Great Yarmouth and Waveney Joint Health Scrutiny Committee

Date: **Friday 26 October 2018**

Time: **10.30 am**

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

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

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

Membership –

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

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

A g e n d a

1. Apologies for Absence and Substitutions

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

2. Minutes

(Page 5)

To confirm the minutes of the meeting of the Great Yarmouth and Waveney Joint Health Scrutiny Committee held on 13 July 2018.

3. Public Participation Session

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

A speaker will need to give written notice of their wish to speak at the meeting by contacting Tim Shaw at the email address above by no later than 12 noon on 22 October 2018.

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

4. Members to Declare any Interests

If you have a Disclosable Pecuniary 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.

6. Myalgic encephalomyelitis and chronic fatigue syndrome (ME/CFS) (Page 13)

To receive an update on the work to improve the current service for Norfolk and Suffolk.

7. Out-of-hospital services (Page 34)

To receive an update on progress with the roll-out of services across the Great Yarmouth and Waveney area.

8. Information Bulletin

To note the written information provided for the Committee

(a) Blood testing services in Great Yarmouth and Waveney (Page 44)

(b) Norfolk and Suffolk NHS Foundation Trust progress in Great Yarmouth and Waveney (Page 46)

(c) Norfolk and Waveney Sustainability Transformation Plan – update (Page 48)

(d) Health provision for the Woods Meadow development, Oulton (Page 53)

9. Forward Work Programme

To consider and agree the forward work programme and dates and times of future meetings. (Page 55)

10. 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 56)

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GREAT YARMOUTH AND WAVENEY JOINT HEALTH SCRUTINY COMMITTEE
MINUTES OF THE MEETING HELD ON 13 July 2018

Present:

Stephen Burroughes	Suffolk County Council
Elizabeth Gibson-Harries	Mid-Suffolk District Council
Nigel Legg	South Norfolk District Council
Jane Murray	Waveney District Council
Richard Price	Norfolk County Council

Also Present:

Cath Byford	Director of Commissioning and Deputy Chief Officer, NHS Great Yarmouth & Waveney CCG
Ben Hogston	Deputy Director of Primary Care, NHS Great Yarmouth & Waveney CCG
Dr Paul Berry	Retained GP Lead on Planned Care, NHS GY&W CCG
Kim Balls	Strategic Planning , Great Yarmouth Borough Council
Sam Hubbard	Suffolk Coastal and Waveney District Councils
Ben Wright	Suffolk Coastal and Waveney District Councils
Lorraine Rollo	NHS GY&W CCG
Jenny Beesley	East Coast Hospice (for item 7 regarding palliative/end of life care)
Darren Lane	East Coast Hospice
Dr Patrick Thompson PhD	Member of the Public (attending for item 6 regarding CCG Planning for Primary Care Capacity)
Richard Chilvers	Member of the public
L Jacklin	Member of the public
Robert Boardley	Member of the public
Cllr Sandra Gage	Suffolk County Council/Ipswich Borough Council
Sam Hubbard	East Suffolk Council
Maureen Orr	Democratic Support and Scrutiny Team Manager, Norfolk County Council
Paul Banjo	Democratic Services, Suffolk County Council

Tim Shaw Committee Officer, Norfolk County Council

1A Election of Chairman for 2018/19

1A.1 RESOLVED

That Dr Nigel Legg be elected Chairman of the Committee for the ensuing year.

1B Election of Vice-Chairman for 2018/19

1B.1 RESOLVED

That Mr Stephen Burroughes be elected Vice-Chairman of the Committee for the ensuing year.

2A Apologies for Absence

2A.1 An apology for absence was received from Mrs Emma Flaxman-Taylor. There were no substitute Members present.

2B **Joint Committee Membership for 2018/19**

2B.1 It was noted that the Members attending today's meeting from Suffolk were temporary appointments. After this meeting they were expected to be Stephen Burroughes, Jane Murray and Russ Rainger (Suffolk County Council) with Elizabeth Gibson-Harries (Mid Suffolk District Council) attending as a substitute member when any of the three named Suffolk Members were unavailable.

3 Minutes

The minutes of the previous meeting held on 13 April 2018 were confirmed as a correct record and signed by the Chairman.

4 Public Participation Session

4A Palliative and End of Life Care

4A.1 With the permission of the Chairman, Mrs Jenny Beesley, East Coast Hospice, asked the Joint Committee to consider the issue of palliative and end of life care service provision in Great Yarmouth and Waveney at a future meeting. Mrs Beesley said that information in the yellow folders given to patients with life limiting conditions was out of date and inaccurate, that the Suffolk Public Health Report was one of the best in the country and better than the Norfolk one and that there was no specialist palliative care beds in Norfolk and Waveney, no hospice at home and no 24/7 outreach. She said that East Coast Hospice was fundraising to build a ten-bed specialist palliative care facility with day-care and complementary therapies for the people of Great Yarmouth and Waveney. East Coast Hospice had 7.54 acres of land on the Gorleston/Hopton border for this

purpose. Mrs Beesley said that the CCG should consider its response to the increasing demand for palliative and end of life care and the type of service it was able to provide to address the issue.

4A.2 The Vice-Chairman said that he shared Mrs Beesley's concerns and added that the James Paget Hospital did not have a specialist palliative and end of life care consultant, an issue which should be addressed.

4A.3 In reply, Cath Byford, Director of Commissioning and Deputy Chief Officer, NHS Great Yarmouth and Waveney CCG, said that the CCG recognised that it needed to provide a palliative and end of life care service that supported people in the home as well as in a hospital setting. The CCG was working with the James Paget Hospital on the planning for this issue and in particular on providing access to 24/7 specialist advice on palliative and end of life care issues from April 2019.

4B CCG Planning for Primary Care Capacity

4B.1 With the permission of the Chairman, Dr Patrick Thompson PhD, a member of the public, spoke about CCG Planning for Primary Care Capacity (agenda item 6). He drew the Joint Committee's attention to the comments at page 16 of the agenda by NHS Great Yarmouth & Waveney CCG about the housing developments and significant population growth that was intended for both the Gorleston, north Lowestoft and south Waveney areas and as a result of this the CCG had identified specific areas for core capital investment "over the coming years". Dr Thompson said that he had heard the remark "over the coming years" many times before and hoped that this meant there was no set time scale because he wanted to be assured that the planning would not have (as in previous times) a "so many years plan" deadline which could not be implemented because either time or resources or both had run out.

4B.2 Dr Thompson then said that the CCG should make clear:

- What would happen to the 12 objectives identified in the CCG report if the capital bid to NHS England failed.
- The CCG's plans for the development of the Greyfriars site, the cost implications and the purpose.
- How "Health and Well-Being" would be developed in the Great Yarmouth and Waveney area and be core to future planning and fit in with the work of Health and Well-Being Boards.
- If the forthcoming consultation about the Shrubland site would be any different from that undertaken in 2015 when development plans were approved but were not implemented.
- What was meant by the words "engender professional collaboration/other synergies through co-location" that were used by the CCG in paragraph 3 of their report.

4B.3 The Chairman thanked Dr Thompson for his comments and asked the speakers from the CCG if they would like to respond when the Joint Committee considered the issue further at item 6 on the agenda.

5 Declarations of Interest

5.1 Stephen Burroughes declared an “other interest” in the item on CCG Planning for Primary Care Capacity 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 next year, from the merger of Suffolk Coastal and Waveney District Councils.

6 CCG Planning for Primary Care Capacity

6.1 The Joint Committee received a suggested approach from the Scrutiny Officer at Suffolk County Council to an update report from Great Yarmouth and Waveney CCG on CCG Planning for Primary Care Capacity.

6.2 The Committee received evidence from Cath Byford, Director of Commissioning and Deputy Chief Officer, NHS Great Yarmouth & Waveney CCG, Ben Hogston, Deputy Director of Primary Care, NHS Great Yarmouth and Waveney CCG, Dr Paul Berry, Retained GP Lead on Planned Care, NHS GY&W CCG, Kim Balls, Strategic Planning , Great Yarmouth Borough Council, Sam Hubbard, Suffolk Coastal and Waveney District Councils, and Ben Wright, Suffolk Coastal and Waveney District Councils.

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

- The speakers said that the CCG had previously been unable to obtain the level of capital investment from NHS England that was needed to make significant improvements in premises at the Shrublands site in Gorleston.
- The outcome of current bids to funding authorities such as NHS England would be essential in developing a robust and comprehensive estates plan for the Shrublands site. Current proposals, led by adult social care at Norfolk County Council, included the possibility of Council buildings that were leased for health related purposes and a supported housing project to replace existing accommodation that was no longer fit for purpose.
- A Shrublands Campus Group had been set up to drive forward infrastructure improvements in the area and to access funding from a wider range of funding sources than was the case in the past.
- The planning exercise was scheduled to run until September 2018 and to include consultation with stakeholders through workshops and one to one consultations with interested parties.
- 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 NHS made appropriate responses to Local Authorities regarding the implications of planning applications.
- In reply to questions, the speakers from the CCG said that there were GP practices in the Great Yarmouth and Waveney area that had merged following multiple GP retirements.
- The CCG had recently approved an investment in revenue to enable the merger of two practices in Gorleston at Millwood and Falkland Surgeries that were now called “the Millwood Partnership.”
- The planning officers from Great Yarmouth Borough Council and Suffolk Coastal and Waveney District Councils (“East Suffolk Council”) explained how they worked closely with prescribed bodies, including CCGs and NHS England, as well as other local authorities, to cooperate on strategic cross boundary matters such as health infrastructure and/or the demand for

healthcare services.

- The planning officers said that Waveney District Council maintained a 5 year supply of housing but Great Yarmouth did not have a 5 year supply of land.
- Great Yarmouth BC would consult with the CCG and James Paget Hospital on Part 2 of its Local Development Plan in August 2018 and continue to attend CCG infrastructure meetings two or three times in a year.
- Approximately nine thousand new homes were planned for the Waveney area during the plan period 2014- 2036. This had a significant impact on the demand for future health infrastructure. In progressing the Waveney Local Development Plan care needed to be taken to ensure that emerging planning policies did not have an adverse impact on existing and planned health and social care provision.
- Sam Hubbard of East Suffolk Council offered to provide information after the meeting on how the local NHS responded to East Suffolk Council's consultations on planning applications. *(Note by Committee Officer: After the meeting Sam Hubbard pointed out that Waveney routinely consulted the CCG on all applications above 10 dwellings. The Council had very few of these applications each year and the CCG had only commented on one application recently for 200 dwellings at Chediston Street in Halesworth. Unfortunately the Council did not keep detailed statistics on responses to applications).*
- The speakers from the CCG said that to meet national standards from 1st October 2018 the CCG would commission general medical services from 8am to 8pm Monday to Friday and provide services at weekends. GP practices were working together to pilot these services and to ensure they strengthened and complemented their 'in hours' services, especially given some of the workforce constraints currently being experienced. Services were most likely to be based in hubs and would be designed to provide the full range of services for patients. It was expected that this should lead to a reduction in inappropriate A&E attendances as access for patients improved.
- Members' drew attention to the situation at Woods Meadow, Oulton Broad, where those living in the area were having difficulty in accessing GP appointments. There was an expectation that a new GP surgery was needed in this area as a result of an extended housing development and the closure of Oulton Broad Medical Centre. Cath Byford said that she would provide Members with details about CCG plans for the Woods Meadow area.
- Members also drew attention to the current roll out of community services in the South Waveney area and when the CCG's plans for the development of the Greyfriars site at Great Yarmouth would be made known and asked to be kept informed of developments via the information bulletin.
- The Chairman used his discretion to allow Dr Patrick Thompson PhD, a member of the public, the opportunity to ask further questions of the speakers (about issues raised at minute 4B.2) during the Committee's consideration of this item.

6.4 The Joint Committee **noted** the information presented by the CCG and the planning officers from Great Yarmouth Borough and Suffolk Coastal and

Waveney District Councils.

6.5 The Joint Committee **agreed** to seek additional information on the following:

- How the NHS responded to consultations on planning applications in the Waveney District. *(Note: the comment that was received after the meeting is included for ease of reference in italics within minute 6.4).*
- Health provision for the Woods Meadow development, Oulton Broad.

7A Information Only Items

7A.1 The Joint Committee **noted** information on the following subjects:

a) End-of-Life Care
b) Outcome of the Social Prescribing Pilot
c) Staff survey results at the James Paget University Hospital
d) Norfolk and Waveney STP Update

7B The Great Yarmouth and Waveney CCG Rated as "Good" by NHS England

7B.1 The Joint Committee was pleased to hear that NHS Great Yarmouth and Waveney CCG had been rated as "good" by NHS England in the CCG improvement and assessment framework annual assessment for 2017/18. This was seen as good news for the CCG and a credit to the hard work of the staff.

8 Forward Work Programme

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

26 October 2018.
Myalgic Encephalomyelitis and Chronic Fatigue Service (ME/CFS).

- The report to focus on the CCGs' and East Coast Community Healthcare's (ECCH) work to improve the quality of the current service for Norfolk and Suffolk.
- The report to include details of the information provided to GPs on ME/CFS and the information available to the public from GPs, hospitals and ECCH.

12 July 2019.
The addition of 'Palliative and End of Life Care – progress with service provision in Great Yarmouth and Waveney'.

- Progress with service provision in Great Yarmouth and Waveney (since the information bulletin on 13 July 2018).

9 Date of next scheduled meeting and future meetings

9.1 It was noted that the next scheduled meeting of the Joint Committee would be held at the Riverside Campus, Lowestoft on Friday, 26 October 2018 at 10.30

am.

9.2 It was also noted that Norfolk County Council intended to change to a Cabinet system of governance from May 2019. This could have implications for the programme of Joint Committee meeting dates beyond April 2019 which would have to be finalised when Norfolk County Council's new calendar of meetings dates was published.

The meeting concluded at 12.50 pm.

CHAIRMAN

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ME/CFS (Myalgic Encephalomyelitis / Chronic Fatigue Syndrome)

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

An update on the work to improve the current service for Norfolk and Suffolk.

1. Purpose of today's meeting

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

(a) An update on the Clinical Commissioning Groups (CCGs) and East Coast Community Healthcare's (ECCH) work to improve ME/CFS services in Norfolk and Suffolk.

(b) Examination of the level of information provided to primary care about ME/CFS and the services available in Norfolk and Suffolk and the information made available to the public in various healthcare settings.

(c) Examination of the divergence in the ME/CFS services commissioned by Norfolk and Suffolk CCGs.

1.2 The Norfolk and Suffolk commissioners and the provider (ECCH) have been asked to provide a report covering:-

- Details of how ME/CFS is diagnosed (i.e. does the GP diagnose, or are people referred to the ECCH service to receive diagnosis)
- Description of the ECCH ME/CFS service across Norfolk and Suffolk including:
    - Description of the treatment(s) offered
    - Locations where the service is based across the two counties
    - Staffing – the type & numbers of staff in each team
    - Caseload (numbers) handled by each of the teams, including details of mild / moderate / severe cases
    - Current level of staff vacancies in each team (i.e. numbers & types of staff)
    - Information on availability of domiciliary visits
    - Recent patient feedback about the service
- Details of any improvements / changes to the ECCH service since October 2017, or of planned changes
- Description of the new consultant-led service in Suffolk
- Explanation of why the Suffolk CCGs have commissioned this but the Norfolk & Waveney CCGs have not

- Details of the seven CCGs' investment in ME/CFS services across the two counties.
- Details of the info provided to GP practices about ME/CFS services across Norfolk and Suffolk
- Details of the ME/CFS info made available to the public by GPs, hospitals and ECCH across Norfolk and Suffolk

The report is attached at **Appendix A.**

Representatives from Great Yarmouth and Waveney CCG (GY&W CCG), which is now the lead commissioner for the ME/CFS service in Norfolk and Waveney, and ECCH will attend to answer Members' questions.

2. Background

2.1 Great Yarmouth and Waveney Joint Health Scrutiny Committee (GY&W JHSC) received a report on 4 April 2017 on the work of the seven CCGs in Norfolk and Suffolk towards commissioning a consultant-led ME/CFS service for the two counties. The report also set out the history of the GY&W JHSC's examination of ME/CFS services, which dated back to 2008.

2.2 By April 2017 the seven CCGs in Norfolk and Suffolk had agreed a number of criteria for the new consultant-led service:-

- A viable model
- A resilient model
- The change to a new service would not result in patients currently receiving a service losing access to a service completely
- Any new service model cannot deliver improvements for one group of patients and disadvantage another.

A market test was underway to explore whether or not there was a viable provider to deliver a service meeting these criteria.

The Joint Committee **recommended** that the CCGs should start working on alternatives for ME/CFS now (i.e. April 2017) in case a consultant could not be secured to meet the criteria. The CCGs responded that they were putting all their resources into procuring a consultant-led service and could not start developing alternative options at that stage.

2.3 The Joint Committee was kept informed of progress in information bulletins received at its July 2017 and October 2017 meetings. Despite three organisations initially being interested in providing the service, two pulled out and the CCGs considered the other one unsuitable to provide the complex provision that would be required for a consultant-led service.

The seven CCGs concluded that it was not possible to procure a consultant-led service for ME/CFS. In October 2017 they reported that they had begun to work with ECCH to look at what options there were to change the skill mix within the current service to meet more requirements.

They were also looking at what could be done to improve the quality of the service and improve satisfaction amongst people using the service.

2.4 At the time of the last information bulletin to GY&W JHSC (October 2017) the seven CCGs in Norfolk and Suffolk were working jointly, with NHS Ipswich and East Suffolk (IES) CCG as lead commissioner. By July 2018 they were working independently with the two Suffolk CCGs commissioning a consultant-led clinic for people with moderate or severe ME/CFS in Suffolk (except Waveney) in addition to the ECCH service but no equivalent service in Norfolk and Waveney.

As lead commissioners for Norfolk and Suffolk the IES CCG had supported an ME & CFS Carer and User Group. With the end of the joint approach between the two counties, the IES CCG proposed disbanding the group.

2.5 GY&W CCG is now the co-ordinating CCG for commissioning of ME/CFS services for all 5 CCGs in Norfolk and Waveney. It was reported at the **Norfolk and Waveney Joint Strategic Commissioning Committee** (JSCC) on 21 August 2018 that GY&W CCG had a contract in place with ECCH for services. The other 4 CCGs also received a service from ECCH but did not have a current contract for it. It was agreed that the 4 CCGs in central and west Norfolk should be added as associates to the contract between GY&W CCG and ECCH.

The report at Appendix A (paragraph 8) confirms that the five CCGs will have a joint contract in place from 1 November 2018 and that Ipswich and West Suffolk CCGs have expressed interest in being party to the single contract with ECCH.

It was also indicated at the August 2018 JSCC that the 5 Norfolk and Waveney CCGs would seek to re-procure the ME/CFS service by March 2020 (or the time when new NICE guidance is issued). However, assurances were given at 21 August JSCC meeting that the review of the ME/CFS pathway would begin before the new NICE Guidance is issued.

Appendix A (paragraph 9.3) confirms that GY&W CCG will be considering the sufficiency the current service model in advance of the new NICE guideline. It is currently seeking an independent perspective of the current service specification and how this benchmarks against other similar areas across the country and with current published and recognised guidance.

An open letter dated 8 October 2018 from the Norfolk and Suffolk ME & CFS Patient Carer Group & Service Development and Implementation Working Group to the Chairman of the JSCC setting out concerns about the service and the commissioning arrangements was circulated to Members for information on 11 October 2018.

2.6 The National Institute for Health and Care Excellence (**NICE**) published a clinical guideline (CG53) on *Chronic fatigue syndrome / myalgic encephalomyelitis (or encephalopathy): diagnosis and management* in August 2007:- https://www.nice.org.uk/guidance/CG53

NICE is currently in the process of updating its guidance. The scope and equality impact assessment for the new NICE guideline are available on its website:- https://www.nice.org.uk/guidance/indevelopment/gid-ng10091/documents. The scope of the review includes:-

1. Identification and assessment before diagnosis
2. Diagnosis of ME/CFS
3. Management of ME/CFS
4. Monitoring and review
5. Information, education, and support for people with suspected or diagnosed ME/CFS and their families and carers
6. Information, education and support for health and social care professionals

The review panel includes consultants, doctors, a physiotherapist, social work advisor, psychologist, occupational therapist and lay members.

The previous NICE guideline (CG53) made recommendations on the use of cognitive behavioural therapy and graded exercise therapy. Concerns have been raised about these interventions, including challenges to the evidence supporting them. NICE is reviewing the evidence for these and other interventions.

It should be noted that NICE guideline CG53 made no reference to any requirement for a consultant-led service.

Consultation on the new draft guideline for ME/CFS is expected to run from April to June 2020, with publication of the new guideline scheduled for 14 October 2020.

3. Suggested approach

3.1 After the CCG and ECCH representatives have presented their report, the Joint Committee may wish to discuss the following areas with them:-

(a) Can the CCG explain how the absence of any Individual Funding Requests in Norfolk and Waveney is related to the Norfolk and Waveney CCGs' decision not to join Ipswich and East Suffolk (IES) and West Suffolk (WS) CCGs in commissioning a specialist service for people with moderate to severe ME/CFS? (see Appendix A, paragraph 5)

(b) Bearing in mind that there have been Individual Funding Requests from people with moderate to severe ME/CFS in the Suffolk CCG areas, what do the CCGs think is the reason for an absence of requests in the Norfolk and Waveney CCG areas?

(c) Give that, as a group, the Norfolk and Waveney CCGs do not support the specialist service model that the Suffolk CCGs have commissioned, is it still their long term aim to commission additional service for people with moderate or severe ME/CFS in the Norfolk and Waveney area?

(d) 43% of the Norfolk and Waveney CCGs' spend on ECCH's service came from GY&W CCG in 2017-18. The comparative population sizes within the Norfolk and Waveney area are approximately 21% in GY&W and 79% in the rest of Norfolk (based on ONS mid-2017 population estimates[1]).

Is the disparity in spending on ME/CFS between the Norfolk and Waveney CCGs entirely related to the numbers of ME/CFS patients within each CCG area or are there other reasons, which GY&W CCG could potentially address in its new role of co-ordinating commissioner?

(e) To what extent could the Norfolk and Waveney CCGs change the current service in advance of publication of the new NICE guideline in 2020?

(f) Appendix A does not provide the numbers of service users who are assessed as suffering from mild, moderate or severe ME/CFS, just the overall total of 1,600 service users (see paragraph 2.4). Do the ECCH and the Norfolk and Waveney CCGs know the numbers within each category and will they being taking these proportions in to account as they look to review the commissioned service.

(g) As the new co-ordinating commissioner for the service in Norfolk and Waveney, how does GY&W CCG plan to take service user and carer views into account during the review of the commissioned service?

(h) There are no ECCH ME/CFS service basis in North Norfolk. Is there is a possibility of improving the geographic distribution of bases for the current service?

4. Action

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

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

[1] Office of National Statistics, Mid 2017 estimates of population for the UK

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Great Yarmouth and Waveney Clinical Commissioning Group

Briefing for Great Yarmouth and Waveney Health Scrutiny Committee: ME & CFS

The Great Yarmouth and Waveney Health Scrutiny Committee has requested answers to the questions detailed below.

1. How is ME & CFS diagnosed?

1.1 In 25% of cases the service user is diagnosed within the primary care setting by their local GP. In these cases where diagnosis is already confirmed the service user receives assessment and follow up by the ECCH therapy team and will not have direct contact with one of the 2 GP's with Special Interest (GPwSI).

In cases where a formal diagnosis has not been made by the service user's GP, there are 2 potential outcomes. In some instances enough information is provided by the referring GP to allow the ECCH senior therapist to make that diagnosis. Information requested at the point of referral is significant, including a range of blood test results, to allow the ME &CFS team to expedite referrals with the most appropriate level of resource. This will again lead directly to a therapy assessment.

Where the diagnosis is unclear the service user will receive an appointment with a GPwSI to confirm diagnosis. If a diagnosis is confirmed, the service user is then referred to a therapist within the team to support the individual to manage their condition.

1.2 All diagnosis of children is made by a paediatrician as per the current referral protocol.

2. Description of Service

2.1 Treatments Offered

The ME & CFS Service offers a range of therapies and advice including:

- Pacing and activity management - including graded activity
- Rest and relaxation
- Analysing activity and energy conservation
- Goal planning
- Role of stress

- Thoughts, feelings and behaviour including elements of CBT
- Sleep
- Dealing with memory and managing diet
- Illness and other people
- Managing set-backs

Further details of the above can be found within the ME & CFS patient information pack on the ECCH website:

https://www.ecch.org/our-services/services/adults-mecfs-team/

In addition to the above the ME & CFS Service will also act as an advocate for the service user in liaison with schools, Higher Education, workplace and Occupational Health services.

2.2 Locations where the service is based

The ME & CFS Service provides clinical services out of the following locations:

- Nelson Medical Centre, Gt Yarmouth
- Bowthorpe Health Centre, Norwich
- Kirkley Mill Health Centre, Lowestoft
- St James Medical Practice Kings Lynn
- Stow Lodge Centre, Stowmarket
- Sole Bay Health Centre, Reydon
- Domiciliary support is also provided in some instances

2.3 Staffing

The current staffing model for the ME & CFS Service is as follows:

- Occupational Therapists (including Senior OT lead) - 5.4 WTE
- Physiotherapist – 0.5 WTE
- GPwSI – 2 individuals providing 3 to 4 sessions per week

2.4 Caseload numbers including Mild/Moderate/Severe

The overall caseload of the ME & CFS Service stands currently at approximately 1600 service users. This includes approximately 200 within the referral process awaiting their initial assessment. All service users are assessed within timelines defined by Key Performance Indicators.

The caseload is distributed evenly by locality and working hours of the therapy team with some variation to accommodate complexity of cases.

The exception to the above is the therapist with special interest supporting all paediatric cases across both counties.

Whilst service users will be identified at assessment as being either mild, moderate or severe this information is not, at this time, recorded in such a way as to make it available through current dashboards for data purposes.

2.5 Current Staff Vacancies

The service currently has 0.12 WTE of therapy time vacant (equivalent to 3 hours per week).

2.6 Domiciliary Visits

Domiciliary visits are available to service users based on an assessment of their individual needs and wishes; alternatives to domiciliary and face to face clinic-based consultations are via telephone or email. To put the volume into perspective the service will currently provide an average of 15 to 20 domiciliary visits per month. This will include GPwSI's as well as the therapy team.

The specialist clinic within NHS Ipswich and East Suffolk and NHS West Suffolk CCGs does not provide domiciliary visits.

2.7 Patient feedback and complaints

Appendix 1 contains a detailed report of patient feedback and basic themes relating to the 5 complaints received directly to ECCH from October 2017 to September 2018.

3. Changes / Service Improvements since October 2017

The ME & CFS Service has now identified one individual therapist with a special interest in paediatric care who oversees the under 18's caseload across the 2 counties. This will allow development of the paediatric specialism within the service.

In addition to the above from January 2019 the service will begin a trial of group sessions for service users willing to take part in this approach. The aim, if successful, will be to roll this out across the 2 counties later next year.

4. Description of the new specialist clinic in IES and WS CCGs

In addition to the service provided by East Coast Community Healthcare (ECCH), NHS Ipswich and East Suffolk and NHS West Suffolk CCGs (IES and WS) made an additional investment, using some investment from the Individual Funding Request budget to meet the needs of people with moderate and severe ME & CFS i.e. people with a confirmed diagnosis who had not responded to the ECCH service. IES and WS Clinical Executives agreed to explore ways to use this additional investment

differently to try to implement elements of the new ME&CFS service specification i.e. a consultant led clinic for people with moderate or severe ME & CFS.

A specialist clinic has been commissioned and is provided by the Suffolk GP Federation and Dr Luis Nacul. The clinic is for adults (18 yrs. and over) who are assessed by their GP to have made limited improvement having been referred and treated by the ME & CFS service provided by East Coast Community Healthcare.

Dr Nacul is experienced in public health and general practice and is a Clinical Associate Professor in epidemiology and public health at the London School of Hygiene and Tropical Medicine. ME & CFS is his main research interest. The Suffolk GP Federation is a not-for- profit organisation owned by 58 GP practices and delivers a wide range of services across Suffolk. They provide Dr Nacul with clinical governance oversight and administration support

Service referrals are made by GPs and the first clinics started in July. Dr Nacul works part-time in Suffolk providing 3 days per month. The clinic is based at The Riverside Clinic, 2-4 Landseer Road, Ipswich, Suffolk, IP3 OAZ.

A summary of the consultation is sent to the patient and the GP practice. Dr Nacul is unable to prescribe, make direct referrals to other services, or write any benefit letters.

Domiciliary visits are not included in the new clinic.

5. **Explanation of why the Suffolk CCGs have commissioned this but the Norfolk & Waveney CCGs have not**

There were a number of reasons:

- The Norfolk and Waveney CCGs confirmed they had not received any Individual Funding Requests
- They were unable to make additional investment into the proposed ME&CFS service model
- The proposed model was not supported by all CCGs

6. **Details of the seven CCGs' investment in ME/CFS services across the two counties. Investment for IES and WS CCGs in 2017/18**
   - The IES and WS CCG contract with the Suffolk GP Federation is £52,400 per annum.
   - In 2017/18 the IES and WS CCGs spend with ECCH was £147,405.
   - The Great Yarmouth and Waveney CCG spend in 2017/18 was £220,665
   - The four remaining Norfolk CCGs spend 2017/18 was £281,107

7. Details of the ME/CFS info made available to the public by GPs, hospitals and ECCH across Norfolk and Suffolk

The Heron website provides an overview of the ME/CFS provision in Norfolk and Suffolk. The weblink is below:

https://www.heron.nhs.uk/heron/organisationdetails.aspx?id=20172

This in turn links to the ECCH website address below:

http://www.ecch.org/our-services/services/adults-mecfs-team/

Available on the ECCH website are a number of documents including:

- ME/CFS Service Pack (as described previously)
- ME/CFS Service Referral Form
- A Clinical Case Definition and Guidelines for Medical Practitioners (Canadian Consensus Document)
- International Consensus Primer for Medical Practitioners

GPs also have access to additional information to inform their decision making and referrals.

8. Commissioning of the ECCH service

Norfolk and Waveney CCGs will have a joint contract in place from 1 November with a view to the other CCGs joining by 1 April, 2019.

IES and WS CCGs have expressed interest in being party to the single contract and the practicalities are currently being discussed.

9. Change Audit and service evaluation

9.1 A comprehensive review of the content, design and format of the Change Audit will be undertaken by Great Yarmouth and Waveney CCG as the coordinating commissioner with ECCH before the audit is distributed to all current and discharged patients from within the last twelve months, with the aim of maximising the number of service users given the opportunity to respond.
Great Yarmouth and Waveney CCG will seek out an independent expert in the design of patient audit tools to identify how the questions within the audit are asked to make sure we secure rich and comprehensive responses. This expert will also be able to advise how many questions are asked and how best the audit can be completed. In addition, the analysis and mode of sharing the outcomes of the audit will be improved to increase accessibility and transparency of the findings of the audit, recognising the huge effort put into the completion by service users.
Great Yarmouth and Waveney CCG has have sought and received clarification that ECCH have already started the collection of email addresses from service users who

are happy to be contacted in this manner for the purposes of sharing the audit tools going forward.

9.2 Detailed oversight of the service provision including the monthly ‘friends and family’ patient experience surveys, together with improved data setting out the levels of activity, demand, duration of treatment, mode of contact and discharge activity will be provided by ECCH. These will be reviewed by the lead commissioners at formal contract meetings. The opportunity to measure the number of follow up appointments is now also being reviewed. Detail of the feedback is contained within Appendix 1.

9.3 The service commissioned by the seven CCGs will be reviewed. Whilst we recognise that updated NICE guidance will be published in 2020, it is not reasonable to wait for this publication before considering the sufficiency of the service model. NHS Great Yarmouth and Waveney CCG is currently in the process of seeking an independent perspective of the current service specification and how this benchmarks against other similar areas across the country and with current published and recognised guidance.

Fran O’Driscoll, Deputy Director of Commissioning, Unplanned Care.

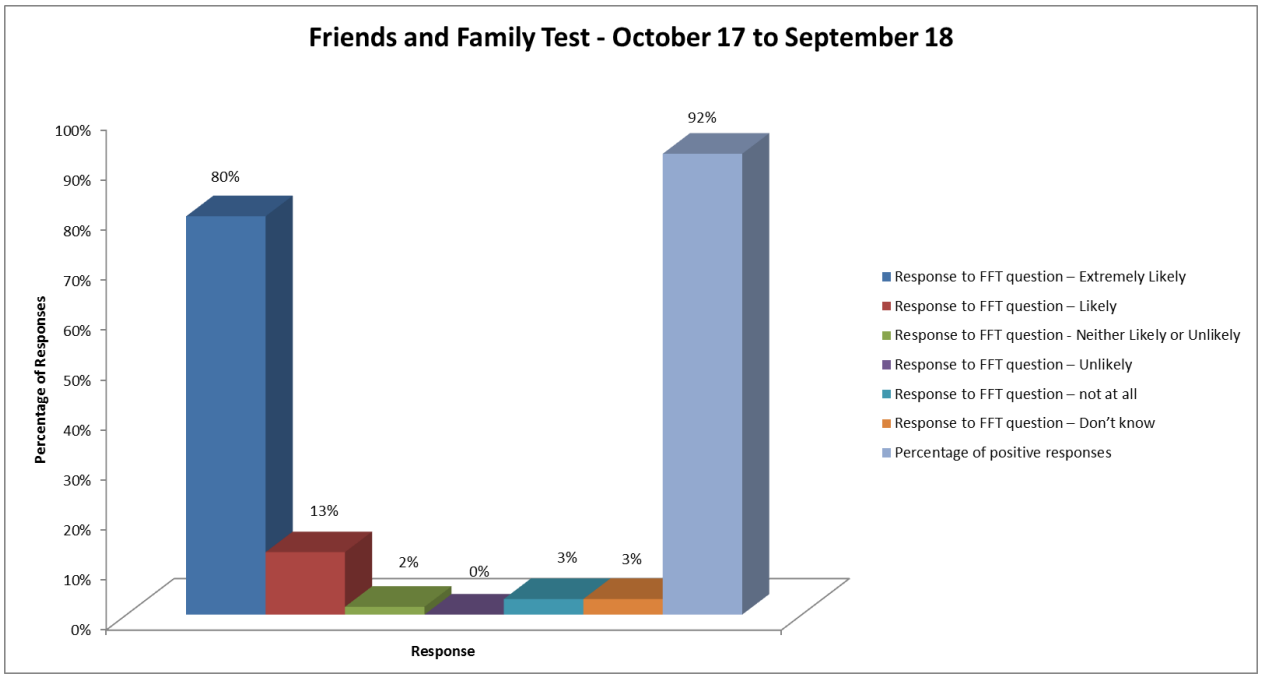
NHS Great Yarmouth and Waveney CCG

Appendix 1

Patient feedback and complaints

Friends and Family Test Information

Details	*Total Percentage*
Response to FFT question – Extremely Likely	**79.7%**
Response to FFT question – Likely	**12.5%**
Response to FFT question - Neither Likely or Unlikely	**1.6%**
Response to FFT question – Unlikely	**0.0%**
Response to FFT question – not at all	**3.1%**
Response to FFT question – Don't know	**3.1%**
Totals	**100.0%**
Percentage of positive responses	**92.2%**



Comments

1. Understanding and care and helpful advice given. Really helps having a sympathetic listener who knows about this difficult illness.
2. Although the doctor made me feel relaxed and was very helpful, I am not sure if it will change anything. I do not understand why I feel like I do and what to try to do about it.
3. Very lovely lady clear instruction and advice. Would highly recommend this
4. When you are unwell and struggling to cope you need a relaxed and friendly environment and kind understanding people around you. This was exactly the atmosphere within your healthcare clinic. The OT was lovely and made me

feel comfortable, able to hold a discussion and feel unrushed. This helps me to think more clearly and not get muddled.

5. The doctor I saw showed great empathy and understanding. She was kind, patient, professional and explained the diagnostic process throughout. Following this appointment I am confident that I will receive helpful and constructive support in managing my condition.
6. To speak to someone who completely understands about condition, and to know you are not alone and most importantly to have the help.
7. The Dr I saw clearly did not listen to a single word I said as all the information in my evaluation is wrong. It says I attended with my girlfriend, despite telling ******* she is NOT my girlfriend, but my landlord. Please see enclosed paper for further comments.
8. Despite delay in appointment, the therapist telephoned with advice.
9. Once I accessed the service the consultation was very respectful.
10. ***** was very thorough and although I was diagnosed with ME she was very positive and encouraging I left the appointment feeling more positive about my future than when I went in.
11. Called by wrong named, (wrong patient), not familiar with history. Sat starting at computer/laptop the whole time. Like talking to a robot - no empathy or understanding each patient. Lack of treatment options other than relaxation.
12. The therapist is very encouraging, constructive and understanding. And times managed to fit in with my travel here.
13. Compared to when we first visited an ME Specialist this was completely different and better in every way. We saw the GP and she was brilliant. Informative, positive and friendly but also realistic. Listened to us and explained everything well. I had to cancel a couple of appointments as was too ill to attend but she understood. Finally felt someone was there to help which brought a tear to my eyes on the way home.
14. Very patient doctor and listened to me.
15. Because she explained everything so I understood what was wrong with me.
16. Wonderful to go somewhere you are believed. Also helps re applying for benefits as have evidence.
17. Very welcoming and informative dr whom was very comforting.
18. Very happy with service.
19. History taking process - good relationship in relaxed atmosphere, however no time available for physical examination.
20. The therapist at Stowmarket was very knowledgeable and understanding of my illness. Gave good tips/advice on how to manage it.
21. Long wait for appointment and referral in June, appointment later December. Venue in Great Yarmouth and I live in Hunstanton but ****** was excellent and very helpful. Need more resources in West Norfolk.
22. I will be making a separate formal complaint as I have been messed around significantly by the service and find the OT I have seen today to be unprofessional and unhelpful.

23. My condition was explained very well, my questions answered and what happens next explained.
24. Because I was treated very well and saw a very caring & understanding doctor
25. The therapist is well-informed, compassionate and gives great advice which has been helpful in my recovery. She understands, helpful, patient and supportive.
26. The doctor was helpful and understanding.
27. I think my OT is very pleasant and considerate and that whilst it is a terrible shame that there is not a form of medication for us, this service is very helpful to people who are in such desperate need. Many areas don't even have an ME/CFS service so we are lucky here.
28. I was treated very well by the doctor I saw and she went through everything. It was good to get a diagnosis on the day and to know of a way forward.
29. No complaints.
30. The dr I saw actually listened to everything I had to say and looked into medical history very thoroughly.
31. She didn't introduce herself. Took a phone call from her sister during appt. telling someone with depression to set small goals and think positive is not helpful.
32. Friendly OT. Calm, knowledgeable and informative. Encouraged me to be confident & remember the things learnt to help me get some order & quality of life
33. Because I am extremely grateful for the care I have received.
34. People have been friendly and listened to me. I finally feel that somebody is taking in what I am saying and helping me to overcome the barriers I am facing.
35. Because I was very happy with how I am being and I have been very happy with the service.
36. The lady I spoke to was lovely and patient. I agree I had been sent to wrong place.
37. Really thorough in-depth appt with the therapist. I felt she listened to what I have been going through. Now feel supported.
38. The OT is superb. I felt understood, encouraged and very positive with the useful advice given to me on further manging my illness. I felt that her understanding of ME was excellent.
39. The staff are extremely helpful and friendly.
40. I was so pleased with everything so far however I am waiting for the ADHD clinic to hear (through the doctor) of this diagnosis and also to hear back from the OT so that I can begin to feel some progress taking place. I am truly grateful to be heard and for your time.
41. My OT's support has been amazing, very understanding, listens, very supportive and encouraging. Definitely helps me recognise and make changes to help me manage and cope.

42. Doctor totally understood - best support received in years. Gave me a clearer view of my condition and the length of time I have had my condition. Extremely grateful.
43. It is good to have a specified person to see regularly to talk to (as well as being able to name it on benefit forms when M.E is a very misunderstood illness). Targets can be set.
44. It was just nice to have some support again and be understood.
45. Because the clinic gave me a clear diagnosis, information and help for the future.
46. My appointment came through quickly, and I now have a plan of action.
47. I was greeted very friendly, made to feel relaxed and at ease, asked questions and listened to, understood how I was feeling. Given good advice on rest periods which I am finding difficult to do, especially at work. Was given good service handout.
48. Quick response to my referral and the therapist I saw, she was extremely reassuring and helpful. She really understood my situation, listened to my concerns and explained my care very clearly.
49. The therapist was so understanding, she listened and most of all explained everything to me and was very kind.
50. Consultant was very easy to understand and clear in explaining my diagnosis and what will happen next.
51. This is the first time I have felt confident that I have support and information available to me. I am hoping this will help me improve. Thank you.
52. Totally let down. After filling in my forms to explain my symptoms has an appointment which lasted 15/20/ mins, hardly any relevant questions were asked and a diagnosis made on these few questions which were wrongly noted anyway.
53. My problems haven't yet been resolved - although the help given has been great. I have not yet benefitted from the service and the pain clinic think I am unlikely to.
54. Very friendly thorough doctor & offered good support.
55. I was listened to and got a diagnosis.
56. I was totally unprepared of what to expect but the people I met were friendly & knew what they were talking about.
57. Helpful over the phone prior to appointment. Seen really quickly. The OT was really helpful and took time with me to explain my symptoms & experience.
58. Nurse was patient and listened to what I had to say, made me at ease, gave good advice.
59. It was friendly and easy to talk to, on top she listen was great help to me thank you.
60. The new OT I saw today (lady) was really helpful, she listened to me and didn’t make me feel bad. She gave advice that really suited my circumstances and personal goals. For the first time in years I left feeling supported and with a clear action plan, please keep this new OT in service.

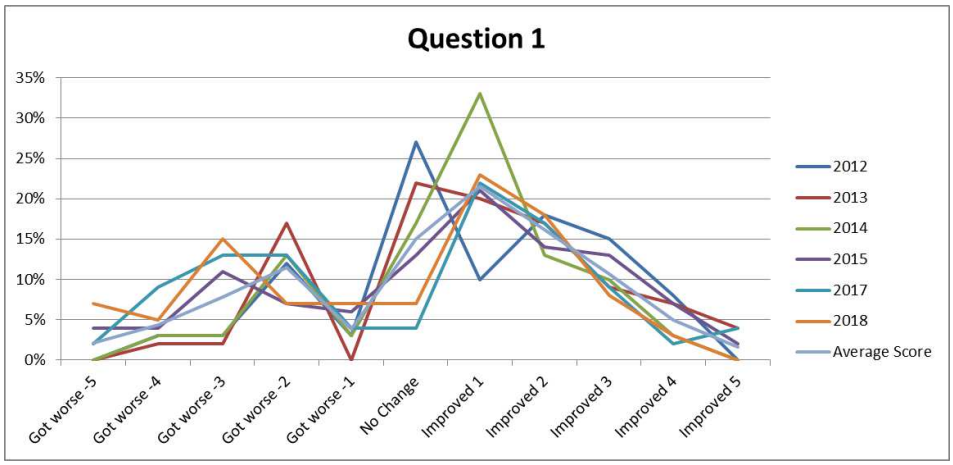
61. The length of time waiting for CFS/ME added to the stress of not knowing what was going on. GP had v. minimal information and being able to talk in person was the best thing! Very pleased with the appointment once here.
62. It was my first session and I was made to feel at ease quickly my life has changed dramatically since symptoms began but the therapist's knowledge, manner and explanation helped build on knowledge I had already gained with great tips and encouragement given I left feeling empowered and even more positive, no follow up needed but for your reference excellent knowledge and service thank you x

ME/CFS Service - Patient Satisfaction Survey Comparison (2012 - 2018)

Question 1

Question 1 - Overall, my illness has…							
	2012	2013	2014	2015	2017	2018	Average Score
Got worse -5	0%	0%	0%	4%	2%	7%	2%
Got worse -4	3%	2%	3%	4%	9%	5%	4%
Got worse -3	3%	2%	3%	11%	13%	15%	8%
Got worse -2	12%	17%	13%	7%	13%	7%	12%
Got worse -1	3%	0%	3%	6%	4%	7%	4%
No Change	27%	22%	17%	13%	4%	7%	15%
Improved 1	10%	20%	33%	21%	22%	23%	22%
Improved 2	18%	17%	13%	14%	17%	18%	16%
Improved 3	15%	9%	10%	13%	9%	8%	11%
Improved 4	8%	7%	3%	7%	2%	3%	5%
Improved 5	0%	4%	0%	2%	4%	0%	2%

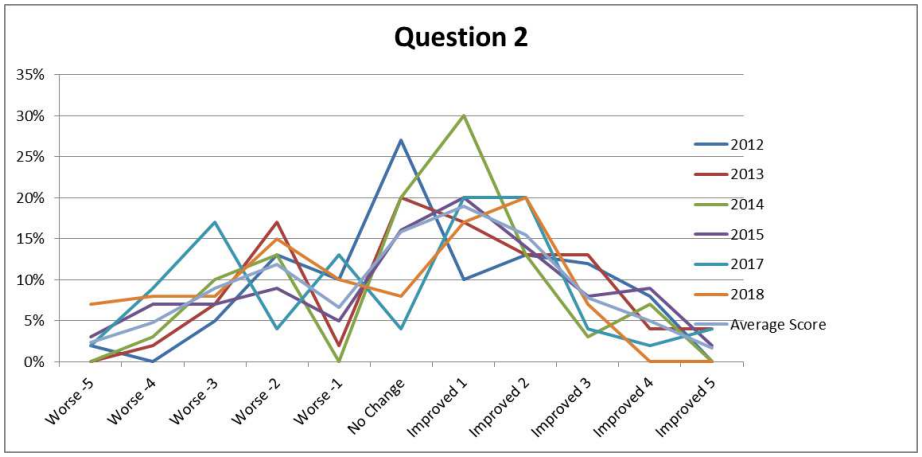
Please note the % scores are rounded up/down so total % may not calculate exactly to 100%



Question 2

Question 2 - My symptoms are:							
	2012	2013	2014	2015	2017	2018	Average Score
Worse -5	2%	0%	0%	3%	2%	7%	2%
Worse -4	0%	2%	3%	7%	9%	8%	5%
Worse -3	5%	7%	10%	7%	17%	8%	9%
Worse -2	13%	17%	13%	9%	4%	15%	12%
Worse -1	10%	2%	0%	5%	13%	10%	7%
No Change	27%	20%	20%	16%	4%	8%	16%
Improved 1	10%	17%	30%	20%	20%	17%	19%
Improved 2	13%	13%	13%	14%	20%	20%	16%
Improved 3	12%	13%	3%	8%	4%	7%	8%
Improved 4	8%	4%	7%	9%	2%	0%	5%
Improved 5	0%	4%	0%	2%	4%	0%	2%

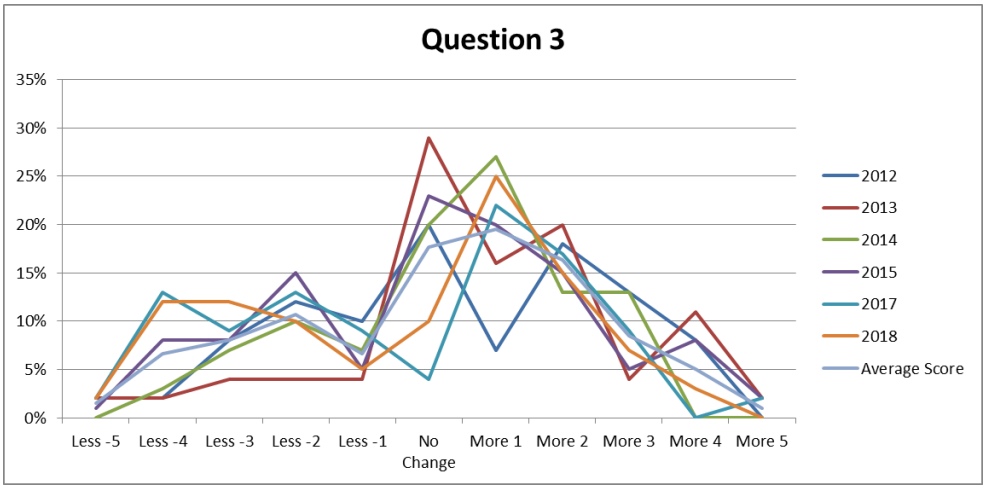
Please note the % scores are rounded up/down so total % may not calculate exactly to 100%



Question 3

Question 3 - I am able to do…							
	2012	2013	2014	2015	2017	2018	Average Score
Less -5	2%	2%	0%	1%	2%	2%	2%
Less -4	2%	2%	3%	8%	13%	12%	7%
Less -3	8%	4%	7%	8%	9%	12%	8%
Less -2	12%	4%	10%	15%	13%	10%	11%
Less -1	10%	4%	7%	5%	9%	5%	7%
No Change	20%	29%	20%	23%	4%	10%	18%
More 1	7%	16%	27%	20%	22%	25%	20%
More 2	18%	20%	13%	15%	17%	15%	16%
More 3	13%	4%	13%	5%	9%	7%	9%
More 4	8%	11%	0%	8%	0%	3%	5%
More 5	0%	2%	0%	2%	2%	0%	1%

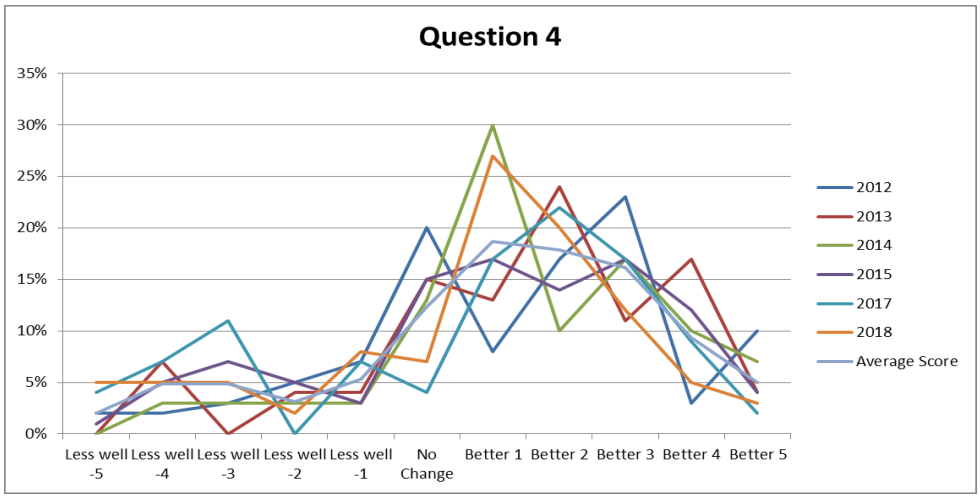
Please note the % scores are rounded up/down so total % may not calculate exactly to 100%



Question 4

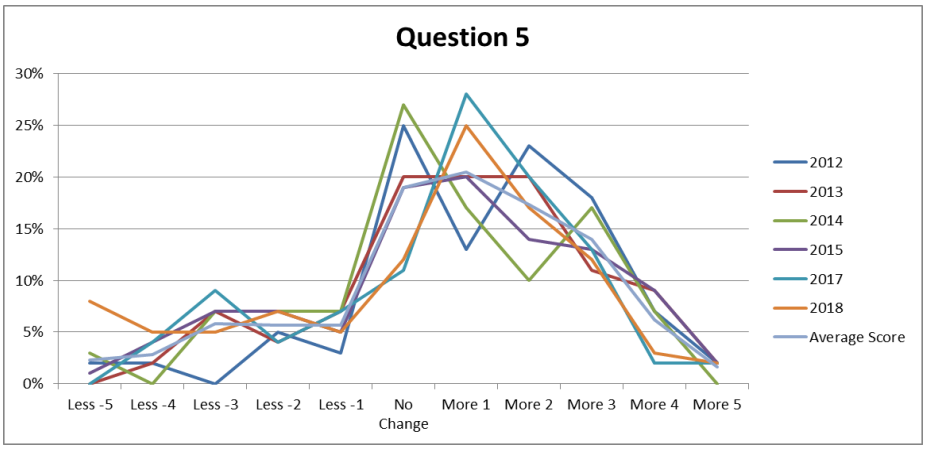
Question 4 - I am able to cope with my illness…							
	2012	2013	2014	2015	2017	2018	Average Score
Less well -5	2%	0%	0%	1%	4%	5%	2%
Less well -4	2%	7%	3%	5%	7%	5%	5%
Less well -3	3%	0%	3%	7%	11%	5%	5%
Less well -2	5%	4%	3%	5%	0%	2%	3%
Less well -1	7%	4%	3%	3%	7%	8%	5%
No Change	20%	15%	13%	15%	4%	7%	12%
Better 1	8%	13%	30%	17%	17%	27%	19%
Better 2	17%	24%	10%	14%	22%	20%	18%
Better 3	23%	11%	17%	17%	17%	12%	16%
Better 4	3%	17%	10%	12%	9%	5%	9%
Better 5	10%	4%	7%	4%	2%	3%	5%

Please note the % scores are rounded up/down so total % may not calculate exactly to 100%



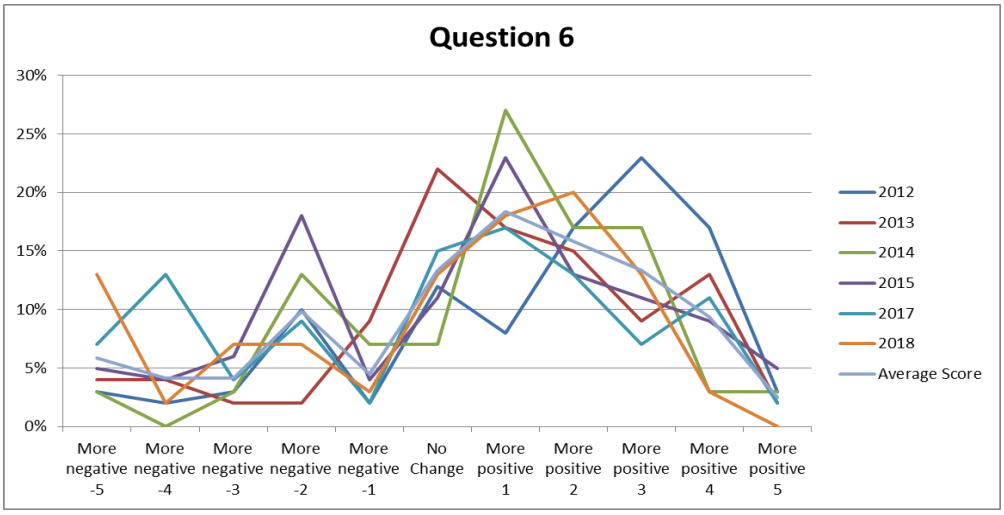
Question 5

Question 5 - I am able to control the severity of my symptoms…							
	2012	2013	2014	2015	2017	2018	Average Score
Less -5	2%	0%	3%	1%	0%	8%	2%
Less -4	2%	2%	0%	4%	4%	5%	3%
Less -3	0%	7%	7%	7%	9%	5%	6%
Less -2	5%	4%	7%	7%	4%	7%	6%
Less -1	3%	7%	7%	5%	7%	5%	6%
No Change	25%	20%	27%	19%	11%	12%	19%
More 1	13%	20%	17%	20%	28%	25%	21%
More 2	23%	20%	10%	14%	20%	17%	17%
More 3	18%	11%	17%	13%	13%	12%	14%
More 4	7%	9%	7%	9%	2%	3%	6%
More 5	2%	2%	0%	2%	2%	2%	2%



Question 6

Question 6 - My feelings about the future course of my illness are…							
	2012	2013	2014	2015	2017	2018	Average Score
More negative -5	3%	4%	3%	5%	7%	13%	6%
More negative -4	2%	4%	0%	4%	13%	2%	4%
More negative -3	3%	2%	3%	6%	4%	7%	4%
More negative -2	10%	2%	13%	18%	9%	7%	10%
More negative -1	2%	9%	7%	4%	2%	3%	5%
No Change	12%	22%	7%	11%	15%	13%	13%
More positive 1	8%	17%	27%	23%	17%	18%	18%
More positive 2	17%	15%	17%	13%	13%	20%	16%
More positive 3	23%	9%	17%	11%	7%	13%	13%
More positive 4	17%	13%	3%	9%	11%	3%	9%
More positive 5	3%	2%	3%	5%	2%	0%	3%



Complaints

Between November 2017 and October 2018 there were five complaints received by ECCH, four of which are closed. Themes were:

- Three related to delay in appointment or treatment,
- One was a complaint about staff attitude,
- One related to issues of consent and confidentiality.

In each case there was an investigation followed by the results being communicated to the patient and remedial action taken as necessary.

Patient feedback and complaints monitoring form part of the ongoing contract monitoring by NHS Great Yarmouth and Waveney CCG.

Out-of-hospital services

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

Great Yarmouth and Waveney Clinical Commissioning Group (GY&W CCG) and East Coast Community Healthcare (ECCH) will update the committee on progress of the out-of-hospital services across Great Yarmouth and Waveney in the past year, including development of the new service in South Waveney.

1. Purpose of today's meeting

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

(a) Development of the out-of-hospital service in South Waveney, following the CCG Governing Body's approval for establishment of this service in November 2017.

(b) Progress of the out-of-hospital service in all other localities within the CCG's area.

1.2 The CCG and ECCH have been asked to provide a report covering:-

- Description of the services across the Great Yarmouth and Waveney localities
- Staffing – the type & numbers of staff in each team
- Locations where the teams are based and where the 'beds with care' are located.
- Caseload (numbers) handled by each of the teams
- Current level of staff vacancies in each team (i.e. numbers & type of staff)
- Patient feedback about the service in the past year
- The effect on emergency admissions to the JPUH

The report is attached at **Appendix A**.

Representatives from ECCH and GY&W CCG will attend to answer Members' questions.

2. Background

2.1 Great Yarmouth and Waveney Joint Health Scrutiny Committee (GY&W JHSC) last received a report on received a report on 'Out-of-Hospital Services' on 20 October 2017 (item 6). An out-of-hospital service provided by ECCH had been introduced in Lowestoft in April 2014 and Great

Yarmouth and the northern villages in April 2015. A local GP practice, Sole Bay, had provided a service for its population in Southwold and Reydon since April 2016 on a pilot basis.

2.2 GY&W JHSC visited the ECCH out-of-hospital service base at Kirkley Mill Health Centre, Lowestoft on 20 October 2017 and Members were impressed with what they saw.

2.3 The out-of-hospital model provided by both ECCH and Sole Bay GP practice included treatment of patients in their usual place of residence and provision of 'beds with care' for those patients who could not be treated at home. There were 5 beds with care in Lowestoft, 7 in Great Yarmouth and the northern villages and 1 in Reydon.

2.4 Financial constraints had meant that out-of-hospital services were not rolled out as originally envisaged in the CCG's 2015 'Shape of the System' consultation. Beds at the Patrick Stead Hospital (Halesworth) had also closed sooner than expected due to staff shortages. The out-of-hospital services differed in that the Sole Bay GP service was more reliant on beds with care (48% of patients cared for in a bed with care, compared to 11% and 8% in the localities where ECCH was providing a service). The Sole Bay service was also reliant on a very small team, creating a lack of resilience and cover, and it was more expensive than the ECCH service.

Also, the Sole Bay service was for the patients of that GP practice. There was no equivalent out-of-hospital service for the people served by the other four GP practices in the South Waveney area, although limited support was available through ECCH's Admission Prevention Service.

2.5 In October 2017 GY&W CCG told the Joint Committee that a review of existing out-of-hospital teams had been undertaken, including the pilot service provided by Sole Bay GP practice, and the CCG Clinical Executive Committee was due to receive the results in November 2017.

2.6 On 30 November 2017 the CCG Governing Body approved investment in a revised clinical model for the out-of-hospital service to be provided by an ECCH multidisciplinary out-of-hospital team across the Great Yarmouth and Waveney area, including South Waveney, and to be introduced in South Waveney on a phased basis from 1 January 2018. Negotiations with ECCH were underway to achieve a swift transition process.

2.7 The CCG was clear that the long-term sustainability of the out-of-hospital service depended on GP practices reducing clinically unwarranted variation in referrals to the acute hospitals and in their prescribing practices. It intended to agree a Memorandum of Understanding with each GP practice detailing the commitments that would be required from both parties.

It was equally clear that the financial benefits alone were unlikely to justify the investment in the out-of-hospital service. The benefits were to be considered as a holistic package including supporting the resilience and sustainability of primary care, creating quality benefits for patients and addressing inequity in spending across the CCG's footprint.

3. Suggested approach

3.1 After the ECCH and CCG representatives have presented their report, the Joint Committee may wish to discuss the following areas with them:-

(a) Have all the GP practices in South Waveney signed up to the Memorandum of Understanding (MoU) with the CCG to achieve financial sustainability of the service, and have the practices across the rest of GY&W signed up to the same MoU?

(b) To what extent does the CCG think the out-of-hospital services have reduced the number of admissions of patient that would otherwise have gone to the acute hospitals?

(c) Has the introduction of the ECCH out-of-hospital service in South Waveney had any effect on its service in the rest of the county.

(d) The report at Appendix A (page 3 of 6) mentions the addition of 8 reablement beds with care at All Hallows, Bungay to support winter pressures. What other preparations has the service made for potentially increased demand in winter?

4. Action

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

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

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Briefing for Great Yarmouth and Waveney Health Scrutiny Committee:

Update on the out of hospital teams

26 October 2018

1. Description of the Services

The Out of Hospital Team (OHT) is an inter-disciplinary team of health and social care professionals. The objective of the service is to provide care at home whenever it is safe, sensible and affordable to do so. The care the team provides is organised around the patient, focusing on individual need and empowering independence. The team, in the main, provides intensive, short term care, which reduces as the patient regains health and independence. Care is holistic, co-ordinated and responsive and goal focused, using a case management approach.

The shared values and aims underpinning care delivered by the team include:

- Patient centred care; staff involve patients and their family and, or carers in the care planning approach
- Staff are sensitive to the needs of family and carers
- Care is provided in patients' usual places of residence or Reablement Beds with Care
- The team is easily accessible to patients and their families and, or carers
- The team focuses on proactive delivery of care and where a patient is in crisis reacts rapidly to keep that patient safe in their usual place of residence if it is safe and sensible to do so.

2. Update on Expansion into South Waveney

From January 2018 Out of Hospital Team (OHT) services have been provided by East Coast Community Healthcare (ECCH) across Great Yarmouth and Waveney.

The implementation of services into South Waveney has been phased following a staff consultation and recruitment into new posts to support delivery of equitable services.

Services are now fully operational in the South Waveney area with a new team leader and base at Beccles Hospital for those staff based in the South Waveney area. The team has visited practices within the South Waveney area to support team working and ensure the team can adapt and flex the model to ensure the service meets the needs of the population.

Through commissioning a Great Yarmouth and Waveney model there is also more robust resilience with an increased workforce being able to flex staffing location and skill mix to meet the requirements of the service.

3. Staffing

The OHTs are made up of key health and social care professionals supported by workers able to perform many types of basic nursing, therapeutic and personal care tasks. Teams incorporate and are supported by the follow staff groups -

Senior Professionals

- Independent Nurse Prescribers
- Community Nurses
- Physiotherapists
- Occupational Therapists
- Social Workers
- Social Care Assessors

Support Staff –

- Assistant Practitioners
- Reablement Practitioners
- Generic Workers
- Home Care Workers
- Community Phlebotomists

In addition to the above the team has a combined triage team made up of:

- Day Co-ordinators
- Administrators

This team are responsible for:

- Receiving referrals
- Contacting various others for further information
- Triaging referrals
- Allocating assessments
- Imparting necessary information to the assessor
- Daily contact with acute and community bed providers to ascertain details of patients who will require supported discharge
- Daily contact with acute and community bed providers for updates on patients' expected dates of discharge and any changes to patients circumstances and, or care needs

The out of hospital team comprises of the following staff groups and whole time equivalents (WTE):

Role	*Grade*	*WTE*
Team Lead	7	3
Nurse	6	13.7
OT	6	6.8
physio	6	3.8
pharmacy	5	1.0
AP	4	17.9
Triage	4	6.6
RSW	2	39.7

4. Caseload

The average caseloads in an average week across the three localities are as follows:

Out Of Hospital Team	*Patient Numbe*	*Percentage of total*
Lowestoft	24	32.9%
Great Yarmouth	32	43.8%
South Waveney	17	23.3%
Total	73	100%

Weighted population numbers are as follows:

Locality	*Weighted numbers by Percentage*
Lowestoft	32.3%
Great Yarmouth	44.4%
Waveney	23.4%
Total	100.0%

This tallies almost identically with weighted practice numbers showing that the out of hospital teams are being utilised well across all localities.

5. Locations where services are based

The OHT has three bases across the Great Yarmouth and Waveney locality including Kirkley Mill Health Centre in Lowestoft, Herbert Matthes Block on the Northgate Hospital site in Great Yarmouth and Beccles Hospital.

6. Reablement Beds with Care

Reablement beds with care are currently provided in the following locations –

4 x The Vineries Care Home, Hemsby
4 x Burgh House Care Home, Burgh Castle, Great Yarmouth (funded by NCC)
5 x Ritson Lodge Care Home, Hopton
2 x Oaklands Care Home, Reydon
8 x All Hallows Healthcare Trust, Bungay (phased implementation from July to December to support winter pressures) (6 funded by NCC, 2 funded by CCG)

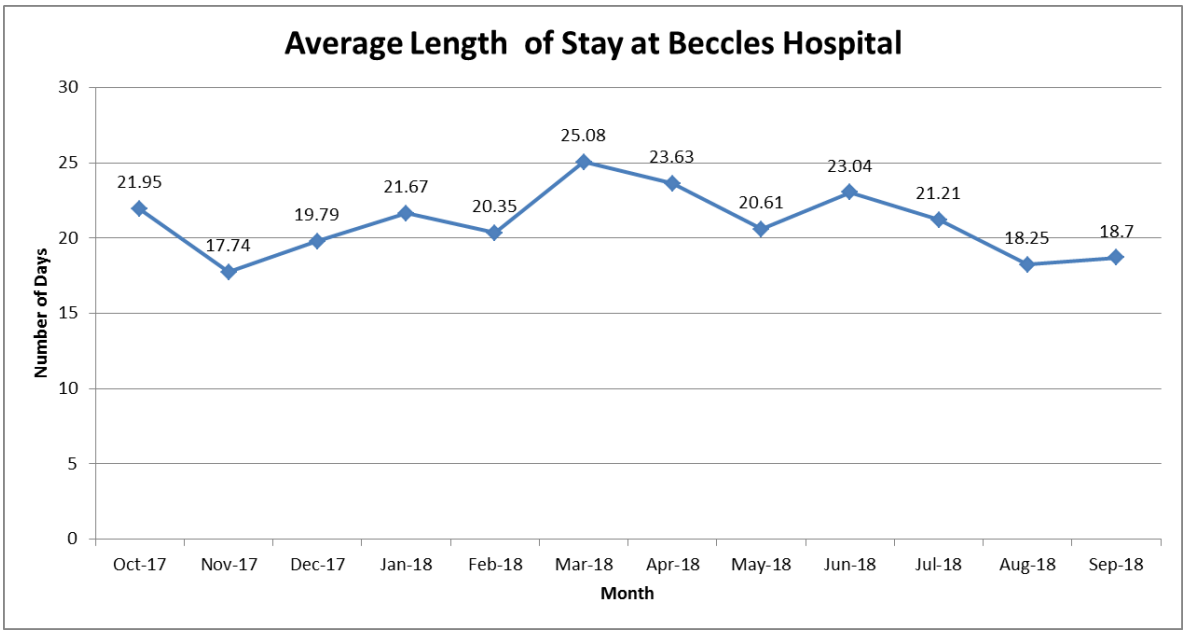
7. Beccles Intermediate Care

In addition to reablement beds with care, 22 intermediate care beds are also available at Beccles Hospital. This facility was significantly upgraded with improvements to the environment including a dementia friendly design. The facility includes -

- Eight single rooms with ensuite toilets and washing facilities
- Three four bed bay areas, and one two bed bay area with separate toilet and washing facilities
- Piped oxygen to all beds
- Dedicated therapy area and resource room
- Patient lounge and dining area

Additional resource has been commissioned with ECCH to ensure that patients can receive intense rehabilitation and therapy to enable patients' function to be optimised and suitable for discharge. This includes both therapy, nursing and assistant practitioner roles. Additional social work capacity has also been commissioned to ensure that there are as few patients as possible that have delayed discharges and that patients will transition quickly and efficiently from the hospital back to the community.

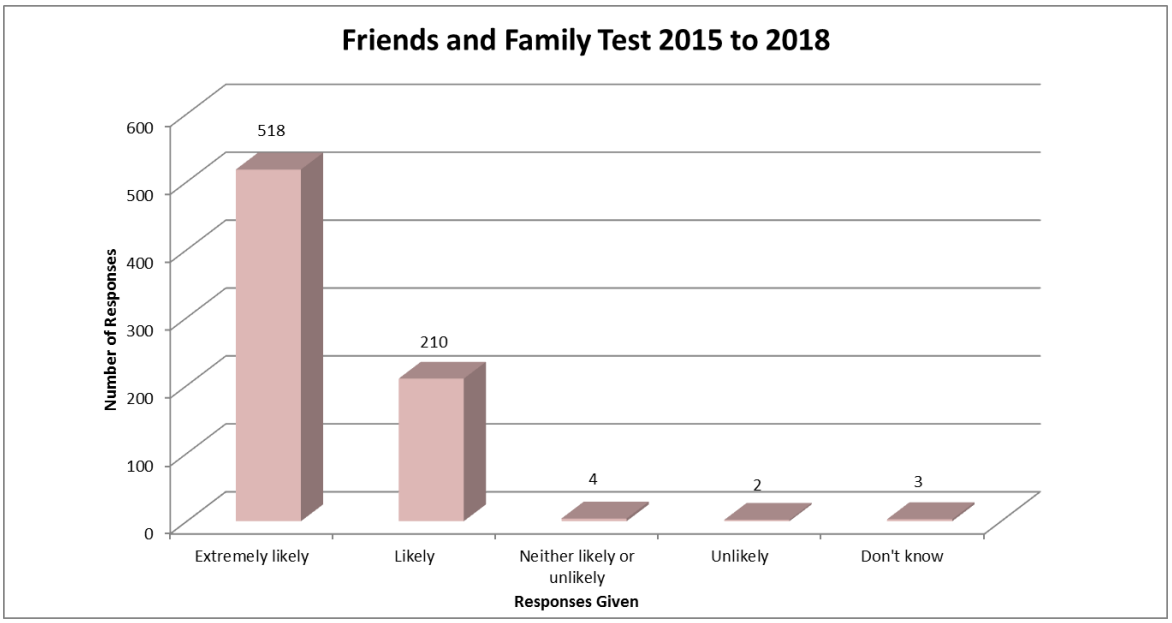
The average length of stay at Beccles Hospital has stayed consistently low over the last 12 months. A small increase was seen over the latter part of the 'Winter Pressures' period but this has since returned to a very healthy average of 18.5 days over recent weeks. It should be noted that the National Audit of Intermediate Care in indicates a strong focus on intensive reablement and focus on discharge home.



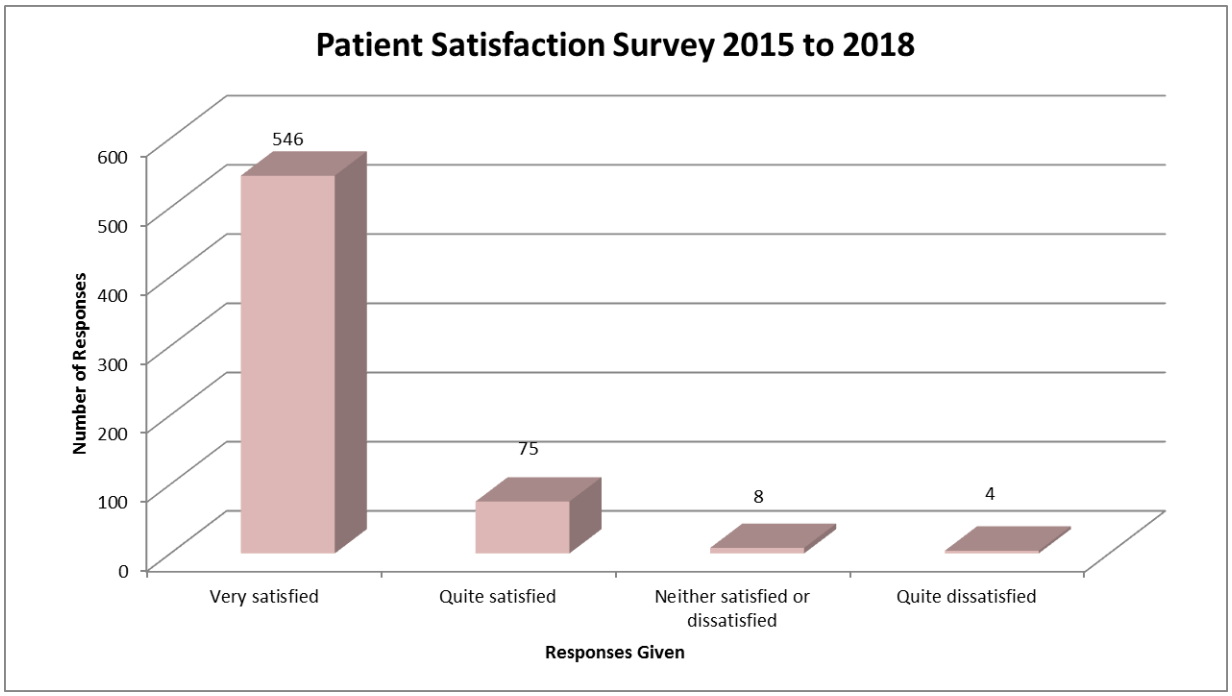
8. Patient Feedback

The OHT has received extremely positive patient feedback – see below.

The Friends and Family Test has been used since April 2015 and asks patients '*How likely are you to recommend our services to your friends and family if they needed similar care or treatment?'*



'*How satisfied are you with the service you have received*?' has also been routinely asked of patients seen by the service since April 2015.



9. Impact on patients

The out of hospital team is providing a service to the population with the continued aim of supporting people to stay at home or return home as soon as is safe to do so. This is done by spending a short period of time in a short term care bed through the support of a multidisciplinary team of nurses, therapists, social workers and skilled care staff. Clinical evidence demonstrates that **10 days being in a bed in hospital will result in around 14% of muscle loss in people over the age of 80 which is equivalent to 10 years of aging.** This is known as **deconditioning**.

The local and national approach to reducing is for people to avoid going into hospital or to leave as soon as possible and the out of hospital service and beds with care help people to stay at home for longer. The CCG along with local providers rigorously monitors the progress of patients who stay in hospital for longer than 7, 14 and 21 days, this includes oversight at an executive level. The work of the OHT has contributed to a reduction in the numbers of patients staying too long in hospital.

Length of stay reductions

	April - July 2017		April - July 2018		Variance		
Emergency Spells	**Spells**	**Avg LOS**	**Spells**	**Avg LOS**	**Spells**	**Avg LOS**	**% LOS Var**
Including Zero Days	8664	5.7	8986	5.2	322	-0.56	-10%
Excluding Zero Days	6254	7.9	6394	7.2	140	-0.67	-8%

Long Stay patients are those with a length of stay of 21 days or more. A national benchmarking exercise was undertaken to determine the expectations of a 25% reduction by December 2018. The benchmark position for JPUH was an average of 75 patients with a LOS of 21 days or more and the ambition is to reduce to 55 or less. Along with the reduction in length of stay shown above, the target of 55 has already been exceeded and we aim to reduce this further.

Conclusion

The out of hospital team has become an integral and essential component of local service delivery, it is flexible and integrated both in team composition and the way it interacts with other health and care agencies.

The implementation of the full team across Great Yarmouth and Waveney enables clarity around referrals from acute and primary care and equity of access for patients in all localities to be afforded the opportunity for out of hospital care.

The performance of the team will continue to be monitored monthly through the contract monitoring process and this will include the impact on admissions, discharges and the patient and carer experience.

Authors:
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Information Bulletin

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

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

This Information Bulletin covers the following items:-

a) **Blood testing services in Great Yarmouth and Waveney**

b) **Norfolk and Suffolk NHS Foundation Trust progress in Great Yarmouth and Waveney**

c) **Norfolk and Waveney Sustainability Transformation Plan – update**

d) **Health provision for the Woods Meadow development, Oulton**
(information supplied at the request of the Joint Committee on 13 July 2018)

(a) Blood testing services in Great Yarmouth and Waveney

NHS
Great Yarmouth
and Waveney
Clinical Commissioning Group

Briefing for Great Yarmouth and Waveney Health Scrutiny Committee: Blood testing facilities

26 October 2018

Background

Since the last update in February 2018 to the Great Yarmouth and Waveney Health Overview and Scrutiny Committee, the way blood testing facilities are delivered across Great Yarmouth and Waveney has changed. Changes have been made following the James Paget University Hospital (JPUH) serving notice on the community phlebotomy service in September 2017, to cease providing community phlebotomy services from 1 April 2018.

Community blood testing services in Waveney were provided by the James Paget University Hospital across multiple hub sites (Kirkley Mill Health Centre, Alexandra Road Surgery, Bungay Surgery, Beccles Hospital, Sole Bay Health Centre, Longshore Surgeries, and Patrick Stead Hospital).

As the original service was mainly walk in and commissioned on a population basis, a clear picture of historic footfall through the service was unavailable. Based on national evidence and local intelligence from Great Yarmouth and Gorleston practices the cost of the service was reviewed and a service specification written and agreed by the Clinical Executive Committee. The Clinical Executive Committee agreed that the service would be commissioned for 2018/19 as a pilot to enable it to collect data, evaluate the service and review patient experience.

Provision of Service from 1 April 2018

Following approval by the Clinical Executive Committee at NHS Great Yarmouth and Waveney CCG. The Primary Care team approached each cluster of practices in their respective localities to commission the service at practice level. It was during this time that the South Waveney locality informed the commissioner that they were not in a position to deliver the service.

In January 2018 the Primary Care team worked with providers to mobilise the service in the Lowestoft Locality and South Waveney locality.

Following a market engagement event East Coast Community Healthcare (ECCH) was identified as the provider for South Waveney Locality to deliver community phlebotomy services at five sites in South Waveney. During the shift of provision to the new provider it soon became clear that there was going to be a staffing shortage

as some of the existing staff were not going to transfer to the new service. This was due to a number of employment laws around transfer of personnel.

As soon as the gap in staffing was identified, ECCH undertook a recruitment exercise to employ a number of phlebotomists both on the bank service and into the gaps in service. This has enabled them to establish a full complement of staff and provide appropriate cover to both sites.

In Great Yarmouth blood testing services have traditionally been provided by GP practices and they continue to provide their own clinics to match demand.

Blood testing services for house bound patients is provided by the district nursing team through a separate contract with East Coast Community Healthcare. The JPUH still also provide a phlebotomy clinic for outpatient activity, hard to bleed patients and patients that are not able to attend their practice. This is a drop in facility, which operates Monday to Friday 8.00am until 4.45pm.

Learning so far from the pilot

As part of the service redesign, outpatient blood services remained with the JPUH and the community phlebotomy service was undertaken at practice level. During the first three months of the pilot we learnt that it is not always possible for patients to travel to the JPUH for their outpatient blood testing needs and not all patients want their blood testing needs met at their GP practice. The CCG has worked with the JPUH to review the phlebotomy policy and this has led to a change in the criteria to meet the need of the patient. Patients can have outpatient activity in the community and primary care activity in the JPUH. The JPUH will continue to provide a hard to bleed service for those patients who require a specialist intervention. We have also learnt that GP practices in Great Yarmouth and Waveney will see in excess of 14,000 patients for blood testing services every month.

International Normalised Ratio (INR) testing is required for patients taking Warfarin; blood tests are required on a frequent and sometimes urgent basis to enable safe re-dosing of the Warfarin. These patients should be offered urgent appointments; in some cases this hasn't happened and resulted in some patients escalating to the JPUH unnecessarily. The learning from this has been shared with practices that are now enabling an alert system on the patient's clinical records and ensuring reception staff are asking the right questions at the time of booking. Practices are also educating patient to highlight their need to be urgent.

The CCG recognised that the transition of the service from JPUH to ECCH could have been better and has undertaken a full review of the implementation and identified some key principles from this. These are:

- Sharing of an established agreed project plan and regular formal meetings to determine progress and identify any risk issues. This would include all clinical risk assessments and mitigations, revised, progressed and recorded at every meeting.
- All communications should be jointly agreed, including the rationale for the change, by stakeholders along with dates for release.

- Patient /carer inclusion in the planning process to ensure that this essential perspective has been considered and evidenced in the plan.

Conclusion

As expected the pilot phase has identified many areas of learning, which have helped the CCG, ECCH, JPUH and the practices improve and develop the service to improve patient experience. We will continue to work with the public and provider of the service to capture further learning so we are able to adapt the provision. The CCG will continue the pilot into 2019 to enable the CCG to commission a long term fit for purpose service from mid-2019.

Ben Hogston
Deputy Director of Primary Care

(b) Norfolk and Suffolk NHS Foundation Trust's progress in Great Yarmouth and Waveney

Briefing provided by Chris Wager, Acting Locality Manager, Norfolk and Suffolk NHS Foundation Trust:-

Joint Health and Scrutiny Committee
NSFT Gt Yarmouth and Waveney Locality Information Bulletin 6 month update

Introduction

NSFT Gt Yarmouth and Waveney Locality (GYW) attended the JHSC in February 2018. At this time a report was provided detailing the localities position and improvement plans following a full NSFT inspection by the CQC in July 2017 and subsequent "Inadequate" rating. The report was themed by the CQC's five domains of health care provision; Safety, Effectiveness, Caring, Responsiveness and Well Led. This update highlights the progress made in each domain. NSFT was re-inspected in September 2018 and awaits the formal feedback.

Are services safe?

Environmental Safety – There have been significant improvements made in both inpatient and community settings. Extensive ligature work has been completed across all bases in the locality and improved processes for ongoing environmental risk management have been implemented. All community areas have emergency life-saving equipment installed (Automated External Defibrillators). In response to significant safety concerns raised by the CQC a full review of St Catherine's Way service has been completed and the service has been reconfigured to provide community treatment thus mitigating the environmental risks associated with a 24/7 service.

Training compliance - The locality initiatives have been successful and we are exceeding compliance target of 89%.

Restrictive Interventions - Planned build of the seclusion suite at GYW acute services is complete. There has been an ongoing training programme to support the implementation of Positive Behaviour Support Plans and monitoring of physical health. The unit has met compliance target of 95%.

Are services effective?

Appraisals & Supervision **-** The locality initiatives have been successful and are exceeding compliance target of 89%

Care Programme Approach (CPA) compliance – Significant progress has been made in improving compliance and quality, we are working towards 95% compliance. The project team continues to support community teams through training and regular provision of data to drive performance. There are a number of Trust wide initiatives focussing on the improvement of CPA documentation compliance and GYW locality are integral to these.

Are services responsive?

Staffing levels and access to services – Crisis Resolution and Homme Treatment Team (CRHT) night time provision has been increased in line with CQC recommendations. Since the previous report GY Adult Community Team has continued to experience significant challenges in managing demand of referrals and caseload, of which staffing levels was a major factor. An Adult Community business case was approved by NSFT Exec Board for 6 additional WTE Senior Mental Health Practitioners in May and recruitment processes was initiated. Although initially slow the five out of six posts have been recruited to by using social media and recruitment premiums. It is acknowledged it will take a further period of time for the positive impact of increased staffing on service responsiveness. The Adult Community team capacity is additionally supported by the community treatment resource at St Catherine's Way.

The Older People's Inpatient Service at Carlton Court is currently exploring options to redesign services in order to provide community based interventions in addition to the inpatient facility. The plan is to move to one 11 bedded and unit and a positive behaviour and day treatment service model to form part of this because it has been a difficult area to recruit Registered Nursing staff and there are inadequate staffing levels to maintain safety over 2 wards. This will have to go through the internal processes at the CCG for final agreement. We have been able to manage without Service Users needing to utilise out of area beds and are keen to continue to develop a model that can support service users in their own environments, avoiding the need for Inpatient admission wherever possible. GYW CCG are supportive and working closely with us to develop the model.

Are services well led?

NSFT continues to improve accessibility to data to drive quality improvement which is mirrored in GYW locality. Monthly Performance and accountability meetings are convened in the locality with Exec Board level attendance to ensure focus.

We have recruited additional administrative staff to support each Clinical Team Leader across all services.

GYW Quality Improvement Team continues to monitor and support clinical teams with quality initiatives and day to day compliance issues.

Away Days have been held in the majority of teams across GYW to ensure staff have their say in developing and improving services.

Two Locality wide staff wellbeing days are currently being arranged for November 2018.

(c) Norfolk and Waveney Sustainability Transformation Plan – update

NHS
Great Yarmouth and Waveney
Clinical Commissioning Group

Briefing for Great Yarmouth and Waveney Health Scrutiny Committee:

Update on the Norfolk and Waveney Sustainability and Transformation Partnership (October 2018)

1. This briefing paper provides an update on the Norfolk and Waveney Sustainability and Transformation Partnership (STP), with a focus on progress made with key pieces of work since the last report in July 2018.

Integrating health and care services in Norfolk and Waveney

2. Our partnership has been selected as one of six sustainability and transformation partnerships (STP) nationally to participate in the Aspirant Integrated Care System (ICS) Development Programme. The programme is aimed at helping health and social care leaders develop the skills they need to make accelerated progress this year and give their partnership the best chance of meeting the ICS Programme entry criteria for 2019/20.

3. The purpose of the programme is to provide space for reflection, sharing of learning, and continuing professional development for system leaders in five core areas, related to the core ICS baseline capabilities:
   - Effective leadership and relationships, capacity & capability
   - Coherent and defined population
   - Track record of delivery
   - Strong financial management
   - Focus on care redesign

4. It is a structured programme of support delivered over 11 weeks from September to December 2018 by Optum Health Solutions (UK) and PwC, and funded by the NHS nationally. The programme will be tailored to the needs of our health and social care system.

5. Our system was identified by regional and national NHS England and NHS Improvement colleagues as making good progress. Their support is a positive endorsement of our progress to date. Over the autumn and winter we will continue to engage the public, staff, the voluntary and community sector and other stakeholders in the development of our integrated care system.

System financial recovery plan

6. A priority for our STP is to create a strong financial plan to address our significant variance to our control totals and to enable the system to return to financial health. We have had detailed discussions with NHS England about the actions we are taking to address this and what more we need to do. There is a clear expectation from NHS England that we work together, are bolder and act quickly, otherwise our financial position will overshadow the good progress we are making in other areas.

7. Our System Financial Recovery Group, made-up of finance directors from all the organisations involved in our partnership, has now developed a much more detailed picture of our collective financial position than we've had previously. We have used this information to develop a short-term financial recovery plan. Here is an overview of the key parts of our plan:

8. An important first step we are taking is to move to block contracts between the clinical commissioning groups and the three hospitals. These will guarantee a regular fixed payment for patients treated. The value of the contract is independent of the number of patients treated. Block contracts work well because they are a timely, predictable and a relatively flexible payment arrangement. They mean providers of services like hospitals can predict in advance what they will be paid, and CCGs know in advance how much they will spend. There are also low transaction costs associated with block contracts.

9. A block contract has been agreed between the James Paget University Hospitals NHS Foundation Trust and NHS Great Yarmouth and Waveney CCG. The CCG and the trust have also agreed to set-up a joint Transformation Programme Board to oversee delivery of joint cost reduction and activity management programmes. Further work needs to be done to agree block contracts with the Norfolk and Norwich University Hospitals NHS Foundation Trust and the Queen Elizabeth Hospital King's Lynn NHS Foundation Trust.

10. Looking towards the next financial year, we are exploring putting in place Minimum Income Guarantee Contracts for 2019/20 with all three acute hospital trusts. These are a more sophisticated contracting arrangement, which help clinical commissioning groups and hospitals to understand their financial position and make plans for delivering services, whilst reducing the risk of spending more money than we have.

11. Our clinical commissioning groups and the providers of health services are sharing more information with each other about their savings and efficiency programmes that they are currently working on. We are reviewing all of these to see if there are opportunities to learn from each other or identify ways of expanding savings programmes so that they save more money.

12. Cost Improvement Programmes (CIPs) are the savings and efficiency programmes run by hospitals and other NHS trusts. These are not currently jointly monitored or managed by the different healthcare providers in Norfolk and Waveney. Instead, each provider trust has their own internal process. We are creating a Joint Provider CIP Board to align opportunities and increase the pace and rigour of cost savings and the standardisation of CIP reporting.

Cancer care in Norfolk and Waveney rated as good and outstanding

13. All of the CCGs in the Norfolk and Waveney have recently been rated as good or outstanding for cancer services by NHS England. In particular one year survival rates have shown a significant improvement across all five CCGs. Our patient experience scores continue to be rated as 'good' across the STP, this reflects well on the care provided across both primary and secondary care.

14. We're continuing to look for ways to improve cancer care though. Work is underway to review the pathways for lung and prostate cancer at each of the acute hospitals with a view to aligning these (whilst allowing for local variation to reflect the staffing and equipment available at each hospital). Initial changes to pathways will be made by the end of 2018 and implementation will be complete by April 2019.

15. A priority for the workstream is to implement the new Faecal Immunochemical Testing (FIT) for bowel cancer. It is a relatively simple testing process which should speed-up ruling out a cancer diagnosis. It should lead to earlier detection of polyps and improved prevention of colorectal cancer, as well as result in a reduction in invasive hospital procedures and unnecessary travel to hospital for patients. We are going to pilot FIT in primary care as a diagnostic support tool. We want to assess the potential for the use of FIT as a risk stratification/triage tool in secondary care.

Preparing for winter

16. A priority for our partnership is to develop a robust winter plan which takes into account national best practice and lessons learnt from last winter. The new Winter Room Director will lead on this work across Norfolk and Waveney, working closely with the local commissioning teams in Great Yarmouth and Waveney who remain the system leader for winter planning and resilience.

17. The local system learning from last winter identified that community care capacity was a huge challenge, which was resulting in large numbers of older frail patients staying in hospital for longer than they should. Acknowledged evidence states that for people over the age of 80, seven days in hospital can result in a person

losing up to 10% of their muscle mass. Therefore the priority for investment for the forthcoming winter is to increase the capacity to provide a seven day Early Intervention Vehicle to reduce the number of people who fall at home being taken to hospital, and to increase the number of short-term care home placements and reablement care packages for people to be able to return home at the earliest opportunity.

18. This is underpinned by the implementation of Discharge to Assess at the James Paget Hospital, so that people's long-term care needs assessments are done at home rather in hospital. This will help to reduce how long people stay in hospital, as well as the number of people that are placed in long-term care, and it will increase the number of people who return to their own home.

19. The five CCGs are investing £2.6 million in winter planning this year. On top of this, there is a national pot of funding available and we have submitted five bids for the urgent and emergency care transformation funding totalling £387,000. All of the bids aim to help us deliver the national priority to reduce long hospital stays by 25%. The bids that relate to Great Yarmouth and Waveney are:
    - Employing two additional integrated care coordinators to support early discharge from the Norfolk and Norwich University Hospital for patients known to community services across Norfolk and Waveney.
    - Increasing community bed capacity and wraparound therapy support.
    - Additional administrative resource to enable clinical staff to have the capacity to attend and engage with hospital ward rounds and multi-disciplinary teams, so that they can use their knowledge about community services to support discharge at an earlier point than they do now at the Norfolk and Norwich University Hospital.

Our prevention priorities

20. The Prevention Workstream has developed five prevention priorities, focussed on addressing winter pressures. Close working with district, borough and city council colleagues, as well as voluntary and community groups, will be vital in delivering these priorities. The priorities are:
    - Infection Prevention and Control: To reduce staff sickness absence, increase bed capacity and improve care home availability.
    - Respiratory conditions: To reduce ambulance calls, A&E attendances and emergency admissions due to respiratory conditions.
    - Cardiovascular conditions: To improve early detection and treatment of hypertension, atrial fibrillation and heart failure, to prevent stroke, exacerbations of heart failure, myocardial infarction and death.
    - Housing: To increase bed capacity, through timely discharge and prevention of emergency admissions caused by housing problems.
    - Social prescribing: To reduce demand for primary care; prevent unnecessary hospital admissions and A&E attendances.

Developing our strategy and plan for primary and community care

21. The workstream is developing an STP wide Primary and Community Care Strategy and a detailed delivery plan. We have five local delivery groups which

were set-up to implement the strategic direction set by the Primary and Community Care Workstream. These groups are progressing well, but we now need to put in place a clear framework for them to operate in. We need to decide what we want to be consistent across Norfolk and Waveney, as well as where we are comfortable with local variation. We are holding an event to develop our strategy and plan in October.

Developing our workforce: launch of the nursing associate training programme in Norfolk and Waveney

22. We have started training our first 70 nursing associates in Norfolk and Waveney. Our new nursing associates are going to be an important part of the workforce in future by providing hands-on care to patients and people receiving health and social care across Norfolk and Waveney. They will join our existing healthcare support workers, nurses, care home staff and others in providing excellent care for local people.

23. The role will help to increase clinical competence and capability of the workforce, as well as allow for innovative approaches to workforce modelling and the use of skill mix within settings. The involvement of social care sets us apart from other areas of the country which have taken part in the first two waves of the trainee nursing associate programme.

Funding to modernise the NHS and our digital technology

24. NHS England has announced £412.5 million of funding which will be invested in the digitisation of hospital, ambulance, community and mental health providers over the next three years.

25. Our partnership will receive almost £7.5 million over the next three years, and we will be submitting our plans for how we will use this funding in October:

	2018/19	2019/20	2020/21	Total
Revenue			£3.9m	£7.455m
Capital	£1.88m	£1.67m		

26. We are in the process of assessing suitable schemes and finalising our submission. Our high-level list, based on the national criteria, includes:
    - Electronic observations
    - Outline business case for electronic patient record system
    - E roster development
    - Norfolk and Waveney integrated digital care record
    - SystmOne inpatient bed module for NCH&C
    - Clinical decision support tool for better radiology requesting across the STP
    - Business intelligence development
    - Transfers of care improvements

Providing care closer to home: new eye clinic facilities at Beccles Hospital

27. New eye clinic facilities which offer a sight-saving treatment have opened at Beccles Hospital. The James Paget University Hospital's ophthalmology team are using the facilities to offer patients a range of services, including a procedure to combat the effects of wet Age-relative Macular Degeneration (AMD), which is the most common cause of blindness.

28. The Eye Clinic facilities at Beccles Hospital will help meet growing demand while providing a service closer to home for residents in Beccles, Bungay, Halesworth and the villages of the Waveney Valley. They have been created by JPUH working in partnership with Great Yarmouth and Waveney Clinical Commissioning Group, with support from the Friends of Beccles Hospital.

Officer contact

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

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(d) Health provision for the Woods Meadow Development, Oulton

Great Yarmouth and Waveney CCG provided the following information on 27 July 2018 in response to a request by the GY&W JHSC on 13 July 2018:-

HOSC response re: Wood Meadow

The Woods Meadow site had originally been identified by the developer as a potential health centre site but at that time there had not been a feasibility study by the PCT to determine if the site was suitable for a health centre (ie was the site large enough for the building and associated parking required by planners). This feasibility study is now needed to see if a development on the site could progress or whether the CCG needs to identify an alternative site.

The CCG has previously been awarded capital funding from the NHS England Estates and Technology Transformation Fund (ETTF) to develop the business case for the Woods Meadow site (assuming the site is feasible).

In order to access this funding the process the CCG has to follow is to submit a business case to NHS England's Capital Oversight Group. This first has to be supported by the STP's primary care infrastructure group. The Woods Meadow development is listed for approval at the August meeting of the STP primary care infrastructure group and if given approval will hopefully go to NHS England for consideration in September.

As part of our developing plans for North Lowestoft, the CCG has also been in discussion with the three practices in North Lowestoft (Bridge Road Surgery, Alexandra and Crestview Surgeries and High Street Surgery) as all have premises issues and as such the feasibility study will encompass options for all three practices over a number of potential sites. We have included this project in the STP estates strategy and once plans are further developed over the coming months, will be making a capital bid to NHS England.

Sadie Parker
Director of Primary Care

Date: 26 October 2018
Agenda Item: 9

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

Draft Forward Work Programme 2019

Meeting date & venue	Subjects
Friday **1 February 2019** Riverside, Lowestoft	Mental Health Services in GY&W – Update following CQC reinspection of NSFT during 2018 • A further review of this topic a year afer the previous scrutiny in Feb 2018. • (NB. Suffolk HSC will be looking at NSFT in Oct 2018) 111 Service and Out-of-Hours Primary Care Services Performance
Friday **26 April 2019** Riverside, Lowestoft	Diabetes Care within Primary Care Services in Great Yarmouth and Waveney • Further review of this topic, as agreed in mtg on 13 April 2018
Friday **12 July 2019** Riverside, Lowestoft *(Meeting date tbc following Norfolk CC's change to Cabinet governance & establishment of new committees in May 2019)*	Palliative and end of life care • Progress with service provision in Great Yarmouth and Waveney (since the info bulletin on 13 July 2018)

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

Glossary of Terms and Abbreviations

A&E	Accident & Emergency
AMD	Age-relative Macular Degeneration
AP	Allied professional
CBT	Cognitive behavioural therapy
CC	County Council
CCG	Clinical Commissioning Group
CFS	Chronic Fatigue Syndrome
CG	Clinical guideline
CHRT	Crisis Resolution and Home Treatment
CIP	Cost improvement programme
CPA	Care Programme Approach
CQC	Care Quality Commission
ECCH	East Coast Community Healthcare
ESR	Electronic staff record
ETTF	Estate and Technology Transformation Fund
FIT	Faecal Immunochemical Testing
GPwSI	General Practitioner with Special Interest
GY&WCCG	Great Yarmouth And Waveney clinical commissioning group
GY&W JHSC	Great Yarmouth and Waveney Joint health Scrutiny Committee (which includes Members from Norfolk and Suffolk Health overview and Scrutiny Committees)
Heron website	The Heron website, established in 2003, is supported by the Norfolk and Waveney CCGs and provides a searchable source of self-help support groups and statutory and voluntary agencies covering the whole of Norfolk and Waveney
ICS	Integrated care system
IES CCG	Ipswich and East Suffolk Clinical Commissioning Group
INR	International Normalised Ratio - a specific test which shows how long blood takes to clot
JCCE	Joint Commissioning & Contracting Executive
Joint Committee	Norfolk and Suffolk Joint Health Scrutiny Committee, for the NHS Great Yarmouth and Waveney area
JPUH	James Paget University Hospitals NHS Foundation Trust
JSCC	Joint Strategic Commission Committee (of the 5 CCGs in Norfolk and Waveney)
LOS	Length of stay
ME	Myalgic Encephalomyelitis
MOU	Memorandum of understanding
NCH&C	Norfolk Community Health and Care NHS Trust
NICE	National Institute for Health and Care Excellence

NSFT	Norfolk and Suffolk NHS Foundation Trust (the mental health trust)
N&W	Norfolk & Waveney
N&W STP	Norfolk and Waveney Sustainability & Transformation Plan
OHT	Out of hospital team
OT	Occupational Therapist / Therapy
PCT	Primary Care Trust (replaced by Clinical Commissioning Groups)
PwC	Price Waterhouse Cooper – a consultant in the field of assurance and tax
RSW	Rehabilitation Support Worker
STP	Sustainability & transformation plan / partnership
SystmOne	A clinical system for a one patient, one record model of healthcare
Tbc	To be confirmed
WS CCG	West Suffolk Clinical Commissioning Group
WTE	Whole time equivalent