in good health

INTEGRATED CARE SYSTEM: WAVE 2
Expression of Interest (EOI)

Norfolk & Waveney
Sustainability & Transformation Partnership (STP)

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February 2018

1. The proposed geographical area and system for our Integrated Care System (ICS)

The proposed geographical area for our Integrated Care System is the same as that covered by our current Sustainability and Transformation Partnership (STP), which is Norfolk and Waveney with a population of 1.1m

Our health and care system is comprised of the following partners, all of whom are involved in our current STP and are represented on either the STP Oversight , Executive or Stakeholder Board;

- NHS Great Yarmouth and Waveney CCG
- NHS North Norfolk CCG
- NHS Norwich CCG
- NHS South Norfolk CCG
- NHS West Norfolk CCG
- Norfolk County Council
- Suffolk County Council
- Norfolk and Norwich University Hospitals NHS Foundation Trust
- James Paget University Hospitals NHS Foundation Trust
- Queen Elizabeth Hospital Kings Lynn NHS Foundation Trust
- East Coast Community Healthcare CIC
- Norfolk Community Health & Care Trust
- Norfolk and Suffolk NHS Foundation Trust
- East of England Ambulance Service NHS Trust
- Norfolk Independent Care
- IC24 Integrated Care
- Norfolk & Waveney Local Medical Committee
- Healthwatch Norfolk & Healthwatch Suffolk

If things continue as they have and our population increases as we predict it will, by 2025 every year:

800,000 more appointments will be needed

92,000 more people will go to our A&E departments

48,000 more people will arrive at A&E by ambulance

Number of people with dementia in Norfolk and Waveney

13,586 2015

24,671 2036

Based on current trends, we estimate that by 2020 obesity will contribute to:

7,000 more people having coronary heart disease

2,000 more people suffering from a stroke

100,000 more people with hypertension

50,000 more people getting diabetes

2. What are we trying to achieve? What will we accomplish as an ICS which is distinct from working as a set of individual organisations?

As an Advanced (Category 2) STP we have already begun to make progress towards the development of a more integrated care system. We see the opportunity to become a wave 2 ICS as the next step in the evolution of our partnership, which will enable us to achieve greater sustainable transformation of our services, and improved population health outcomes more rapidly, whilst delivering greater financial efficiency and regaining a sustainable financial position. Our progress includes;

- A Joint Strategic Commissioning Committee across all 5 CCGs
- A strong focus on prevention and population management with public health, county and district councils.
- Acute service redesign across our three hospitals to deliver better outcomes for our population and greater access
- A three year integration programme, now in its third year, between social care and our community services with a Joint Director of Integration and five joint assistant directors of integration within the five localities.
- A joint strategy for integrating health and social care for mental health and learning disabilities in the community
- Increasing collaboration and development of GP Federations across Primary Care delivering GPFV
- An MCP pilot in 'Your Norwich', which is being used as a model by the other four Local Delivery Groups.
- A strong programme of transformation which would be accelerated by having greater financial flexibility as an ICS

Benefits to our system capability

Becoming an ICS will enable us to;

- Develop a Joint commissioning strategy and a single operating plan to accelerate the pace of delivering NHS Five Year Forward View priorities and the new model of social care and independence.
- Develop a more sophisticated approach to population health management using ECLIPSE.
- Deliver a single interoperability platform across our ICS to improve digital maturity.
- Integrate more clinical pathways across the three hospitals and move to a single waiting list across the ICS to deliver RTT.
- Enable greater financial efficiency and benefits through working towards a single control total.
- Deliver a single Estates strategy to maximise reductions in void costs and increase land sales through estates efficiencies to optimise capital.
- Access the National ICS Development Team and resources to assist with technical support.

Shifting Care Closer to Home & Improving Outcomes;

In addition to delivering service transformation and the key milestones set out in NHS Five Year Forward View, we will review our original STP submission and accelerate the existing programmes of work to increase self care, independence, prevention and early intervention and by so doing shift care closer to home and improve population health outcomes including;

- Reduce the growth of emergency admissions below the national average.
- Reduce the growth of A&E attendances below the national average.
- Reduce the number of acute occupied bed days below the national average.
- Reduce permanent placements into Nursing and Residential Homes by 83 by 2021.
- Reduce emergency admissions from care homes below the national average.
- Increase Case Management of Long Term Conditions in all 20 integrated teams.
- Reduce emergency admissions with a primary diagnosis of dementia by 25% to 300 pa.
- Increase the number of people accessing social prescribing by 6000 per annum.
- Reduce the number of deaths from lung, prostate and colorectal cancers and sustain the 62 day standard across the ICS.
- Reduce Still births and neonatal deaths by 50% by 2025.
- Reduce Suicides from 99 per year to zero and Out of Area Placements to zero.
- Reduce Variation in outcomes across the ICS in line with our STP submission.

3. How becoming an ICS will enable us to implement the service improvements described in the Next Steps delivery plan, demonstrate faster progress and realise tangible improvements in 18/19

Being an ICS will…	Which will enable us to work a more systemic way and…	And mean that in 18/19 we will…
Enable us to make better use of our health and care resources which total £2.6bn per annum	Further consolidate our resources and take a more robust approach to resource allocation through our joint strategic commissioning committee to address unwarranted variations , inequalities and benefit the whole system and develop system contracts that make providers work more closely around population health needs.	Remodel our contract model to strengthen integration and incentivise shifts in capacity to support early intervention, work towards more integrated control totals, create better partnership working to deliver our joint QIPP/CIP programmes and unlock greater efficiencies across primary, community, social, mental health and secondary care.
Increase integration of services in the community	Further build on existing integration models particularly between primary, community and social care as well as between acute hospitals to develop more locally focused new service models to reduce unplanned admissions , with a particular focus on frailty and Long Term Conditions. Improve physical health of mental health service users through integration.	Continue to develop our five Local Delivery Groups building integration and capacity in primary, community, mental health and social care building upon the existing Integration programme between the council and community services and learning from the MCP pilot and new model of care in Norwich.
Enable a whole system approach to supporting challenged services	Continue and sustain improvements already implemented to address the RTT challenge across the three acute hospitals and implement new system solutions to other challenged services including mental health services through further integration.	Take a whole systems approach to sustaining improvements around RTT and tackling further challenges in mental health and all three A&E services by building capacity in primary and community care. Continue to deliver against NHS FYFV priorities.
Mean we work more closely as regulators, commissioners and providers	Better align our efforts around performance and service transformation, reduce the costs of commissioning and regulation, leverage more resources to improve services.	Explore taking on more responsibility for some regulatory functions. Implement the new National Integration Performance Framework and associated system dashboard reporting arrangements. Align tactical commissioning resources around our emerging local delivery groups. Leverage learning from Vanguards to progress key areas of delivery.

Being an ICS will…	Which will enable us to work a more systemic way and…	And mean that in 18/19 we will…
Support continued integration between acute services	Create more resilience particularly in clinical services facing workforce challenges and those that may be vulnerable to peaks and troughs in demand. Reduce variation through more integrated delivery across the acute hospitals. Integrate and redesign clinical pathways which can be delivered out of hospital.	Build on the alliance between acute hospitals through the Acute Hospitals Group, look to establish single waiting list systems and work with the 5 Local Delivery Groups to develop locally integrated services, delivering a system wide approach to the delivery of cancer and maternity services and other FYFV priorities.
Make our local system a more attractive place to work	Attract new clinical leaders and talent to help us create additional capacity and capability, meaning that patients can access more services locally.	Develop a 'One Clinical Community' within our footprint. Take more of a whole systems approach to addressing workforce challenges and support staff through our Organisational Development Strategy and Leadership Programmes.
Enable whole system working	Leverage the full strengths, potential and capability of our whole system including our local authorities, community and voluntary sector and independent contractors. Make the best of the potential of our strongest services.	Work together across localities and the full breadth of partner organisations to deliver against our national objectives, including the NHS FYFV, and local objectives, including our locally agreed outcomes. Increase collaboration and development of GP Federations.
Enable a fundamental shift in the culture of health and care delivery	Create an environment that enables everyone to think about services rather than organisations and is truly focused on delivering flexible, person centred solutions for every patient and every family.	Start to implement our Organisational Development Programme starting with a 360 degree appraisal of our leadership teams to create a culture to support integrated working.

4. How our aspirant ICS will work together to manage funding for its population and commit to a shared system control total across commissioners and providers. How our system will work together to achieve the efficiencies implied by operational plans and contracts for 18/19.

As a local health and care system we continue to develop our collaborative approach to managing our finances across the system. As a finance community within the STP we have held monthly meetings during 2016/17 and 2017/18, and have been collating the system financial position and reporting to the STP executive and the Chairs' Oversight Group. A dedicated Finance Manager is in place and we will appoint a dedicated Strategic ICS Chief Finance Officer shortly. A process for triangulation of planning assumptions and year-end forecasts is in place.

2016/17 Sustainability and Transformation Plan

- Joint work across system to develop financial bridge as part of STP
- Finance Group established

2017/18

- Joint planning approach in place for 2018/19

2018/19

- Appoint ICS Chief Finance Officer
- Agree shadow system control total

2019/20

- Full system control total in place
- System in balance
- New contracting mechanisms in place

System Progress to date (2017/18)

- STP Finance Leads Forum in place including health providers, commissioners and social care.
- Process in place for supporting the planning and delivery of capital and revenue bids for transformation.
- Full year forecast for 2017/18 is off plan by £66.2m at month 9, predominantly within the provider sector although CCG pressures are also emerging. Full year CIP/QIPP off forecast by £17.7m.
- Net value of control totals in 2017/18 is a surplus of £6.7m.

Short Term Financial Plans (2018/19)

- Strengthen finance infrastructure led by an ICS Chief Finance Officer.
- Work to agree control totals and move towards a system control total in shadow form during the year.
- Enhance financial assurance processes within the ICS and reporting to Executive, and Chairs' Oversight Groups.
- Agree STP Financial Strategy.
- Build financial model across the STP footprint ensuring a coordinated approach to activity planning across providers and commissioners.
- By September 2018 develop a new financial plan and new contracting mechanisms that ensure that the system achieves financial balance by 2020.
- Develop a proposal for a more 'open book' approach.

Medium and Longer Term Financial Plans (2019/20)

- System meets its control total.
- Implement System Control total and Financial Plan that takes us back to financial balance in year, with plans in place to repay historic debt.
- Implement new contracting mechanisms for implementation in 2019/20, and moving to a 3 part payment mechanism ; fixed, variable and risk share.
- Work with ICS partners to determine how spending can be re-profiled and the system approach to PSF and CSF.
- Invest in medium and long-term initiatives around prevention and treatment that are articulated in the STP.

5. How will we develop effective collective decision making and governance, aligning the statutory accountabilities of the ICS constituent bodies in 2018/19?

We aim to build on the existing governance arrangements already in place during 2018/19 and by the 1st April 2019 we will have agreed a stronger, simpler governance structure and collective decision making arrangements for our ICS. The key elements of this are:

- Evolution of our current STP Oversight Group into a strong **ICS Leadership Group** with membership as detailed in section one (with additional representation from GP providers via the emerging MCPs). The Group will continue to be chaired by Rt Hon Patricia Hewitt, the STP's Independent Chair.
- Executive leadership from an **ICS Executive Board with the current STP Lead**, leading the ICS through transition and mobilisation phases. Each work stream will continue to be led by a chief executive/ accountable officer acting as a Senior Responsible Officer. We envisage making greater use of joint meetings of the Oversight Group, and ICS Executive Board, to continue strengthening our decision-making and leadership capabilities.
- Development of the **Joint Strategic Commissioning Committee** from its current shadow form, to full operation with delegated powers from 1 April 2018, supported by a single management team
- An **ICS Delivery Board** supported by a dedicated Programme Management Team, headed by a **Programme Director**, to accelerate delivery of Five Year Forward View and Clinical Transformation working as an integrated unit with the JSCC management team:
- An **ICS Chief Information Officer** has recently been appointed who will lead system wide digital transformation.

Working with our Regulators

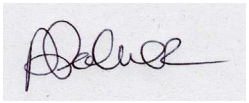
We see our regulators as key partners who will work with us to create our ICS. Whilst initially individual organisations will need to maintain relationships on an individual basis and ensure they meet regulatory requirements, we aim to work with our regulators over the next twelve months to co-produce a new, more collective mechanism for system oversight and regulation. We believe that many of our solutions to the financial, performance and/or quality challenges faced by individual partners can only be found through effective working as a whole system and that, as a result, some of the functions currently performed by the national regulators can be devolved to the system's own leadership.

- The priority now is to create a strong, dedicated finance function led by an **ICS Chief Finance Officer**, responsible for creating and leading the delivery of a detailed financial strategy to move the system into financial balance.
- An enhanced role for the **Norfolk and Waveney Health and Wellbeing Board's**, which already provide a democratic forum, meeting in public, for presentation and discussion of STP progress, as well as vital connectivity with Borough and District Councils. Proposals to use the HWB to provide greater democratic oversight and accountability will be developed, with the aim of reaching a decision in May 2018.
- Development of five **ICS Localities**, led by Primary Care and involving senior representatives of social care, community care, mental health, acute services and other key partners, building upon the existing integration programme between NCC and community services.
- Continued evolution of our **ICS Clinical and Care Leadership** through the Clinical & Care Reference Group, jointly led by Professor Erika Denton (secondary care) and Dr Anoop Dhesi (primary care) together with Dr Louise Smith (Public health) and Anna Morgan (ICS chief nurse).
- Development of our current STP Directors of Finance Group into an **ICS Finance Board**, to ensure the development of a robust plan based on a shadow system control total to return the system to balance over a specified time period. The Finance Board will also provide a structured assurance process for decisions around internal and external investment in system transformation and capital.
- The **STP/ICS Stakeholder Board** will continue to ensure effective engagement with the district, borough and city councils, voluntary and community sector, Healthwatch, trade unions and other stakeholders
- **Integrated Workforce Development and Organisational Development** in participation in Health Education England (HEE), the Leadership Academy and the University of East Anglia (UEA) strengthening our leadership and developing the right system-wide culture. This will start shortly with a 360 degree appraisal of system leadership (both the Oversight Group and the Executive Board).

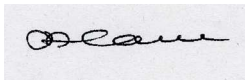
ICS Executive Partner Organisations

Norfolk and Norwich University Hospitals
NHS Foundation Trust

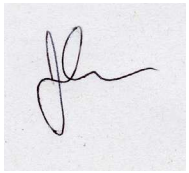
James Paget University Hospitals
NHS Foundation Trust



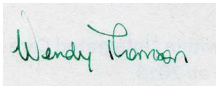
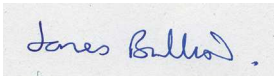
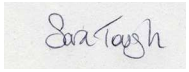
Norfolk and Suffolk
NHS Foundation Trust



The Queen Elizabeth Hospital
King's Lynn
NHS Foundation Trust



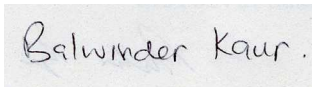
Norfolk County Council

Norfolk Community
Health and Care
NHS Trust

West Norfolk
Clinical Commissioning Group

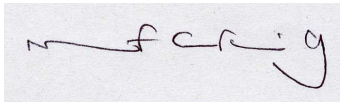
Suffolk
County Council



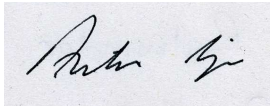
Norwich
Clinical Commissioning Group

Great Yarmouth and Waveney
Clinical Commissioning Group

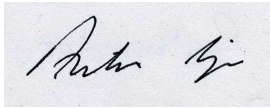
HealthEast



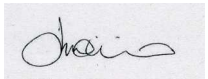
South Norfolk
Clinical Commissioning Group



North Norfolk
Clinical Commissioning Group



All executive partner organisations are now seeking formal sign off through governing bodies, trust boards, county council committees and the Health and Wellbeing board.



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