

Great Yarmouth and Waveney Joint Health Scrutiny Committee

Date: Friday 20 January 2017

Time: 10.30 am

Venue: Conference Room 1 and 2
Suffolk County Council and Waveney District Council
Riverside Campus
4 Canning Road
Lowestoft, Suffolk, NR33 0EQ

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Membership –

MEMBER

Colin Aldred
Alison Cackett
Michael Carttiss
Michael Ladd
Bert Poole
Shirley Weymouth

AUTHORITY

Norfolk County Council
Waveney District Council
Norfolk County Council
Suffolk County Council
Suffolk County Council
Great Yarmouth Borough 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

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 7 October 2016.

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 12.00noon on 16 January 2017.

Contributions from the public will be taken in the order that they were received, unless the Chairman considers there is a more appropriate place on the Agenda for them to be taken.

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

This does not preclude a member of the public from indicating a wish to speak during the meeting and the Chairman will have discretion to decide how the Committee will respond to any such request.

4. Members to Declare any Interests

If you have a Disclosable Pecuniary Interest 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

- your well being or financial position

- that of your family or close friends
- that of a club or society in which you have a management role
- that of another public body of which you are a member to a greater extent than others in your ward.

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

5. Services to replace Greyfriars GP practice and walk-in centre (Page 11)

Review of the progress of the replacement services

6. Norfolk and Suffolk NHS Foundation Trust – update on mental health services in Great Yarmouth and Waveney (Page 18)

An update on the outcomes and impacts for Great Yarmouth and Waveney arising from the latest Care Quality Commission inspections of the service.

7. Information Bulletin (Page 30)

To note the written information provided for the Committee

- (a) Autism services – the situation with regard to the Autism Suffolk Family Support Worker service when the current contract ends in March 2017. (Page 31)
- (b) Diabetes care within primary care services – Directors of Public Health responses to the Joint Committee’s recommendation of 7 October 2016. (Page 32)
- (c) Out-of-hospital teams – update (Page 34)
- (d) Delayed transfers of care – the latest trend (Page 36)
- (e) ME / CFS (Myalgic Encephomyelitis / Chronic Fatigue Syndrome) – an update on service commissioning (Page 38)
- (f) Development of Shrublands centre – update (Page 39)
- (g) Norfolk and Waveney Sustainability Transformation Plan – comments by health scrutiny committee members (Page 40)
- (h) Most Capable Provider procurement process – update (Page 42)
- (i) Briefings received from the CCG since October 2016 (Page 43)
 - (1) Final two Lowestoft hospital services move on 5 December 2016
 - (2) Westwood surgery move

8. Forward Work Programme

To consider and agree the forward work programme and dates and times of future meetings. (Page 44)

9. Urgent Business

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

Glossary of Terms and Abbreviations

(Page 45)

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**GREAT YARMOUTH AND WAVENEY JOINT HEALTH SCRUTINY COMMITTEE
MINUTES OF THE MEETING HELD ON 7 October 2016**

Present:

Alison Cackett	Waveney District Council
Jennifer Chamerblin (Substitute)	Norfolk County Council
Nigel Legg (Substitute)	South Norfolk District Council
Michael Ladd (Vice- Chairman and Chairman for the meeting)	Suffolk County Council
Bert Poole	Suffolk County Council
Shirley Weymouth	Great Yarmouth Borough Council

Also Present:

Cath Byford	Deputy Chief Executive, NHS Great Yarmouth & Waveney CCG
Adele Madin	Executive Director of Adult Services / Professional Head of Physiotherapy, East Coast Community Healthcare
Michaela Hewitt	Operational Head of Integrated Care, East Coast Community Healthcare
Caroline Burgess	Out of Hospital Co-ordinator, East Coast Community Healthcare
Sonia Barker	Suffolk County Councillor
David Finnigan	Member of the Public
Graham Catchpole	Beccles Town Council
Jane Murray	Waveney District Councillor
Lorraine Rollo	NHS GY&W CCG
Rebekah Butcher	Democratic Services, Suffolk County Council
Maureen Orr	Democratic Support and Scrutiny Team Manager, Norfolk County Council
Tim Shaw	Committee Officer, Norfolk County Council

1 Apologies for Absence and Substitution

Jennifer Chamberlin substituted for Colin Aldred.

Nigel Legg substituted for Michael Carttiss.

In the absence of Michael Carttiss, who had given his apologies, Michael Ladd, the Vice-Chairman, took the chair for the meeting.

Michael Ladd in the Chair

2 Minutes

The minutes of the previous meeting held on 15 July 2016 were confirmed as a correct record and signed by the Chairman.

3 Public Participation Session

3.1 Beccles Minor Injury Unit

With the permission of the Chairman, Graham Catchpole, Mayor of Beccles Town Council, spoke about the public campaign against the proposed changes to the way in which minor injuries services were to be delivered in Beccles. He said that the campaign was the subject of a local petition and contained more than 29,000 signatures.

- 3.2 In reply, the Chairman reminded the Joint Committee that information about the proposed changes could be found within the Information Bulletin at item 7 (d) of the agenda. It was noted that the GY&W CCG was running a public engagement exercise on this matter and that the outcome would be reported to a GY&W CCG Governing Body meeting held in public on 27 October 2016.

3.3 Funding for the Autism Suffolk Family Support Worker Service

Sonia Baker, a Suffolk County Councillor, said that she had recently attended the AGM of the GY&W CCG at which the issue of funding for the Autism Suffolk Family Support Worker service when the current contract ended in March 2017 (see minute 6.3 of 15 July 2016) was discussed.

- 3.4 **The Joint Committee agreed:
To receive an Information Bulletin briefing on this subject on 20 January 2017.**

4 Declarations of Interest

There were no declarations of interest.

5 Diabetes Care within primary care services in Great Yarmouth

- 5.1 The Joint Committee received a suggested approach from the Democratic Support and Scrutiny Team Manager at Norfolk County Council to an update report from Great Yarmouth and Waveney Clinical Commissioning Group (GY&W CCG) about primary care services, including prevention, diagnosis, early intervention and long-term care for people with diabetes in Great Yarmouth and Waveney.

- 5.2 The Committee received evidence from Cath Byford, Deputy Chief Executive, NHS Great Yarmouth & Waveney CCG.

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

- The Joint Committee was informed about the steps that the GY&W CCG was taking to commission and create an integrated model of diabetes care across primary care, community and acute hospital settings, and how this strategy included specialist foot clinics, integrated working with pharmacists in the community, recruitment from the voluntary sector to take the pressure off primary care, and the pro-active use of 'Apps' technology.
- The Deputy Chief Executive of the GY&W CCG said that in working to develop and deliver a diabetes strategy, the GY&W CCG had commissioned a specialist diabetes nurse service to deliver clinics in GP practices. The new service built on the existing diabetes specialist nurse service provided at the James Paget Hospital (JPH).
- The specialist nurse service in GP practices was described as a Tier 2 service that supported the Tier 3 service provided at the JPH.
- The expanded service had started to go live on 1st August 2016. It was expected to take the GY&W CCG between 6 to 12 months to gather evidence of noticeable improvements. When fully operational the new service would include 4 nurses delivering clinics to patients in GP practices and education to patients and clinicians.
- In reply to questions, it was pointed out that the GY&W CCG was working with Norfolk public health to prepare a bid to participate in the second wave of the nationally funded diabetes prevention programme that aimed at providing patients with pre-diabetes access to lifestyle education in an attempt to prevent diabetes.
- The GY&W CCG was also working with Diabetes UK on a foot care pathway review.
- The Deputy Chief Executive of the GY&W CCG said that the GY&W CCG would be taking part in the Right-care programme. This involved the GY&W CCG being clustered for comparative learning purposes with 10 CCGs with a similar population. The lessons to be learnt would be used to identify realistic opportunities to improve healthcare throughout the entire population of the 10 CCGs. The names of the CCGs with which the GY&W CCG was to be compared would be made available to Members when they next considered this subject.

5.4 The Joint Committee commended the new model of specialist nurse care provided by the GY&W CCG and agreed to return to the subject in a year's time when they would like to examine the following issues:

- Progress of the new diabetes specialist nurse model of care
- Data on the numbers of people with diabetes being cared for in a primary care setting rather than in secondary care
- Data on the level of provision of the recommended care processes and treatment for patients with diabetes
- Progress with the national Diabetes Prevention Programme, on which the CCG was working with Public Health.

5.5 The Joint Committee also agreed to recommend to the Norfolk and Suffolk Directors of Public Health that they should raise at national level the need

for a concerted nationwide campaign of proactive advice to the public about what it meant to have type 2 diabetes and what people could do to reduce their risk in terms of diet, exercise and other measures.

6 Out-of-Hospital Teams

6.1 The Joint Committee received a suggested approach from the Scrutiny Officer at Norfolk County Council to a report from Great Yarmouth and Waveney Clinical Commissioning Group (GY&W CCG) on progress of Out-of-Hospital services in Great Yarmouth and Waveney.

6.2 The Committee received evidence from Cath Byford, Deputy Chief Executive, NHS Great Yarmouth & Waveney CCG, Adele Madin, Executive Director of Adult Services / Professional Head of Physiotherapy, East Coast Community Healthcare (ECCH), Michaela Hewitt, Operational Head of Integrated Care, East Coast Community Healthcare and Caroline Burgess, Out of Hospital Co-ordinator, East Coast Community Healthcare.

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

- The witnesses said that the ECCH had announced that the Patrick Stead Hospital would temporarily no longer admit new patients due to staff shortages. This was attributed to staff moving to take up new positions elsewhere in the NHS.
- Members said that while they understood the reasons for the staffing shortage they were disappointed at the temporary suspension of inpatient admissions and the impact that nursing shortages could have for patient safety.
- The Joint Committee discussed in some detail the out of hospital care provided by the ECCH at the Lowestoft OHT and at the North OHT, and the out of hospital care provided by Sole Bay Health in Southwold and Reydon.
- Members referred to the considerable amount of new housing that was due to be built in some areas of Great Yarmouth and Waveney and stressed how important it was that the GY&W CCG made appropriate responses to Local Authorities regarding the implications of planning applications.

6.4 **The Joint Committee agreed to write to the GY&W CCG to fully support the GY&W CCG in the provision of an out of hospital team for the Beccles, Bungay, Kessingland and Halesworth areas. The Joint Committee considered it important that Halesworth was not left out of plans to improve out of hospital services.**

6.5 **The GY&W CCG was reminded that it needed to respond to consultation about planning applications for housing, as NHS services were already under pressure in some areas.**

6.6 **The Joint Committee agreed to request that the information bulletin for the meeting on 20 January 2017 should include information on the following subjects:**

- **staff turnover and vacancy levels within the out-of-hospital teams**

- the latest situation regarding the Patrick Stead Hospital or other provision for the Halesworth area.
- the trend in emergency admissions to hospital.

6.7 The Joint Committee agreed to request that the information bulletin for the meeting on 20 January 2017 should include information on the following issue:

- the trend in delayed transfers of care (it was understood that data for the Christmas and New Year period would not be available but the GY&W CCG was asked to give its impression of how well the system had coped during that period).

7 Information Only Items

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

- (a) Patrick Stead Hospital, Halesworth – temporary suspension of inpatient admissions
- (b) Greyfriars walk-in centre
 - i. update on alternative services
 - ii. future service for vulnerable children - information provided by the GY&W CCG in response to a question raised at 15 July 2016 Joint Health Scrutiny Committee meeting
- (c) Changes to IVF provision
- (d) Beccles minor injury unit – engagement exercise
- (e) Retirement of Great Yarmouth and Waveney CCG Chief Executive (**The Joint Committee agreed to pass on its best regards to Andy Evans on his retirement**).

8 Forward Work Programme

8.1 The Joint Committee agreed the forward work programme, subject to the addition of the following items:

The information bulletin for 20 January 2016

- Update on the issue of funding for the Autism Suffolk Family Support Worker service when the current contract ends in March 2017 (see minute 6.3, 15 July 2016).
- Progress of the out-of-hospital service, including:-
 - An update on staff turnover and vacancy levels within the out-of-hospital teams
 - the latest situation regarding the Patrick Stead Hospital or other provision for the Halesworth area.
 - the trend in emergency admissions to hospital
- the trend in delayed transfers of care at the James Paget Hospital (data for the Christmas and New Year period will not be available but the GY&W CCG will give its impression of how well the system has coped during that period).

The Joint Committee meeting on 4 April 2017

- Learning disability services in Great Yarmouth – progress of the local Transforming Care Programme (which is part of the national response to the Winterbourne View case) and plans to significantly reshape services for people with learning disabilities and / or autism by 2018-19.

8.2 In considering the forward work programme the Joint Committee noted that Sustainability and Transformation Plans (STPs) were being introduced across the country as part of the delivery of the NHS Five Year Forward View - the shared vision for the future of the NHS. The STP represented a significant challenge for the Norfolk and Waveney area and progress was not as advanced as in some other areas of the country. The Joint Committee would be kept informed of progress regarding the STP through the Information Bulletin.

9 Urgent Business

9.1 There were no items of urgent business.

10 Date and Time of Next Scheduled Meeting

10.1 It was agreed that the Joint Committee would next meet at Riverside Campus, Lowestoft at 10.30 am on Friday, 20 January 2017.

The meeting concluded at 13.05 pm.

CHAIRMAN



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Services to replace Greyfriars GP practice and walk-in centre

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

An update on the impact of the closure of the Greyfriars GP practice and walk-in centre and the progress of replacement services.

1. Background

- 1.1 On 15 July 2016, Great Yarmouth and Waveney Joint Health Scrutiny Committee received a report about the planned closure of the Greyfriars GP practice and walk-in service at the end of September 2016 and re-provision of services following that closure.
- 1.2 The replacement services for the walk-in centre were listed as follows:-

Walk-in service re-provision

- Enhancement and promotion of the existing 111 service making it the 'smart call' to make.
- Monday to Friday – 8am until 6.30pm. Great Yarmouth and Waveney patients with a primary care need will be directed to their registered GP practice. Out of area patients with a primary care need will also be directed to a nearby GP practice.
- Monday to Friday – 6.30pm until 8pm. Due to the low number of patients attending during this period the CCG proposed that no alternative service be developed. Out of hours primary care is available after 6.30pm for those patients with a minor illness and can be accessed through NHS111 if deemed appropriate. Minor injuries will be directed to alternative services e.g. A&E.
- Saturday, Sunday and Bank Holidays – 8am until 8pm. Patients accessing NHS111 who would have previously attended the walk-in centre with a primary care need will be directed to the out of hours service for a call back and appointment if deemed appropriate. Under this proposal additional out of hours primary care capacity will be put in place at the Out of Hours base at the James Paget University Hospitals NHS Foundation Trust (JPUH). Because of the high levels of deprivation in the centre of Great Yarmouth and the difficulties some individuals may face in both accessing NHS111 and travel to the out of hours at JPUH this proposal will also include an out of hours outreach service in place in central Great Yarmouth, likely to be within the Greyfriars building.

- Out of area patients will contact NHS111 to be directed to the appropriate service. This will be supported by promotion of the service in tourist areas.

Homeless service re-provision:

- A review will be carried out to understand the current provision and also requirements of any future service to this group of patients ensuring equity across Great Yarmouth and Waveney.

Special allocation service (SAS) re-provision:

(this service is for patients who have been removed from a practice list as their behaviour has been either threatening or violent towards staff or patients)

- The CCG will work with NHS England to be part of the East of England model for SAS services. The CCG will commission a comparable service until a decision is made by NHS England.

- 1.3 The CCG also agreed to promote the new service by funding a year-long campaign to promote the new service to local people and to holiday makers with an emphasis on the enhanced 111 service.
- 1.4 The 5,125 patients registered with the Greyfriars GP practice were to be automatically allocated to other GP practices in Great Yarmouth. If patients were not happy with the GP practice to which they were allocated, they could register with another practice of their choice, if that practice was accepting new patients.
- 1.5 On 7 October 2016 GY&W JHSC received an Information Bulletin from the CCG on progress up to late September. Provision for homeless and special allocation service patients had been put in place on a short term basis (1 year and 6 months respectively), arrangements were in place for the managed dispersal of the GP practice patients and promotion of the services to replace the walk-in centre was underway. Approximately 4,000 of the registered patients were transferred to the Lighthouse Medical Centre practice, which was also located at Greyfriars.
- 1.6 One of the concerns raised at GY&W JHSC in July 2016 was that the level of service for vulnerable children provided by a specialist nurse at the Greyfriars GP practice might not be available in other local practices. The CCG advised that Greyfriars chose to employ a nurse specifically for safeguarding because it had around 150 children in the practice identified as having safeguarding issues. As the patients were being dispersed over a number of GP practices it was not anticipated that the role would be needed in the future but that all practices would carry out the same role within their existing safeguarding responsibilities. It also mentioned two specialist GPs commissioned by the five Norfolk CCGs to support and train primary care staff for safeguarding children.
- 1.7 Great Yarmouth and Waveney Joint Health Scrutiny Committee (GY&W JHSC) agreed to review the progress of replacement services for Greyfriars in January 2017.

2. Purpose of today's meeting

- 2.1 GY&W JHSC specified that along with the CCG, James Paget University Hospitals NHS Foundation Trust (JPUH) and the East of England Ambulance Service NHS Trust (EEAST) should be asked to give their perspective on the success of services to replace the Greyfriars walk-in centre.
- 2.2 The CCG, JPUH and EEAST have been asked to report on:-
- Use of NHS 111 and the GP Out of Hours service since the closure of the walk-in centre.
 - Attendances at A&E before and after the Greyfriars closure.
 - Ambulance incident responses before and after the Greyfriars closure.
 - Progress in respect of new services for homeless and special allocation service patients.
 - Action in promoting the new services.
 - Feedback from the public and stakeholders.

Their joint report is attached at **Appendix A**. Representatives from the CCG and the hospital have been invited to attend to answer Members' questions.

3. Suggested approach

- 3.1 After the CCG and JPUH representatives have presented their reports, Members may wish to discuss the success of the Greyfriars replacement services, particularly in the following areas:-
- (a) On 15 July 2016, the CCG said it intended to work with IMH Group to fully understand the extent of use of the walk-in centre facility by their registered patients and to take account of this information in the re-provision of alternative services. What was the outcome of this work?
 - (b) The closure of the walk-in service took place at the end of the main tourist season. Is the CCG assured that the replacement services will be adequate to meet the needs of visitors to the area in 2017?
 - (c) What is the extent of provision currently available for homeless and special allocation service patients who would formerly have used the Greyfriars practice?
 - (d) Has there been follow-up with local GP practices on how they are managing the vulnerable children safeguarding issues following the closure of Greyfriars?
 - (e) Were registered patients' medical notes speedily and successfully transferred to their new allocated practices?



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Great Yarmouth and Waveney Clinical Commissioning Group

HealthEast

Briefing for Great Yarmouth and Waveney Health Scrutiny Committee: Services to replace Greyfriars GP practice and walk-in centre

Joint paper submitted on behalf of NHS Great Yarmouth and Waveney CCG, James Paget University Hospital and East of England Ambulance Trust.

On 28 July 2016, the NHS Great Yarmouth and Waveney CCG Governing Body formally approved a number of new models of care when the Greyfriars contract came to an end on 30 September 2016. This included provision of services for the registered list and also replacement services for the walk in centre.

Greyfriars Health Centre officially closed on 30 September 2016, and the new models of care were adopted from 1 October 2016.

Provision of services for registered patients was through a managed dispersal process for patients to be registered with GP practices in the local area. This process commenced during August 2016 to ensure a coordinated and smooth transfer of patients to their new GP practice.

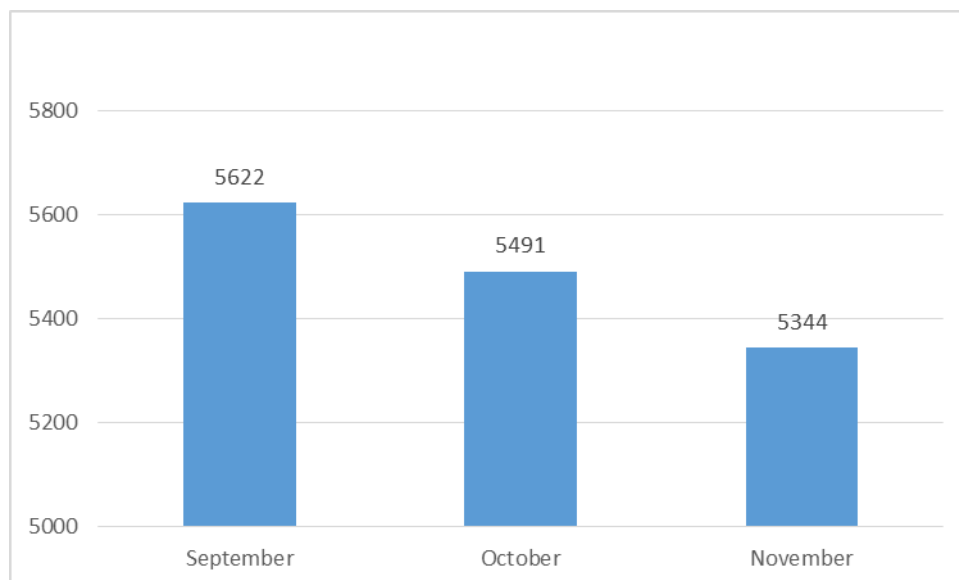
Those practices registering the majority of patients have put additional resource in place to ensure there is sufficient capacity within the practice to fulfil the increased demand. Discussions with practices have indicated that the transfer of patients has gone smoothly with no adverse impact on the practice and patient demand being met. This will continue to be monitored by the CCG.

Provision for patients who would have previously attended the walk in centre have included increased capacity within the NHS111 service, practices providing support for temporary residents during GP opening times, and increased capacity within out of hours primary care during weekends and bank holidays from 8am until 8pm including GP and clinical triage.

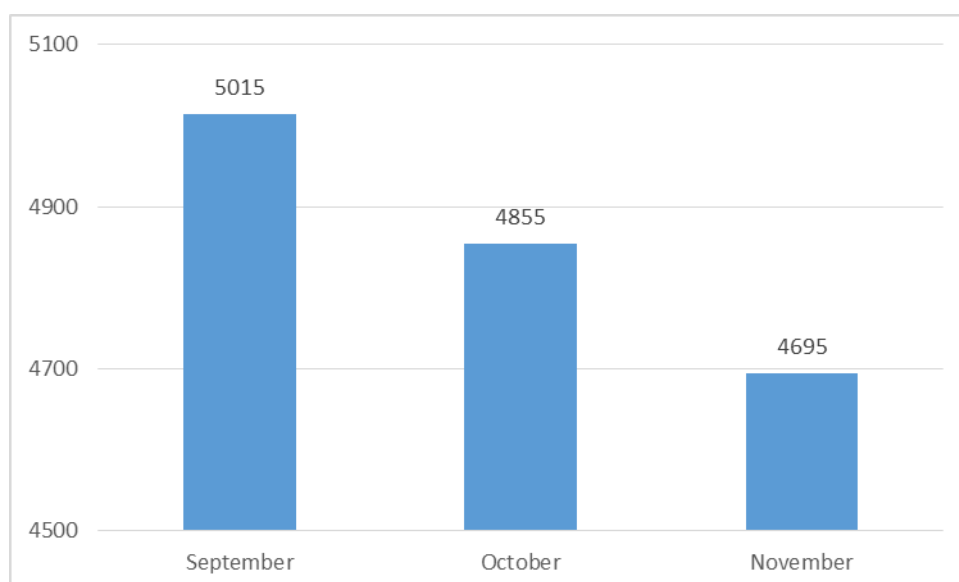
The additional GP capacity within out of hours has provided support to those patients who have contacted NHS111 and it has been deemed they require urgent intervention from primary care. The additional GP capacity has also supported those patients attending A&E with a primary care need. Patients are clinically triaged on arrival at A&E and streamed to out of hours primary care. This has supported the A&E by reducing the number of patients requiring A&E support thus creating capacity within A&E, and ensuring patients are seen and treated by the appropriate clinician.

The graphs below show A&E and ambulance activity during September 2016 when Greyfriars was open, and during October and November 2016 when the centre was closed (Great Yarmouth and Waveney patients only). It can be concluded that there has been no detrimental impact on A&E following the closure Greyfriars, and that the alternative models put in place have supported the system in ensuring any potential increase in demand has been mitigated. Graphs 1 and 2 also demonstrate that the streaming model has had a positive impact on A&E by diverting patients with a primary care need to an out of hours GP and reducing A&E attendances.

Graph 1 – JPUH A&E Attendances 2016 (GYW patients only)



Graph 2 – JPUH A&E Attendances 2016 – Minor HRG (GYW patients only)



Similarly, there has been very little impact on the number of ambulance incident responses with no indication of increased activity following the closure. It should be noted however that the review of reasons for attendance at the walk in centre did not conclude that this cohort of patients would require or access emergency support from the ambulance service.

Table 1 – EEAST Incident Responses (face to face responses)

Month/Year	R1	R2	G1	G2	G3	G4	Grand Total
2015-09	87	1161	128	1001	86	380	2843
2015-10	84	1228	123	1004	121	375	2935
2015-11	91	1148	128	908	104	368	2747
2015-12	95	1381	136	997	129	328	3066
2016-01	90	1381	153	980	113	305	3022
2016-02	78	1316	109	941	89	288	2821
2016-03	78	1519	133	1080	102	314	3226
2016-04	77	1324	115	998	79	320	2913
2016-05	88	1413	103	1091	98	362	3155
2016-06	82	1383	138	995	90	313	3001
2016-07	100	1505	141	1077	105	374	3302
2016-08	85	1456	138	1020	114	359	3172
2016-09	80	1328	131	948	94	337	2918
2016-10	93	1375	191	942	88	295	2984
2016-11	89	1315	368	723	81	164	2740
2016-12	130	1438	424	874	73	169	3108
Grand Total	1427	21671	2659	15579	1566	5051	47953

In summary, based on the above data regarding both attendances to A&E and ambulance incident response activity, there has been an evident reduction in demand at A&E, and no impact on the ambulance service, despite the closure of the walk in centre. The additional ability to stream patients presenting to A&E has also benefitted the system and patients through the ability to triage and stream patients to primary care so that patients are seen by the right professional for their need. The CCG believes that this evidence supports the decision to close the walk in centre.

Emma Bray
Head of Clinical Commissioning

**Norfolk and Suffolk NHS Foundation Trust – update on mental health services
in Great Yarmouth and Waveney**

**Suggested approach from Maureen Orr, Democratic Support and Scrutiny
Team Manager**

An update on the outcomes and impacts for mental health services in Great Yarmouth and Waveney arising from the latest Care Quality Commission inspection of Norfolk and Suffolk NHS Foundation Trust (NSFT)

1. Background

- 1.1 Great Yarmouth and Waveney Joint Health Scrutiny Committee (GY&W JHSC) has monitored the implementation of changes to adult and dementia mental health services in Great Yarmouth and Waveney since the consultation on changes to service in 2014. The Joint Committee received updates adult and dementia on 22 January 2016, when capacity and timeliness of referrals for the new 'Wellbeing Service' were a concern, and again on 15 July 2016, when discussions also covered progress in establishing a children's mental health service at Carlton Court.
- 1.2 Members have visited mental health services on two occasions in the past year; the adult acute mental health ward at Northgate Hospital, Great Yarmouth on 4 March and the new children's facility at Carlton Court, Carlton Colville on 29 September 2016.
- 1.3 The Joint Committee also received the results of the 2015 National NHS Staff Survey for NSFT as an Information Bulletin on 15 April 2016.
- 1.4 Throughout the period from February 2015 NSFT was rated 'inadequate' by the Care Quality Commission (CQC) and was in special measures with NHS Improvement (formerly Monitor). The Joint Committee asked for an update on the outcomes and impacts for the Great Yarmouth and Waveney area following the latest inspection by the CQC. The inspection took place on 12 – 22 July and the report was published on 14 October 2016. The CQC rated NSFT as 'requires improvement' overall and NHS Improvement took the Trust out of special measures. The Trust is still rated 'inadequate' for safety.


2. Purpose of today's meeting

- 2.1 NSFT has been asked to report to today's meeting regarding their action plan in response to the CQC's inspection report, specifically as it affects the Great Yarmouth and Waveney locality. NSFT's report is attached at

Appendix A and a representative from the Trust will attend to answer questions.

3. Suggested approach

- 3.1 After representative from NSFT has presented their report, Members may wish to discuss the progress of mental health services in Great Yarmouth and Waveney in response to the CQC's findings, with particular emphasis on safety of services.

 The logo for 'IN TRAN' features the words 'IN' and 'TRAN' in a bold, sans-serif font. 'IN' is positioned above 'TRAN'. To the left of 'TRAN' is a stylized graphic consisting of two triangles: a larger one pointing downwards and a smaller one pointing upwards, nested within the larger one. Below the text 'TRAN' is the tagline 'communication for all' in a smaller, lowercase font.	<p>If you need this report in large print, audio, Braille, alternative format or in a different language please contact Customer Services on 0344 800 8020 or 0344 800 8011 (Textphone) and we will do our best to help.</p>
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The following item is to be published for the Health Scrutiny Committee
Meeting Date: Friday 20th January 2017

Norfolk and Suffolk NHS Foundation Trust update from CQC Inspection

The committee has requested a formal update following the CQC inspection to Norfolk and Suffolk NHS Foundation Trust in July 2016.

The trust was inspected by the CQC over a two week period in July 2016. This inspection followed an earlier inspection in 2014 which resulted in the Trust being rated as inadequate and placed in special measures.

Following the initial report, a project management team was put in place to oversee a quality improvement plan for the Trust. This process managed trust-wide improvement schemes whilst improvements related to business as usual were monitored via a quality dashboard.

As required by the CQC inspection model, the Trust received support from an improvement director and a 'buddy trust' in this case, Nottinghamshire Mental Health Foundation Trust.

The table below shows the initial ratings from the CQC and the subsequent ratings achieved in 2016. The 2016 ratings include ratings achieved by the substance misuse service provided in Norfolk which was not inspected in 2014 and includes a separate inspection of the Suffolk Rehabilitation and Recovery Service which was inspected as part of the acute ward service line in 2014.

	2014	2016
Trust wide rating	Inadequate	Requires improvement
Safe	Inadequate	Inadequate
Effective	Requires improvement	Requires improvement
Caring	Good	Good
Responsive	Requires improvement	Requires improvement
Well led	Inadequate	Requires improvement

The trust overall rating in 2016 is now 'requires improvement' and the trust has been removed from special measures. An updated action plan is now in place which is reported monthly to trust board and supported by team level plans to ensure that all staff are engaged in the improvements required.

With particular regard to the safe domain, many of the issues relate to the estate and a comprehensive work plan is in place.

Staffing issues are being addressed through a number of innovative schemes as well as ensuring safe staffing numbers.

For further information, please contact: Sue Barrett, Head of Governance, 01603 421538.

Trustwide- Quality Improvement Plan									
Purpose:					Service line/ locality	Trustwide			
Completed by:					Date last updated:		Version No.:	2.1	
Trust QIP ref	Core service	Description	Outcomes (SMART)	Actions	Exec Lead/locality lead	Evidence	Completion / target date	Notes	RAG
SA1		The trust must ensure that action is taken to remove identified ligature anchor points and to mitigate risks where there are poor lines of sight	<p>The trust will have a schedule of works to remove ligatures.</p> <p>Staff will know where the ligatures are on the ward and the actions required to mitigate the risks</p>	<p>Dedicated resource to carry out ligature assessments of all areas. Matron/CTL to participate in the annual ligature assessment process (November)</p> <p>Assessment booklets for each area to be published</p> <p>Simple infrastructure actions to be completed by the estates team</p> <p>Detailed spreadsheet of ligatures to be agreed at executive team and a RAG rated plan for removal or mitigation put in place.</p> <p>All staff to make matron aware of any new ligatures for reporting to patient safety meeting</p> <p>Matron/deputy to communicate plans for ligature removal to staff and ensure staff are aware of the mitigating actions required.</p> <p>Business change team to work with ward managers to implement ligature management process</p> <p>Ligature risks to be added to locality risk register</p>	Julie Cave	<p>Ligature audit and plan in place</p> <p>Minutes of patient safety meeting</p> <p>Staff will describe ligatures as part of peer review process</p>	<p>December 2016</p> <p>Ongoing</p>		
SA2		The Trust must ensure that action is taken so that the environment does not increase the risks to patient safety	See below		Julie Cave				

SA2.9	Crisis and HBPOS	The trust must address the environmental concerns in the HBPOS: 1.HTT Woodlands does not have dedicated interview rooms 2.Entrance to Woodlands/Northgate and Wedgwood HBPOS is open to view by the public 3.HBPOS at Hellesdon and Northgate only admit one patient 4.Hellesdon CRHT has no disabled facilities 5. Northgate HBPOS has single sex breach issue		1,2,4,5 to be costed and added to estates plan. Estates plan to be risk rated and actions prioritised 3. External bid for capital funding has been succesful and Norfolk HBPOS will be upgraded as per the bid. Detailed plan to be in place new suite to be opened	Julie Cave		December 2016 December 2017		
SA1.1	Adult acute	The trust must ensure there are clear lines of sight in the gardens	Lines of sight will be maintained in gardens	Planned maintenance schedule in place CTL to review any outside spaces and check for lines of sight. Any areas that could be hidden to be reported to estates to cut down bushes, move plants etc. Action to be reported to patient safety meeting	Julie cave	Minutes of patient safety meeting	Ongoing		
SA3	OP wards	The Trust must ensure that all mixed sex accomodation meets DOH and MHA code of practice guidance and promotes safety and dignity	All wards will comply with guidance	Fernwood: Plan to move to laurel Ward or make single sex to be agreed Abbeygate/Willows ward: Options to install sensors to prevent patients accessing opposite gender areas to be discussed. Management plan to access assisted bathroom to be in place in the interim Trustwide single sex assessment to be undertaken as part of annual environmental review	Julie Cave/Ruth Pillar Julie Cave/Vanessa Cotter Jane Sayer/Risk team		February 2017 December 2016 December 2016		
		The Trust must ensure that seclusion facilities are safe and appropriate and that seclusion and restraint are managed within the safeguards of national guidance and MHA code of practice	All seclusion facilities will meet the required standards	Staff will ensure that the seclusion room meets the required standards as per checklist. Deficiencies will be added to the estates plan Plan in place to develop seclusion facility on Southgate ward Plan to remove seclusion facility on Abbeygate ward	CTL Julie Cave	estates plan in place	December 2016 December 2016		

SA4	Adult acute		Seclusion heatmap will demonstrate that seclusion is recorded in accordance with the CoP	All staff sign to say that they are aware of the content of the seclusion policy and understand the definition of seclusion matron to undertake awareness training for staff who are unsure of the definition All staff to record seclusion as per policy Any gaps in seclusion reporting to be raised in management supervision	CTL All staff Manager/CTL	Staff signature sheet Supervision records	December 2016 and ongoing		
			Template care plans will also contain personalised information and records will demonstrate service user involvement	All staff will ensure that seclusion care plans are personalised and the patient is involved where possible Development of seclusion tab on Lorenzo Seclusion heatmap to be produced weekly (IN PLACE)	All staff Leigh Howlett Audit team	Seclusion heatmap	Spring 2017		
SA5	All	The Trust must ensure that all staff including bank and agency staff have completed statutory, mandatory and where relevant specialist training, particularly in restrictive interventions	Records demonstrate 90% compliance with stat/man training and relevant specialist training	<u>Substantive staff</u> All staff must ensure that they book onto stat/man training Managers/team leaders to check compliance as part of supervision. Managers/team leaders to support staff to attend training Managers team leaders to ensure specialist training needs are identified and met. <u>temporary staff</u> Review of induction for NHSP staff/booklet to be developed Agency staff to meet basic competency standards, E roster system to include skill requirement Communication to all staff	Debbie White/Alison Armstrong All staff Manager/CTL Trudii Isherwood Jane Parris Dawn Collins Sue Barrett	Training compliance data	Ongoing December 2016		
SA6	Crisis and HBPOS	The Trust must ensure there are enough personal alarms for staff and that patients have a means to summon assistance when required	All staff to have personal alarms whilst on duty	CTL to ensure that there are sufficient alarms for staff and visitors System to be in place to report and or replace non functioning alarms. Provision of alarms, baseline audit to be completed	CTL Sue Barrett	ward records	Ongoing		
	All wards		Patient call system to be reviewed by exec team	Need for alarms to be added to estates plan	Julie Cave		November 2016		

SA7	All	The trust must ensure there are sufficient staff at all times, including medical staff, to provide care to meet patients needs	Sufficient staff will be available to meet patients care needs	<p>Workforce strategy in place:</p> <p>Employment guarantee to all newly qualified staff</p> <p>Collaborative recruitment across the trust using social media campaign</p> <p>TRAC recruitment system to reduce time to hire</p> <p>Skill mix alternative work with localities</p> <p>HEE to undertake workforce planning courses</p> <p>Review of pathways in community teams</p> <p>participation in initiatives to develop assistant practitioners,</p>	<p>Leigh Howlett</p> <p>Debbie White/Alison Armstrong/</p>		February 2017 and ongoing		
SA7.9	Crisis and HBPOS	The Trust must review the out of hours staffing provision of crisis services	Data will show that teams are staffed to establishment	<p>Workforce strategy in place:-</p> <p>Employment guarantee to all newly qualified staff</p> <p>Collaborative recruitment across the trust using social media campaign</p> <p>TRAC recruitment system to reduce time to hire</p> <p>Skill mix alternative work with localities</p> <p>HEE to undertake workforce planning courses</p> <p>development of nurse consultants, advanced practitioners and assistant nurse practitioners</p> <p>Review the community model through the CPA review group</p> <p>review of the emergency assessment function in Suffolk</p>	<p>leigh Howlett</p> <p>Debbie White</p> <p>Alison Armstrong/ Margaret Little</p>		<p>01/02/2017 and ongoing</p> <p>Feb 2017</p> <p>March 2017</p>		
SA7.9.1	Adult acute	The trust must review staffing levels for CRHT at Fermoy	data will show that teams are staffed to establishment	<p>CRHT establishment has been revised to ensure that there is a higher level of senior staff available for complex clinical situations</p> <p>Workforce strategy to include:</p> <p>bespoke development planning and placement opportunities for recruited nurses needing to develop new skills</p> <p>greater development and use of assistant practitioners;</p> <p>development of advanced nurse practitioners and non-medical prescribers to demonstrate opportunity for greater responsibility, career advancement and offer motivation.</p>	Debbie White		Feb-17		

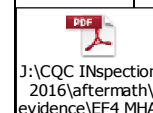
SA7.9.2	Adult community	The trust must review the medical input to the HTT in Suffolk West		Medical staffing input has been reviewed and will increase with effect from early 2017. There is also an NMP post being piloted to provide additional support which will be evaluated in December. Options of how to cover the increased medical time are being explored	Alison Armstrong		March 2017 December 2016 December 2016		
SA7.9.3	Crisis and HBPOS	The trust must ensure there are adequate staff to receive and support patients at the HBPOS Fermoy unit	Review provision of service in West Norfolk	Workforce strategy in place as above development of nurse consultants, advanced practitioners and assistant nurse practitioners Review the community model through the CPA review group	Leigh Howlett Jane Sayer Debbie White		Feb-17		
SA8	ALL	The Trust must ensure that all risk assessments and care plans are in place, updated consistently in line with multidisciplinary reviews and incidents and reflect the full and meaningful involvement of patients	Data reported monthly demonstrates 95% compliance with core assessments, risk assessments and care plans Audit demonstrates 95% compliance with quality indicators.-	CPA task and finish group to continue to monitor and improve compliance All staff to ensure that full CPA documentation is completed and updated regularly. Monthly data to be reviewed and discussed at PARM Gaps in compliance to be discussed in management supervision Additional training to be provided where necessary Quarterly audit reported to QGC and PARM Audit results to be discussed in the team and at management supervision Improvement plans to be put in place where the 95% threshold isn't achieved.	Debbie White/ Alison Armstrong Manager/CTL	CPA data Audit report	January 2017 then Ongoing		
SA8.2	Adult community	The trust must ensure that all CPA reviews take place and are fully recorded		As above					

SA9	All	<p>The Trust must ensure that medicines prescribed to patients who use the service are stored, administered, recorded and disposed of safely.</p> <p>The trust must consistently maintain medication at correct temperatures in all areas and ensure action is taken if outside correct range</p> <p>PRN medication must be documented fully in the continuation notes, including name of medication, dose and the reason for giving it and its efficacy</p>	<p>Data shows the ambient temperature and fridge temperature has been recorded daily. Evidence shows that where temperatures are outside normal limits, action is taken.</p> <p>Where a patient has been prescribed PRN medication, this is regularly reviewed and the outcome documented in the clinical record</p> <p>Audit demonstrates 100% compliance with signatures for the administration of medication</p> <p>CD medication is recorded according to policy</p>	<p>Staff member to be allocated to record temperatures each day</p> <p>Staff to be aware what action they should take should the temperature be outside normal</p> <p>Matron to undertake weekly check.</p> <p>baseline audit of aircon provision to inform estates plan</p> <p>Manager/team leader to review as part of management supervision.</p> <p>review as a standing item at patient reviews</p> <p>Matrons to carry out audit</p> <p>Breaches to be reported to Manager/team leader</p> <p>Manager/team leader to address performance with the Staff member, involving HR where relevant</p> <p>Matrons to carry out audit</p> <p>Breaches to be reported to Manager/team leader</p> <p>Manager/team leader to address performance with Staff member, involving HR where relevant</p>	<p>CTL</p> <p>All staff</p> <p>Matron</p> <p>Sue Barrett</p> <p>Manager/CTL</p> <p>Matron</p> <p>manager/CTL</p> <p>Matron</p> <p>Manager/CTL</p>		<p>November 2016 then ongoing</p> <p>Nov 2016</p>		
SA10	Trust	The Trust must ensure it is compliant with controlled drug legislation when ordering controlled drug medication from another Trust	The trust will be compliant.	Pharmacy lead will work with provider to ensure the legislation is adhered to	Bohdan Solomka/ Esther Johnston				
SA11	Op wards Adult acute	The trust must ensure that the prescribing, administration and monitoring of vital signs of patients are completed as detailed in the NICE guidance on violence and aggression. C111 Rapid tranquillisation policy	<p>EWS form to be completed for every episode of rapid tranquillisation</p> <p>Evidence in the health record that appropriate action has been taken depending on the EWS score</p>	<p>All staff to be trained in modules 1 and 3 of the physical health observations workbook training</p> <p>Staff to complete a EWS form for all rapid tranquillisations (form on paper not yet Lorenzo)</p> <p>Staff to act on the EWS score according to guidance and document in the health record</p> <p>Audit to be completed</p>	<p>Manager/CTL</p> <p>All staff</p> <p>All staff</p> <p>Sue Barrett</p>	<p>Training records</p> <p>Audit report</p>	<p>January 2017</p> <p>January 2017</p> <p>January 2017</p> <p>February 2017</p>		
SA14	Adult acute	The trust should review the use of shared bedrooms Churchill, Glaven, Waveney	All rooms will uphold privacy and dignity	<p>Churchill ward, partition walls to be costed and added to estates plan</p> <p>Glaven and Waveney wards to be factored into the bed review</p>	<p>Julie Cave</p> <p>Debbie White</p>	<p>Estates plan in place</p>	<p>Nov 2016</p> <p>Jan 2017</p>		

SA18	OP wards LD wards	The trust must ensure that appropriate arrangements are in place for ensuring that administration of covert medication is carried out with the correct documentation in place	Covert administration will be carried out in line with the appropriate legal framework (MCA policy) Covert medication will be documented in accordance with policy C59	MCA Task and Finish group to undertake and review the Trust MCA and DoLs processes incorporating EF8 and SA18 to ensure: All staff to be familiar with MCA policy and practice All staff have attended MCA training All staff understand the process and necessity for the implementation of DoLs including the limitations of DoLs and use of restrictive practices All staff understand the need to implement best practice guidelines whilst awaiting a DoLs authorisation All staff understand the need to re-assess when considering covert medication and the relationship between the MHA and MCA in such circumstances MCA training to be reviewed to address practice based learning and scenarios highlighting the areas above. MCA policy to be reviewed to issue guidance	Saranna Burgess Manager/team leaders Dawn Collins Law forum		December 2016 January 2017 then ongoing		
SA19.3	OP wards	The trust must ensure that safety checks are undertaken routinely for equipment	All portable equipment is checked regularly and a sticker is provided showing the dates	Planned preventative maintenance (PPM)schedule to be reviewed and updated Matrons to check equipment as part of weekly environmental audit	Julie Cave Matrons	PPM schedule in place Audit	December 2016 Ongoing		
SA22	Community CAMHS	The Trust review the practice of requiring service users to "opt in" to services	All people referred will be offered an appointment and all DNA's will be followed up.	Protocol rewritten and disseminated for implementation.	Debbie White/Alison Armstrong		December 2016		
EF1	Trust	The Trust must take an immediate review into clinical information handling and information systems so that risks can be identified in order to protect patient safety	All clinical information can be found as needed	Work with the CSC developers in Chennai continues to solve the freezing and crashing issue. Trust equipment now shipped to the team for indepth investigation, outcome expected by the end of November 16. Pilot of laptops in seclusion areas now complete and in place, building works for additional data and electric points requested. Lorenzo user group reviewing the use of documentation and tabulation to ensure information can be found quickly. The basic patient search tool is available to any member of staff and identifies which system in the Trust holds any patient data. Care plan and CPA compliance being taken forward by the CPA task and finish group under the Director of Nursing. Additional training plus video on 'how to' now available.	Leigh Howlett/Dave Huggins		31/11/2016 and Ongoing, Lorenzo is a dynamic product we will adapt over its lifetime		

EF1.1	ALL	The Trust should ensure the electronic records system can be navigated and used by staff in such a way it enhances care provision	All staff report feeling confident that they are able to record and retrieve information from the system.	Managers/team leaders to establish the current ability of staff to use Lorenzo Managers/team leaders to ensure staff take up any additional training required When all regular training has been taken up, clinical leads in IT team to be contacted to organise any additional or bespoke training that is required CPA training to be developed to include Lorenzo actions Trustwide survey monkey	Manager/CTL Helen Blee		February 2017		
EF2	All	The trust must ensure that all staff receive regular supervision and annual appraisals, and that this is recorded.	All staff report receiving supervision in line with policy Data will show 89% compliance with annual appraisals	Supervision policy to be reviewed and relaunched All staff to receive supervision in line with revised policy Supervision to be recorded as per policy All staff to receive an annual appraisal All appraisals to be recorded on the electronic system as per policy	Dawn Collins manager/CTL manager/CTL		March 2017 then ongoing		
EF3	All	The trust must carry out assessments of capacity for patients whose ability to make decisions about their care and treatment is in doubt and record these in the care records There should be clear documented evidence of the staff reach capacity decisions	Audit demonstrates capacity assessments are undertaken in accordance with policy and recorded in the health record.	MCA Task and Finish group to undertake and review the Trust MCA and DoLs processes incorporating EF8 and SA18 to ensure: All staff to be familiar with MCA policy and practice All staff have attended MCA training All staff understand the process and necessity for the implementation of DoLs including the limitations of DoLs and use of restrictive practices All staff understand the need to implement best practice guidelines whilst awaiting a DoLs authorisation All staff understand the need to re-assess when considering covert medication and the relationship between the MHA and MCA in such circumstances MCA training to be reviewed to address practice based learning and scenarios highlighting the areas above. All staff have attended MCA training All staff to be familiar with MCA policy managers to contact Helen Dewson for further training for staff MCA training to be reviewed to include more opportunities to practice carrying out assessments.	Saranna Burgess manager/CTL Dawn Collins		November 2016 February 2017 then ongoing December 2016		
EF4.1	Adult acute	The cancellation of sec 17 leave must be recorded and reported	Data shows that no patients had their leave cancelled because of lack of staff	As from 1st November, reporting will be via Datix, guidance to be issued. (COMPLETE) All staff to record any sec 17 leave that is cancelled and the reason why Monthly data to be discussed at PARM	Sue Barrett All staff/CTL Manager/CTL		November 2017 then ongoing		

EF5	Adult community CAMHS community OP community	The trust should review the different working arrangements within each team, in order to ensure the consistency of care provided to patients. The trust should adopt a standardised caseload allocation tool	Working practices are aligned across the Trust Standardised tool is used across the trust	Contractual discussions with CCG's leading to one contract for Norfolk and one for Suffolk Standard operating procedures for single point of contact in both counties to be developed where possible. To be discussed at ASF revised service specifications in place Standardised tool to be adopted ensuring that the tool meets the needs of all service lines where possible. Standardised allocation process in Suffolk as part of operating framework. Pilots to be implemented in Suffolk	Debbie White/ Alison Armstrong Veno Sunghuttee		01/03/2017 December 2017 March 2017		
EF8	OP wards	The trust must have adequate governance systems in place to assess risk and to protect the rights of patients awaiting DOL's authorisations and ensure staff have adequate information regarding their legal roles and responsibilities.	System in place	MHA administrators to ensure that staff are given information on the progress of applications. New process in place	Helen Dewson		Nov-17		
RE1	OP community	The trust must ensure that people receive the right care at the right time by placing them in suitable placements that meet their needs and giving them access to 24 hour crisis teams	Patients will be able to access treatment close to home 24 Hour crisis services will be available to older people and CAMHS patients where commissioned	Contractual discussions with CCG's Trustwide bed review Action plan to be put in place following the bed review	Debbie White/ Alison Armstrong		Jan-17		
RE2.9	Crisis and HBPOS	The trust must ensure that an overarching operating procedure, clearly defines KPI's The Trust must review their compliance with KPI's for response times to assessment in crisis services The trust should review the process to enable locality managers to be able to monitor their services against KPI's and have this information easily accessible.	Operating policies to include KPI's. Compliance data to be produced monthly and shared at team level KPI's to be reviewed at monthly PARM meetings	Operating policies to be reviewed and KPI's added where necessary. Crisis team data to be produced monthly and discussed at PARM. There is an Operating Framework for the emergency assessment team which includes the 4 hour and 72 hour response times. the KPIs which we report on will be added to the Document by 10th November. KPIs are discussed as part of the business meetings and reported on by the service daily.	CTL's Debbie White/Alison Armstrong		November 2016 and ongoing		



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:-

- (a) **Autism services** – the situation with regard to the Autism Suffolk Family Support Worker service when the current contract ends in March 2017.
- (b) **Diabetes care within primary care services** – Directors of Public Health responses to the Joint Committee's recommendation of 7 October 2016.
- (c) **Out-of-hospital teams** – update
- (d) **Delayed transfers of care** – the latest trend
- (e) **ME / CFS (Myalgic Encephomyelitis / Chronic Fatigue Syndrome)** – an update on service commissioning
- (f) **Development of Shrublands centre** – update
- (g) **Norfolk and Waveney Sustainability Transformation Plan** – comments by health scrutiny committee members
- (h) **Most Capable Provider procurement process** – update
- (i) **Briefings received from the CCG since October 2016**
 - (1) Final two Lowestoft hospital services move on 5 December 2016
 - (2) Westwood surgery move

Great Yarmouth and Waveney Clinical Commissioning Group

Briefing for Great Yarmouth and Waveney Health Scrutiny Committee: Question 8a.

Autism services and the situation with regard to the autism Suffolk Family Support Worker service when the current contract ends in March 2017?

Response.

- To clarify Great Yarmouth and Waveney Clinical Commissioning Group (GYWCCG) have not historically financially contributed to the Autism Suffolk service. GYWCCG received a request from Autism Suffolk to consider funding following the commissioning decision made by Suffolk County Council, however due to the CCG's current financial position the CCG were unable to invest in any new services at the time of the request.

Actions taken by the CCG to address likely impact on families .

- A community paediatric review has been undertaken in 2016 with a skill mix review resulting in two health posts being recruited to .These roles will include supporting families whose children have a diagnosis of Autism or are being assessed by the team for Autism.
- Current voluntary sector contract in place whose remit is to run support groups for families whose children are awaiting assessment or have a diagnosis from the child development unit at Newberry (covering Waveney area).The voluntary sector are also offering positive behaviour support approaches to these families. Outcomes of this service will be presented to the CCG at the end of March 2017.

Patricia Hagan
Head of Children, young people and maternity services

Item (b)

Diabetes care within primary care services

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

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

The responses were as follows:-

Norfolk

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

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

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

Suffolk

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

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

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

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

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

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

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

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

We aim to improve Identification and support of those with prediabetes

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

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

Great Yarmouth and Waveney Clinical Commissioning Group

Briefing for Great Yarmouth and Waveney Health Scrutiny Committee: Update on out of hospital teams

The Out of Hospital Teams for the North and Lowestoft continue to actively recruit to vacancies within teams due to general turnover of staff. The exception remains physiotherapy posts, which have continued to be challenging in terms of recruitment of suitable candidates.

Current vacancies:

Lowestoft Out of Hospital Team

Lowestoft OHT - vacancies		
Staff Group	WTE	Band
Nurse	2	6
Occupational Therapist	1	6
Total	3	

North Out of Hospital Team

North OHT - vacancies		
Staff Group	WTE	Band
Nurse	1	6
Physiotherapist	1	6
Total	2	

There are currently no vacancies within the Sole Bay CICT.

Patrick Stead Hospital

In the Autumn East Coast Community Healthcare (ECCH) moved outpatient provision and phlebotomy from the main hospital building into the physiotherapy block at the Patrick Stead Hospital site. However, it became clear that in the current state the new location was not suitable, also consultants from the James Paget University Hospital were clear that the alternative provision was insufficient to meet their requirements. As a result ECCH agreed to support returning these services to the ground floor building.

The CCG is currently working with members of the Halesworth community to establish the future provision of services to the Halesworth population and planning for the build of the Castle Meadows facility.

Emma Bray
Head of Clinical Commissioning

**Briefing for Great Yarmouth and Waveney Health Scrutiny
Committee: Delayed transfers of care – the latest trend**

Delayed transfers of care (DTOC) rates are currently unavailable for November and December, however the rate for October 2016 at JPUH was 2.5%, which is one of the best in the region. The system has therefore performed extremely well and the CCG Chief Nurse has therefore been asked to be part of the DTOC Executive Central Team Visits to other systems seeking to improve their DTOC numbers and therefore reducing the number of patients remaining in hospital longer than they need.

Verified delayed transfer of care information for the Christmas and the New Year period will be available during February/March 2017.

The system planned well over the busy Christmas and New Year period with robust plans in place to ensure continued quality and safe care for the population of Great Yarmouth and Waveney. This included additional capacity within GP practices to offer urgent appointments, additional capacity with out of hours including streaming from A&E to primary care, and also increased provision across community and social care services to support both admission avoidance and also discharge from hospital.

Processes were in place to support the acute hospital in the lead up to Christmas and New Year to support discharge and ensure sufficient capacity to support any influx of admissions over the festive period. It has been a challenging time for the system with a high number of acutely unwell patients presenting at JPUH, in particular the period following the New Year bank holiday weekend.

For winter 2016/17 NHS England have introduced a new method of determining system pressure and escalation titled OPEL with levels ranging from 1 being no significant pressure, to 4 being no capacity. In early January JPUH escalated to OPEL 4 due to the increase in demand and intensity with a high number of ambulances throughout the day. However, the health and social care system worked well and acted fast to increase capacity both inside and outside the trust to accommodate the numbers presenting and also facilitate discharge to the community. The CCG also based a member of staff at JPUH throughout the period to provide support. This allowed JPUH to de-escalate to OPEL 3 quickly. During this period the wider system also provided support with both the Norfolk and Norwich University Hospital (NNUH) and Ipswich Hospital offering to receive patients through intelligent conveyancing system used by the ambulance service.

This arrangement was reciprocated later in the week when JPUH returned to OPEL 2 and the NNUH and Ipswich Hospital required JPUH to receive patients. This demonstrates the collaboration and shared vision across the local and wider health and social care system.

A learning event is scheduled for 11 January to reflect on the positives and also discuss where improvements can be made for future planning.

Emma Bray
Head of Clinical Commissioning

Great Yarmouth and Waveney Clinical Commissioning Group

Briefing for Great Yarmouth and Waveney Health Scrutiny Committee: ME/CFS (Myalgic Encephalomyelitis / Chronic Fatigue Syndrome) – an update on service commissioning

The Myalgic Encephalomyelitis and Chronic Fatigue Service (ME & CFS) is commissioned by the seven CCGs in Norfolk and Suffolk and is provided by East Coast Community Healthcare (ECCH). Ipswich and East Suffolk CCG is currently the lead commissioner for the service, responsible for working in partnership with the other CCGs in Norfolk and Suffolk and the ME & CFS User and Patient Group to support the development of the service.

ECCH provide a multi-disciplinary specialist service to assess, diagnose and advice on the clinical management of ME/CFS to adult and paediatric patients across Norfolk and Suffolk. There are approximately 1400 active patients undergoing treatment. The team consists of general practitioners with specialist interest in ME/CFS (GPsWI), occupational therapists and physiotherapists. The initial assessment of patients to confirm diagnosis is carried out by therapists or, in more complex cases, the GPsWI. As per other services in Essex, Peterborough and Cambridgeshire, the service is a non-prescribing outpatient service with therapy-led treatments: there is no consultant leading the service.

In the summer of 2015, six CCGs in Norfolk and Suffolk commissioned a review to be completed by a specialist ME/CFS consultant to review the options to develop a consultant led service for this group of patients across Norfolk and Suffolk. This report was completed and shared with the CCGs including Great Yarmouth and Waveney CCG in December 2016.

The CCGs have also shared the report with ME/CFS patient groups and with the current provider of ME/CFS services, ECCH. ECCH have been asked to provide a commentary on the operational implications of this report on current service. This report is currently awaited. On receipt, it will be fully considered by GYW CCG's Clinical Executive Committee, and similar committees across the CCGs to enable a decision on commissioning arrangements going forward to be made.

Great Yarmouth and Waveney Clinical Commissioning Group

Briefing for Great Yarmouth and Waveney Health Scrutiny Committee: Update on the development of Shrublands centre

In 2015 NHS Great Yarmouth and Waveney CCG consulted the public to gather views about the best location for a new building to accommodate a number of GP Practices in Gorleston and Bradwell. The outcome of the consultation was that the governing body of NHS Great Yarmouth and Waveney CCG agreed that the Shrublands site was the preferred location.

Once the decision was made a committee was set up including Great Yarmouth Borough Council, Norfolk County Council, East Coast Community Healthcare, MESH (Magdalen, Elmhurst Court and Shrublands Neighbourhood Management team), NHS Property services and the CCG.

The committee meets on a monthly basis to with a view to ensuring all the steps are in place, including communication and engagement to deliver a fully formed business case. All stakeholders have reviewed their current requirements and have told us what they need to meet their future plans and strategies. This information has enabled the architects to develop initial plans and options about what will be possible on site.

A stakeholder group is held bi-monthly which enables the continued involvement and updating of all stakeholders. In October a successful open day was held to provide an opportunity for staff, residents, and local councillors to see the early plans and ask questions and also make comments.

A successful bid to NHS England meant that an allocation has been made to enable the work to finalise the plans and the business case. The aim is to submit for planning permission in spring 2017

Discussions are ongoing with NHS property Services and Norfolk County Council, (who own the land) to identify funding for the development.

Tracy McLean
Deputy Director Partnership and Strategy Development

Item (g)

Norfolk and Waveney Sustainability Transformation Plan

On 8 December 2016 two Members of Suffolk Health Scrutiny Committee attended Norfolk Health Overview and Scrutiny Committee, which was receiving the Norfolk and Waveney Sustainability & Transformation Plan (N&W STP) October 2016 submission. The N&W STP lead, Dr Wendy Thomson, Managing Director of Norfolk County Council, and the Primary, Community and Social Care workstream lead, Roisin Fallon-Williams, Chief Executive of Norfolk Community Health & Care NHS Trust attended the meeting to discuss the plan, answer Members' question and receive comments.

At this stage the N&W STP is a strategic plan and does not outline specific proposals for substantial changes to services 'on the ground'. NHOSC received assurance that, in line with statutory requirements, health scrutiny would be consulted on any specific proposals for substantial changes to local services that arise from the STP at a later stage.

The Committee agreed that a report of comments, based on the minutes of 8 December 2016 meeting, would be forwarded to the N&W STP Executive Board. The draft minutes and the report of comments were circulated to Members of NHOSC and Great Yarmouth and Waveney Joint Health Scrutiny Committee, approved by NHOSC on 12 January 2016 and submitted for the N&W STP Executive Board. The comments were as follows:-

1. The STP should be developed alongside other Central and Local Government and NHS strategies (such as the Government's plans for 7 day working in all sectors of the NHS and the operating plans of the NHS which were not directly a part of the STP).
2. Breaking down barriers in the provision of care is fundamental to success, particularly between GPs and hospitals, physical and mental health and between health and social care.
3. In addition to looking to design the whole system approach around the amount of money that was available, emphasis should be placed on the importance of lobbying Government at the political level for additional resources to fill funding gaps.
4. It might take significantly longer than the 5 year timescale of the STP before the fundamental changes that the STP intended to bring about are viewed by the public as a success or a failure.
5. There are questions around how acute services will be able to meet demand before the real improvements to the public's health materialise and the economic modelling that has been done around early intervention strategies.

6. Providing greater public access to therapies that tackle mental health issues at an early stage should be addressed as a strategic issue.
 7. The reference in the STP Workforce workstream to resilience training for staff should be explained so that its connection to the NHS Five Year Forward View is understood and it is not seen as referring to the whole workforce.
 8. The impact of the STP on third sector organisations should be recognised.
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**Briefing for Great Yarmouth and Waveney Health Scrutiny
Committee: Update on the Most Capable Provider (MCP) process**

The Most Capable Provider process evolved during 2016 to ensure that providers were better integrated and working together. This is in line with the CCGs strategy for greater integration and the NHS Five Year Forward View.

The process was coordinated by NEL Commissioning Support Unit in line with CCG governance requirements and the legal framework relating to procurement.

The process was fully embraced by the providers who invested substantial resources to ensure a positive outcome.

However, the commercial offer did not fully meet the requirements and in light of this the CCGs Governing Body considered the MCP and made a decision not to award the contract and therefore this process has come to an end.

In the meantime NHS England have introduced Sustainability and Transformation Plans (STPs) which have been set up to deliver the Five Year Forward View and greater integration.

Fran O'Driscoll
Director of Partnership and Delivery

Item (i)

Briefings received from the CCG since October 2016

1. Final two Lowestoft hospital services move on 5 December

On 25 November 2016 the CCG informed Members of the Joint Committee that the last two out-patient services based at the old Lowestoft Hospital site would move on Monday 5 December, sooner than anticipated, after a burst water main meant that the hospital site was no longer suitable.

Since 5 December 2016 the phlebotomy service (blood tests), which was based in one of the old hospital buildings, has been offered from three sites, one in Kirkley Care Centre in the south of the town and two in north Lowestoft.

The community dental service, which was provided from a mobile dental surgery parked on the old Lowestoft Hospital site off Tennyson Road, is temporarily running from the Newberry Clinic in Gorleston and the James Paget University Hospital, until an alternative site can be found.

The closure of Lowestoft Hospital followed the outcome of the public consultation. Earlier in 2016 a series of out-patient services, including dermatology, antenatal and community paediatrics were moved to new accommodation in Kirkley.

The James Paget University Hospitals NHS Foundation Trust, which owns Lowestoft Hospital, is considering options for the future of the site as part of its overall estates strategy.

2. Westwood surgery move

On 10 November 2016 the CCG informed Members that GP services at Westwood Surgery, 45-47 Westwood Avenue, Lowestoft, run by East Coast Community Health and Care (ECCH), would be relocating to Kirkley Mill Health Centre, Clifton Road, Lowestoft from 1 December 2016.

ECCH had become concerned that the practice building at Westwood Surgery was no longer fit for purpose to provide modern GP services to patients. For example, it did not comply with safety requirements for disabled patients. For this reason, in discussion with the CCG, the decision had been taken to vacate the Westwood surgery premises. Patients were automatically re-registered at the new premises, and were able to register with another practice of their choice if they wished.

Date: 20 January 2017
Item no: 8

Great Yarmouth and Waveney Joint Health Scrutiny Committee

ACTION REQUIRED

Members are asked to suggest issues for the forward work programme that they would like to bring to the committee's attention. Members are also asked to consider the current forward work programme:-

- whether there are topics to be added or deleted, postponed or brought forward;
- to agree the briefings, scrutiny topics and dates below.

Forward Work Programme 2016-17

Meeting date & venue	Subjects
Tuesday 4 April 2017 Council Chamber, Great Yarmouth Town Hall	<u>Learning Disability Services</u> – progress with implementation of the Transforming Care Programme for people with learning disabilities and / or autism.
Friday 14 July 2017 Venue to be confirmed	<u>Services for children who have an Autistic Spectrum Disorder (ASD)</u> – update from the CCG and Norfolk and Suffolk Children's Services on progress with services for children with autism (<i>a follow up to the meeting on 15 July 2016</i>) <i>Information Bulletin item - <u>Update on changes to adult and dementia mental health services.</u></i>

NOTE: These items are provisional only. The Joint Committee reserves the right to reschedule this draft timetable.

Items for consideration / scheduling:

None noted.

Great Yarmouth & Waveney Health Overview and Scrutiny Committee
20 January 2017

Glossary of Terms and Abbreviations

A&E	Accident And Emergency
ASD	Autistic Spectrum Disorders
BMI	Body mass index
CAMHS	Child and Adolescent Mental Health Services
CCG	Clinical Commissioning Group
CFS	Chronic Fatigue Syndrome
CICT	Community integrated care team
CoP	Code of Practice
CPA	Care Programme Approach
CQC	Care Quality Commission
CRHT	Crisis Resolution Home Treatment
CTL	Clinical Team Leader
DoH	Department of Health
DOLS	Deprivation of liberty safeguards
DTOC	Delayed transfers of care
ECCH	East Coast Community Healthcare
EEAST	East Of England Ambulance Service NHS Trust
EU	European Union
EWS	Early warning score
GPwSI	GP with special interest
GY&W	Great Yarmouth And Waveney
HBPOS	Health based place of safety
HEE	Health Education England
HRG	Healthcare Resource Group – a system for categorising similar groups of patients requiring similar resources.
HTT	Home Treatment Team
IMH Group	A network of primary care sites across the UK. IMH Group formerly held the contract for the GP practice and walk-in centre at Greyfriars, Great Yarmouth, ending in Sept 2016.
JHSC	Joint Health Scrutiny Committee
JPUH / JPH	James Paget University Hospital
KPI	Key performance indicator
MESH	Magdalen, Elmhurst Court and Shrublands Neighbourhood Management team
MCA	Mental Capacity Act 2005
MCP	Most Capable Provider – a procurement scheme under which new contracts can be awarded without open competition. The method is seen as a way of achieving change by building trust
ME	Myalgic Encephomyelitis
MECC	Making every contact count

MHA	Mental Health Act 1983
NCC	Norfolk County Council
NEL	North East London Commissioning Support Unit
NICE	National Institute for Health and Care Excellence
NNUH	Norfolk and Norwich University Hospitals NHS Foundation Trust
NSFT	Norfolk and Suffolk NHS Foundation Trust (the mental health trust)
N&W STP	Norfolk and Waveney Sustainability & Transformation Plan
OHT	Out of hospital team
OPEL	Operational pressures escalation level
PCT	Primary Care Trust
PH	Public Health
PRN	Pro Re Nata – medication that is taken as needed
QGC	Quality Governance Committee
RAG	Red, Amber, Green – rating system
RCA	Root cause analysis
SAS	Special allocation service – GP primary care service for patients who have been removed from a practice list as their behaviour has been either threatening or violent towards staff or patients
SSC	Suffolk Social Care
SI	Serious incident
SMART	Specific, measurable, achievable, realistic, time-bound
WTE	Whole time equivalent