

Great Yarmouth and Waveney Joint Health Scrutiny Committee

Date: Friday 7 October 2016

Time: 10.30 am

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

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Membership –

MEMBER

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

AUTHORITY

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

For further details and general enquiries about this Agenda please contact the Committee Administrator:

Tim Shaw on 01603 222948
or email timothy.shaw@norfolk.gov.uk

1. Apologies for Absence and Substitutions

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

2. Minutes

(Page 5)

To confirm the minutes of the meeting of the Great Yarmouth and Waveney Joint Health Scrutiny Committee held on 15 July 2016.

3. Public Participation Session

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

A speaker will need to give written notice of their wish to speak at the meeting by contacting Tim Shaw at the email address above by no later than 12.00noon on 3 October 2016.

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

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

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

4. Members to Declare any Interests

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

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

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

If you do not have a Disclosable Pecuniary Interest you may nevertheless have an Other Interest in a matter to be discussed if it affects

- your well being or financial position

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

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

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

Update from Great Yarmouth & Waveney CCG. (Page 16)
6. **Out-of-Hospital teams** (Page 20)

Report from Great Yarmouth & Waveney CCG on the progress of the Out-of-Hospital service. (Page 22)
7. **Information Bulletin**

To note the written information provided for the Committee
 - (a) Patrick Stead Hospital, Halesworth – temporary suspension of inpatient admissions (Page 31)
 - (b) Greyfriars walk-in centre (Page 32)
 - i. update on alternative services
 - ii. future service for vulnerable children - information provided by the CCG in response to a question raised at 15 July 2016 Joint Health Scrutiny Committee meeting
 - (c) Changes to IVF provision (Page 36)
 - (d) Beccles minor injury unit – engagement exercise (Page 37)
 - (e) Retirement of Great Yarmouth and Waveney CCG Chief Executive (Page 38)
8. **Forward Work Programme**

To consider and agree the forward work programme and dates and times of future meetings. (Page 39)
9. **Urgent Business**

To consider any other items of business which the Chairman considers should be considered by reason of special circumstances (to be specified in the minutes) as a matter of urgency.
- Glossary of Terms and Abbreviations** (Page 41)

Chris Walton
Head of Democratic Services
Norfolk County Council
County Hall
Martineau Lane
Norwich
NR1 2DH

Deborah Cadman OBE
Chief Executive
Suffolk County Council
Endeavour House
8 Russell Road
Ipswich IP1 2BX

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**GREAT YARMOUTH AND WAVENEY JOINT HEALTH SCRUTINY COMMITTEE
MINUTES OF THE MEETING HELD ON 15 July 2016**

Present:

Alison Cackett	Waveney District Council
Michael Carttiss (Elected Chairman)	Norfolk County Council
Michael Chenery (Substitute)	Norfolk County Council
Michael Ladd	Suffolk County Council
Bert Poole	Suffolk County Council
Shirley Weymouth	Great Yarmouth Borough Council

Also Present:

Eric Foster	A Member of the public who spoke during the public participation session about the Greyfriars walk-in centre.
Adrian Myers	A Great Yarmouth Borough Councillor for Lothingland Ward who spoke about the Greyfriars walk-in centre when this matter was raised at item 7.
Michael Bateman	Head of Education Inclusion Service, Norfolk County Council
Georgina Green	Head of Service Development, Special Educational Needs / Alternative Provision, Children & Young People's Services, Suffolk County Council
Jan Welsh	Head of County Inclusion Support Service, Suffolk County Council
Elizabeth Bethell	Autism Suffolk
Dr Sue Ellis	Consultant Psychologist, Norfolk and Suffolk NHS Foundation Trust
Mark Gower	Designated clinical officer, Norfolk and Suffolk NHS Foundation Trust
Cath Byford	Deputy Chief Executive, NHS Great Yarmouth & Waveney CCG
Lorraine Rollo	Head of Communications and Engagement, NHS Great Yarmouth & Waveney CCG
Julie Styles	Regional Manager, IMH Group
Gill Morshead	Locality Manager, Norfolk and Suffolk NHS Foundation Trust

Fran O'Driscoll	Director of Partnership and Delivery, GY&W CCG
Maureen Orr	Democratic Support and Scrutiny Team Manager, Norfolk County Council
Paul Banjo	Democratic Services, Suffolk County Council
Tim Shaw	Committee Officer, Norfolk County Council

1A Election of Chairman

Resolved

That Michael Carttiss be elected Chairman of the Joint Committee for the ensuing year.

1B Election of Vice-Chairman

Resolved

That Michael Ladd be elected Vice-Chairman of the Joint Committee for the ensuing year.

Michael Ladd took the chair In the absence of Michael Carttiss who had telephoned to say that he would be late attending the meeting.

(Michael Ladd in the Chair)

2 Apology for Absence and Substitution

Michael Chenery of Horsbrugh substituted for Colin Aldred.

3 Minutes

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

4 Public Participation Session

With the permission of the Chairman, Mr Eric Foster, a member of the public, spoke about the health facilities that were available at the GP and walk in centre at Greyfriars. Mr Foster said that while attending at Greyfriars he had suffered a heart attack and was transported immediately to the James Paget University Hospitals NHS Foundation Trust for treatment that saved his life.

5 Declarations of Interest

There were no declarations of interest.

6 Services for children who have an Autistic Spectrum Disorder (ASD)

6.1 The Joint Committee received a suggested approach from the Democratic Support and Scrutiny Team Manager at Norfolk County Council to an update report from Great Yarmouth and Waveney Clinical Commissioning Group (CCG), and Norfolk and Suffolk County Councils' Children's Services on plans for the improvement of services for children who have an Autistic Spectrum Disorder. The Committee also received written comments from Autism Suffolk and Autism Anglia.

6.2 The Committee received evidence from Cath Byford, Deputy Chief Executive, NHS Great Yarmouth & Waveney CCG, Michael Bateman, Head of Education Inclusion Service, Norfolk County Council, Georgina Green, Head of Service Development, Special Educational Needs / Alternative Provision, Children & Young People's Services, Suffolk County Council, Jan Welsh, Head of County Inclusion Support Service, Suffolk County Council and Elizabeth Bethell, Autism Suffolk.

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

- The Joint Committee was informed by the witnesses about the different approaches that were being taken by Children Services at Norfolk and Suffolk County Councils to meet the needs of children who had an Autistic Spectrum Disorder (ASD). These approaches were explained in some detail in the written reports.
- It was pointed out that the GY&W CCG was working with the two county councils on an all age autism strategy.
- The GY&W CCG planned to undertake a full clinical service review during the current financial year and the autism pathway would be part of that review. The review would examine ongoing recruitment difficulties (including the continual difficulty in recruiting community paediatricians to the area) as well as examining how to develop an improved service to support families in the area who were awaiting assessment or needed support following diagnosis.
- The Joint Committee was concerned that changes in commissioning arrangements across Norfolk and Suffolk meant that community paediatricians were no longer able to request an educational psychology assessment and educational psychologists were no longer able to attend the multi-agency panels on a regular basis. This was because attendance at these meetings was classed as 'traded activity' and unless funding was set aside to fund this activity the current pathways for children who had an Autistic Spectrum Disorder would struggle to become NICE compliant.
- Michael Bateman, Head of Education Inclusion Service, Norfolk County Council, said that he had a total staffing establishment of 180 staff. The staffing establishment included 20 occupational therapists (and five specialist staff for children with ASD). The total budget for inclusion services in Norfolk was £69m.
- Jan Welsh, Head of County Inclusion Support Service, Suffolk County Council, pointed out that this compared with a total budget of £47m for inclusion services in Suffolk (the third lowest funded Inclusion Service in the country). She added that there had been a significant increase in demand for inclusion services in Suffolk in the last 3 years, from 450

children seeking support in 2013 to 1,000 children in 2016.

- In Suffolk the behaviour support team was to merge with the inclusion support service with 50 staff in the new service. Children would be able to receive support before receiving the diagnosis of autism.
- All of the witnesses said that they accepted and acknowledged that support for any child should be based on the individual child's needs.
- Elizabeth Bethell of Autism Suffolk said that Autism Suffolk had 3 family support workers, an administrator and 3 volunteers who provided a service to the whole of Suffolk. As a family support worker she was responsible for supporting 564 families living in the Waveney area who had been referred to Autism Suffolk as part of their post diagnostic support.
- Autism Suffolk was concerned to ensure continued practical and financial support for the future work of the Family Support Worker, within Autism Suffolk, for Waveney post March 2017 when the current contract to work in Waveney came to an end.

6.4 The Joint Committee **agreed to the following:-**

- a. That the commissioners should visit Sunbeams Play, Great Yarmouth, during the community paediatric service review to hear the views of service users and staff.
- b. That during the community paediatric service review the commissioners should focus on designing services to meet the individual needs of the child and their parents.
- c. That there should be more joint working and sharing of best practice between the two counties across the GY&W area.
- d. That there should be more joined-up thinking and working together between agencies to close gaps in service provision.
- e. That the GY&W CCG and representatives from Norfolk and Suffolk County Council Children's Services attend in 12 months' time to update the Joint Committee on progress with services for children who have an autistic spectrum disorder.
- f. That the Chairman & Vice Chairman raise within their County Councils the need for improved resourcing of services for children with an autistic spectrum disorder, particularly in respect of early intervention.

Michael Carttiss took the Chair at this point in the proceedings

7 Greyfriars Walk-In Centre

7.1 The Joint Committee received a suggested approach from the Scrutiny Officer at Suffolk County Council to an update report from Great Yarmouth and Waveney Clinical Commissioning Group (GY&W CCG) on plans to replace Greyfriars walk-in centre with an enhanced NHS 111 service and expanded out-of-hours care.

7.2 The Committee received evidence from Cath Byford, Deputy Chief Executive,

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

- The contract extension for GP and walk in services at the Greyfriars Walk In Centre in Great Yarmouth was due to end on 30 September 2016.
- The contract could not be extended for a further term without infringing EU regulations.
- The GY&W CCG did not consider the ending of the contract and the proposals to re-provide services were significant enough changes to require a formal public consultation.
- There were 5,125 patients registered with the GP practice at Greyfriars. These patients would be subject to a “managed list dispersal” to other GP practices in the locality, subject to patients being able to register with another GP practice of their choice, if that GP practice was accepting new patients.
- It was intended to carry out a review of the homeless service that was currently provided from the Greyfriars centre to 40 patients in the Great Yarmouth area with a view to it being widened to cover the Great Yarmouth and Waveney area as a whole. No new money had been identified for this extended service.
- The GY&W CCG intended to replace the Greyfriars walk-in centre with an enhanced NHS 111 service and expanded out-of-hours care.
- The GY&W CCG intended to review provision of minor injuries services within primary care in the area.
- GY&W CCG intended to work with IMH Group to fully understand the extent of use of the walk-in centre facility by their registered patients and to take account of this information in the re-provision of alternative services.
- The Joint Committee stressed the importance of promoting the new 111 service to local people. Members were informed that the East of England Ambulance Service NHS Trust (EEAST) had been kept informed about the proposed changes and would be monitoring the impact on the 999 service.
- It was noted that a public meeting about the changes was due to be held in Beccles on 28th July 2016 at 1.30 pm.

7.4 Adrian Myers, the local Borough Councillor, expressed some concern about the impact that the closure of Greyfriars could have on the service that was provided to vulnerable children at risk of harm who were currently seen by a specialist nurse at the Greyfriars practice. He said that the high levels of deprivation in the centre of Great Yarmouth meant that the continuation of this service in its current form should be seen as essential. Mr Myers also expressed concern about the future service for homeless people.

7.5 In reply, the Deputy Chief Executive, NHS Great Yarmouth & Waveney CCG, confirmed that a service was provided at Greyfriars to 159 children and that the needs of these children would be met by a “managed list dispersal” to other GP practices in the locality. She also confirmed that there will be a review of the service currently provided to homeless people with a view to ensuring a service for all of this group across the CCG area.

7.6 The Joint Committee **agreed** to the following:-

- a. That GY&W CCG be asked to provide information on what service will be provided in future to the vulnerable children at risk of harm who are currently seen by a specialist nurse at the Greyfriars practice and the local Borough Councillor be kept informed of developments.
- b. That the Joint Committee review the progress of the replacement services for Greyfriars in January 2017. That GY&W CCG, James Paget University Hospitals NHS Foundation Trust (JPUH) and East of England Ambulance Service NHS Trust (EEAST) be asked to attend the Joint Committee when members consider this issue.

8 Update on the Implementation of the Changes to Adult and Dementia Mental Health Services

8.1 The Joint Committee received a suggested approach from the Scrutiny Officer at Suffolk County Council to an update report from Norfolk and Suffolk NHS Foundation Trust on progress with implementation of the changes to adult and dementia mental health services in Great Yarmouth and Waveney.

8.2 The Committee received written evidence from Cath Byford, Deputy Chief Executive, NHS Great Yarmouth & Waveney CCG and verbal evidence from Gill Morshead, Locality Manager, Norfolk and Suffolk NHS Foundation Trust.

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

- The main building work at the Carlton court site was on schedule to be completed by 29th July 2016, prior to the opening of the building to patients.
- Service delivery for adult and dementia mental health services was in line with the new contract and specifications.
- There had been some staffing challenges, particularly with recruiting newly qualified nurses at entry point.
- There were no mental health beds for mothers (with psychosis) and babies in the East of England (however there was a Perinatal Mental health Service); NSFT was interested in developing such a service and the Joint Committee asked to be kept informed of any such developments as an information item.

8.4 The Joint Committee **agreed** to the following:-

- a. That a visit by Joint Committee Members' to the new children's facility at Carlton Court should be arranged for August 2016.
- b. That Joint Committee Members' should receive an update on the implementation of the changes to adult and dementia mental health services as an information item (not an item for discussion) in one year's time.

9 'Shape of the System' implementation: a six-month progress update

- 9.1** The Joint Committee received a suggested approach from the Scrutiny Officer at Suffolk County Council to an update report from Great Yarmouth and Waveney Clinical Commissioning Group (CCG) on the progress of implementing its decisions following the public consultation on "The Shape of the System- Developing modern and sustainable health services in Great Yarmouth and Waveney."
- 9.2** The Committee received evidence from Cath Byford, Deputy Chief Executive, NHS Great Yarmouth & Waveney CCG and Fran O'Driscoll, Director of Partnership and Delivery, NHS Great Yarmouth & Waveney CCG.
- 9.3** The Joint Committee **noted** the report that included:
- An update on progress against the plan for implementing the "Shape of the System."
 - Engagement with various local communities and stakeholders to provide locally tailored models of service provision.
 - The likely impact on the service to patients during implementation.
 - Current status and plans for the Community hospital beds.

10 GP practice premises in Gorleston and Bradwell: a six-month implementation progress update

- 10.1** The Joint Committee received a suggested approach from the Scrutiny Officer at Suffolk County Council to an update report from Great Yarmouth and Waveney Clinical Commissioning Group (CCG) on progress in relocating GP practice premises in Gorleston and Bradwell.
- 10.2** The Committee received evidence from Fran O'Driscoll, Director of Partnership and Delivery, NHS Great Yarmouth & Waveney CCG.
- 10.3** The Joint Committee **noted** the report from the CCG that included :
- Overall progress against the CCG's plan for implementing the Gorleston/Bradwell GP practice changes.
 - Plans for engagement with Gorleston / Bradwell GP practice patients about the implementation of the changes.
 - Changes to service plans, including the position regarding the Family Health Partnership that was in discussions about a future merger and relocation to the Central Surgery site in Lowestoft.
 - 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.

11 Information Only Items

- 11.1** The Joint Committee **noted** information on the following subjects:
- Policing and Mental Health services; and
 - Root cause analysis of the January 2016 'Business Continuity' Event.

12 Forward Work Programme

- 12.1** The forward work programme was **agreed** with the addition of the following items:-

20 January 2017 – ‘Progress of services to replace Greyfriars (IMH) practice and walk-in service’. Attendees at the meeting to include representatives from the CCG, JPUH and EEAST.

14 July 2017 – An information bulletin on ‘Update on the implementation of changes to adult and dementia mental health services’.

14 July 2017 – ‘Services for children who have an autistic spectrum disorder’. Attendees at the meeting to include representatives from the CCG and Norfolk and Suffolk Children’s Services.

13 Urgent Business

There were no items of urgent business.

14 Date and Time of Next Scheduled Meeting

- 14.1** It was noted that the Committee would next meet at Riverside Campus, Lowestoft at 10.30 am on Friday, 7 October 2016.

The meeting concluded at 13.50 pm.

CHAIRMAN



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Diabetes Care within Primary Care Services in Great Yarmouth and Waveney

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

A report on primary care services including prevention, diagnosis, early intervention and long term care for people with diabetes in Great Yarmouth and Waveney.

1. Background

- 1.1 On 26 February 2015 Norfolk Health Overview and Scrutiny Committee (NHOSC) received a report about diabetes care delivered by primary care services across Norfolk. Based on the information it received, NHOSC suggested that Great Yarmouth and Waveney Joint Health Scrutiny Committee may wish to look in more detail at whether people with diabetes living in the area were receiving the recommended care processes and treatments. There was some doubt on this question due to the low levels of participation by GP practices in the Great Yarmouth and Waveney area in the National Diabetes Audit 2012-13 (eastern region).
- 1.2 On 22 July 2015 the Joint Committee received an information bulletin from the Clinical Commissioning Group's (CCG) Director of Clinical Transformation, who was also a GP at a local surgery:-
[GY&W Joint Health Scrutiny Committee 22 July 2015](#) (see item 9(c), page 70)
- 1.3 The bulletin acknowledged that the CCG area was not performing well against diabetes national targets (e.g. achieving target readings in blood pressure, cholesterol and HbA1C) and that analysis of diabetes outcomes data and secondary care activity patterns within the CCG area suggested considerable variability in the standards of diabetes management at both a locality and individual practice level. Similar variation could be seen across all of the Diabetes Mellitus Quality Outcomes Framework (QOF) indicators relating to the nine key care processes that every patient with diabetes should have access to on a yearly basis. There were also significant variations between GP practices in regard to efficiency and financial factors as well as in the indicators of the quality of diabetes management. There were, for example, significant variances in the numbers of patients from each GP practice regularly managed in hospital.
- 1.4 At the time of the information bulletin, a new primary care based service managed by Diabetic Specialist Nurses (DSNs) had been running for a year. This was the Diabetes Intermediate Care Service (ICS). There was 100% sign up to the service from GP practices in Great Yarmouth and

Waveney and the DSNs were running clinics in every practice. The aim was for this service to improve clinical knowledge and confidence so that primary care was supported to manage complicated diabetes cases. The new service also covered prevention of the onset of type 2 diabetes, management of diabetes and prevention of complications.

- 1.5 The CCG's next step was to commission an Integrated Model of Diabetes care. This was to create an integrated diabetes care service across primary care, community and acute hospital settings, which would also include specialist foot clinics, integrated working with pharmacists in the community, recruitment from the voluntary sector to take the pressure off primary care, and pro-active use of 'Apps' technology to support patient self-management, confidence and education.
- 1.6 The new model of care required adequate support from a number of sources, which potentially included:-
- Diabetic Podiatry
 - Public Health
 - Community services e.g. district nursing.
 - Specialist Diabetes Dietetics
 - Patient Education Programmes
 - Pharmacists
 - PPGs and Diabetes UK.

During 2015-16 the CCG intended to look at services already available in the Great Yarmouth and Waveney area, assess the quality and develop plans for improvement where necessary.

2. Purpose of today's meeting

- 2.1 The CCG has been invited to update the Joint Committee in respect of:-
- Progress of the Diabetes Intermediate Care Service
 - Commissioning of an Integrated Model of Diabetes Care
 - Current performance of diabetes care within primary care in Great Yarmouth & Waveney in terms of:-
 - Delivery of the recommended care processes and treatment targets
 - The extent to which patients with diabetes are managed in a primary care setting rather than in secondary care.

The CCG's report is attached at Appendix A and representatives will attend to answer Members' questions.

3. Suggested approach

- 3.1 After receiving the CCG's report the joint committee may wish to discuss the following areas with the representatives:-

- (a) How much progress has there been since July 2015 towards delivering the standard treatments and care processes to all patients with diabetes in Great Yarmouth and Waveney?
- (b) How much progress has there been since July 2015 towards managing more patients with diabetes in a primary care setting rather than in secondary care?



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Great Yarmouth and Waveney Clinical Commissioning Group

HealthEast

Briefing for Great Yarmouth and Waveney Health Scrutiny Committee:

Delivering a diabetes strategy for Great Yarmouth and Waveney

Background

As one of the UKs' most common chronic conditions, diabetes is high on the national agenda. The prevalence of diabetes increases by approximately 10% per annum and treatment of the conditions encompasses 10% of the overall NHS budget.

Diabetes is associated with high levels of mortality and morbidity, in particular:

- The life expectancy of a patient with diabetes is reduced by approximately 10 years
- 50% of newly diagnosed diabetics already have complications at the time of diagnosis
- 80% of diabetes patients will die of cardiovascular disease
- The risk of stroke for a patient with diabetes is tripled
- Diabetes is the UK's leading cause of blindness and one of the leading causes of limb amputation

The management and treatment of diabetes has received significant strategic attention across the country, beginning with the National Service Framework for Diabetes (2004) which sets clear guidance for the prevention, diagnosis and clinical management of diabetes.

The CCG has over 14,000 patients on Diabetes registers. NHS Great Yarmouth.

One of the 10 'top tips' for commissioners from the paper 'Best Practice for Commissioning Diabetes Services – March 2013' includes 'Enhancing capacity and competency in primary and community care'. It states that 'For integrated care to provide maximum clinical efficiency and avoid duplication in care of complex cases, there will be a need to strengthen community and primary care services so the focus of care can be on co-ordination, prevention, structured chronic disease management and care planning with the aim of reducing wastage, unnecessary medication errors and, most of all, inappropriate hospital admissions'. An additional recommendation is that a key principle should be that all commissioned diabetes services should be as close to where people with diabetes live as possible.

In July 2015 the CCG reported that they had commissioned a Diabetes nurse specialist to deliver clinics in GP practices. The aim was that this service would improve local clinical knowledge and confidence and subsequently provide a better service to patients. The more that Primary Care is supported to manage complicated diabetes cases then over time this will up-skill the workforce. The service covers prevention of the onset of type 2 diabetes, management of diabetes and prevention of complications.

Delivering the strategy

Since July 2015 the CCG has been working to develop and deliver a Diabetes strategy to build on the existing Diabetes specialist nurse service. A common theme in successful models of diabetes care across the country is the presence of distinct tiers of care, which enable patients to be managed as close to home as possible and integrated care across hospital and GP care.

This tiered structure involves three levels of care across three settings; primary care, the community and acute hospitals. The model is designed to enable patients to access the right level of care according to their clinical need.

This expanded service which will include 4 nurses delivering clinics to patients in GP practices and education to patients and clinicians went live on 1st August 2016. The aim is to work with practices to identify patients who require specialist advice and to improve local clinical knowledge of diabetes management. The activity in this service will rise in subsequent months as the team reaches full staffing levels.

Historical activity – average 184 contacts per month

	Numb er of new referr als	Plann ed Follo w Up (From April 2016)	Unplan ned Follow Up	Tota l Follo w up's	DNA's	CNA Patie nt	Unalloca ted Slots	Non face to face consultati ons	Ema il	Total Contac ts (New, FUP's, Non Face to Face)
Apr-15	139			61	13		20	59		198
May-15	93			51	14		20	69		162
Jun-15	123			58	13		19	31		154
Jul-15	142			70	17		19	56		198
Aug-15	112			65	18		9	51		163

Sep-15	57	51	4	55	10	0	13	35	0	147
Oct-15	63	48	0	48	12	5	6	36	11	147
Nov-15	117	89	1	90	15	8	18	39	29	246
Dec-15	94	49	0	49	15	1	28	39	36	182
Jan-16	121	41	1	42	17	1	29	31	22	194
Feb-16	103	26	0	26	11	6	8	33	0	162
Mar-16	103	52	0	52	10	3	15	51	0	206
Apr-16	106	70	0	70	15	1	34	89	0	265
May-16	84	40	0	40	10	5	10	33	11	157
Jun-16	104	64	0	64	20	5	27	39	0	207
Jul-16	76	62	0	62	12	1	16	23	0	161

New service activity, launch 1st August

	Number of new referrals	Planned Follow Up	Unplanned Follow Up	DNA's	CNA Patient	Unallocated Slots	Non face to face consultations	Total Contacts
Aug-15	95	62	0	7	11	25	67	224
Sep-15	0	0	0	0	0	0	0	0
								224

The CCG has also been working with Diabetes UK on a foot care pathway review. A second workshop in July 2016 has identified several areas for improvement including a multidisciplinary care Diabetic foot clinic. Another output was the creation of a local clinical network. This is under development.

Working with Diabetes UK, there was a Living with Diabetes day in May 2016.

The day was a great success with 112 delegates attending the event to learn more about Type 2 diabetes. We have already received some amazing feedback with 98% of people rating the day overall as good or excellent!

22% of people said they were aware of all 15 Health Care Essential checks before the event
78% of people said they were aware of all 15 after the event.
46% of people said they knew quite a bit or a lot about diabetes before the event – 91% of people said they knew quite a bit or a lot after the event.
61% said they were either very or fairly confident before the event – 98% of people said they were either fairly or very confident after the event

The CCG is also involved in the Rightcare programme. Right Care is an established programme of NHS England and its main objective is to maximise value across the health system:

- the value that the patient derives from their own care and treatment.
- the value the whole population derives from the investment in their healthcare.

The Right Care approach has three key phases: Where to look, What to change and How to change.

The approach begins with a review of indicative data to highlight the top priorities or opportunities for transformation and improvement. Each CCG is clustered with 10 CCGs who have the most similar population. This comparator group is used to identify realistic opportunities to improve health and healthcare for the CCG population.

Lastly the CCG will be submitting a bid to participate in wave 2 of the Diabetes prevention programme. This programme is nationally funded and will provide 100,000 patients with pre-diabetes access to lifestyle education in an attempt to prevent Diabetes. The CCG is working with Norfolk public health on this initiative.

Next steps

As part of the development of diabetes services the following vital next steps are required:

- Right care workshop to develop action plan for next priority areas – Autumn 2016.
- Continued implementation of the Diabetes Intermediate care team.
- Submission of wave 2 Diabetes prevention programme and if successful, roll out of the service in conjunction with Public health.
- Development of a local Diabetes clinical network.
- Development and implementation of a service model for foot care services.

Cath Byford

**Director of Commissioning and Quality
NHS Great Yarmouth and Waveney CCG**

Out of Hospital Teams

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

A report on the progress of Out-of-Hospital services in Great Yarmouth and Waveney.

1. Background

- 1.1 On 15 July 2016, Great Yarmouth and Waveney Joint Health Scrutiny Committee received a 'Shape of the System' six-month progress update from the CCG. This included information about the progress of the Out-of-Hospital teams, which were an important part of the new service model.
- 1.2 The North Out-of-Hospital Team was considered to have had a positive impact on the number of emergency admissions to the James Paget Hospital, particularly in the 75 plus age group.
- 1.3 The South Waveney Out-of-Hospital teams were in the process of development with a local model of out of hospital care being commissioned from the Sole Bay Health Centre and work underway with East Coast Community Healthcare to expand the resource and resilience of the Lowestoft Out of Hospital team to support patients in the Beccles, Bungay and Kessingland areas.
- 1.4 Following the 'Shape of the System' consultation the CCG had committed not to close Patrick Stead Hospital, Halesworth, until suitable alternative provision was available. The CCG was continuing to plan for the implementation of an out of hospital team and beds with care.
- 1.5 In September it was reported in the press that the Patrick Stead Hospital was soon to close ward to admission of new patients due to staff shortages.

2. Purpose of today's meeting

- 2.1 The CCG has been asked to provide the Joint Committee with an overview of the Out-of-Hospital services including:-
 - (a) Description of the services, including:-
 - staff numbers
 - the numbers of vacant posts
 - locations in which staff are based
 - the geographic areas served

- details of the care provided.

(b) Progress in development and implementation of the Out-of-Hospital services across the CCG area.


(c) Assessment of the success of the services implemented so far in terms of:-

- Patient feedback
- The effect on emergency admissions to hospital
- Performance against any key performance indicators set for the services
- The effect in terms of financial savings.

2.2 The CCG's report is attached at Appendix A and representatives have been invited to answer Members' questions.

3. Suggested approach

3.1 After the CCG representatives have presented their report, Members may wish to discuss the performance of the Out of Hospital services to date and the plans for implementation across the whole Great Yarmouth and Waveney area.

	<p>If you need this report in large print, audio, Braille, alternative format or in a different language please contact Customer Services on 0344 800 8020 or 0344 800 8011 (Textphone) and we will do our best to help.</p>
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Great Yarmouth and Waveney Clinical Commissioning Group

HealthEast

Briefing for Great Yarmouth and Waveney Health Scrutiny Committee:

Update on the out of hospital teams

1. Description of the Services

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

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

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

There is currently a Lowestoft OHT and North OHT provided by East Coast Community Healthcare, and a Community Integrated Care Team (CICT) in Southwold and Reydon provided by Sole Bay Health. The model in Southwold and Reydon is a locally designed model to support the needs of this population. This is in line with the CCG commitment, through the Shape of the System Public Consultation, to develop locally appropriate models of care with local stakeholders. The CICT is in the early stages and will continue to develop over the coming months.

2. Staffing

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

Senior Professionals

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

Support Staff

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

In addition to the above the team has a combined triage team made up of both health and social care professionals including:

- Day Co-ordinators (Health)
- Duty Workers (Social)
- Allocation Co-ordinators
- Administrators

This team are responsible for:

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

The CICT consists of two part time nurses, one healthcare assistant, seven carers, a physio assistant, support worker, GPs and the Community Matron work in partnership with the multi-disciplinary out of hospital team to ensure that where at all possible, frail and/or unstable patients are supported to stay well and independent at home.

3. Staffing Structures

The OHTs/CICT comprise of the following staff groups and whole time equivalents (WTE):

Lowestoft OHT

Lowestoft OHT - structure of team		
Staff Group	WTE	Band
Manager	1	7
Nurse	7	6
Physiotherapist	2	6
Occupational Therapist	2.6	6
Technical Instructor	1	5
Triage Co-ordinator	1.8	4
Assistant Practitioner	12.4	4
Rehab Support Worker	16	2
Administrator	1	2
Total	44.8	

It should be noted that the above includes the Admission Prevention Service (APS) which provides support on an 8am to 8pm basis across the rest of Waveney currently. This team cannot be separated out in terms of staff as the Out of Hospital team works in a very integrated way to support both OHT and APS activity.

North OHT

North OHT - structure of team		
Staff Group	WTE	Band
Out of Hospital Manager	1	7
Nurse	8.6	6
Physiotherapist	1	6
Occupational Therapist	0.8	7
Occupational Therapist	2	6
Clinical Pharmacy Technician	0.37	5
Triage Co-ordinator	3.8	4
Assistant Practitioner	6	4
Healthcare Support Worker	21.08	2
Total	44.65	

Sole Bay Health CICT

As described above the Sole Bay Health CICT two part time nurses, one healthcare assistant, seven carers, a physio assistant and a support worker. The carers, physio assistant and support worker are self-employed and work on an as and when basis to ensure resource can be flexed to meet demand. All members of the team are fully supervised and managed by Sole Bay Health and the appropriate screening is undertaken.

4. Vacancies

Below by team are the current vacancies (as of 16/09/2016) within each team:

Lowestoft OHT

Lowestoft OHT - vacancies		
Staff Group	WTE	Band
Nurse	2	6
Physiotherapist	1	6
Assistant Practitioner	0.6	4
Rehab Support Worker	1.8	2
Total	5.4	

North OHT

North OHT - vacancies		
Staff Group	WTE	Band
Nurse	1	6
Physiotherapist	1	6
Healthcare Support Worker	2.4	2
Total	4.4	

All the above vacancies are in active recruitment and are vacant due to general turnover of staff. The exceptions are the physiotherapy posts, which have continued to be challenging in terms of recruitment of suitable candidates.

All the above vacancies are in active recruitment and are vacant due to general turnover of staff. The exceptions are the physiotherapy posts, which have continued to be challenging in terms of recruitment of suitable candidates.

Sole Bay Health CICT

There are no vacancies within the team.

5. Locations where services are based

The OHT in Lowestoft is based within Kirkley Mill Health Centre. The OHT North team are based within the Herbert Matthes Block on the Northgate Hospital site in Great Yarmouth.

The CICT is based at Sole Bay Health Centre.

6. Geographic areas served

The Lowestoft OHT will accept referrals for patients registered with a General Practitioner in Lowestoft.

The North OHT will accept referrals for patients registered with a General Practitioner within the Northern locality of NHS Great Yarmouth and Waveney CCG.

The CICT supports patients registered at Sole Bay Health Centre.

The OHTs/CICT supports patients aged 18 years and over.

7. Patient Feedback

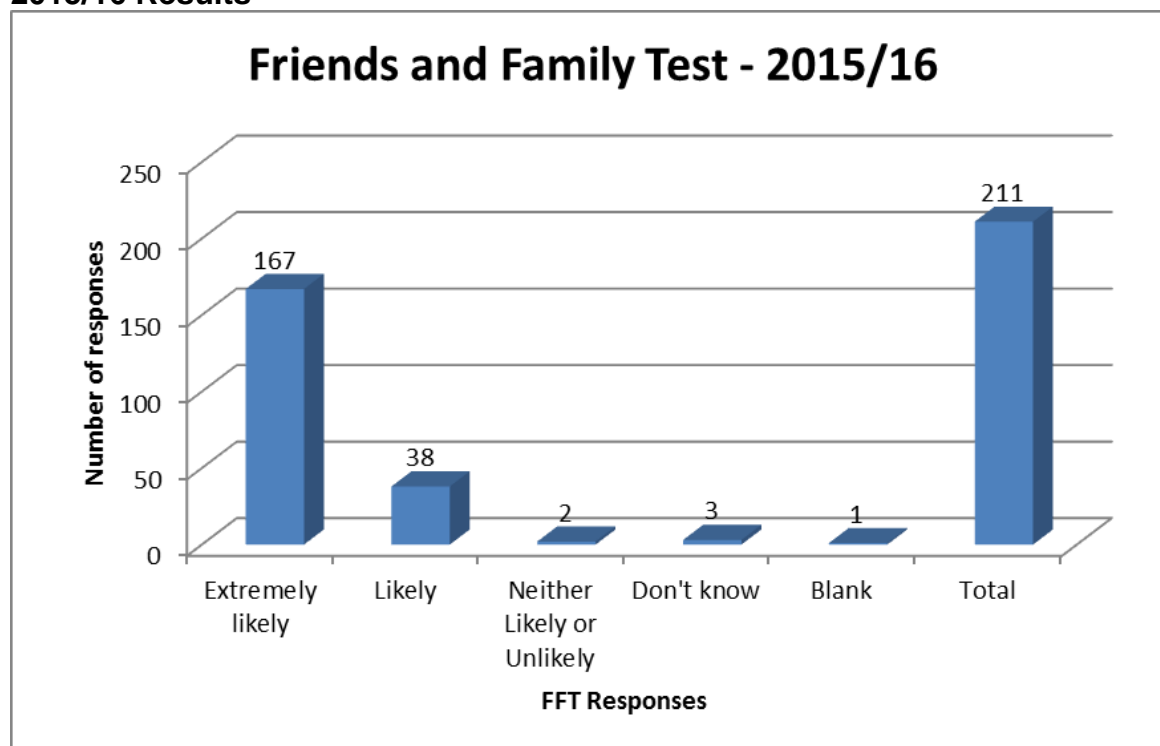
The OHTs in both Lowestoft and the North have received extremely positive patient feedback.

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

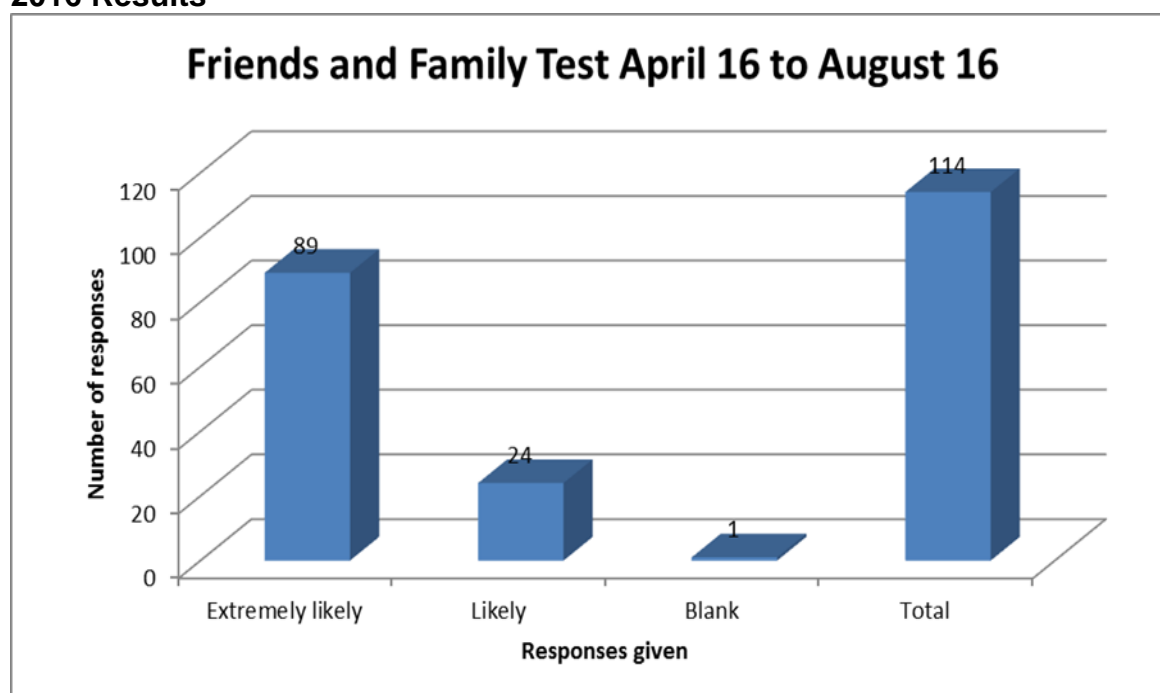
The percentage of positive responses for April 2015 to March 2016 was 97%

The percentage of positive responses for April 2016 to August 2016 was 99%. Below are the results to the end of August this year:

2015/16 Results



2016 Results

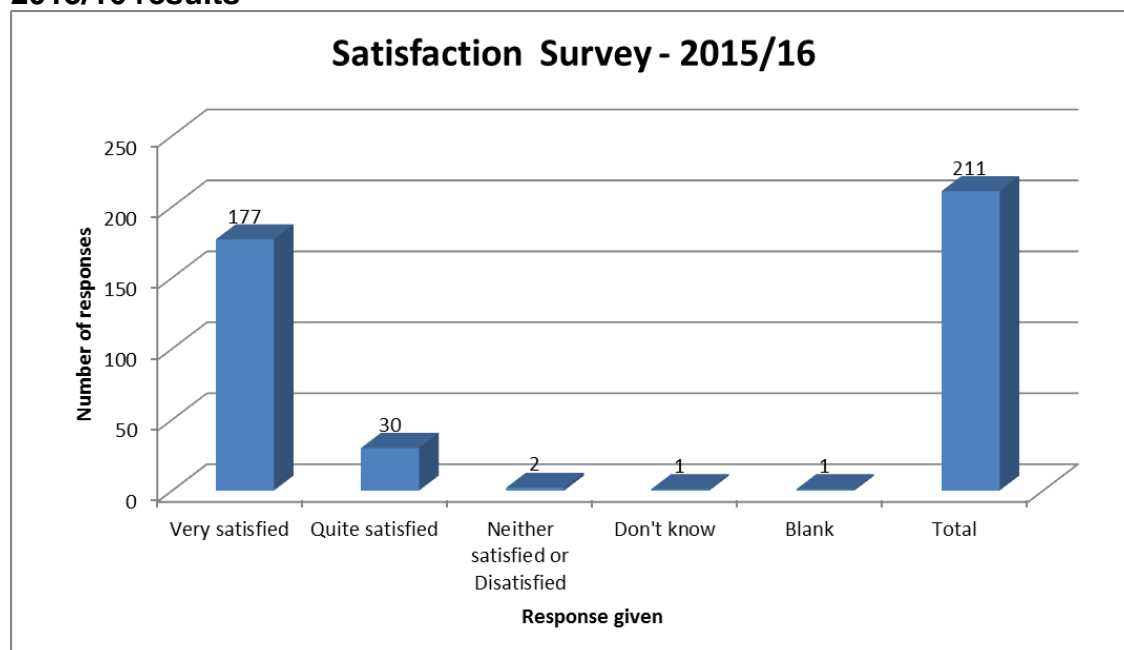


'How satisfied are you with the service you have received?' has also been routinely asked of patients seen by the service since April 2015.

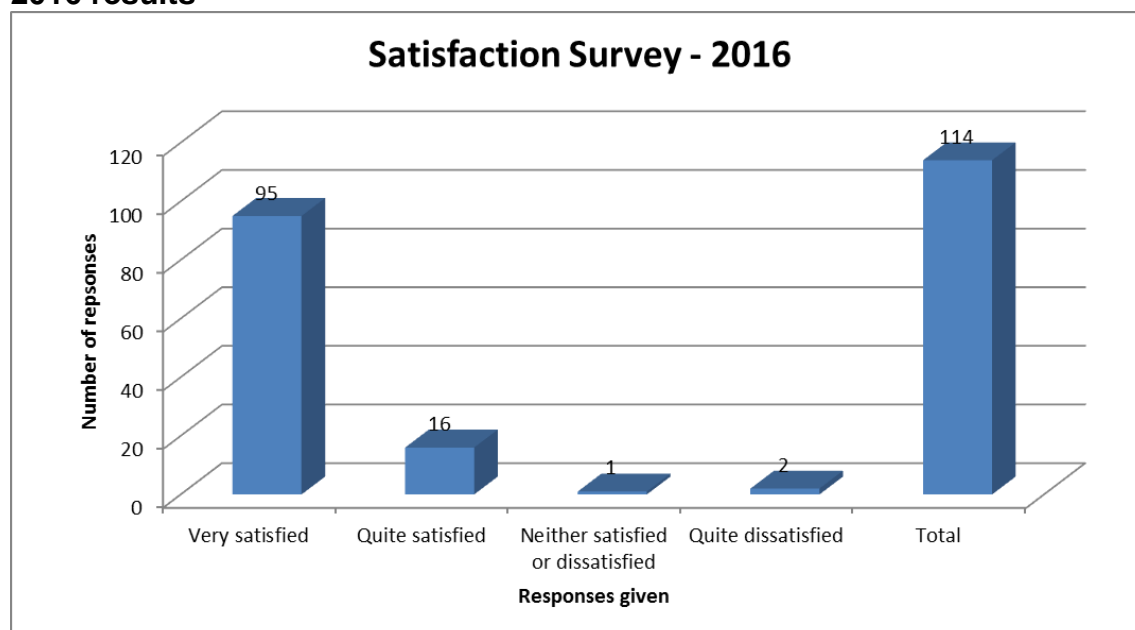
The percentage of positive responses for April 2015 to March 2016 was 98%
The percentage of positive responses for April 2016 to August 2016 was 97%

Below are the results to the end of August this year:

2015/16 results



2016 results



Examples of Patient Feedback

These are comments that have been transcribed exactly as stated by the patients/families. Therefore these contain typo and grammatical errors.

“My wife was suddenly taken to hospital. I was very glad of the help”.

“I found the care given to be excellent”.

“The staff were caring informative and went out of their way to help both me and my husband
“.

“This was a excellent service”.

“The scheme and the staff are wonderful”.

“It helped us out in a crisis”.

“Because I was treated like a person with feelings and not like a number that had to be seen too. My dignity was upheld and my embarrassment about the help I needed was treated and expelled with great care. I am so grateful”.

“The staff were very caring, kind and did all they could to make life easier”.

“Very helpful, greatly appreciated and all staff that visited were very kind”.

“We really couldn’t of asked for a better service. Everyone we met was pleasant, professional, caring, helpful and were invaluable to the care of my mum. Thank you so much”.

“We are amazed at the fantastic way of speed your staff dealt with our needs. So helpful, cheerful and polite. Angels on wheels, thank you”.

Patients supported by the Sole Bay Health CICT are asked to complete a patient questionnaire, based on Friends and Family Test, after each episode of care. For quarter 1 this KPI was 100% achieved.

8. Key Performance Indicators (KPIs)

A number of KPIs are in place with providers to monitor effectiveness and compliance of out of hospital teams.

Below is the list of KPIs for the OHTs provided by ECCH.

1. Improve Service User and/or Carer Satisfaction with the Services – Threshold for compliance = 80%

This KPI is measured through a patient survey given at point of discharge. ECCH has generally achieved 100% compliance month on month over the last 18 months with two exceptions where compliance dropped no lower than 97%.

2. % of Service Users issued with a service user questionnaire - Threshold for compliance = 95%

This KPI is a measure of the % of patients / carers that receive a questionnaire on discharge from the service. ECCH has consistently achieved 100% compliance over the last 18 months.

3. Provider to develop and report on an action plan to address the issues raised in response to the service user questionnaires – Threshold for compliance is evidence of an action plan in place.

This KPI evidences that where comments received from the patient questionnaire require the service to make a change / carry out an action that these are recorded in a plan and can be evidenced as completed. ECCH has consistently achieved 100% compliance over the last 18 months.

4. % of Service Users referred urgently to the Out of Hospital Team assessed within 2 hours of referral – Threshold for compliance is 98%.

This KPI is a measure of the speed of response to a request for ‘urgent’ support. ECCH has generally achieved 100% compliance month on month over the last 18 months with one exception where compliance dropped to 96% which related to a delay in care for one individual.

5. % of Service Users referred non-urgently to the Out of Hospital Team assessed within 1 working day of referral - Threshold for compliance is 98%.

This KPI is a measure of the speed of response to a request for 'non-urgent' support. ECCH has generally achieved 100% compliance month on month over the last 18 months with one exception where compliance dropped to 96% which related to a delay in care for one individual.

6. % of all Service Users receiving a care package within 12 hours of assessment (including placement in a bed with care when applicable) - Threshold for compliance is 95%.

This KPI is a measure of the speed a package of care is provided to an individual following assessment. ECCH has generally achieved 100% compliance month on month over the last 18 months with two exceptions where compliance dropped to no lower than 97% and well within target.

Sole Bay Health CICT has the same referral and care package KPIs as the OHTs. The CICT is also required to carry out the Friends and Family Test (as per section 7).

9. Effect on Emergency Admissions

The CCG has seen a reduction in patients over 85 years attending A&E by 6.38% for Great Yarmouth and Waveney patients from 2014/15 to 2015/16 when there was an increase of 13.01% from 2013/14 to 2014/15.

For the period 2014/15 to 2015/16 there was a reduction in emergency admissions by 9.39% in the 85+ years. In comparison emergency admissions for GYW patients was 9.74% and 6.19% in the age groups 50-64 years and 65-84 years respectively.

The system has therefore seen a reduction A&E activity and emergency admissions for the patient population mostly support by the out of hospital teams. This will therefore reduce the acute costs for this group of patients through being supported at home.

10. Developing Out of Hospital Teams across the CCG Area

As described in the CCGs Shape of the System consultation, the CCG wants a community model provided across Great Yarmouth and Waveney which helps our more older people and people with long term health conditions to remain independent in their own homes and avoid going into hospital or ending up in long term care.

Discussions are therefore continuing regarding the development and implementation of out of hospital services across the remaining areas of GYW including Beccles, Bungay, Kessingland and Halesworth to ensure models are provide the appropriate support to the population it will service.

Information Bulletin

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

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

This Information Bulletin covers:-

- (a) Patrick Stead Hospital, Halesworth – temporary suspension of inpatient admissions
- (b) Greyfriars walk-in centre
 - i. update on alternative services
 - ii. future service for vulnerable children who are seen by a specialist nurse at Greyfriars GP practice (information provided by the CCG in response to a question asked at 15 July 2016 Joint Health Scrutiny Committee meeting)
- (c) Changes to IVF provision
- (d) Beccles minor injury unit – engagement exercise
- (e) The announcement of the retirement of Andy Evans, Chief Executive of NHS Great Yarmouth and Waveney CCG

a) Patrick Stead Hospital, Halesworth – temporary suspension of inpatient admissions

Great Yarmouth and Waveney CCG forwarded the following briefing, received from East Coast Community Healthcare (ECCH):-

‘East Coast Community Healthcare (ECCH) has announced the temporary suspension of new inpatient admissions to Patrick Stead Hospital amid concerns that nursing shortages could affect patient safety.

Inpatient activity at the hospital will be suspended from 1st October.

ECCH and Great Yarmouth and Waveney Clinical Commissioning Group, which commissions the services, will review the position on a monthly basis with a view to readmitting patients to Patrick Stead if the situation improves. ECCH continues to

advertise vacancies on the national NHS Jobs website where clinical staff are likely to look first when seeking new opportunities.

ECCH has tried to book agency staff, offered incentives to all appropriately trained nursing staff working for our other services, contacted the James Paget University Hospital (JPUH) and asked other healthcare partners for assistance. Despite this, they continue to face difficulties recruiting suitably qualified nurses to cover shifts at Patrick Stead.

ECCH will continue to run outpatient services from the Physiotherapy block at the hospital. This includes a variety of James Paget University Hospital consultant clinics as well as phlebotomy services and clinics such as podiatry, ME/Chronic Fatigue Syndrome and continence.

Jonathan Williams, chief executive of ECCH said: "This decision has not been easy to make but the safety of our patients and staff is our number one priority. Staffing at Patrick Stead Hospital has reached a critical level. This is primarily due to the uncertainty around the future of the hospital following last year's public consultation into health services in the area which earmarked the hospital for closure. This has created considerable problems with keeping existing staff and recruiting new staff. "We are very proud of the work our staff have done at Patrick Stead Hospital and we are very grateful to them for their commitment and dedication in an increasingly difficult climate. We will be supporting them and working within the provisions of the legal framework and ECCH policy to maximize the opportunities available for those staff affected while the inpatient activity is suspended."

The staff, including nurses, therapists and healthcare assistants, will be temporarily relocated to other ECCH services providing care for patients across Great Yarmouth and Waveney.'

b) Greyfriars walk-in centre

i. Update on alternative services

1. Introduction

The purpose of this report is to provide HOSC with an update on the services put in place to replace the Greyfriars walk in centre when it closes on 30 September 2016.

2. Replacement of Walk In Centre Services

Services at the Greyfriars walk in service closes on 29 September 2016. Additional capacity will be provided within Out of Hours primary care based at the James Paget University Hospital (JPUH) at weekends and bank holidays (8am until 8pm). This will support any increase in demand following the closure of the walk in centre for those patients who have accessed NHS111 and for whom it is deemed they need primary care (GP level)

intervention or support. IC24 (who provide NHS 111 services to Great Yarmouth and Waveney) and JPUH are currently arranging for the out of hours service to move from the ENT outpatient department to surgical outpatients, which is close by. This will give IC24 more space and clinic rooms.

IC24 are actively filling sessions to provide these services and have a number of clinicians and GPs interested in regular sessions.

This additional capacity will also support the provision of outreach clinics within central Great Yarmouth, at the Greyfriars site at the weekends and bank holidays. An agreement has been reached with the local pharmacy for the use of a clinic room which can be used by IC24.

The additional capacity in out of hours primary care at the JPUH site will also allow for streaming of patients presenting at A&E who attend with a condition more appropriate for primary care. An extra triage clinician will be at JPUH from 8am until 8pm on Saturday, Sundays and Bank Holidays to triage and stream these patients to out of hours primary care where appropriate.

Alongside this increased capacity within out of hours primary care, the CCG has also agreed additional capacity within the NHS111 service during peak periods throughout October to ensure support for any increase in demand.

The CCG will closely monitor activity during this period to establish the impact of the closure of the walk in centre.

The CCG, JPUH and IC24 are also considering longer term plans for those patients presenting at A&E who can be supported / treated by a more appropriate service to ensure A&E only sees those patients who require acute support. This includes piloting the triage system 'Reception Point'.

3. Replacement of Primary Care Services

Registered patients

Greyfriars has a registered list of patients who received primary care services. All patients have now been written to informing them of their newly allocated practice – a process known as 'managed list dispersal'. Practices have registered their new patients and medical records have been sent direct to the practice electronically. The medical notes have been collected by Capita to deliver to the newly assigned practices. Approximately 4,000 medical notes will not be moved and will remain on site for The Lighthouse Medical Centre who are located in the building and received the majority of the patients.

Homeless Service

The contract for provision of a service to homeless people has been awarded to the Lighthouse Medical Centre for one year, starting on 1 October 2016. A handover meeting between the practices has been arranged.

Special Allocation Service

The contract has been awarded to Central Healthcare Centre for six months starting on 1 October 2016. A handover meeting took place 16 September and all patients will be being written to inform them of the new arrangement.

4. Communications

The following communications have been actioned by the CCG:

1. Letters were sent to all patients throughout August by IMH to inform them that their GP practice would be changing.
2. Frequently Asked Questions and a full briefing were provided for PALS to answer any patient queries.
3. 300 A4 posters, 400 A5 flyers have been sent to:
 - Holiday parks
 - Greyfriars surgery
 - Great Yarmouth and Waveney surgeries
 - Local schools
 - JPUH
 - Pharmacies
 - Dentists
4. Two A3 posters have been produced for Greyfriars doors.
5. Letters have been sent to:
 - Schools
 - Pharmacies
 - Holiday parks
 - JPUH
 - Dentists
 - GP practices
6. A poster campaign is running: 11x 6 sheet posters for eight weeks from 5 September 2016, displayed on the Great Yarmouth seafront and en route through the town centre to Greyfriars. Cost £3,500
7. Email requests have been sent to the following to remove Greyfriars from their websites:
 - Heron
 - The Broads Authority
 - Visit Great Yarmouth

8. A map produced showing alternative GP practices across GYW for GP practices to share with temporary residents if required.
9. A press release about Greyfriars closing will be sent the week before Governing Body

Rebecca Driver

Director of Commissioning and Engagement
23 September 2016

ii. **Future service for vulnerable children who are seen by a specialist nurse at Greyfriars GP practice**

Information provided by the CCG in response to an issue raised by Mr Adrian Myers, Great Yarmouth and Waveney Borough Councillor, at Great Yarmouth and Waveney Joint Health Scrutiny on 15 July 2016:-

Information requested:

What service will be provided in future to the vulnerable children at risk of harm who are currently seen by a specialist nurse at the Greyfriars practice?

CCG Response

The Children's Act 1989/2004 and Working together guidance 2015 are clear that safeguarding children is everyone's responsibility this includes health education and social care. Therefore if safeguarding concerns are identified in primary care all GP's have a responsibility, this will remain unchanged.

Greyfriars chose as a business to employ a nurse specifically for safeguarding because they had around 150 children in their practice identified as having safeguarding issues. As the patients are being dispersed over a number of GP practices it is not anticipated that this role will be needed in the future but that all practices would carry out the same role within their existing safeguarding responsibilities.

There are clear processes to follow by all agencies in Norfolk where there are concerns about the safety of children. To support primary care the five Norfolk CCGs have commissioned two specialist GPs who provide support and training to primary care staff for safeguarding children.

Lorraine Rollo

Head of Communications and Engagement
15 September 2016

c) Engagement exercise on the reduction of the number of IVF cycles from three to two

NHS Great Yarmouth and Waveney Clinical Commissioning Group (CCG) is inviting local people to have their say on plans to reduce the number of IVF cycles which couples are offered from three to two.

The CCG will launch an online questionnaire on Monday asking for views on the proposal, which would save around £70,000 each year.

The change would also bring arrangements in Great Yarmouth and Waveney in line with the rest of Norfolk, where two cycles of treatment are offered to women who are unable to conceive after two years.

Fertility services provided by GPs and James Paget University Hospitals would be unaffected by the proposed change.

Cath Byford, chief nurse, said: "Like all other NHS organisations, we are facing unprecedented financial pressure as demand for health services continues to grow. Put simply, we cannot afford to carry on providing the same services in the same way, so need to think carefully about how to do things differently.

"We have a duty to make the best use of our finite resources in a way that maintains quality services and benefits the largest number of patients. Every penny really does count, and this change would save our CCG £70,000 each year while still giving couples the chance to receive two cycles of treatment. "We understand that some people may have concerns about the potential changes to our fertility services, which is why we are encouraging as many people as possible to complete our online questionnaire.

"Our governing body will take the feedback we receive into account when it makes a final decision at its meeting on 29 September."

If the governing body approve the proposal, the change would be introduced by the end of September.

The questionnaire will be available at www.smartsurvey.co.uk/s/IVF_survey_NHSGYWCCG/ from 9am on Monday until 9am on Thursday 22 September.

The number of patients who are referred for IVF treatment in the Great Yarmouth and Waveney area varies every year:

2013/14: 56
2014/15: 47
2015/16: 28

Lorraine Rollo

Head of Communications and Engagement
15 September 2016

d) Beccles minor injury unit – engagement exercise

On 29 September 2016 Great Yarmouth and Waveney Clinical Commissioning Group (CCG) received a paper proposing a three week public engagement process regarding a proposed changes to the way that minor injuries services are provided in Beccles.

The CCG has pointed out that the proposals concern the minor injuries service only. They are not proposing to close Beccles hospital and phlebotomy services will continue to be provide on the site by another provider, yet to be identified, from 1 April 2017.

The Executive Summary from the report to the Governing Body is set out below. The full report can be found on the CCG's website:-

http://www.greatyarmouthandwaveneyccg.nhs.uk/page_sa.asp?fldKey=153
(agenda item 15)

Executive summary

NHS England have published draft guidance (the final version is imminently awaited) for Clinical Commissioning Groups about Urgent and Emergency Care. This has identified that patients are confused with the variety of names used for emergency facilities – this includes 'walk-in centres', 'minor injuries units', 'GP led health centres' etc. The guidance will recommend that all urgent primary and community care facilities are to be named 'Urgent Care Centres' (UCCs). New national clinical standards have been developed for these UCCs.

To prepare for this change in the model of care, the CCG has completed a review of minor injuries units services in Great Yarmouth and Waveney. This has included a review of how minor injuries are looked after in GP practices where a local MIU does not exist.

The CCG has a responsibility to provide minor injury services across the Great Yarmouth and Waveney area. Across the CCG, with the exception of Beccles and Halesworth, this care is provided by GP practices.

To support the new national guidance, and the CCGs recent review work, we want to ask local people what they think about our proposals to change the way minor injuries services are currently provided in Beccles.

The proposal is to change the way minor injuries services are delivered in Beccles. Rather than being seen in the Minor Injuries Unit inside the hospital building, minor injuries services would be provided at the Beccles surgery on the same site, Monday to Friday, during normal GP working hours. On weekends and Bank Holidays, minor injuries care would be provided via the 111 service who will offer advice and support for patients who need it and refer patients into new out of hours clinics which will be provided on the Beccles Hospital site. This will require additional resource for the out of hours service.

The CCG will run an engagement exercise from Friday 30 September to Friday 21 October for three weeks. The outcome of this exercise together with recommendations for future provision of services will be presented to a Governing Body meeting in public on Thursday 27 October.

e) The announcement of the retirement of Andy Evans, Chief Executive of NHS Great Yarmouth and Waveney CCG

Andy Evans, the Chief Executive of NHS Great Yarmouth and Waveney Clinical Commissioning Group (CCG), has announced his retirement. Mr Evans will leave the CCG in March 2017, having worked his required six-month notice period.

Mr Evans, a pharmacist by profession, took up his current post in the CCG in 2012. Since then, he has led the CCG's continued drive to deliver better care closer to people's homes while also focusing on bringing health and social care closer together so that patients can receive joined-up services.

"I have thoroughly enjoyed my 41 years in the NHS," said Mr Evans, who is 63 and lives near Beccles. "During that time, I have been privileged to work alongside some exceptionally dedicated staff who share the vision of delivering the best quality services for patients.

"Over the coming five years, the NHS and social care faces another period of sustained transformational change which will be challenging for everyone. I feel that now is the right time for me to retire and hand the responsibility for leading that change for the health service in Great Yarmouth and Waveney to someone else."

When he retires, Mr Evans plans to spend more time with his family, and to do many things he has not had the time to do before.

Dr John Stammers, Chair of the CCG said: "Andy has been an energetic and visionary leader for Great Yarmouth and Waveney, and we will miss his leadership, enthusiasm and drive for change.

"On behalf of everyone at the CCG, I would like to thank him for the hard work and dedication he has given to his role over the past four years. We look forward to continuing to work with him during the coming months as we commission the best possible services on behalf of the patients we serve."

The CCG's governing body will decide on arrangements to replace Mr Evans in the coming weeks.

Lorraine Rollo

Head of Communications and Engagement
15 September 2016

Date: 7 October 2016
Item no:8

Great Yarmouth and Waveney Joint Health Scrutiny Committee

ACTION REQUIRED

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

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

Forward Work Programme 2016-17

Meeting date & venue	Subjects
Friday 20 January 2017 Great Yarmouth	<p><u>'Most Capable Provider' (MCP) procurement scheme</u> <i>(In 2015 GY&W CCG began to commission services through the MCP procurement route with the aim of accelerating progress towards integrated service provision. MCP procurement offers greater stability in the local health economy with services being commissioned over a five year period. The intention was for a Joint Venture of partners to deliver redesigned services.)</i></p> <p><u>Services to replace Greyfriars Walk-In Centre – review of the progress of the replacement services.</u> <i>(James Paget University Hospital NHS Foundation Trust and East of England Ambulance Service NHS Trust (EEAST) to be asked to attend (EEAST in respect of the effect of the change on 999 services)</i></p> <p><u>NSFT / Mental health update</u> - update on the outcomes and impacts for GY&W arising from the CQC inspects of NSFT <i>Postponed from 7 October 2016 meeting as the latest CQC report was not available until a later date.</i></p>
Tuesday 4 April 2017	

Great Yarmouth	
Friday 14 July 2017 Great Yarmouth	<p><u>Services for children who have an Autistic Spectrum Disorder (ASD)</u> – update from the CCG and Norfolk and Suffolk Children’s Services on progress with services for children with autism <i>(a follow up to the meeting on 15 July 2016)</i></p> <p><i>Information Bulletin item</i> - <u>Update on changes to adult and dementia mental health services.</u></p>

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

Items for consideration / scheduling:

To be scheduled – At the meeting on 22 January 2016 it was agreed to include on the Forward Work Programme a future item regarding Learning Disability Services in the Great Yarmouth and Waveney area.
(As part of the national response to the Winterbourne View case, the CCG has been working on a Transforming Care Programme for patients with learning disabilities. The plan is to significantly re-shape services for people with learning disabilities and / or autism by 2018-19)

Great Yarmouth & Waveney Health Overview and Scrutiny Committee
7 October 2016

Glossary of Terms and Abbreviations

A&E	Accident And Emergency
APS	Admission Prevention Service
ASD	Autistic Spectrum Disorders
CCG	Clinical Commissioning Group
CNA	Could not attend (as opposed to DNA for 'did not attend') – the term is used mainly for children who depend on parents / others to bring them to appointments
CQC	Care Quality Commission
DNA	Did not attend
DSN	Diabetes Specialist Nurse
ECCH	East Coast Community Healthcare
EEAST	East Of England Ambulance Service NHS Trust
ENT	Ear, nose & throat
FUP	Follow up
GP	General Practitioner
GY&W	Great Yarmouth And Waveney
HbA1c	<p>Glycated haemoglobin</p> <p>Glycated haemoglobin develops when haemoglobin, a protein within red blood cells that carries oxygen throughout the body, joins with glucose in the blood, becoming 'glycated'.</p> <p>By measuring glycated haemoglobin clinicians are able to get an overall picture of what average blood sugar levels have been over a period of weeks/months.</p> <p>For people with diabetes this is important as the higher the HbA1c, the greater the risk of developing diabetes-related complications.</p> <p>Targets for HbA1c are as follows:-</p> <ul style="list-style-type: none"> • For people without diabetes the range is 20-41 mmol/mol (4% - 5.9%) • For people with diabetes an HbA1c level of 48 mmol/mol (6.5%) is considered good control • For people at greater risk of hypoglycaemia (lower than normal blood sugar) a target of HbA1c of 59 mmol/mol (7.5%) to reduce the risk of hypos.

IC24	Integrated Care 24 (a not for profit social enterprise organisation providing GP out of hours and NHS 111 services)
ICS	Integrated Care System
IVF	In-Vitro Fertilisation
JPUH	James Paget University Hospital
KPI	Key Performance IndicatoA&E
MIU	Minor Injuries Unit
NHOSC	Norfolk Health Overview and Scrutiny Committee
NSFT	Norfolk and Suffolk NHS Foundation Trust (the mental health trust)
OHT	Out of hospital team
PALS	Patient Advice and Liaison Service
QOF	Quality outcomes framework
UCC	Urgent Care Centre
WTE	Whole time equivalent