

### Information Bulletin

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

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

This Information Bulletin covers:-

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

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

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

**Response.**

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

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

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

**Patricia Hagan**  
**Head of Children, young people and maternity services**

---

## **Item (b)**

### **Diabetes care within primary care services**

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

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

The responses were as follows:-

#### **Norfolk**

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

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

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

#### **Suffolk**

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

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

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

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

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

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

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

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

We aim to improve Identification and support of those with prediabetes

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

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

---

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

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

Current vacancies:

Lowestoft Out of Hospital Team

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

North Out of Hospital Team

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

There are currently no vacancies within the Sole Bay CICT.

**Patrick Stead Hospital**

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

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

**Emma Bray**  
**Head of Clinical Commissioning**

---

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

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

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

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

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

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

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

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

**Emma Bray**  
**Head of Clinical Commissioning**

---



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

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

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

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

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

---

Item (f)



## **Great Yarmouth and Waveney Clinical Commissioning Group**

HealthEast

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

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

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

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

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

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

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

**Tracy McLean**  
**Deputy Director Partnership and Strategy Development**

---

## Item (g)

### Norfolk and Waveney Sustainability Transformation Plan

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

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

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

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

6. Providing greater public access to therapies that tackle mental health issues at an early stage should be addressed as a strategic issue.
  7. The reference in the STP Workforce workstream to resilience training for staff should be explained so that its connection to the NHS Five Year Forward View is understood and it is not seen as referring to the whole workforce.
  8. The impact of the STP on third sector organisations should be recognised.
-

**Briefing for Great Yarmouth and Waveney Health Scrutiny  
Committee: Update on the Most Capable Provider (MCP) process**

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

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

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

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

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

**Fran O'Driscoll**  
**Director of Partnership and Delivery**

---

## **Item (i)**

### **Briefings received from the CCG since October 2016**

#### **1. Final two Lowestoft hospital services move on 5 December**

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

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

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

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

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

#### **2. Westwood surgery move**

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

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

---