

# Health and Wellbeing Board

Date: **Wednesday 21 September 2016**

Time: **9.30am**

Venue: **Edwards Room, County Hall, Norwich**

## **SUPPLEMENTARY A g e n d a**

**6. Integration and Transformation – Norfolk and Waveney  
Sustainability and Transformation Plan (STP)**

Report by the Managing Director, Norfolk County Council

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### **Information Updates**

- **Norfolk and Waveney Sustainability & Transformation Plan (STP) Mental health briefing** – you can access the briefing at the following [link](#).

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<b>Report title:</b>	<b>Norfolk &amp; Waveney Sustainability &amp; Transformation Plan (STP) update</b>
<b>Meeting date:</b>	<b>21 September 2016</b>
<b>Sponsor:</b>	<b>Dr Wendy Thomson, MD, Norfolk County Council Nominated Lead, Norfolk &amp; Waveney STP</b>
<p><b>Reason for the report</b></p> <p>The purpose of this paper is to update the Health &amp; Wellbeing Board (HWB) on the draft Norfolk and Waveney Sustainability and Transformation Plan (N&amp;W STP) – our place-based, system-wide, plan for health and social care and our ambitious ‘blueprint’ for accelerating implementation of the Five Year Forward View (FYFV) and in implementing the NHS new models of care in our ‘footprint’ area.</p> <p><b>Report summary</b></p> <p>This paper provides an update since the last report to the Health &amp; Wellbeing Board (HWB) in July, when the members considered a report outlining the considerable progress being made together with a detailed summary of the key elements of the developing N&amp;W STP. This paper includes recent feedback from NHS England on our June checkpoint submission, an outline of key milestones and next steps.</p> <p>The July report to the HWB together with the summary of key elements can be found at the following <a href="#">link</a>.</p> <p><b>Key questions for discussion</b></p> <ul style="list-style-type: none"> <li>• What are the strategic issues for the N&amp;W STP to address?</li> <li>• What advice can HWB members provide for communicating the Plan in November, once we have been given permission to share it</li> </ul> <p><b>Action</b></p> <p>The Health &amp; Wellbeing Board is asked to:</p> <ul style="list-style-type: none"> <li>• Consider the update on progress with the STP and identify any actions that Board member organisations could take at this stage to support its development</li> <li>• Be aware of the draft Local Digital Roadmap (LDR) for Norfolk and Waveney and note the content of the plans</li> </ul>	

## 1. Background

- 1.1 STPs are place-based, system-wide plans for health and social care and cover integration with local authority services “**including, but not limited to, prevention and social care, reflecting locally agreed health and wellbeing strategies**”. They cover the period October 2016 to March 2021 and they are seen as blueprints for accelerating implementation of the [Five Year Forward View](#) (5YFV). Guidance and support is available on the NHS website as follows:  
<https://www.england.nhs.uk/ourwork/futurenhs/deliver-forward-view/stp/support/>.

- 1.2 The approach for STPs is on planning at an area level, rather than organisationally, and the focus is on addressing **three national challenges or 'gaps'**:
- **Health and wellbeing gap** - inequalities in health
  - **Care and quality gap** - ensuring quality and performance of health and social services
  - **Finance and efficiency gap** - ensuring a financially sustainable health and social care system
- 1.3 New care models will feature prominently within STPs and all footprint areas are required to determine how they will introduce new models of care to close the 3 gaps.
- 1.4 At its last meeting in [July](#), the HWB considered the key elements of the N&W draft STP submission to NHS England at the end of June. The June submission outlined our agreed vision - "to support more people to live independently at home, especially the frail elderly and those with long-term conditions" together with a range of proposals under three workstreams: acute care; primary, community & social care, and prevention & wellbeing. These proposals are intended to address the three national 'gaps' as they relate to Norfolk and Waveney.

## 2. Developing the Norfolk and Waveney STP

- 2.1 Since the end of June checkpoint, work has continued at pace with the main focus on reviewing and responding to the feedback from national leadership, programme mobilisation - putting in place the necessary capacity required for the next stages of the STP programme, developing the financial submission (bridge) in time for submission by the 16 September deadline, and preparing for the launch of our programme of communications and engagement activity. Further details are as follows.
- Feedback from national leadership**
- 2.2 In July, a delegation of chief officers from the partner organisations attended a review and feedback session with the national leadership in the NHS and a number of other arms-length bodies based on the June checkpoint draft submission.
- 2.3 It is understood that every STP footprint area is at a different stage and, while the strength of our case for change was acknowledged, it was also recognised that we are in an early stage of development so our STP is not so advanced as some other parts of the country. We were told that we need to move quickly in working up our more detailed proposals and developing an implementation plan.
- 2.4 Formal feedback from NHS England and NHS Improvement has now been provided and amongst other things, it makes clear that national leaders recognise the energy local leaders are "putting into developing ambitious plans to prevent ill health, and improve health outcomes, quality of care and financial sustainability" and the "great potential" both to delivering the Five Year Forward View and to providing a route to sustainably improved services.
- 2.5 The deadline for submission of full STPs is 21 October, and those plans must:
- **Have greater depth and specificity**, with clear and realistic actions, timelines, benefits (financial and non-financial outcomes), resources and owners

- **Provide year on year financial trajectories that**, when aggregated nationally, will enable us to test for overall affordability. Robust financial plans will be key to this
- **Articulate more clearly the impact on quality of care**
- **Include stronger plans for primary care and wider community services** that reflect the General Practice Forward View, drawing on the advice of the Royal College of General Practitioners' ambassadors and engaging with Local Medical Committees
- **Set out more fully our plans for engagement** with local communities, clinicians and staff and the implication for the timing of implementation

2.6 The feedback for the next stages in the development of the Norfolk and Waveney draft STP also highlights the need for us to:

- Set out plans to generate pace and momentum for the STP development, building on existing work and with consideration to resources
- Progress further the work on 2016/17 issues and resolution of the challenges around acute provision
- Include stronger plans for mental health drawing on the recent publication of the Forward View for Mental Health

### 3. Responding to the feedback

3.1 The STP clearly represents a considerable challenge for our footprint. Following the feedback session earlier in July, the STP Executive Board agreed to programme mobilisation to ensure we have the right governance, organisational arrangements, infrastructure, mechanisms and overall resources in place. Key points are outlined below.

#### **Governance**

3.2 In terms of governance, the STP Executive Board now includes Healthwatch Norfolk and the District Councils are now represented. We have also established Terms of Reference both to ensure clarity of purpose and the groups' responsibilities. Essentially, its purpose is to ensure the timely development and delivery of the Sustainability & Transformation Plan for Norfolk and Waveney and is an overarching board with an STP Programme Board operating as a sub-group.

3.3 We have reviewed the overall programme structure and established a specific Mental Health Work Programme, which will be developed across the breadth of the STP, encompassing the other work programmes: 'Prevention and Wellbeing', 'Primary Community and Social Care' and 'Acute Care'. In addition, there are a set of enabling workstreams (Workforce, Estates and ICT) and supporting workstreams (Finance & Business Intelligence, Contracting & Commissioning, and Communications & Engagement).

3.4 A permanent STP Programme Director, with overall responsibility for management of the Programme, has been appointed and is in post. All four work programmes (Prevention and Wellbeing', 'Primary Community and Social Care' and 'Acute Care', and Mental health) have Chief Officer level sponsorship from one of our STP footprint constituent organisations, providing a single point of accountability.

- 3.5 We have also established a Clinical Reference Group, involving NHS Trusts Medical Directors and CCG Chairs, to ensure we are engaging the support of local clinical leaders and that there is a strong clinical voice throughout the process (see section 3.9 below).

### **Building capacity**

- 3.6 The STP Executive Board is also securing more **dedicated resources** to help make this substantial work programme happen, including engaging with a consultancy to provide further capacity and expertise. In August, the Norfolk and Waveney Partnership appointed business services company KPMG who will work with the Partnership to build the case for change and develop proposals, including seeking key learning from the [vanguard sites](#) where new models of care are being trialled across the country.
- 3.7 We consider that the appointment of an independent and experienced external organisation will bring added strength to our STP and will help to ensure proposals are impartial, robust and in the best interests of the whole system.
- 3.8 KPMG have been asked to tackle questions such as:
- What is the quantifiable & evidenced level of care activity that can transfer out of hospital into the community and the home?
  - To what extent will our current progress towards sustainable and integrated community care (primary care, community care, social care and mental health services) lead to better management of demand?
  - Have we got sustainable clinical services in secondary care, including mental health?
  - What is the collective impact of potential changes on the current organisational landscape?

### **Communications and engagement**

- 3.9 A key element of activity over the coming months will be engaging with the people and organisations of Norfolk and Waveney to help shape plans.
- 3.10 In terms of **engagement with key stakeholders**, we have established a Clinical Reference Group to ensure that our plans carry the support of local clinical leaders and useful discussions have taken place, helping us to improve our shared understanding of the challenge we face and providing an opportunity to reflect on key issues, such as how we can balance care provided in the community to that in hospital settings, the particular challenges of balancing access with safety in a large rural area, and the need to positively engage with local people about how we make best use of tax payers money to achieve the best possible outcomes for Norfolk and Waveney people.
- 3.11 **More generally**, our plans for communicating the challenge we face and how we're working together to address it are well underway through the Communications & Engagement Workstream, with a programme of engagement (using existing communications channels) planned for launch later in September. Core communication material has been developed which outlines how health and social care services in Norfolk and Waveney are changing and the challenge this presents us all with.
- 3.12 Planned outcomes include Norfolk and Waveney residents understanding the scale of the challenge that we collectively face and that services will have to change, as well as

how health and social care organisations are working together to address it. The launch will see us drive forward our work on engaging with local organisations and professionals about the need for change and the role they have to play in developing how services will change. This is all towards starting to build consensus about the direction of change, the types of services that will have to change and how they could be different in future - with residents starting to consider how they can change their behaviour and what they can do as an individual to address the challenge we face.

## **4. Immediate priorities**

### **Developing our financial submission**

- 4.1 A key milestone is for all 44 STP footprint areas to submit their financial submission – known as the financial bridge - by 16 September 2016. The financial bridge is required to set out how we will close the financial gap over the next five years and our submission will explore the scope for doing it. A verbal update will be provided at the meeting.

### **Local Digital Roadmap**

- 4.2 One of the STP's enabling workstream is on Information and Communications Technology (ICT) and work has focused on the development of the Local Digital Roadmap (LDR). The LDR is central to achieving the clinically lead digital transformation needed in the Norfolk and Waveney area, as set out in the draft STP. Across the NHS and social care in England all regions are making digital plans so that patients and the public may have greater control for maintaining their health, and how digital technology will support working together across the area so patients only have to tell their story once.
- 4.3 A brief presentation outlining the draft LDR for Norfolk and Waveney is attached at **Appendix A**. The Health & Wellbeing Board is asked to be aware of the Norfolk and Waveney Local Digital Roadmap and to note the content of the plans as in the attached. Approvals for the digital transformation are hand in hand with approvals for the N&W STP and this is in line with national guidance.

## **5. What happens next?**

### **Overall planning timeline**

- 5.1 The high-level milestones are currently:
- **16 September** - finance submissions including more detail on capital, efficiency sources and investments for all STPs
  - **20 September** - publication of NHS planning guidance for 2017/18 and 2018/19
  - **21 October** - full STP submissions including an updated finance template (revised from end of October)
  - **End-November** - CCGs and NHS providers to share first drafts of operational plans for 2017/18 and 2018/19
  - **End-December** - CCGs and NHS providers to finalise two-year operational plans
- STP Submission - 21 October 2016**
- 5.2 Considerable, detailed work is continuing on developing the STP in time for the 21 October submission deadline. Sign off will be achieved through the accountable board of each of the constituent NHS organisations and plans are being put in place to allow

them each to meet and consider the submission during the final week before the October deadline.

- 5.3 The HWB has a general duty to promote the integration of health and social care, a key element underpinning the STP. It is considered that the HWB should have an opportunity to review and comment on the final STP before its submission on 21 October and arrangements for this will be put in place.
- 5.4 It is worth noting that whilst there is a deadline for overall agreement of the plan in October, this will mark the start of a longer term programme of engagement involving all stakeholders and with the detailed planning still to be developed. Given its broad membership, the HWB clearly has a valuable role in relation to prevention and the wider determinants of health - how all partners will invest in prevention including, for example, making the most of all the assets in local communities, social care, public health, housing and more widely, to promote the health and wellbeing of local communities.
- 5.5 The Board has an informal meeting set for the morning of Wednesday 23 November when we will be able to consider the development of plans underpinning the N&W STP in more detail.

### Officer Contact

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

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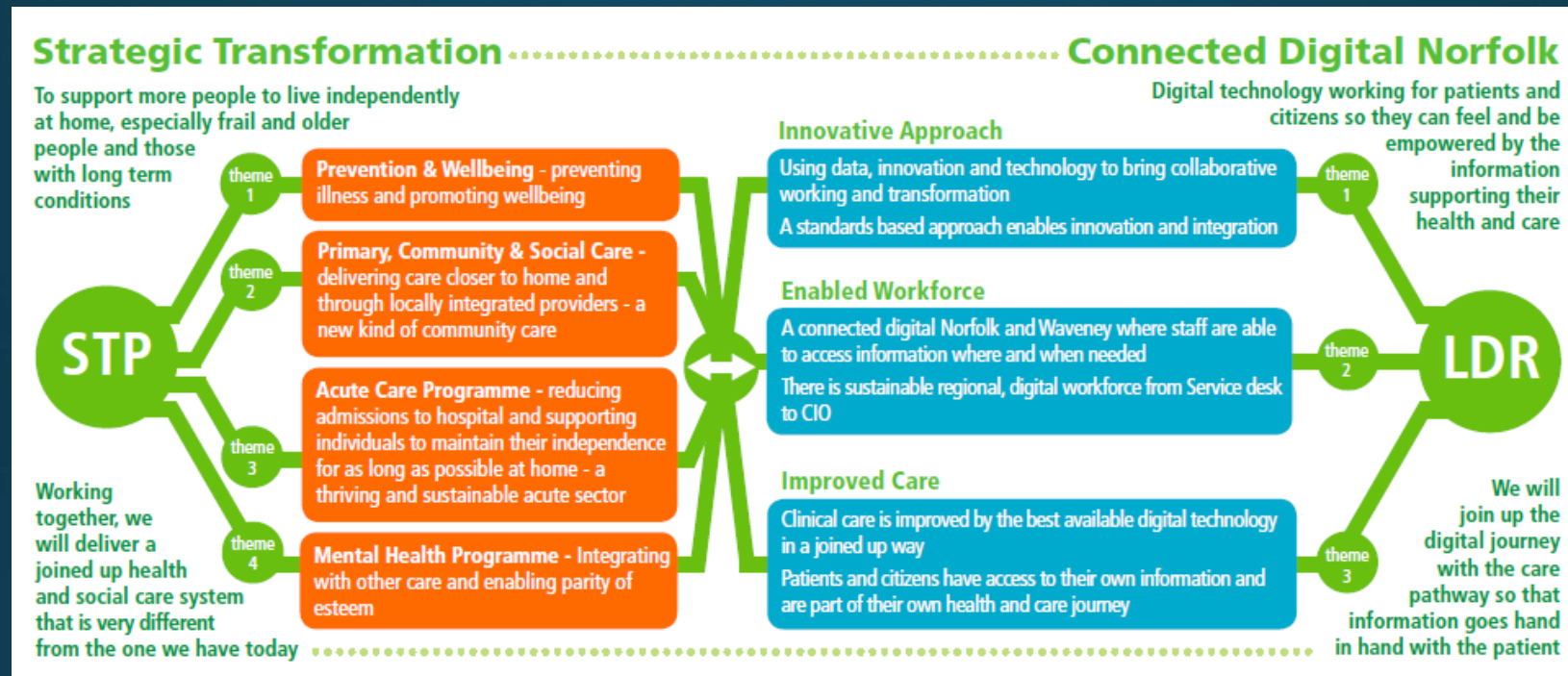
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# Connected Digital Norfolk

Local Digital Roadmap for  
Norfolk and Waveney



# Norfolk and Waveney Local Digital Roadmap



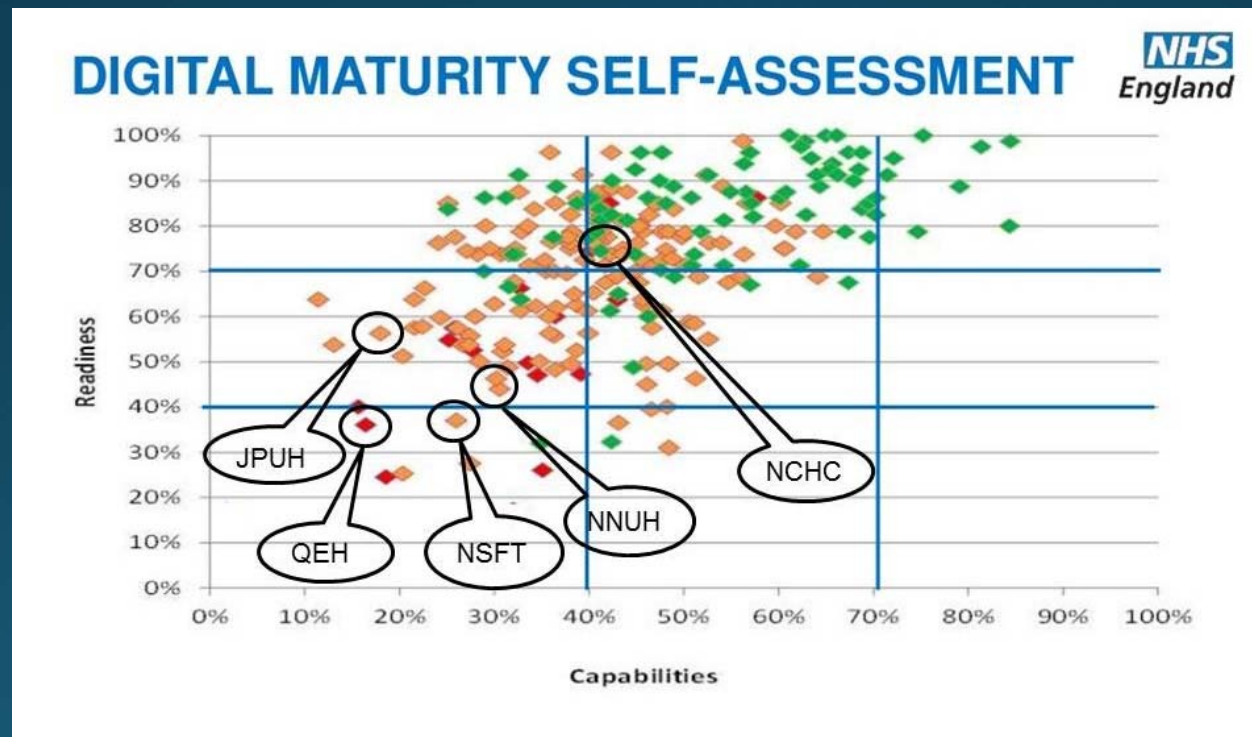
Developed through joint working by 17 local commissioners, providers and social care partners, the Norfolk and Waveney LDR supports the regional plans to care for patients and their families at home or in community settings, preventing avoidable admissions to hospital where possible.

Delivering care in this radically different way requires clinical digital systems which enable patients and health and care professionals to have access to appropriate data in a timely way to improve the quality of patient care.

The Norfolk and Waveney LDR sets out a five-year vision for digitally enabled transformation helping health and social care organisations develop integrated care.

# Assessing our digital maturity and future plans...

- **Digital Maturity Assessment** - each provider organisation carried out a 150-point review of their current IT capability and their readiness to move forward. Each of the area's providers scored in the lower part of the national results
- **Current and future technology plans** – each providers plans were investigated and synergies across them identified e.g. a shared Electronic Patient Record



## Work in progress...

- **Wider strategies** - reviewed to address the digital maturity gaps and develop a single vision and underlying technology themes for the area
- **Baseline version** - produced and reviewed following NHS England feedback, involved contributions from regional leads, and a team/critical friend review by CCG
- **Clinical leadership** – a recruitment campaign is planned to include CCIO and involve GP Primary care
- **The Local Digital Roadmap 'on a page'** - agreed and is being presented to Trust Boards

# Digital journey and the outcomes it will achieve...

Integrated health and social care economy	Digitally enabled workforce	Improved clinical care
<ul style="list-style-type: none"><li>• 24/7 real time access for health and social care staff to the information they need, wherever they need it</li><li>• Joined up Electronic Patient Records for our hospitals and community care, ensuring best practice and information sharing</li></ul>	<ul style="list-style-type: none"><li>• All staff to have appropriate IT skills to enable use of suitable technology for the delivery of high quality patient care</li><li>• Reduction in duplication of effort with less time spent on manual processes and paper based methods</li><li>• Earlier identification of at-risk patients through use of predictive analytics tools</li></ul>	<ul style="list-style-type: none"><li>• Patients tell their story once</li><li>• More provision of care at home with online support and use of assistive technology</li><li>• Consultations with patients carried out online</li><li>• Patients can access information about their conditions online and book appointments</li><li>• Patient's end of life care preferences are recorded and shared appropriately with health and social care staff</li></ul>

## Case Study 1 - Eastern Pathology Alliance

Established in 2012 as the first joint digital venture between all three acute hospitals in our area. Laboratory services were joined to care for over one million patients and digitally message results between inpatient settings and GPs in Norfolk, Waveney and parts of Suffolk.

The improved service makes it possible for GPs to get their test results quickly, and patient safety is increased by electronic tracking of laboratory test results end to end. Efficiency has been achieved across the region. Benefits include:

Patient test results received quicker from GPs, enabling faster diagnosis and treatment

Commissioner savings across the region

Increased opening hours improving access and flexibility to pathology services

Electronic tracking of samples enables easy location and monitoring of progress

A rigorous reporting and monitoring regime ensures standards are maintained

## Case Study 2 – Mobile Working

Increased productivity and reduced travel time for clinicians

Patients only have to tell their story once

Full access to up to date records and care plans at point of care

Reduced duplication in effort by staff directly inputting into the patients electronic record at the time of the visit, improving staff efficiency and record keeping quality

Improvement in the time taken to update patient records after visits with 95% of recording taking place within 24 hours of care, improving patient safety

This clinically lead project by Norfolk Community Health and care enabled transformation in care with clinicians visiting patients in their own home using the digital record at and near the point of care. Arthur was 86 and developed his personalised digital care plan with our clinical lead Elinor, on her laptop in his home. Now 1200 clinicians and corporate staff are mobile working across the whole of the Norfolk area.

The project was recognised by E-Health Insider and achieved finalist status in the 2014 'Excellence in Mobile Healthcare' award programme.



### Case Study 3 - Electronic Prescribing and Medicines Administration

Adopted by the Norfolk and Norwich University Hospital and more recently the James Paget Hospital, electronic prescribing has improved clinical safety and started the digitally enabled hospital journey.

Digital automation of prescriptions along the care pathway inside the hospital supports improvements to patient safety and quality and reduces errors.

Benefits noted for EPMA include:

Clinical continuity in drug therapy for patients who move between Trusts through electronic transfer of their medication record

A one system approach between Trusts enabling consistency for staff

Reduction in prescribing errors and consistent drug therapy

Timely review of prescriptions to ensure optimum starting and stopping of medication

Provides timely access to medication for patients through the use of remote prescribing

### Case Study 4 - Eclipse Radar (West Norfolk Alliance)

Clinical continuity in drug therapy for patients who move between Trusts through electronic transfer of their medication record

A one system approach between Trusts enabling consistency for staff

Reduction in prescribing errors and consistent drug therapy

Timely review of prescriptions to ensure optimum starting and stopping of medication

Provides timely access to medication for patients through the use of remote prescribing

A clinically led system designed by local GPs to focus on patient safety and medicine optimisation. Using data from a number of health and care systems, Eclipse identifies patients at risk who would benefit from an early intervention in order to avoid unnecessary emergency hospital admission. National statistics show that up to 7% of all emergency admissions are due to prescribing errors, monitoring and adherence to medication, 70% being avoidable.

Its use is being driven by West Norfolk Alliance members for use across multiple health and social care providers (e.g. GPs, Community and Ambulance Services, A&E) as part of an integration campaign

# Key enablers...

- Money - £4.1 billion available nationally
- Capability (workforce)
- Agreement to implement

