagues means we can be more efficient and effective, offering our patients the best possible care when they most need it."

The service will operate between 7am and 7pm at the weekends and on Fridays and Mondays from 7am to 7pm during periods of the highest demand.

See and share YouTube video outlining how the new service will work  
<https://youtu.be/sim7SCx28y0>

**Ends**

**Issued by Liz Hearnshaw at Zenith Public Relations on 01359 242581 or**  
**[liz.hearnshaw@zenithpr.co.uk](mailto:liz.hearnshaw@zenithpr.co.uk)**

published on 15/11/2017

**Agenda Item 7****Gt Yarmouth and Waveney Joint Health Scrutiny Committee,  
13 April 2018****Information Bulletin**

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

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

This Information Bulletin covers the following items:

1. [Update on Implementation of the Transforming Care Programme for people with Learning Disabilities and/or Autism](#)
  2. [James Paget Hospital's Customer Feedback Arrangements – A Further Update](#)
  3. [Patrick Stead Hospital and Rayner Green Day Service – Update](#)
  4. [Progress Update on Shrublands Site](#)
  5. [Norfolk & Waveney Sustainability & Transformation Partnership Plan \(STP\) Update](#)
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## **1. Update on Implementation of the Transforming Care Programme for people with Learning Disabilities and/or Autism**

Background: At the Joint Committee meeting on 4 April 2017, looking at '[Learning disability services](#)', the Joint Committee noted that the review of learning disability services had identified that a wider range of service provision was required to meet the needs of this particular group of individuals. The CCG had been unsuccessful in its attempts to secure additional funding from a transformation fund that had been set up nationally to help meet such needs, however good progress continued to be made with the implementation of the Transforming Care Programme for people with learning disabilities and / or autism in Great Yarmouth and Waveney. The Joint Committee noted the report and asked for an information bulletin update in a year's time.

[NB. In addition to this GY&W CCG briefing, below, there is some further information within a recent report to Suffolk County Council [Scrutiny Committee on 5 April 2018](#), which looked at '*Transformation of Learning Disability Services*']

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### **Briefing for Great Yarmouth and Waveney Health Scrutiny Committee:**

NHS Great Yarmouth and Waveney CCG is part of the Norfolk and Great Yarmouth and Waveney Transforming Care Programme (TCP) and this briefing is to update the Great Yarmouth and Waveney Health Scrutiny Committee on the progress of this.

#### **1. Introduction**

The Norfolk and Great Yarmouth and Waveney Transformation Plan sets out to deliver the ambitions of the Learning Disability Transforming Care programme, which aims to significantly re-shape services for people with learning disabilities and/or autism with a mental health problem, or behaviour that challenges, to ensure that more services are provided in the community and closer to home, rather than in hospital settings.

The key deliverables are:

- Reduction in the number of inpatients commissioned by CCG's and SCG.
- Successful implementation of Care and Treatment Reviews and the associated governance.
- Development of community-based alternatives to hospital including enhanced community learning disability team; community based forensic support team; agreed

- children's and young people's pathway commissioned; Autism/ADHD pathway commissioned; Risk of Admission Register in place.
- Increasing workforce capability to address gaps in skills, best practice and staff awareness of learning disabilities and mental health problems including commissioning of positive behaviour support.
  - Development of alternative accommodation including crisis accommodation.

In addition, the Learning Disability Mortality Review is being implemented as part of the TCP.

There is an expectation that inpatient beds for people with learning disabilities and / or autism and behaviours that challenge, should be closed and that Norfolk and Great Yarmouth and Waveney Transforming Care Partnership (N&WTCP) should be using no more than 12 beds by March 31 2019.

To assure this direction of travel, N&WTCP plan has committed itself to a trajectory that delivers the use of only 17 learning disability inpatient beds by March 31 2018. This will be achieved through the use of six block purchased beds and 11 spot purchased beds. To ensure that these trajectories are achieved there will be a need to ensure that the people described as being part of the Transforming Care cohort can be cared and supported through community provision instead of hospital admission.

## **2. Current in-patients**

The present number of Norfolk and Waveney CCG patients in in-patient settings continues to be below the expected trajectory for March 2018. There are 16 patients currently placed in hospital facilities whose placements are commissioned by the CCG's. There are also 21 patients whose placements are commissioned by NHs England Specialised Commissioning

There are also four patients from Great Yarmouth and Waveney who are in NHS England Specialised Commissioning placements.

## **3. Progress to date**

Changes to learning disabilities services in the Waveney locality of Great Yarmouth and Waveney as part of the service redesign within Norfolk and Suffolk Foundation Trust has seen the closure of inpatient beds at Airey Close, Lothingland, enhanced staffing within the community teams and the teams working in an intensive support function. The Great Yarmouth Community Learning Disabilities Team was not part of this redesign and is a service provided by Norfolk County Council and Norfolk Community Health and Care. However, both teams do work in close partnership with each other.

The new community based forensic support team will be operational in April 2018 and individuals from Norfolk and Waveney will be able to access. This will be provided by Hertfordshire Partnership Foundation Trust from the Astley Court site.

Opening Doors (a self-advocacy organisation) have recently hosted a local conference supporting the Transforming Care Programme. This was opened by the national lead for learning disabilities and received very positive feedback.

Risk of Admission Registers (RoAR) are in place for children and adults and there is on-going work to develop these.

The TCP are working closely with colleagues in Great Yarmouth and Waveney CCG (who will be leading on children) and Norfolk County Council (NCC) Children's Services. Further work is required to embed the ethos of Transforming Care into Children's Services. This will form the focus of the remaining months of the programme.

The TCP Workforce Strategy has been developed and is informing the overarching STP Workforce Strategy. The TCP has published its housing strategy and it is currently engaging with District Councils to ensure any new housing developments are supported where appropriate.

The LeDeR (Learning Disabilities Mortality Review Programme) is being implemented as part of the TCP.

The update and quality of the annual Learning Disabilities Health Checks are also monitored through the TCP and NHS Great Yarmouth and Waveney CCG will be taking a lead on this.

The Learning Disabilities Strategy is currently being developed by Norfolk County Council and is due to be published shortly. There is a strategy in place for Suffolk.

**Kim Harvey**  
**Mental Health and Learning Disabilities Senior Manager**

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

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## **2. James Paget Hospital's Customer Feedback Arrangements – A Further Update**

(Background: At the JHSC meeting on [20 Oct 2017](#) in discussion of 'A&E Performance at James Paget University Hospitals NHS Foundation Trust' clarification was requested about how the JPUH responds to comments received at its Feedback Centre. A brief response was included in the Information Bulletin for the 2 Feb 2018 meeting, and a fuller briefing is now provided here)

The JPUH response to feedback received is summarised regularly within the 'Patient Experience' section of the Quality and Safety Reports to the JPUH Board meetings. The report that went to the 23 Mar 2018 JPUH Board meeting can be found at this link: <http://www.jpaget.nhs.uk/media/390801/23032018-Quality-and-Safety-Report.pdf>

Some extracts from that report are as follows (NB. any graphs/charts referred to can be viewed in the full report at the above link):

### **Social Media/NHS Choices/Care Opinion**

The Trust regularly receives feedback via social media (Facebook, Twitter), NHS Choices and Care Opinion. The predominant on line feedback source continues to be Facebook.

During February, the Trust received 14 feedback comments, of which there were 1 mixed, 4 negative and 9 positive comments overall.

Positive themes from online feedback continue to evidence the delivery of quality care by helpful, informative staff. All feedback is responded to and subsequently shared with the respective divisional managers/patient experience leads to cascade to the relevant teams/specialities/staff for discussion and learning to take place.

In all cases of negative feedback and in line with the Trust's agreed Always Events, there is a 100% expectation that Divisional staff respond to the identifiable negative feedback directly by contacting the individual to offer discussion/resolution. The Division will then feedback to the Patient Experience Team to confirm that discussions have taken place and to notify of any further action taken where applicable. In cases of anonymously posted feedback, a generic response is given asking the individual if they would like to supply their contact. Alternatively, there is the opportunity to contact PALS. In some cases, service users do not wish for any further contact.

All feedback is discussed at divisional/departmental level to explore opportunities for improvement regarding any of the issues raised and for exploration of themes and trends; where applicable. Divisions will then provide updates via their Divisional reports to CAPE. Within maternity services, feedback can be posted directly on the maternity Facebook page 'Bumps, Babies and Mums'. During February, 18 positive comments were received. There were no negative comments posted during the reporting period.

## **National Surveys**

### National Inpatient Survey 2016 and National Emergency Department Emergency Department Survey 2016

Actions continue to be progressed to address the themes identified from the National Emergency Department Survey 2016 and the National Inpatient Survey 2016, monitored via the Carer and Patient Experience Committee.

### National Cancer Patient Experience Survey (NCPES) 2016

All actions incorporated into an action plan following the findings of the NCPES 2016 are complete. The final version will be shared both at the Cancer Operational Group and the CAPE committee. The NCPES 2017 is currently in progress.

### National Maternity Survey 2017

Actions continue to be progressed to address those areas requiring further improvement following the publication of the National Maternity Survey 2017. In the main, however, the findings evidence that the Trust performed 'about the same' as other Trusts.

The National Maternity Survey 2018 is currently being mobilised.

### National Inpatient Survey 2017

This survey is now complete. CQC publication is expected May/June 2018.

## **Governors Visits**

Meet the Governor sessions recommenced in the chapel on a bi-monthly basis during February. Unfortunately the first session resulted in a very low turnout, however it is early days and possibilities are currently being further explored to raise awareness and promote these sessions.

Governors have also commenced supporting both the Friends and Family test and Red 2 Green feedback initiatives within clinical areas, engaging with patients, carers and relatives directly.

## **Complaints**

During February, 11 complaints were received, of which there were 13 themes. All aspects of clinical treatment continues as the main theme (n = 4); communications and information continued as the joint second theme (n = 3) along with staff values and behaviours and attitude of staff (n = 3).

## **Friends and Family Test (FFT)**

The Trust has agreed its own internal response targets of 40% for inpatient areas and a target of 20% for outpatient areas and A&E via discussions at CAPE. The response percentage is estimated based on previous activity data.

During February, the overall response rate for the Trust decreased to 14.75% based on 29052 patients eligible to respond (January = 15.55% based on 30220 patients eligible to respond). Actual number of responses reached 4286 compared to 4700 the previous month.

## **FFT Scores**

### Trust

During February, 97% of patients report that they would recommend this Trust to friends and family; a 1% increase on the previous month's reporting. The scores remained stable at 1% for those patients that would not recommend services during the reporting period.

### Maternity

98% of respondents accessing maternity services during February would recommend services to family and friends; a 2% increase on the previous month. 2% would not recommend services; a 2% decrease on the previous month's reporting.

The graph above demonstrates disappointing recommendation rates for antenatal FFT however the response rate was low ( $n = 10$ ) with one respondent in the 'unlikely/extremely unlikely to recommend' category which has skewed the data.

### A&E

During February 94% of respondents would recommend services, a 2% increase on the previous month. 2% would not recommend A&E services to friends and family, which is a 1% improvement on the previous months reporting.

### ***Themes from FFT February***

Whilst FFT feedback predominantly evidences that patients would recommend services to family and friends, the Trust continues to explore where improvements can be made in relation to those that would not recommend our services based on any narrative detail provided in the FFT responses. Details of both positive and negative themes evidenced from Friends and Family feedback are further detailed below.

### Outpatient Departments

During February the positive themes evidence friendly helpful staff and a clean environment. Requires improvement themes evidence long waits, signage to the departments and more chairs and improved wheelchair access being required.

### Inpatient areas

February themes continue to evidence excellent service/treatment and good food. Requires improvement themes include communication from medical staff, noise at night and improved facilities such as TV, radio and Wifi.

### Maternity

Positive themes continue to evidence supportive, friendly staff. Requires improvement themes indicate that more staff at night are perceived as being needed. These are a continuation of the previous month's themes.

### A&E

Positive themes evidence helpful friendly staff, clean and tidy environment and paediatric A&E services being very responsive. Requires improvement themes relate to lengthy waiting times and a cold and tired looking environment.

## ***Organisational Learning from Patient Experience***

Following detailed discussion of the themes identified from all sources of feedback at the Carer and Patient Experience Committee, the following improvement actions have taken place:

Action	Status	Comments
Governors bi-monthly meet and greet sessions to be held in the chapel for patients, carer & service users	Completed/ongoing	First session held. Subsequent dates arranged
Governors to work with the patient experience team engaging with patients in the FFT and Red2Green initiatives	Completed/ongoing	First session held. Subsequent dates arranged
Wall mountable magazine racks being explored for outpatient areas offering magazines choices related to gardening, well-being and leisure activities.	In progress	Awaiting confirmation from communications team regarding ongoing capacity to complete the necessary advertisement authorisation checks.
Meal time supervision training being extended to administrative staff who wish to volunteer their support to enhance the patient experience.	Completed/ongoing	Administrative staff have been providing ongoing support particularly evidenced during the recent inclement weather

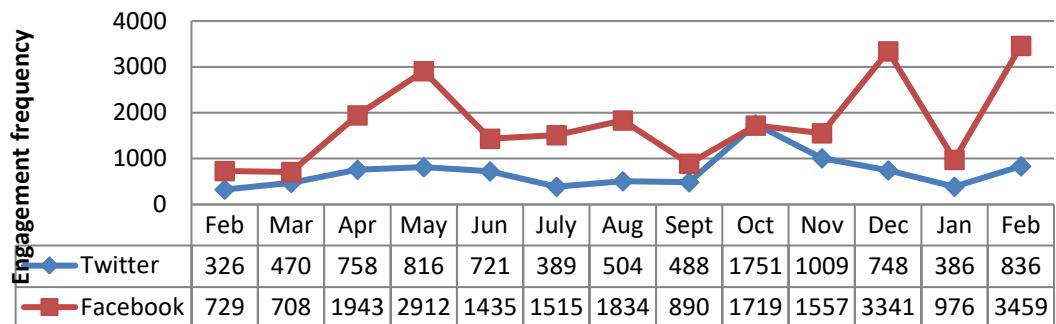
The Trust is active on social media with many comments received through Facebook including direct messages. Responses are provided in-hours. Outside office hours the Head of Communications and Corporate Affairs responds initially with further information provided as necessary.

Updates are provided to the Board of Directors through the Communications report, with an extract provided from the March Report.

**The total number of followers on the JPUH Twitter account is 2852** – a total increase of + 62 during February. A total of 22 items\* have been posted on the JPUH account during that time (including retweets, replies and direct posts).

The Trust's Facebook page continues to accumulate followers at a positive speed. **The total number of followers is now 5340** – an increase of +337 followers during February. A total of 29 items were posted to the page by JPUH during this time.

## Audience engagement with social media posts



There has been discussion with Healthwatch Norfolk and Suffolk in recent months with regard to their Feedback Centres and how these are managed. The Trust is scrupulous in responding to patients and carers and sought urgent resolution as it is not currently possible to access or respond to comments. Healthwatch Norfolk has agreed to resolve this prior to the next meeting with the Trust in May.

For further information please contact: Amanda Hood, Head of Patient Experience and Engagement, James Paget University Hospitals NHS Foundation Trust, Tel. 01493 452304.

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### **3. Patrick Stead Hospital and Rayner Green Day Service – Update**

(Background: On 5 February 2018 GY&W CCG launched a four-week engagement exercise about the Patrick Stead site and the Rayner Green Day Centre in Halesworth. A decision was to be made at the CCG Governing Body meeting in public on 22 March.)

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#### **Briefing for Great Yarmouth and Waveney Health Scrutiny Committee: Update on Patrick Stead Hospital and Rayner Green day care service.**

On Thursday 22 March the CCG Governing Body met in public to discuss the future of the Rayner Green social day care service and Patrick Stead Hospital site in Halesworth.

The CCG has agreed to continue providing important health services such as phlebotomy, therapies and diabetic eye screening in Halesworth so that they remain easy and convenient for local people to access.

The Governing Body agreed to permanently move the services from the Patrick Stead Hospital to the Rayner Green Centre, which is on the same site. The hospital and the current physiotherapy buildings have been declared surplus to the CCG's requirements for providing NHS services.

Individual health and social care assessments for the people currently using the centre will now take place so that bespoke packages of care can be planned, with Suffolk County Council funding alternative wellbeing support for eligible service users.

The move comes after the CCG made the decision to develop new out of hospital services to provide care in patients' own homes following its Shape of the System public consultation in 2015. It has since committed £1.3m annually to fund a South Waveney out of hospital team, beds with care and a minor injuries service, with the new services starting during January 2018.

Further information is available in the papers which were presented to the Governing Body:

[Engagement report](#)

[Business case](#)

**Rebecca Driver  
Director of Communications and Corporate Affairs**

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

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## **4. Progress Update on Shrublands Site**

**Background:** In 2015 a public consultation was held which supported the proposal that three practices would relocate to a purpose built new build on the Shrublands site. Joint HSC previously considered this topic on 13 Nov 2015, 22 Jan 2016, 15 July 2016 and, most recently, in an Information Bulletin update on 20 January 2017.

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### **Briefing for Great Yarmouth and Waveney Health Scrutiny Committee: Update on the Shrublands project**

Following the GP Practice Premises consultation in 2015 it was agreed that the Shrublands site in Gorleston was the preferred site for a multi-purpose, new build health centre.

At the time of the consultation the following GP practices were planning to move into the Shrublands site: Falkland Health Centre, Gorleston Medical Centre and Family Healthcare centre.

Since the consultation there have been a number of changes within primary care in Gorleston and Bradwell with Family Healthcare Centre merging with Central Surgery and Falkland surgery merging with Millwood surgery.

With these various changes and the drive for primary care to transform and deliver new integrated models of care we now have an opportunity to start a further discussion with local GP Practices, patients and key stakeholders around which practices should now be part of the new Shrublands campus.

We are currently drawing up plans to start engaging around this and will bring these to a future meeting of the Health Overview and Scrutiny Committee. It is important that we get the best service for local people and with this additional piece of work the timeline for the project has now been extended.

The plans for the new Shrublands health campus will accommodate a wider range of health services including the community health services available over seven days such as community physiotherapy and enhanced mental health services (including psychological therapies, cognitive behavioural therapy and substance misuse services). The physical structure and accommodation has been designed to take the greatest advantage of opportunities to share resources with providers of other services (e.g. child care, education, leisure, social care, employment services, Citizen's Advice Bureau, complimentary therapies) and the wider community.

Norfolk County Council have sourced a consultant to support delivery of the one public estate work and Shrublands development will be overseen by Jane Beck from Great

Yarmouth Borough Council. As a stakeholder, the council will be able to ensure individual work stream leads for Health, Social Care and Community are progressing in line with the overall project milestones. The first steering group meeting will be held in April 2018.

**Sadie Parker**

**Director of Primary Care**

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

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



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

#### **Report summary**

This report provides information on STP delivery. It outlines the main transformation deliverables that the STP workstreams are focused on and the key challenges faced by system partners in delivering these changes.

#### **Background**

1. The Governing Body considers a report on the progress made by the Norfolk and Waveney Sustainability and Transformation Partnership at each of its meetings.

#### **Communications and engagement**

2. In line with our STP Communications and Engagement Strategy we continue to work hard to strengthen our communications and engagement with staff, key stakeholders and the public.
3. Our Independent Chair, the Right Honourable Patricia Hewitt, and our STP Executive Lead, Antek Lejk, recently took part in a radio phone-in on BBC Radio Norfolk. This gave the public another opportunity to ask questions about the future of health and care and our STP. The topics discussed included the pressure on the NHS, social prescribing, how we discharge people from hospital and working with the voluntary, community and social enterprise sector.
4. On Monday, 19 February, Patricia Hewitt and Melanie Craig, Chief Officer of NHS Great Yarmouth and Waveney CCG, spent the day meeting with key Waveney stakeholders. They met with local councillors, officers from Waveney District Council, GPs, community health providers, Healthwatch Suffolk and representatives of the voluntary, community and social enterprise sector. This was arranged to make sure that the STP understands the strengths of the local health and care system and the challenges it faces, as well as to give people a chance to ask questions about the STP.
5. On Thursday, 1 March, we were due to have an event about mental health called 'Breaking the Mould'. The primary purpose of the event was to start the process of developing a long-term strategy for transforming mental health. Unfortunately, due to adverse weather conditions this had to be postponed and has now been rebooked for May. We will be conducting further engagement throughout the year as we develop our strategy.
6. Healthwatch Norfolk organised a series of public events in November and December 2017 to discuss the Norfolk and Waveney STP, with particular focus on primary care, cardiology, urology and radiology services. We held a similar event with Healthwatch

Suffolk on 7 March 2018 in Beccles, in order to give Waveney residents an opportunity to find out about and have their say on the STP. We will provide a summary of the feedback we received at the next meeting.

## **STP Delivery**

### **Primary and Community Care Programme Board**

7. Progress is being made to establish five Local Delivery Groups to implement the strategic direction set by the STP Primary and Community Care Programme Board, including new models of care; provider development; access and resilience; prevention and self-care. This is in line with the Five Year Forward View and the General Practice Forward View and transformation which is essential to meet growing patient need and demand.
8. The Local Delivery Group for Great Yarmouth and Waveney met for the first time on 8 February. The group is being hosted and led by the CCG with initial membership including GPs, Suffolk County Council, East Suffolk Council, the James Paget Hospital, East Coast Community Healthcare, Norfolk and Suffolk NHS Trust, Healthwatch Suffolk, Suffolk Family Carers, Community Action Suffolk and Lowestoft Rising.

## **Acute Care**

9. Initial work to review cardiology, radiology and urology services across Norfolk and Waveney has now been completed. It should be noted that the future state options for radiology need to be linked to the recent confirmation that Norfolk is one of four early adopter sites working with NHSI for radiology. Our three hospitals are now using the information gathered as part of the review to explore various options as to how they could work in a more integrated way in order to improve the care provided to patients and make services more sustainable. Once the various options have been explored we will bring back a further update to the Governing Body.

## **Urgent and Emergency Care**

10. During winter the work around Urgent and Emergency Care has been focused predominantly upon operational delivery to sustain safe services. Recruitment is underway to appoint an STP wide Urgent and Emergency programme manager to provide extra dedicated capacity, so we can speed-up delivery of the local and national transformation priorities and ensure operational pressures don't detract from our programme of work.
11. At its last meeting on 28 February, the Urgent and Emergency Care Board agreed several key strategic STP wide Urgent and Emergency Care priorities including;
  - The development of a system wide tool to help us predict demand for urgent and emergency care, which will enable us to deploy our resources more effectively across the STP to meet that demand.
  - Developing an integrated frailty pathway to improve outcomes and provide more seamless integrated care.
  - Improving timely discharge from hospital.
  - Avoiding unnecessary admissions to hospital through rolling out a range of schemes, including an Early Intervention Falls Vehicle.
12. The members also discussed learning from this winter and identifying what work we need to do throughout this year in preparation for next year.

## **Cancer**

13. Norfolk and Waveney STP has been successful in securing significant additional cancer transformation funding from the East of England Cancer Alliance, as a result of

us meeting national waiting time targets for cancer. We are one of only two STPs in the East of England to secure this funding. In 2017/18 we have been awarded £1.3million with an additional £2.5million in 2018/19.

14. We have worked with patients and stakeholders to agree our plans. The main cancers we propose to focus on will be lung cancer, bowel cancer and prostate cancer. However, funding will be used to improve other cancers too. Our proposal is that the funding is used predominantly to:

- Improve cancer awareness and prevention across Norfolk and Waveney. This will include providing mobile CT scans to detect early signs of lung cancer in areas where people have some of the worst health outcomes and where smoking rates are the highest.
- Speed up cancer diagnosis so that people can start treatment more quickly, in turn increasing their chances of a better outcome and reducing the stress associated with waiting for test results. This could be by introducing a “straight to test” process which sees patients referred directly for diagnostic tests rather than going to hospital to see a consultant first.
- Pilot a new outreach community cancer nurse scheme at each hospital to provide extra support during treatment and beyond. These specialist nurses will visit patients at home who are experiencing side effects from chemotherapy, for example, so that they do not need to be readmitted to hospital. Where necessary, the nurses will also be able to ensure quick access back to the appropriate services.
- Launch a cancer recovery package providing enhanced support and rehabilitation to help people living with and beyond a cancer diagnosis to return to their normal lives. This could include exercise referral programmes, holistic need assessments, health and wellbeing events and signposting to support groups.

15. In addition to the funding identified above we have secured a further £910,000 to purchase additional diagnostic equipment and digitalise histopathology so that doctors and nurses can access results remotely.

## **Maternity**

16. Following the agreement of our Local Maternity System Plan, we are starting work on its implementation. One of our first priorities is to develop a model for continuity of carer. The National Maternity Review, Better Births, recommended that most of a woman's maternity care, including during labour and birth, should be provided by the same midwife, regardless of whether it is in the community or hospital.

17. Most maternity services in England do not work in this way at the moment. Over the next couple of months, we will be engaging with midwives, student midwives, maternity support workers, parents / carers and others to develop a continuity of carer model for Norfolk and Waveney.

18. Other key priorities include reducing still births, reducing the number of special care babies being transferred out of area and increasing home births for those mothers assessed as appropriate to deliver at home.

## **Mental Health**

19. Good progress is being made on a range of improvements and transformation programmes across the STP, including the perinatal mother and baby unit.

20. In addition, there will be two new major priorities in 2018/19 including:

- Better access to psychological therapies for people with long term conditions to provide support and confidence in managing their condition better and avoiding unnecessary admission to hospital. A business case and options paper is currently

- under development, based on best practice, research by the Kings Fund and incorporating learning from other sites across the country.
- A focus on improving integrated care for people with dementia. This will be a major priority for 2018/19. There is currently an intelligence gathering exercise being undertaken in relation to current research and alternative dementia care models.

## **Prevention**

21. The STP Executive have agreed that there needs to be a much stronger focus on prevention and have asked Dr Louise Smith, the Director of Public Health, to establish a separate programme board on prevention to enable a greater focus and more rapid pace of delivery.
22. The Prevention Programme Board met for the first time on 28 February. The priorities of this work programme include;
  - Healthy living, which will include weight management, smoking cessation, drugs and alcohol reductions
  - Optimising health care, which will include suicide, diabetes and stroke prevention
  - Rolling out social prescribing.

## **Enabling work streams**

23. Further work streams have also been established to ensure that the delivery of the STP is supported by system-wide approaches to Workforce, Estates, ICT, Finance, and Communications and Engagement.

## **Key Risks and Challenges**

24. The key risks and challenges for system partners are:
  - Achieving the scale and pace of change within the available resources
  - Implementing the changes to ensure a sustainable workforce
  - Developing our digital maturity across Norfolk and Waveney as a key enabler to change.

**Rebecca Driver,  
STP Director of Communications and Engagement**

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](mailto:rebecca.driver@nhs.net), Telephone: 01502 719598.

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**Date: 13 April 2018**  
**Agenda Item: 8**

**Great Yarmouth and Waveney Joint Health Scrutiny Committee**

**Draft Forward Work Programme 2018-19**

<b>Meeting date &amp; venue</b>	<b>Subjects</b>
<b>Friday 13 July 2018</b>  Riverside, Lowestoft	<u>End-of-Life care.</u>  <b>Information Bulletin items:</b> <ul style="list-style-type: none"> <li>– <u>CCG Planning for Primary Care Capacity</u> <ul style="list-style-type: none"> <li>○ Reassurance of effective planning for the Primary Care Estate</li> <li>○ Engagement / alignment with Local Development Plans.</li> </ul> </li> </ul>
<b>Friday 26 October 2018</b>  Riverside, Lowestoft	<u>Out of Hospital Services Update</u> <ul style="list-style-type: none"> <li>• ECCH to be invited to present an update on the operation of the Out-of-Hospital Services</li> </ul> <u>Myalgic Encephalomyelitis and Chronic Fatigue Service (ME/CFS)</u> <ul style="list-style-type: none"> <li>• Keeping a 'Watching brief' on this service; request ECCH to explain how the service operates currently, and future plans.</li> </ul> <b>Information Bulletin items:</b> <ul style="list-style-type: none"> <li>– <u>A further update on Blood Testing services.</u></li> <li>- <u>NSFT progress in GY&amp;W with staff recruitment (including at Carlton Court) and training.</u></li> </ul>
<b>Friday 1 February 2019</b>  Riverside, Lowestoft	<i>Topics to be agreed</i>
<b>Friday 26 April 2019</b>  Riverside, Lowestoft	<i>Topics to be agreed</i>

<b>Friday 12 July 2019</b>	<i>Topics to be agreed</i>
Riverside, Lowestoft	

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

**Items for consideration/scheduling:**

- 111 Service and Out-of-Hours Primary Care Service performance.
- Information Bulletin: Outcome of the Social Prescribing Pilot.
- Date(s) for a visit to Norfolk and Suffolk NHS Foundation Trust's (NSFT) Adult Dementia and Intensive Support Unit at Carlton Court, Lowestoft.

*[This was requested on 2/2/2018, and is now scheduled for 13/4/2018]*