Great Yarmouth and Waveney Joint Health Scrutiny Committee

Date: **Friday 26 April 2019**

Time: **10.30 am**

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

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

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

Membership –

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

For further details and general enquiries about this Agenda please contact the Committee Administrator:
Tim Shaw on 01603 222948
or email timothy.shaw@norfolk.gov.uk

A g e n d a

1. Apologies for Absence and Substitutions

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

2. Minutes

(Page 5)

To confirm the minutes of the meeting of the Great Yarmouth and Waveney Joint Health Scrutiny Committee held on 1 February 2018.

3. Public Participation Session

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

A speaker will need to give written notice of their wish to speak at the meeting by contacting Tim Shaw at the email address above by no later than 12 noon on 18 April 2019.

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

4. Members to Declare any Interests

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

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

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

If you do not have a Disclosable Pecuniary Interest you may nevertheless have an **Other Interest** in a matter to be discussed if it affects, to a greater extent than others in your division

- Your wellbeing or financial position, or
- that of your family or close friends
- Any body -
    - Exercising functions of a public nature.
    - Directed to charitable purposes; or

- One of whose principal purposes includes the influence of public opinion or policy (including any political party or trade union);

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

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

5. Diabetes care within primary care services in Great Yarmouth and Waveney (Page 13)

To examine progress of diabetes care in Great Yarmouth and Waveney.

6. Information Bulletin

To note the written information provided for the Committee

(a) Online access to GP practices – information requested at the last meeting. (Page 25)

(b) IC24 Integrated Urgent Care service – response to recommendation made at the February 2019 meeting and additional information. (Page 26)

(c) Sizewell C and NHS emergency planning – response to request for information at the last meeting (Page 30)

(d) Myalgic Encephalomyelitis / Chronic Fatigue Syndrome (ME/CFS) – update with response to recommendations made at the October 2018 meeting. (Page 30)

(e) Norfolk and Waveney Sustainability Transformation Plan (STP) - update (Page 32)

7. Forward Work Programme

To consider and agree the forward work programme and dates and times of future meetings. (Page 37)

8. Urgent Business

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

Glossary of Terms and Abbreviations (Page 39)

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GREAT YARMOUTH AND WAVENEY JOINT HEALTH SCRUTINY COMMITTEE
MINUTES OF THE MEETING HELD ON 1st February 2019

Present:

Stephen Burroughes	Suffolk County Council
Michael Chenery of Horsbrugh (sub for Emma Flaxman-Taylor)	Norfolk County Council
Nigel Legg (Chairman)	South Norfolk District Council
Jane Murray	Waveney District Council
Richard Price	Norfolk County Council
Keith Robinson	Suffolk County Council

Also Present:

Dr Andrew Catto	Chief Medical Officer and Deputy Chief Executive, IC24
Jan Thomas	Associate Director, Norfolk and Waveney Locality, IC24
Melanie Craig	Chief Officer, Great Yarmouth and Waveney Clinical Commissioning Group
Fran O'Driscoll	Director of Partnership and Delivery, Great Yarmouth and Waveney CCG
John Mallett	Director of Operations and Delivery, Norwich CCG
Dr Patrick Thompson PhD	Member of the Public
Melanie Craig	Chief Officer, Great Yarmouth and Waveney CCG
Adele Madin	Director of Operations, East Coast Community Healthcare
Maureen Orr	Democratic Support and Scrutiny Team Manager, Norfolk County Council
Andrew Eley	Democratic Services, Suffolk County Council
Tim Shaw	Committee Officer, Norfolk County Council

1. Apology for absence and substitution

1.1 An apology for absence was received from Emma Flaxman-Taylor. Michael Chenery attended as a substitute member.

1.2 The Joint Committee welcomed Andrew Eley from Democratic Services at Suffolk County Council to his first meeting.

2 Minutes

2.1 The minutes of the previous meeting held on 26 October 2018 were confirmed as a correct record and signed by the Chairman.

3 Public Participation Session

3.1 With the permission of the Chairman, Dr Patrick Thompson PhD, a member of the public, asked for an update on changes planned for GP practices in Gorleston. He pointed out that at page 14 of the agenda it stated that the 'Walk in Centre' at Greyfriars was closed and services had transferred to the JPUH. Dr Thompson wanted to know about the impact of the closure on A & E at the JPUH , if the impact of the closure was monitored and if any additional costs had arisen. Dr Patrick Thompson PhD also asked for a further update on how Palliative EOL care would be provided at Beccles Hospital following a number of public announcements and if a recommendation could be made for all interested parties to meet to discuss the matter. In addition, Dr Patrick Thompson PhD suggested that the Committee might wish to examine the services provided by Community Dental Services within Great Yarmouth and Waveney as this was provided by a different organisation to that provided across Norfolk and this matter was on the Norfolk HOSC forward work programme.

3.2 Dr Patrick Thompson PhD, said that he was asked by Barbara Robinson to put four questions to the Joint Committee related to the subject of ME/CFS that was mentioned in the information bulletin at Item 8 (a) on the agenda:

1. Why had the questions that were sent to the JSCC not been answered?
2. Training material was submitted to the RCGP's and accepted. Why was this not used locally rather than re-invent the wheel?
3. Was there a reason for a difference between Norfolk/Suffolk & Waveney on funding and could this be due to contracts that were now subject to diagnosis of Mental health conditions?
4. Why was there no final implementation strategy within Waveney that was coherent with Norfolk & Suffolk?

4 Chairman’s Comments

4.1 The Chairman thanked Dr Patrick Thompson PhD for his contribution and commented that the Public Participation Session was not a question and answer session but that Members of the Committee would be aware of the points Dr Thompson had raised as they discussed the subjects on today’s agenda and considered subjects for the committee’s forwards work programme.

4.2 It was **agreed** that the points raised verbally by Dr Patrick Thompson should be circulated to Members of the Joint Committee.

5 Declarations of Interest

5.1 Stephen Burroughes declared an “other interest” in relation to his councillor role at Suffolk Coastal District Council, where he was a member of one of the planning/development related ‘shadow’ teams set up in preparation for the new

East Suffolk Council, from the merger of Suffolk Coastal and Waveney District Councils.

6 Norfolk and Waveney Integrated Urgent Care Service

6.1 The Joint Committee received a suggested approach from Maureen Orr, Democratic Support and Scrutiny Team Manager at Norfolk County Council, to a report from Integrated Care 24 Limited (IC24) on capacity and performance of the Integrated Urgent Care Service, including NHS 111, the clinical assessment service and face-to-face urgent primary care service, static and mobile.

6.2 The Committee received evidence from Dr Andrew Catto, Chief Medical Officer and Deputy Chief Executive, IC24, Jan Thomas, Associate Director, Norfolk and Waveney Locality, IC24, Melanie Craig, Chief Officer, Great Yarmouth and Waveney Clinical Commissioning Group, Fran O'Driscoll, Director of Partnership and Delivery, Great Yarmouth and Waveney CCG and John Mallett, Director of Operations and Delivery, Norwich CCG. (Norwich CCG was the lead commissioner for Norfolk and Waveney integrated urgent care service).

6.3 The Joint Committee received a PowerPoint presentation (which was included with the agenda papers) from Dr Andrew Catto, Chief Medical Officer and Deputy Chief Executive, IC24.

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

- The speakers said that the Care Quality Commission had rated IC24 as providing a "good" service.
- It was noted that the detailed information provided in the report from IC24 showed that IC24 was performing in line with national averages.
- The speakers explained how complaints and incidents that were received for both 111 and OOHs were closely monitored, reported on and examined in detail.
- One of the key IC24 performance measures was the number of abandoned calls where a caller hung up before the conversation started. The number of these calls was said to have dropped significantly in recent months.
- The speakers from IC24 said that systems were in place to manage people who experienced long waits including courtesy calls at regular intervals for patients awaiting clinical assessment.
- Members suggested that OOH staff should place more emphasis on the time that it took patients to receive call-backs from the NHS 111 and primary care out-of-hours service, and the extent to which waiting times for call backs impacted on demand for other urgent and emergency services.
- In reply, the speakers said that IC24 was committed to working with NHS system partners to explore opportunities to make the best use of limited clinical resources.
- The speakers said that OOH care staff were qualified registered nurses and paramedics who had the expert knowledge base, complex decision making skills and clinical expertise required to assess the most appropriate response to meet patient needs in the shortest possible period of time. This multi-disciplinary skills mix worked very well and was supported by a

stable GP workforce who remained committed to leading the OOH service.

- The speakers said that there was an effective system in place in the Great Yarmouth and Waveney area for dealing with surges in patient demand.
- Members were informed that the numbers of GPs working in the Out of Hours Service did not fluctuate significantly and the workforce was relatively stable although recruitment was challenging locally and across the NHS. However, there was a noticeable increase in the numbers of GP hours requested following the announcement by NHSE relating to Winter Indemnity. GPs were said to have come back into the service specifically as a result of the changes in the Indemnity Scheme which was an obligatory requirement and had until recently been a barrier to the recruitment of more GPs in out-of-hours services.
- It was noted that all IC24 staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns.
- In reply to questions it was pointed out that IC24 had introduced the role of Service Advisor to provide an entry level for those working in the Contact Centre environment. This allowed staff the opportunity to experience the Contact Centre environment within a less pressurised role.
- It was noted that the NHS 111 initial call handlers were not clinicians and the assessment system they used was necessarily risk averse. The Clinical Assessment Service aimed to bring clinical assessment into the NHS 111 pathway as early possible so that patients could safely be directed to the most appropriately service.
- The speakers said the NHS 111 system was nationally prescribed but IC24 could give feedback to NHS Pathways on experience of using the system and changes nationally could be considered by a panel of clinical experts.
- In reply to questions from the Chairman, the speakers said that IC24 could not access patients' full records but could access their summary care records where prior consent had been given.

6.5 The Joint Committee **agreed** to seek the following additional information from GY&W CCG and IC24:

From GY&W CCG:-

(a) The extent to which GP practices in the area offer on-line appointment booking or other on-line access within their normal opening hours.

From IC24 :-

(b) The levels to which patients of each GP practice in the area use the NHS 111 and primary care out-of-hours service.
(c) The extent to which patients receive call-backs from the NHS 111 and primary care out-of-hours service, the waiting times for these call backs and the extent to which waiting times for call backs links to demand on other urgent and emergency services.

6.6 The Joint Committee **agreed** to recommend that IC24 should examine what could be done to reduce waiting times for call backs to help ensure that patients waited for the urgent care service rather than attending A&E where the waiting time standard was 4 hours.

7 Great Yarmouth and Waveney NHS Adult Community Services and Specialist Palliative Care

7.1 The Joint Committee received a suggested approach from Maureen Orr, Democratic Support and Scrutiny Team Manager at Norfolk County Council, to a report from Great Yarmouth and Waveney CCG and East Coast Community Healthcare on newly procured NHS adult community services and specialist palliative care for the area.

7.2 The Committee received evidence from Melanie Craig, Chief Officer, Great Yarmouth and Waveney CCG, Fran O'Driscoll, Director of Partnership and Delivery, Great Yarmouth and Waveney CCG and Adele Madin, Director of Operations, East Coast Community Healthcare.

7.3 The Joint Committee received a PowerPoint presentation from Adele Madin, Director of Operations, East Coast Community Healthcare (ECCH) which examined the arrangements put in place under the new contract East Coast Community Healthcare and the positive outcomes that ECCH and the CCG expected to achieve in future. The presentation looked at the differences with delivery partners, changes in governance and the transitional arrangements. The presentation could be found on the Committee pages website.

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

- The speakers said that the new service would strengthen specialist Community Services which included:
    - Cardiac Rehab and Specialist Nurses (Heart Failure)
    - Pulmonary Rehab and Specialist Respiratory Nurses
    - Home Oxygen Service
    - Community Dietetic Services
    - Integrated Diabetes Service & Insulin Pump Provision
    - Specialist Palliative Care
    - Early Supported Discharge for Stroke (ESD)
    - Stoma Care.
- The speakers said that the new service would provide for increased capacity in existing ECCH services. This would be achieved by a reduction in duplication, the use of new technology and better use of community assets.
- The Joint Committee was informed about the positive outcomes that ECCH and the CCG expected to achieve in Diabetes Care and End of Life Care.
- Members were informed that to prioritise and manage the volume and complexity of tasks, East Coast Community Healthcare had put in place three phases of work: phase 1 (mobilisation of work) would take until 31st March 2019, phase 2 (transformation) would take place between 1st April 2019 and 31st March 2020 and phase 3 (consolidating innovation) would take place between 1st April 2020 and 31st March 20124.
- It was pointed out that there would be a new Adult Community Services and Palliative Care Partnership Board including the service delivery partners.
- The new service would work in partnership with the ill-health prevention strategy of Public Health at Norfolk and Suffolk County Councils.

- Local authority, social care, voluntary sector and public health were all seen by Members of the Joint Committee as key partners in supporting proactive services and locality working.
- Members noted the partnership working with Sentinel Leisure and St Elizabeth Hospice.
- It was pointed out that St Elizabeth Hospice would oversee the use of a number of specialist palliative care beds within the twenty two intermediate care beds currently available at Beccles Hospital. A 24 hr advice line palliative care advice line would be established from 1 April 2019.

7.5 The Joint Committee **noted**:

- The East Coast Community Healthcare (ECCH) presentation and the report about the service to be provided from April 2019.
- The subjects on the April and July 2019 JHSC agendas (Diabetes Care and End of Life Care), would provide an opportunity for the Joint Committee to examine arrangements put in place under the new contract and the positive outcomes that ECCH and the CCG expected to achieve in future.

8 Information Only Items

8.1 The Joint Committee **noted** information on the following subjects:

(a) Myalgic Encephalomyelitis / Chronic Fatigue Syndrome (ME/CFS) – update

(b) GP and general healthcare provision in the Halesworth area – update

(c) Use of funds from the sale of Lowestoft Hospital

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

9 Forward Work Programme

9.1 The Joint Committee **agreed** the forward work programme as set out in the report subject to the following additions to the Information Bulletin item for 26 April 2019:-

- Online appointment booking systems and online access – extent of availability of these systems in GP practices in GY&W (as set out in item 6(a) above).
- IC24 Integrated Urgent Care service
    - use of NHS 111 and GP out-of-hours by each patients of GP practices in GY&W (as set out in item 6 (b) above).
    - data on waiting times for call backs from NHS 111 and the GP out-of-hours service and the link with demand on other urgent and emergency care services (as set out in item 6 (c) above).
- Sizewell C – impact of the site's emergency plan on health service capacity in Great Yarmouth and Waveney.
- Myalgic Encephalomyelitis / Chronic Fatigue Syndrome (ME/CFS) –

update including details of East Coast Community Healthcare's progress towards providing a clinic in North Norfolk and developing a briefing for primary care.

9.2 It was also **agreed** that Members could send any other suggestions for the forward work programme to Maureen Orr by Friday 7 February 2019.

9.3 It was **noted** that the next meeting was scheduled in the run-up to district council elections on 2 May 2019 and advice on the suitability of any new items for that meeting would be required.

10 Urgent Business

10.1 There were no items of urgent business.

The meeting concluded at 1.05 pm.

CHAIRMAN

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Diabetes care within primary care services in Great Yarmouth and Waveney

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

An update on the progress of the diabetes service in Great Yarmouth and Waveney and outcomes for patients.

1. Purpose of today's meeting

1.1 The key focus areas for today's meeting are:-

(a) Progress towards achievement of treatment targets for patients with diabetes in Great Yarmouth and Waveney.

(b) The extent to which education for patients with type 2 diabetes has been expanded using National Transformation funding.

(c) The effect of changes to the Intermediate Diabetes Service (which was to be re-commissioned with a new specification following best practice).

(d) Progress of the multidisciplinary team to improve foot care for patients with diabetes as part of the Right Care programme.

(e) Progress with provision of diabetic retinopathy screening.

(f) Progress with the roll-out of the National Diabetes Prevention Programme.

(g) The CCG's policy on provision of flash glucose monitors on prescription for every patient who qualifies for them (i.e. around 20 – 25% of patients with Type 1 diabetes).

1.2 Great Yarmouth and Waveney CCG has been asked to provide a report addressing each of the key focus areas above and including the following data:-

i) Latest available figures for the level of provision of recommended care processes and treatments for patients with diabetes, showing GY&W CCG's position in relation to others in the region.

ii) The numbers of people with type 2 diabetes taking up patient education courses and the trend over recent years.

iii) The numbers of amputations in patients with diabetes and the trend over recent years, including numbers of amputation procedures carried out on same patient on separate occasions.

The CCG's report is attached at **Appendix A**.

2. Background

2.1 Previous report to the Joint Committee

2.1.1 The Joint Committee last looked at this topic on 13 April 2018 when it heard that the CCG had received a 'Requires Improvement' rating for diabetes care from NHS England in January 2018. This was based on the National Diabetes Audit of GP practice data for the period April 2016 to March 2017. Improving the service for people with diabetes was one of the CCG's top four priorities for 2018-19.

2.1.2 The CCG had successfully bid for National Transformation funding to improve achievement of treatment targets and to fund additional patient education for people with type 2 diabetes. The funding was for 1 year but the CCG hoped it would be extended to 2 years. The additional funding was being used to:-

- Support GP practices to run systematic searches, to identify, review and develop personalised management plans for the patients with the worst figures for blood pressure, cholesterol and HbA1c (a blood test detecting the levels of sugar coating on red blood cells, which acts as a marker of blood sugars over the last two months).
- Provide additional DESMOND (Diabetes Education and Self Management for Ongoing and Newly Diagnosed) patient education courses for people with type 2 diabetes. (Great Yarmouth &Waveney's uptake of education courses was already above the English average but additional courses were being provided for the non-newly diagnosed).

2.1.3 The CCG had also put together a service development for a multidisciplinary team based at the James Paget Hospital to improve footcare for Great Yarmouth and Waveney patients. NHS England's Right Care programme, which aims to reduce health inequalities, had identified foot care as a priority for the area.

The CCG was also looking to roll-out a fully commissioned diabetic retinopathy screening service.

2.1.4 In March 2018 the CCG had decided to recommission its Intermediate Diabetes Service to implement best practice and achieve better

outcomes for patients. All five CCGs in Norfolk and Waveney had agreed to move to a more primary-care led service model. Working across the Norfolk and Waveney Sustainability Transformation Partnership was also expected to increase the resilience and flexibility of the specialist workforce across the geographical area.

2.1.5 Wave 3 of the National Diabetes Prevention programme was being rolled out across the Norfolk and Waveney STP area in summer 2018. The project included Public Health colleagues and was linked to the health checks.

2.1.6 The Joint Committee recommended that:-

- GY&W CCG worked further across boundaries and picked up best practice in diabetes treatment from those rated as 'Outstanding'.

- GY&W CCG continued to connect with Public Health at Norfolk and Suffolk County councils – getting them to take on more of the requirement for improved public education, including schools, about diabetes prevention

The Joint Committee also commented to both Suffolk and Norfolk Health and Wellbeing Boards about the important system-wide role to play in improving diabetes awareness and treatment.

The CCG was asked to return to the Joint Committee to discuss progress in a year's time.

2.2 **Flash glucose monitoring for patients with Type 1 diabetes**

2.2.1 On 14 November 2018 NHS England announced that flash glucose monitors would be available on prescription for every patient who qualified for them (i.e. around 20 – 25% of patients with Type 1 diabetes) with funding being made available to CCGs from 1 April 2019. This was to end the variation in access to Flash Glucose Monitors across the country. NHS England estimated that around just 3-5% of patients with Type 1 diabetes in England were able to access the devices. Diabetes UK reported that there were 51 CCGs that did not offer flash glucose monitoring at all. There are 195 CCGs in England.

2.2.1 In November 2018 a number of councillors received letters and emails from residents regarding local policy on prescription of flash glucose scanning technology to people with diabetes. The Norfolk and Waveney CCGs provided information for the Norfolk Health Overview and Scrutiny Committee Briefing in December 2018 (copies available from maureen.orr@norfolk.gov.uk on request).

The Briefing explained the limitations of Freestyle Libre and that routine prescribing of the device was not recommended by the East of England Priorities Advisory Committee due to significant limitations in the

available clinical trial data and economic analysis. It also noted that NHS England was developing a policy for a limited group of patients who were more likely to benefit from using the device (i.e. patients with less well controlled type 1 diabetes) and that the CCG was exploring the cost of commissioning for this group of patients. It had no plans to commission the device for type 2 diabetic patients.

The latest update on funding for provision of Freestyle Libre from mid-April 2019 is included in the CCG's report at Appendix A.

2.3 **Norfolk and Waveney STP Diabetes Strategy 2018 – 2023**

2.3.1 The 5 CCGs in the Norfolk and Waveney Sustainability Transformation Partnership area, which included Great Yarmouth and Waveney, have published a Diabetes Strategy 2018-2023, which is available on the West Norfolk CCG website. This includes information on the high prevalence of diabetes in Norfolk and Waveney, the need to improve services and the CCGs' vision for the future.

The CCGs aspire to:-

- Develop and promote high quality person-centred care which focuses on individual needs
- Eradicate variation by promoting best practice in diabetes care and strive to achieve all NICE quality standards
- Promote equity of access to care for all people living with diabetes regardless of their personal circumstances or background
- Help people to live as well as they are able

The main risks to implementation of the strategy include:-

- Lack of (staff) capacity to drive change
- Lack of funding to subsidise invest to save initiatives
- Workforce (recruitment and retention across all disciplines is a concern)

Implementation of the strategy across Norfolk and Waveney is managed through a Diabetes Programme Board which is chaired by a Diabetes Senior Responsible Officer from West Norfolk CCG and includes CCG, patient engagement, clinical network, NHS England, Public Health, provider and primary care representatives from across Norfolk and Waveney.

3. Suggested approach

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

4. Action

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

- Whether there are any comments or recommendations that the committee wishes to make arising from the report and discussion.
- Whether there are specific issues to raise with commissioners or providers at a future meeting.
- Whether there is further information or updates that the committee wishes to receive via the Information Bulletin.

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Diabetes care within primary care services in Great Yarmouth and Waveney

An update on the progress of the diabetes service in Great Yarmouth and Waveney and outcomes for patients.

Information supplied by Peter Witney Commissioning Manager, Dr Mark Lim Programme Director - Acute Commissioning and Dr Tamer Okasha Retained GP – Planned Care.

Background

NHS Great Yarmouth and Waveney Clinical Commissioning Group (GYWCCG) have historically poorly performed in the national diabetes audits. This is something the CCG has been looking to address via a combination of local programmes, and GYWCCG have a local Commissioning Manager and a Programme Director who have diabetes as a key part of their portfolio, as well as appointing a lead GP for this programme. The CCG are part of the Sustainability and Transformation Plan (STP) for the Norfolk and Waveney RightCare programme for Diabetes. This is led by West Norfolk CCG, and each CCG takes part in the STP as well as ensuring interventions are delivered locally.

Current Situation

The CCG has recently undertaken a community procurement exercise. As part of this procurement, the CCG asked bidders to provide a community-based diabetes service which will work closely with practices and primary care. At the bidders day they were provided with models from Ipswich and Suffolk and North East Essex CCGs as examples of good practice, and were required to model their bids on these examples. This process resulted in East Coast Community Healthcare (ECCH) successfully winning the tender to provide a number of services in the community. This included the provision of a Multi-Disciplinary Foot Team (MDFT), which is something the CCG has been lacking and a major contribution to the poor scores.

ECCH are planning on providing a number of services which will be examined later in this paper. It should be noted that this came into effect from 1st April 2019, so a period of transition is to be expected whilst these services are implemented.

In addition to this, the James Paget University Hospital (JPUH) underwent a Peer Review from NHS England in January 2019. This review identified a number of areas of good practice, as well as areas of improvement – key of which was the provision of an MDFT. It should be noted there were no areas of immediate risks identified. A total of 13 recommendations resulted for JPUH, ECCH and GYWCCG and these will be worked through and implemented during 2019/20.

As part of the wider STP work, GYWCCG and West Norfolk CCG both joined the National Diabetes Prevention Programme (NDPP) in October 2018. This national programme identifies patients who are at risk of developing diabetes, and puts together a package of support in an attempt to prevent this from happening. All CCGs across the country are now taking part in this programme. Since then the CCG has referred over 140 patients to the programme. Whilst this compares favourably with West Norfolk CCG, collectively the STP referrals are well-below the expected numbers. This is something the STP, provider and NHS England are exploring further and GYWCCG is a part of these discussions.

Achievements this year

- Treatment Targets

The Treatment Targets for the CCG remains an area of concern. GYWCCG have engaged the services of Eclipse, run by Dr Julian Brown based in Litcham in West Norfolk, and will continue until December 2019. This programme supports Practices in identifying patients who require the Treatment Targets and Care Processes each year, and provides a way of tracking their progress on these requirements. As such, it is intended to support Practices in making the best use of their resources to multiple tests can be undertaken at the same time, and progress can then be tracked. The Treatment Targets consist of blood sugar (HbA1c), cholesterol and blood pressure.

Currently the 8 Care Processes has seen an 8% improvement in performance in February 2019 compared with February 2018. However, the same has not occurred with the 3 Treatment Targets, which saw a 4% decrease (which coincidently was also seen in the national average). It is not entirely clear why this has occurred. The Care Processes include the Treatment Targets above plus another 5: BMI, smoking status, foot examination, protein levels in urine and kidney functions.

Following discussions with Eclipse, we have decided to focus on improving the Treatment Targets for 2019 and have produced a deep-dive Action Plan for each Practice. This Plan details what they need to do in order to achieve the full QOF target. The latest set of figures, which went out mid-March, has advised Practices to focus on patients who have 2 of 3 Treatment Targets completed, so we can get as many of the 3TT completed as possible.

NHS England has provided some comparison data for the CCG and local CCGs. The numbers are the position nationally i.e. 1 = top performer:

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

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

- Significally worse statistically than demographically matched CCGs for an item (usually p<0.01)
- Not significally different from demographically matched CCGs for an item
- Significally better statistically than demographically matched CCGs for an item (usually p<0.01)

- Structured Education

For Structured Education, the CCG is in a much better position. Structured Education is an education and support programme for diabetes-diagnosed patients. The aim is to support patients by educating them about their illness, and providing support on how to better manage it. GYWCCG use the DESMOND course for Type 2 and DAFNE for Type 1, which include face to face learning sessions as well as information about diet, how diabetes work and the impact it has.

The additional transformation funding has been used to increase the numbers and types of courses available. Courses are now available as a 1 day course, as well as 2 half days, which suits some patients better than before.

In terms of numbers, the Q4 submission for the Diabetes Transformation Metrics Quarterly Return for 2017/18 recorded 270 attendees whereas the Q3 report for 2018/19 has already seen over 450 attendees.

This has contributed to an Improvement and Assessment Framework (IAF) result of "Requires Improvement" – had this result been based solely on the Treatment Targets, it would have been "Inadequate". The table below has been provided by NHS England and records the CCGs performance rated against other CCGs in the STP area:

Structured Education, IAF results.

			G	Lookup	R	Lookup	
NDA Year	CCG	Participation rate	Point	LCI	UCI	R/A/G	
2017_18	GY&W	95%	15.4%	13.5%	17.6%	G	Requires improvement
2017_18	N Norfolk	100%	0.5%	0.2%	1.1%	R	Inadequate
2017_18	Norwich	91%	1.0%	0.6%	1.9%	R	Inadequate
2017_18	S Norfolk	83%	2.9%	1.9%	4.2%	R	Inadequate
2017_18	W Norfolk	100%	10.6%	8.8%	12.8%	G	Requires improvement

- InSight camera

The CCG started a two-year pilot, funded by NHS England, to trial an InSight 3D Camera from WoundWorks– funding commenced in February 2019 and will continue until February 2021. This camera will provide accurate 3D mapping of foot ulcers for diabetic patients – the expected benefits will include: greater accuracy in measuring (of the ulcer); better monitoring of any increase, or decrease, in size of the foot ulcer and an increase in communications. For the latter this will be accomplished by being able to take a photograph, as well the 3D measurements, which can be appended to a patient's record. This means the ulcer can be photographed and then bandaged to encourage healing – the bandage does not then need to be removed until the next visit as other health professionals will be able to view an image of the wound. This will help with the MDFT as a patient's wound can be viewed by all without the need for the patient to be present.

Collectively, this will help the podiatry team measure the impact of any medication and should result in a reduction in amputations. The CCG is trialling 5 cameras across the CCG and will monitor the performance during the next year. These cameras are now in place as of March 2019 and are in use by the relevant clinicians.

- National Diabetes Prevention Programme

This has commenced with Great Yarmouth and Waveney and West Norfolk CCG joining the programme in October 2018 – to date over 140 patients have been referred to the service, roughly the same number as West Norfolk. Approx. 80 of these patients have now had an initial assessment (compared with 30 in West Norfolk) and this is an area the STP is discussing with the Provider.

Overall the STP referrals have dropped in recent months and discussions between the Provider, STP and NHS England are on-going regarding this. Recent examples of the work undertaken include the provision of a support officer for the programme across the STP; information being sent directly to Practices by the relevant CCG and weekly monitoring calls to ensure work to increase referrals is being undertaken. Recently the workshop dates have been advertised in advance as it was felt it is hard to refer a patient to a programme when the workshop dates are unknown.

Plans for 2019/20

- Eclipse / Treatment Targets

As noted earlier, the Eclipse work will continue until December 2019. We are planning on conducting some training sessions for Practice Staff to help identify how to perform the Treatment Targets, and how to record them. Monitoring and Action Plans will continue during this time.

- Care Homes and Housebound Patients

The STP is launching a Care Home and Housebound Patient initiative, which will support the diabetic care across Norfolk for patients in these settings – this will include undertaking the 3 Treatment Targets. These schemes are already in place in West Norfolk and will be rolled out to the other 4 CCGs.

- ECCH Community Provider

ECCH have a number of plans to be implemented this year now they have secured the community provider contract. These include the following:

1. MDFT to be implemented. This will meet weekly and provide a much-needed service for the CCG. This will meet the Peer Review requirements and ensure this service is available to GYWCCG patients. Agreement has been reached to commence these, with the first meeting commencing mid-April. The plan is for 2 clinics to be held in the morning with the MDFT following on. Combined with the InSight camera, images of any foot ulcers from the morning clinics can be viewed at the following MDFT.

2. One Stop Shop – this will be provided in the Community and will provide support for the podiatry, phlebotomy and Health Intelligence areas, as well as contributing to the 9 Care Processes for diabetes (Weight; Blood Pressure; Smoking status; HbA1c; Urinary albumin; Serum creatinine; Cholesterol; Eye examinations and Foot examinations).

3. The Intermediate Diabetes Service was previously commissioned from JPUH. As part of the community procurement exercise this has been recommissioned from ECCH. This service has already experienced a good level of performance with a revised management structure and clinics with Practices. This will be retained by ECCH with the added advantage of further team integration. There has been a change in the system being used, which will make it easier for the team to view any spaces in appointments and offer these to patients.

4. ECCH have also been working with Sentinel Leisure Group to offer AF checks for patients over 65, which are already in place. Diabetes checks will be added to this, including referrals to the NDPP.

- Up-skilling staff

The CCG led an STP-bid and secured additional funding from Health Education England to run training courses at the University of Essex – this will provide increased local leadership and further training on diabetes and help to upskill our existing workforce. Courses are likely to start for the next academic year (September 2019); however discussions are scheduled with the University of Essex to see what bespoke courses could be implemented, which may occur prior to this date. The next meeting for this is scheduled for May.

Other Plans to be implemented include:

1. Touch the Toes Test (also known as the Ipswich Hospital Touch Test): this is something the CCG plans to implement in the community to help earlier identification of loss of sensation in diabetic feet. The JPUH currently use this, however it was identified at the Peer Review that their staff would benefit from new training. This programme is intended to provide patients with the knowledge to check at home (with support of family / care team) to work in addition to the annual foot check. After speaking with ECCH, this is something we will be able to promote via the Intermediate Diabetes Team at their clinics. We are also planning on ensuring the relevant leaflets will be available on SystmOne for easy access for clinicians.

2. Foot Checker Tool: this is an STP-wide tool aimed primarily at care homes to begin with. It is intended to ensure that patient's feet are correctly checked and monitored and provides a basic guide on how to do this.

3. OurPath: this is an STP-wide tool aimed to provide digital Structured Education. It will also enable to recording, and monitoring, of the 3 Treatment Targets and as such sits across both areas.

- Funding and Commissioning

NHS England is providing less funding for 19/20 than in previous years. It is expected that CCGs will meet any shortfall themselves. This means we will be working more with other CCGs in the STP as part of our plans to provide an effective programme, despite the reduction in funding. This will provide a more cost-effective solution and provide targeted support to the areas of greatest need. The 19/20 budgets are being confirmed, however preliminary data indicates there is sufficient funding to meet the intended plans noted above.

It should be noted that the services and teams provided in both hospitals and the community settings are funded by the CCG and are not subject to funding from the transformation budgets.

Diabetic retinopathy screening

Diabetic retinopathy is currently provided from NHS England via Health Intelligence. ECCH has a meeting with Health Intelligence mid-April to progress discussions to bring this service into the proposed one stop shop provision.

EECH have confirmed that their diabetes team have been working to engage with the GPs at their meetings and do manual case reviews where they pick up the retinal screening information. As part

of the education support they provide, they identify those patients who require the annual screening and can provide that support where needed. Going forward, ECCH will be integrating with the GPs and working with Health Intelligence to increase and improve this service ensuring a seamless process as part of the one stop shop provision above.

Flash glucose monitors

The STP will be funding Freestyle libre in the group identified by NHSE criteria. At the time of writing this paper, this information was only released in mid-March, so timeframes for implementation in April are very short. We are however working towards implementation in early to mid-April. There was an East of England teleconference to agree a consistent approach across the region and we will be working with our Commissioning Support Unit (Arden & GEM) and secondary care colleagues to agree the approach to initiation and review of patients. It is envisaged that patients meeting the criteria will be offered a trial of the technology at their next review. We will be producing a briefing sheet for GPs for the start of April.

Amputation Numbers

Year	Major amputations		Minor amputations	
	Number	Directly (age & ethnicity) standardised rate of major amputations per 10,000 population-years	Number	Directly (age & ethnicity) standardised rate of minor amputations per 10,000 population-years
2011/12-2013/14	50	10.3	92	18.6
2012/13-2014/15	59	11.6	102	19.6
2013/14-2015/16	65	12.3	97	17.9
2014/15-2016/17	66	11.9	102	18.6
Please note: the data below is for 1 year only as the 18/19 data is not yet available				
2017/18	16	N/A	35	N/A

For 2014/15 and 2016/17 the national standardised rate for major amputations was 8.2 – GYWCCG was 11.9 – nearly 50% higher.

For 2014/15 and 2016/17 the national standardised rate for minor amputations was 21.2 – GYWCCG was 18.6 – over 10% lower. However, this may be as a result of a higher rate of major amputations occurring.

The number of patients with multiple amputations is not routinely collected – as such data is available only for 2017/18 with a total of 51 amputations for patients with a diagnosis of diabetes.

For this, there are 6 patients who had 2 amputations. These are for the following reasons:

Patient Number	First Amputation	Second Amputation
1	X095: Amputation of leg below knee	X119: Unspecified amputation of toe
2	X093: Amputation of leg above knee	X095: Amputation of leg below knee
3	X119: Unspecified amputation of toe	X112: Amputation of phalanx of toe
4	X095: Amputation of leg below knee	X119: Unspecified amputation of toe
5	X111: Amputation of great toe	X112: Amputation of phalanx of toe
6	X121: Reamputation at higher level	X112: Amputation of phalanx of toe

Information Bulletin

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

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

This Information Bulletin covers the following items:-

(a) Online access to GP practices – information requested at the last meeting.

(b) IC24 Integrated Urgent Care service – additional information requested at the last meeting.

(c) Sizewell C and NHS emergency planning – response to request for information at the last meeting.

(d) ME/CFS – update and response to recommendations made at the October 2018 meeting.

(e) Norfolk and Waveney Sustainability Transformation Plan (STP) – update.

(a) Online access to GP practices

At the last Joint Committee meeting on 1 February 2019 during discussions on 'Norfolk and Waveney Integrated Urgent Care service' Members asked for information about the extent to which GP practices in the Great Yarmouth and Waveney Area offer on-line appointment booking or other on-line access within their normal opening hours. The CCG has provided the following information:-

April 2019

Briefing to the Great Yarmouth and Waveney Health Overview and Scrutiny Committee on primary care online appointment bookings

In Great Yarmouth and Waveney CCG area all practices offer a range of appointments that are bookable online. All practices are encouraged to have a minimum of 20% of the registered population signed up for online services. Online services is defined as booking and cancelling of appointments, ordering of repeat prescriptions and viewing of detailed information in the GP record. In order to access online appointments patient must first complete a form and take two forms of identification into the practice for verification. Once this is set up the patient will be able to access elements of the patient records including medication, recent consultations and test results.

The launch of the NHS App will see this process simplified for practices, with patients completing the verification process online, via the App. In pilot areas, uptake of online services has increased to around 40% of the practice population.

On average across the Great Yarmouth and Waveney CCG, practices offer 2.5% of all appointments online, based on data from the period March 18 to February 19. The type and timing of appointments available for patients to book online can vary from practice to practice – some offer on the day appointments and others only forward booking. Appointments may be with a GP or another member of the practice healthcare team.

(b) IC24 Integrated urgent care service

IC24, the provider of NHS 111 and primary care out-of-hours services across Norfolk and Waveney, attended the Joint Committee meeting on 1 February 2019 and presented information on their service. The Joint Committee made a recommendation to IC24 and requested some additional information from them. IC24's response was as follows:-

Great Yarmouth and Waveney Health Overview and Scrutiny Committee
Response to request for information and recommendation April 2019
Norfolk, Waveney and Wisbech Integrated 111 and Out of Hours Service

1. INTRODUCTION

Following the presentation IC24 delivered to HOSC on the 1st February 2019, two additional requests were made for information for inclusion in the April Newsletter. They were as follows:

a. The levels to which patients of each GP practice in the area use the NHS 111 and primary care out-of-hours service.
b. The extent to which patients receive call-backs from the NHS 111 and primary care out-of-hours service, the waiting times for these call backs and the extent to which waiting times for call backs links to demand on other urgent and emergency services.

A recommendation was also made regarding actions that could be taken to reduce waiting times for call backs:

'That IC24 examines what can be done to reduce waiting times for call backs to help ensure that patients will wait for the urgent care service rather than attending A&E where the waiting time standard is 4 hours'.

We trust that the information included below provides the appropriate level of detail required and that we have fully responded any outstanding queries

2. USAGE OF NHS111 AND GP OUT OF HOURS IN THE GREAT YARMOUTH AND WAVENEY AREA BY PRACTICE

The table below shows the number of patient contacts received by the Integrated Urgent Care Service for Great Yarmouth and Waveney Practices alone from 1st November to the 31st January.. Please note that Branch Surgery numbers have been merged into their Parent Practice.
To provide context, we have also provided the number of contacts per 1000 list size.

OCS Code	Practice Name	List Size	Total Contacts	Contacts per 1000
D82007	EAST NORFOLK MEDICAL PRACTICE (GYW)	12,184	2,209	181.30
D82019	MILLWOOD SURGERY (GYW)	9,440	1,438	152.33
D82003	CENTRAL SURGERY, NORFOLK (GYW)	15,040	2,015	133.98
D82067	THE PARK SURGERY (GYW)	9,382	958	102.11
Y06275	NELSON MEDICAL PRACTICE (GYW)	5,381	495	91.99
D83030	KIRKLEY MILL HEALTH CENTRE (GYW)	4,731	392	82.86
D83023	HIGH STREET SURGERY, LOWESTOFT (GYW)	10,597	729	68.79
D82600	FLEGGBURGH SURGERY (GYW)	1,916	125	65.24
D83047	ROSEDALE SURGERY (GYW)	10,988	716	65.16
D83608	ANDAMAN SURGERY (GYW)	5,704	355	62.24
D82058	MARTHAM HEALTH CENTRE (GYW)	17,250	1,060	61.45
D83016	VICTORIA ROAD SURGERY (GYW)	9,741	577	59.23
D83002	ALEXANDRA ROAD SURGERY (GYW)	16,613	970	58.39
D83011	BRIDGE ROAD SURGERY (GYW)	10,581	596	56.33
D83034	BUNGAY MEDICAL PRACTICE (GYW)	10,535	583	55.34
D83009	BECCLES MEDICAL CENTRE (GYW)	20,045	1,084	54.08
D83010	KESSINGLAND SURGERY	6,600	308	46.67
D83035	CUTLERS HILL SURGERY (GYW)	10,207	447	43.79
D83022	SOUTHWOLD SURGERY (GYW)	5,066	192	37.90
D82613	GORLESTON MEDICAL CENTRE (GYW)	5,965	105	17.60
D83619	WESTWOOD SURGERY (GYW)	2,372	1	0.42

3. **WAITING TIMES**

The table below illustrates the numbers of calls routing through 111 and the numbers passed to a Clinician.

Some calls are transferred directly from a Pathways Advisor following assessment, directly to a clinician, keeping the patient on the line. These are included below as “warm transfers” and they form part of the total calls transferred to a clinical advisor. Where calls are not “warm transferred”, they will be placed in the clinical queue and may be called back in 10 minutes, 1hour, 2 hours or 4 hours depending on priority.

Calls taken by 111 from the 1st November to 31st January:

Key Performance Indicators	Nov-18	Dec-18	Jan-19
Total calls	28331	35456	32351
% of callers transferred to a clinical advisor	23444	29095	26831
% of callers requiring clinical input successfully warm transferred (Overall)	6803	7682	6904
% of callers dealt with by clinician	23444	29095	26831

The table below demonstrates the timeframes for calls passed through to the Out of Hours element of the service and the numbers for each timeframe over the three months provided.
The 30 minute call backs are predominantly for Ambulance crews on scene requiring advice. These are an obvious priority as the advice may assist the crew in maintaining

the patient at home and making a more appropriate referral, and also enables the crews to leave the scene and attend another emergency call.
The 1 hour call backs are by far the most numerous and urgent. Calls are dealt with in order of priority. However, the senior GP on duty will monitor the queue for any calls that may need to be taken out of order such as the very elderly or very young patient who can deteriorate rapidly.

Out of Hours clinical call back times and numbers of calls for 1st November to 31st January:

Key Performance Indicators	Nov-18	Dec-18	Jan-19
OOH Measures			
Speak To GP within 30 min	639	820	747
Speak To GP within 1 Hour	2369	3294	3028
Speak To GP within 2 Hour	441	518	568
Speak To GP within 6 Hour	267	315	294
Speak To GP within 12 Hour	74	72	75
Speak To GP within 24 Hour	60	104	87

These timeframes are mandated within the National Quality Requirements and have not been linked to targets relating to other health partners in the system. This falls outside of the Provider remit as such timescales are set nationally.

4. PREVENTING ESCALATION TO A&E

IC24 always strive to respond to our patients within the timeframes mandated. However, this is not always possible during times of extreme pressure or where there are challenges with rota fill. This is a situation that we share with other Providers in the health economy both locally and nationally.
Inevitably, some people may feel that they are not prepared to wait for a response from our service, even where that response is well within the national guidelines. There is no empirical evidence to suggest that this happens routinely and we always do our best to keep patients informed and supported.
We have increased and centralised the resources available to provide “Courtesy Calls” to patients in situations where it is anticipated they may wait longer than originally expected. This resource is linked with “surge levels” and is available throughout the operational period. We will continue to refine this process in line with the overall service development and share the Joint Committees ambition to ensure patients are kept informed and to respond within the mandated timescales.
A&E is not an appropriate alternative to the service we provide, but we have no control over those that choose to use them as such.
It is not possible for us to provide data relating to patients who make this choice although some information may be available via RAIDR, a system available to Commissioners.

The entire health system is undergoing rapid and significant change resulting in a shift in activity away from the Emergency and Acute services to Community and Primary Care. This can lead to increased pressure within services whilst staffing levels are adjusted, or operating models are revised. The current Integrated Urgent Care service in Norfolk and Waveney is an example of a service in transition.

This transition to a fully integrated urgent care model will require the current operating model to change, placing more focus (and moving more resource) into the Clinical Assessment service.

As NHS Pathways change and we see initiative such as C3/C4 Revalidation (discussed in our February presentation and paper), there are more calls requiring review by senior clinicians.
The NHS Forward view also mandates the development of a "Consult and Complete" model; again driving more reliance on telephone assessment and the timely, appropriate outcome for all patients following this review.
Our current model requires transformational work to realign resource. In the interim, there will be challenges responding to calls within the current timeframes.
We are working with our CCG colleagues to transform the model to meet the needs of the local population and the health economy as a whole.

IC24
April 2019

(c) Sizewell C and NHS emergency planning

At the February 2019 meeting Members asked for a briefing on the impact of the Sizewell C site's emergency plan on health service capacity in Great Yarmouth and Waveney.

Advice has been received from the Head of Emergency Planning Suffolk County Council and Suffolk Emergency Planning Lead for Sizewell C that presently, during the construction phase, there is no emergency planning requirement for Sizewell C and therefore nothing can be briefed to the Joint Committee at this point. The time for discussing the emergency plan will be around 12 months before fuelling which on the current timescale will be the late 2020s.

Emergency planning arrangements for risk posed by Sizewell B are in place through the Suffolk Resilience Forum. The identified casualty receiving hospital is Ipswich.

(d) Myalgic Encephalomyelitis / Chronic Fatigue Syndrome (ME/CFS)

The Joint Committee received a report from on the ME/CFS service at its meeting on 26 October 2018 and made two recommendations to the CCG:-

- That GY&W CCG (as co-ordinating commissioner for Norfolk and Waveney) and ECCH consider providing a base for the ME/CFS service within the North Norfolk area.
- That GY&W CCG looks to provide a short briefing for GPs to raise awareness of ME/CFS and services available; and potentially update the briefing to cover relevant developments in future.

In the February 2019 information bulletin the CCG informed that committee that East Coast Community Healthcare (ECCH) had been exploring suitable locations within North Norfolk and was in the process of a developing a briefing for primary care. Details were to be shared with the Joint Committee in the April Information Bulletin.

At 26 October 2018 meeting Members also requested information on:-

- The numbers of ME/CFS patients within each CCG area covered by the ECCH service and the amount of funding provided by each of the CCGs for the ECCH service.
- A breakdown of where the funding received by ECCH is spent (i.e. how much spent in each of the CCG areas it covers).

The CCG supplied this information to Members in strictest confidence on 22 January 2019. The data was considered to be commercially sensitive in the context of bringing the service under a single contract for Norfolk and Suffolk in 2019.

The CCG has provided the following update regarding the recommendations made by the Joint Committee in October 2018 and other developments:-

NHS
Great Yarmouth and Waveney
Clinical Commissioning Group

April 2019

MECFS update requested by Great Yarmouth and Waveney Health Overview and Scrutiny Committee following the meeting held in October 2018

This briefing is to update HOSC on progress since the meeting in October 2018.

Key updates

- There is a collaborative commissioning agreement across the seven Norfolk and Suffolk CCGs to enter into a single contract for ME/CFS services with the current provider from 1 January 2019 (I&E and WS had a later start date of 1 April 2019). Following discussion at Norfolk and Waveney Joint Clinical Commissioning Executive the end date for the contract will be 31 March 2022 to enable consideration of the NICE guidance when published, coproduction of the specification and appropriate procurement. Suffolk CCGs are currently taking the recommendation through their governance processes.
- There are no plans to review the current specification during this time
- The contract will be monitored through GYWCCG contract monitoring processes with ECCH. This will be quarterly with other commissioners invited to attend.
- Patients, relatives and carers along with other stakeholders will be invited to workshop style events six monthly to review progress e.g. with the research work, provide feedback and also develop relationships ahead of the coproduction exercise following the publication of the new guidance

- The Change Audit tool has been reviewed, and the Joint Strategic Commissioning Committee has accepted the recommendations from the review to make the tool more concise and user friendly
- The Norfolk and Suffolk Primary and Community Care Research Office have provided two evidence briefings to inform interim commissioning intentions ahead of the publication of NICE guidance which show that the specification meets current NICE guidelines
- A positive meeting has been held to discuss the opportunities for collaboration with research currently ongoing at the Quadram institute in Norwich. This will be further explored over the coming months
- East Coast Community Healthcare (ECCH) have secured a clinic location to provide services within North Norfolk with a start date of 9 May for the clinic at Aylsham.
- ECCH are in the process of developing a briefing for primary care, this will be shared at the meeting of the HOSC in April 2019

(e) Norfolk and Waveney Sustainability Transformation Plan (STP)

NHS
Great Yarmouth and Waveney
Clinical Commissioning Group

Briefing for Great Yarmouth and Waveney Health Scrutiny Committee:

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

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

Financial position

2. NHS organisations in Norfolk and Waveney have been managing three key financial challenges: 1) delivering the 2018/19 financial plan, 2) developing realistic organisational plans for 2019/20, and 3) negotiating new contracts. Balancing these important tasks and at the same time developing Norfolk and Waveney wide efficiency strategies is therefore challenging.

3. Our NHS organisations are currently projecting making £103.8m of efficiency savings in the 2018/19 financial year. Despite this, they are projecting a combined deficit of £95.8m. The projected deficit is £32.4m higher than the £63.4m deficit that was planned for at the start of the financial year. Our aim is to half the deficit in 2019/20.

4. Further information about the system financial position can be found in the new STP finance report being discussed at CCG governing body and provider board meetings.

Performance of our health and care system

5. We are developing a performance framework for the STP in order to enable us to address our performance issues together, supportively and effectively. As a partnership we will focus on a small number of significant indicators, including referral to treatment waiting times, cancer, emergency care and out of area placements. Our approach will be proactive, supportive and collaborative, with appropriate challenge from peers. We will develop timely reporting to enable discussion, challenge and delivery.

6. There is a regulatory framework for performance that NHS England and NHS Improvement apply to the individual organisations and also to the STP. Our aim is to ensure that regulators are assured on our performance management and that we reduce the number of contacts with individual organisations.

Mental health strategy

7. The Norfolk and Waveney Adult Mental Health Strategy is in the process of being finalised. The final draft is going to be presented to the STP Executive and JSCC in April.

8. Feedback from people that use mental health services locally, carers and stakeholder on the draft released in December 2018 has been insightful – there is broad agreement that the commitments' that form the basis of the strategy are effective and realistic; many have asked for more detail on how each commitment will be delivered, and the process has begun to develop project plans against each of the commitment workstreams.

9. The updated draft of the strategy has responded to the request to include more information on the finance and resource currently available across the mental health system, the training and workforce development needed to deliver the six commitments going forward, the role of unpaid carers and families in supporting people with mental health needs, and the links the strategy must make with the wider health and care system, particularly crisis provision.

Demand and capacity

10. The first meeting of the newly established Demand and Capacity work stream was held on Wednesday, 6 March with Jon Barber, Director of Strategy and Integration at the James Paget University Hospital, as Senior Responsible Officer. The workstream was given a presentation of the predicted demands and capacity trends across all organisations within the Norfolk and Waveney STP over the next five years.

11. Melanie Craig, Interim Executive Lead of the Norfolk and Waveney STP, reiterated the importance of all organisations working collaboratively to act upon the findings and recommendations. In short this is a “must do” scenario if we are to avoid the current and clearly worsening mismatch in demand and capacity across the system. It was stressed the work should be clinically-led

12. The group agreed to collate a suite of shared action plans that focus on the immediate next steps, mid and longer term issues. Progress related to these plans will be discussed at future meetings. It is acknowledged that other STP workstreams are already progressing with activities that contribute to this work. An example of an invaluable “next step” is to address the issues associated with Delayed Transfers of Care.

Developing primary care networks

13. The NHS Long Term Plan sets out a new service model for primary and community health and care services based on Primary Care Networks (PCNs), which must be in place throughout England and operating from July 2019. This is reinforced by funding to develop PCNs and the new five-year GP contract.

14. Development of 20 proposed PCNs is already underway in Norfolk and Waveney. It is intended they will form the fundamental building blocks of our Integrated Care System and be where we position integrated primary/community teams.

    - Each PCN will have a new role of clinical director.
    - Our mental health strategy commits to the co-location of services with PCNs.
    - Adult social care colleagues are committed to reconfiguring services to integrate with our PCNs.
    - We are exploring the fit between children’s services and our PCNs.
    - There is clear national guidance for community provider organisations to reconfigure services around PCNs, and we are developing plans for what this will look like Norfolk and Waveney.
    - CCGs are providing financial support and support in kind to develop our PCNs, and we are looking to develop a consistent offer across our CCGs.

15. In terms of next steps, by 15 May each PCN must have applied to register itself with the full agreement of constituent practices and have an identified lead clinical director. Each PCN must have a plan in place for how they will work by the end of June.

Our five year plan for health and care services

16. A priority for our partnership over the next few months is to develop our five year plan, which will set-out how we are going to improve care and realise the ambitions in the NHS Long Term Plan. In addition to drawing on what people have told us in engagement work carried out recently, for example through the

recent engagement around adult mental health and CAMHS, the STP is working with Healthwatch to provide a range of opportunities for people to reflect on the NHS Long Term Plan and how it should be delivered in Norfolk and Waveney.

17. Healthwatch has been hosting a series of events:

- Monday 18th March, 12.30-15.30 at the Healthwatch Office in Wymondham
- Tuesday 28th March, 14.00-17.00 at the Knight's Hill Hotel, King's Lynn
- Thursday 4th April, 10.00-13.00 at the Hotel Victoria, Kirkley Cliff, Lowestoft
- Wednesday 10th April, 14.00-17.00 at Deaf Connexions* (The Vauxhall Centre, Johnson Place, Norwich)
- Wednesday 17th April, 09.30-12.30 at the Innovation Centre, Thetford
- Tuesday 7th May, 16.30-19.30 at Holt Community Centre

18. Places at the remaining events can be booked by contacting Healthwatch Norfolk or via their website: www.healthwatchnorfolk.co.uk/events.

19. Anyone can share their views by completing our survey, which can be found here: www.healthwatchnorfolk.co.uk/news/what-would-make-the-nhs-work-better-for-you. And if you or someone you care for has a long-term condition, such as diabetes, dementia or breathing problems, you might also want to complete the more detailed survey about care for long-term conditions, which can be found via the same link. Both surveys will be open until Sunday, 19 May 2019.

Digital

20. The STP has developed a digital strategy, which outlines the ambition of the health and care system to deliver care in new and innovative ways for our patients and citizens by harnessing digital solutions. This is still in draft and will be presented to the STP Executive after further consultations by the digital workstream leads.

21. The STP digital workstream has delivered a Strategic Outline Case for our three acute hospital trusts to consider a single Electronic Patient Record system in line with our draft digital strategy.

22. There are areas of cutting edge innovation in the STP; we have commenced projects to use Artificial Intelligence for Radiology Clinical Decision Support and Cancer Pathway Management.

23. Our immediate focus is also on using some of our external funding (in excess of £7m over three years) to put in place a larger team of staff who will drive forward our objectives. These include:

- Developing and integrating clinical software/applications
- Rolling out new methods of patient consultation; we shall shortly be in a position to appoint a provider for online consultations following a competitive tender process
- Replacing the N3 network in the longer term by the new Health and Social Care Network which will enable integration and also online consultations (due to expanded bandwidth)
- Developing or promoting new assistive technologies such as remote patient monitoring
- Developing population health analytics that will greatly assist population health management
- Creating a Norfolk Care Innovation Hub.

24. The NHS App will 'go live' in Norfolk and Waveney during April. This will enable patients to interact with surgeries via the App. At the moment the App is 'live' for download but is currently restricted to 'symptom checking' via NHS111 online, until local practices are connected.

Funding

25. The STP has recently been awarded the following funding from NHS England:

- £100,000 to develop a new role of General Practice Assistant, a business support function in practices.
- £485,000 to expand Individual Placement and Support (IPS) services which assist people with severe mental health conditions to find gainful employment. This funding is recurrent.
- £1,048,000 awarded in total to various providers on a match funded basis to be used for upgrading buildings to save money (for example changing old lighting to LED).

Establishing the joint Norfolk and Waveney HOSC

26. 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

Date: 26 April 2019
Agenda Item: 7

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

Draft Forward Work Programme 2019

Meeting date & venue	**Subjects**
Friday **12 July 2019** Riverside, Lowestoft *(Claude Castleton Room)*	**Agenda items:-** <u>Palliative and end of life care</u> • Progress with service provision in Great Yarmouth and Waveney (since the info bulletin on 13 July 2018 and discussion around the new adult community services and adult specialist palliative care services on 1 February 2019). <u>Great Yarmouth and Waveney Joint Health Scrutiny Committee – terms of reference</u> • Amendment to reflect the establishment of East Suffolk Council
Friday **25 October 2019** Riverside, Lowestoft *(room to be confirmed)*	**Agenda items:-**
Friday **7 February 2020** Riverside, Lowestoft *(Claude Castleton Room)*	**Agenda items:-**
Friday **17 April 2020** Riverside, Lowestoft *(Claude Castleton Room)*	**Agenda items:-**

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

Great Yarmouth & Waveney Health Overview and Scrutiny Committee
26 April 2019

Glossary of Terms and Abbreviations

A&E	Accident and emergency
AF	Atrial Fibrillation – a heart condition that causes an irregular and often abnormally fast heart rate
BMI	Body mass index
CAMHS	Child and adolescent mental health services
CCG	Clinical Commissioning Group
CFS	Chronic Fatigue Syndrome
DAFNE	Dose adjustment for normal eating
DESMOND	Diabetes Education and Self-Management for Ongoing and Newly Diagnosed.
ECCH	East Coast Community Healthcare
GEM	Greater East Midlands
GY&WCCG	Great Yarmouth And Waveney clinical commissioning group
HbA1c	Glycated haemoglobin Glycated haemoglobin develops when haemoglobin, a protein within red blood cells that carries oxygen throughout the body, joins with glucose in the blood, becoming 'glycated'. By measuring glycated haemoglobin clinicians are able to get an overall picture of what average blood sugar levels have been over a period of weeks/months. For people with diabetes this is important as the higher the HbA1c, the greater the risk of developing diabetes-related complications. Targets for HbA1c are as follows:- • For people without diabetes the range is 20-41 mmol/mol (4% - 5.9%) • For people with diabetes an HbA1c level of 48 mmol/mol (6.5%) is considered good control • For people at greater risk of hypoglycaemia (lower than normal blood sugar) a target of HbA1c of 59 mmol/mol (7.5%) to reduce the risk of hypos.
Health Intelligence	A software provider of information management solutions for health organisations in the UK. Health Intelligence's main areas of focus are on Diabetic Eye Screening services and population based data analysis to improve long term conditions diagnosis.

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IAF	Improvement Assessment Framework
ICS	Integrated care system
I&E	Ipswich and East Suffolk CCG
JPUH	James Paget University Hospital NHS Foundation Trust
JSCC	Joint Strategic Commissioning Committee (of the 5 CCGs in Norfolk and Waveney)
LCI	Lower confidence interval
MDFT	Multi-Disciplinary Foot Team
ME	Myalgic Encephalomyelitis
NDA	National Diabetes Audit
NDPP	National Diabetes Prevention Programme
NHSE	NHS England
NICE	National Institute for Health and Care Excellence
N&W STP	Norfolk and Waveney Sustainability & Transformation Plan / Partnership
OOH	Out of hours
PCN	Primary care network
QOF	Quality Outcomes Framework - – the annual reward and incentive programme for GP practices. It rewards practices for provision of quality care and helps standardise improvement in the delivery of primary medical services
R/A/G	Red / amber / green – a project management method for rating status reports. Based on traffic lights using red, amber (yellow) and green to signify different scale ratings. Green typically indicates better performance and red worse, with amber somewhere between the two.
RAIDR	Reporting Analysis and Intelligence Delivering Results – a healthcare intelligence tool
STP	Sustainability & transformation plan / partnership
TT	Treatment targets
UCI	Upper confidence interval
WS	West Suffolk CCG

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