

## **Great Yarmouth and Waveney Joint Health Scrutiny Committee**

(Quorum 3)

**Date:** Friday, 13 July 2018

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

**Time:** 10:30 am

<b>Membership:</b>	Cllr Stephen Burroughes	Suffolk County Council
	Cllr Emma Flaxman-Taylor	Great Yarmouth Borough Council
	Cllr Elizabeth Gibson-Harries	Mid Suffolk District Council
	Cllr Nigel Legg	South Norfolk District Council
	Cllr Jane Murray	Waveney District Council
	Cllr Richard Price	Norfolk County Council

The members from Suffolk are serving on a temporary basis subject to confirmation by Suffolk Health Scrutiny Committee on 18 July 2018.

## **Business to be taken in public**

1.     **Election of Chairman and Vice Chairman 2018/19** *10:30 am*  
  
The Committee is invited to elect a Chairman for the 2018/19 municipal year.  
  
The Committee is invited to elect a Vice Chairman for the 2018/19 municipal year.
2.     **Apologies for Absence and Substitutions**  
  
To note and record any apologies for absence or substitutions received.
3.     **Minutes of the Previous Meeting** Pages 5-9  
  
To approve as a correct record, the minutes of the meeting held on 13 April 2018.
4.     **Public Participation Session**  
  
A member of the public who is resident, or is on the Register of Electors for Norfolk or Suffolk, may speak for up to five minutes on a matter relating to the following agenda.  
  
A speaker will need to give written notice of their wish to speak at the meeting using the contact details under 'Public Participation in Meetings' by no later than 12 noon on 9 July '18.  
  
The public participation session will not exceed 20 minutes to enable the Joint Health Scrutiny Committee to consider its other business.
5.     **Declarations of Interest and Dispensations**  
  
To receive any declarations of interests, and the nature of that interest, in respect of any matter to be considered at this meeting.
6.     **CCG Planning for Primary Care Capacity** Pages 11-35  
  
To receive an update on how the Clinical Commissioning Group (CCG) plans for Primary Care capacity in Great Yarmouth & Waveney. *10:45 am*

7. **Information Bulletin** Pages 37-54

To note the written information provided for the Committee: 12:00 pm

- 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

8. **Forward Work Programme** Page 55

To consider and agree the forward work programme. 12:15 pm

**Date of next scheduled meeting**

Friday, 26 October 2018, 10:30 am, Riverside Campus, Lowestoft

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**Nicola Beach**  
**Chief Executive**  
**Suffolk County Council**

**Chris Walton**  
**Head of Democratic Services**  
**Norfolk County Council**



## Unconfirmed

Minutes of the Great Yarmouth and Waveney Joint Health Scrutiny Committee Meeting held on 13 April 2018 at 10:33 am in the Claud Castleton Room, Riverside Campus, Lowestoft.

**Present:** Councillors Michael Ladd (Chairman, Suffolk County Council), Michael Chenery of Horsburgh (Norfolk County Council), Jane Murray (Waveney District Council), Marlene Fairhead (Great Yarmouth Borough Council), James Reeder (Suffolk County Council), Nigel Legg (South Norfolk District Council).

**Also present:** Cath Byford (Deputy Chief Officer, Director of Commissioning, NHS Gt Yarmouth and Waveney Clinical Commissioning Group), Teresa Church (Senior Locality Manager, East of England Ambulance Service Trust), Dr Mark Lim (Programme Director, NHS Gt Yarmouth and Waveney Clinical Commissioning Group), Jessica Lorraine (Occupational Therapist, East Coast Community Healthcare), Lorraine Rollo (Head of Communications and Engagement, NHS Gt Yarmouth and Waveney Clinical Commissioning Group) and Charlotte Tracy (Senior Physiotherapist, James Paget University Hospital).

**Supporting officers present:** Paul Banjo (Senior Democratic Services Officer), Rebekah Butcher (Democratic Services Officer) and Maureen Orr (Democratic Support and Scrutiny Team Manager).

### **27. Apologies for Absence and Substitutions**

An apology for absence were received from Councillor Richard Price (substituted by Councillor Michael Chenery of Horsburgh, Norfolk County Council).

### **28. Minutes of the Previous Meeting**

The minutes of the meeting held on 2 February 2018 were confirmed as a correct record and signed by the Chairman.

### **29. Public Participation Session**

With permission of the Chairman, Dr Patrick Thompson PhD, a member of the public, requested to address the Joint Committee speaking in relation to the Agenda Item 7; an Information Bulletin update item on the progress of the Shrublands Site. Dr Thompson informed the Joint Committee of his disappointment that the proposals and plans from the Clinical Commissioning Group (CCG) on the long-term delivery of GP services in Gorleston had not been

implemented, noting that the 'temporary accommodation' would be in place for a further five years. He questioned why the proposals had not begun to take shape and stated that, in his opinion, it did not give confidence to the patients, the public or those delivering the service. He also asked why a GP service had been brought on-line at the James Paget University Hospital, when this had not been possible under the original plans.

Dr Thompson also informed Members that he felt 'loneliness' had become very prevalent in society and wished both the Suffolk and Norfolk health scrutiny committee's and respective health and wellbeing boards consider this topic.

To conclude, Dr Thompson asked of the CCG the following questions: What was happening to GP services in Gorleston; how come the plans had not come to fruition in conjunction with NHS England; why the CCG had not kept everyone informed; had the CCG changed its position and how were the plans being funded under current pressures; and what plans were in place in relation to 'loneliness'.

Dr Thompson thanked Members for the opportunity to address the Joint Committee.

### **30. Declarations of Interest and Dispensations**

There were no formal declarations made or dispensations given.

### **31. Diabetes Care Within Primary Care Services in Great Yarmouth and Waveney**

At Agenda Item 5, the Joint Committee received a suggested approach from the Senior Democratic Services Officer at Suffolk County Council to an update on the Integrated Model of Diabetes Care in Great Yarmouth and Waveney.

The Chairman welcomed Dr Mark Lim and Cath Byford (GY&W CCG) to the meeting and to introduce the report.

During the discussion, Members heard that the National Diabetes Audit calculated how many newly diagnosed patients reached the NICE targets in relation to cholesterol, blood glucose and blood pressure, and how many go on to structured training courses. Education programmes, such as 'DESMOND' used in the Gt Yarmouth and Waveney area, helped reduce amputation rates and improved patients' outcomes in the long-term. A diabetes diagnosis was life changing and patients did not always truly understand the consequences of living with it.

'DESMOND' was a key factor in the 'requires improvement' rating, which would otherwise have been 'inadequate'. Members heard that the CCG would likely remain as 'requires improvement' for at least the next 10-months, although short-term actions had been undertaken in the meantime. One project to further improve services had identified patients who were very far off their treatment targets (for example, who had worryingly high blood marker levels) using the Eclipse software to review them. As a result, Dr Julian Brown attended the various practices to work with them to alter those patient treatment plans in order

to bring them back in-line with ideal levels. A diabetic retinopathy screening service had also been set-up and was being co-ordinated by Dr Karen Mitchell on behalf of patients at her local practice. This was providing learning opportunities with a view to roll-out a fully commissioned service in the near future. It was hoped that these shorter-term projects would help to try and stem the pandemic of type 2 diabetes and provide help to those people living with it.

Members also heard that 'Making Every Contact Count' was used as an opportunity to look into other patient issues, such as blood sugar and blood pressure testing, although the CCG recognised that they could be better at using this process. The Joint Committee were informed there was a gap between Primary and Secondary Care services. Increased awareness was required by GP's that blood pressure had a strong association as to whether there would be a bad outcome or not.

The Joint Committee were informed that diabetes prevention could not be undertaken by the CCG alone as it was beyond just the health sector, and Members recognised this. The County Council, HealthWatch and Schools were suggested as being key stakeholders to help towards the prevention of diabetes. The strategy of works was massive and could take 5-10 years before changes could be seen, yet once this was accepted, everyone could move forward with the challenge proactively. Initiatives such as Slimming World vouchers (used in Norfolk) and 'One Life Suffolk' was part of a health package for patients, although not commissioned by the CCG. These directly linked to the success and prevention of diabetes early on.

The Chairman thanked witnesses for their contributions.

**Recommendation:** The Joint Committee:

- a) noted that there was a lot of work to do to improve on the CCG's current 'Requires Improvement' rating for diabetes treatment in Gt Yarmouth and Waveney, and that this was one of the CCG's top four priorities for 2018/19;
- b) noted and supported the need for improved integration between Primary and Secondary Care of diabetes;
- c) recommended that the NHS Gt Yarmouth & Waveney CCG worked further across boundaries and picked up best practice in diabetes treatment from those rated as 'Outstanding';
- d) recommended that the NHS Gt Yarmouth & Waveney CCG continued to connect with Public Health at Norfolk and Suffolk County Council's – getting them take on more of the requirement for improved public education, including in schools, about diabetes prevention;
- e) resolved to make a comment to the Suffolk and Norfolk Health & Wellbeing Boards about the important system-wide role to play in improving diabetes awareness and treatment; and
- f) wished to review this topic in a year's time.

**Reason for recommendation:** The Joint Committee formed the view based on the evidence it received.

**Alternative options:** There were none considered.

**Declarations of interest:** There were none declared.

**Dispensations:** There were none noted.

### **32. Update on the Early Intervention Vehicle (EIV) Pilot**

At Agenda Item 6, the Joint Committee received a suggested approach from the Senior Democratic Services Officer at Suffolk County Council to an update on the Great Yarmouth and Waveney CCG's commissioned pilot of an Early Intervention Vehicle (EIV).

The Chairman welcomed Cath Byford (GY&W CCG), Teresa Church (East of England Ambulance Service (EEAST)), Jessica Lorraine (East Coast Community Healthcare (ECCH) and Charlotte Tracy (James Paget University (JPUH) to the meeting and to introduce the report.

Members also watched a short video provided by the East of England Ambulance Trust.

Members heard that after a successful pilot in Norfolk last year, this innovative programme was put in place to help alleviate the pressures on the ambulance service for frail individuals who had fallen but also provided support and treatment for individuals who would otherwise have required a hospital admission had it not been for early intervention. The vehicle had been in place Friday to Monday, when higher demand was experienced and was believed to have been positive on patients, as well as improving the integration of EEAST, JPUH and ECCH services.

The Joint Committee were informed that since the introduction of the pilot, colleagues from these organisations had pulled together knowledge and skills to share more widely. It gave therapists an appreciation as to how EEAST was run, being trained by and working alongside paramedic colleagues. Members heard that health staff were too familiar with patients being admitted to hospital only to get lost in the system. The pilot helped with service integration, providing improvements across the health system as a whole and getting patients back out to their homes. Members heard that staff had willingly volunteered to be involved in the pilot, as opportunities to work across the three organisations in this integrated way were very rare.

Members were informed that the EIV was an outstanding example of how health services could be brought from the hospital to the patients. The CCG was embarking on a system-wide piece of work 'improving flow' for patients to have better co-ordination of services and prevention of hospital admissions, with assessments taking place at the patient's home. Not all practitioners were on the same systems, and there was a need to do more to explain to patients the benefit of giving consent to information sharing with medical practitioners.



Members also heard that the EIV vehicle carried 'Lions pots' and 'Warm and Well' kits. Therapists on the EIV had worked with local charities and local councils to improve the lives of vulnerable patients encountered throughout the pilot.

**Recommendation:** The Joint Committee:

- a) congratulated the partner organisations involved on this successful Pilot programme; a very good example of integrated working, putting the patient at the centre;
- b) noted and supported the CCG's plan that the EIV would continue beyond April as a fully commissioned service; and
- c) recommended that there be further work done with HealthWatch Norfolk and Healthwatch Suffolk, to seek to improve the public consent rate for sharing of medical information between practitioners.

**Reason for recommendation:** The Joint Committee formed the view based on the evidence it received.

**Alternative options:** There were none considered.

**Declarations of interest:** There were none declared.

**Dispensations:** There were none noted.

### **33. Information Bulletin**

The Joint Committee noted the information bulletin at Agenda Item 7 and agreed to request further information on the Shrublands development, and on the recent JPUH staff survey.

### **34. Forward Work Programme**

The Joint Committee received a copy of its Forward Work Programme at Agenda Item 8.

The Joint Committee agreed to the following additions and amendments:

13 July 2018:

- a) 'CCG Planning for Primary Care Capacity' would be the prime scrutiny topic that day and would include an update on the Shrublands development.
- b) The 'End of Life Care' topic will now be an Information Bulletin item briefing.
- c) An Information Bulletin briefing on 'Outcome of the Social Prescribing Pilot'.
- d) *(Provisional)* An Information Bulletin briefing on the recent staff survey results at the James Paget University Hospital (JPUH), once this has been published by the JPUH.

*The meeting closed at 12.47 pm.*

Chairman

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<b>Agenda Item 6</b>
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## **Great Yarmouth and Waveney Joint Health Scrutiny Committee**

**13 July 2018**

### **CCG Planning for Primary Care Capacity**

Suggested approach from the Scrutiny Officer.

The objective is for Councillors to receive an update on how the Clinical Commissioning Group (CCG) plans for Primary Care capacity in Great Yarmouth & Waveney.
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#### **Purpose of Today's Meeting**

1. The key focus areas for today's meeting are:
  - a) Reassurance of effective planning for the Primary Care Estate
  - b) Engagement / alignment with Local Development Plans, the Strategic Planning Frameworks, and the Norfolk 'Planning in Health' protocol
  - c) Update on the Shrublands (Gorleston) health centre development
  - d) How the CCG has responded to the recent Waveney DC Local Plan consultation

#### **Background**

2. At the Joint Committee's meeting on [13 Apr 2018](#), in discussion of the Forward Work Programme, items raised in the Information Bulletin, and also a statement by a member of the public, the Committee agreed that the subject of CCG Planning for Primary Care Capacity should be a main scrutiny topic for the 13 July 2018 meeting, and should include an update on the Shrublands development.
3. Previously, at its meeting on [7 Oct 2016](#), in discussion of 'Out-of-Hospital Teams', Members referred to the considerable amount of new housing that was due to be built in some areas of Great Yarmouth and Waveney and stressed how important it was that the GY&W CCG made appropriate responses to Local Authorities regarding the implications of planning applications. The CCG was asked to ensure that it responds to consultation about planning applications for housing, as NHS services are already under pressure in some areas.

4. At its meeting on [15 July 2016](#), in discussion of 'GP practice premises in Gorleston and Bradwell: a six-month implementation progress update', the Joint Committee noted the report from the CCG that included an update on CCG strategic planning to quantify and address the need for additional or enhanced primary care facilities in GY&W, in liaison with local planning authorities.
5. At its meeting on [22 Jan 2016](#), in discussion of 'Decision following the "GP practice premises in Gorleston and Bradwell" consultation', the Joint Committee Members asked questions about the ownership of GP premises and whether the GY&W CCG were invited to comment on local authority planning consultations for housing. The Joint Committee Recommended that GY&W CCG, whilst not a statutory consultee, should make more publicly visible its views on planning applications for new housing developments and the medical facilities needed.
6. At the GY&W CCG Governing Body meeting on [30 Nov 2017](#), in the item [Agenda item 25b - AGM notes](#), (Q&A from the AGM on 28 Sep 2017), it was stated:

Q: There is a great deal of new housing in the area planned, The CCG should shout loudly for their share of section 106 money to support services.

A: This was noted.

7. It is understood that there is scope for Local Planning Authorities (LPAs) to use either [Community Infrastructure Levy](#) (CIL) and/or S106 for local health provision subject to the regulatory tests set out in Planning Guidance. LPAs have the ability through the planning system to use developer funding for medical facilities either through:
  - a) The use of CIL – where medical facilities are identified on the 'Regulation 123 list' (i.e. where CIL will be spent);
  - b) The use of S106 agreements – where the contributions sought meet the legal tests set out in Regulation 122 of the CIL Regulations (2010 as amended).

It is understood that the ability of an LPA to seek developer funding towards medical facilities (infrastructure as defined in the 2008 Planning Act S216(2)) operates on the same basis as that LPA seeking contributions for schools and roads etc i.e. it has to satisfy the above legal tests or be clearly identified in any CIL Regulation 123 list.
8. A report from the GY&W CCG addressing the key focus areas is in Appendix A.
9. The Great Yarmouth Borough Council (GYBC) and Waveney District Council (WDC) local authorities consult the GY&W CCG on their local development plans. Further information from the GYBC and WDC websites is shown in Appendix B.
10. A recent 'Planning in Health' protocol, which now forms part of the Norfolk Strategic Planning Framework, has been agreed and is at an early stage of embedding but involves the Local Planning Authorities & the County Council working closely with NHS bodies from the planning making process (i.e. the Local Plan stage) right through to individual planning applications (50 or more dwellings). The GY&W Joint Health Scrutiny Committee is interested in how liaison between local planning for housing and NHS planning for primary care

capacity is working. An extract from the Norfolk Strategic Planning Framework is included in Appendix C, and from the 'Planning in Health' protocol in Appendix D. Links to the full versions of these documents can be found in the 'References', below.

11. In addition to specific developments such as the Shrublands Campus in Gorleston, committee members have also enquired about plans at Woods Meadow, Oulton Broad, where there has been the expectation that a new GP surgery would be needed as part of the housing development.
12. The Norfolk & Waveney Sustainable Transformation Partnership (STP) Estates workstream is interested in improving liaison between the Local Planning Authorities and the NHS in the N&W STP area. Recently, at the GY&W CCG Primary Care Commissioning Committee (PCC) meeting on [8 March 2018](#), (Agenda Item 14), it was stated:

#### **5. Estates and Technology Transformation schemes (ETTF)**

*"Investing in upgrading primary care facilities, ensuring completion of the pipeline of Estates and Technology Transformation schemes, and that the schemes are delivered within the timescales set out for each project."*

Across the STP, total allocation in 17/18 for technology confirmed £865,000. Further additional funds requested £499,500 to support technology innovation across the 5 CCGs. Total anticipated spend 2018/19 £2.3m on premises improvement schemes. £3.3m on new builds to support developing capacity, access and new ways of working. For Great Yarmouth and Waveney 2017-18 improvement bid funding allocated £147,530. To monitor progress against investment and escalation route for issues a Norfolk and Waveney STP Infrastructure Investment Group been established to review and recommend investment development projects, including potential premises improvement and new build schemes, on behalf of the Norfolk and Waveney STP and in conjunction with funding authorities such as NHS England.

13. A summary of some recent activity by the N&W STP Estates Workstream is included in Appendix E.

### **Suggested Approach**

14. Representatives from the GY&W CCG will present their report and respond to any questions or comments from the joint committee, in relation to the areas set out in Section 1 above. It is hoped that a representative from the N&W STP Estates workstream will also be available to answer questions about the STP workstream activity. Representatives from Great Yarmouth Borough Council and Waveney District Council planning departments will also be in attendance to answer members' questions.

### **Supporting Information**

15. The following documents are attached:
  - a) Appendix A – GY&W CCG Report.

- b) Appendix B – Development Plan Information from GYBC & WDC websites
- c) Appendix C – Extract of Norfolk Strategic Planning Framework, March 2018
- d) Appendix D – Extract from the ‘Planning in Health’ protocol, March 2017
- e) Appendix E – Summary of Activity in the N&W STP Estates Workstream

## References

- (i) Joint HSC meeting, 7 October 2016, Agenda Item 6:  
[https://committeeminutes.suffolk.gov.uk/DocSetPage.aspx?MeetingTitle=\(07-10-2016\),%20Great%20Yarmouth%20and%20Waveney%20Joint%20Health%20Scrutiny%20Committee](https://committeeminutes.suffolk.gov.uk/DocSetPage.aspx?MeetingTitle=(07-10-2016),%20Great%20Yarmouth%20and%20Waveney%20Joint%20Health%20Scrutiny%20Committee)
- (ii) Joint HSC meeting, 15 July 2016, Agenda Item 10:  
[https://committeeminutes.suffolk.gov.uk/DocSetPage.aspx?MeetingTitle=\(15-07-2016\),%20Great%20Yarmouth%20and%20Waveney%20Joint%20Health%20Scrutiny%20Committee](https://committeeminutes.suffolk.gov.uk/DocSetPage.aspx?MeetingTitle=(15-07-2016),%20Great%20Yarmouth%20and%20Waveney%20Joint%20Health%20Scrutiny%20Committee)
- (iii) GY&W CCG Governing Body meeting, 30 Nov 2017:  
[https://www.greatyarmouthandwaveneyccg.nhs.uk/page\\_sa-dev.asp?fldKey=193](https://www.greatyarmouthandwaveneyccg.nhs.uk/page_sa-dev.asp?fldKey=193)
- (iv) Waveney District Council - Local Plan:  
<http://www.eastsuffolk.gov.uk/planning/local-plans/waveney-local-plan/>
- (v) Great Yarmouth Borough Council – Current Local Plan: <https://www.great-yarmouth.gov.uk/article/2489/Current-Local-Plan>
- (vi) Norfolk Strategic Planning Member Forum: <https://www.norfolk.gov.uk/what-we-do-and-how-we-work/policy-performance-and-partnerships/partnerships/norfolk-strategic-planning-member-forum>
- (vii) Latest Endorsed Version of the Norfolk Strategic Planning Framework:  
<https://www.norfolk.gov.uk/-/media/norfolk/downloads/what-we-do-and-how-we-work/policy-performance-and-partnerships/partnerships/strategic-member-forum/latest-endorsed-version-of-the-norfolk-strategic-planning-framework.pdf?la=en&hash=E1CE9D8D81341360102F515418D9CC2F0313F376>
- (viii) Planning in Health: An Engagement Protocol Between Local Planning Authorities, Public Health and Health Sector Organisations in Norfolk:  
[https://norfolk.citizenspace.com/consultation/norfolk-strategic-framework/supporting\\_documents/Health%20Protocol%20Final%201.2docx.pdf](https://norfolk.citizenspace.com/consultation/norfolk-strategic-framework/supporting_documents/Health%20Protocol%20Final%201.2docx.pdf)
- (ix) Lowestoft Journal, 10 Apr 2018, ‘Residents given another say on development plan for Waveney as final draft is published’:  
<http://www.lowestoftjournal.co.uk/news/residents-waveney-local-plan-development-final-draft-published-1-5470561>
- (x) The 100-year life: the role of housing, planning and design, Future of care – No 7, June 2018: <https://www.scie.org.uk/future-of-care/100-year-life>

## Contact details

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## **Briefing for Great Yarmouth and Waveney Health Scrutiny Committee:**

### **NHS Great Yarmouth and Waveney CCG Planning for Primary Care Capacity**

#### **1.0 Objective**

The purpose of this paper is to provide a comprehensive update for councillors on how the CCG plans for Primary Care capacity in Great Yarmouth and Waveney with a specific focus on:

- Assurance of effective planning for Primary Care Estate
- Update on engagement and alignment with local development plans
- An update on the Shrublands development
- CCG response to the Waveney District Council Local Place consultation

#### **2.0 Introduction and background**

Primary care is under increasing strain trying to adapt to a very different situation from the one it was originally set up to address. The General Practice Forward View was published by NHS England with a view to supporting transformation in primary care, noting the efforts needed to address workforce shortages, increasing workload and to enable people to access general medical services seven days a week.

We are all too familiar with the current public health challenges and the 'wider determinants of health' such as social mobility and economic standing; people are living longer, mainly because of better living standards but also as a result of modern medical practice. People are smoking less, but they are less active and more overweight which causes different health problems such as diabetes and heart disease. People are also living longer than ever before, but often with more complex, multiple long term conditions (LTCs) and complex social issues.

Coupled with the public health challenge is the ability to provide sustainable and resilient general practice delivered from fit for purpose primary care estate. We recognise the importance of robust and sustainable estate as a key enabler to the successful delivery of our strategic intent to improve the health and wellbeing of the population of Great Yarmouth and Waveney.

To respond to the challenge we need to be able to plan for future developments and conceive space which is multifunctional with general practice at the centre and community with health and social services co-located for a more holistic and multi-professional approach to patient care.

The Norfolk and Waveney STP (sustainable transformation partnership) has established several multi-agency workstreams, including the primary and community care workstream and an estates workstream. Colleagues are working closely together to prioritise primary care developments to enable a system wide estates plan to be developed, supported by capital bids for the deadline of July 2018. We held a CCG estates workshop in May 2018 to support the primary care estates prioritisation process and a refresh of the CCG estates strategy.

### 3.0 Planning for Primary Care Estate

To meet this challenge we are working as an 'East System' involving commissioners, primary care providers, social care, community services, district councils and planners, the VCSE, and patient and carer representatives to develop a robust and comprehensive estates plan.

A key part of the plan recognises the housing developments and significant population growth intended for both the Gorleston, north Lowestoft and south Waveney areas and as a result we have identified specific areas for core capital investment over the coming years:

- Shrublands development (referred to in further detail in section 5.0)
- Primary Care development in Gorleston
- Primary Care development in north and south Lowestoft
- Primary Care development in south Waveney

The rationale for this prioritisation is to enable better at-scale service delivery and in turn create a more fit for purpose primary care provision for patients that is integrated with community services. The strategic drivers include care closer to home and available in the community demanding therefore, better facilities for clinicians and patients.

The objectives of including these schemes within a capital bid will be to secure funding to:

- Replace sub-standard primary care accommodation in line with the General Practice Forward View
- Provide community services in compliant premises
- Shift care from the secondary care to primary care settings and enable primary and community services to be co-located
- Release space at the James Paget University Hospital
- Improve physical accessibility and opening times for primary care
- Improve premises utilisation through co-location and dispose of non-compliant or redundant estate
- Engender professional collaboration/other synergies through co-location
- Optimise funding opportunities via multi-agency sources
- Provide modern, environmentally sustainable premises
- Deter inappropriate A&E attendances through improved alternative access and higher profile primary care services,
- Provide the capacity required to support the delivery of the out of hospital strategy and release capacity in the acute sector



- Respond to emerging and increasingly urgent demand to improve clinical and physical capacity in the area (in relation to Shrublands), with sufficient resilience to respond to changing and growing population demands.

#### **4.0 Engagement and alignment with local development plans**

The future housing developments across Great Yarmouth and Waveney will inevitably hold significant implications for how we commission and plan for health care in the future. Our estates advisor has met with the chief executive of Great Yarmouth Borough Council to discuss specific estates plans, including the Greyfriars development. The CCG has also been in active discussion with the Waveney planning team in the development of the local plan. At the end of last year we were invited to respond to a consultation on planned proposals for Broads, Great Yarmouth and Waveney. CCG feedback included:

- Welcoming early reference to Health on the Local Plan fundamental objectives (OB11).
- Supporting the provision of open space, play and allotments and the benefit this provides for generic health and mental well-being.
- Confirming expectations that CIL contributions for the housing development proposals set out will be forthcoming and considered, to enable corresponding health infrastructure development to be planned and implemented; particularly around the Great Yarmouth and Waveney areas.
- Welcoming the acknowledgement of the need for a discussion regarding the LPA plans for delivering further older peoples accommodation; to ensure there is corresponding commissioning of relevant primary care services, and that this matches the forecast 13% increase in the number of over 75's by 2036.
- Supporting the rationale set out in Section 28 to explore with the Local Planning Authority how health and well-being infrastructure development will be a core part of their future planning and decision making.

Further to our feedback, we appreciate that the CCG has been invited to attend the public hearing in July 2018.

#### **5.0 Update on the Shrublands development**

At the 13 April 2018 HOSC, a request was made for an update on the Shrublands project. Norfolk County Council has sourced a consultant to support delivery of the one public estate work; the purpose of which is to develop a single preferred masterplan for the Shrubland site accompanied by a high level market and development appraisal – this piece of work is currently underway and the CCG attended a launch meeting in May.

To inform the masterplan for the Shrubland site, current proposals include plans for a supported housing project to replace existing accommodation that is no longer fit for purpose which is being led by Norfolk County Council adult social care and a scoping exercise for primary care to understand the benefits of increasing the general practice footprint to accommodate for recent practice mergers.

The master planning exercise is scheduled to run until September 2018 and includes engaging with stakeholders through workshops and one to one consultations and a formal presentation to the client project board for a preferred model. The project board is the existing Shrublands Steering group and for the CCG is attended by the Director of Primary Care, Sadie Parker.

## 6.0 CCG response to the Waveney District Council Local Place consultation

Responsibility for responding to policy documentation and consultation in the past has been held by NHS England, however the CCG now has a more localised approach to consultation in the area and we have been consciously engaging with planning officers of Waveney District Council with several meetings held over previous months.

Our last formal response, jointly made with NHS England can be found at **Appendix A2** and gave a considered opinion on the local development plan to 2036. We recognise there remains more to do in engaging with our local planning offices and expect that this will be strengthened through our estates workstream and the development of the STP estates plan.

## 7.0 Workforce programme

In addition to work to increase physical capacity in primary care estate, the CCG is also leading a programme across Norfolk and Waveney to increase the capacity within primary care teams through transformation of the primary care workforce and recruitment and retention initiatives.

Key project areas include:

### GP Retention

- Doctors completing a local Health Education England GP training programme
- Supporting Training Practices/ GP induction and refresher schemes for returning GPs
- Promotion of careers
- Doctors completing a GP training programme from other areas
- GP Careers Plus – a flexible scheme to retain doctors who would otherwise have left general practice

### International GP Recruitment (IGPR)

- NHS England led scheme to recruit doctors from overseas
- Expectation is that 41 GPs will be recruited to Norfolk and Waveney by 2020

### GP Fellowships

- Portfolio career opportunities for GPs

### GP Preceptorships

- Structured transition programmes for newly qualified GPs

### Nurse development and training

- Nurse preceptorships
- Nurse mentoring
- Practice nurse upskilling (training and development opportunities)
- Practice nurse leadership development

### Other roles

- Clinical pharmacists
- Physician associates
- Other direct care – paramedics, health care assistants, mental health therapists
- Administration – care navigators

**Practice Manager Development**

- Training and development support for practice managers to support new models of care

**8.0 Developing resilient and sustainable general practice**

Our local GP practices are working together to form a GP provider organisation covering the Great Yarmouth and Waveney areas to support resilience in general practice and to enable practices to come together and operate at scale where it makes sense to do so. The CCG is supporting the establishment of this new organisation through the investment of transformation funding and the dedication of management resource.

The CCG has supported three practices in their bids for national resilience funding this year. We expect to hear confirmation shortly that Beccles, Gorleston Medical Centre and Central Healthcare Centre have been successful in their bids.

The CCG has supported the merger of two practices in Gorleston – Millwood and Falkland Surgeries, now called the Millwood Partnership. The CCG has also recently approved an investment in revenue to enable the new merged practice to move forward with their planned extension and refurbishment of the Millwood site.

The CCG is working with local practices to implement new improved access capacity in line with the General Practice Forward View. This requires CCGs to commission general medical services from 8am to 8pm Monday to Friday and the provision of services at weekends for 100% of the population. Practices are working together to pilot these services and ensure they strengthen and complement their 'in hours' services, especially given some of the workforce constraints currently being experienced. Services will most likely be based in hubs and will be designed to provide the full range of services for patients. It is expected that this should lead to a reduction in inappropriate A&E attendances as access for patients improves.

**9.0 Conclusions**

As well as providing a briefing on physical capacity in general practice as requested by the committee, we have taken the opportunity to provide an update on the primary care work programme to provide resilient and sustainable general practice for the future. The programme is challenging, but by working closely with GP clinical leads, local GP practices and patient representatives we will ensure we deliver transformed services which meet the needs of our local population.

**Sadie Parker**  
**Director of Primary Care**

**Appendix A2: CCG response to the Waveney District Council Local Place consultation**



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Your Ref: Waveney Local Plan  
Our Ref: WAVLP/SE/KH

September 2017

**Email Only**

Planning Department  
Waveney District Council  
4 Canning Road  
Lowestoft  
NR33 0EQ

By email: [WaveneyLocalPlan@eastssuffolk.gov.uk](mailto:WaveneyLocalPlan@eastssuffolk.gov.uk)

Dear Sir / Madam

**Waveney Local Development Plan to 2036:  
First Draft Consultation**

**1.0 Introduction**

- 1.1 Thank you for consulting NHS England and Great Yarmouth and Waveney CCG on the above emerging Local Development Plan (LDP) Document.
- 1.2 In reviewing the context, content and recommendations of the LDP Document and its current phase of progression, the following comments are with regard to the primary healthcare provision on behalf of NHS England Midlands & East (East) (NHSE) and Great Yarmouth and Waveney Clinical Commissioning Group (CCG).
- 1.3 Comments on the wider impact of planned growth on all local Health services and infrastructure needs to be co-ordinated through the Norfolk and Waveney Sustainability and Transformation Plan. The implementation of the plan will result in extensive transformation to the way that health and care services are delivered, potentially including changes to the physical infrastructure.
- 1.3 Through the Shape of the System and primary care strategies the CCG approved recommendations which changed and developed the health infrastructure provision for the population. So far this has seen the development of Kirkley Mill Campus in Lowestoft and Sole Bay Health Centre in Southwold. Community hospitals have been closed and investment made in community health and care services to provide care within the home setting as far as possible. Inpatient areas at Beccles Hospital have been extensively refurbished and an intermediate care service has commenced from April 2017. Out of hospital services will be rolled out to the South Waveney area during the financial year 2017/18.

**2.0 Existing Healthcare Position in the Emerging Plan Area**

- 2.1 The LDP Document covers the administrative area of Waveney.
- 2.2 Currently, within the administrative area, healthcare provision incorporates a total of 12 GP practices and 2 branch surgeries; 28 pharmacists, 14 dental surgeries and Beccles hospital.
- 2.3 These are the healthcare services available that this Local Development Plan must take into account in formulating future strategies.
- 2.4 Growth, in terms of housing and employment, is proposed across a wide area and would likely have an impact on future healthcare service provision. This response relates to the impact on primary care services only. Existing GP practices in the area do not have capacity to accommodate significant growth.
- 2.5 In terms of optimal space requirements to encourage a full range of services to be delivered within the community there is an overall capacity deficit, based on weighted patient list sizes<sup>1</sup>, within the GP Practices providing services in the area.
- 2.6 NHS England working with Great Yarmouth and Waveney CCG, NHS Property Services (NHSPS) and the Local Authority has begun to address Primary Care capacity issues in the area and currently have projects to increase capacity underway across Waveney. These projects vary in size and will initially deliver additional capacity to meet current planned growth requirements to 2021.
- 2.7 Optimal space standards are set for planning purposes only. This allows us to review the space we have available and identify the impact development growth will have in terms of capacity and service delivery. Space capacity deficit does not always prevent a practice from increasing its list size, however it may impact on the level and type of services the practice is able to deliver.
- 2.8 NHS England and the CCG are currently working together to help plan and develop new ways of working within our primary care facilities, in line with the Five Year Forward View, to increase capacity in ways other than increasing physical space. The Norfolk and Waveney Sustainability and Transformation Plan (STP) contains further detail on this and the 4 year Primary Care Infrastructure Funding programme that commenced in April 2015 will assist to provide funding and solutions for existing capacity issues nationally.
- 2.9 Existing health infrastructure will require further investment and improvement in order to meet the needs of the planned growth shown in this LDP document. The developments contained within would have an impact on healthcare provision in the area and its implications, if unmitigated, would be unsustainable.

**3.0 Identification and Assessment of Policies and Strategies that have Healthcare Implications**

- 3.1 In progressing the Waveney Local Development Plan (LDP), care should be taken to ensure that emerging policies will not have an adverse impact on health and care provision within the plan area and over the plan period.
- 3.2 In instances where major policies involve the provision of development in locations where healthcare service capacity is insufficient to meet the augmented needs, appropriate mitigation will be sought.
- 3.3 Policies should be explicit in that mitigation towards healthcare provision will be obtained and the Local Planning Authority will consider a development's sustainability with regard to effective healthcare provision.

- 3.4 The exact nature and scale of mitigation will be calculated at the appropriate time, as and if schemes come forward over the plan period to realise the objectives of the LDP.
- 3.5 Before further progression and amendment of policies are undertaken, the Local Planning Authority should have reference to the most up-to-date strategy documents from NHS England and the CCG which currently constitute The Five Year Forward View and the STP.
- 3.6 Plans and policies should be revised to ensure that they are specific enough in their aims, but are not in any way prescriptive or binding on NHS England or the CCG to carry out certain development within a set timeframe, and do not give undue commitment to projects.
- 3.7 Notwithstanding this, there should be a reasonably worded policy within the emerging LDP that indicates a supportive approach from the Local Planning Authority to the improvement, reconfiguration, extension or relocation of existing medical facilities. This positive stance should also be indicated towards assessing those schemes for new bespoke medical facilities where such facilities are agreed to in writing by the commissioner. New facilities will only be appropriate where they accord with the latest up-to-date NHS England and CCG strategy documents and are subject to the NHS England prioritisation and approval process.
- 3.8 We would like to highlight that in order for the NHS to introduce new ways of working and increase capacity in, and access to, primary care it is vital that our infrastructure is serviced by adequate public transport systems and communication infrastructure.
- 3.9 NHS England notes the requirement for Waveney District Council to deliver a plan for increased levels of housing growth for their area, resulting in approximately 9,019 new dwellings during the plan period 2014- 2036 and have identified there will be a significant impact on health infrastructure arising from these proposals.
- 3.10 As stated above the exact nature and scale of mitigation required to meet augmented needs of proposed developments will be calculated at an appropriate time, as and if schemes come forward over the plan period to realise the objectives of the LDP. Anticipated mitigation for each proposed area is detailed below, please note this is based on the current configuration of health care services and is subject to change:

<b>Growth Area &amp; Anticipated Proposed Dwellings based on Total housing growth 2014-2036 by settlement in emerging Local Plan</b>	<b>Anticipated Primary Care Mitigation</b>
<b>Lowestoft with Carlton Colville and Oulton</b>	
4,991 proposed new dwellings	Contribution towards increasing capacity for local Primary Care facilities, by means of reconfiguration, extension or possible relocation of one or more existing health facilities. In line with CCG Strategies. A new build facility is planned in this area (Woods Meadow), anticipated completion after 2020. Rosedale Surgery is also planning for an extension to help accommodate its current demand.
<b>Beccles and Worlingham</b>	
1,473 proposed new dwellings	Contribution towards increasing capacity for local Primary Care facilities, by means of reconfiguration, extension, or possible relocation. In line with CCG Strategies.
<b>Bungay</b>	
527 proposed dwellings	Contribution towards increasing capacity for local Primary Care facilities, by means of reconfiguration and/ or extension. In line with CCG Strategies.

<b>Halesworth and Holton</b>	
740 proposed dwellings	Contribution towards increasing capacity for local Primary Care facilities, by means of reconfiguration and/ or extension. In line with CCG Strategies.
<b>Southwold and Reydon</b>	
325 proposed dwellings	Contribution towards increasing capacity for local Primary Care facilities, by means of reconfiguration, extension, or possible relocation. In line with CCG Strategies.
<b>Rural Areas</b>	
963 proposed dwellings	Contribution towards increasing capacity for local Primary Care facilities, by means of reconfiguration, extension, or possible relocation. In line with CCG Strategies.

- 3.11 NHS England and Great Yarmouth and Waveney CCG will have significant comments to make as details of specific developments become available. In order to provide a more detailed response, a clearer understanding of phasing is required of the multi-year developments.
- 3.12 Increase in the provision of assisted living and care homes although a necessary feature of care provision and to be welcomed, can pose significant impacts on local primary care provision and it is important that planners and developers engage at a very early stage with the NHS, to plan and implement suitable mitigations.
- 3.13 It is also important we are consulted in relation to emerging Neighbourhood Development Plans in order to work with local communities to deliver and maintain sustainable healthcare.

#### **4.0 Conclusions**

- 4.1 This response follows a consultation by Waveney District Council on the Waveney Local Development Plan to 2036: First Draft Consultation.
- 4.2 In its capacity as Primary healthcare commissioner, NHS England has requested that the Local Planning Authority identifies policies and strategies that are considered to directly or indirectly impact upon healthcare provision and has responded with recommendations as to how policy should be shaped in the future.
- 4.3 NHS England has identified shortfalls in capacity at existing premises covered by the LDP. Provision needs to be made within the emerging LDP to address the impacts of development on health infrastructure and to ensure timely cost-effective delivery of necessary infrastructure improvements, in the interests of pursuing sustainable development.
- 4.4 The recommendations set out above are those that NHS England deem appropriate having regard to the projected needs arising from the emerging Waveney LDP. However, if the recommendations are not implemented then NHS England reserve the right to make representations about the soundness of the plan at relevant junctures during the adoption process.

Yours faithfully



**Kerry Harding**  
Head of Estates

CC: Sadie Parker – Great Yarmouth and Waveney CCG  
Fiona Theadom– NHS England- Contracts Manager



**LOCAL DEVELOPMENT PLAN INFORMATION FROM THE GYBC AND WDC WEBSITES****Great Yarmouth Borough Council (GYBC):**

The GYBC Current Local Plan information can be found here: <https://www.great-yarmouth.gov.uk/article/2489/Current-Local-Plan>

**Current Local Plan**

The Local Plan is the basis for all future developments in the Borough and is based on [up-to-date, relevant evidence](#) about the economic, social and environmental status of the area. Planning applications are considered against the Local Plan policies. Our [Local Plan Working Party](#) meets regularly to help shape the Local Plan.

The GYBC [Statement of Community Involvement](#) sets out how the local community and stakeholders are consulted on planning documents. This shows:

**Appendix 1: Local Plan consultees**

Under the conditions contained within the Town and Country Planning (Local Planning) (England) Regulations, 2012, the Council must consult specific and general bodies as well as those residents and/or businesses the Council considers appropriate.

The following are statutory consultation bodies that must be consulted:

- English Heritage
- Natural England
- Network Rail
- The Coal Authority
- The Environment Agency
- The Highways Agency
- The Homes and Communities Agency
- The Marine Management Organisation
- Primary Care Trust

- Relevant authorities who operate within or adjacent to the boroughs boundary including:
  - Norfolk County Council
  - Suffolk County Council
  - The Broads Authority
  - North Norfolk District Council
  - Broadland District Council
  - South Norfolk District Council
  - Waveney District Council
  - Parish Councils
- Relevant telecommunications companies
- Relevant electricity and gas companies
- Relevant sewerage and water undertakers

The Regulations also require that the Council consult general consultation bodies. The Regulations identify five types of bodies as general consultation bodies that relate to voluntary organisations representing certain groups within the community. The general consultation bodies are:

- Voluntary bodies whose activities benefit any part of the authority's area
- Bodies that represent the interests of different racial, ethnic or national groups
- Bodies that represent the interests of different religious groups
- Bodies that represent the interests of disabled persons
- Bodies that represent the interests of businesses in the area

Where appropriate the Council will consult with a range of other consultees where the scope of the Local Plan Documents relates to their role or area of interest in the planning system. Examples of the types of agencies and organisations include:

- National controllers of waterways and navigation authorities
- Airport operators
- Government departments
- RSPB
- Sport England
- Network Rail
- Fire authorities
- HM Prison Service
- Land owners
- House builders and developers

This list is not exhaustive and consultees will be updated to include successor bodies when reorganisations occur.

**Waveney District Council (WDC):**

WDC has been consulting recently on a new Local development Plan:

<http://www.eastsuffolk.gov.uk/planning/local-plans/waveney-local-plan/new-waveney-local-plan/>

**New Waveney Local Plan**

Waveney District Council is preparing a new Local Plan for the District (excluding the Broads Authority area). The new Local Plan will review and update our [existing Local Plan \(Local Development Framework\)](#).

The new Local Plan will identify where growth should be located and how it should be delivered, and set out the planning policies used to determine planning applications.

**Timetable for the Local Plan**

- **Sep 2015 to Jun 2016:** [Issues and Options](#)
- **Jul - Sep 2017:** [First draft plan](#)
- **29 March to 24 May 2018:** [Final draft plan \(Regulation 19\)](#) for consultation and submission for examination
- **June 2018:** Submission to Secretary of State for Examination
- **Summer 2018:** Examination hearing
- **Autumn 2018:** Inspector's report and adoption

The [Statement of Community Involvement](#) sets out how and when people can have their say on planning policies and planning applications. This shows:

# Appendix 1

## Consultation bodies

### Specific consultation bodies

In accordance with government regulations the following specific consultation bodies must be consulted where the Council considers that they may have an interest in the subject of the proposed planning document:

- The Coal Authority
- Environment Agency
- English Heritage
- Marine Management Organisation
- Natural England
- Network Rail
- Highways Agency
- Norfolk County Council
- Suffolk County Council
- Parish and Town Councils within and adjoining the Waveney District
- Suffolk Constabulary
- Norfolk Constabulary
- Adjoining local planning authorities - The Broads Authority, Mid Suffolk District Council, Suffolk Coastal District Council, South Norfolk District Council, Great Yarmouth Borough Council
- NHS England and HealthEast (NHS Great Yarmouth and Waveney Clinical Commissioning Group)
- Anglian Water
- Essex and Suffolk Water
- Homes and Communities Agency
- Electronic communication companies who own or control apparatus in the Waveney District
- Relevant gas and electricity companies

## General consultation bodies

In accordance with government regulations the following general consultation bodies must be consulted where the Council consider it appropriate:

- Voluntary bodies some or all of whose activities benefit any part of the District<sup>3</sup>
- Bodies which represent the interests of different racial, ethnic or national groups in the District
- Bodies which represent the interests of different religious groups in the District
- Bodies which represent the interests of disabled persons in the District
- Bodies which represent the interests of persons carrying on business in the District

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<sup>3</sup>The Council also consults a wide range of other local bodies and organisations such as Societies, Trusts and Residents Associations.

**EXTRACTS FROM THE NORFOLK STRATEGIC PLANNING FRAMEWORK**

(The full document is available online here: <https://www.norfolk.gov.uk/what-we-do-and-how-we-work/policy-performance-and-partnerships/partnerships/norfolk-strategic-planning-member-forum>)

# **Norfolk Strategic Planning Framework**

## **Shared Spatial Objectives for a Growing County and Emerging Statement of Common Ground**

**March 2018**

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*[Pages 59&60]:*

## **7.6 Social Infrastructure**

### **Health**

The National Planning Policy Framework (NPPF) requires Local Planning Authorities to ensure that the health and wellbeing of the population, and health infrastructure is considered in plan and decision making.

The need for health infrastructure provision takes place in the context of:

- An increasingly ageing population, with impacts on health and social care provision and costs<sup>56</sup>
- The number of premature deaths increasing, caused by smoking, lack of physical activity, obesity and alcohol misuse. In 2009/10 alone, physical inactivity cost local healthcare authorities £6.2 million per year<sup>57</sup>.
- Increasing problem of obesity and associated costs. A quarter of the UK's population is obese costing the tax payer £2.47bn a year<sup>58</sup>, and if current trends continue over 50% of the population is predicted to be obese by 2050<sup>59</sup>.

<sup>56</sup> The King's Fund: Future Trends, Demography, Ageing Populations

<sup>57</sup> British Heart Foundation, 2013: Economic costs of physical inactivity.

<sup>58</sup> Institute of Economic Affairs, 2017: Obesity and the Public Purse.

<sup>59</sup> NHS, 2015: "Britain: The fat man of Europe"

## Norfolk Strategic Planning Framework

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- Increase in demand for mental health and wellbeing services which continue to be affected by cuts.<sup>60</sup>
- Changing approaches to healthcare delivery.

It is clear that health issues will become increasingly important considerations in the future planning activities. Therefore, development should facilitate a healthy lifestyle and provide opportunities for a high quality of life through a healthy environment where pollution is controlled and there is adequate access to open spaces and Green Infrastructure. Availability of suitable and affordable housing and employment opportunities are also important factors.

To ensure this happens work has been undertaken on developing a protocol for joint working between planning, public health and health sector organisations since 2015. Throughout this period support has come from several quarters, including each of the Norfolk Clinical Commissioning Groups (CCGs). The Protocol seeks to explain the relationship of land-use planning to public health, giving an overview of the planning system to health professionals and an overview of health service commissioning structures to land-use planners. There are mutual commitments to discuss development-related pressures on healthcare services and opportunities for high-quality place-making to enable people to make healthier lifestyle choices. The Protocol also includes NHS England giving the opportunity for monitoring how population change from housing development could have an impact on all aspects of acute and primary care services across Norfolk.

The Protocol seeks for health professionals and town planners to work together to secure new healthcare facilities required as a result of development. To assist with such negotiations, appended to the Protocol is population modelling data to give an indication of future healthcare requirements for Norfolk. Based on each CCG area, projections are given on future demand for acute hospital beds, intermediate care beds, and the numbers of General Practitioners required. The population increases are modelled on low, medium and high scenarios for house-building rates, reflecting the uncertainty as to how economic conditions might affect the house-building industry in coming years. The second appendix to the Protocol is a *Health Planning Checklist* that consists of six place-making themes. Use of the Checklist is not mandatory; it is simply made available to all practitioners as a convenient method to appraise development schemes in advance of, or at the point of, making a planning application.

**Agreement 20: The authorities agree to endorse *Planning in Health: An Engagement Protocol Between Local Planning Authorities*<sup>61</sup>, *Public Health and Health Sector Organisations in Norfolk* and undertake its commitments.**

**Assuming this is formally agreed it is expected that each Norfolk CCG will formally agree the Protocol via its Governing Body, and NHS England will do via senior officer support.**

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<sup>60</sup> Norfolk Community Foundation, 2016: New mental health and wellbeing 'match funding challenge' for Norfolk.

<sup>61</sup>See [https://norfolk.citizenspace.com/consultation/norfolk-strategic-framework/supporting\\_documents/Health%20Protocol%20Final%201.2.docx.pdf](https://norfolk.citizenspace.com/consultation/norfolk-strategic-framework/supporting_documents/Health%20Protocol%20Final%201.2.docx.pdf)



**EXTRACTS FROM THE 'PLANNING IN HEALTH' PROTOCOL**

(The full document is available online here: [https://norfolk.citizenspace.com/consultation/norfolk-strategic-framework/supporting\\_documents/Health%20Protocol%20Final%201.2docx.pdf](https://norfolk.citizenspace.com/consultation/norfolk-strategic-framework/supporting_documents/Health%20Protocol%20Final%201.2docx.pdf))

**PLANNING IN HEALTH**

**AN ENGAGEMENT PROTOCOL BETWEEN LOCAL PLANNING AUTHORITIES, PUBLIC HEALTH AND HEALTH SECTOR ORGANISATIONS IN NORFOLK**

**MARCH 2017**

**FOREWORD**

This engagement protocol for planning in health in Norfolk has come about in recognition of a need for greater collaboration between local planning authorities, health service organisations and public health agencies to plan for future growth and to promote health. It reflects a change in national planning policy and the need for health service organisations to deliver on the commitments within the 5 year forward view. (<https://www.england.nhs.uk/wp-content/uploads/2014/10/5yfv-web.pdf>)

Pressures on health services are not a new phenomenon and there is always the requirement to do more with the resources available. The Norfolk Health Overview and Scrutiny Committee has made recommendations for improvement, including producing this protocol as a means to bring closer collaboration between the district and borough councils, the clinical commissioning groups, and public health in Norfolk.

Allied to this protocol is an assessment of future health care needs based on projections for population increases and house-building rates in Norfolk to enable informed decision-making about future health services commissioning. A healthy planning checklist has also been produced. This provides a practical tool to assist health sector organisations to participate in discussions with developers and planning authorities on major new development schemes, recognising that health sector organisations can bring an added influence to designing new developments that offer people the chance to choose a healthier lifestyle.

This protocol announces a renewed commitment to influence how the places in which we live can shape our lives and contribute to better health and wellbeing for all.

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## **1 INTRODUCTION**

### **1.1 BACKGROUND**

The importance of planning decisions on the health and wellbeing of the population has been recognised since the 19<sup>th</sup> century when reforms brought about by town planners and public health practitioners resulted in improved health and life expectancy. Many of the major disease and health issues affecting the population in Britain today are impacted upon by the environment in which people live, work and play (Marmot, 2010). Spatial planning can have a major positive impact on improving the environment in which people live or, if the health impacts of developments are not adequately considered, adversely impact on people's physical and mental health (Ross and Chang, 2012).

The National Planning Policy Framework requires local planning authorities to ensure that health and wellbeing and the health infrastructure are considered in Local and Neighbourhood Plans and in planning decision making. Public health organisations, health service organisations, commissioners and providers, and local communities should work effectively with local planning authorities in order to promote healthy communities and support appropriate health infrastructure.

### **1.2 AIM**

To formulate an engagement protocol containing a documented process outlining the input and linking of relevant NHS organisations and public health agencies with local planning authorities for planning for housing growth and the health infrastructure required to serve that growth.

### **1.3 OBJECTIVES**

Objectives for the engagement protocol are:

- ☐ To establish a working relationship and set a protocol for engagement between Norfolk local authority planning departments and Norfolk County Council (NCC) Public Health.
- ☐ To outline a process for obtaining robust and consistent public health information to inform plan making and planning decisions to support appropriate health infrastructure, with technical input from the NCC Public Health Intelligence Team.
- ☐ To ensure that the principles of health and wellbeing are adequately considered in plan making and when evaluating and determining planning applications.
- ☐ To establish a collective input from relevant NHS healthcare planning and commissioning organisations in the public health response to planning.
- ☐ To agree a defined threshold indicator for Planners to contact the NCC Public Health team for input into planning.

**NORFOLK & WAVENEY STP ESTATE WORKSTREAM ACTIVITIES**

*[This summary information was received from Mark Page, Assistant Director – Estates & Facilities, Norfolk Community Health and Care NHS Trust / Lead – for Estates - Norfolk & Waveney STP]*

In support of primary care, the estate workstream has developed and begun to front the relationship between planning authorities across the STP and Health. This has included the following events / action:

- Review and amendment of the Health Protocol to introduce the STP as a primary body for involvement in the planning process;
- Presentation to the strategic planners' forum, and attendance at formal planning meetings between planners and commissioning / health leads;
- Working with NHSE, localise the response process on planning applications, identifying CIL / S106 requirements, and representing the Health view on development impacts. Historically, NHSE have fronted this for primary care and other parts of health have relied on any individual provider / commissioner responses to planning authorities. We are looking to change that by introducing a balanced response that examines the effects of development on all of health at the development level. This will take time but is part of the process intended. We are currently working with NHSE to receive hand over on the position of primary care responses to date and moving forwards.
- Where S106 / CIL has been secured for primary care development we have established process to monitor development trigger points to enable and draw down these funds for primary care.
- We have worked with Heads of primary care across all CCGs to agree a single group representing primary care estate development and investment – this will be a part of the governance through which Estate maybe developed and investment applied through various funding strategies.
- We have identified resource requirements to bolster capacity to manage the responses to and relationship with planning authorities as one of a range of key tasks required at a localised (STP) level. This same resource will include assistance to primary care service providers and commissioners to identify and develop their investment priorities and making application for funding opportunities to support funding strategies.
- Liaison with local planners has established links to development of all local plans which we will respond to as they arise. We have developed data demonstrating planned housing growth across the STP and embedded this within the NHS SHAPE planning tool. This is being used to inform planning around demand and capacity.
- We have developed and commenced a primary care estate survey process to understand existing estate and capacity to provide a baseline form which detailed planning can be informed. We are working with primary care commissioner leads to develop the process by which investment is prioritised and aligned to estate needs.

21/6/2018

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<b>Agenda Item 7</b>
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## **Gt Yarmouth and Waveney Joint Health Scrutiny Committee, 13 July 2018**

### **Information Bulletin**

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

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

This Information Bulletin covers the following items:

1. [Palliative and End-of-Life Care](#)
  2. [Outcome of the Social Prescribing Pilot](#)
  3. [Recent Staff Survey results at the James Paget University Hospital](#)
  4. [Update on the Norfolk and Waveney Sustainability and Transformation Partnership](#)
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## 1. Palliative and End-of-Life Care

(Background: At the Joint Committee meeting on 20 October 2017, in discussion of 'Out-of-Hospital Services', Members heard that there was significant focus by the CCG on improving 'End of Life' care. A specialist service was being planned for next year. Members requested a new item in the Forward Work Programme for July 2018, to look at End-of-Life care. At the meeting on 13 April 2018 the Joint Committee agreed that this should be an Information Bulletin briefing rather than a main scrutiny item.)



### **Briefing for Great Yarmouth and Waveney Health Scrutiny Committee: Palliative and End of Life Care**

#### **1.0 Background**

The vision, aims and objectives of the CCG Commissioning Framework are structured around the vision from the Ambitions for Palliative Care (2014) so that all people in Great Yarmouth and Waveney with palliative care needs can say: "I can make the last stage of my life as good as possible because everyone works together confidently, honestly and consistently to help me and the people who are important to me, including my carer(s)"

- Aims are:
- i) Safe and effective, NICE compliant, integrated palliative and end of life care services which have sufficient capacity to meet the needs of the local population;
  - ii) Local palliative and end of life care services shall aim to provide care which is bespoke to the individual needs of the person and those important to them;
  - iii) For the quality of care received, choice at end of life and patient carer experience to be improved through the redesign and streamlining of care pathways through the provision of care close to/at home (if that is the person's preference and it is safe to do so), improved co-ordination of care and information sharing, reduced number of avoidable acute admissions in the last year of life, adoption of minimum standards and the QIPP impact monitored.

Objectives are:

- i. That each person being seen as an individual;
- ii. That each person gets fair access to care needed;
- iii. That there is a focus on maximising comfort and wellbeing;
- iv. That care is coordinated;
- v. That all staff are prepared to care;
- vi. Each community is prepared to help.

## **2.0 Progress to date**

### **2.1 Improved Coordination of Community Palliative Care**

A task and finish group has been set up with representation from CCG, ECCH, GPs, practice managers, community matrons, district nurses, out of hospital team and associate specialist in palliative care, JPUH.

A test and learn process was held to improve the implementation of the Gold Standards Framework (GSF), which will lead to better identification and improved care of palliative patients in the community. Four practices recruited.

There has been good engagement from stakeholders at the regular meetings. The group revised the Good Practice Guide for end of life care, produced a quick guide to successful GSF meetings, improved the GSF meetings in the test and learn sites and will spread this learning to other practices.

This should ensure better identification of palliative and end of life patients and lead to a reduction in unplanned admissions and an increase in people dying in their preferred place.

**2.2 Yellow folders (Advance Care Planning)** have been revised, following a consultation and review by patient representative groups. They were launched at the Lord Lieutenant's Forum Dying Matters event on 15 May and will be distributed to primary care and care homes. District nursing staff have been completing a training programme to support their reintroduction with over 50 staff trained to date.

**2.3 Raised awareness, more advanced care planning by domiciliary care agencies** – 12 agencies have been recruited into a project to provide training to care agency staff, which will support the implementation of the yellow folders.

**2.4 Just In Case bags** (Red bags, containing amongst other things, anticipatory prescribed medicines) have been successfully implemented across the CCG through designated pharmacies. This will lead to an increase in the quality of care and availability of pain relief for palliative and end of life patients.

**2.5 Electronic Palliative Care Coordination System (EPaCCS)** introduction and development has been escalated to be an STP led project, as part of the Digital Roadmap.

- **Implementation of the ReSPECT forms (DNACPR)** – national initiative – has also been escalated to be an STP led project.
- **STP Palliative and End of Life Care Delivery Plan.** The CCG is fully engaged with the Norfolk and Waveney Palliative and End of Life Collaborative Group which is currently designing a delivery plan for the whole of Norfolk and Waveney which will feed into the STP work programme. This ensures equity of delivery of palliative and end of life care across the five Norfolk and Waveney CCGs. The main aims of the new service model are:
- Equitable and timely access to holistic/person centred palliative and end of life care

- A shared STP approach to education and training for the generalist health and social care workforce
- A shared STP approach to establishing Norfolk and Waveney as a “compassionate community”

### **3.0 Community Services Reprourement.**

Palliative and end of life care is a major component of the community services contract which is currently out to reprourement for implementation from April 2019. The CCG will commission improved services for the local population and ensure an integrated, community based service that is compliant with all relevant quality standards.

**Cath Byford**  
**Director of Commissioning**

*For further information please contact: Lorraine Rollo, Head of Communications and Engagement, NHS GY&W CCG; Email: [lrollo@nhs.net](mailto:lrollo@nhs.net), Telephone: 01502 719582.*

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## **2. Outcome of the Social Prescribing Pilot**

(Background: At the JHSC meeting on 13 Apr 2018 Members agreed to request an Information Bulletin briefing on the outcome of the Social Prescribing Pilot. Additional context was the decision by the CCG in April 2018 not to renew the funding for the 'Farming on Prescription Programme', which was a service accessible to limited numbers of the GY&W population and where there were potential opportunities for funding support through other routes.)



### **Briefing for Great Yarmouth and Waveney Health Scrutiny Committee:**

#### **Social prescribing**

#### **1.0 Background**

Social prescribing is a means by which healthcare professionals seek to address the non-medical causes of ill health with non-medical interventions (Polly, M. et al. (2017), A review of the evidence assessing impact of social prescribing on healthcare demand and cost implications.). These interventions are usually provided by the voluntary and community sector giving social prescribing a unique position at the interface of health and social care. In addition, social prescribing is one of the 10 High Impact Changes to release time for care, developed from the GP Five Year Forward View.

#### **2.0 Local Projects**

##### **2.1 The Lighthouse social prescribing pilot project – Great Yarmouth**

Although it was found that there are common themes amongst the issues shared by patients with the Link Worker, (social isolation, housing, debt, being a carer, alcohol/gambling addiction, benefits, bereavement, depression, and weight management), each person's story is unique and there is no "one size fits all" way forward. The project found that personal introductions work better than traditional referrals methods.

##### **2.2 Great Yarmouth social prescribing service**

Funding from the Improved Better Care Fund (iBCF) and Public Health has been made available for a two-year pilot in Great Yarmouth (£94,000 per year). Partners from across health, social care and the Borough Council have agreed a proposal that builds on the Lighthouse Project promoting personal handholding and introduction into services and community activities, which build on their strengths to address their priorities and aspirations.

### **2.3 Lowestoft – Solutions**

Solutions has supported 144 patients since it was set up in 2016, amongst which there has been a; 44% reduction in GP appointments, 21% reduction in A&E appointments, and an increase in patient wellbeing scores (data attributed to the service).

Following consultation with other Lowestoft practices (Alexander Road, Crestview Medical Centre, Andaman Surgery, Bridge Road, High Street Surgery, Rosedale Surgery and Victoria Road) Kirkley Mill has gained agreement to roll the model out across Lowestoft using primary care transformation money (£58,000). This funding model allows for each surgery to have the input of Solutions for one day per fortnight.

### **2.4 South Waveney (Kessingland, Sole Bay, Cutlers Hill, Beccles and Bungay GP practices)**

Partners from across health, social care, and Waveney District Council (WDC) have agreed a proposal along the lines of the Great Yarmouth scheme.

### **2.5 Lowestoft Solutions enhanced scheme**

Project leads are to develop a plan outlining how the additional funding from SCC will be utilised before funding of £41,667 from the SCC iBCF fund can be released.

## **3.0 Conclusion**

In developing the proposals for Great Yarmouth and South Waveney, the working groups have taken into account learning and successes from the “Solutions” social prescribing scheme at Kirkley Mill and the smaller pilot taking place at East Norfolk Medical Practice in Great Yarmouth. The locality has agreed to collaborate with Norfolk County Council to capture information necessary for an STP evaluation of social prescribing.

**Cath Byford**

**Director of Commissioning**

## Schemes

Ref	Type of Scheme	Name	Location	Provider	Funding	Model
1	Pilot Scheme	The Lighthouse	Great Yarmouth	East Norfolk Medical Practice	Self-funded by GP practice	One Link Worker based at the Lighthouse connecting their patients with expert support in an informal way. (NB checking to see if this will cease when GY service (see Ref 2) commences)
2	New Scheme – July 2018 – June 2020	Great Yarmouth Social Prescribing Service	Great Yarmouth	DIAL and GY&W Mind	£94,000 per year for two years (iBCF)	5 p/t Living Well Connectors recruited, due to start in July. The service will work from GP practices and the Early Help Hub and take referrals from the locality social work teams.
3	Pilot Scheme - plan to extend across all Lowestoft Practices	Solutions	Kirkley Mill / all Lowestoft Practices	Citizen's Advice	£58,000 Primary Care (18/19) Transformation Money	Care Navigator meets with patient and signposts to a specific set of services covering needs identified by the surgery's partners. These services are currently housing support and mental health and wellbeing. Started as a pilot in Kirkley Mill and with GP support is being rolled out across Lowestoft.
4	New Scheme – Aug 2018 – July 2019	South Waveney Social Prescribing Service	South Waveney	Out to tender	£83,333 (from Suffolk County Council iBCF)	'Social Prescriber Connectors' engaging with local residents, finding out what matters to them and 'co-producing' a plan to link them with appropriate support as an alternative to, or to complement medical intervention.
5	Enhanced Scheme – start date to be confirmed	Solutions	All Lowestoft practices	Citizen's Advice	£41,667 (from Suffolk County Council iBCF)	Agreement on how this money is to be spent is yet to be agreed. It is expected that it will enhance the current service through engaging with a wider range of community and voluntary sector services and accepting referrals from locality social work teams as well as providing additional capacity.

For further information please contact: Lorraine Rollo, Head of Communications and Engagement, NHS GY&W CCG; Email: [lrollo@nhs.net](mailto:lrollo@nhs.net), Telephone: 01502 719582.

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### 3. Recent Staff Survey results at the James Paget University Hospital

(Background: At the Joint Committee meeting on 13 Apr 2018, in discussion of its Forward Work programme, the Joint Committee noted that there had been a recent staff survey undertaken at James Paget University Hospital (JPUH) and requested to seek an Information Bulletin briefing on the JPUH staff survey results, once the results have been published by the JPUH.)

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#### Staff Survey 2017 – Trust actions

Staff across the NHS are asked each year to take part in the annual NHS Staff survey. The survey asks a random sample of staff a series of questions to gather their views on their job and where they work.

Questions are on a range of subjects including job satisfaction, patient care and experience, health and wellbeing and support and development.

The results of the 2017 survey were released in March and can be accessed at this link.  
[http://www.nhsstaffsurveys.com/Caches/Files/NHS\\_staff\\_survey\\_2017\\_RGP\\_full.pdf](http://www.nhsstaffsurveys.com/Caches/Files/NHS_staff_survey_2017_RGP_full.pdf)

The Trust achieved some of the best scores of all acute trusts in areas including:

- staff believing the organisation provides equal opportunities for career progression/promotion
- the organisation taking an interest and action on staff health and wellbeing
- staff satisfaction with resourcing and support.

However, our scores were below average in areas such as:

- staff experiencing physical violence from patients, relatives or the public in the last 12 months
- completion of appraisals in the last 12 months
- staff feeling able to contribute towards improvements at work.

In relation to the benchmark question of “would you recommend the organisation as a place to work or receive treatment” it is pleasing to note that the Trust is still above the average for all acute trusts.

The survey is extremely useful in providing us with information which we can use to improve the working lives of our staff and so help provide even better care for patients. The Board of Directors considered the detail ahead of publication and a task and finish group consisting of a number of people from a cross-section of our workforce was convened. They used the information to develop an action plan focussing on the areas that were shown to be unacceptable.

The action plan has been agreed and will be monitored by the Workforce, Education and Research Committee that reports directly to the Board of Directors. It is also to be included in the Trust's refreshed People Strategy, with strong links to the overall engagement plan.

Further work is being undertaken by the Board in relation to culture and ensuring that we improve and develop a strong performance related culture. Board engagement has also been enhanced from late 2017 and into 2018 with a number of opportunities for staff to talk to Board members about the role they have, the service they provide and any concerns or assistance that they require.

The action plan from the previous year's survey is now complete and as a result of what staff said we completed a Trust-wide engagement initiative – the Big Chat – to gather staff views on where the Trust could do better; we launched a new recognition scheme (Employee of the Month) to highlight how our staff are making a difference and introduced long service awards, which is going really well; we organised a range of health and wellbeing activities for our staff and from January 2018 re-launched our monthly internal communication presentation 'Paget Brief' with a new format and more opportunities for staff to showcase their work to colleagues.

**Linda Burton**  
**Associate Director of Workforce**  
**22 June 2018**

*For further information please contact: Ann Filby, Head of Communications and Corporate Affairs, James Paget University Hospitals NHS Foundation Trust; Tel: 01493 452162, Email: [ann.filby@jpaget.nhs.uk](mailto:ann.filby@jpaget.nhs.uk),*

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## **4. Update on the Norfolk and Waveney Sustainability and Transformation Partnership**



### **Briefing for Great Yarmouth and Waveney Health Scrutiny Committee:**

## **Update on the Norfolk and Waveney Sustainability and Transformation Partnership (July 2018)**

### **1.0 Strategic impact**

The organisations involved in the Norfolk and Waveney Sustainability and Transformation Partnership (STP) are focussed on working closely together to improve the health and wellbeing of local people. We want to look beyond our existing partnership arrangements and start working as a more integrated system.

### **2.0 Executive summary**

This paper provides an update on the integration of health and care services in Norfolk and Waveney, information about significant developments with STP projects and an update on what the STP Chairs' Oversight Group has been discussing. It focuses on the development of our integrated care system (ICS), the development of a long-term strategy for mental health, improvements to maternity services, how we can use technology to improve health and wellbeing, and our estates strategy.

### **3.0 Main body of the report**

#### **3.1 NHS 70**

1. The National Health Service celebrated its 70<sup>th</sup> birthday on 5 July 2018. This milestone has given the NHS and the nation the perfect opportunity to celebrate the achievements of one of our most loved institutions, to appreciate the vital role the service plays in our lives, and to recognise and thank the extraordinary NHS staff – the everyday heroes – who are there to guide, support and care for us, day in, day out.
2. Alongside this, there is also a focus on looking forward, considering what the next 70 years could bring and thinking about how the NHS and care services need to change and adapt. The NHS is publishing a 'Spotlight Series' about how the NHS could look in the future, which are well worth reading: [www.england.nhs.uk/nhs70/spotlight-series](http://www.england.nhs.uk/nhs70/spotlight-series).

3. With the future in mind, senior STP leaders and clinicians were invited by Simon Stevens, NHS Chief Executive, to a special event in London on 6 June to talk about what the future holds for health and social care systems and integrated care. Melanie Craig attended on behalf of our STP.
4. Throughout the day, the NHS Executive expressed sincere thanks to all frontline staff for their commitment to delivering services through last winter. The focus of the event was about how the NHS must change to meet the rising demands on services as our elderly population grows. The message was clear; integrated care systems are the future of care provision.
5. Key messages for all STPs were:
  - Individual organisations will not be able to respond to the high demands of the frail elderly – our mission must be to serve the NHS and the population, by working much more closely together
  - Integrated care systems (health and social care) must be delivered – integrated care on a population health budget basis
  - Every STP must measure its progress on three practical delivery tests:
    - Care must be joined up between teams and organisations
    - Care must be anticipatory
    - Care must be about sharing control
  - Each system must have a clear financial strategy
6. These messages and the infographic at the end of this report were shared with the Norfolk and Waveney STP Chairs Oversight Group meeting on 7 June, which was also attended by the STP Executive members. Integrated care systems are the future, and the group agreed that our system wide work will be simplified to deliver transparency, pace and rigour, working with our partners, staff, patients, carers and stakeholders to do this.

## **4.0 Integrating health and care services in Norfolk and Waveney**

- 4.1 NHS England announced the creation of four new integrated care systems (ICS) on Thursday, 24 May. We're encouraged by the feedback we've received from NHS England, who've told us that they want to work with us more closely over the next six to ten months so that we are fully prepared and ready to become an ICS. We are going to continue to work towards becoming an ICS, because we believe that this will help us to accelerate the improvement in Norfolk and Waveney's health and care system.
- 4.2 NHS England has praised the speed at which our STP is progressing, in particular our work around primary and community care. They were very positive about our work to develop new models of care, improve access to GP services and make primary care more resilient, in line with the Five Year Forward View and the General Practice Forward View. A priority for our STP is to create a strong financial plan to enable the system to return to financial health.

- 4.3 We have made two appointments who will play key roles in supporting our drive towards integration. Melanie Craig, Chief Officer at NHS Great Yarmouth and Waveney CCG, has been appointed as the new Interim Executive Lead for our STP. Melanie has taken over from Antek Lejk, who left the role following his appointment as Chief Executive of the Norfolk and Suffolk NHS Foundation Trust. John Hennessey, the Finance Director at the Norfolk and Norwich University Hospitals Trust, has been appointed as the Finance Director for our STP.
- 4.4 In addition to these two key appointments, we are reviewing and simplifying our governance arrangements to make sure they are streamlined and inclusive of colleagues from primary care and secondary care, as well as the voluntary, community and social enterprise sector and patients / service users.
- 4.5 The Suffolk and North East Essex STP was announced as one of the four new ICS. We work closely with our colleagues in our neighbouring STPs and we will be able to learn from their experience as we continue to develop our plans for closer working between health and care organisations.
- 4.6 NHS England has not confirmed the timescales or process for the development of additional ICS, however we are working towards being ready for spring 2019. Here is a summary of the key steps we are taking to develop our ICS:

## **5.0 Modelling our finances, demand and capacity across the health and care system**

5.1 We have just started a significant piece of work to analyse and model in more detail:

- the collective finances of all the organisations involved in our STP
- demand for health and care services in Norfolk and Waveney
- our resources and capacity to meet the demand for health and care services.

5.2 This review is building on all of the work we have done to date and will provide us with a more detailed picture of the impact of the changes we are making. It will enable us to use our collective capacity better, help us to meet the standards expected of us and ultimately improve the care we provide. We have commissioned some external support to help us with the review. This work started in June and will be complete by the end of 2018.

## **6.0 Organisational development**

6.1 To support all of this we are putting in place an organisational development programme across all the partners involved in our STP. NHS England has funded some external support to do this from Deloitte. As part of this process, they have begun to speak to key organisations and people involved in health and care across Norfolk and Waveney, including representatives of the voluntary, community and social enterprise sector, about how health and care organisations currently work together and areas for improvement.

## **7.0 NHS Great Yarmouth and Waveney CCG out of special measures**



7.1 NHS Great Yarmouth and Waveney Clinical Commissioning Group has been lifted out of special measures by NHS England after making significant improvements to its finances, governance and leadership. The CCG delivered all of the changes set out in its improvement plan, which included:

- Strengthening leadership by restructuring the executive team and developing the governing body.
- Improving financial management and contracting arrangements.
- Improving performance against targets for dementia care and improved access to psychological therapies (IAPT).
- Working more closely with partner organisations, such as Norfolk County Council, community healthcare providers and the James Paget University Hospitals NHS Foundation Trust.

## **8.0 Developing a long-term strategy for mental health**

8.1 We are conducting a strategic review of mental health services to help us write our ten year mental health strategy for Norfolk and Waveney. Mental health is everyone's responsibility. Improving the services and support is a priority for our STP, we need integrate mental health care with physical health and other care services.

8.2 The aims of our review are to:

- Provide clear recommendations for the strategic direction of mental health services in Norfolk and Waveney, including a priority to promote resilience and wellbeing and improve prevention
- Explore opportunities for improvements in quality across services, including an end to out-of-area placements
- Review patterns of demand across the county to ensure services are meeting the needs of local populations
- Consider the key outcomes of mental health services across Norfolk and Waveney, compared with other similar areas.

8.3 We are working very closely with colleagues in Suffolk who are conducting a very similar piece of work. We have commissioned some external support to help us with our review. Engagement with service users and professionals from primary care, secondary care and mental health services will be critical. Our 'Breaking the Mould' event on 1 May 2018 started this engagement and we are developing a full engagement programme for the year ahead. The review will be completed by the end of 2018 and the strategy written by next spring.

## **9.0 More funding for suicide prevention**

9.1 We have been awarded £374,000 to help prevent suicide. Suicide is an important public health issue and a priority for Norfolk, given our relatively high local rate (12.4 suicides per 100,000 people, which is higher than the national average of 10.1) equating to 95 suicides in Norfolk each year for the last three years.

- 9.2 The Norfolk and Waveney STP has endorsed the Suicide Prevention 'I am (really not) okay' strategy and action plan (2016-2021) which sets out what we are doing to meet the national target of reducing suicide by 10% by 2020/21. A multi-agency partnership has made good progress on implementing the strategy and action plan, such as developing and publicising resources to support both people in crisis and professionals. The funding will be used to enhance this work which is already underway.
- 9.3 The STP has also just become a member of the National Suicide Prevention Alliance (NSPA), which is an alliance of public, private and voluntary organisations in England who care about suicide prevention and are willing to take action to reduce suicide and support those bereaved or affected by suicide. Membership will give us access to information, reports, good practice and guidance, as well as opportunities to collaborate with other members.

## **10.0 Leading the way in making maternity services more personal**

- 10.1 The Norfolk and Waveney STP is one of ten areas across the country which will be piloting new ways of providing maternity services from this October. The National Maternity Review, Better Births, recommended that most of a woman's maternity care, including during labour and birth, should be provided by the same midwife or a small team of midwives known to the woman. This is regardless of whether they want their baby to be born in the community or hospital.
- 10.2 Most maternity services in England do not work in this way at the moment. Many women already see the same midwife or a small team of midwives that they know in the antenatal and postnatal periods. Our aim is to have the same midwife or team of midwives looking after the woman during labour as well. Currently that part of care is provided by hospital midwives.
- 10.3 From October our three hospitals will be trialling different ways of working so that pregnant women are cared for by one midwife or a small team of midwives. Mothers and partners have told us that when they have built-up a relationship with a midwife it has helped them to feel more comfortable, less worried about things and more trusting of the professional caring for them. This way of working means that pregnant women don't have to repeat their wishes or medical history to lots of different midwives, which we know is particularly important for those with complex pregnancies.
- 10.4 We are going to pilot working in this way and each hospital has chosen a small group of women to experience how this could work. At the James Paget University Hospital they are going to focus on providing continuity of carer to pregnant women who smoke in order to support them to stop smoking. The Norfolk and Norwich University Hospital are going to focus on providing continuity of carer for women who live in the most deprived areas of the city. At the Queen Elizabeth Hospital they are going to provide continuity of carer for those with low-risk births, with the aim of increasing the number of births delivered in the Midwife Led Birth Unit or at home.
- 10.5 Professor Jacque Dunkley-Bent OBE, Head of Maternity, Children and Young People at NHS England, visited the Norfolk and Waveney Local Maternity System on 29 May to support us with our planning and the roll out of our pilot models for delivering continuity of carer. The pilots will start in October 2018. Our ambition is that by March 2019, 20% of women from across Norfolk and Waveney will be offered continuity of

carer when they get pregnant. We will be increasing our offering and including more groups of women year-on-year.

## **11.0 Norfolk and Waveney Digital Strategy – using technology to improve health and care**

11.1 We are making good progress with the development of our digital strategy for Norfolk and Waveney's health and care system. This work is being led by our new Chief Information Officer, Anthony Lundrigan, who works both for the STP and the Norfolk and Norwich University Hospital (NNUH), and Shawn Haney, who's leading on Electronic Patient Records for our five CCGs.

11.2 People sometimes assume that all the IT systems already speak to each other in the NHS and local councils. Sadly that's not the case. Most hospitals run anything up to 100 different IT systems, many of which don't talk to each other - let alone to the different systems used in GP practices and social care teams. And lots of vital information about patients is still kept on paper.

11.3 We want to use technology to make sure that as a patient:

- You don't have to repeat your story over and over again
- Your GP, community nurse, social worker, ambulance paramedic or hospital staff all know what everyone else is doing to look after you, so that they don't waste time collecting information or risk prescribing medicines that don't go with other medicines you're already taking
- You (or someone else on your behalf) can look at your own records and put in details of your condition and how you prefer to be treated
- You can monitor your own condition at home, using simple automatic kits that can alert your doctor or community nurse if there's a problem
- You get the care you need, it's good quality care, and it's cost effective.

11.4 We can also better use technology to measure health outcomes, to see if the treatment you received worked.

11.5 One of our top priorities is developing a single care record for all health and social care organisations in Norfolk and Waveney to use. To do this, we will be working with patients, carers, staff, clinicians, GPs and the voluntary and community sector to develop one vision and a clear plan for how this will work. This includes making sure that people's personal health and care records are kept absolutely safe and secure, that health and care staff can only access it in when they really need to and that people are able to decide whether or not their information should be shared.

11.6 One exciting development is the Eclipse system, invented by a local GP, Dr Julian Brown. Eclipse, which is already available to GP surgeries all over the country, analyses information from GP records. It can be used by GPs to identify patients that might need different treatment. For example GPs could use it to identify patients that they haven't seen for a while but who have visited A&E on a few occasions because of an ongoing long-term condition, like breathing problems. The GP could then invite them to an appointment to talk about how they are managing their condition and whether they need to change their treatment or medication. This is better for the

patient, as they get the support they need from their local GP surgery and don't have to go to hospital in an emergency. It also helps reduce the pressure on our ambulance service and A&E.

## **12.0 Our Estates Strategy – using our land and buildings to improve health and care**

12.1 Health and care services are run from a wide range of buildings right across Norfolk and Waveney, including county council and district council centres, GP surgeries, local health centres and community facilities, as well as the three acute hospitals. As an STP we've been looking at whether we have the right buildings, in the right places, to provide more integrated care, nearer to where people live. It's also vital to make the most efficient use of all our resources (unfortunately, some of our buildings are currently under-occupied) and reduce the backlog of maintenance.

12.2 The Estates Strategy we are developing will also be used to support bids for NHS capital funding; in future, all these will go through the STP. Our first priority is to decide which capital bids will go forward to NHS England in July (the deadline for the next bidding round). Over the next twelve months, we will be considering where to co-locate services together with general practice. In 19 different places across Norfolk and Waveney we want social workers, physiotherapists, occupational therapists, community matrons, district nurses, community mental health workers and so on to be based together and working closely with groups of GP practices.

## **13.0 Issues, risks and innovation**

13.1 Norfolk and Waveney is well-placed to lead innovation in health and care, for the benefit of local people. We are recognised as having a strong track record of integrated services and integrated commissioning and our STP has been assessed as 'Advanced'. We will continue to develop our approach to integration. A risk register will be maintained during the development of our integrated care system.

### **Officer contact**

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

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**Appendix:** This helpful graphic was used to explain why health and care services need to change:

# One person, one team, one health and care system

The NHS is adapting to profound shifts in patterns of ill-health

## People are living longer than ever

There are half a million more people aged over 75 than there were in 2010 - and there will be two million more in ten years' time.



## People spend more years in ill health

Between 2015 and 2035, the numbers of older people with 4 or more diseases will double and a 1/3 of these will have mental ill health



There is almost a 20 year difference in healthy life expectancy for people living in the most deprived areas



51.9 years in the most deprived areas compared to 70.4 in the least deprived areas



51.8 years in the most deprived areas compared to 70.7 in the least deprived areas

**50%**

of all GP appointments are as a result of an incurable long-term condition

Almost two thirds of outpatient appointments and 7 out of 10 inpatient bed days are as a result of a long-term condition



**£7 out of every £10**

of total health and care spending in England is spent on long-term conditions



**65%**

of people admitted to hospital are over 65

A person over 80 who spends more than 10 days in hospital will lose 10% muscle mass



That's equivalent to  
**10 years**  
of aging

To be great in future the health and care system needs to be:

- JOINED UP**, not fragmented, on caring for people with multiple and long-term conditions
- PROACTIVE**, not passive, on preventing illness
- EMPOWERING**, not paternalistic, on helping people look after themselves

Each person will need support from health and care professionals that act as **one** team and work for organisations that behave as **one** system

This is why the NHS in England is making the biggest national move to integrate care of any major western country. For further information visit [www.england.nhs.uk/systemchange](http://www.england.nhs.uk/systemchange)

#futureNHS

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**Date: 13 July 2018**  
**Agenda Item: 8**

**Great Yarmouth and Waveney Joint Health Scrutiny Committee**

**Draft Forward Work Programme 2018-19**

<b>Meeting date &amp; venue</b>	<b>Subjects</b>
<b>Friday 26 October 2018</b> Riverside, Lowestoft	<u>Out of Hospital Services Update</u> <ul style="list-style-type: none"> <li>• ECCH to be invited to present an update on the operation of the Out-of-Hospital Services</li> </ul> <u>Myalgic Encephalomyelitis and Chronic Fatigue Service (ME/CFS)</u> <ul style="list-style-type: none"> <li>• Keeping a 'Watching brief' on this service; request ECCH to explain how the service operates currently, and future plans.</li> </ul> <p><b><i>Information Bulletin items:</i></b></p> <p>– <u>A further update on Blood Testing services.</u></p> <p>– <u>NSFT progress in GY&amp;W with staff recruitment (including at Carlton Court) and training.</u></p>
<b>Friday 1 February 2019</b> Riverside, Lowestoft	<u>Mental Health Services in GY&amp;W – Update following CQC reinspection of NSFT during 2018</u> <ul style="list-style-type: none"> <li>• A further review of this topic a year after the previous scrutiny in Feb 2018.</li> <li>• (NB. Suffolk HSC will be looking at NSFT in Oct 2018)</li> </ul> <u>111 Service and Out-of-Hours Primary Care Service performance</u>
<b>Friday 26 April 2019</b> Riverside, Lowestoft	<u>Diabetes Care within Primary Care Services in Great Yarmouth and Waveney</u> <ul style="list-style-type: none"> <li>• Further review of this topic, as agreed in mtg on 13 April 2018</li> </ul> <p><i>Other topics to be agreed</i></p>
<b>Friday 12 July 2019</b> Riverside, Lowestoft	<p><i>Topics to be agreed</i></p>

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