Great Yarmouth and Waveney Joint Health Scrutiny Committee

Date: **Friday 12 July 2019**

Time: **10.30 am**

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

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

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

Membership –

MEMBER	AUTHORITY
Cllr Stephen Burroughes	Suffolk County Council
Cllr Emma Flaxman-Taylor	Great Yarmouth Borough Council
Cllr Nigel Legg	South Norfolk Council
Cllr Judy Cloke	East Suffolk Council
Cllr Richard Price	Norfolk County Council
Cllr Keith Robinson	Suffolk County Council

The member from East Suffolk Council is serving on a temporary basis pending formal appointment of a representative from East Suffolk Council to Suffolk Health Scrutiny Committee on 25 July 2019.

For further details and general enquiries about this Agenda please contact the Committee Administrator:
Hollie Adams on 01603 223029
or email committees@norfolk.gov.uk

A g e n d a

1. Election of Chairman and Vice Chairman 2019-20

The Committee is invited to elect a Chairman for the 2019-20 municipal year.

The Committee is invited to elect a Vice Chairman for the 2019-20 municipal year.

2. Apologies for Absence and Substitutions

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

3. Minutes (Page **5**)

To confirm the minutes of the meeting of the Great Yarmouth and Waveney Joint Health Scrutiny Committee held on 26 April 2019.

4. Public Participation Session

A member of the public who is resident, or is on the Register of Electors for Norfolk or Suffolk, may speak for up to 5 minutes on a matter relating to the following agenda.

A speaker will need to give written notice of their wish to speak at the meeting by contacting Hollie Adams at the email address above by no later than 12 noon on 8 July 2019.

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

5. Members to Declare any Interests

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

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

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

If you do not have a Disclosable Pecuniary Interest you may

nevertheless have an **Other Interest** in a matter to be discussed if it affects, to a greater extent than others in your division

- Your wellbeing or financial position, or
- that of your family or close friends
- Any body -
    - Exercising functions of a public nature.
    - Directed to charitable purposes; or
    - One of whose principal purposes includes the influence of public opinion or policy (including any political party or trade union);

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

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

6. Palliative and end of life care (Page **18**)

To examine progress with service provision in Great Yarmouth and Waveney under the NHS Adult Community Services and Specialist Palliative Care contract.

7. Information Bulletin

To note the written information provided for the Committee

(a) Great Yarmouth and Waveney Joint Health Scrutiny Committee terms of reference – amendment to reflect the establishment of East Suffolk Council. (Page **30**)

(b) Myalgic Encephalomyelitis / Chronic Fatigue Syndrome (ME/CFS) – information requested by the joint committee on 26 April 2019 (Page **32**)

(c) All Hallows Healthcare Trust (Page **33**)

(d) Norfolk and Waveney Sustainability Transformation Plan (STP) – update (Page **35**)

8. Forward Work Programme

To consider and agree the forward work programme and dates and times of future meetings. (Page **52**)

9. Urgent Business

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

Glossary of Terms and Abbreviations (Page **53**)

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Head of Democratic Services
Norfolk County Council
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Nicola Beach
Chief Executive
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Date Agenda Published: 4 July 2019

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GREAT YARMOUTH AND WAVENEY JOINT HEALTH SCRUTINY COMMITTEE
MINUTES OF THE MEETING HELD ON 26 April 2019

Present:

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

Also Present:

Cath Byford	Director of Commissioning and Deputy Chief Executive, Great Yarmouth and Waveney CCG
Peter Whitney	Commissioning Manager, Great Yarmouth and Waveney CCG
Peter Bailey	Professional Lead for Podiatry, East Coast Community Healthcare CIC (community interest company)
Sally Watson	Diabetes Nurse Specialist, East Coast Community Healthcare CIC (community interest company)
Nick Wright	Deputy Director of Adult Services, Business and Performance, East Coast Community Healthcare CIC (community interest company)
Barbara Robinson	Member of the public
Maureen Orr	Democratic Support and Scrutiny Team Manager, Norfolk County Council
Andrew Eley	Democratic Services, Suffolk County Council
Tim Shaw	Committee Officer, Norfolk County Council

1. Apologies for absence

1.1 There were no apologies for absence.

2 Minutes

2.1 The minutes of the previous meeting held on 1st February 2019 were confirmed as a correct record and signed by the Chairman.

3 **Public Participation Session**

3.1 With the permission of the Chairman, Barbara Robinson, a member of the public, spoke to the Joint Committee as a representative for over 600 ME & CFS group members / Patients and Carers in Norfolk and Suffolk about recent attempts to engage with the Joint Strategic Commissioning Committee (JSCC) for Norfolk and Waveney on ME and CFS and to share an awareness raising poster about the Millions Missing ME demonstration in Norwich on 11 May 2019.

3.2 Barbara Robinson drew the Joint Committee's attention to the following issues:

1. A complaint that she had made to the Joint Strategic Commissioning Committee (JSCC) about a failure to meet the needs of severely affected patients or to provide an equitable service across Norfolk and Suffolk and to express concern about a suggestion that CBT "treatments" be provided within the service specification.
2. A further complaint that JSCC appeared to be subverting agreed process by denying the public voice at their April 2019 meeting.
3. A request for the JSCC to provide reliable evidence that their agreed way forward reflects the findings and recommendations contained in the advice on the Change Audit survey provided by Dr Steven Wilkinson.
4. A request for the JSCC to support their assertion that they were providing the best possible service, and if they were, why this was not being translated equitably across Norfolk and Suffolk.
5. A request to be involved in any plans to educate GPs about ME/CFS issues.
3. The Awareness Raising Poster sent to JSCC about the Missing Millions ME demonstration in Norwich on 11th May 2019.

3.3 The Joint Committee noted that the subject of ME/CFS was included within the Information Bulletin item for this meeting. This meant that while it would not be discussed at today's meeting it could be considered for a future agenda (for discussion or as an Information Bulletin update) when the Joint Committee considered its Forward Work Programme.

4A Chairman's Comments

4A.1 The Chairman thanked Jane Murray who was not standing for re-election at the District elections on 2 May 2019 for all her work on behalf of the Joint Committee. He also thanked Tim Shaw, Committee Officer at Norfolk County Council, who had supported the Joint Committee from its inception and was now moving on to support other Committees.

4B Declarations of Interest

4B.1 Jane Murray declared an "other interest" in item 5 because she was a trustee at Sentinel Leisure Trust.

4B.2 Keith Robinson declared an "other interest" in item 5 because he was a diabetic.

4B.3 Richard Price declared an "other interest" in item 5 because his wife suffered with ME.

4B.4 Emma Flaxman-Taylor declared an “other interest” because she was a member of the JPH Council of Governors.

5 Diabetes care within primary care services in Great Yarmouth and Waveney

5.1 The Joint Committee received a suggested approach from Maureen Orr, Democratic Support and Scrutiny Team Manager at Norfolk County Council, to an update report on the progress of the diabetes service in Great Yarmouth and Waveney and the outcomes for patients.

5.2 The Committee received evidence from Cath Byford, Director of Commissioning and Deputy Chief Executive, Great Yarmouth and Waveney CCG, Peter Whitney, Commissioning Manager, Great Yarmouth and Waveney CCG (GY&W CCG), Peter Bailey, Professional Lead for Podiatry, East Coast Community Healthcare CIC, Sally Watson, Diabetes Nurse Specialist, East Coast Community Healthcare CIC and Nick Wright, Deputy Director of Adult Services, Business and Performance, East Coast Community Healthcare CIC.

5.3 The Joint Committee received a PowerPoint presentation from Peter Whitney, Commissioning Manager, Great Yarmouth and Waveney CCG (GY&W CCG) which can be found on the Norfolk County Council and Suffolk County Council Committee pages website. The PowerPoint presentation included the recommendations from a JPUH Peer Review.

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

- The Committee noted that the GY&W CCG was part of the Sustainability and Transformation Plan (STP) for the Norfolk and Waveney Right Care Programme for Diabetes, led by West Norfolk CCG.
- The contract to provide a community-based diabetes service was awarded to East Coast Community Healthcare (ECCH). The contract included working more closely with GP practices and primary care and the provision of a Multi-Disciplinary Foot Team (MDFT), something which the GY&W CCG had previously lacked. The first MDFT was expected to be in place at the JPUH on 9 May 2019.
- The Joint Committee noted that in January 2019 the James Paget University Hospital (JPUH) had undergone a Peer Review from NHS England that had resulted in a total of 13 recommendations for JPUH, ECCH and GY&W CCG. The recommendations from the Peer Review would be implemented throughout 2019/20. They could be found listed at the end of the PowerPoint presentation.
- The speakers said that in October 2018 GY&W CCG and West Norfolk CCG had both joined the National Diabetes Prevention Programme (NDPP), a national programme that identified patients at risk of developing diabetes and put in place a package of preventative support . The GY&W CCG had referred over 140 patients to the NDPP and 80 of these patients had received an initial assessment. The speakers said that while this compared favourably with West Norfolk CCG, collectively the STP referrals were well-below expected numbers.
- In reply to questions, it was pointed out that the lack of patient take up of the NDPP was a national issue that the GY&W CCG had raised with NHS England. The GY&W CCG would address this issue as part of the local

STP.

- The Joint Committee was informed that Structured Education was an education and support programme for diabetes-diagnosed patients. The aim was to support patients by educating them about their illness, and providing them with support on how to better manage it. The Structured Education service in the Great Yarmouth and Waveney area was aimed at providing face to face learning sessions as well as information about diet, how diabetes worked and the impact it had on patients health. There had been a large increase in patents making use of Structured Education in 2018/19. Transformation funding would be used to increase the numbers and types of courses available.
- In reply to questions, the speakers said that most people with diabetes did not require a level of support for their condition that meant they needed to see a consultant.
- The speakers said that the intermediate diabetes team (which was transferred from the JPUH to ECCH) provided the right level of support for most patients with a lesser complexity of needs. The intermediate diabetes team were experts in their field who had achieved good results from a revised management structure and the placement of clinics within GP practices. The intermediate diabetes team were able to support GPs in making the best use of their resources so that multiple diabetes tests could be undertaken at the same time and patients progress tracked. The team were also able to view vacant spaces and book patients to fill them.
- The speakers said that funding had been secured for staff to take up training at the University of Essex aimed at upskilling the existing workforce. The University of Essex had been asked to run a course that met the particular requirements of staff working in the Great Yarmouth and Waveney area.
- The speakers pointed out that the eight Care Processes (which were mentioned in the PowerPoint presentation) had shown an 8% improvement in performance in February 2019 when compared with February 2018. However, the three Treatment Targets had shown a 4% decrease in performance (that mirrored the national picture). The Great Yarmouth & Waveney CCG area was amongst the lowest performers in the region for meeting the Treatment Targets. The speakers said that it was not entirely clear why the decrease in performance had occurred. The ECCH was focused on meeting Treatment Targets for 2019/20.
- The Joint Committee was informed that a Care Homes and Housebound Patients Outreach Service that met the three Treatment Targets would be put in place.
- In reply to questions the speakers said that a consistent approach was now being taken across the region to the provision of flash glucose monitors on prescription for every patient who qualified for them (i.e. around 20 – 25% of patients with Type 1 diabetes). It was envisaged that Type 1 patients meeting the criteria would be offered at their next review a trial of the technology for a period of up to 6 months.
- It was pointed out that in February 2019 the GY&W CCG had started a two-year pilot, funded by NHS England until February 2021, to trial the use of InSight 3D Cameras at all five podiatry clinics across the Great Yarmouth and Waveney area. The cameras provided accurate 3D mapping of foot ulcers for diabetic patients and allowed for the impact of any medication to be measured. The pictures could be immediately

uploaded, saving patients on average three or four working days in waiting time before the start of treatment. The pictures allowed for junior members of staff to get advice immediately from senior members of staff and helped to achieve a reduction in the need for amputations.

- The Joint Committee was informed that the GY&W CCG and ECCH had plans for 2019/20 to provide a One Stop Shop service in the community for the podiatry, phlebotomy and health Intelligence services that were linked in with Diabetic Retinopathy services.
- Members suggested that the GY&W CCG and ECCH might like to consider including within their plans the provision of "pop-up" community-based diabetes surgery services in venues such as supermarkets or leisure centres to encourage people to receive the recommended treatments and care processes for their diabetes.
- It was pointed out that Sentinel Leisure Trust already provided a community based service aimed at identifying patients at risk of developing diabetes and at putting in place a package of preventative support. The trust's experiences would be invaluable in putting in place diabetes services elsewhere.

5.5 The Joint Committee suggested that the GY&W CCG and East Coast Community Healthcare should consider providing "pop-up" community-based diabetes surgery services in venues such as supermarkets or leisure centres to encourage people to receive the recommended treatments and care processes for their diabetes.

5.6 The Joint Committee noted the plans for the development of diabetes services and requested a progress update from the CCG and ECCH in a year's time.

6 Information Only Items

6.1 The Joint Committee noted information on the following subjects:

1. **Online access to GP practices**
2. **IC24 Integrated Urgent Care service**
3. **Sizewell C and NHS emergency planning**
4. **ME/CFS**
5. **Norfolk and Waveney Sustainability Transformation Plan (STP)**

6.2 The GY&W CCG was **reminded** that that they had been asked to provide Keith Robinson with an answer about a specific issue he had previously raised regarding the phlebotomy service in Lowestoft (minute 7.4 of the meeting held on 28 October 2018 refers).

7 Forward Work Programme

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

- 25 October 2019 – Primary care in Great Yarmouth and Waveney – to examine developments in the organisation and provision of primary care across the CCG area, also including minor injury and x-ray services which

have previously been locally available.

- 17 April 2020 – Diabetes care within primary care in Great Yarmouth and Waveney – to examine progress.

7.2 The Joint Committee also **agreed** that the Information Bulletin for 12 July 2019 should provide further information about ME/CFS regarding the following:

- The new service in Aylsham
  - Opening hours
  - Staffing details
  - Communication with patients about the opening of the new base
- Details of the research currently ongoing at the Quadram Institute in Norwich and the opportunities for collaboration with that research.

8 Urgent Business

8.1 There were no items of urgent business.

9 **Date of next scheduled meeting**

It was noted that the next meeting of the Committee would be held on Friday, 12 July 2019 in the Claud Castleton Room at Riverside Campus, Lowestoft.

The meeting concluded at 1.05 pm.

CHAIRMAN

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NHS
Great Yarmouth and Waveney
Clinical Commissioning Group

Diabetes care within primary care services in Great Yarmouth and Waveney

- Presentation Aims
  - To cover progress to date
  - Planned projects – CCG
  - Planned projects - STP

Treatment Targets

- The 8 Care Processes has seen an 8% improvement in performance in February 2019 compared with February 2018.
- The 3 Treatment Targets saw a 4% decrease.
- We are focusing on the Treatment Targets for 2019.
- We have produced a deep-dive Action Plan for each Practice.
- We are going to run training and recording sessions for the Practices

Treatment Targets - Comparison

Position of CCG (out of 195)		T1 Treatment Targets	T1 Care Processes	T1 HbA1c	T2 Treatment Targets	T2 Care Processes	T2 HbA1c
South Norfolk	06Y	168	7	177	186	59	192
Norwich	06W	144	5	164	190	78	185
North Norfolk	06V	103	4	148	188	43	187
Gt Yarmouth & Waveney	06M	171	139	180	193	161	191
West Norfolk	07J	165	135	181	129	75	181
Cambs & Peterborough	06H	95	49	59	182	88	147
Herts Valley	06N	78	70	70	150	107	158
East & North Herts	06K	54	35	54	93	121	61
West Essex	07H	62	115	61	116	141	118
Ipswich & East Suffolk	06L	91	1	66	34	15	51
West Suffolk	07K	97	162	122	73	126	125
North East Essex	06T	52	2	41	64	2	39
Bedfordshire	06F	95	23	103	179	124	165
Luton	06P	164	40	113	194	142	176
Milton Keynes	04F	13	50	15	136	33	120
Mid Essex	06Q	101	158	109	175	179	141
Basildon & Brentwood	99E	25	179	16	105	186	57
Castle Point & Rochford	99F	24	181	17	69	175	3
Thurrock	07G	11	194	24	67	191	71
Southend	99G	20	156	12	89	170	15

* Numbers in each cell are ranking for each CCG for each variable against 195 England CCGs 2017/2018
*Colours in each cell reflect data analysis of performance for each index CCG (left hand column) by item, against performance in the 10 most demographically similar CCGs (based on NDA data 2017/2018) using source proportional data in NDA datsets.
* Data is shown as:-

Significantly worse statistically than demographically matched CCGs for an item (usually p<0.01)
Not significantly different from demographically matched CCGs for an item
Significantly better statistically than demographically matched CCGs for an item (usually p<0.01)

Structured Education

- We have seen an increase in numbers year on year:
  - 2017/18 saw 270 attendees
  - 2018/19 saw 450 attendees by Q3
- The additional transformation funding has been used to increase the numbers and types of courses available.
- Courses are now available as a 1 day course

2017/18 IAF Rating

- Rating for 2017/18 = Requires Improvement

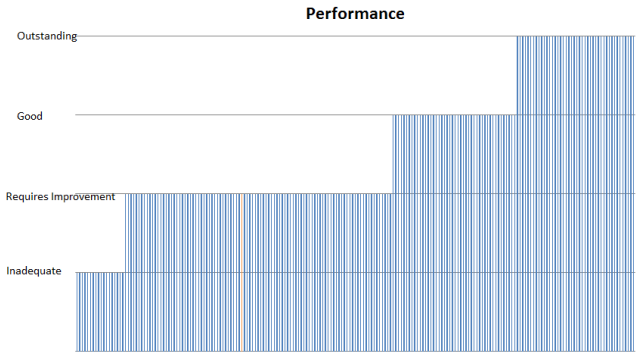
		Treatment Targets		
		Band 1	Band 2	Band 3
Structured Education	Band 1	Outstanding	Good	Requires Improvement
	Band 2	Good	Requires Improvement	Requires Improvement
	Band 3	Requires Improvement	Requires Improvement	Inadequate

Predicted 18/19 Rating

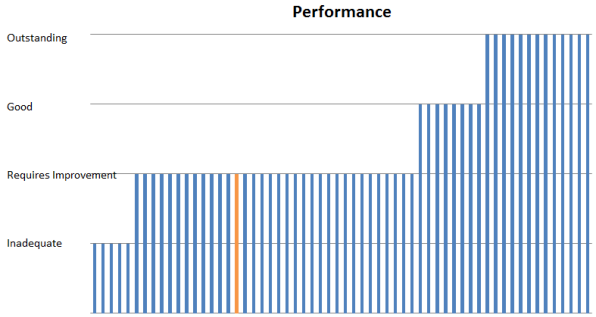
- Predicated rating for 2018/19 = Requires Improvement – no overall change in rating

		Treatment Targets		
		Band 1	Band 2	Band 3
Structured Education	Band 1	Outstanding	Good	Requires Improvement
	Band 2	Good	Requires Improvement	Requires Improvement
	Band 3	Requires Improvement	Requires Improvement	Inadequate

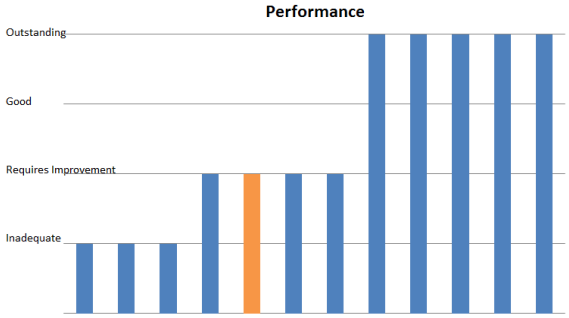
National Comparison



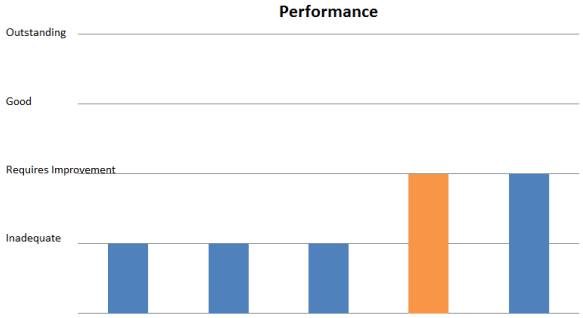
Midlands & East Comparison



East Comparison



STP Comparison



Achievements – 2018/19

Achievements – 2018/19

InSight Camera

- Commenced in February 2019 with all 5 podiatry clinics
- This camera will provide accurate 3D mapping of foot ulcers for diabetic patients – the expected benefits will include:
  - greater accuracy in measuring (of the ulcer);
  - better monitoring of any increase, or decrease, in size of the foot ulcer
  - and an increase in communications.

Achievements – 2018/19

Intermediate Diabetes Team

- The Intermediate Diabetes Service has been transferred from JPUH to ECCH
- This service has already experienced good results with a revised management structure and clinics with Practices
- A new system allows the team to see vacant spaces and book patients into these spaces

Achievements – 2018/19

National Diabetes Prevention Programme

- Commenced in October 2018 for GYWCCG (and West Norfolk)
- Over 140 patients have been referred to the service, roughly the same number as West Norfolk.
- Approx. 80 of these patients have now had an initial assessment (compared with 30 in West Norfolk).

Future Plans for 2019/20

Future Plans for 2019/20

NHS Great Yarmouth and Waveney Clinical Commissioning Group

Touch the Toes Test (also called the Ipswich Hospital Touch Test)

- Implement in the community to aid early identification of loss of sensation in diabetic feet
- Patients will be able to test at home (with support of family / care team)
- Review training with JPUH (meeting another Peer Review recommendation)

Future Plans for 2019/20

NHS Great Yarmouth and Waveney Clinical Commissioning Group

Multi Disciplinary Foot Team

- To be implemented by ECCH as part of the Community Procurement.
- This will meet weekly at the JPUH and review relevant cases with appropriate clinical staff.
- This includes reviewing the InSight camera pictures
- This will meet the Peer Review requirements undertaken at the JPUH recently

Future Plans for 2019/20

NHS Great Yarmouth and Waveney Clinical Commissioning Group

One Stop Shop

- This will be provided in the Community by ECCH and will provide support for the podiatry, phlebotomy and Health Intelligence areas
- These will link in with Diabetic Retinopathy services too
- This was trialled previously at Halesworth, Sole Bay and East Norfolk Medical Practice – the Suffolk ones were well-attended and this model will continue

Future Plans for 2019/20

NHS Great Yarmouth and Waveney Clinical Commissioning Group

DESMOND (and DAFNE)

- To be made available at point of contact to ensure a mix of skills and will increase the offer to patients.
- This will include day, evening and weekend sessions

Sentinel Leisure Trust

- Already being rolled out for Atrial Fibrillation services and will include diabetes referrals too (e.g. NDPP, DESMOND etc.)

STP Plans for 2019/20

Health Education England training

- Funding secured to run training courses at the University of Essex for local leadership and upskilling existing workforce.
- Will commence later in 2019 (e.g. September)

OurPath

- This is an STP-wide tool aimed to provide digital Structured Education
- It will also enable the recording, and monitoring, of the 3 Treatment Targets

Care Homes and Housebound Patients Outreach Service

- This will support diabetic care across Norfolk for patients in these settings – this will include undertaking the 3 Treatment Targets.
- These schemes are already in place in West Norfolk and will be rolled out to the other 4 CCGs.

JPUH Peer Review Recommendations

NHS
Great Yarmouth and Waveney
Clinical Commissioning Group

	RECOMMENDATION	FOR ACTION BY
1	A NICE compliant MDT should be commissioned and set up at James Paget within 6 months	GYW CCG JPUH
2	An inpatient podiatry service should be commissioned	GYW CCG
3	Hospital podiatry should be relocated to more suitable accommodation	JPUH
4	The foot care pathway should be updated.	GYW CCG JPUH ECCH
5	A clinical lead with allocated time should be appointed.	JPUH
6	The referral pathway(s) to the Norwich vascular surgery team should be clarified in written protocols for emergency and routine referrals. This should include referrals both from JPUH and community podiatry services	JPUH ECCH NNUH
7	Timely reporting of vascular radiographic procedures by vascular radiologists should be available at JPUH.(could explore creating up linking images to NNUH directly so that they may be reported by vascular radiologists in Norwich)	JPUH
8	Training for primary care staff in foot examination should be reinstated	GYW CCG
9	Podiatry staff numbers should be increased (ward cover/cross cover/ Multidisciplinary Diabetes Foot Team)	GYW CCG ECCH
10	Consider starting casting service at JPUH	GYW CCG JPUH
11	Develop better information sharing between organisations	GYW CCG JPUH ECCH
12	Commission community Topical Negative Pressure Therapy Service	GYW CCG
13	Regular education and audit of inpatient staff who carry out the Touch Test at JPUH	JPUH

Palliative and end-of-life care

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

To examine progress with service provision in the Great Yarmouth and Waveney area under the NHS Adult Community Services and Specialist Palliative Care contract, which started on 1 April 2019.

1. Purpose of today's meeting

1.1 To examine progress towards Great Yarmouth and Waveney Clinical Commissioning Group's (GY&W CCG) stated aims for palliative and end of life care:-

- Safe and effective, NICE complaint, integrated palliative and end of life care services which have sufficient capacity to meet the needs of the local population;

- Local palliative and end of life care services shall aim to provide care which is bespoke to the individual needs of the person and those important to them;

- For the quality of care received, choice at end of life and patient carer experience to be improved through the redesign and streamlining of care pathways through the provision of care close to/at home (if that is the person's preference and it is safe to do so), improved co-ordination of care and information sharing, reduced number of avoidable acute admissions in the last year of life, adoption of minimum standards and the QIPP[1] impact monitored.

1.2 Great Yarmouth and Waveney CCG and East Coast Community Healthcare (ECCH) have been asked to provide a report outlining progress towards establishing a service under the new NHS Adult Community Services and Specialist Palliative Care contract to meet the CCG's stated aims, including:-

i) A description of all the elements of the service including the extent to which they are in place day and night:-

[1] QIPP - Quality, Innovation, Productivity and Prevention: A Department of Health & Social care agenda, looking at health economy solutions to meet local financial challenges

- Community based specialist service – capacity and patient caseload
- Community based generalist service – availability for palliative / end of life patients
- Other services / agencies in the community involved in the service
- Inpatient beds - numbers, locations and occupancy rates
- 24/7 advice line – staffing and numbers of calls

ii) Staffing of the service overall, including details of vacancies.

iii) Arrangements for information sharing between the various agencies involved in providing the service (in the absence of an Electronic Palliative Care Co-ordination System).

iv) Arrangements for provision of the equipment which may be required to provide specialist palliative care in a patient's home (e.g. syringe drivers) and the extent to which equipment is available.

v) Arrangements for provision psychological and support to patients, families and carers.

vi) How the provider and CCG are monitoring delivery of the service objectives (i.e. what are the performance indicators and has there been benchmarking to measure the success of the new service compared to the previous one).

The commissioner and provider's report is attached at **Appendix A**.

2. Background

2.1 **Great Yarmouth and Waveney Joint Health Scrutiny Committee** (GY&W JHSC) received an **information bulletin** on the CCG's aims and objectives for palliative and end-of-life care, and progress towards them, at its meeting on 13 July 2018 (agenda item 7). It was understood that the service was a major component of the community services contract which was out to re-procurement and was expected to be implemented from April 2019. GY&W JHSC agreed to examine progress at today's meeting.

2.2 **Norfolk Health Overview and Scrutiny Committee** received a report on 'Access to palliative and end of life care' across the county on 18 October 2018 (agenda item 6). This included detailed examination of levels of specialist palliative and end of life care commissioned and provided for adults in comparison with guidance on levels required. The Norfolk and Waveney Sustainability & Transformation Partnership partners reported the GY&W area shortfalls were as follows:-

	Recom-mended	Current (as reported in Oct 2018)	Variation
Consultants in palliative medicine	3.7	1.5 (but posts were vacant)	2.2 in funding and 1.5 funded posts were vacant
Additional supporting doctors	1.8	1.0	0.8
Specialist palliative care (SPC) nurses	6.4	10	-
Inpatient SPC beds	18 – 23	0	18 - 23

The 'hospice at home' service in GY&W had stopped in December 2017 and there were no hospice beds within the area. A hospice was the place of death for just 0.2% of people in GY&W compared to the English average of 5.6% and the Norfolk & Waveney average of 1.9%.

Deaths in people's own homes and in care homes were higher than English average levels. A higher level of deaths at home compared to deaths in hospital is usually taken as a proxy indicator of good availability of palliative and end of life care services within a locality. However, with the known shortfalls in specialist medical staffing and the absence of a 24/7 advice line a high level of deaths at home in GY&W was potentially a cause for concern.

2.3 With the announcement on 3 January 2019 that the new contract for adult community services and specialist palliative care had been awarded to East Coast Community Healthcare, the CCG outlined that the specialist palliative care service would be delivered in partnership with St Elizabeth's Hospice, Ipswich, and would be a consultant led community-based service with 24/7 access to advice.

Information later provided for NHOSC stated that there would initially be 6 beds at Beccles Hospital provided in partnership with St Elizabeth's Hospice and that ECCH was committed to working with partners to increase specialist palliative care bed provision and to realise an ambition of the people of Great Yarmouth & Waveney to have a hospice within the locality.

2.4 On 28 January 2019 Members of GY&W JHSC met with the Chairman of **East Coast Hospice Ltd** to learn more about the charity's ambitions for a 10-bed hospice at Hopton. Notes of the meeting are attached at **Appendix B**.

The Louise Hamilton Trust had been fundraising for a 10 bed hospice on the James Paget Hospital site but in 2018 GY&W CCG said that they could not support the plan. The Louise Hamilton Centre continues to operate in the grounds of the hospital, providing information and support for patients with progressive or life limiting conditions and their carers / families.

2.5 In a report to 1 Feb 2019 GY&W JHSC (agenda item 7) the CCG outlined its expected service outcomes for the Specialist Palliative Care under the new 5 year contract:-

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

3. Suggested approach

3.1 Representatives of the CCG and ECCH will introduce their report and respond to questions from the joint committee in relation to the areas set out in section 1 above.

Members may also wish to discuss the following questions:-

- Are the CCG and ECCH satisfied with progress in establishing the service?

- What do the early performance indicators show?

- Has there been patient / family carer feedback about the new service and what does it show?

- How are the CCG and ECCH working to realise the ambition of people in Great Yarmouth and Waveney to have a hospice in the area?

- To what extent is support from consultants in palliative medicine available for the 6 specialist palliative care beds in Beccles hospital?

- To what extent can the community and specialist palliative care staff proactively in-reach to the James Paget Hospital to bring palliative / end of life patients home or as close to home as possible with full support?

- How is the new service working with GP practices to identify palliative care patients potentially entering the last 12 months of life in order to plan their care?

4. Action

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

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

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

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

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

Information requested by Great Yarmouth and Waveney Health Overview and Scrutiny Committee following the meeting in April 2019

Palliative and end of life care

The CCG has been asked to provide a report jointly with ECCH outlining progress towards establishing the new service including:-

A description of all the elements of the service including the extent to which they are in place day and night:-

Community based specialist service – capacity and patient caseload

- 9.3 WTE (whole time equivalent) Community Nurse Specialist Staff working across Great Yarmouth and Waveney, allocated to work in each of the Primary Care Networks. The aim is that each CNS will have a case load of 25 patients per full time member of staff. The case load is currently 34 patients per wte with some outstanding recruitment which will conclude soon enabling the CNS caseload to reduce to 25 patients per wte.
- 2WTE Community Nurse Specialists on Maternity Leave – recruitment activity continues 1 WTE
- Community based specialist and generalist services and those in the community are available during daytime hours, 7 days per week

Community based generalist service – availability for palliative / end of life patients

- Integrated model of delivery with wider community teams to embed palliative and end of life care skills across the workforce, supported by training and education activities.
- Active participation in GP practice GSF MDT (Gold Standard Framework, multi-disciplinary team) meetings to support wider palliative and end of life care.
- Nursing support available 24/7

Day Services

- Available each Tuesday from 1000 – 1500 (Sites being scoped to offer Day Services across Great Yarmouth and Waveney by 2021)
- Clinical interventions
- Symptom management
- Complementary therapies
- Mindfulness and relaxation techniques
- Advice and signposting

Other services / agencies in the community involved in the service

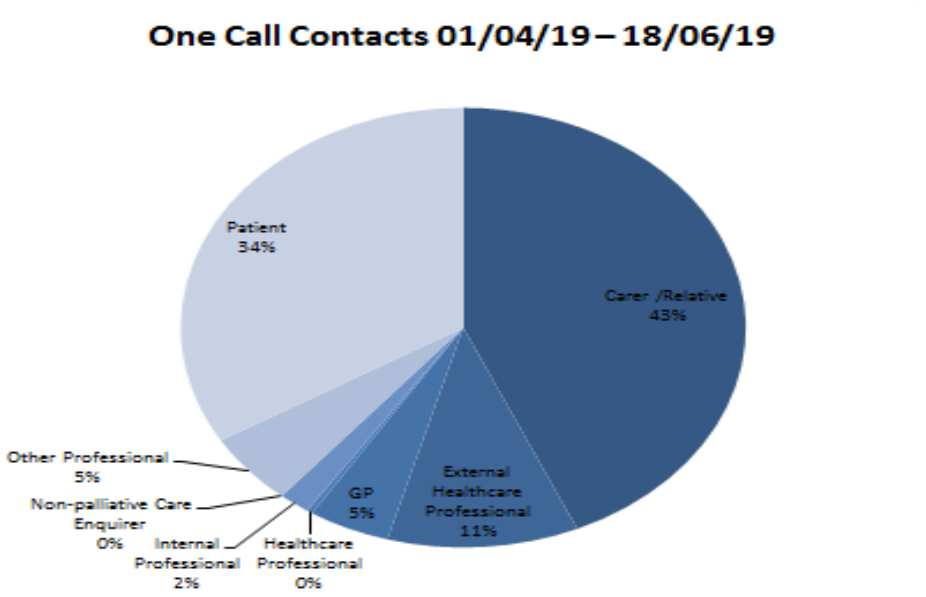
- General Practice/Coastal Health
- East Coast Hospice
- Louise Hamilton Trust
- James Paget University Hospital
- Marie Curie – Night Sits
- Sentinel – Making Memories Scheme

Inpatient beds - numbers, locations and occupancy rates

- 6 Specialist Palliative Care Beds in Beccles Hospital
- Occupancy rates rising steadily to 70% in June 2019
- Actively working with JPUH and GPs in the community to support promoting the service and referral routes.
- Promoting service with NNUH to enable referral into local SPC for residents of Great Yarmouth and Waveney

24/7 advice line – staffing and numbers of calls

- There are a number of call handlers that support patients, carers and professionals across Great Yarmouth and Waveney offering advice, signposting, referral and escalation to Consultant on call, should this be required
- Call Numbers have increased from 834 in April to 1037 in May



Consultant In-reach to the JPUH

- 4 Days Consultant presence in the hospital
- 24/7 Consultant On Call access
- Attendance/input into weekly MDT meetings
- Joint approach to planning and delivering EoL, Enhanced and Specialist Palliative Care to the system including care homes and agencies
- Staffing of the Medical Team, including details of vacancies, expressed in whole time equivalents or a percentage
- 1 medical consultant – covered by 3 members of staff
- 1 nurse consultant
- 0.3 specialty grade doctor
- 0.2 GP fellow starting 8th July
- 0.2 consultant weekend working and 0.2 medical consultant on call

Strategic and administrative input to service development

- Arrangements for information sharing between the various agencies involved in providing the service (in the absence of an Electronic Palliative Care Co-ordination System).
- SystmOne is the system of choice for the Specialist Palliative Care service. This dovetails with the clinical system used by the majority of Great Yarmouth and Waveney GP practices, and the system used by the End of Life and Generalist Palliative Care team within JPUH. Data sharing capabilities allow for visibility of patient records and clinical activities across care settings.

Arrangements for provision of the equipment which may be required to provide specialist palliative care in a patient's home (e.g. syringe drivers) and the extent to which equipment is available.

- All CNS staff have been granted access to the NRS (Nottingham Rehabilitation Services) community equipment system to enable them to order equipment items to enable patients to be cared for in their own homes or preferred place of choice (PPOC) for as long as possible.
- The team have access to peripheral stores across Great Yarmouth and Waveney 24/7 to enable them to get stocked items as and when they are required urgently.
- All specialist palliative care staff have access to syringe drivers to support symptom management in their PPOC
- Arrangements for provision psychological and support to patients, families and carers.
- St Elizabeth have employed a Counsellor to support patients and their families
- Day services have started in Beccles Hospital, which provide a holistic approach to caring for the needs of the patient and their support network through counselling, providing advice and support as well as signposting to other agencies

How the provider and CCG are monitoring delivery of the service objectives (i.e. what are the performance indicators and has there been benchmarking to measure the success of the new service compared to the previous one).

Service monitoring is undertaken via monthly contract, performance and quality meetings. There is also an Implementation Board which has overseen the transition and mobilisation of the new service, comprising Executive level representation from ECCH, St Elizabeth Hospice, GYWCCG and JPUH.

Fran O'Driscoll, Deputy Director of Commissioning, NHS Great Yarmouth and Waveney CCG

Rebecca Blackstone, Project Office Manager, East Coast Community Healthcare

Norwich Health Overview and Scrutiny Committee (NHOSC)
Great Yarmouth and Waveney Joint Health Overview and Scrutiny Committee (GY&W JHSC)

Notes of a meeting with East Coast Hospice Ltd, at the Conservative Association building, Gorleston, on 28 January 2019

Present:-

East Coast Hospice Ltd:	Jenny Beesley Sue Marshall	Chairman Project Administrator and PA to the Chairman & Board
Health scrutiny committee Members:	Cllr Nigel Legg Cllr Emma Flaxman-Taylor Cllr Keith Robinson	Chairman of GY&W JHSC, Vice Chairman of NHOSC GY&W JHSC and NHOSC GY&W JHSC
Also present:	Cllr Penny Carpenter	Norfolk County Council and Great Yarmouth Borough Council (attending in a personal capacity)
Officers present:	Abhijit Bagade Nichola Coburn Maureen Orr	Consultant in Public Health Medicine, Norfolk County Council (NCC) Public Health Officer, NCC Democratic Support and Scrutiny Team Manager, NCC

Jenny Beesley, Chairman of East Coast Hospice Ltd, gave a presentation on the charity's plans for the independent hospice Margaret Chadd House and details of progress to date. Brochures and leaflets setting out the charity's vision and plans were distributed.

The following points were mentioned during answers to questions:-

1. East Coast Hospice Ltd (ECL) owns the land at Hopton on which the 10 bed hospice will be built. Planning permission for a hospice on the site has been granted in perpetuity.

2. Archaeological digs on the site have cost £300k.

3. ECL intends to purchase another piece of land beside the one they already own. They are looking to complete the purchase in 5 years and the farmer will continue to farm in the meantime.

   The plan is for a teaching block, café and farm shop on this second piece of land, which will encourage links with the local community.

4. The plan includes a shepherd's hut in the grounds of the hospice where patients can safely sleep out if they wish to (with alarms for alerting staff etc.)

5. ECL intends to run the hospice independently, without reliance on NHS funding.

6. The plan is for a link with Consultants in palliative care at the Norfolk and Norwich Hospital and for links with East Coast Community Healthcare so that District Nurses will be familiar with the hospice patients and will be able to pick up supplies from the hospice on occasion.

7. There will be a day care unit in a separate part of the building from the in-patient unit. There will also be a mortuary unit where bereaved relatives / friends can visit their loved one. The plan is for different styles of furniture in the different units within the hospice.

8. ECH plan to have transport to take patients home and to provide 48 hours of care at home until NHS community services take over.

9. The plan is for an in-house laundry and for food to be provided for patients' relatives and staff as well as for patients.

10. The building will have a first story with offices, meeting rooms and a lecture theatre.

11. The sluice room will have a system to pulp and dispose of all waste. ECL has easement agreement to connect with Beacon Park pumping station.

12. The building will have ground source heating, which is expensive to install but cheaper in the long run.

13. ECH is paying the fees of architects, quantity surveyors etc. as it goes along and has negotiated fixed price contracts with contractors. The build and equip cost is expected to be £5.2m.

14. It is expected to cost £2.5m per annum to run the hospice. The project requires a good funding infrastructure. There are currently 17 shops bringing in money and 29 staff including accountant and fund raising team.

15. ECH is applying for for Community Infrastructure Levy (CIL) from Waveney District Council. Any opportunities to apply for funding via Great Yarmouth Borough Council would be welcomed.

16. ECH has received the written support of GY&W CCG and local MPs for the hospice project. The charity intends to apply for grant funding from the Department of Health and Social Care and further support from MPs could help. Cllr Legg offered to raise the matter with the MP for South Norfolk.

    Action - Jenny Beesley to provide Cllr Legg with details of what ECH is seeking from the Department of Health and Social Care.

17. ECH hopes that there will be a better relationship between the charity and the James Paget Hospital in the future. Negative publicity does not help fund-raising.

18. ECH plans to lay foundations for the building this year. Tender documents will be ready by May 2019. It is expected that this step will boost fund-raising. ECH intends to use a private firm for building control.

19. The timeline for completion and opening of the hospice facilities is dependent on fund-raising. The build itself should take approximately 18 months from the start date.

20. The plan is for the hospice to serve all of Great Yarmouth & Waveney and beyond into Broadland and South Norfolk.

Information Bulletin

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

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

This Information Bulletin covers the following items:-

(a) Great Yarmouth and Waveney Joint Health Scrutiny Committee terms of reference – amendment to reflect the establishment of East Suffolk Council.

(b) ME/CFS –information requested by the Joint Committee on 26 April 2019.

(c) All Hallows Healthcare Trust – update.

(d) Norfolk and Waveney Sustainability Transformation Partnership (STP) – update.

(a) Great Yarmouth and Waveney Joint Health Scrutiny Committee terms of reference

The establishment of East Suffolk Council on 1 April 2019 affects the terms of reference for Great Yarmouth and Waveney Joint Health Scrutiny Committee (GY&W JHSC), which mentioned the former Waveney district council. On 30 May 2019 Norfolk Health Overview and Scrutiny Committee approved the following amendments to the GY&W JHSC 'Structure and Terms of Reference' document:-

Paragraph 1.3

- The reference to 'Waveney District Council' is replaced by 'East Suffolk Council'.

- The reference to 'adjoining districts' is removed but the geographic catchment area for members eligible to serve on GY&W JHSC remains the same as it is now, i.e. members who represent residents living within the Great Yarmouth

and Waveney Clinical Commissioning Group (CCG) area or districts where a proportion of their residents look in the first instance to the James Paget University Hospital NHS Trust (JPUH) for acute services.

The amendments will be presented to Suffolk Health Scrutiny Committee for approval on 11 July 2019. Subject to its approval the 'Structure and terms of reference' for GY&W JHSC will be as follows:-

Great Yarmouth and Waveney Joint Health Scrutiny Committee
Structure and Terms of Reference

1. Structure of the Committee

1.1 The committee to be composed of six members.

1.2 Both authorities to appoint three members to the committee.

1.3 The membership to be drawn from members of Norfolk Health Overview and Scrutiny Committee (NHOSC) and Suffolk Health Scrutiny Committee (SHSC) including the Great Yarmouth Borough Council member of NHOSC and the East Suffolk Council member of SHSC. The other two members from NHOSC and SHSC respectively may be appointed from members who represent residents living within the Great Yarmouth and Waveney Clinical Commissioning Group area or districts where a proportion of their residents look in the first instance to the James Paget University Hospital NHS Foundation Trust for acute services.

1.4 There is no requirement for the appointments to the joint committee to be in line with the political balance on Norfolk County Council or Suffolk County Council.

1.5 To be quorate the committee requires three committee members to be present.

1.6 Each authority is allowed to substitute for the committee members.

1.7 The resourcing and costs of the committee will be shared between the two authorities.

2. Terms of Reference

2.1 The Joint Scrutiny Committee will meet for scrutiny of the health service in the Great Yarmouth and Waveney locality, as deemed necessary by the Chairmen of either Norfolk Health Overview and Scrutiny Committee and the Suffolk Health Scrutiny Committees.

2.2 General health service issues within the Great Yarmouth and Waveney area will be scrutinised either by Great Yarmouth and Waveney Joint Health Scrutiny Committee or by Norfolk Health Overview and Scrutiny Committee and / or Suffolk Health Scrutiny Committee as deemed necessary by the Chairman of either Norfolk

Health Overview and Scrutiny Committee and / or Suffolk Health Scrutiny Committee.

2.3 In carrying out review and scrutiny of a particular matter the Committee shall have regard to any guidance issued by the Secretary of State; invite interested parties to comment on the matter; and take account of relevant information available to it.

2.4 Norfolk County Council and Suffolk County Council have arranged for the Joint Health Scrutiny Committee to have the power to make referrals to the Secretary of State in response to 'substantial variation' in respect of health services within the Great Yarmouth and Waveney area. The Joint Health Scrutiny Committee must notify Norfolk County Council and Suffolk County Council of its intention to make such a referral before the referral is made.

2.5 Where the Joint Health Scrutiny Committee makes such reports and recommendations the report will be consensual and shall include:
- An explanation of the matter reviewed or scrutinised;
- A summary of the evidence considered;
- A list of participants involved in the review or scrutiny;
- Any recommendations on the matter reviewed or scrutinised.

2.6 The Joint Health Scrutiny Committee does not have the power to call in Cabinet decisions of either Suffolk County Council or Norfolk County Council.

As agreed by:-

Norfolk Health Overview and Scrutiny Committee - 30 May 2019
Suffolk Health Scrutiny Committee – date to be confirmed

(b) ME/CFS

NHS
Great Yarmouth and Waveney
Clinical Commissioning Group

Information requested by Great Yarmouth and Waveney Health Overview and Scrutiny Committee following the meeting in April 2019

ME/CFS

New clinic base

The new clinic base in Aylsham is open 9am to 2pm on Thursday and Friday

Communication with patients about the opening of the new base

- All patients have been advised of the new clinic and have been booked into that location (if they choose to). The clinic opened on 9 May and was fully booked for the following three months.

Details of the research currently ongoing at the Quadram institute in Norwich

- The research builds on recent evidence that ME/CFS has a basis in the immune system. More details are contained via the link below. Patients are currently being recruited for the research and ECCH have committed to support this.

  http://www.quadram.ac.uk/simon-carding

The distribution of the 'ME & CFS Service – GP Briefing April 2019'

- This has been distributed across Norfolk and Suffolk

Fran O'Driscoll
Deputy Director of Commissioning

(c) All Hallows Healthcare Trust

NHS
Great Yarmouth and Waveney
Clinical Commissioning Group

Information requested by Great Yarmouth and Waveney Health Overview and Scrutiny Committee

All Hallows Healthcare Trust

All Hallows Healthcare Trust delivered five services which were;

- Nursing Home
- All Hallows Hospital (Registered as a Nursing Home)
- Domiciliary Care
- Day Service
- Meals on Wheels service

The following summary provides an update on each of those services, including details of the new providers, where they will be continuing.

Nursing Home

Norsecare will be the new provider for the Nursing Home and we expect that they will formally provide the care and support to residents from the 17th July 2019.

All Hallows Hospital

Everybody who was residing at All Hallows Hospital have either been moved to the Nursing Home or an alternative home in Norfolk/ Suffolk. Every person has received individual support from the Clinical Commissioning Group and Local Authorities (Norfolk and Suffolk County Council)

Domiciliary Care

Nightingale are the new provider for the provision of Domiciliary Care and this service transferred on the 3rd June 2019, where they have been providing the care and support with no issues reported.

Day Service

Empanda have been approved by All Hallows Healthcare Trust Trustees and Commissioners to provide the Day Service. All stakeholders are working towards Empanda taking over from the 1st July. All Hallows Healthcare Trust will continue to provide the care and support needed until this date. The Day Service will continue to operate from the Hospital site.

Meals on Wheels service

No other organisation came forward to take on the Meals on Wheels service. This service will close from the 3rd July 2019 at the latest. Every person has received a letter with details of other Meals on Wheels services they could potentially contact for the ongoing provision of meals.

In addition to this the MOW co-ordinator has spoken to every person and is supporting them with making alternative arrangements. The County Councils have also cross referenced those customers with the MOW services, with their internal records to identify those people who are known to social care. Every person known will be contacted by a social care professional to discuss their ongoing care and support needs.

Development of a Steering Group

A steering group has been set up to determine the most relevant, effective and viable service model for the 30 bedded unit based in All Hallows, Ditchingham. Membership of the steering group currently consists of representatives from Ditchingham, Broome and Bungay town & parish councils, health and social care commissioners, Friends of All Hallows, local MP and other specialist and engagement experts.

Fran O'Driscoll
Deputy Director of Commissioning

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

NHS
Great Yarmouth and Waveney
Clinical Commissioning Group

Briefing for Great Yarmouth and Waveney Health Scrutiny Committee:

Update on the Norfolk and Waveney Sustainability and Transformation Partnership (July 2019)

1. This briefing paper provides an update on the Norfolk and Waveney Sustainability and Transformation Partnership (STP), with a focus on progress made with key pieces of work since the last report in April 2019.

Financial position

2. Our NHS organisations are forecasting that they are on plan for the year to deliver a combined deficit of £16.4 million this year, which would represent a significant improvement on the 2018/19 year end position which was a deficit of £97.6m. This is despite the Norfolk and Norwich University Hospitals NHS Foundation Trust and the Queen Elizabeth Hospital King's Lynn NHS Trust being slightly behind plan at the end of month one of the financial year.

3. All of our NHS organisations are preparing five year financial plans for consolidation and review by the partnership. The financial plans will form part of our five year plan for health and care in Norfolk and Waveney, which we needs to be complete by the autumn.

4. Further information about our financial position is included in Appendix A.

Performance of our health and care system

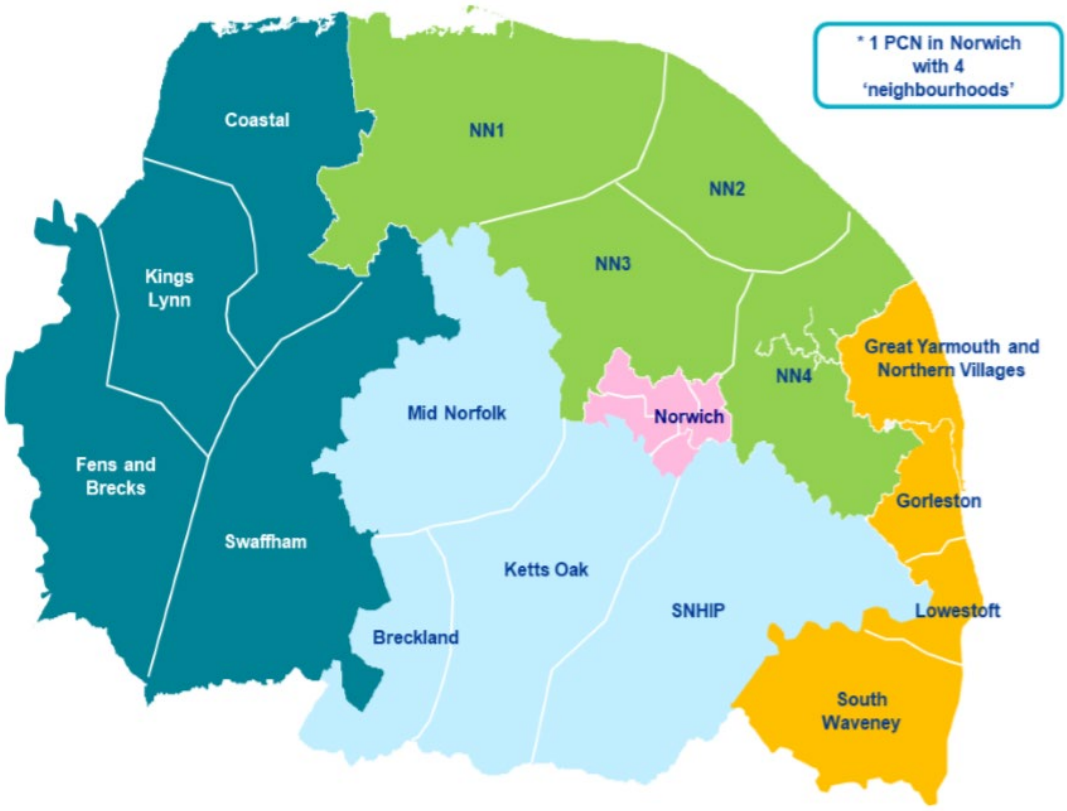
5. We are continuing to develop and refine the performance framework for our partnership. We want to address our performance issues together, supportively and effectively. This month's report shows the continued pressure on our emergency care services and planned care performance, and highlights why local health and care services are working more closely together. Across Norfolk and Waveney, A&E attendances have risen by 7.0% year to date. Attendances arriving on foot have increased (8.7%) more than attendances arriving via ambulance (3.6%).

6. Further information about our performance is included in Appendix B.

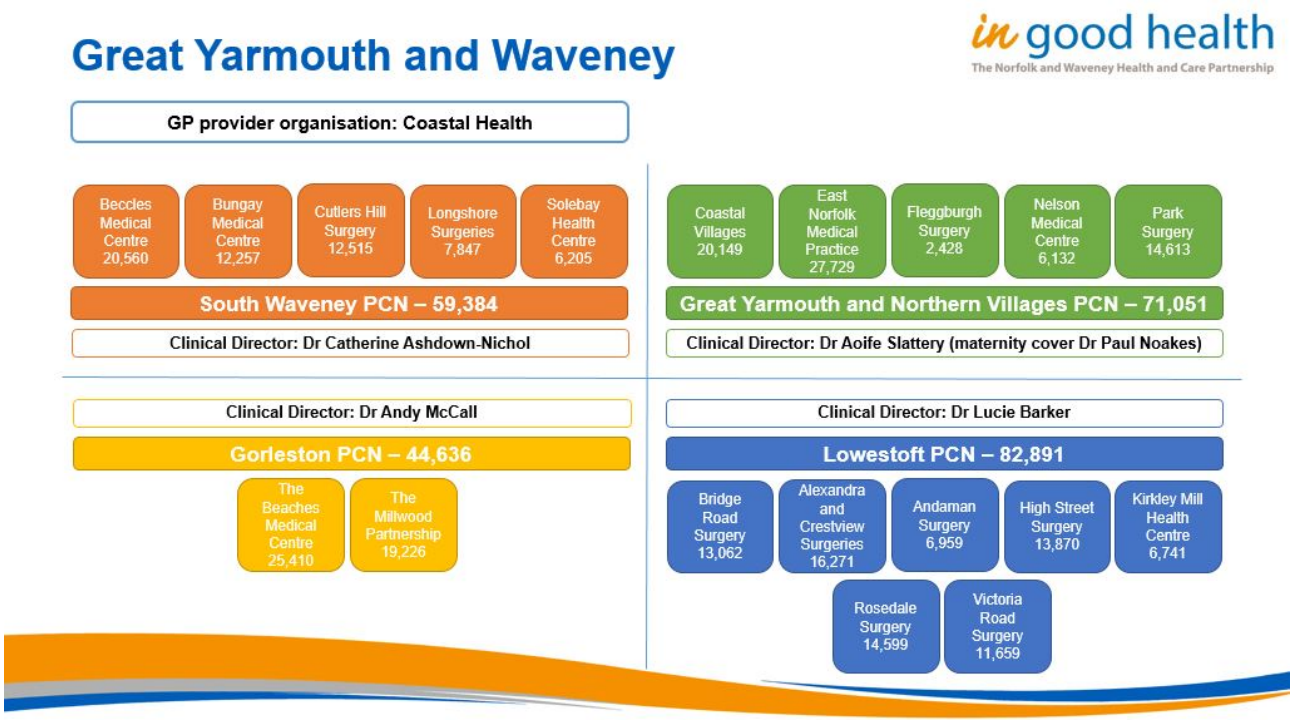
Launching our Primary Care Networks

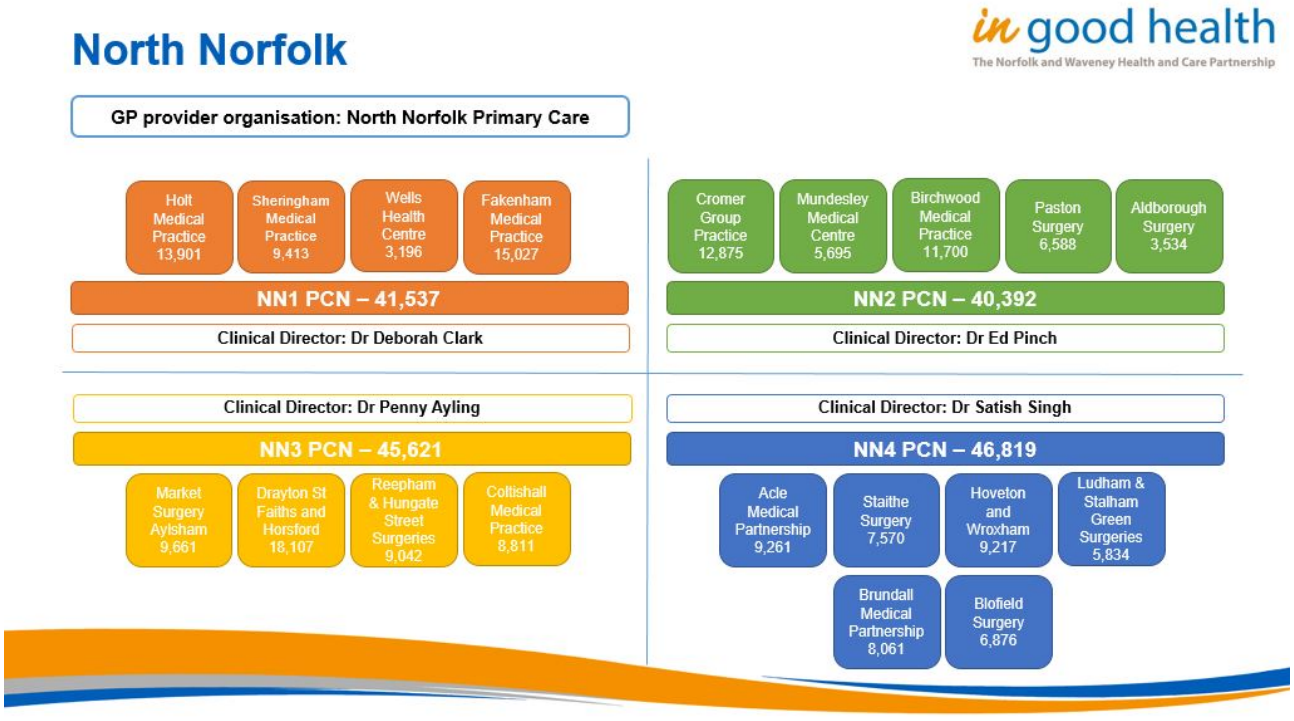
7. We will have 17 Primary Care Networks covering the whole of Norfolk and Waveney starting to operate from 1 July. These are teams made-up of GPs and other health and care professionals who will provide coordinated care, near to where people live. As they develop over time, these teams will include social workers, pharmacists, district nurses, mental health workers, advanced paramedic practitioners, colleagues from the voluntary sector and others. The creation of these networks is an important step towards the development of our Integrated Care System and improving care for people.

8. This map shows our 17 Primary Care Networks (PCN):



9. The following diagrams set-out which GP surgeries will be in each PCN and the clinical directors for each network:





Norwich

in good health
The Norfolk and Waveney Health and Care Partnership

GP Alliance OneNorwich in collaboration with Norwich Practices Limited (NPL)

East Norwich Medical Partnership 16,276
The Lionwood Medical Practice 8,772
Thorpewood Medical Group 14,050
Old Catton Medical Practice 7,264
Hellesdon Medical Practice 10,330

East Norwich Neighbourhood – 56,683

Clinical Lead: Dr Saffana Rasul

Clinical Lead: Dr Raija Blenk

Norwich North Neighbourhood – 43,548

Lawson Road Surgery 7,072
Prospect Medical Practice 6,842
Oak Street Medical Practice 8,177
Woodcock Road Surgery 7,839
Magdelen Medical Practice 13,618

Norwich PCN Executive Team

Clinical Director: Dr Jeanine Smirl

Norwich Operational Team / PCN

Beechcroft and Old Palace 6,939
Taverham Partnership 8,515
Trinity and Bowthorpe Medical Practice 10,452
Roundwell Medical Centre 13,471
Wensum Valley Medical Practice 12,560
Bacon Road Medical Centre 4,843

West Norwich Neighbourhood – 56,780

Clinical Lead: Dr Nick Morton

Clinical Lead: Dr Jo Walsh

Central Neighbourhood – 70,125

UEA Medical Centre 21,928
Newmarket Road Surgery 5,203
Lakenham Surgery 8,386
St Stephens Gate Medical Practice 13,624
West Pottergate 4,297
Castle Partnership 16,687

Norwich Practices Ltd (Norwich wide APMS contract) 11,024

N.B There is a single PCN which covers Norwich and it is divided into four neighbourhoods. There is one clinical director for the PCN and each neighbourhood has a clinical lead.

South Norfolk

in good health
The Norfolk and Waveney Health and Care Partnership

GP provider organisation: South Norfolk Healthcare

School Lane 16,693
Watton Medical Practice 12,564
Grove Surgery 13,257

Breckland PCN – 42,514

Clinical Director: Dr Andrew Mollan

Clinical Director: Dr Scott Turner

Mid Norfolk PCN – 46,032

Toftwood Surgery 3,681
Shipdham Surgery 4,082
Mattishall and Lenwade 8,535
Theatre Royal Surgery 8,947
Elmham Surgery 9,845
Orchard Surgery 10,942

East Harling and Kenninghall 8,243
Wymondham Medical Practice 18,663
Humbleyard Practice 19,960
Windmill Surgery 5,446
Hingham Surgery 6,294
Attleborough Surgery 18,369

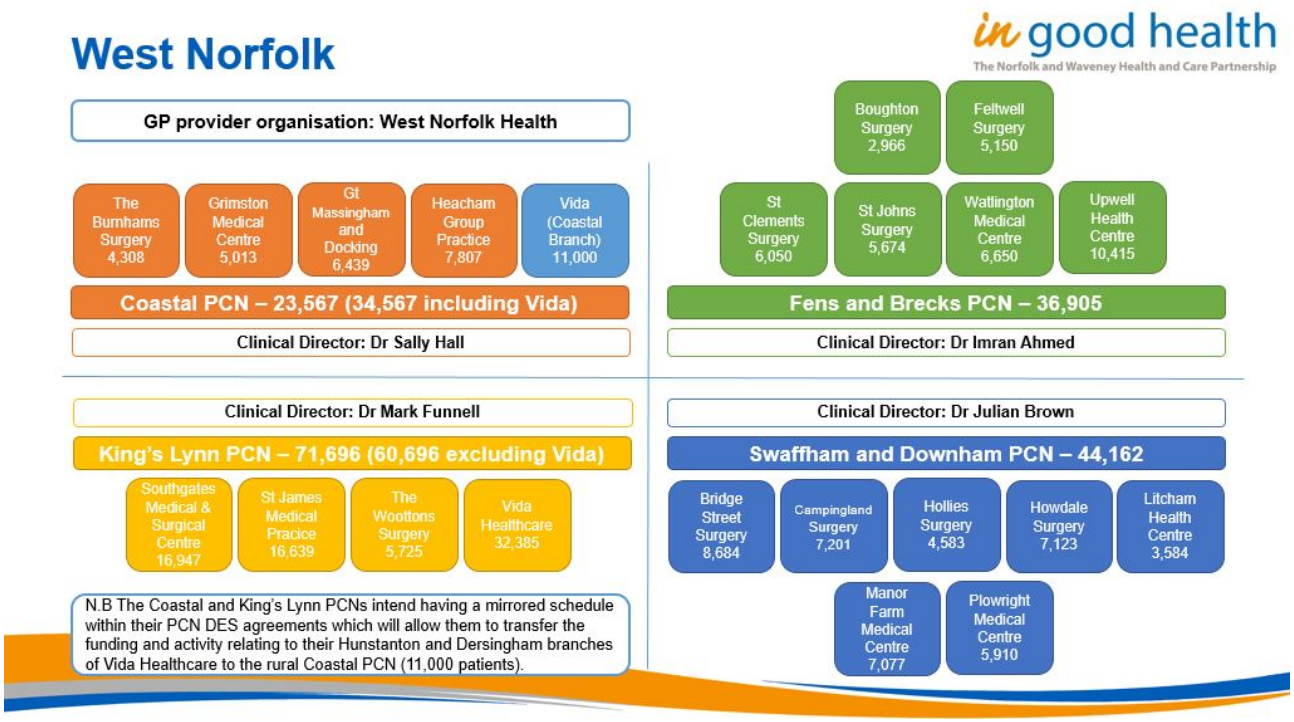
Ketts Oak PCN – 68,732

Clinical Director: Dr Kate Grantham

Clinical Director: Dr Alasdair Duthie

SNHIP PCN – 73,136

Long Stratton Medical Partnership 11,131
Church Hill Surgery 4,478
The Lawns Medical Practice 7,073
Parish Fields 7,927
Old Mill & Millgates Medical Practice 8,255
Harleston Medical Practice 7,967
Chet Valley Medical Practice 8,599
Heathgate Medical Practice 9,463



Progress on developing our Wellbeing Hub based in Norwich

10. Good progress is being made to establish a Wellbeing Hub to support people experiencing an escalation in 'mental distress'.

11. The hub would be based in Churchman House, a Georgian grade 1 building on Bethel Street in Norwich. It is hoped the very first elements of the wellbeing hub can begin by December, such as a night-time safe place for people in significant distress who are referred in by a health or care professional. Our vision is that it will go on to house a day time walk-in facility and community café, where people can find emotional support when they feel their anxieties or other mental health problems are escalating. We would like this important element to be up and running by the spring.

12. Current actions include:

    - We are in the middle of a procurement exercise to identify a preferred provider and if this goes well they should be asked in September to plan for mobilisation.
    - We shall be looking to appoint works providers to carry out alterations and renovations to the building itself.
    - Norwich City Council's Cabinet agreed on 12 June to transfer Department of Health and Social Care (DHSC) grant funding of £150,000 to NHS Property towards the renovation work.

- We are working on planning matters and would expect to submit a planning application to enable work to start on this Grade 1 Listed building.

13. Wellbeing Hubs or Crisis Cafes in other parts of the country have been both successful and valued by service users, and with Norwich City Council's partnership we hope to bring this a step closer in central Norfolk.

14. Such a hub is based on models in Aldershot, Lambeth and Bradford and is a means of addressing mental distress as opposed to mental health. Mental distress is recognised as an important factor in poor mental wellbeing and the idea of the hub approach is to offer a non-medicalised, easy to access, non-stigmatising safe place for people to access information, advice and support.

Our five year plan for health and care services

15. Every partnership is required to develop a five year plan setting out what they are doing to improve health and care services, and deliver the NHS Long Term Plan. NHS England has just published its Implementation Framework at https://www.longtermplan.nhs.uk/publication/implementation-framework.

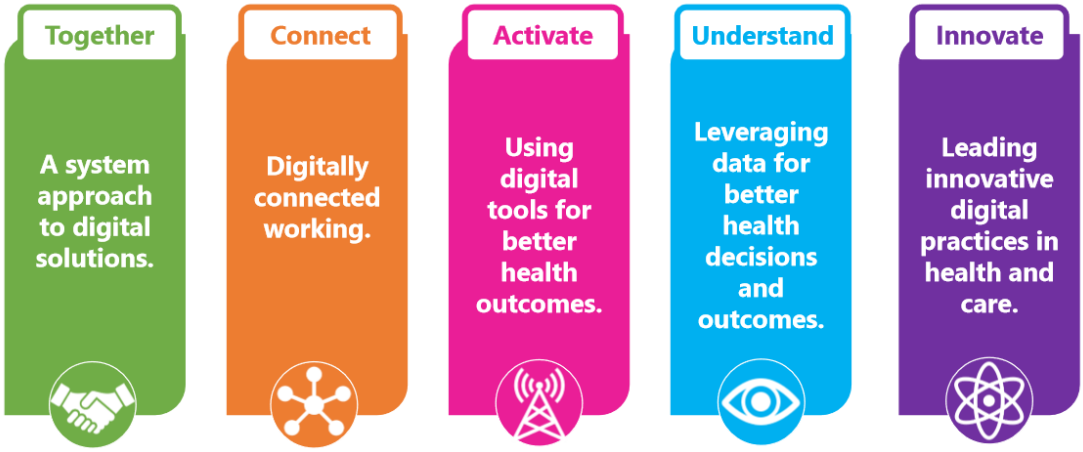
16. We shall work with partners to ensure our plan fully reflects the priorities in the guidance. Among these it states 'some of the commitments in the Plan are critical foundations to wider change. All systems must deliver on these foundational commitments for both service transformation and system development… systems will also have substantial freedoms to respond to local need, prioritise, and define their pace of delivery for the majority of commitments but will need to plan to meet the end points the Long Term Plan has set.'

17. We are developing further engagement plans. To date we have benefitted from a public survey and six focus groups undertaken by Healthwatch Norfolk and the very wide ranging insights from recent engagement and patient involvement work, such as that carried out for our Adult Mental Health and Children/Young People's Mental Health Strategies. The first draft of all STP five year plans are expected to be submitted in September.

Norfolk and Waveney STP Digital Strategy

18. We have developed a new Digital Strategy for our partnership which outlines our ambition to deliver care in new and innovative ways for our patients and citizens. This is important for our partnership because according to the latest NHS Improvement figures, Norfolk and Waveney is the least digitally-mature STP in the country. Our Digital Strategy is a key step in improving our digital maturity across our STP.

19. Our strategy is made up of five objectives which set out the goals of the strategy:



20. Our strategy also sets out five priority partner projects for 2019/20:

    i. Replacing the electronic patient record systems used by our three acute hospital trusts with a single, shared solution and acute services integration

    ii. Primary care integration and GP Online / GP Connect (which allows clinicians within IC24 out of hours services to view patient records from participating GP practices)

    iii. Developing the Norfolk and Waveney Integrated Care Record

    iv. Creating an STP Digital Team so that we have the people with the right skills to implement our strategy

    v. STP Workstream Delivery Support.

Get more control of your health and care – get the NHS App

21. The NHS App is now available for people from Norfolk and Waveney to download and use. It is a simple and secure way to access a range of NHS services on your smartphone or tablet. People can use it to:

- **book and cancel appointments** - search for, book and cancel appointments at your GP practice
- **view your record** - get secure access to your GP medical record
- **order repeat prescriptions** - see your available medications and place an order
- **check your symptoms** - find trusted information on hundreds of conditions and treatments and get instant advice
- **register to be an organ donor** - easily manage your preferences on the NHS Organ Donor Register

- **choose how the NHS uses your data -** register your decision on whether your data can be used for research and planning.

Patricia Hewitt re-appointed as Independent Chair

22. Patricia Hewitt has been re-appointed as the Independent Chair of the Norfolk and Waveney Sustainability and Transformation Partnership (STP). Patricia, a former Secretary of State for Health, joined the STP in June 2017 and, together with senior clinical and management colleagues, has been instrumental in driving forward the STP's work. Her appointment has been extended for a further two-years.

Director of Workforce

23. Anna Morgan, Executive Director of Nursing and Quality at Norfolk Community Health and Care, is taking up a two-year secondment as Director of Workforce for the Norfolk and Waveney STP. Anna has been our workforce lead for some time now; her secondment full-time will give us more resource and capacity to drive the improvements we need to make in this vital area.

We Care Together

24. It's vital that everyone who works in health and care – paid and unpaid – helps to shape the future of our Integrated Care System. We all need to work together to consider how we bridge the workforce gaps and design a new workforce fit for the future. This is why on Tuesday, 21 May, we launched our programme of staff engagement called #WeCareTogether and the first of our online conversations with staff from across the health and care system.

25. In our first conversation we are talking with staff about four topics:

    - **Prevention:** What radical steps can be taken to prevent the people of our region from falling ill, unnecessarily, in the first place?
    - **Working to the best of our abilities:** What needs to stop, start or change in the future to help every individual use their skills and talents to their fullest extent; and every organisation be a great place to work?
    - **Technology:** We can work smarter if we embrace new technologies, new roles, new skills and new services. But, what might the big innovations be and what impact will they have; what stops us embracing them; and how can we overcome these barriers?
    - **Integration:** We need our organisations, staff and volunteers to collaborate with each other to provide better support and services for people when and

where they need it. How can we help to make this happen even more and even better?

26. The results of our staff engagement will be used to help develop our five year plan. There will be further online conversations in the coming months.

Establishing the joint Norfolk and Waveney HOSC

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

Officer Contact

If you have any questions about matters contained in this paper please get in touch with:

Name: Chris Williams, ICS Development Manager **Email:** Chris.Williams20@nhs.net

Subject:	**Appendix A**: Norfolk and Waveney System Finance Report (June 2019)
Prepared by:	John Hennessey, STP Chief Finance Officer, and Julie Cave, Interim STP Chief Operating Officer

Summary:

The financial position for the STP is behind plan at the end of April, however forecasts for the year remain in line with our plans.

The Norfolk and Waveney STP has agreed support of £5m for the Cambridgeshire and Peterborough STP.

The STP five year plan is in progress: all NHS organisations are producing their own five year plans in draft form by 30 June 2019 for STP consolidation and review.

Main body of report

Financial Position: Month 1

1. The month one financial position, as reported at organisational level to NHSI/E is as follows:

Adjusted financial performance surplus/(deficit) **excluding** PSF, FRF, MRET, CSF

	Month 1			FOT			CT		
	Actual	Plan	Variance	FOT	Plan	Variance	FOT	CT	Variance
NNUH	- 8,210	- 7,560	- 650	- 54,340	- 54,340	-	- 54,340	- 55,340	1,000
QEH	- 3,424	- 3,024	- 400	- 25,589	- 25,589	-	- 25,589	- 25,898	309
JPUH	- 1,510	- 1,510	-	- 6,081	- 6,081	-	- 6,081	- 6,381	300
NCH&C	- 507	- 507	-	- 2,475	- 2,475	-	- 2,475	- 2,775	300
NSFT	- 840	- 840	-	- 3,317	- 3,317	-	- 3,317	- 3,517	200
Subtotal Providers	- 14,491	- 13,441	- 1,050	- 91,802	- 91,802	-	- 91,802	- 93,911	2,109
North Norfolk CCG	49	49	-	600	600	-	600	-	600
Norwich CCG	57	57	-	700	700	-	700	-	700
South Norfolk CCG	202	202	-	2,420	2,420	-	2,420	2,100	320
GY&W CCG	182	182	-	2,880	2,880	-	2,880	2,200	680
West Norfolk	29	29	-	340	340	-	340	- 300	640
Subtotal CCGs	519	519	-	6,940	6,940	-	6,940	4,000	2,940
TOTAL STP	- 13,972	- 12,922	- 1,050	- 84,862	- 84,862	-	- 84,862	- 89,911	5,049

Plan figures as per final 15th May regulatory submissions.

Month 1 actuals/FOT from 'heads up' updates received from organisations, or PRM data where available (formal data collection not undertaken for Month 1)

2. The table shows that the NNUH and the QEH are behind plan by £0.6m and £0.4m respectively for April. Forecasts remain on plan for the year.

Cambridgeshire and Peterborough STP

3. Further to previous discussions on the requested support to the Cambridgeshire and Peterborough STP, we have now agreed £5m support from our health

system. This is non-recurrent and we have been told that this is repayable in the next 3 years. Of this sum £4m has been provided from our organisations and £1m support from NHSI/E to our system.

Five Year Financial Plans

4. As part of our Financial Recovery Plan and Long Term Plan (which is required to be submitted to NHSI/E in the autumn), we are preparing five year plans at organisational level for consolidation and review by the STP. The deadline for draft plans is 30 June.

5. The consolidation of organisational plans will allow us to determine the system-wide position and the need to deliver system-wide financial savings and efficiencies. This includes the significant potential for back office consolidation (including HR, Finance, IT, Estates), procurement, outpatient transformation where progress has been slow. Freeing up resource to lead on these schemes is key but progress has been made with the recent appointment to senior finance and programme posts.

Subject:	**Appendix B**: Norfolk and Waveney System Performance Report (June 2019)
Prepared by:	Paul Martin, PMO, STP, Jon Fox and Will Kelly, Business Intelligence, CCGs

Summary:

The following dashboard provides an overview of the key performance indicators across the system.

Unplanned Care

- Across the STP, A&E attendances have risen by 7.0% year to date. Attendances arriving on foot have increased (8.7%) more than attendances arriving via ambulance (3.6%).
- January (9.7%), February (12.1%) and March (16.4%) are the months showing the greatest year on year increase when compared to the equivalent months from the previous year.
- Despite the increase in other forms of urgent care activity, attendances at the Walk In Centre have dropped by almost 10%.

- The STP figures for Delayed Transfers of Care (DTOC) have been agreed with Norfolk County Council – they are for the three acute trusts and are for Norfolk and Waveney patients only.
- The Trust level DTOC figures (shown on each acute hospital dashboard) are the whole trust figures (not just Norfolk and Waveney patients).

Cancer

JPUH – Target has been consistently met for a long period of time but in recent months they have seen a large increase in referrals across range of specialties. Compounding this, the Trust has had staffing challenges due to staff leave over school / bank holidays which has left periods where output was reduced. Trust has put on additional sessions with the aim to recover in April.

NNUH – The Trust has met the GP two week wait target for the first time in over a year. They have also delivered the breast cancer target for the first time in 6 months. This improved performance was due to an NHSE/I funded initiative which has supported increased activity. There has also been a rise in late tertiary referrals which is affecting 62 day delivery.

QEH – Significant underperformance in breast cancer two week wait (20.9% in April) due to increase in out of area referrals to the service and compounded by a 25% loss of capacity in March due to both breast screening radiologists being absent for one week in the month. The Trust has a plan in place to clear the backlog created by this loss of capacity and performance is forecast to recover for both of these standards in June 2019.

Planned Care

JPUH – The Trust had targeted longer waits to reduce backlog and this has impacted 18 week performance. They are expecting improved performance in May. For three consecutive months the backlog has reduced and is now the lowest it has been for a full year. Overall the JPUH met the March 2019 target of matching (or reducing) waiting list size from April 2018.

NNUH - Overall performance continues to be compromised by the urgent focus on cancer work. There were no patients waiting 52 weeks for treatment in March or April, but 40 week breaches remain high. Intensive waiting list management is in place. Capacity remains a key challenge and the NNUH are working with Spire to expand their range of specialties and procedures. Diagnostics has worsened due to a significant increase in demand since October and a breakdown of the MRI equipment in April. Plans are in place to recover but conversations are ongoing with Spire and Global for additional support.

QEH – Performance has improved for the fourth successive month. The Trust is ahead of the April recovery trajectory which was set at 78.95%. The Trust met the waiting list and backlog requirements in line with NHSE guidance and has no patients waiting 52 weeks for treatment.

Mental Health

Improving Access to Psychological Therapies - Delivery against the trajectory continues to be met month on month with the STP standard improving as required. NHSE is assured over progress, however concerns raised over ability to meet LTC ambition going forward.

Children and young people eating disorders - Numbers here are very small which means one or two breaches can have a large impact on target. Each breach is reviewed and learning identified; trends include DNA and cancelled appointments. Provider is looking at how to minimise the impact, and offer alternate and flexible appointments promptly.

Out of area placements - Continued local and regional scrutiny with a restated trajectory being developed in partnership with NHSE. 2019/20 planning round initiatives to offset out of area (including community personality disorder service, 15 bedded unit on Yare Ward, rehab and reablement) agreed with implementation post mobilisation expected August onwards.

Dementia - All the CCGs are now being supported by Norwich and replicating their method by which they have met and sustained delivery. NHSE are placing greater scrutiny on meeting the standard, all CCGs required to have improvement plans in place.

STP High Level System Dashboard - Summary

in good health
The Norfolk and Waveney Health and Care Partnership

Metrics	Status of latest data	Current target	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	Trend
Acute Unplanned Care Performance Metrics (includes aggregate of JPUH, NNUH and QEH unless otherwise stated)																
A&E 4 hr performance (total trust, NNUH includes WIC)	Validated	95%	86.5%	89.7%	89.9%	89.1%	87.5%	86.9%	88.3%	86.0%	83.9%	78.4%	77.2%	79.5%		
A&E Total Attendances (as above)	Validated	-	28,311	30,982	29,631	31,869	31,309	29,033	29,162	28,331	28,983	29,123	27,204	30,226		
A&E Total Breaches (as above)	Validated	-	3,825	3,198	3,003	3,480	3,916	3,801	3,409	3,961	4,679	6,292	6,206	6,211		
Emergency admissions (N&W CCGs only)	Validated	-	8,000	8,434	7,997	8,215	8,180	7,787	8,486	8,495	8,541	9,045	7,894	8,841		
DTOC - delayed days (includes acute + non-acute trusts, Norfolk patients)	Validated	-	2,503	2,240	2,543	2,632	2,944	2,738	2,709	2,551	2,681	2,974	2,150	2,530		
% of Ambulance handover delays - 60 min	Validated	-	4.4%	4.0%	1.7%	5.7%	8.5%	8.2%	5.2%	10.7%	11.6%	15.2%	14.0%	6.6%		
Acute Cancer Performance Metrics (includes aggregate of JPUH, NNUH and QEH)																
Two week wait GP referral (%)	Prov'	93%	92.5%	93.3%	88.9%	83.3%	87.5%	79.6%	82.3%	79.3%	92.2%	88.8%	91.0%	87.5%		
Two week wait breast symptoms (%)	Prov'	93%	97.4%	97.8%	93.5%	95.7%	96.1%	97.8%	97.3%	63.7%	53.3%	54.8%	47.4%	47.7%		
31 days from diagnosis to first treatment (%)	Prov'	96%	98.0%	97.9%	97.3%	97.6%	97.0%	97.3%	96.3%	97.1%	97.6%	95.3%	96.9%	97.2%		
62 days from GP referral to first treatment (%)	Prov'	85%	79.6%	79.9%	72.0%	72.2%	77.6%	76.9%	77.0%	76.4%	76.7%	70.5%	73.4%	77.4%		
Acute Planned Care Performance Metrics (includes aggregate of JPUH, NNUH and QEH)																
Incomplete - RTT % waiting treatment <18 weeks	Validated	92%	83.9%	85.0%	85.1%	85.4%	84.7%	83.4%	82.9%	83.0%	81.8%	81.7%	82.2%	82.5%		
Total number incomplete pathways	Validated	-	66,269	68,728	69,944	69,409	70,713	70,828	71,166	70,567	69,990	68,983	68,302	67,794		
Total number of 40 week breaches	Validated	-	769	727	650	665	730	756	651	649	770	758	681	633		
Incomplete - RTT no. waiting treatment >52 weeks	Validated	0	14	15	13	8	14	22	17	22	29	29	13	0		
Diagnostic tests within 6 weeks	Validated	99%	98.2%	99.4%	99.1%	99.2%	99.3%	99.3%	99.3%	99.3%	98.2%	95.4%	98.3%	99.1%		
Number of patients waiting > 6 weeks	Validated	-	343	109	164	132	118	109	122	122	306	852	332	178		
GP acute referrals (N&W CCGs only)	Validated	-	17,704	18,981	18,460	17,721	16,996	16,137	18,377	17,942	14,697	17,998	17,006	18,190		
Non-GP acute referrals (N&W CCGs only)	Validated	-	8,960	9,794	9,122	9,677	9,264	8,912	10,410	10,239	8,380	10,397	9,289	10,456		
Avoidable emergency admissions (N&W CCGs only)	Validated	-	1,761	1,895	1,803	1,852	1,768	1,765	1,997	2,177	2,316	2,486	2,221	1,956		
Mental Health Metrics (all NSFT other than Dementia)																
IAPT: access rates (local target)	Prov'	1.6%	1.3%	1.5%	1.4%	1.3%	1.0%	1.0%	1.4%	1.6%	1.4%	1.6%	1.4%	1.5%	1.4%	
IAPT: recovery rates	Prov'	50%	51.4%	50.5%	51.5%	50.2%	46.0%	52.7%	50.6%	51.2%	51.4%	59.0%	59.4%	55.5%	58.2%	
IAPT: first treatment <6 weeks	Prov'	75%	84.2%	93.1%	94.3%	93.2%	94.9%	91.1%	86.8%	84.7%	86.6%	92.0%	98.7%	99.4%	99.2%	
EIP: treatment started <2 weeks (local target)	Prov'	56%	70.0%	73.8%	71.4%	70.3%	74.2%	79.9%	82.7%	83.0%	81.7%	82.0%	84.6%	83.6%	79.5%	
CYP: eating disorders - Urgent (seen in 1 wk)	Prov'	90%	75.0%	80.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	
CYP: eating disorders - Routine (seen in 4 wks)	Prov'	90%	73.1%	82.6%	95.7%	96.0%	89.7%	79.3%	80.0%	85.7%	73.9%	64.0%	58.3%	78.9%	94.4%	
Out of area placements (bed days - 18-65, in month)	Prov'	-	680	430	580	610	460	625	755	755	765	1,100	1,025	1,421	1,751	
Out of area placements (bed days - 65+, in month)	Prov'	-	65	105	60	40	65	50	30	0	30	45	105	16	0	
Dementia diagnosis (non-NSFT)	Validated	66.7%	61.5%	61.9%	62.1%	62.3%	62.8%	64.2%	63.3%	63.5%	63.5%	63.4%	63.4%	64.1%		

STP High Level System Dashboard - JPUH

Metrics	Status of latest data	Target	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	Trend
Unplanned Care Performance Metrics																
A&E 4 hr performance (whole trust)	Validated	95%	87.1%	93.4%	94.0%	90.6%	91.4%	92.7%	90.3%	94.3%	87.2%	84.7%	80.1%	83.7%	86.4%	
A&E Total Attendances (as above)	Validated	-	6,505	7,121	6,895	7,530	7,401	6,561	6,617	6,266	6,541	6,613	6,046	6,978		
A&E Total Breaches (as above)	Validated	-	840	473	413	705	633	481	641	358	834	1,012	1,203	1,140		
Emergency admissions (N&W CCGs only)	Validated	-	1,790	1,947	1,820	1,821	1,859	1,723	1,961	1,981	2,055	2,120	1,939	2,141		
Delayed transfers of care (DTOC) - % of delayed days vs occupied bed days	Validated	3.5%	1.7%	1.5%	1.9%	2.0%	3.9%	1.8%	1.5%	3.0%	1.0%	2.2%	1.4%	1.2%		
# DTOC - NHS	Validated	-	190	169	63	53	105	42	39	42	7	48	35	28		
# DTOC - Social Care	Validated	-	0	0	151	170	328	155	141	296	98	215	126	126		
# DTOC - Both NHS / Social Care	Validated	-	0	4	0	0	0	0	0	0	7	14	0	0		
% of Ambulance handover delays - 60 min	Validated	-	2.0%	0.3%	0.2%	0.6%	0.5%	0.3%	0.5%	0.0%	1.1%	2.6%	7.1%	5.5%		
Cancer Performance Metrics																
Two week wait GP referral (%)	Prov'	93%	96.7%	97.2%	96.6%	96.7%	94.4%	97.4%	97.5%	96.4%	97.4%	94.5%	94.1%	90.9%		
Two week wait breast symptoms (%)	Prov'	93%	96.8%	97.5%	96.9%	97.4%	96.8%	96.7%	95.8%	96.3%	93.4%	87.2%	82.5%	62.7%		
31 days from diagnosis to first treatment (%)	Prov'	96%	100.0%	100.0%	100.0%	100.0%	99.2%	100.0%	100.0%	100.0%	98.9%	100.0%	100.0%	100.0%		
31 days subsequent treatment - surgery (%)	Prov'	94%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%		
31 days subsequent treatment - drug treatment (%)	Prov'	98%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%		
31 days subsequent treatment - radiotherapy (%)	Prov'	94%	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data		
62 days from GP referral to first treatment (%)	Prov'	85%	83.9%	85.5%	71.6%	73.3%	79.3%	85.6%	86.7%	87.0%	83.5%	80.7%	78.3%	89.8%		
62 days from screening to first treatment (%)	Prov'	90%	100.0%	94.7%	100.0%	100.0%	100.0%	100.0%	90.9%	100.0%	92.3%	96.3%	100.0%	100.0%		
Planned Care Performance Metrics																
Incomplete - RTT % waiting treatment <18 weeks	Validated	92%	86.4%	86.5%	87.0%	87.3%	86.9%	86.9%	87.1%	87.5%	85.7%	83.8%	84.0%	84.4%	83.0%	
Total number incomplete pathways	Validated	-	13,239	13,751	13,879	13,263	13,269	13,191	12,904	13,211	13,073	13,117	13,101	12,904	12,673	
Total number of 40 week breaches	Validated	-	91	97	95	91	116	84	43	26	36	42	48	48		
Incomplete - RTT no. waiting treatment >52 weeks	Validated	0	0	0	0	0	1	0	0	0	0	0	0	0	0	
Diagnostic tests within 6 weeks	Validated	99%	99.2%	99.2%	99.6%	99.3%	99.8%	100.0%	99.8%	99.9%	99.1%	98.5%	99.3%	99.4%		
Number of patients waiting > 6 weeks	Validated	-	24	27	13	22	7	1	7	2	29	51	27	23		
GP acute referrals (N&W CCGs only)	Validated	-	3,936	4,430	4,275	3,660	3,766	3,537	4,133	4,008	3,133	3,997	3,725	3,911		
Non-GP acute referrals (N&W CCGs only)	Validated	-	2,011	2,444	2,169	2,384	2,540	2,326	2,619	2,611	2,156	2,648	2,276	2,746		
Avoidable emergency admissions (N&W CCGs only)	Validated	-	444	517	463	461	483	438	526	550	679	670	627	322		

STP High Level System Dashboard - NNUH

Metrics	Status of latest data	Target	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	Trend
Unplanned Care Performance Metrics																
A&E 4 hr performance (NNUH inc. WIC)	Validated	95%	87.9%	90.6%	87.5%	88.6%	87.7%	86.3%	88.9%	85.6%	82.5%	77.1%	76.0%	76.9%	72.8%	
A&E Total Attendances (as above)	Validated	-	16,455	17,898	17,029	18,276	17,857	16,800	16,973	16,425	16,764	16,829	15,847	17,264	16,900	
A&E Total Breaches (as above)	Validated	-	1,984	1,689	2,129	2,089	2,196	2,307	1,879	2,367	2,936	3,852	3,800	3,992	4,605	
Emergency admissions (N&W CCGs only)	Validated	-	4,236	4,394	4,192	4,259	4,260	4,095	4,485	4,313	4,402	4,649	4,005	4,474		
Delayed transfers of care (DTOC) - % of delayed days vs occupied bed days	Validated	3.5%	4.5%	3.4%	4.0%	4.6%	4.7%	5.0%	4.3%	4.2%	4.8%	5.0%	2.2%	3.1%		
# DTOC - NHS	Validated	-	548	567	521	587	628	533	326	274	281	429	262	354		
# DTOC - Social Care	Validated	-	596	299	488	524	530	644	739	500	564	686	267	514		
# DTOC - Both NHS / Social Care	Validated	-	43	70	63	47	27	47	47	55	132	0	26	7		
% of Ambulance handover delays - 60 min	Validated	-	3.4%	4.7%	1.6%	6.8%	10.3%	11.0%	5.0%	12.9%	16.4%	18.6%	15.0%	2.1%	2.8%	
Cancer Performance Metrics																
Two week wait GP referral (%)	Prov'	93%	89.6%	90.4%	83.0%	73.5%	81.2%	68.5%	71.9%	67.0%	88.1%	84.4%	88.1%	87.0%	95.0%	
Two week wait breast symptoms (%)	Prov'	93%	97.5%	98.0%	90.9%	94.2%	96.1%	97.9%	98.1%	44.9%	28.6%	36.5%	28.4%	47.1%	98.6%	
31 days from diagnosis to first treatment (%)	Prov'	96%	97.0%	97.3%	96.3%	97.0%	96.2%	96.4%	94.7%	96.6%	97.0%	93.3%	96.6%	96.6%	95.3%	
31 days subsequent treatment - surgery (%)	Prov'	94%	94.0%	88.3%	90.1%	91.4%	83.5%	77.8%	79.8%	86.4%	84.5%	79.0%	89.6%	83.9%	82.8%	
31 days subsequent treatment - drug treatment (%)	Prov'	98%	100.0%	100.0%	100.0%	99.3%	100.0%	100.0%	99.4%	100.0%	99.0%	98.5%	99.2%	99.2%	99.0%	
31 days subsequent treatment - radiotherapy (%)	Prov'	94%	98.9%	100.0%	96.7%	97.8%	98.4%	97.7%	97.2%	98.9%	97.4%	94.5%	100.0%	95.3%	97.0%	
62 days from GP referral to first treatment (%)	Prov'	85%	80.6%	76.2%	65.1%	69.3%	75.8%	72.0%	70.8%	71.5%	73.5%	62.9%	71.7%	68.2%	74.1%	
62 days from screening to first treatment (%)	Prov'	90%	81.3%	74.4%	96.6%	83.0%	93.6%	78.3%	66.7%	81.0%	81.4%	89.8%	82.9%	96.8%	84.6%	
Planned Care Performance Metrics																
Incomplete - RTT % waiting treatment <18 weeks	Validated	92%	84.4%	85.6%	85.5%	85.5%	84.3%	83.1%	82.6%	82.6%	81.9%	82.1%	82.5%	82.8%	82.6%	
Total number incomplete pathways	Validated	-	38,985	40,362	41,278	41,525	42,000	42,053	42,460	41,864	41,444	40,979	41,120	41,328	42,162	
Total number of 40 week breaches	Validated	-	508	453	384	401	456	483	423	429	465	466	465	455	485	
Incomplete - RTT no. waiting treatment >52 weeks	Validated	0	14	15	13	7	8	15	16	21	28	28	12	0	0	
Diagnostic tests within 6 weeks	Validated	99%	99.4%	99.4%	99.0%	99.2%	99.1%	99.1%	99.0%	99.1%	97.6%	93.5%	97.7%	98.8%	97.2%	
Number of patients waiting > 6 weeks	Validated	-	70	66	107	81	93	93	101	98	256	769	287	142	290	
GP acute referrals (N&W CCGs only)	Validated	-	10,553	11,090	10,881	10,795	10,095	9,575	10,888	10,648	8,993	10,706	10,229	10,942		
Non-GP acute referrals (N&W CCGs only)	Validated	-	5,371	5,609	5,188	5,494	5,051	4,987	5,842	5,889	4,764	5,850	5,278	5,791		
Avoidable emergency admissions (N&W CCGs only)	Validated	-	870	893	915	944	815	854	992	1,062	1,110	1,225	1,068	1,102		

STP High Level System Dashboard - QEH

Metrics	Status of latest data	Target	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	Trend
Unplanned Care Performance Metrics																
A&E 4 hr performance (whole trust)	Validated	95%	81.3%	82.6%	91.9%	88.7%	82.0%	82.1%	84.0%	78.1%	84.0%	74.9%	77.3%	82.0%	84.7%	
A&E Total Attendances (as above)	Validated	-	5,351	5,963	5,707	6,063	6,051	5,672	5,572	5,640	5,678	5,681	5,311	5,984	5,950	
A&E Total Breaches (as above)	Validated	-	1,001	1,036	461	686	1,087	1,013	889	1,236	909	1,428	1,203	1,079	912	
Emergency admissions (N&W CCGs only)	Validated	-	1,974	2,093	1,985	2,135	2,061	1,969	2,040	2,201	2,084	2,276	1,950	2,226		
Delayed transfers of care (DTOC) - % of delayed days vs occupied bed days	Validated	3.5%	2.4%	1.8%	2.1%	2.8%	2.0%	2.8%	2.6%	2.4%	2.5%	1.4%	1.3%	1.4%		
# DTOC - NHS	Validated	-	303	230	219	318	255	277	274	249	242	142	120	138		
# DTOC - Social Care	Validated	-	5	14	57	43	6	73	47	33	73	41	32	42		
# DTOC - Both NHS / Social Care	Validated	-	0	0	0	0	0	0	0	0	0	0	0	0		
% of Ambulance handover delays - 60 min	Validated	-	9.8%	6.6%	3.9%	9.6%	14.3%	12.1%	11.6%	18.1%	13.3%	22.0%	20.2%	18.6%	14.6%	
Cancer Performance Metrics																
Two week wait GP referral (%)	Prov'	93%	96.5%	96.9%	97.3%	95.9%	94.6%	93.2%	98.3%	97.3%	97.4%	95.9%	95.1%	86.0%	80.8%	
Two week wait breast symptoms (%)	Prov'	93%	97.6%	97.3%	100.0%	100.0%	95.6%	98.5%	96.9%	100.0%	100.0%	91.3%	86.3%	29.8%	20.9%	
31 days from diagnosis to first treatment (%)	Prov'	96%	99.1%	98.3%	97.5%	97.5%	97.5%	97.3%	97.7%	96.2%	98.8%	97.2%	95.3%	96.5%	96.9%	
31 days subsequent treatment - surgery (%)	Prov'	94%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	92.9%	100.0%	100.0%	100.0%	100.0%	92.3%	
31 days subsequent treatment - drug treatment (%)	Prov'	98%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	97.9%	98.0%	100.0%	100.0%	100.0%	100.0%	100.0%	
31 days subsequent treatment - radiotherapy (%)	Prov'	94%	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	
62 days from GP referral to first treatment (%)	Prov'	85%	72.8%	84.3%	89.7%	80.2%	80.7%	80.3%	85.9%	82.4%	80.0%	79.7%	74.6%	85.9%	72.5%	
62 days from screening to first treatment (%)	Prov'	90%	100.0%	100.0%	100.0%	95.2%	93.3%	96.0%	100.0%	85.0%	100.0%	100.0%	92.3%	100.0%	100.0%	
Planned Care Performance Metrics																
Incomplete - RTT % waiting treatment <18 weeks	Validated	92%	80.2%	81.9%	82.0%	83.2%	83.7%	81.2%	79.9%	80.1%	78.5%	78.8%	79.5%	79.8%	80.4%	
Total number incomplete pathways	Validated	-	14,045	14,615	14,787	14,621	15,444	15,584	15,802	15,492	15,473	14,887	14,081	13,562	13,707	
Total number of 40 week breaches	Validated	-	170	177	171	173	158	189	185	194	269	250	168	130	136	
Incomplete - RTT no. waiting treatment >52 weeks	Validated	0	0	0	0	1	5	7	1	1	1	1	1	0	0	
Diagnostic tests within 6 weeks	Validated	99%	93.0%	99.5%	98.7%	99.1%	99.4%	99.4%	99.5%	99.3%	99.3%	99.0%	99.5%	99.6%	99.1%	
Number of patients waiting > 6 weeks	Validated	-	249	16	44	29	18	15	14	22	21	32	18	13	32	
GP acute referrals (N&W CCGs only)	Validated	-	3,215	3,461	3,304	3,266	3,135	3,025	3,356	3,286	2,571	3,295	3,052	3,337		
Non-GP acute referrals (N&W CCGs only)	Validated	-	1,578	1,741	1,765	1,799	1,673	1,599	1,949	1,739	1,460	1,899	1,735	1,919		
Avoidable emergency admissions (N&W CCGs only)	Validated	-	447	485	425	447	470	473	479	565	527	591	526	532		

Date: 12 July 2019
Agenda Item: 8

Great Yarmouth and Waveney Joint Health Scrutiny Committee
Draft Forward Work Programme 2019-20

Draft Forward Work Programme 2019-20

Meeting date & venue	Subjects
Friday **25 October 2019** Riverside, Lowestoft *(Claud Castleton Room)*	**Agenda items:-** Primary care in Great Yarmouth and Waveney – to examine developments in the organisation and provision of primary care across the CCG area and outcomes to date, also including minor injury and x-ray services which have previously been locally available.
Friday **7 February 2020** Riverside, Lowestoft *(Claud Castleton Room)*	**Agenda items:-**
Friday **17 April 2020** Riverside, Lowestoft *(Claud Castleton Room)*	**Agenda items:-** Diabetes care within primary care in Great Yarmouth and Waveney – to examine progress since the report on 26 April 2019.

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

Provisional future meeting dates 2020-21

Wednesday 15 July 2020
Friday 23 October 2020
Friday 22 January 2021
Friday 16 April 2021
Friday 23 July 2021

(*All in Claud Castleton Room, Riverside, Lowestoft)*

Great Yarmouth & Waveney Health Overview and Scrutiny Committee
12 July 2019

Glossary of Terms and Abbreviations

A&E	Accident and emergency
CBT	Cognitive Behavioural Therapy
CCG	Clinical Commissioning Group
CFS	Chronic Fatigue Syndrome
CIC	Community Interest Company
CNS	Community Nurse Specialist
DHSC	Department of Health and Social Care
DNA	Did not attend
DTOC	Delayed transfer of care
ECCH	East Coast Community Healthcare
ECH	East Coast Hospice Ltd
EIP	Early intervention in psychosis
EoL	End of life
GSF	Gold Standard Framework - a model that enables good practice to be available to all people nearing the end of their lives, irrespective of diagnosis. It provides a framework for a planned system of care in consultation with the patient and family. It promotes better coordination and collaboration between healthcare professionals and helps to optimise out-of-hours care to prevent crises and inappropriate hospital admissions
GY&WCCG	Great Yarmouth And Waveney clinical commissioning group
HR	Human resources
IAPT	Improving access to psychological therapies
IC24	Integrated Care 24 (a not for profit social enterprise organisation providing GP out of hours and NHS 111 services in Norfolk)
IT	Information technology
JPUH/JPH/JP	James Paget University Hospital
JSCC	Joint Strategic Commission Committee (of the 5 CCGs in Norfolk and Waveney)
LTC	Long term conditions
MDT	Multi disciplinary team
MDFT	Multi disciplinary foot team
ME	Myalgic Encephalomyelitis
MOW	Meals on wheels
MRI	Magnetic Resonance Imaging – a scan that produces multiple cross sectional pictures of parts of the body
NCH&C	Norfolk Community Health and Care NHS Trust
NDPP	National Diabetes Prevention Programme

NHOSC	Norfolk Health Overview and Scrutiny Committee
NHSE/I	NHS England and NHS Improvement (from 1 April 2019 the two have come together to act as a single organisation)
NNUH	Norfolk and Norwich NHS Foundation Trust
NPL	Norwich Practices Limited
NRS	Nottingham Rehabilitation Services – provider of community equipment, wheelchair and clinical services to the NHS and Local Authorities
NSFT	Norfolk and Suffolk NHS Foundation Trust
N&W STP	Norfolk and Waveney Sustainability & Transformation Plan / Partnership
PCN	Primary care network
PPOC	Preferred place of care
QEH	The Queen Elizabeth Hospital NHS Foundation Trust, King's Lynn
QIPP	Quality, Innovation, Productivity and Prevention: A DoH agenda, looking at health economy solutions to meet local financial challenges
RTT	Referral to treatment
SHSC	Suffolk Health Scrutiny Committee
SNHIP	South Norfolk Health Improvement Partnership
SPC	Specialist palliative care
STP	Sustainability Transformation Partnership
WIC	Walk-in centre
WTE	Whole time equivalent