

**GREAT YARMOUTH AND WAVENEY JOINT HEALTH SCRUTINY COMMITTEE  
MINUTES OF THE MEETING HELD ON 1<sup>st</sup> February 2019**

**Present:**

|  |                                |
|--|--------------------------------|
| Stephen Burroughes   | Suffolk County Council         |
| Michael Chenery of<br>Horsbrugh (sub for Emma<br>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<br>Commissioning Group |
| Fran O'Driscoll            | Director of Partnership and Delivery, Great Yarmouth<br>and Waveney CCG   |
| John Mallett               | Director of Operations and Delivery, Norwich CCG                          |
| Dr Patrick Thompson<br>PhD | Member of the Public  |
| Melanie Craig              | Chief Officer, Great Yarmouth and Waveney CCG                             |
| Adele Madin                | Director of Operations, East Coast Community<br>Healthcare                |
| Maureen Orr                | Democratic Support and Scrutiny Team Manager,<br>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 31<sup>st</sup> March 2019, phase 2 (transformation) would take place between 1<sup>st</sup> April 2019 and 31<sup>st</sup> March 2020 and phase 3 (consolidating innovation) would take place between 1<sup>st</sup> April 2020 and 31<sup>st</sup> March 2024.
  - 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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