Great Yarmouth and Waveney Joint Health Scrutiny Committee

(Quorum 3)

Date: Friday, 7 February 2020

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

Time: 10:30 am

Membership:

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

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

Business to be taken in public

1. **Public Participation Session**

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

   A speaker will need to give written notice of their wish to speak at the meeting using the contact details under 'Public Participation in Meetings' by no later than 12 noon on Monday 3 February 2020.

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

2. **Apologies for Absence and Substitutions**

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

3. **Declarations of Interest and Dispensations**

   To receive any declarations of interests, and the nature of that interest, in respect of any matter to be considered at this meeting.

4. **Minutes of the Previous Meeting** Pages 5-9

   To approve as a correct record, the minutes of the meeting held on 25 October 2019.

5. **Mental Health service provision in Great Yarmouth and Waveney** Pages 11-33

   To examine progress in delivering mental health services in Great Yarmouth and Waveney since the launch of the Adult Mental Health Strategy in March 2019 and the emerging Mental Health Service Model for Children and Young People, with a focus on Child and Adolescent Mental Health Services (CAMHS), early intervention, and the Crisis Resolution and Home Treatment Teams (CRHTT).

6. **Information Bulletin** Pages 35-70

   To note the written information provided for the Committee.

7. **Forward Work Programme** Pages 71-72

To consider and agree the forward work programme.

Date of next scheduled meeting

Friday, 17 April 2020, 10:30 am, Riverside Campus, Lowestoft

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Nicola Beach
Chief Executive
Suffolk County Council

Chris Walton
Head of Democratic Services
Norfolk County Council

Norfolk County Council

Suffolk County Council

Agenda Item 4
Unconfirmed

Minutes of the Great Yarmouth and Waveney Joint Health Scrutiny Committee Meeting held on 25 October 2019 at 10:30 am in the Thomas Crisp Room, Riverside Campus, Lowestoft.

Present:	Councillors Stephen Burroughes (Chairman, Suffolk County Council), Nigel Legg (Vice Chairman, South Norfolk District Council), Emma Flaxman-Taylor (Great Yarmouth Borough Council), Judy Cloke (East Suffolk Council), Richard Price (Norfolk County Council) and Keith Robinson (Suffolk County Council).
Also present:	Councillor James Reeder and Andy Yacoub (Chief Executive, Healthwatch Suffolk).
Supporting officers present:	Rebekah Butcher (Democratic Services Officer) and Theresa Harden (Business Manager, Democratic Services).

10. Public Participation Session

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

11. Apologies for Absence and Substitutions

There were no apologies for absence.

12. Declarations of Interest and Dispensations

Councillor Emma Flaxman-Taylor declared a non-pecuniary interest by virtue of the fact she was an appointed governor at the James Paget University Hospital.

13. Minutes of the Previous Meeting

The minutes of the meeting held on 12 July 2019 were confirmed as a correct record and signed by the Chairman.

14. Norfolk and Waveney Health and Care Partnership Five-Year Plan

At agenda item 5, the Joint Committee received a presentation from Jocelyn Pike, Director of Special Projects, NHS Norfolk and Waveney CCGs.

The Chairman welcomed Jocelyn Pike and Kathryn Ellis (Locality Director, Great Yarmouth and Waveney CCG) to the meeting.

Recommendation: The Joint Committee agreed:

a) to commend the work which had taken place to develop the Draft Five-Year Plan;

b) to highlight the importance of culture change and ongoing engagement with the front-line as a key factor in ensuring the Plan would be deliverable and sustainable;

c) to request that early dialogue should take place with the relevant health scrutiny body on any potential substantial variations or developments in service emerging from the Plan;

d) to request information bulletins setting out:

   i) examples of how assistive technology could be useful to help people experiencing early onset dementia;

   ii) how the additional funding for diagnostics and mental health facilities will be used.

e) to request further information about how the Five-Year Plan will be delivered and measured for a future meeting; and

f) to consider whether the Joint Committee should scrutinise the use of technology in supporting health and care integration (including what are the barriers and how might these be overcome), or whether this should be a matter for the "home" Health Scrutiny Committees.

Reason for recommendation:

a) Members heard that a significant amount of work had been undertaken with patients and other key stakeholders about their care in order to form the Plan, with Healthwatch Norfolk undertaking two surveys on the behalf of the CCGs as well as six workshops being held across the patch in Spring 2019 and Healthwatch Suffolk being a key stakeholder on the group overseeing the Plan. There had also been engagement with the staff and clinicians, with the Plan being discussed in various forums and meetings.

b) The Joint Committee heard that there were issues with recruitment and retention of staff across the Norfolk and Waveney area, although it was stated that this was a situation not uncommon nationally across the NHS. Members heard that the Plan included more collaboration, working together with health care professionals and hospitals, utilising the different skill sets of staff and technology. Members noted the importance of ensuring front line staff were fully engaged in these developments. In addition, new ways of working were presently being tested with locality groups such as health teams sitting at practice level. Workforce mental health and wellbeing was being monitored throughout the trial which would continue over the next 12-months. It was hoped this would be rolled out to all primary care networks in due course. Members were also aware that neurology departments were working closer together, but there were no plans to have these departments merged. It was stated that a culture change needed to take place with members of the public on how NHS services were accessed in the future. Members noted that often emergency service access was good, however there were often a long waiting periods for elective care which the CCGs accepted the need for it to be improved. The Joint Committee was informed that staff and services were under unprecedented pressure and it was hoped the new model would better manage patient care in the future.

c) The Joint Committee were informed that the draft Plan could not be circulated at the present time in order to restrict the number of draft documents in the public domain. Members heard that the Plan had been developed with good public engagement and shared the CCGs disappointment that it could not yet review the Plan, however the Joint Committee understood that NHS England was planning to release all plans nationwide in one go. The Joint Committee wished to offer its support and advice as a critical friend to the CCGs and to be engaged at an early stage on any plans for substantial variations or developments which might emerge.

d) The Joint Committee:

   i) wished to further understand the different types of technology available to assist patients with dementia to overcome forgetfulness.

   ii) was aware that the CCGs were investing £70m to build three new Diagnostic and Assessment Centres to speed up diagnosis of cancer and other diseases, one being at the James Paget University Hospital early in 2020, as well as £40m to update and modernise mental health inpatient facilities, and wished to further understand what this would involve.

e) The Joint Committee was interested in being kept up to date with the implementation of the Five-Year Plan and hoped to review the plan in 6-months' time.

f) The Joint Committee heard that there were many digital systems in use across the Norfolk and Waveney area, and a lot of the technology was out of date. Members were informed that a lot of work had been done at locality level around aligning services with GP and community services and this was impacting positively. It was also possible for clinicians to view records and to share information, however it was recognised that there was still a lot to do. Members heard that there was a desire to have a single assessment form which clinicians could complete electronically, saving staff time and reducing the various templates and forms currently completed throughout a patient's care. Members were also aware of the CCGs desire to have a single digital care record for patients that all parts of the system particularly frontline health and care professionals, particularly when caring for someone in crisis, could access. The desire to have digital systems that talked to each other would also greatly benefit patients enabling them to manage their own health, in particular those people with long-term conditions and booking appointments via applications and online support, with training available, whilst still providing more traditional means for patients to access NHS services.

Alternative options: There were none considered.

Declarations of interest: Councillor Emma Flaxman-Taylor declared a non-pecuniary interest by virtue of the fact she was an appointed governor at the James Paget University Hospital.

Dispensations: There were none granted.

15. Primary Care Services in Great Yarmouth and Waveney

At agenda item 6, the Joint Committee received a report from the Senior Democratic Services Officer, examining the developments in the organisation and provision of primary care services across the CCG area and outcomes achieved to date. This included a focus on minor injury and x-ray, which have previously been available locally, and an examination of phlebotomy services.

Tabled at the meeting was some patient feedback received on the Beccles Medical Centre's new website and booking system, as well as some further information on phlebotomy services.

Recommendation: The Joint Committee agreed:

a) to recommend that Clinical Commissioning Groups should make every effort to respond to planning consultations on housing developments as a priority and that work should take place to ensure appropriate processes are in place for this;

b) to request a further update report on the development of Primary Care Networks including the performance of phlebotomy services, for its meeting in April 2020;

c) to request a regular information bulletin setting out the STP Key Performance Indicators for the Great Yarmouth and Waveney area; and

d) to encourage monitoring of the on-line appointment booking service, in order to understand how these are working and whether this is having an impact on missed appointments.

Reason for recommendation:

a) Members heard that the CCG wished to build on relationships with the local district council's when new major housing developments were being built to ensure the appropriate planning could take place in regard to future demand for primary care services. Members were aware that local GP practices were included as statutory consultees to planning applications on East Suffolk Council where relevant, however it was pointed out that the responses were sometimes not as qualified as they could be. It was noted that in the Great Yarmouth area there was often no response from the CCG to planning applications. Members wished to see a more consistent approach in responding to future housing development consultations, considering whether the healthcare provision could cope with an expanded population, in order to give more resilience and robustness to the decision-making process. The CCG recognised its role in engaging with the local authorities and noted there was an opportunity to connect with the conversation in a more consistent way.

b) Members considered it would be helpful to receive a further update on the development of Primary Care Networks. The Joint Committee also had concerns as to whether patients fully understood the arrangements for accessing phlebotomy services and wished to receive a further update on performance.

c) The Joint Committee had received a report at page 64 detailing acute service performance across Norfolk and Waveney STP. Members learned that information similar to this could be obtained and that the data could be broken down by Locality. Members considered it would be useful to receive

this data in the form of a regular information update for the Great Yarmouth and Waveney area only.

d) Members were aware that frequent patient feedback was received in relation to managing appointments. Members were informed that a lot of work was being undertaken to support GP practices in making the most of the new technology and to provide a level of consistency amongst all practices. The Joint Committee was aware that this work was in the very early stages having only gone live in the past few weeks. The CCG recognised the importance of working closely with the practices to further understand the scenarios in which a patient would make use of the new systems. It was hoped there would be an increase in online bookings in the future. National figures confirmed that patients were more likely to keep an appointment if self-service online booking was available.

Alternative options: There were none considered.

Declarations of interest: Councillor Emma Flaxman-Taylor declared a non-pecuniary interest by virtue of the fact she was an appointed governor at the James Paget University Hospital.

Dispensations: There were none granted.

16. Information Bulletin

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

17. Forward Work Programme

The Joint Committee received a copy of its Forward Work Programme at agenda item 8.

Decision: The Joint Committee agreed its Forward Work Programme with the inclusion of the following items:

a) that a suggested topic of health checks for people with learning disabilities should be referred to the Suffolk Health Scrutiny Committee for a potential countywide review, as this was something the Norfolk Health Overview and Scrutiny Committee had already looked at in some detail.

b) that Norfolk Health Overview and Scrutiny Committee may find it helpful to receive the Sustainability and Transformation Partnership (STP) Key Performance Indicators, possibly as part of the Member's Briefing;

c) that the next meeting on 7 February 2020 should focus on mental health service provision in Great Yarmouth and Waveney, since the launch of the Mental Health Strategy, with a particular focus on Child and Adolescent Mental Health Services (CAMHS), early intervention and the work of the Mental Health Crisis Team.

Reason for decision: The Joint Committee regularly reviewed items appearing on the Forward Plan and was required to suggest topics to scrutinise at future meetings.

The meeting closed at 12:59 pm.

Chairman

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Norfolk County Council

Suffolk County Council

Agenda Item 5

Great Yarmouth and Waveney Joint Health Scrutiny Committee

7 February 2020

Mental Health Service Provision in Great Yarmouth and Waveney

Suggested approach from the Senior Democratic Services Officer.

The objective is for the Committee to receive an update on progress in delivering mental health services in Great Yarmouth and Waveney since the launch of the Adult Mental Health Strategy in March 2019 and the emerging Mental Health Service Model for Children and Young People, with a focus on Child and Adolescent Mental Health Services (CAMHS), early intervention, and the work of Crisis Resolution and Home Treatment Teams (CRHTT).

Purpose of Today's Meeting

1. The key focus of today's meeting is to provide the Committee with an opportunity to consider and comment on the progress being made on:

   a) the implementation of the Adult Mental Health Strategy insofar as it impacts on service users in the Great Yarmouth and Waveney area:

   b) the development of the Mental Health Service Model for Children and Young People.

2. The scope of this scrutiny has been developed to provide the Committee with information to come to a view on the following key questions:

   a) What is the long-term vision for achieving mental health and wellbeing in Great Yarmouth and Waveney, and how does this vision fit with the integration of health and social care and with the move towards joint or aligned procurement set out in the NHS 10-year Plan?

   b) What are the key challenges that the strategies are designed to address, and how are these being addressed for:

      i) Adult mental health services?

      ii) Children and young people's emotional health and wellbeing services?

   c) What key achievements and successes have been delivered since the implementation of the Adult Mental Health Strategy?

d) What engagement has taken place with service users and partner organisations on the development of the service model for children and young people? What are the next steps, timescales and expected outcomes?

e) What steps are being taken to address the issues underpinning the CQC's 'inadequate' rating for specialist community mental health services for children and young people?

f) What progress has been achieved in increasing staffing levels in the Crisis Resolution and Home Treatment Teams (CRHTT) and developing 24/7 service provision, given the national funding awarded to the STP to improve services and support the priorities in the Adult Mental Health Strategy?

Background

3. There were a range of factors which underlined the need to review and reset the mental health and emotional wellbeing vision and strategies for the people of Great Yarmouth and Waveney. These included, but were not limited to, the changing mental health population profiles across the area, the need for increased local integration of services, and the significant quality concerns of the main mental health NHS provider, Norfolk and Suffolk NHS Foundation Trust (NSFT) who, in November 2018, were rated as 'inadequate' for the third time in over four years by the Care Quality Commission.

4. The Clinical Commissioning Groups (CCGs) are responsible for commissioning specialist mental health services and the local authority has responsibility for social care.

5. Separate mental health strategies have been developed for Norfolk and Waveney, and East and West Suffolk, which are aligned to the CCGs and the Sustainability Transformation Partnership (STP) footprints.

6. The Norfolk and Waveney Health and Care Partnership established separate strategies for Adults and for Children and Young People. The Adult Mental Health Strategy was published in March 2019.

7. The draft Children and Young People Strategy was published in December 2018, with the feedback report to the 'system' published in January 2019. The detail of the new service model and underpinning governance arrangements have been established, with full implementation planning from November 2019. The aim is to launch the new service from October 2020.

8. Links to these strategies can be found under the Reference section at the end of this report.

9. The Committee received an update on mental health services in Great Yarmouth and Waveney at its meeting on 20 January 2017 at which NSFT provided an update on their action plan in response to the CQC's inspection report, specifically as it affects the Great Yarmouth and Waveney locality.

10. The Committee also reviewed mental health services at its meeting on 2 February 2018, following the October 2017 publication of the CQC's report on the inspection of Norfolk and Suffolk NHS Foundation Trust (NSFT) in July 2017.

11. Members heard about the Service Line approach being adopted in NSFT for improved consistency and that Service Line Leads had been appointed. A new Improvement Director was in post who provided detailed service support for Great Yarmouth and Waveney.

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

13. The CQC's report was also considered by the Norfolk Health Overview and Scrutiny Committee (HOSC) on 7 December 2017 and the Suffolk Health Scrutiny Committee (HSC) on 24 January 2018 alongside a scrutiny of the Emotional Wellbeing of Children and Young People.

14. The Suffolk HSC also considered an update on progress with the transformation of mental health services in Suffolk at its meeting on 10 October 2019.

15. The CQC carried out a further inspection of NSFT between 7 October and 6 November 2019. The report was published on 15 January 2020 and is available at: https://www.cqc.org.uk/provider/RMY?referer=widget3.

16. The report describes the CQC's judgement of the quality of care provided by the Trust, based on a combination of what was found during the inspection and other information available at the time. This included information provided from people who use the service, the public and other organisations.

17. Four of the Trust's core services are now rated as 'good' and five as 'requires improvement', one service was 'outstanding' and one 'inadequate' - specialist community mental health services for children and young people (page 17 of CQC report refers).

18. The summary ratings were as follows:

Ratings	
Overall trust quality rating	Requires improvement
Are services safe?	Requires improvement
Are services effective?	Requires improvement
Are services caring?	Good
Are services responsive?	Requires improvement
Are services well-led?	Requires improvement

Adult Mental Health

19. There are six commitments at the core of the Adult Mental Health Strategy:

- To increase focus on prevention and wellbeing;

- To make the routes into and through mental health services more clear and easy to understand for everyone;
- To support the management of mental health issues in primary care settings (such as within GP practices);
- To provide appropriate support for those people who are in crisis;
- To ensure effective in-patient care for those that need it most;
- To ensure the whole system is focused on working in an integrated way to care for patients.

20. In October 2019, the Norfolk and Waveney Health and Care Partnership announced that:

"The Norfolk and Waveney's Health and Care Partnership (STP) has won national funding to improve services and support the priorities established in Norfolk and Waveney's Adult Mental Health Strategy, launched earlier in 2019.

The funding will boost mental health services in the following areas:

Over £1.9m in 2019-21 to increase and bolster mental health liaison services at both the James Paget University Hospitals NHS Foundation Trust and Queen Elizabeth Hospital King's Lynn NHS Foundation Trust, bringing both hospitals in line with Norfolk and Norwich University Hospitals NHS Foundation Trust to provide 'Core 24' standards for patients with mental health needs. Core 24 is a standard within hospitals dedicated to providing 24 hours, 7 days a week mental health support at hospitals by recruiting staff that are focused on a patient's mental health needs – this can be a mix of liaison psychiatrists, mental health nurses, therapists and administrative staff.

- *£1.1m over two years to increase staffing levels across Norfolk and Suffolk Foundation NHS Trust's Crisis Resolution and Home Treatment Teams, focusing on developing 7-day, 24-hour provision across Norfolk and Waveney.*
- *£540k over two years to develop a 'Crisis House' service located centrally in Norfolk, aimed at enabling people to access support to prevent a mental health hospital admission and support a rapid return to their everyday living. This project is being prioritised to ensure a Crisis House can be established and start benefitting local people rapidly. (This is in addition to the Community Wellbeing Hub being planned at Churchman House in Norwich, expected to open in 2020.)*
- *£177k of non-recurrent funding in 19-20 to further develop perinatal mental health services locally, building on the Community Perinatal Mental Health Service launched in 2017. The funding will focus on developing a cross-agency triage system to stream patients into appropriate mental health services that meet their needs, as well as continuing outreach work through local partners Get Me Out The Four Walls.*
- *NSFT has also reopened Yare Ward at its Hellesdon site, a 16-bed acute ward that will be used as an assessment and inpatient unit, and allow patients to receive care closer to their homes and families.*

- *Beds on Yare are being opened gradually to allow staff to get up to speed, and it is expected to have all 16 in operation very soon. The new team supporting the ward includes a psychiatrist, junior doctor, ward manager, nurses, assistant practitioners, clinical support workers, an art therapist, activity coordinator and occupational therapist. They also have a discharge coordinator working with them, which will speed up assessments, so service users get the treatment they need as soon as possible.*

Local NHS commissioners will continue to fund these developments after the funding from NHS England has been spent".

Children and Young People's Mental Health

21. In developing the Mental Health Service Model for Children and Young People, the Norfolk and Waveney Health and Care Partnership have established four key commitments:

    - To listen to children, young people, families and professionals and transform children's mental health support, to improve access and focus on getting help and guidance to children earlier;
    - To work together to ensure the right support for children and young people aged 0-25, moving away from a focus on illness and diagnosis towards young people's health and emotional wellbeing;
    - To work across children's services and the wider available resource in Norfolk and Waveney and be united in creating the best mental health services;
    - To recognise and appreciate the fantastic staff working to support children and young people and ensure that the right systems are in place to enable them to do their job.

22. In October 2019, the Partnership announced that:

    "Norfolk and Waveney has been awarded in excess of £700,000 in funding for four important areas of development for children and young people's mental health and wellbeing support. This extra funding complements changes we are making across our system to the way we support the mental health and wellbeing of 0 to 25-year olds:

    - *Four new Children & Young People's Wellbeing Practitioners (CWPs), to add to the existing two cohorts of CWPs in our system.*
    - *Trailblazer funding from NHS England for two Mental Health Support Teams to provide enhanced targeted support to CYP, families and staff in education settings.*
    - *The University of East Anglia submitted a successful bid to deliver accredited training for eight new Emotional Mental Health Practitioners who will be recruited to the two Mental Health Support Teams. This enables specialist training to be delivered locally and build local training capacity.*
    - *Development funding to work up a larger bid to embed trauma informed practice across Norfolk and Waveney.*

These announcements are in addition to the ongoing development of a new system wide framework and approach for children and young people's mental health and wellbeing support, which is currently being co-designed with the input from professionals, operational staff, system partners, children, young people and families".

23. The Norfolk and Waveney CAMHS Local Transformation Plan is under review and will be refreshed in order to reflect the ongoing and emerging priorities identified within the NHS long term plan and to incorporate the Norfolk and Waveney ambition to develop system-wide support for the emotional mental wellbeing of our 0 – 25 population.

Suggested approach

24. The focus of today's meeting is on the Great Yarmouth and Waveney locality, as there have been recent meetings of the Norfolk HOSC and Suffolk HSC where county-wide aspects of mental health services have been scrutinised; it is not intended to repeat the scrutiny already undertaken by these Committees.

25. This scrutiny item provides the Committee with an opportunity to consider progress and achievements in the Great Yarmouth and Waveney locality.

26. Representatives from the CCG and NSFT will provide a short presentation which compliments their written report and will respond to any questions or comments from the Committee in relation to the areas set out in paragraph 2 above. The report is attached at **Appendix 'A'**.

27. Depending on discussions at the meeting, the Joint Committee may wish to consider:

    a) Whether there are any comments or recommendations that the Committee wishes to make arising from the presentation and discussion.

    b) Whether there are recommendations the Committee wishes to make to the CCG.

    c) Whether there is further information or future updates that the Committee wishes to receive via the Information Bulletin.

Supporting information

28. The following documents are attached:

    Appendix 'A': CCG/NSFT report – "Great Yarmouth and Waveney Mental Health Update for the Great Yarmouth and Waveney Joint Health Scrutiny Committee on the 7th February 2020".

References

(i) Adult Mental Health Strategy for Norfolk and Waveney: https://www.northnorfolkccg.nhs.uk/sites/default/files/Norfolk%20and%20Waveney%20Adult%20Mental%20Health%20Strategy%20-%20Final.pdf.

(ii) "Transforming mental health services for children and young people in Norfolk & Waveney": Feedback report on the Mental Health Strategy for Children and Young People in Norfolk and Waveney: https://www.norfolkandwaveneypartnership.org.uk/test/publications/key-

documents/29-camhs-report-by-rethink-partners-for-norfolk-and-waveney-stp-2019/file.

(iii) Norfolk and Waveney Health and Care Partnership FAQs - Children and Young People Mental Health Services Transformation; October 2019: https://www.norfolkandwaveneypartnership.org.uk/publication/updates-from-the-stp/66-nw-stp-cypmhs-transformation-faqs-october-2019/file

(iv) Norfolk and Waveney STP; 28 October 2019: "Mental health - major new investments and transformation work announced".

(v) GY&W Joint Health Scrutiny Committee; 2 February 2018: "Mental Health Services in GY&W – Update following the CQC inspection of NSFT in July 2017".

(vi) GY&W Joint Health Scrutiny Committee; 20 January 2017: "Update on Mental Health Services in GY&W".

(vii) NHS England's Five-Year Forward View (FYFV) for Mental Health; February 2016.

(viii) Suffolk Healthwatch; February 2019: "My Health, Our Future Understanding Children and Young People's Mental Health in Suffolk".

(ix) EADT; 24 January 2020; "'Not resting on our laurels' – mental health trust pledges 'rapid' change after latest inspection".

(x) EADT; 15 January 2020; "Groundhog Day' – MP criticises mental health service limbo as trust kept in special measures".

(xi) EADT et al; 15 January 2020: "Still more work to do' – health secretary speaks over 'special measures' NHS trust in back yard"

(xii) EADT, Ipswich Star; 15 January 2020: "Parents pen letter to government over 'grave' state of children's mental health services".

(xiii) Ipswich Star; 28 November 2019; "One year on from mental health trust's damning review - what's changed?".

(xiv) EADT; 26 October 2019: "'Demoralising': Doctor's stark warning over cuts as Suffolk sees rise in child mental ill health".

(xv) EDP; 5 June 2019: "Children in Norfolk feel they're 'swinging on a chair about to fall' - report into mental health".

Contact details

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Great Yarmouth and Waveney Mental Health Update for the Great Yarmouth and Waveney Joint Health Scrutiny Committee on the 7th February 2020.

Introduction

This paper aims to provide committee members with an overview of:

- The strategic direction and ambitions for mental health services across the Norfolk and Waveney STP area.
- Provides an overview of performance across children and young people's (CYP) and adult mental health service in the Great Yarmouth and Waveney (GYW) Clinical Commissioning Group (CCG) area, and;
- Provides detailed of both the CYP and adult transformation programmes and plans for the next coming year.

The paper highlights the work being taken forward within the GYW area, including:

- The implementation of the integrated mental health Primary Care model within the Lowestoft Primary Care Network (PCN) area.
- The additional capacity being put in place within the Norfolk and Suffolk Foundation Trusts (NSFT) crisis and hospital liaison teams.

The paper will be complimented by a presentation at the Committee Meeting. Members are asked to comment on the details contained.

1 Mental Health needs in Great Yarmouth and Waveney (adapted from the Norfolk and Waveney Adult Mental Health Strategy March 2019).

1.1 Mental health conditions, especially depression and anxiety constitute a significant challenge in people's lives and across the health and care system. Across the Norfolk and Waveney STP it is estimated that over 81,000 people have a common mental health disorder, with this expected to increase by 1,400 by 2025. Suicide rates are similar to the rest of England whilst the number of emergency hospital stays for self-harm is better than the rest of England.

Great Yarmouth & Waveney has a high prevalence of mental illness, with ~35k people estimated to experience a mental health condition. Prevalence of Common Mental Illness (CMI) (17.8%) and Serious Mental Illness (SMI) (1.4%) is significantly above national averages, while the percentage of people with dementia (0.9%) is marginally higher than the national average.

Quality & outcomes measures for CMI in Great Yarmouth show significant challenges; the rate of prescribing of antidepressants in the area is moderately above the national average. Public health data indicates significant issues for Great Yarmouth & Waveney on SMI quality & outcomes; it ranks below the national average for % of SMI patients with a Health of the Nation Score on record and is one of the lowest CCG areas for SMI patients receiving physical health checks. Great Yarmouth & Waveney broadly performs well on many public health dementia metrics; elderly A&E attendances are lower than expected, physical health check rates are in line with national averages – however the rate of dementia care review is significantly below national average.

2 Long Term Vision for Mental Health in Great Yarmouth and Waveney.

2.1 In March 2019, the Norfolk and Waveney's STP published its Adult Mental Health Strategy. The key objectives within this are:

1. To increase our focus on prevention and wellbeing
2. To make the routes into and through mental health services more clear and easy to understand for everyone
3. To support the management of mental health issues in primary care settings (such as within your GP practice)

4. To provide appropriate support for those people who are in crisis
5. To ensure effective in-patient care for those that need it most (that being beds in hospitals are other care facilities)
6. To ensure the whole system is focused on working in an integrated way to care for patients

2.2 Our priorities for adult mental health are to:

1. Implement an integrated model of community mental health services. This will be delivered as part of wider steps across the partnership to put in place integrated health and care provision, within communities and primary care. Within this we will:
    a. Increase access to psychological therapies (known as IAPT), so that more people are able to access support for common mental health needs such as anxiety and depression.
    b. Further develop support within communities for people with dementia and reshape diagnosis pathways so that getting a dementia diagnosis is easier and quicker.
    c. Put into place solutions to ensure staff within integrated teams can appropriately share information to support care and treatment and provide a single online place for people to access information about mental health, support available and use online tools to support their own mental wellbeing.
2. Further develop services for people with Serious Mental Illness (SMI), such as personality disorders, eating disorders and early intervention psychosis, as part of this ensuring that people with serious mental health illnesses are supported with their physical health care needs.
3. Improve support for people at points of mental health crisis and as part of this put in place alternative support and services for people in crisis that enables them (where appropriate) to be supported within our communities and not need a hospital stay.
4. Stop people being sent to hospitals outside of Norfolk and Waveney for acute mental health care and reduce the number of people in hospitals with specialist mental health needs outside of our partnership area.
5. Reshape inpatient care supported by the provision of £38 million national capital monies.

2.3 The ambitions and national Long Term Plan (LTP) priorities have been translated into an Adult Mental Health Transformation Programme, which is being delivered through a series of *Commitment* areas, which report to the STP Mental Health Programme Board. Full details of the LTP objectives for Mental Health are in Annex A.

2.4 Norfolk and Waveney's vision is that every child and young person will FLOURISH (Family, Learning, Opportunity, Understood, Resilient, Individual, Safe and Secure, Healthy). This is the vision of the collective system in Norfolk and Waveney for children and young people (CYP) through the CYP strategic partnership board. In every decision we undertake we will ask ourselves where the FLOURISH opportunities lie.

2.5 In response to the LTP aspirations, local need and feedback an innovative and transformational model of working is being developed based on the iTHRIVE framework and building on the commitments identified in the system local transformation plan. Instead of a tiered system that creates gaps and exacerbates waiting times, it will focus on the needs of individual children, young people and young adults. Our new approach will build on the system experience of working with 0-25 years. We will embrace some core principles:

- 0—25 years: any child, young person or young adult up to their 26th birthday will be served by this approach in all settings and in all areas of Thrive methodology.
- A focus on Thriving: investing in early prevention and aiming to return those with difficulties to a Thriving state.

- Working as a single system, with shared case management, agreed goals, performance management and assessments across providers. This will enable families and young people to tell their story once.
- Clear access routes for children, young people, young adults and professionals working across systems removing the need to re-refer so CYP are not moved to the beginning of another waiting list, if a system partner is better placed to meet the need.
- Community based: serving local communities and building community capacity. We are mindful that CYP communities may not reflect a geographical location.
- Relationship focused: reducing 'hand-offs' and reducing the amount of times children and young people need to tell their story.
- Multi-agency, multi-disciplinary teams that provide support to families, professionals, and universal settings (especially schools).
- Goal-focused and episodic interventions: involving children, young people and young adults in setting goals and making choices.

To enable the iTHRIVE approach, a new integrated governance body, the Alliance Board, will hold decision making responsibility for the CYP mental health system. The Board is chaired by the Executive Director of Children Services for Norfolk and in keeping with the 'one system' approach to the transformation of CYPMH and the wider development of Norfolk and Waveney as an Integrated Care System (ICS). Membership will include the Director of Children's Services for Suffolk, Suffolk Healthwatch and representation from parent forums

2.6 To support the move towards iTHRIVE we have recently had national 'trailblazer' funding approved for two Mental Health Support Teams (MHST), and locally we have prioritised funding for an additional four CYP Wellbeing Practitioner (CWP) posts. The CYP team will be submitting a further bid this year with the aim that one of the MHST will be aligned to Waveney. Kooth, an online digital offer, is also available to young people in Waveney.

3 Service Performance.

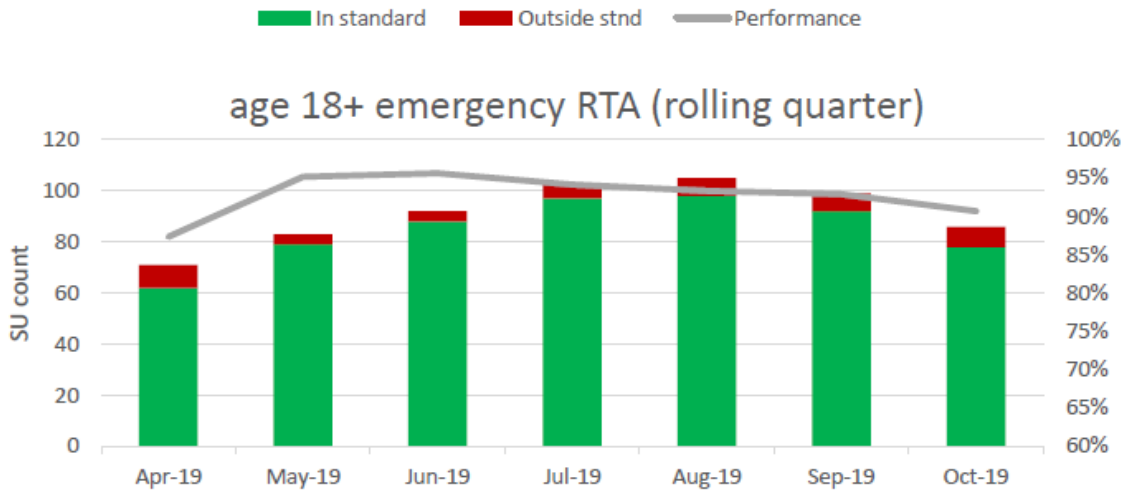
3.1 The most recent Care Quality Commission (CQC) report on NSFT has given NSFT an improved rating following a recent inspection – lifted to "Requires Improvement". NSFT remains in Special Measures, it means the Trust continue to attract support for their improvement programme.

In its report, the CQC praised the Trust for making "early improvements in almost all areas" and singled out older people's services for particular praise. Staff were also rated as 'good' for being caring in seven out of eight areas, with inspectors praising the positive and respectful relationships they have with service users and carers. One service, specialist community mental health services for children and young people, was rated 'inadequate' overall although more improvement was noted in Norfolk and Waveney in terms of services and morale.

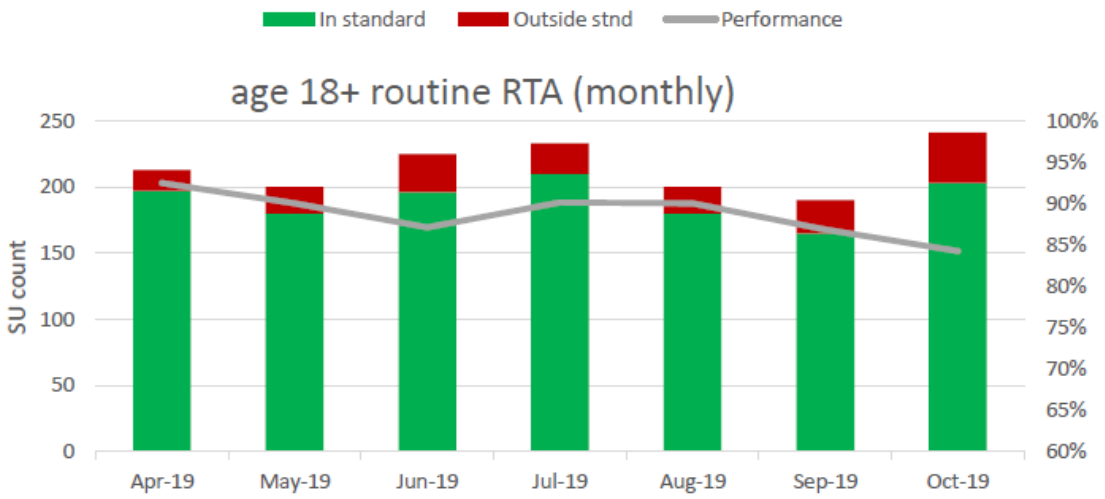
3.2 NSFT Performance Adult Services Secondary Care:

Three key areas of performance that NSFT are giving particular focus to are waiting times, inappropriate Out of Area Placements (OoAP) and Delayed Transfers of Care (DToC).

With respect to adult waiting times the GYW performs better than the wider STP area. An overview of emergency referral to assessment (RTA) waits set against a 4 hour expectation is provided below.



Performance for the GYW area for adult routine RTA (28 days) is outlined below.



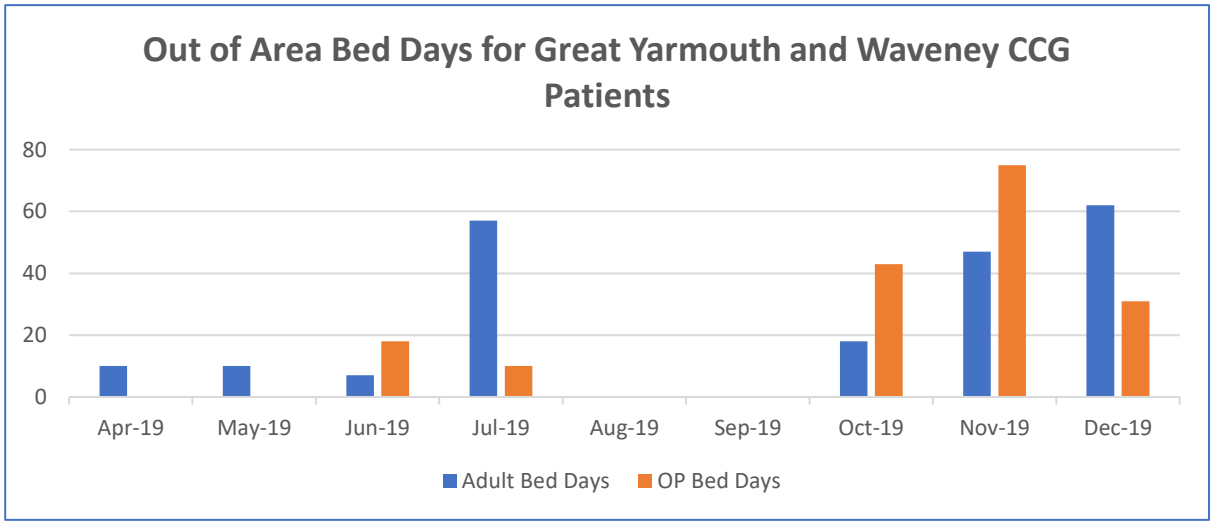
NSFT have put into place strengthen process to both measure and monitor waiting times. In addition to this the GYW Care Group has seen improvements in staff recruitment, have strengthen the referral process between GPs and CRHT for emergency referrals and opened up more assessment appointments for routine referrals. The GYW Care Group will be taking part in a text messaging pilot next year to help reduce non attendances at appointments.

An inappropriate OoAP refers to a placement of a person assessed as requiring mental health acute inpatient care, who is admitted to a unit that does not form part of the usual local network of services. Performance remains on a good downward trajectory. With reducing numbers of both placements and bed days. However overall year to date we remain outside of the planned trajectory on numbers and spend.

	Aug-19	**Sep-19**	**Oct-19**	**Nov-19**	**Dec-19**
Total Inappropriate OAPs bed days (rolling quarter)	4430	3607	2220	1576	1307

Total Inappropriate OAPs started in the month (rolling quarter)	120	115	81	82	61

For the GYW area the following bed days have occurred. Numbers for GYW are lower than other N&W areas. The rise older people's OoAP bed days in the latter part of 2019, related to a number of factors, but key to this was increased DToC's due to a lack of availability of appropriate care/nursing home placements. This picture has improved and as at the time of report drafting there were no older people's OoAP for the GYW area.



For DToC the GYW area has a lower rate than other Trust areas at 11%. DToCs are complex with multiple factors relating to why a person may not be able to be discharged from a bed once medically fit to do so. NSFT are proactively working with Social Care to help support timely discharged and other partners such as housing.

With regards to other performance areas NSFT and the GWY Care Group are performing above expected levels for the number of people with first Episode of Psychosis (EIP). With the GYW area reaching 71.4% of people referred to the team commencing treatment within 2 weeks of referral.

3.3 NSFT Performance Wellbeing (IAPT):

The Wellbeing Service is struggling with its access target. For the GYW area the there was an access rate of 8.6% rate against a target of 12.7% in November 2019. The Trust have developed an access improvement plan with CCGs and NHSI/E. Waiting times are good. For the 6 week wait (referral to 1st treatment contact) in November 2019 the Trust reached 94.5% against a target of 75%. The recovery rate for that month was 58% against a 50% target. This relates to the number of patients within the service that have seen a measurable improvement in their wellbeing.

3.4 Dementia Diagnosis:

An overview of the GYW area dementia diagnosis rate is provided below:

Metric	Indicator Description	Standard / Lower Threshol	Line	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sept-19	Oct-19	
E.A.S.1	Estimated Diagnosis Rate for People with Dementia	66.7%	Actual	62.9%	62.2%	62.2%	62.0%	61.6%	62.8%	61.9%	62.1%	62.5%	63.4%	63.5%	63.5%	64.1%	64.1%
			Trajectory	65.4%	65.5%	65.7%	66.0%	66.2%	66.7%	62.2%	62.2%	62.6%	63.0%	63.4%	63.8%	64.4%	64.8%

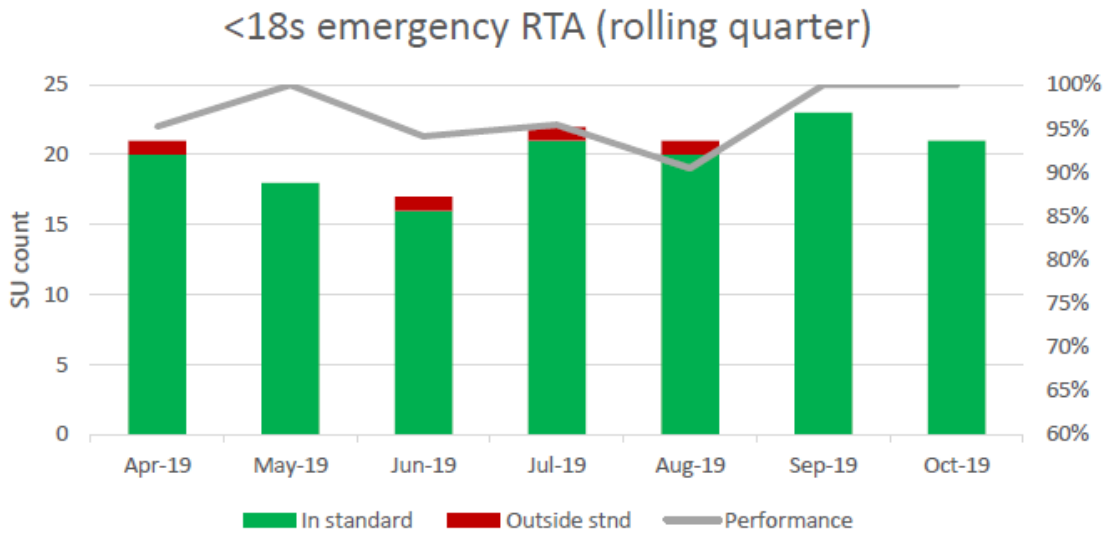
This shows that the diagnosis rate remains below the notational expected level but is on an improving trajectory. Work continues in GYW to increase this and also to develop post diagnostic support services.

The Dementia Together service in Waveney provided by Sue Ryder continues to be funded until end of March 2020 and discussions are taking place to how this can be continued post 1st April 2020 to fall in line with the continuation of the service across the rest of Suffolk and in collaboration with the plans for enhanced dementia support across the wider STP area.

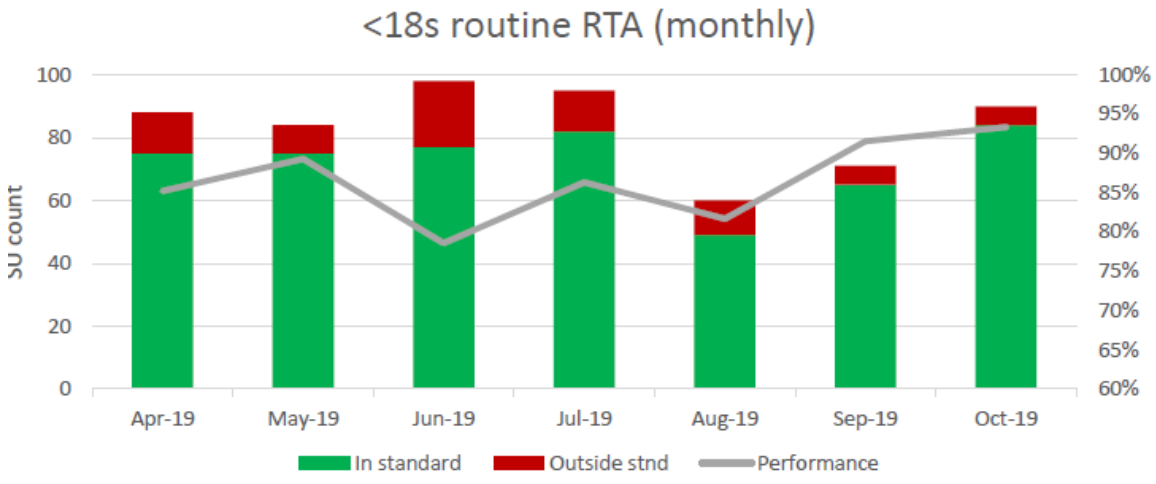
The dementia diagnosis rates action plan for NHS GYW remains in place and requires a review and update to reflect how this will be monitored going forward.

3.5 NSFT Children and Young People's Performance:

With respect to children's (under 18) waiting times GYW performs better than the wider STP area. An overview of emergency referral to assessment (RTA) waits set against a 4 hour expectation is provided below. For September and October 2019, performance was at 100&



Performance for the GYW area for children's routine RTA (28 days) is outlined below. Performance for October 2019 was 93.3% just below the 95% target. Capacity within the CYP teams impacted on this performance, but the Trust have now fully recruited to the team in this area and performance is expected to improve as a result of this.



Another key area of performance for CYP services is Eating Disorder (ED) provision (19 and under). For urgent referrals (treatment commencement within 1 week) the GYW area has not received any referrals over the last three month reporting period (up to October 2019). For routine cases (treatment commenced in 4 weeks) NSFT have a rolling 3 month performance of 75%.

Performance is impacted on by the small number of referrals, but also that fact that the Trusts is finding it difficult engage some children and/or their parents in the care and treatment being offered within the 4 week period. NSFT are working with the CCGs to review the processes to try to promote engagement more quickly.

3.6 The number of children waiting for support from Point 1, the consortium providing tier two support to CYPM; as at the 31st December 2019 is as follows:

- Number of CYP waiting for initial assessment **- 325**
- Number of CYP waiting for treatment 0 – 4 Team - 17
- Number of CYP waiting for treatment 4 – 11 Team 148
- Number of CYP waiting for treatment 11 – 17 Team 100

6 Staffing Update.

NSFT Adults Services:

Vacancies across the care group have improved overall, and in particular within community teams. The acute ward has an increased vacancy rate due to voluntary turnover created by promotion of more junior grade staff.

Increased vacancy rates are a potential risk for the care group with the increased investment in Core 24 and CRHT. We are devising rotational programmes across the acute pathways (inpatient ward, CRHT and Mental Health Liaison Service (MHLS)) to mitigate this risk. This approach will also assist staff with development needs and succession planning, whilst controlling the risk of staff loss. The staffing within the JPUH MHLS is being expanded from April 2020. This will support the implementation of an increased capacity model and faster response times to requests for mental health assessments within the Acute hospital.

The care group are instigating strategies to assist in recruitment to support posts, working with undergraduate students and also local colleges. We have also been offered the opportunity to partner with JPUH with their recruitment academies to address staffing needs, which we are currently exploring.

Sickness has increased both in short term and long-term cases.

Short term illness has been predominantly within the acute ward and a result of seasonal illness. The long-term cases are community based and unforeseen (related to physical illness). These gaps are being managed internally and closely monitored.

7 Work taken forward to date in transformation programmes

7.1 GYW are fully engaged within the STP Adult Mental Health Transformation and the Children and Young People's Transformation programmes.

Lowestoft Primary Care Network (PCN) are the first PCN in this area to commence delivery of phase one of the primary care mental health service. This project will see mental health staff working directly from GP surgeries or other local venues to provide mental health support and improved access to services jointly with Primary Care and other services.

7.2 Improvements made in 2019:

Improvements made to adult mental health services in Norfolk and Waveney include:

- More staff in community 'crisis' teams
- Community Wellbeing Hub and the 'crisis house' are on track for Central Norfolk

- Dedicated psychiatric clinicians in NNUH and will be in place at QEHKL and further staffing within the James Paget University Hospital to enhance Psychiatric Liaison provision are being recruited to with an additional 10 posts.
- Individual Placement Support advisors are now in place in Norfolk and Waveney, and are supporting people with mental health problems to gain and maintain employment.

Improvements made to children/young people's mental health services in Norfolk and Waveney include:

- Four new Children & Young People's Wellbeing Practitioners (CWPs), to add to the existing two cohorts of CWPs in our system.
- Two Mental Health Support Teams to provide enhanced targeted support to children and young people in schools and colleges, will start later this month. Families and staff are very much part of this exciting new offer. The teams are providing services in Kings Lynn and North Norfolk and we shall be bidding for more national funding to put in place similar teams in other parts of Norfolk and Waveney. The mental health support teams work with a population of CYP of up to 8000 .
- The UEA submitted a successful bid to deliver accredited training for eight new Emotional Mental Health Practitioners who will be recruited to the two Mental Health Support Teams. This enables specialist training to be delivered locally and build local training capacity. The first cohort starts in January.

8 Next steps and priorities.

8.1 An overview of the next step priorities for adult Mental Health in 2020/21 are provided below:

Prevention and Wellbeing Commitment

We will:-

- Develop approaches and support to employers to enhance mental wellbeing in the workplace and communities
- Design and deliver public awareness campaigns that challenge mental health stigma and discrimination.
- Identify initiatives to promote community resilience
- Our partnership's commitment is to reduce suicide rates in Norfolk and Waveney by 10% in 2020/21. We have received national funding to support this. Delivery is aligned to The Norfolk Suicide Prevention 'I am (really not) okay' strategy and action plan (2016-2021).

Primary Care Commitment

We are working with five PCNs to implement an initial integrated mental health team model. We will learn from these five areas, as we expand this provision to all Norfolk and Waveney PCNs in 2020/21. The model in each PCN area will be shaped around the needs of the population in that area and this will support a reduction in variation of care moving forward. The work outlined above will integrate the Wellbeing Service with the PCNs mental health teams.

We are also working to further develop our IAPT offer jointly with physical health care services to support people's mental wellbeing in a number of long term conditions (LTC).

Our plans to transform community mental health services will also have a specific focus on meeting the needs of older people. The Dementia Community Support Workstream has developed a future model for the delivery of community delivered support for people affected by dementia including family carers. In 2020/21 we will seek to expand dementia community support provision embedding this within the PCN model. For the GYW area this will include

seeking opportunities to develop closer commissioning and joint working with Suffolk Dementia Care services.

Pathways Commitment

We will develop a core digital offer for people with mental health related needs. This central online resource - for both the public and services across Norfolk and Waveney - will enable people to identify and receive self-directed support, be linked to telephone and on-line support, and provide an access point into help and services. We will be take forward further engagement work to further define the offer to be implemented. Our plan is to have a full site developed by the end of 2020/21.

Enhanced Pathways Commitment

During 20/21 the Enhanced Pathways Commitment will bring together an overview of the existing work on each of the below pathways of care, and then (learning from other STP areas who have been identified nationally to take forward this work more quickly), begin the development of approaches to the integration of provision for people with SMI into the developing primary and community services.

Key outputs from this work will include:-

- Delivery of physical health checks to 4,806 people with SMI by the end of March 2020.
- Work to determine the future all age approach to eating disorders services.
- Assessment of provision against fidelity of our Individual Placement Support (IPS) services will be completed in 20/21.
- We will support all areas to achieve national quality standards in Early Intervention in Psychosis.
- Roll out community provision for people with Personality Disorders, across our entire partnership, will be complete by the end of 2020/21. This will ensure that the pathway developed in Central Norfolk is moved out into the GYW area.
- A minimum of 725 women will be accessing specialist perinatal mental health provision by the end of April 2021, We will continue to develop perinatal provision, expanding access, further developing pathways with maternity provision and ensuring that new fathers are also able to easily access mental health provision if they need it.

Crisis Commitment

Operational delivery focuses for Norfolk and Waveney's Crisis work include:

- The delivery (during 2020/21) of a service that enables people who call 111 to have access to mental health clinicians who will be able to provide support and advice over the phone, or when needed, books patients in to appointment clinics for a further assessment of needs and to access direct support.
- The provision of new crisis housing, starting with central Norfolk and then seeking opportunities to extend this to other STP areas and put into place other crisis support such as Crisis Cafes.
- Further development of crisis responses within NSFT via the enhancement of overnight services, Crisis Resolution Home Treatment, and improved Mental Health Liaison Services within the Queen Elizabeth Hospital Kings Lynn (QEHKL) and the James Paget University Hospital (JPUH).

Inpatient Commitment

We are working to:

- Eliminate inappropriate Out of Area Placements.
- Design and implement a strengthened rehabilitation and reablement model, focused on supporting those people with the most complex and long term mental health needs, providing intensive community based packages of care and accommodation where needed.
- Through joint working with system partners reduced Mental Health DToCs and reduce LOS stay where needed.
- The award of national funding to redevelop our inpatient services is a huge opportunity for the Norfolk and Waveney Partnership. Through 2020/21 plans will be developed to look at best practice, and understand how psychiatric wards can be designed to provide optimal care that is safe and effective.

8.2 Transformation of CAMHS is now entering the first phase of implementation, focusing initially on; establishing an advice service, shared outcomes, shared assessment, and shared processes and procedures for system partners by October 2020.

Access to NHS funded care

All CCGs have a requirement to increase access for CYP to MH support. This will require approximately 1000 more children and young people to be in receipt of NHS funded care and treatment per year until 2024.

To deliver against this standard, we will work as a system to align resource to meet need at the earliest point. With system and Alliance partners we will develop our collective workforce to support the iThrive delivery framework.

Alongside increasing access to service,and meeting need earlier we will focus on reducing waiting times to CYP services across the pathway, including but not solely 'Tier 2' services, currently provided by Point 1.

Crisis pathway development and New Care Models

There are a number of areas of development in relation to MH crisis pathway support across Norfolk and Waveney, and it will be important to consider how these are accessible to CYP. Developing links between the Adult Mental Health Strategy work streams and the CYP Local Transformation Plan agenda will be essential in order to reduce gaps in provision and ensure best use of system resources.

Under the New Care Models approach we will work with the provider collaborative for CYP MH inpatient services led by Hertfordshire Partnership NHS Trust with an aim of developing a more community based resource for CYP with an escalation in need.

Eating disorder pathway development

From April 2020 the new eating disorder access and waiting time standards require 95% of urgent responses within one week and routine response within four weeks of referral for people under 18 years of age.

We are addressing variation across the five CCGs relating to physical health monitoring of individuals with eating disorders by GPs and we will ensure that there is alignment across the system with respect to access criteria. Support for eating disorders will be integrated within the Thrive approach.

Mental Health Support Teams in Schools

Norfolk has been chosen as a Wave 2 trailblazer site for Mental Health Support Teams in schools (MHSTs). These services will provide direct support to children, young people and staff in educational settings, as well as working with schools to create environments which support good mental health and wellbeing. Support and training will be provided to school staff to develop skills in identification of emerging mental health problems and enable them providing a basic level of support such as mental health first aid.

Work has already begun on recruiting and training the staff who will be a part of the teams, with initial training starting in January 2020, and a soft launch of the service in April 2020. Further recruitment and training will then take place throughout 2020, with a fully operational service in place from April 2021. Learning from the pilot sites, we will roll out these teams across Norfolk & Waveney.

Digital

Work has already begun on developing digital support which will be integrated within the Thrive framework and will be established on a system wide basis. Digital platforms will be interactive and will support the collection of information required to demonstrate that outcomes are being met.

Annex A: Summary of Mental Health Five Year Forward View and Long Term Plan Objectives[1]

Programme	FYFVMH Ambition (By 2020/21)	LTP Ambition (By 2023/24)
Specialist Community Perinatal Mental Health	• Support at least 30,000 more women each year to access evidence-based specialist mental health care during the perinatal period. This should include access to psychological therapies and the right range of specialist community or inpatient care so that comprehensive, high quality services are in place across England	• At least 66,000 women with moderate to severe perinatal mental health difficulties will have access to specialist community care from pre-conception to 24 months after birth with increased availability of evidence-based psychological therapies • Partners of women accessing specialist community care will be able to access an assessment for their mental health and signposting to support as required • Maternity Outreach Clinics will be available across the country, combining maternity, reproductive health and psychological therapy for women experiencing mental health difficulties directly arising from, or related to, the maternity experience.
Children and Young People's (CYP) Mental Health	• At least 70,000 additional children and young people each year will receive evidence-based treatment – representing an increase in access to NHS-funded community services to meet the needs of at least 35% of those with diagnosable mental health conditions • Joint agency Local Transformation Plans aligned to STP plans are in place and refreshed annually • Ensure there is a CYP crisis response that meets the needs of under 18 year olds	• 345,000 additional CYP aged 0-25 will have access to support via NHS-funded mental health services and school- or college-based Mental Health Support Teams (in addition to the FYFVMH commitment to have 70,000 additional CYP accessing NHS services by 2020/21); • There will be 24/7 mental health crisis provision for children and young people that combines crisis assessment, brief response and intensive home treatment functions • There will be a comprehensive offer for 0-25 year olds that reaches across mental health services for CYP and adults

[1] NHS Mental Health Implementation Plan 2019/20 – 2023/24. July 2019. Accessible from: https://www.longtermplan.nhs.uk/wp-content/uploads/2019/07/nhs-mental-health-implementation-plan-2019-20-2023-24.pdf

	• Achieve 2020/21 target of 95% of children and young people with eating disorders accessing treatment within 1 week for urgent cases and 4 weeks for routine cases	• The 95% CYP Eating Disorder referral to treatment time standards achieved in 2020/21 will be maintained • CYP mental health plans will align with those for children and young people with learning disability, autism, special educational needs and disability (SEND), children and young people's services, and health and justice [from 2022/23]
Adult Common Mental Illnesses (IAPT)	• Increase access to IAPT services to 25% of those in need • All areas commission IAPT-Long Term Condition (IAPT-LTC) services (including co-location of therapists in primary care) • Meet IAPT referral to treatment time and recovery standards: 50% IAPT recovery rate; 75% of people accessing treatment within 6 weeks IAPT waiting time; and 95% of people accessing treatment within 18 weeks IAPT waiting time	• Access to IAPT services will be expanded to cover a total of 1.9m adults and older adults • All areas will maintain the existing IAPT referral to treatment time and recovery standards • All areas will maintain the existing requirement to commission IAPT-LTC services
Adult Severe Mental Illnesses (SMI) Community Care	• 280,000 people with a severe mental illness will receive a full annual physical health check • Access to Individual Placement and Support (IPS) will be doubled, enabling people with severe mental illnesses to find and retain employment • 60% of people experiencing a first episode of psychosis will have access to a NICE-approved care package within two weeks of referral. 60% of services will	• New integrated community models for adults with SMI (including care for people with eating disorders, mental health rehabilitation needs and a 'personality disorder' diagnosis) spanning both core community provision and also dedicated services will ensure at least 370,000 adults and older adults per year have greater choice and control over their care, and are supported to live well in their communities • A total of 390,000 people with SMI will receive a physical health check • A total of 55,000 people a year will have access to IPS services

	achieve Level 3 NICE concordance by 2020/21	• The 60% Early Intervention in Psychosis access standard will be maintained and 95% of services will achieve Level 3 NICE concordance
Mental Health Crisis Care and Liaison	• By 2020/21, all areas will provide crisis resolution and home treatment (CRHT) functions that are resourced to operate in line with recognised best practice, delivering a 24/7 community-based crisis response and intensive home treatment as an alternative to acute inpatient admission • All acute hospitals will have mental health liaison services that can meet the specific needs of people of all ages with 50% of mental health liaison services meeting the 'core 24' standard	• There will be 100% coverage of 24/7 age-appropriate crisis care, via NHS 111, including: o 24/7 CRHT functions for adults, operating in line with best practice by 2020/21 and maintaining coverage to 2023/24; o 24/7 provision for CYP that combines crisis assessment, brief response and intensive home treatment functions; o A range of complementary and alternative crisis services to A&E and admission (including in VCSE-/local authority-provided services) within all local mental health crisis pathways; o Mental health professionals working in ambulance control rooms, Integrated Urgent Care services, and providing on-the-scene response in line with clinical quality indicators • All general hospitals will have mental health liaison services, with 70% meeting the 'core 24' standard for adults and older adults
Therapeutic Acute Mental Health Inpatient Care	• Deliver against STP-level plans to eliminate all inappropriate adult acute out of area placements	• The therapeutic offer from inpatient mental health services will be improved by increased investment in interventions and activities, resulting in better patient outcomes and experience in hospital. This will contribute to a reduction in length of stay for all services to the current national average of 32 days (or fewer) in adult acute inpatient mental health settings

Suicide Reduction and Bereavement Support	• Deliver against multi-agency suicide prevention plans, working towards a national 10% reduction in suicides by 2020/21. This includes working closely with mental health providers to ensure plans are in place for a 'zero suicide' ambition for mental health inpatients	• The current suicide prevention programme will cover every local area in the country • All systems will have suicide bereavement support services providing timely and appropriate support to families and staff

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Norfolk County Council

Suffolk County Council

Agenda Item 6

Great Yarmouth and Waveney Joint Health Scrutiny Committee, 7 February 2020

Information Bulletin

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

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

This Information Bulletin covers the following items:

1. Norfolk and Waveney Sustainability and Transformation Plan (STP) – update.
2. Norfolk & Waveney STP Key Performance Indicators – report on latest performance across the system.
3. Creating a single CCG across Norfolk and Waveney – update.
4. The Beaches Medical Centre, Gorleston-on-Sea – update.
5. Update of Joint Committee's Decisions and Recommendations from the previous Meeting

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1. Norfolk and Waveney Sustainability and Transformation Plan (STP)

a) **Draft Five-Year Plan for a healthier Norfolk and Waveney**

The Norfolk and Waveney Health and Care Partnership is developing a five year Plan for improving the health, wellbeing and care of people living locally. The Plan will set-out how we will deliver our local priorities in our Joint Health and Wellbeing Strategy, as well as the commitments made in the national NHS Long Term Plan for making health services fit for the future.

Thousands of people have so far contributed to the development of the draft Plan, via workshops, surveys, a crowdsourcing site and meetings with local groups and people who work in health and care.

Work is ongoing to finalise the Plan, but a draft is available to read online:

https://www.norfolk.gov.uk/what-we-do-and-how-we-work/policy-performance-and-partnerships/partnerships/health-partnerships/health-and-wellbeing-board/stp-five-year-plan

The latest draft Plan was considered by Suffolk Health and Wellbeing Board on 23 January 2020, and an earlier draft by the Norfolk Health and Wellbeing Board in October 2019 prior to submission to NHS England/Improvement in November 2019. There is likely to be an update on the progress of sign-off at the next Norfolk Health and Wellbeing Board meeting on 4 March 2020.

b) **Update on the Norfolk and Waveney Health and Care Partnership (January 2020)**

The Briefing Note provided by the Health and Care Partnership for Norfolk and Waveney is attached at **Appendix 'A'**.

For further information please contact: Chris Williams, ICS Development Manager; Email: Chris.Williams20@nhs.net

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2. Norfolk & Waveney STP Key Performance Indicators

At its meeting on 25 October, the Committee agreed to receive a regular Information Bulletin setting out the STP Performance Indicators for the Great Yarmouth and Waveney area. The report and dashboard (**Appendix 'A' – Annex B)** provide an overview of key performance indicators across the whole health and care system, covering unplanned care, cancer, planned care and mental health.

For further information please contact: Chris Williams, ICS Development Manager; Email: Chris.Williams20@nhs.net

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3. Creating a single CCG across Norfolk and Waveney

At its meeting on 25 October 2019, the Committee received an update on the establishment of a single Executive Team and CCG across Norfolk and Waveney. The CCG's January 2020 briefing note is attached at **Appendix 'B'**.

For further information please contact: Kathryn Ellis; Locality Director – Great Yarmouth and Waveney; Email: kathrynellis1@nhs.net

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4. The Beaches Medical Centre, Gorleston-on-Sea

The Locality Director, Great Yarmouth and Waveney and NHS Norfolk CCGs has provided an update on the Beaches Medical Centre following the Committee's site visit on 19 January 2019 and the Care Quality Commission's inspections of 26 April 2019 (rating 'inadequate') and 30 October 2019 (rating 'requires improvement'). The CCG's report is attached at **Appendix 'C'.**

For further information please contact: Kathryn Ellis; Locality Director – Great Yarmouth and Waveney; Email: kathrynellis1@nhs.net

5. Update of Joint Committee's Decisions and Recommendations from the previous Meeting

The following table provides a list of the decisions, recommendations or resolutions made at the Joint Committee meeting on 25 October 2019, together with a status update:

25 October 2019		
Item	**Action**	**Status**
Norfolk and Waveney Health and Care Partnership Five-Year Plan: **Recommendation**: The Joint Committee agreed: a) to commend the work which had taken place to develop the Draft Five-Year Plan;		
b) to highlight the importance of culture change and ongoing engagement with the front-line as a key factor in ensuring the Plan would be deliverable and sustainable;	b) On-going throughout development and implementation of the Plan.	On-going
c) to request that early dialogue should take place with the relevant health scrutiny body on any potential substantial variations or developments in service emerging from the Plan;	c) Early dialogue to take place at the relevant time on substantial variations or developments in service emerging from the Plan.	On-going
d) to request information bulletins setting out:	d) See below	
• examples of how assistive technology could be useful to help people experiencing early onset dementia;	• Refer to **Appendix 'D'**.	Complete
• how the additional funding for diagnostics and mental health facilities will be used.	• The funding for mental health is for an inpatient unit at Hellesdon to replace the existing adult wards, total funding £38m. The diagnostic funding is for 3	Complete

e) to request further information about how the Five-Year Plan will be delivered and measured for a future meeting; and f) to consider whether the Joint Committee should scrutinise the use of technology in supporting health and care integration (including what are the barriers and how might these be overcome), or whether this should be a matter for the "home" Health Scrutiny Committees.	new diagnostic and assessment centres one at NNUH, at QEH and at JPUH, total funding £70m. In all cases the full business cases are being worked on and should be complete by early summer. Further information will be shared with the Joint Committee once it becomes available. e) Added to October 2020 agenda. f) Referred to "home" Health Scrutiny Committees for consideration.	 Complete Complete
Primary Care Services in Great Yarmouth and Waveney: **Recommendation**: The Joint Committee agreed: a) to recommend that Clinical Commissioning Groups should make every effort to respond to planning consultations on housing developments as a priority and that work should take place to ensure appropriate processes are in place for this; b) to request a further update report on the development of Primary Care Networks including the performance of phlebotomy services, for its meeting in April 2020;	a) CCG to note and action as appropriate. b) April 2020 agenda item. c) Reported in Information Bulletin at 7 February 2020 Joint Committee meeting, and on-going.	Complete Complete Complete

c) to request a regular information bulletin setting out the STP Key Performance Indicators for the Great Yarmouth and Waveney area; and d) to encourage monitoring of the on-line appointment booking service, in order to understand how these are working and whether this is having an impact on missed appointments.	d) CCG to action as appropriate. Progress will be reported back to Joint Committee as part of the Primary Care Services update at the April 2020 meeting.	Complete
Forward Work Programme: **Decision:** The Joint Committee agreed its Forward Work Programme with the inclusion of the following items: a) that a suggested topic of health checks for people with learning disabilities should be referred to the Suffolk Health Scrutiny Committee for a potential countywide review, as this was something the Norfolk Health Overview and Scrutiny Committee had already looked at in some detail. b) that Norfolk Health Overview and Scrutiny Committee may find it helpful to receive the Sustainability and Transformation Partnership (STP) Key Performance Indicators, possibly as part of the Member's Briefing; c) that the next meeting on 7 February 2020 should focus on mental health service provision in Great Yarmouth and Waveney, since the launch of the Mental Health Strategy, with a particular focus on Child and Adolescent Mental Health Services (CAMHS), early intervention and the work of the Mental Health Crisis Team.	a) Referred to Chairman of Suffolk Health Scrutiny Committee for consideration. b) Democratic Support and Scrutiny Team Manager actioned and will be included in next Briefing to Norfolk Health Overview and Scrutiny Committee members. c) February 2020 agenda item.	Complete Complete Complete

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in good health
The Norfolk and Waveney Health and Care Partnership

Briefing for Great Yarmouth and Waveney Health Scrutiny Committee:

Update on the Norfolk and Waveney Health and Care Partnership (January 2020)

1. As the Norfolk and Waveney Sustainability and Transformation Partnership, or STP, we have made great progress towards creating a health and care system based on collaboration, rather than competition. From now on though we have decided to refer to ourselves as the Norfolk and Waveney Health and Care Partnership, rather than the STP. We feel this is clearer for the public and better encapsulates the work we are doing together.

2. This briefing paper provides an update on the work of our partnership, with a focus on progress made with key pieces of work since the last report in October 2019.

A healthier Norfolk and Waveney – our five year plan for health and care

3. Like every area of the country, we have been developing a five year plan for health and care, covering the period to 2023/24. Our plan will set out how we will deliver the ambitions of the NHS Long Term Plan and our local priorities.

4. We have submitted a draft of our plan to NHS England and Improvement. This has followed significant work from colleagues across the health and care system, and engagement with the public and stakeholders.

5. Over and above everything else we want to achieve as a partnership, we have set ourselves three goals in the draft plan. These were amended as a result of the engagement we did to develop our plan over the past few months. We made the following changes:

    - We changed our first goal so that it encompasses prevention and tackling the root causes of poor health, as well as addressing health inequalities in Norfolk and Waveney. This is primarily based on feedback from voluntary sector and local government colleagues.
    - We changed our third goal to better reflect our whole workforce and everyone who provides health and care in Norfolk and Waveney. VCSE colleagues have told us that, understandably, not all volunteers and carers identify as health and care professionals, so we have removed the word ‘professional’ from our goal.

6. The three goals in our draft plan are:

    1. **To make sure that people can live as healthy a life as possible.**

This means preventing avoidable illness and tackling the root causes of poor health. We know the health and wellbeing of people living in some parts of Norfolk and Waveney is significantly poorer – how healthy you are should not depend on where you live. This is something we must change.

2. **To make sure that you only have to tell your story once.**

   Too often people have to explain to different health and care professionals what has happened in their lives, why they need help, the health conditions they have and which medication they are on. Services have to work better together.

3. **To make Norfolk and Waveney the best place to work in health and care.**

   Having the best staff, and supporting them to work well together, will improve the working lives of our staff, and mean people get high quality, personalised and compassionate care.

7. Work is ongoing to finalise the plan, but a draft of the plan is available to read here: www.norfolk.gov.uk/what-we-do-and-how-we-work/policy-performance-and-partnerships/partnerships/health-partnerships/health-and-wellbeing-board/stp-five-year-plan

8. In the meantime, we continue to work on elements of our planning, such as finance, and on the delivery of key parts of our plan, such as the development of our Primary Care Networks.

Keeping Norfolk and Waveney safe and well this winter

9. Public services are in the midst of the winter season and a number of schemes, initiatives and investments have been made in order to keep people safe and well this winter. We've published a newsletter to show how our staff are working together to maximise the resources available and care for people living in Norfolk and Waveney over the winter. The newsletter can be read here: www.norfolkandwaveneypartnership.org.uk/publication/updates-from-the-stp/68-winter-2019-20-newsletter/file.

10. Actions we're taking in Great Yarmouth and Waveney include:

- Increased therapy service at the James Paget University Hospital, six days per week, to help more patients get home quickly.
- Extended pharmacy service at the James Paget, with pharmacists working across the weekend to help prepare medicines that patients need so they can be discharged and return home.
- Increasing the number of beds available within the hospital.
- Working in partnership with social care, mental health, community healthcare and voluntary groups from a new 'integrated hub building'. The new shared accommodation helps those patients who may require ongoing support in the community to leave hospital as quickly as possible.

- A Suffolk wide Flu Toolkit that provides information and tools to help in the delivery of the seasonal flu programme.

11. These actions are on top of those we're taking across Norfolk and Waveney, which include:

- Six more ambulance rapid response vehicles staffed with paramedics who can treat people at the scene and save them a trip to hospital.
- Three additional rapid response vehicles on our roads.
- More than 2,000 weekend and evening GP/nurse appointments per week.
- More people safely assisted in their first call to 111 (more call handlers and more clinicians in the Clinical Assessment Service).
- More therapy resource in hospitals and community teams to help people get home sooner and live as independently as possible at home.
- Social care Trusted Assessor Facilitators are working with residential homes to help people return to their home from hospital.
- Plans and staff to manage cases of flu in care homes.

Lowestoft PCN to pilot new primary care mental health service

12. Lowestoft Primary Care Network is one of the first five areas in Norfolk and Waveney to commence delivery of phase one of the primary care mental health service. Starting in January 2020, this will see mental health staff working directly from GP surgeries or other local venues to provide mental health support and improved access to services jointly with primary care and other services. These practitioners will be available to support people of all ages.

13. This pilot is part of the development of our 17 primary care networks, or PCNs. These are new groups of GP surgeries working closely together with other community, mental health and social care staff to improve services for local people. Creating these networks will mean that people can get more convenient access to treatment and support from a variety of health, care and other professionals. By April 2022, each PCN will have a team of health and care professionals to support people with their mental health and wellbeing.

Improving mental health services for children and young people

14. Work continues to re-design mental health services for children and young people. The first meeting of the Alliance Board, a new governing body with oversight for mental health and wellbeing of children and young people, took place on Thursday, 19 December. One its top priorities is meaningful representation, participation and involvement of young people as part of the transformation process.

15. We hosted two successful mental health champion training sessions for both primary and secondary schools, attended by 20 schools and 20 mental health

practitioners. These were delivered by representatives of the Anna Freud National Centre for Children and Families and included:

- An opportunity to meet officers from Child and Adolescent Mental Health Services (CAMHS) to find out more about current provision and referral processes.
- An overview of transformation plans.
- Using the CASCADE framework, which helps partners find ways of working together more effectively to better support children young people's mental health.
- Training and guidance on managing presentations of anxiety, and the 5 P's of formulation when it comes to reporting and assessing needs (predisposing factors, precipitating factors, the 'problem', perpetuating factors, and protective factors).

New technology to support people with diabetes to better manage their condition

16. New technology is helping people with Type 2 diabetes in Norfolk and Waveney to better understand and manage their condition. Clinical studies show that improving self-management skills leads to better health for people with diabetes. It also reduces the chance of suffering from the complications of diabetes – such as heart attack, blindness and stroke.

17. To help people with Type 2 diabetes, we are rolling-out the use of a new digital resource called Mapmydiabetes. It is a program of information, guidance and self-help tools to support people to manage their diabetes. It provides people with:

    - information and education about their diabetes
    - in-depth eating and activity coaching, including recipes for people with diabetes
    - a highly secure way of sharing information with their GP surgery, so that patients can see their diabetes results and appointments online
    - regular updates from their GP surgery about services to help them with their diabetes

18. Once a person has been diagnosed with diabetes, they can be supported to access Mapmydiabetes by their GP or practice nurse. The system is very easy to use and patients can access it at home or out and about on laptops, tablets and mobile devices.

19. In Norfolk and Waveney around 81,000 people are living with diagnosed or undiagnosed diabetes and many more are likely to be at risk. Anyone can find out if they are at high risk of developing Type 2 diabetes by visiting www.diabetes.org.uk/knowyourrisk.

Introducing online consultations for patients

20. Many GP surgeries across Norfolk and Waveney have begun to offer patients online consultations, in addition to all the other ways of contacting their surgery. It means people are getting the help they want quicker and more conveniently. For GP surgeries it reduces the pressure on phone lines and helps them keep face-to-face appointments for those who really need it.

21. The website being used in Norfolk and Waveney is a product called Footfall. It enables people to go online and request advice or an appointment without having to telephone. They can do this 24/7 and the requests are attended to during normal working hours. Patients can still phone if they want.

22. Patients can ask questions and report symptoms. The practice then looks at the request and responds within a stated timeframe, connecting the patient to the right person, service or support. For many people, an online response or phone call from a clinician can resolve their enquiry. However they can request a face to face appointment if they wish, or a clinician can advise them to come into the surgery if they think a face to face consultation is necessary.

23. The new websites offer much more than online consultations. They are designed to help patients navigate their way to find help in exactly the way they would if they walked into reception.

24. Feedback from patients has been overwhelmingly positive. You can see one of the new websites in action at any participating GP practice, or on this video.

Creating NHS Norfolk and Waveney CCG

25. The five clinical commissioning groups covering Norfolk and Waveney are on course to merge and create NHS Norfolk and Waveney CCG on 1 April 2020. Among the work being undertaken is the bringing together of ledgers, and preparing to move something like 300 contracts - everything from the water coolers to the James Paget University Hospital contract - from five CCGs to the new one. It is a complex process to manage but our CCGs are viewed nationally as an exemplar for the way we have agreed a merger. They are the only CCGs in the Eastern region that are merging this year.

26. The five clinical members of the CCG's new Governing Body have been elected by local GP surgeries. They will be:

    - Dr Ardyn Ross – elected by practices in Great Yarmouth and Waveney
    - Dr Hilary Byrne – elected by practices in South Norfolk
    - Dr Anoop Dhesi – elected by practices in North Norfolk
    - Dr Claire Hambling – elected by practices in West Norfolk
    - Tracy Williams, Queens Nurse – elected by practices in Norwich

27. They are all well-known and respected clinicians within their current localities and beyond, making a very strong clinical team for the new Governing Body. The remaining Governing Body members will be recruited in January, which will include four lay members, a registered independent nurse and a secondary care doctor – these are in line with the nationally set requirements. There will also be an election to elect CCG chair. It must be a clinician (and one of those elected who chose to stand for chair). This election is likely to start in February.

28. The new CCG will keep the strengths of the existing CCGs, such as having a strong local focus, maintaining strong local relationships and ensuring strong leadership by local doctors and nurses. There will continue to be a strong local team of staff headed by the Locality Director for Great Yarmouth and Waveney, based in Beccles, strong clinical representation and leadership drawn from all areas including Waveney, ongoing attendance and participation at local, such as the Suffolk Health and Wellbeing Board, with district councils and through the ongoing work of the Great Yarmouth and Waveney Local Delivery Group.

Managing the finance and performance of our health and care system

29. Key to our success as a partnership of health and care organisations is to work more closely together to manage our finances and performance. To use our money to best effect, we need model having ‘one budget’ for providing services. This is why we produce a report that look at the finances of all of our local NHS organisations and another about the performance of our whole health and care system.

30. Information about our financial position is included in Annex ‘A’.

31. Information about our performance is included in Annex ‘B’.

Establishing the joint Norfolk and Waveney HOSC

32. 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

in good health
The Norfolk and Waveney Health and Care Partnership

Subject:	Norfolk and Waveney System Finance Report
Prepared by:	John Hennessey, STP Chief Finance Officer, Russell Pearson STP Deputy Chief Finance Officer, and Julie Cave, STP Chief Operating Officer
Purpose of paper:	Discussion and information

1. Executive Summary

Month 9 Financial Position

- The financial position for the Norfolk and Waveney health system at month 9, excluding PSF, FRF, MRET and CSF is £78.6m deficit against a plan of £68.1m deficit, a £10.5m adverse position.

- The year to date adverse positions of NNUH (£9.8m) and CCGs (£2.3m), are reduced by the favourable year to date variance of £1.5m at NCH&C. The adverse variance year to date will result in PSF/FRF of £13.5m not being received.

- The forecast deficit of £103.0m, is £19.4m adverse to the planned deficit of £83.6m. This is due to a NNUH (£17.1m) and CCGs (£3.0m), partly off-set by NCHC (£0.7m).

- The Norfolk and Waveney health system is now not expecting to meet the control total or provide financial support to the Cambridgeshire and Peterborough system as planned. The adverse variance at NNUH is forecast to result in the loss of PSF/FRF of £23.1m.

- A further deterioration in forecast is anticipated for JPUH, this has yet to be quantified and agreed with the Trust's board. Without mitigation this could result in a further loss of PSF/FRF of £1.8m and therefore this is an area for the system to focus on.

2. Financial Position: Month 9

The month 9 financial position is based on the day five "heads up" call that organisations have with the regulator. The reported position to NHSE&I, at organisational level, is as follows:

Norfolk & Waveney STP

2019/20 Month 9 YTD Financial Performance

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

		Month 9			Forecast			Control Total		
		Actual	Plan	Variance	Forecast	Plan	Variance	Forecast	CT	Variance
		£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s
JPUH	D	(5,623)	(5,623)	0	*(6,081)*	(6,081)	0	(6,081)	(6,381)	300
NCHC	D	(1,076)	(2,534)	1,458	(1,798)	(2,475)	677	(1,798)	(2,775)	977
NNUH		(50,745)	(40,983)	(9,762)	(71,440)	(54,340)	(17,100)	(71,440)	(55,340)	(16,100)
NSFT		(2,987)	(2,987)	0	(3,317)	(3,317)	0	(3,317)	(3,517)	200
QEHKL		(21,656)	(21,664)	8	(25,589)	(25,589)	0	(25,589)	(25,898)	309
Subtotal Providers		(82,087)	(73,791)	(8,296)	(108,225)	(91,802)	(16,423)	(108,225)	(93,911)	(14,314)
GY&W CCG	D	1,185	1,635	(450)	2,280	2,880	(600)	2,280	2,200	80
North Norfolk CCG	D	73	448	(375)	100	600	(500)	100	0	100
Norwich CCG	D	73	523	(450)	100	700	(600)	100	0	100
South Norfolk CCG	D	1,215	1,815	(600)	1,620	2,420	(800)	1,620	2,120	(500)
West Norfolk CCG	D	855	1,230	(375)	1,140	1,640	(500)	1,140	1,040	100
Subtotal CCGs		3,401	5,651	(2,250)	5,240	8,240	(3,000)	5,240	5,360	(120)
TOTAL STP		**(78,686)**	**(68,140)**	**(10,546)**	**(102,985)**	**(83,562)**	**(19,423)**	**(102,985)**	**(88,551)**	**(14,434)**

Plan figures as per regulatory submissions.

Month 9 actuals/FOT from Trust & CCG Draft 'Heads Up' regulatory call

The table above shows that at the end of month 9, excluding PSF, FRF MRET & CSF, we have under achieved against plan by £10.5m (month 8 £5.4m adverse), a £5.1m adverse movement in the month. This movement is driven by an adverse increase in deficits at NNUH of £3.4m and at the CCGs of £2.3m. This is partly off-set by an improvement at QEHKL of £0.4m.

The year to date adverse positions of NNUH (£9.8m) & CCGs (£2.3m), are reduced by the favourable year to date variance of £1.5m at NCH&C. The adverse variance year to date will result in PSF/FRF of £13.5m not being received year to date.

The forecast deficit of £103.0m, is £19.4m adverse to planned deficit of £83.6m. This is due to variances at NNUH (£17.1m) and CCGs (£3.0m), partially off-set by a favourable variance at NCHC of £0.7m.

The final forecast position at NNUH will be confirmed as part of their revised forecast submission to NHSI/E. The adverse position is mainly due to CIP non delivery, loss of clinical income due to increased emergency demand and the high level of elective cancellations, as well as premium pay costs to deliver additional activity and to cover vacant posts.

The deterioration in the CCGs forecast is primarily driven by increased acute expenditure (£3.0m) as part of agreeing a block contract with NNUH.

A further deterioration in forecast is anticipated for JPUH, this has yet to be quantified and agreed with the Trust's board and at this stage is shown in line with plan, as per month 8, until finalised. Should this deteriorate then the system should consider whether this can be mitigated in order not to lose further national support funding.

Norfolk & Waveney STP
2019/20 Month 9 YTD Financial Performance

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

		Month 9			Forecast			Control Total		
		Actual	Plan	Variance	Forecast	Plan	Variance	Forecast	CT	Variance
		£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s
JPUH	D	(70)	(70)	0	*1,859*	1,859	0	1,859	1,559	300
NCHC	D	728	(730)	1,458	977	300	677	977	0	977
NNUH		(40,238)	(18,203)	(22,035)	(60,933)	(20,691)	(40,242)	(60,933)	(21,691)	(39,242)
NSFT		(701)	(701)	0	200	200	0	200	0	200
QEHKL		(6,158)	(6,166)	8	(2,287)	(2,287)	0	(2,287)	(2,596)	309
Subtotal Providers		(46,439)	(25,870)	(20,569)	(60,184)	(20,619)	(39,565)	(60,184)	(22,728)	(37,456)
GY&W CCG	D	1,185	1,635	(450)	2,280	2,880	(600)	2,280	2,200	80
North Norfolk CCG	D	73	448	(375)	100	600	(500)	100	0	100
Norwich CCG	D	73	523	(450)	100	700	(600)	100	0	100
South Norfolk CCG	D	1,215	1,815	(600)	1,620	2,420	(800)	1,620	2,120	(500)
West Norfolk CCG	D	855	1,230	(375)	1,140	1,640	(500)	1,140	1,040	100
Subtotal CCGs		3,401	5,651	(2,250)	5,240	8,240	(3,000)	5,240	5,360	(120)
TOTAL STP		**(43,038)**	**(20,219)**	**(22,819)**	**(54,944)**	**(12,379)**	**(42,565)**	**(54,944)**	**(17,368)**	**(37,576)**

Plan figures as per regulatory submissions.

Month 9 actuals/FOT from Trust & CCG Draft 'Heads Up' regulatory call. Lines with an 'D' are draft and subject to change.

The table above shows the month 9 financial performance including PSF, FRF, MRET and CSF.

The tables show that due to the deterioration in NNUH and CCGs position, we are now not expecting to meet the control total or provide financial support to the Cambridgeshire and Peterborough system as planned. The adverse variance at NNUH is forecast to result in the loss of PSF/FRF of £23.1m, the anticipated adverse variance at JPUH would result in a loss of PSF/FRF of £1.8m. Overall this would mean receipt of £46.3m of PSF, FRF, MRET & CSF out of a total of £71.2m.

3. CIPs & QIPPs Month 9

The month 9 CIP & QIPP delivery as reported to NHSE&I is shown in the table below

Norfolk & Waveney STP
2019/20 Month 9 YTD Financial Performance

CIP & QIPP delivery

		Month 9			Forecast		
		Actual	Plan	Variance	Forecast	Plan	Variance
		£000s	£000s	£000s	£000s	£000s	£000s
JPUH	D	4,727	5,318	(591)	*9,298*	9,298	0
NCHC		3,025	3,060	(35)	4,386	4,500	(114)
NNUH		17,219	19,213	(1,995)	26,900	28,558	(1,658)
NSFT		7,859	7,777	82	10,862	10,862	0
QEHKL	D	3,746	3,976	(230)	5,400	6,015	(615)
Subtotal Providers		36,576	39,344	(2,769)	56,846	59,233	(2,387)
GY&W CCG	D	13,013	12,302	711	17,032	16,136	896
North Norfolk CCG	D	5,699	6,927	(1,228)	7,617	9,100	(1,483)
Norwich CCG	D	8,567	7,756	811	11,290	10,100	1,190
South Norfolk CCG	D	7,086	11,167	(4,081)	9,736	15,025	(5,289)
West Norfolk CCG	D	9,783	9,603	180	12,390	12,461	(71)
Subtotal CCGs		44,148	47,755	(3,607)	58,065	62,822	(4,757)
TOTAL STP		**80,724**	**87,099**	**(6,376)**	**114,911**	**122,055**	**(7,144)**

Plan figures as per regulatory submissions.

Month 9 actuals/FOT from Trust & CCG Draft 'Heads Up' regulatory call. Lines with an 'D' are draft and subject to change.

At month 9 health organisations achieved £80.7m of CIPs and QIPPs against a plan of £87.1m, £6.4m adverse to their plans (Month 8 £5.5m adverse). Overall CCGs are forecast to under deliver £4.8m of QIPPs and providers (NNUH, QEHKL and NCHC) are forecasting to under deliver their CIPs by £2.4m, a total of £7.1m (5.9%) adverse to plan (Month 8 £5.2m adverse).

A further deterioration in forecast CIP delivery is anticipated for JPUH, this has yet to be quantified and agreed with the Trust's board and continues to be shown in line with plan, as per month 8, until finalised.

in good health
The Norfolk and Waveney Health and Care Partnership

Subject:	Norfolk and Waveney System Performance Report
Prepared by:	Paul Martin, PMO, STP, Jon Fox and Will Kelly, Business Intelligence, CCGs
Purpose of paper:	Discussion and information

Executive Summary

The dashboard provides an overview of key performance indicators for our health and care system. It covers unplanned care, cancer, planned care and mental health.

Unplanned care

High Level Summary (based on November data):

- Across Norfolk and Waveney, emergency admissions have risen by 3.1% year on year.
- Short stay admissions have increased (2.5%) and long stay admissions (3.9%).
- Across Norfolk and Waveney, A&E attendances have risen by 5.2% year to date.
- Attendances arriving on foot have increased (6.7%) more than attendances arriving via ambulance (1.9%).
- Norwich Walk in Centre (WIC) attendances have dropped by -3.9% year on year.
- WIC Attendances have decreased compared to October, but they are 4.6% higher than the same month last year.
- Across Norfolk and Waveney, 111 calls have increased by 2.9%.
- Calls resulting in an ambulance dispatch have decreased by 7.2% and calls ending with a recommendation to attend A&E are up by 10.4%. All other call outcomes have increased by 4.2%.

JPUH

In November, A&E performance has fallen for the sixth month in a row to 79.0% which is the lowest it has been for over a year. There remains a high volume of A&E attendances (5% increase on 2018/19) and ambulance attendances (4% increase on 2018/19). In addition there remains medical workforce gaps at night and weekends and an increased number of patients with delayed discharges. Actions in place include an enhanced review of long stay and medically optimised patients and an additional 20 escalation beds opened. Plans to further increase capacity across the system are under discussion. Increased GP streaming capacity in place and relocation to AMBU (Ambulatory Unit) to increase physical capacity.

Longer term solutions include the ongoing development of ED expansion plans. ED trajectory remains under discussion with system partners and commissioners.

Compliance with ED standard is dependent on the ED rebuild and increased social care capacity. 60 minute ambulance handover delays have increased to 7.8% in November, the highest in over a year. The level of conveyances remains high and handover is severely impacted by demand pressures when ambulances arrive simultaneously and the physical limitations of ED. Actions in place include a Senior ED Nurse coordinating flow through ED and ambulance offloads. The Trust continues to work with system partners to develop a comprehensive urgent and emergency care work programme to reduce demand and maximise flow out of the hospital. Local process actions also agreed with EEAST, including provision of additional reception cover to streamline the handover process.

NNUH

A&E performance has decreased for the fourth month in a row to 71.4% in November. Attendances remain very high with a 6.1% increase on the previous year. Other than the increasing levels of attendance the main causative factors continue to center around workforce limitations (30% vacancy factor). Priority actions continue to be the implementation of the 12 point system recovery plan – emphasis on the rolling out of the GP Streaming pilot to better manage demand and primary care attendance in ED. 2019/20 YTD 60 minute ambulance handovers continue to be significantly improved on 2018/19, however performance has worsened in November to 18.2%. DTOC has increased marginally from 3.5% to 3.9%. Key factors impacting performance are Consultant, Nursing and Junior Doctor shortfalls, discharge planning and adherence to SAFER. A recovery action plan and enhanced support calls remain in place with NHSI/E.

QEH

Performance in November has reduced to a 10 month low of 76.2%. Factors affecting performance include a sustained increase in the average number of attendances per day since May 2019 and a 5.1% increase in attendances in November 2019 compared to November 2018. Further to this there is continued overcrowding in both the ED and exit block as the ED estate is not fit for purpose and flow out of the department continues to be challenging. In addition ED medical and nurse staffing capacity and rota pattern are not always matching changes in demand.

Performance will be improved by increased capital investment in the ED and emergency floor to improve the environment and increase capacity. Minor estates work in ED is already in progress. The sustain phase of the urgent and emergency care improvement plan is also underway which focusses on embedding the SAFER bundle on all wards across the Trust and increasing pre-noon discharges.

A review of the medical and nursing staff establishment and rota has concluded and the nurse staffing business case is complete with the medical staff business case in progress. 60 minute ambulance handover delays have reduced in November to 14.8% which is the lowest for 6 months. Performance is off track due to the continued overcrowding in and exit block from the ED; the department is limited in capacity to cohort patients which leads to delays in ambulance handover. Other than the above listed actions relating to ED floor space, performance will be improved by standardisation of the ambulance handover process. Joint work is in progress with the ambulance service and this is being supported by NHSE/I.

Cancer

JPUH
The Trust has seen a large increase in referrals across all body sites, particularly breast. Compounding this, the Trust has had clinical capacity challenges (vs demand), particularly for two week wait referrals. Recovery action plans are in place for breast and endoscopy to reduce the number of patients not being seen within two weeks. These include daily cancer date reports by body site being provided to DOM's & SOM's so that they are able to monitor the demand and to use the information to create additional clinic/endoscopy capacity in advance. Additional one stop clinics and twilight clinics are being undertaken with further weekend endoscopy sessions. Revised job planning has been undertaken to increase the DCC activity and increase availability of senior middle grade staff. Further support from breast imaging services is being provided from other trusts.

NNUH
GP two week wait performance has improved for two consecutive months to 79.4%. The delays to first appointment in Skin and Lower GI has seen an increase in patients waiting longer than 62 days for treatment. Other main areas of underperformance on the 62 day standard are Urology due to delays in Diagnostics, and Gynaecology due to Theatre capacity. 31 day subsequent treatments – underperformance in Surgery due to long standing issues with the Melanoma pathway that will be resolved with the expansion of Nuclear Medicine in 2020, and underperformance in RT and ACD due to increase in referrals in month.

QEH
Provisional November data shows that the majority of targets continue to be met. 62 day GP referral to treatment performance has been challenged due to a continued focus on reducing the 62 day backlog, resulting in an increase in the number of breaches in month. A cancer improvement plan is in place and the quarterly update is provided to the Trust Board. In addition to the cancer improvement plan, performance will be improved by the provision of additional, operational support to urology and lower GI. This additional support will be in place for three months (October – December) and will increase the pace in improvement work in these tumor sites.

Planned Care

JPUH
November's 18 week performance worsened to 79.4% with overall waiting list size increasing for the fourth successive month. A significant element of the 18 week list size increase is due to data entry and quality and a comprehensive training plan is in place to address this. Emerging capacity constraints within some specialties is leading to an overall increase in the waiting list with a revised baseline under discussion with the commissioners and regulators. Capacity in challenged specialties is predominantly workforce related. Outpatient and theatre utilisation programmes in place to increase activity. Revised processes and reports in development. A comprehensive RTT plan is in place to increase inpatient activity and reduce admitted backlog of patients. Detailed Recovery Action Plans with trajectories against waiting list size have been developed for T&O, Ophthalmology, Dermatology,

ENT and Gynaecology. The RTT plan is monitored via the Trust Access Group and Divisional Performance Committee.

NNUH
Performance has marginally reduced to 79.2% in November from 79.9% in and the overall backlog has increased for the 10th month in a row. Overall performance continues to be compromised by the urgent focus on cancer work, increasing demand and a rise in cancellations due to a lack of capacity. Staffing also continues to be a challenge with pension tax issues also impacting. There were ten x 52 week breaches in November however intensive waiting list management is in place to reduce this risk. Capacity remains a key challenge and NNUH is working with commissioners and NHSE/I to seek further demand management schemes. Diagnostics continues to be challenged, with the MRI and CT standard now recovered, but increase in inpatient and outpatient demand in Non-Obstetric Ultrasound and reduced workforce and capacity at Global still impacting on delivery of the standard. Plans are in place to recover but conversations are ongoing with Global for additional support.

QEH
Performance has worsened for the sixth month in a row to 78.1% in November. Performance is off track due to the variance in the following high-volume specialties; Urology, Ophthalmology and Gastroenterology. Performance will be improved in Urology by the introduction of a referral triage system and the two new Consultants who have started in post, Ophthalmology – additional locum capacity and outpatient utilisation improvement, Gastroenterology: triage of referrals continues, and a locum Consultant started in October. Overall backlog has grown marginally from 13,941 in October to 14,084 in November however the number of patients waiting more than 40 weeks has grown from 33 in October to 81 in November. QEH are investigating this growth and more detail will be provided next month.

Mental Health

Inappropriate Out of Area Placements (OoAP) – Overall performance continues to be positive. There have been a number of older people in an inappropriate OoAP due to the ability of NSFT to discharge people needing a care home or nursing placement. Work is ongoing on planning a Perfect Week to help galvanise system support to reducing DToC.

Improved Access to Psychological Therapies (IAPT) – Final iteration of the improvement plan was due by 29th November 2019. NHSE/I had commented and feedback has been reflected in the revised version. Improvement trajectories to support the plan were made available on 29th November 2019. The final iteration of the improvement plan was not available until 11th December 2019 and further discussion was required following receipt of the revision. An agreed alternative submission date of 10th January 2020 has been agreed with NSFT, using a summary template which has been developed to help make the relationship between the plan and the trajectories clearer.

In parallel to this development work, NSFT are mobilising improvement plan actions, including:

- The service is aligning the development of IAPT services with the emerging PCNs, to maximise integration and service exposure;

- Assistant PWPs have been recruited to reduce drop-out rate;
- More Step 2 capacity has freed up Step 3 workers from carrying out assessments and focus on treatment capacity;
- A choose and book system has been introduced;
- Service number appears on service user phones, previously appeared as unknown number.

Dementia - The STP remains within the 95% confidence limits of the dementia diagnosis rate. In addition:

- The STP is continuing to develop the dementia community support offer for Norfolk and Waveney.
- CCGs continue to share individual work across the existing action plans, to aid progress.
- Actions are being taken forward by individual CCGs to increase the diagnosis rate, including practice visits and data cleansing.
- As of November 2019, there were 10,675 people aged over 65 with a dementia diagnosis. This is an increase from the previous month (10,659), however the Dementia Diagnosis Rate remains at 64.0% due to an increase in the estimated population.

STP High Level System Dashboard - Summary

in good health
The Norfolk and Waveney Health and Care Partnership

Metrics	Status of latest data	Current target	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Trend	2018/19 YTD	2019/20 YTD	% var
Acute Unplanned Care Performance Metrics (includes aggregate of JPUH, NNUH and QEH unless otherwise stated)																			
A&E 4 hr performance (whole trust, NNUH includes WIC)	Validated	95%	86.0%	83.9%	78.4%	77.2%	79.5%	78.3%	84.2%	83.3%	82.0%	80.2%	78.4%	76.2%	74.0%		88.0%	79.6%	
A&E Total Attendances (as above)	Validated	-	28,331	28,983	29,123	27,204	30,226	29,891	31,210	30,302	32,746	32,330	30,522	30,671	29,854		238,628	247,526	3.7%
A&E Total Breaches (as above)	Validated	-	3,961	4,679	6,292	6,206	6,211	6,478	4,921	5,069	5,890	6,411	6,579	7,314	7,753		28,593	50,415	76.3%
Emergency admissions (N&W CCGs only)	Validated	-	8,149	8,169	8,595	7,578	8,393	8,129	8,220	7,900	8,380	7,781	7,805	8,495	8,386		63,063	65,096	3.2%
DTOC - delayed days (includes acute + non-acute trusts, Norfolk patients)	Validated	-	2,551	2,681	2,974	2,150	2,532	2,153	2,981	2,748	2,704	2,819	2,973	2,999			18,309	19,377	5.8%
% of A&E Ambulance handover delays > 60 min	Validated	-	10.7%	11.6%	15.2%	14.0%	6.6%	4.9%	3.3%	4.7%	5.7%	5.6%	7.5%	11.2%	7.8%		5.4%	6.1%	
Acute Cancer Performance Metrics (includes aggregate of JPUH, NNUH and QEH)																			
Two week wait GP referral (%)	Provisional	93%	79.3%	92.2%	88.8%	91.0%	87.5%	91.4%	91.0%	84.6%	85.0%	81.6%	80.1%	84.2%	86.3%		85.8%	85.5%	
Two week wait breast symptoms (%)	Provisional	93%	63.7%	53.3%	54.8%	47.4%	47.7%	82.5%	80.0%	87.4%	93.9%	92.1%	89.9%	93.1%	92.3%		91.8%	88.8%	
31 days from diagnosis to first treatment (%)	Provisional	96%	97.1%	97.6%	95.3%	96.9%	97.2%	96.9%	96.7%	98.3%	98.6%	97.5%	97.0%	97.6%	96.3%		97.3%	97.4%	
62 days from GP referral to first treatment (%)	Provisional	85%	76.4%	76.7%	70.5%	73.4%	77.4%	77.6%	72.6%	77.1%	72.4%	69.5%	71.0%	66.4%	68.8%		76.4%	72.0%	
Acute Planned Care Performance Metrics (includes aggregate of JPUH, NNUH and QEH)																			
Incomplete - RTT % waiting treatment <18 weeks	Validated	92%	83.0%	81.8%	81.7%	82.2%	82.5%	83.0%	84.0%	82.9%	82.3%	81.6%	80.7%	79.9%	79.0%		83.0%	79.0%	
Total number incomplete pathways	Validated	-	70,567	69,990	68,983	68,302	67,794	71,886	73,691	73,611	74,551	75,501	76,359	77,058	77,962		70,567	77,962	10.5%
Total number of 40 week breaches	Validated	-	649	770	758	681	633	655	702	698	674	783	786	718	854		649	854	31.6%
Incomplete - RTT no. waiting treatment >52 weeks	Validated	0	22	29	29	13	0	2	2	1	1	1	0	2	10		22	10	-54.5%
Diagnostic tests within 6 weeks	Validated	99%	99.3%	98.2%	95.4%	98.3%	99.1%	98.2%	97.0%	98.0%	98.2%	95.9%	97.7%	98.1%	98.5%		99.3%	98.5%	
Number of patients waiting > 6 weeks	Validated	-	122	306	852	332	178	352	588	385	353	758	435	375	278		122	278	127.9%
GP acute referrals (all CCGs)	Provisional	-	20,132	16,438	20,180	18,890	20,333	19,014	20,772	18,957	21,318	18,384	19,746	21,213	20,099		159,621	159,503	-0.1%
Non-GP acute referrals (all CCGs)	Provisional	-	11,402	9,379	11,606	10,403	11,646	10,886	11,552	10,679	11,991	10,174	10,725	11,187	11,038		86,013	88,232	2.6%
Avoidable emergency admissions (N&W CCGs only)	Validated	-	2,115	2,231	2,366	2,136	2,154	1,986	1,901	1,759	1,815	1,709	1,805	2,079			12,395	13,054	5.3%
Mental Health Metrics (all NSFT other than Dementia)																			
IAPT: access rates (local target)	Provisional	1.58%	1.57%	1.36%	1.60%	1.44%	1.55%	1.41%	1.22%	1.27%	1.65%	1.20%	1.01%	1.42%	1.33%		10.49%	10.48%	
IAPT: recovery rates	Provisional	50%	51.2%	51.4%	59.0%	59.4%	55.5%	58.3%	59.5%	58.8%	57.9%	56.4%	58.9%	57.9%	56.9%		50.5%	58.1%	
IAPT: first treatment <6 weeks	Provisional	75%	84.7%	86.6%	92.0%	98.7%	99.4%	99.2%	98.5%	98.0%	98.1%	97.5%	94.6%	95.6%	95.5%		90.1%	97.2%	
EIP: treatment started <2 weeks (local target) (3 month rolling)	Provisional	56%	83.0%	81.7%	82.0%	84.6%	83.5%	93.2%	88.4%	72.1%	70.7%	67.1%	65.4%	73.5%	77.6%		83.0%	72.1%	
CYP: eating disorders - Urgent (seen in 1 wk) (3 month rolling)	Provisional	90%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	66.7%	60.0%	80.0%		100.0%	87.5%	
CYP: eating disorders - Routine (seen in 4 wks) (3 month rolling)	Provisional	90%	85.7%	73.9%	64.0%	62.5%	84.2%	100.0%	95.5%	96.0%	90.5%	83.3%	64.3%	62.5%	72.2%		88.0%	77.8%	
Out of area placements (bed days - 18-65, in month)	Provisional	-	755	765	1,100	1,025	1,421	1,742	1,440	1,369	1,663	1,024	545	233	271		4,895	8,287	69.3%
Out of area placements (bed days - 65+, in month)	Provisional	-	0	30	45	105	16	0	31	73	87	7	46	218	237		415	699	68.4%
Dementia diagnosis (non-NSFT)	Validated	66.7%	63.5%	63.5%	63.4%	63.4%	64.1%	63.6%	63.8%	64.1%	64.3%	64.2%	64.1%	64.0%	64.0%		63.5%	64.0%	
Primary and Community Metrics																			
Proportion of older people still at home 91 days after discharge	Validated	90%	86.4%	84.1%	90.0%	85.7%	86.1%	80.7%	84.5%	82.3%	85.6%	91.4%	89.9%	88.6%			86.6%	88.6%	
18 Week 'Incomplete' Waiting Times	Validated	92%	87.9%	86.4%	88.6%	89.9%	90.8%	90.5%	91.8%	93.1%	93.7%	92.9%	92.4%	91.1%	90.0%		88.3%	91.9%	

STP High Level System Dashboard - JPUH

in good health
The Norfolk and Waveney Health and Care Partnership

Metrics	Status of latest data	Current target	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Trend	2018/19 YTD	2019/20 YTD	% var
Unplanned Care Performance Metrics																			
A&E 4 hr performance (whole trust)	Validated	95%	94.3%	87.2%	84.7%	80.1%	83.7%	86.4%	90.1%	89.9%	86.1%	86.0%	84.8%	80.6%	79.0%		91.7%	85.4%	
A&E Total Attendances (as above)	Validated	-	6,266	6,541	6,613	6,046	6,978	7,041	7,133	7,040	7,710	7,775	7,037	6,883	6,626		54,896	57,245	4.3%
A&E Total Breaches (as above)	Validated	-	358	834	1,012	1,203	1,140	960	705	713	1,075	1,088	1,070	1,332	1,389		4,544	8,332	83.4%
Emergency admissions (N&W CCGs only)	Validated	-	1,635	1,683	1,671	1,623	1,699	1,615	1,603	1,409	1,698	1,488	1,534	1,666	1,597		12,376	12,610	1.9%
Delayed transfers of care (DTOC) - delayed days as % of occupied bed days	Validated	3.5%	3.0%	1.0%	2.2%	1.4%	1.2%	0.8%	1.1%	1.5%	1.4%	1.4%	1.0%	1.9%	3.1%		2.2%	1.5%	
# DTOC - NHS (Norfolk patients)	Validated	-	42	7	48	35	28	0	21	42	56	35	40	46	155		703	395	-43.8%
# DTOC - Social Care (Norfolk patients)	Validated	-	296	98	215	126	126	92	105	133	126	133	74	186	204		1,241	1,053	-15.1%
# DTOC - Both NHS / Social Care (Norfolk patients)	Validated	-	0	7	14	0	0	0	0	0	0	7	14	11	28		4	60	1400.0%
% of A&E Ambulance handover delays > 60 min	Validated	-	0.0%	1.1%	2.6%	7.1%	5.5%	1.2%	0.4%	0.1%	4.0%	2.9%	5.5%	6.0%	7.8%		0.6%	2.9%	
Cancer Performance Metrics																			
Two week wait GP referral (%)	Provisional at 31/12/19	93%	96.4%	97.4%	94.5%	94.1%	90.9%	94.6%	84.0%	85.3%	94.3%	92.3%	90.2%	91.8%	94.0%		96.6%	90.9%	
Two week wait breast symptoms (%)	Provisional at 31/12/19	93%	96.3%	93.4%	87.2%	82.5%	62.7%	88.9%	47.7%	73.0%	85.2%	71.4%	61.0%	63.0%	73.1%		96.7%	70.5%	
31 days from diagnosis to first treatment (%)	Provisional at 31/12/19	96%	100.0%	98.9%	100.0%	100.0%	100.0%	99.0%	100.0%	99.1%	99.1%	98.1%	100.0%	97.7%	100.0%		99.9%	99.0%	
31 days subsequent treatment - surgery (%)	Provisional at 31/12/19	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%	90.9%		100.0%	98.8%	
31 days subsequent treatment - drug treatment (%)	Provisional at 31/12/19	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%	100.0%		100.0%	100.0%	
31 days subsequent treatment - radiotherapy (%)	Provisional at 31/12/19	94%	0 pts.	0 pts.	0 pts.	0 pts.	0 pts.	0 pts.	0 pts.	0 pts.	0 pts.	0 pts.	0 pts.	0 pts.	0 pts.		0 pts.	0 pts.	
62 days from GP referral to first treatment (%)	Provisional at 31/12/19	85%	87.0%	83.5%	80.7%	78.3%	89.8%	89.8%	73.1%	76.3%	65.8%	82.9%	83.6%	83.9%	70.0%		81.1%	78.6%	
62 days from screening to first treatment (%)	Provisional at 31/12/19	90%	100.0%	92.3%	96.3%	100.0%	100.0%	100.0%	100.0%	95.5%	100.0%	88.9%	50.0%	100.0%	100.0%		98.3%	97.1%	
Planned Care Performance Metrics																			
Incomplete - RTT % waiting treatment <18 weeks	Validated	92%	87.5%	85.7%	83.8%	84.0%	84.4%	86.2%	85.5%	82.0%	81.4%	81.8%	80.4%	80.3%	79.4%		87.5%	79.4%	
Total number incomplete pathways	Validated	-	13,211	13,073	13,117	13,101	12,904	16,036	16,543	16,356	15,589	16,481	16,672	16,864	16,996		13,211	16,996	28.7%
Total number of 40 week breaches	Validated	-	26	36	42	48	48	34	54	47	36	38	40	40	63		26	63	142.3%
Incomplete - RTT no. waiting treatment >52 weeks	Validated	0	0	0	0	0	0	2	2	1	0	1	0	0	0		0	0	-
Diagnostic tests within 6 weeks	Validated	99%	99.9%	99.1%	98.5%	99.3%	99.4%	99.2%	98.9%	99.1%	99.4%	98.5%	99.3%	99.7%	99.4%		99.9%	99.4%	
Number of patients waiting > 6 weeks	Validated	-	2	29	51	27	23	30	45	36	24	51	24	13	23		2	23	1050.0%
GP acute referrals (all CCGs)	Validated	-	4,023	3,139	4,016	3,734	3,924	3,766	4,018	3,600	3,962	3,651	4,234	4,202	3,792		31,882	31,225	-2.1%
Non-GP acute referrals (all CCGs)	Validated	-	2,629	2,178	2,680	2,294	2,773	2,528	2,660	2,357	2,970	2,113	2,461	2,650	2,581		19,355	20,320	5.0%
Avoidable emergency admissions (N&W CCGs only)	Validated	-	490	594	549	543	517	470	430	382	446	375	389	493			2,884	2,985	3.5%

STP High Level System Dashboard - NNUH

in good health
The Norfolk and Waveney Health and Care Partnership

Metrics	Status of latest data	Current target	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Trend	2018/19 YTD	2019/20 YTD	% var
Unplanned Care Performance Metrics																			
A&E 4 hr performance (whole trust, inc. WIC)	Validated	95%	85.6%	82.5%	77.1%	76.0%	76.9%	72.7%	82.1%	80.1%	80.6%	78.1%	75.4%	74.0%	71.4%		87.9%	76.9%	
A&E Total Attendances (as above)	Validated	-	16,425	16,764	16,829	15,847	17,264	16,900	18,046	17,194	18,727	18,256	17,596	17,738	17,299		137,713	141,756	2.9%
A&E Total Breaches (as above)	Validated	-	2,367	2,936	3,852	3,800	3,992	4,606	3,239	3,426	3,624	3,998	4,323	4,617	4,955		16,640	32,788	97.0%
Emergency admissions (N&W CCGs only)	Validated	-	4,312	4,401	4,649	4,006	4,467	4,373	4,383	4,320	4,537	4,296	4,235	4,575	4,488		34,222	35,207	2.9%
Delayed transfers of care (DTOC) - delayed days as % of occupied bed days	Provisional	3.5%	3.3%	3.8%	4.0%	2.2%	3.1%	2.7%	4.2%	3.4%	4.1%	4.4%	4.6%	3.5%	3.9%		4.2%	3.9%	
# DTOC - NHS (Norfolk patients)	Provisional	-	274	281	429	262	354	298	247	253	314	466	495	344	343		3,984	2,760	-30.7%
# DTOC - Social Care (Norfolk patients)	Provisional	-	500	564	686	267	514	380	830	534	666	637	460	534	503		4,320	4,544	5.2%
# DTOC - Both NHS / Social Care (Norfolk patients)	Provisional	-	55	132	0	26	7	32	65	119	147	108	280	95	195		399	1,041	160.9%
% of A&E Ambulance handover delays > 60 min	Validated	-	12.9%	16.4%	18.6%	15.0%	2.1%	2.8%	0.3%	2.3%	2.3%	2.3%	4.6%	11.1%	18.2%		6.1%	3.6%	
Cancer Performance Metrics																			
Two week wait GP referral (%)	Provisional	93%	67.0%	88.1%	84.4%	88.1%	87.0%	94.9%	93.0%	79.7%	76.3%	72.2%	71.0%	76.1%	79.5%		77.9%	80.1%	
Two week wait breast symptoms (%)	Provisional	93%	44.9%	28.6%	36.5%	28.4%	47.1%	98.6%	94.2%	92.5%	96.7%	96.3%	99.5%	97.0%	95.4%		88.5%	96.1%	
31 days from diagnosis to first treatment (%)	Provisional	96%	96.6%	97.0%	93.3%	96.6%	96.6%	96.5%	96.9%	97.4%	98.9%	97.1%	96.0%	97.0%	96.7%		96.4%	96.9%	
31 days subsequent treatment - surgery (%)	Provisional	94%	86.4%	84.5%	79.0%	89.6%	83.9%	83.0%	84.2%	88.8%	89.0%	87.5%	87.0%	86.8%	92.2%		86.3%	86.9%	
31 days subsequent treatment - drug treatment (%)	Provisional	98%	100.0%	99.0%	98.5%	99.2%	99.2%	99.1%	98.4%	98.2%	99.2%	98.3%	94.3%	96.9%	98.0%		99.8%	97.7%	
31 days subsequent treatment - radiotherapy (%)	Provisional	94%	98.9%	97.4%	94.5%	100.0%	95.3%	96.6%	97.0%	96.3%	96.4%	97.4%	93.6%	94.7%	95.8%		98.2%	96.0%	
62 days from GP referral to first treatment (%)	Provisional	85%	71.5%	73.5%	62.9%	71.7%	68.2%	76.3%	76.5%	75.6%	73.5%	67.2%	67.1%	63.7%	69.8%		72.6%	71.1%	
62 days from screening to first treatment (%)	Provisional	90%	81.0%	81.4%	89.8%	82.9%	96.8%	84.6%	82.6%	79.5%	72.6%	94.1%	74.2%	96.7%	83.9%		83.1%	84.5%	
Planned Care Performance Metrics																			
Incomplete - RTT % waiting treatment <18 weeks	Validated	92%	82.6%	81.9%	82.1%	82.5%	82.8%	82.6%	83.9%	83.5%	82.9%	81.8%	81.1%	79.9%	79.2%		82.6%	79.2%	
Total number incomplete pathways	Validated	-	41,864	41,444	40,979	41,120	41,328	42,159	43,390	43,625	44,493	45,224	45,612	46,253	46,882		41,864	46,882	12.0%
Total number of 40 week breaches	Validated	-	429	465	466	465	455	485	552	559	557	667	687	645	710		429	710	65.5%
Incomplete - RTT no. waiting treatment >52 weeks	Validated	0	21	28	28	12	0	0	0	0	1	0	0	2	10		21	10	-52.4%
Diagnostic tests within 6 weeks	Validated	99%	99.1%	97.6%	93.5%	97.7%	98.8%	97.5%	96.8%	98.2%	98.9%	96.9%	97.5%	97.3%	97.9%		99.1%	97.9%	
Number of patients waiting > 6 weeks	Validated	-	98	256	769	287	142	290	382	210	129	348	274	309	236		98	236	140.8%
GP acute referrals (all CCGs)	Provisional	-	11,419	9,513	11,485	10,890	11,710	11,293	12,068	10,970	12,363	10,662	11,359	11,918	11,862		89,977	92,495	2.8%
Non-GP acute referrals (all CCGs)	Provisional	-	6,229	5,041	6,192	5,614	6,146	5,776	6,146	5,716	6,317	5,559	5,760	5,916	5,919		46,145	47,109	2.1%
Avoidable emergency admissions (N&W CCGs only)	Validated	-	1,060	1,110	1,226	1,067	1,105	1,026	982	925	924	884	929	1,054	1,080		7,342	7,804	6.3%

STP High Level System Dashboard - QEH

in good health
The Norfolk and Waveney Health and Care Partnership

Metrics	Status of latest data	Current target	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Trend	2018/19 YTD	2019/20 YTD	% var
Unplanned Care Performance Metrics																			
A&E 4 hr performance (whole trust)	Validated	95%	78.1%	84.0%	74.9%	77.3%	82.0%	84.7%	83.8%	84.7%	81.1%	79.0%	79.9%	77.4%	76.2%		83.9%	80.8%	
A&E Total Attendances (as above)	Validated	-	5,640	5,678	5,681	5,311	5,984	5,950	6,031	6,068	6,309	6,299	5,889	6,050	5,929		46,019	48,525	5.4%
A&E Total Breaches (as above)	Validated	-	1,236	909	1,428	1,203	1,079	912	977	930	1,191	1,325	1,186	1,365	1,409		7,409	9,295	25.5%
Emergency admissions (N&W CCGs only)	Validated	-	2,202	2,085	2,275	1,949	2,227	2,141	2,234	2,171	2,145	1,997	2,036	2,254	2,301		16,465	17,279	4.9%
Delayed transfers of care (DTOC) - delayed days as % of occupied bed days	Validated	3.5%	2.4%	2.5%	1.4%	1.3%	1.4%	1.2%	1.5%	1.9%	1.3%	0.8%	1.1%	1.9%	1.9%		2.4%	1.5%	
# DTOC - NHS (Norfolk patients)	Validated	-	249	242	142	120	138	118	160	200	109	65	86	146	141		2,125	1,025	-51.8%
# DTOC - Social Care (Norfolk patients)	Validated	-	33	73	41	32	42	27	37	37	62	44	49	105	102		278	463	66.5%
# DTOC - Both NHS / Social Care (Norfolk patients)	Validated	-	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	-
% of A&E Ambulance handover delays > 60 min	Validated	-	18.1%	13.3%	22.0%	20.2%	18.6%	14.6%	14.2%	15.2%	16.6%	16.4%	17.3%	17.5%	14.4%		9.6%	16.0%	
Cancer Performance Metrics																			
Two week wait GP referral (%)	Provisional	93%	97.3%	97.4%	95.9%	95.1%	86.0%	81.0%	91.9%	95.9%	96.7%	96.2%	97.1%	97.1%	96.6%		96.2%	94.0%	
Two week wait breast symptoms (%)	Provisional	93%	100.0%	100.0%	91.3%	86.3%	29.8%	20.9%	66.1%	83.3%	91.5%	98.0%	98.1%	97.5%	98.6%		98.3%	81.3%	
31 days from diagnosis to first treatment (%)	Provisional	96%	96.2%	98.8%	97.2%	95.3%	96.5%	96.1%	93.2%	100.0%	97.2%	98.1%	97.9%	99.2%	99.2%		97.6%	97.6%	
31 days subsequent treatment - surgery (%)	Provisional	94%	92.9%	100.0%	100.0%	100.0%	100.0%	92.3%	100.0%	100.0%	100.0%	85.7%	100.0%	90.9%	100.0%		99.2%	95.7%	
31 days subsequent treatment - drug treatment (%)	Provisional	98%	98.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	97.6%	100.0%	100.0%		99.5%	99.7%	
31 days subsequent treatment - radiotherapy (%)	Provisional	94%	0 pts.	0 pts.	0 pts.	0 pts.	0 pts.	0 pts.	0 pts.	0 pts.	0 pts.	0 pts.	0 pts.	0 pts.	0 pts.		0 pts.	0 pts.	
62 days from GP referral to first treatment (%)	Provisional	85%	82.4%	80.0%	79.7%	74.6%	85.9%	70.9%	63.7%	81.1%	75.8%	63.9%	70.6%	63.6%	66.4%		82.2%	69.3%	
62 days from screening to first treatment (%)	Provisional	90%	85.0%	100.0%	100.0%	92.3%	100.0%	100.0%	100.0%	100.0%	94.1%	100.0%	90.9%	100.0%	100.0%		96.6%	98.5%	
Planned Care Performance Metrics																			
Incomplete - RTT % waiting treatment <18 weeks	Validated	92%	80.1%	78.5%	78.8%	79.5%	79.8%	80.4%	82.5%	81.8%	81.1%	80.7%	79.6%	79.1%	78.1%		80.1%	78.1%	
Total number incomplete pathways	Validated	-	15,492	15,473	14,887	14,081	13,562	13,691	13,758	13,630	14,469	13,796	14,075	13,941	14,084		15,492	14,084	-9.1%
Total number of 40 week breaches	Validated	-	194	269	250	168	130	136	96	92	81	78	59	33	81		194	81	-58.2%
Incomplete - RTT no. waiting treatment >52 weeks	Validated	0	1	1	1	1	0	0	0	0	0	0	0	0	0		1	0	-100.0%
Diagnostic tests within 6 weeks	Validated	99%	99.3%	99.3%	99.0%	99.5%	99.6%	99.1%	95.5%	96.4%	94.8%	91.0%	96.4%	98.6%	99.5%		99.3%	99.5%	
Number of patients waiting > 6 weeks	Validated	-	22	21	32	18	13	32	161	139	200	359	137	53	19		22	19	-13.6%
GP acute referrals (all CCGs)	Validated	-	4,690	3,786	4,679	4,266	4,699	3,955	4,686	4,387	4,993	4,071	4,153	5,093	4,445		37,762	35,783	-5.2%
Non-GP acute referrals (all CCGs)	Validated	-	2,544	2,160	2,734	2,495	2,727	2,582	2,746	2,606	2,704	2,502	2,504	2,621	2,538		20,513	20,803	1.4%
Avoidable emergency admissions (N&W CCGs only)	Validated	-	565	527	591	526	532	490	489	452	445	450	487	532	526		3,794	3,871	2.0%

STP High Level System Dashboard - data sources, notes and caveats

Metrics	Data sources, notes and caveats
Unplanned Care Performance Metrics	
A&E 4 hr performance	*Source: A&E Attendances and Emergency Admissions, NHS England* Comprises whole provider figures including MIU and WIC for NNUH. Apr-18 NNUH figures adjusted using local WIC data as the nationally published figures did not include WIC.
A&E Total Attendances (as above)	
A&E Total Breaches (as above)	
Emergency admissions (N&W CCGs only)	*Source:* SUS+. Only includes activity from the five N&W CCGs. JPUH emergency admissions exclude admissions identified as having been treated within the Ambulatory Care Unit.
Delayed transfers of care (DTOC) - % of delayed days vs available bed days	*Sources: Monthly Delayed Transfers of Care Data, NHS England & Bed Availability and Occupancy Data – Overnight, NHS England* Norfolk only. There is no official denominator to agree DTOC rates, so the latest KH03 quarterly return for overnight occupied beds has been used. As such these figures will not reconcile with any other reported figures. Prior to Jun-18, JPUH were only submitting delay codes to NHS delays and not including social care.
# DTOC - NHS	
# DTOC - Social Care	
# DTOC - Both NHS / Social Care	
% of Ambulance handover delays - 60 min	*Source: Contract Files, East of England Ambulance Service NHS Trust* It's important to note that there is a discrepancy between EEAST and QEH views of handover delays at QEH.
Cancer Performance Metrics	
Two week wait GP referral (%)	*Source: Cancer Waiting Times, NHS England* Figures for the most recent month are submitted directly by providers and are provisional only. Comprises whole provider figures.
Two week wait breast symptoms (%)	
31 days from diagnosis to first treatment (%)	
31 days subsequent treatment - surgery (%)	
31 days subsequent treatment - drug treatment (%)	
31 days subsequent treatment - radiotherapy (%)	
62 days from GP referral to first treatment (%)	
62 days from screening to first treatment (%)	
Planned Care Performance Metrics	
Incomplete - RTT % waiting treatment <18 weeks	*Source: Consultant-led Referral to Treatment Waiting Times, NHS England* Comprises whole provider figures.
Total number incomplete pathways	
Total number of 40 week breaches	
Incomplete - RTT no. waiting treatment >52 weeks	
Diagnostic tests within 6 weeks	*Source: Monthly Diagnostics Data, NHS England* Comprises whole provider figures.
Number of patients waiting > 6 weeks	
GP acute referrals (all CCGs)	*Source: Monthly Activity Return, NHS England* Includes activity from all CCGs to afford a whole provider view. Locality summary provides CCG activity at three Norfolk acute providers.
Non-GP acute referrals (all CCGs)	
Avoidable emergency admissions (N&W CCGs only)	*Source: SUS+* . Only includes activity from the five N&W CCGs. JPUH emergency admissions exclude admissions identified as having been treated within the Ambulatory Care Unit. Avoidable Admissions have not been aggregated to STP level for the latest month due to low clinical coding completeness at JPUH, which shows an artificial reduction.
Mental Health Metrics	
IAPT: access rates (local target)	*Source: NSFT PI01 – Dashboard.* 2018/19: 16.8% locally agreed target; 2019/20: 19% locally agreed target. National target is 22% for 2019/20.
IAPT: recovery rates	*Source: NSFT PI01 – Dashboard.* 50% national target. Also published nationally - local data more timely
IAPT: first treatment <6 weeks	*Source: NSFT PI01 – Dashboard.* 75% national target. Also published nationally - local data more timely.
EIP: treatment started <2 weeks (local target)	*Source: NSFT PI01 – KPI Monitoring Report Norfolk and Waveney.* RAG rated against 2018/19 - 53%; 2019/20 - 56% national target. Also published nationally - local data more accurate YTD figure is for the period May to October due to reporting 3 month rolling.
CYP: eating disorders - Urgent (seen in 1 wk)	*Source: NSFT PI01 – KPI Monitoring Report Norfolk and Waveney.* RAG rated against 90% local target. Also published nationally - local data more accurate YTD figure is for the period May to October due to reporting 3 month rolling.
CYP: eating disorders - Routine (seen in 4 wks)	
Out of area placements (bed days - 18-65, in month)	*Source: NSFT PI07B – Dashboard.* Trajectory to be agreed. Apr-18 to Feb-19 Nationally Published, Mar-19 onwards NSFT report. Data reconciliation project currently in progress with NSFT.
Out of area placements (bed days - 65+, in month)	
Dementia diagnosis	*Source: NHS Digital Dementia Diagnosis publication* - based on NHS Digital Reports that are taken from the GP's QOF register.
Other Metrics	
Prescribing Spend by ASTRO-PU	*Source: Arden and GEM CSU* Figures are practice spend and exclude any chargebacks/rebates.

A new CCG for Norfolk and Waveney

Update - January 2020

Great Yarmouth and Waveney
North Norfolk, South Norfolk
Norwich, West Norfolk
Clinical Commissioning Groups

Hello,

This is an update to keep you up to speed with the merger of our five NHS Clinical Commissioning Groups, and launch of a new CCG for Norfolk and Waveney, on 1 April 2020. We continue to operate from our offices in King's Lynn, Norwich and Beccles so we can stay close to local issues, maintain important relationships with all of our partners and so our staff can work in local bases.

Melanie Craig
Chief Officer

What will the new CCG look like?

The new Governing Body will comprise the following:

- 5 Healthcare Professionals from member practices
- 4 Lay Members
- 1 Secondary Care Doctor
- 1 Registered Nurse
- Accountable Officer
- Chief Finance Officer

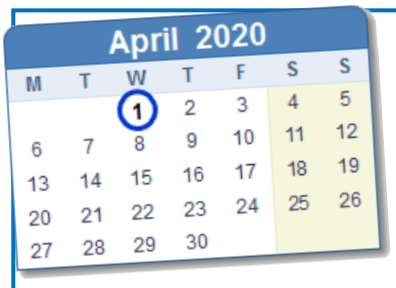
There are five "Local Delivery Groups" and 17 "Primary Care Networks" supported by local teams.

More information about about Governing Body members and the senior leadership team on page 2

Our CCGs are viewed nationally as an exemplar for the way we have agreed a merger with member practices and are on track to deliver by 1st April 2020.

Indeed it is our understanding that we are the only group of CCGs to be authorised with minimal conditions.

Merging the CCGs and creating one, strong new Governing Body for Norfolk and Waveney makes sense for the patients we serve, makes sense to our partners, reduces the burden of running five separate Governing Bodies and means we can save about £13 million in running costs.



Current timeline

October 2019 - merger approved 'in principle' by NHS England and Improvement with just two standard conditions, to have a constitution and to appoint the Governing Body before 1 April 2020.

December 2019 - Election by all practices returns five clinical members of the new Governing Body (see below)

13 January 2020 - recruitment commences of new Governing Body lay members plus two further independent clinicians (from outside primary care)

31 January 2020 - closing date for lay member and independent clinician applications

3 February 2020 - election begins of Governing Body Chair, by all Norfolk and Waveney GP practices

7 February - closing date for Chair election voting

February 2020 - announcement of Chair and remaining Governing Body members

1 April 2020 - New CCG launched, first Governing Body meeting

The new Governing Body is taking shape

Our practices in Norfolk have elected the following clinicians to help lead our new Governing Body:


Dr Hilary Byrne


Dr Anoop Dhesi


Dr Clare Hambling


Dr Ardyn Ross


Tracy Williams (Queen's Nurse)

We are now advertising for six more Governing Body members:

4 x lay members with remits for:

Patient and public involvement
Finance & Performance
Primary Care
Financial Management and Audit

2 x clinical members:

Registered Nurse
Secondary Care Doctor

The closing date is 31 January 2020 - please tell colleagues who you think may be interested.

One CCG - one team of staff

The five CCGs have nearly finished creating one single team of staff, and the senior leadership is below.

We have dedicated locality teams to ensure Norwich, West Norfolk, North Norfolk, South Norfolk and Great Yarmouth and Waveney have a dedicated focus, plus strategic and quality teams working right across the patch.

Our case for change, with more information in, and public engagement documents are on our websites.

NHS
Great Yarmouth and Waveney
North Norfolk, South Norfolk
Norwich, West Norfolk
Clinical Commissioning Groups

Briefing for Great Yarmouth and Waveney Joint Health Scrutiny Committee

The Beaches Medical Centre – Formal Supportive Agreement with St Clements Surgery

1. Introduction

This paper is to give members an overview of the challenges that have been faced by The Beaches Medical Centre over the past 12 months and the support that has been given by NHS Great Yarmouth and Waveney Clinical Commissioning Group.

2. Background

The Beaches Medical Centre (TBMC) is a GMS practice covering three sites in Gorleston and Hopton with a list size of 25,200 registered patients and two GP partners to the contract.

The practice population is one of the most deprived within the area and sits nationally within the fourth most deprived decile. A large proportion of its patients have multiple long-term conditions. Life expectancy for both male and females is lower than the England average.

Since 2014 the practice has gone through a number of self- managed mergers:

- Central Surgery merged with Family Health Care in June 2016 to become Central Healthcare Centre.
- Central Healthcare Centre merged with Gorleston Medical Centre in October 2018 to become The Beaches Medical Centre.

Historically the practice has followed a pattern of being rated Inadequate/Requires Improvement by the Care Quality Commission (CQC) with no sustainable long-term improvements being demonstrated.

In March 2019 the practice was given an overall CQC rating of Inadequate and was placed in special measures with the practice due for re-inspection in 6 months' time. A breakdown of the rating is below:

The Beaches Medical Centre – Inspected on 3rd March 2019 Overall rating: INADEQUATE					
	Are services safe?	**Are services effective?**	**Are services caring?**	**Are services responsive to people's needs?**	**Are services well-led?**
Rating	Inadequate	Good	Requires Improvement	Inadequate	Inadequate

3. CQC Improvement

In response to the March 2019 CQC report Great Yarmouth and Waveney Clinical Commissioning Group provided TBMC with intensive resource and support to make improvements to the practice. The CCG provided assigned staff to be based at TBMC in the weeks leading up to the CQC re-inspection to work with the practice team on-site. The work carried out with the practice team by CCG colleagues included supporting:

- Quality Outcomes Framework (QOF) meetings and a QOF improvement plan
- Clinical Governance meetings
- The process of recording mandatory training
- Staff training on dealing with complaints and reviewing the reporting process for Complaints, Serious Incidents, and Significant Events
- HR processes (also ensuring that all staff had a valid DBS check)
- Reviewing Practice policies
- A review of prescribing and the Standard Operating Procedures (SOPs) in place for prescribing with the medicines optimisation team and

At the follow up inspection on 22nd October 2019 the practice received the following improved rating:

The Beaches Medical Centre – Inspected on 22nd October 2019 Overall rating: REQUIRES IMPROVEMENT					
	Are services safe?	**Are services effective?**	**Are services caring?**	**Are services responsive to people's needs?**	**Are services well-led?**
Rating	**Requires Improvement**	**Requires Improvement**	**Good**	**Requires Improvement**	**Inadequate**

Although improvements have been made, the practice remains in special measures for a further 6 months to ensure they continue to be supported to improve.

4. Formal Supportive Framework Agreement

The CCG is committed to ensuring resilient and sustainable primary medical services and has invested in the improvement of services for the patients registered with TBMC by making available funds over a period of 5 years for another GP practice to work in partnership with the practice to formally support them to implement longer term, sustainable solutions and improve the quality of primary care for local patients.

Following a formal Expressions of Interest process, which was open to all GP practices across Norfolk and Waveney, three applications were received and after evaluation of these submissions, St Clements Surgery was successful in their bid to become the approved Provider of the formal supportive agreement with TBMC. The clinical and administrative leadership from St Clements has experience in turning around practice services and improving CQC ratings in a previous practice.

5. Current Progress

St Clements Surgery began working with the practice under the agreement on 1st November 2019. A full-time experienced practice manager from St Clements has been assigned to the practice along with medical leadership. To begin the process, a new action/mobilisation plan was created which encompasses both the CQC and the CCG's requirements for improvement. The CCG have continued to have bi-weekly meetings with the providers and partners to support and give assurance that actions are being implemented.

The providers have sourced an external HR company to provide full HR support to the practice and staff to ensure processes followed comply with HR legislation.

The Clinical Nursing and Advanced Nurse Practitioner (ANP) teams have been restructured which will lead to better sharing of knowledge and clinical support. The management of admin. teams spread across the three sites has been reviewed, with their now being clear and consistent line management. There are plans in place to centralise some elements of the team, with a view to improve efficiency and encourage colleagues to work better together.

Internal meeting structures have been reviewed and redesigned to ensure that there are clear routes for escalation of issues and also to provide specific forums for all staff to be able to provide and receive feedback.

The providers have developed a plan to implement Footfall (Online Consultation System) from April 2020 which will help improve access and appointments and give a better service for patients whilst using GPs' clinical time most effectively.

The practice has implemented an intranet (GP Teamnet) to standardise policies and procedures, leading to a more efficient way of working. This is a system which is common across all GP practices in Great Yarmouth and Waveney and has supported practices in aligning policies and procedures and operating more efficiently.

The next step is for a full review of the administrative and medical structures in order to ensure that the practice is operating efficiently and effectively. Vacancies are being advertised and the

practice has recently appointed a salaried GP, a trainee GP, and a Pharmacist all of whom begin in post in January 2020.

6. Priorities for the next six months are:

- Continue to work on the CQC plan to ensure there are no domains rated as Inadequate at the next CQC inspection.
- Review and improve the staffing structure within the practice to build strong leadership and management for the future.
- Foster a strong working relationship with The Millwood Partnership in order to deliver the Primary Care Network Direct Enhanced Service.
- Continue the work to improve access to appointments for patients, using future GP Patient Survey data to measure improvements.

Norfolk County Council – Assistive Technology Service

Briefing note

1. Adult Social Services' vision is to support people to be independent, resilient and well. To help achieve the vision, the department has its Promoting Independence strategy which is shaped by the Care Act with its call to action across public services to prevent, reduce and delay the demand for social care. Assistive Technology (AT) has a key role to play in supporting people to live independently for as long as possible and providing support to family carers to enable them to continue caring for as long as they are able and willing to do so.

   The Assistive Technology team offers a county-wide service and works with all adult client groups. It provides a specialist assessment function and prescription of a range of devices to meet individuals' identified outcomes. Currently there are just over 10,000 people in Norfolk in receipt of Assistive Technology.

   Assistive technology is provided to adults in their own home, including sheltered housing schemes, supported living and housing with care but excluding residential care. The service is also provided to temporary residents in the accommodation-based reablement services at Benjamin Court and Grays Fair Court as part of a holistic approach to reablement and to maximise opportunities for people to return home and live independently.

   People who are identified as potentially being able to benefit from AT do not have to be eligible under the Care Act to receive a service. AT is not subject to means testing and/or charging in line with the Care Act Regulations and Statutory Guidance.

   The AT team works with a mix of more traditional type AT equipment as well as new technologies. The provision of the equipment is person centred and is based on the best way of providing a solution to the problem that needs to be addressed.

2. There are numerous existing (and ever emerging) assistive technologies (AT) that can support a vulnerable person to live independently at home. This is dependent on the person's individual circumstances, their physical and mental wellbeing, physical environment, support network and ability / willingness to adopt AT.

   In brief, our service undertakes assessments for people who may benefit from AT and in response provides AT equipment from any of six categories. Below are brief descriptions and links to some examples for each category:

   1. **Telecare devices** that link to a community alarm, providing an external alert to a monitoring service. For example, a linked smoke detector, falls detector or property exit sensor. https://uk.tunstall.com/our-products/product-catalogue/

2. **Plesiocare (aka standalone) devices** that alert an individual or their carer in their immediate environment. For example, a personal trigger, motion sensor or door sensor linked to a carer's pager. Alternatively, a digital device to provide audio/visual reminders to a person throughout the day, or a video door intercom. https://www.easylinkuk.co.uk/

3. **Global Positioning System (GPS) devices** that can provide location information and communication between the person and their carer, either via a monitoring centre or directly between a person's device and carer's smart phone. https://anywherecare.co.uk/footprint-gps-tracker

4. **Home Activity Monitoring Systems**. These incorporate sensors to log information regarding a person's movement about their property (accessible via an app or online portal). They also provide real time alerts (to a carer's smart phone) of potential issues, such as a prolonged time in one room or no movement into a room by a certain time. https://www.canarycare.co.uk/

5. **Internet of Things (IoT) devices**. These include smart speakers (Alexa), but also includes any device that can be controlled / monitored via the internet. www.amazon.co.uk

6. **App technology**. This can range from the simplest reminder app to more sophisticated solutions such as instructional videos. See https://wearehowdoi.com/

3. Case studies

3.1 Below are two case studies which illustrate how AT can be used to support certain common dementia related situations presented to the team. It's important to note these illustrate a range of potential options that the team would consider, and it would not necessarily be the case that they would receive all the possible solutions simultaneously as one might negate the need for another. The issue of consent is an important factor in providing an appropriate response to people with dementia.

3.2 Scenario 1

A person living on their own with family support nearby. The family are concerned following a previous fall in the house, but most recently concerned with behaviours such as Dad forgetting how to control or 'tinkering' with the heating thermostat, plus observations from friends/ neighbours that 'Dad' is leaving the property during the night in a confused state.

Does he have (or consent to having) a community alarm? Telecare solutions might include a worn falls detector to monitor for a significant fall and automatically raise an alert to a monitoring centre. Temperature sensors could also alert to low

temperatures in the property. A property exit sensor (comprising door sensors and a motion sensor) could alert immediately if he left the property during certain times or if he did not return within a pre-set time.

A standalone device could be put by the front door to trigger a message at certain times to encourage the person to stay indoors.

The family could monitor Dad's wellbeing through the use of a home activity monitoring system. This could reassure them of appropriate movement about the property but alert them to potential heightened risks such as movement towards the front door late at night or no movement out of the bathroom after a designated amount of time.

3.3 **Scenario 2**

A married couple living together. The husband has early stages of dementia and is forgetting when or how to complete certain tasks, such as preparing a hot drink throughout the day. His wife doesn't want him to lose his independence (or become the carer prematurely). She also wants to be alerted to certain situations, such as her husband getting up and going downstairs at night time (without the need to keep a constant eye or ear on her husband).

She is also very anxious for the future, particularly should her husband become confused and lost in the community whilst out for his daily dog walk.

An electronic calendar or an 'Alexa' device could be set with timed audio /visual alarms to remind him of certain events or tasks to be completed. Alexa could also be used as a point of reference - "Alexa - what is the time", or "Alexa - do I have any appointments today?" An app on a smart device could read a sticker on the kettle that launches a (previously) self-created video, demonstrating step by step instructions for how to make a cup of tea.

A motion sensor could be placed at the top of the stairs to activate an alert to a pager specifically if he goes downstairs at night time, or a bed sensor could notify her when there is a set period of absence away from the bed.

A GPS device linked directly to the wife's smart phone that allows her husband to continue to go out with the device and be able to make contact or be contacted and located via a google map. 'Geo fencing' and 'falls detection' options allow her to receive an automatic notification to movement outside an established area or a fall. Should it be necessary the police could also be aware of, and access information from, this device via a completed Herbert Protocol Form https://www.norfolk.police.uk/advice/personal-safety/missing-people

4. The Assistive Technology Service is in the process of making professional and public facing video content that will explain more about the service and give examples of technology available to support all vulnerable adults. This will be accompanied by new NCC web content, an online and printable service pamphlet, and hyperlinks to additional YouTube videos for specific device reviews.

Meanwhile for any more information please do not hesitate to contact Chris Metcalf, County Manager, directly via 01603 223756, 07767 648305, or chris.metcalf@norfolk.gov.uk

Norfolk County Council

Suffolk County Council

Agenda Item 7

Great Yarmouth and Waveney Joint Health Scrutiny Committee

7 February 2020

Forward Work Programme 2019-20

Members are asked to:

- suggest issues for the forward work programme that they would like to bring to the Committee's attention
- consider whether there are topics to be added
- consider and agree the scrutiny topics below
- provide clear information about why each item is on the forward work programme

Please consider issues of priority, practicality and potential outcomes you wish to achieve before adding to the work programme.

Meeting date & venue	Subjects
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. Primary Care Networks - to receive a further update report on the development of Primary Care Networks including the performance of phlebotomy services, since the update received on 25 October 2019.
Wednesday **15 July 2020** Riverside, Lowestoft *(Claud Castleton Room)*	**Agenda items:** Palliative and end of life care - to review the performance and demand of the service twelve months after the review in July 2019; to include utilisation of 24/7 advice line, advanced care planning and quality accounts.
Friday **23 October 2020** Riverside, Lowestoft *(Claud Castleton Room)*	**Agenda items:** Norfolk and Waveney Health and Care Partnership Five-Year Plan - to receive a further information on how the Five-Year Plan is being/will be delivered and measured since the update received on 25 October 2019.

	To be agreed.

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