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Why health and social care services in **Norfolk and Waveney** need to change

Norfolk Health Overview and Scrutiny Committee

Thursday 8 December 2016

Working together to tackle these challenges

Sustainability and Transformation Plans:

- A national policy initiative that are part of the delivery of the NHS **Five Year Forward View** (5YFV) - the shared vision for the future of the NHS, including the **new models of care.**
- 44 **place-based**, **system-wide** plans for **health and social care.**
- Aim to improve the health of the population, the quality of care for patients and the efficiency and productivity of the NHS by 2020/21.

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Norfolk and Waveney's STP

- NHS Great Yarmouth and Waveney CCG
- NHS North Norfolk CCG
- NHS Norwich CCG
- NHS South Norfolk CCG
- NHS West Norfolk CCG
- East of England Ambulance Service NHS Trust
- Norfolk 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
- Norfolk and Suffolk NHS Foundation Trust
- East Coast Community Healthcare CIC
- Norfolk Community Health and Care NHS Trust
- Norfolk Independent Care
- Norfolk and Waveney Local Medical Committee
- Healthwatch Norfolk
- IC24
- District, borough and city councils

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Why health and social care services in **Norfolk and Waveney** need to change

Where we are now:

- Our population is growing and changing
- The type of care that people need is changing
- We need to make our services more efficient
- Doing nothing is not an option. If we do nothing, in five years' time we would overspend by £409 million in just one year.

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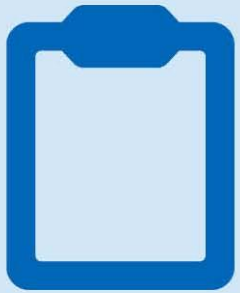
If things continue as they have and our population increases as we predict it will, by 2025 every year:



800,000
more appointments will be needed with GPs and nurse practitioners

109,000
more people will have appointments at our hospitals for day treatment

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

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

56,000
more people will be admitted to our hospitals in an emergency

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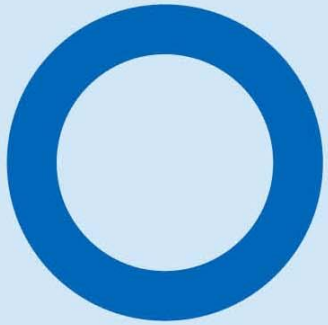
If trends in obesity continue then by 2020
we estimate that obesity will contribute to:

7,100
more people having
coronary heart disease

2,100
more people suffering
from a stroke

100,000
more people with
hypertension



50,000
more people getting
diabetes

If this happens then obesity will cost local health and social services more than £100 million per year by 2020.

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Number of people with dementia in Norfolk and Waveney

13,586	15,599	18,172	24,671
2015	2020	2022	2036

Source POPPI and PANSI 2009

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Case for Change – the 'do nothing' scenario



Population

4% increase 2015-2021

Elderly Population Growth vs 2015

	2021	2025
75+	18%	38%
85+	18%	38%

~1500 more people aged 85+ per year

plus chronic disease increases

Acute Pressures

Acute Activity by 2021

A&E Attendances 2015/16 - 232,000 2020/21 ↑34,000

Emergency Admissions 2015/16 - 103,000 2020/21 ↑22,000

Current acute models of care would require by 2021.....

315 additional General & Acute beds

101 additional Consultants

522 additional Nurses

....these are not feasible solutions

Out of Hospital Pressures

Social Care Impact (by 2025)

2× as much sheltered housing

7× as much housing with care

2× as many nursing beds

1.5× as many residential beds

Additional Primary Care Workforce (FTEs in 2021)

99 additional GPs

60 additional Nurses

Financial Impact in 2021 (Revenue)

£349m NHS Deficit + £93m Social Care Deficit = £442m Total

Key:  = 20,000 = 6,000 = 2,000

KPMG

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Our vision

To support more people to live independently at home, especially the older people and those with long term conditions

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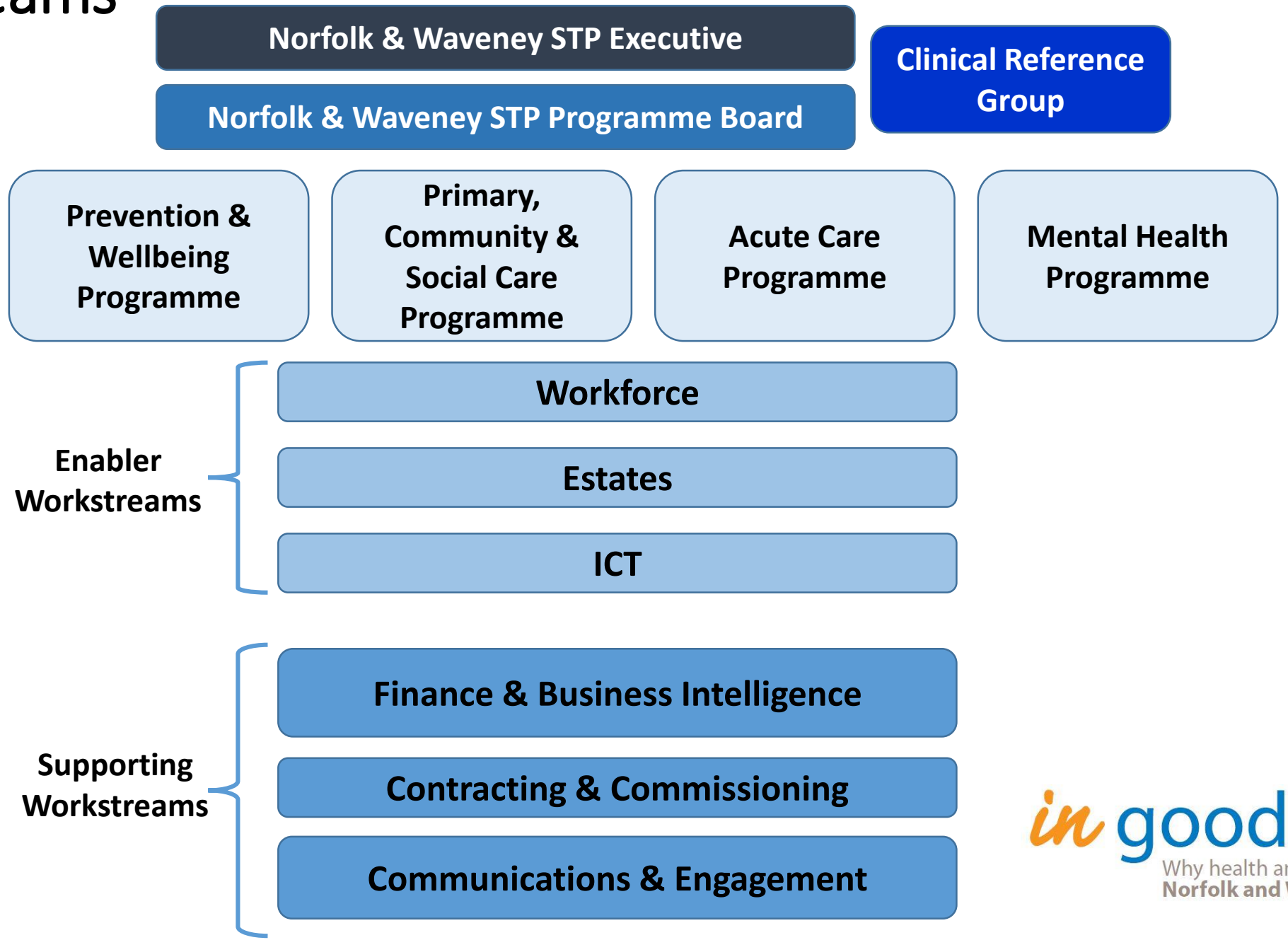
Workstreams



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Prevention & Wellbeing

Key Workstream Objectives

- Improve the **prevention, detection** and **management** of major chronic illnesses.
- Increase individual and community capacity for self-care through **Patient Activation.**
- Development of a **Social Prescribing** model that enhances access to more appropriate community support mechanisms, reducing dependency on core health & social care services for N&W's most deprived areas.

Priority Projects

1. Target conditions – Obesity and diabetes, including Making Every Contact Count
2. Social determinants of health –Social prescribing,
3. Optimising Health Care through a Right Care Approach

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Primary, Community & Social Care – Integrated Care & Demand Management

Key Workstream Objectives

Develop integrated models of care incorporating all tiers of health and social care to:

- Facilitate alignment of **new models of care**, to support a "**shift left**" across N&W – this will also require a shift in funding to increase the capacity of social care
- Increase **community resilience** through close links with district/borough councils and the voluntary/charity sectors
- **Reduce high-cost demand** in acute care
- **Increase GP Capacity**
- Provide an **integrated service** tailored to local needs that manages Long Term Conditions (LTCs) closer to home
- Support **independence** of residents
- Enable **local provision** that is focussed on the community and responsive to individual and local needs and assets with **commonly agreed outcomes** across the footprint

Priority Projects

1. Out of hospital integrated teams
2. Social Care transformation
3. GP input into 111
4. Ambulance conveyance
5. Telemedicine for residential care
6. Front-end Care (Primary/ MDT)
7. Specialists in community
8. Individualised Care Planning and Co-ordination
9. Same day access to primary care

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Primary, Community & Social Care – Primary Care

Key Workstream Objectives

Develop and extend N&W primary care provision to:

- Facilitate alignment with new models of care, supporting a "**shift left**" across N&W
- **Release existing capacity** to meet increasing demand
- Improve Primary Care **staff retention**, recruitment & skill-mix
- **Improve same day access** to primary care including **out of hours** care
- Enable **local provision** that is responsive to individual and local needs and assets with **commonly agreed outcomes across the footprint**
- Improve **relationship with secondary care**

Priority Projects

1. Improving primary care access & capacity:
   - Phone Triage
   - Pharmacy support
   - Sharing of Resources

2. Improving Staff Retention & Recruitment within Primary Care

3. Investment costs to implement demand management initiatives

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Mental Health

Key Workstream Objectives

- Offset and **reduce the growth in out of area bed days**
- **Reduce suicide and self-harm**
- Increase recording of **dementia**, improve access to support and reduce use of residential and acute care
- Support community and primary care to **provide mental health support at an early stage**
- Increase community based treatment for **children and young people** (addressed separately through the LTP)
- **Reduce acute hospital use** for people of all ages with reported MH problem, including children and young people and dementia

Priority Projects

1. Enhance community provision that supports people with dementia in the community, promoting a "shift left" in provision, whilst supporting the projected increases in population

2. Implement a consistent Mental Health liaison service across N&W

3. Supporting people with Mental Health Co-morbidities

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Acute Care

Key Workstream Objectives

- Reducing acute activity:
  - **Improved demand management** (supporting the out of hospital and prevention work streams to deliver admission avoidance schemes)
  - **Reduced length of stay** by improving the process of care
- Ensuring **acute clinical service sustainability** at an STP footprint level across the key nominated specialty areas and their interdependencies

Priority Projects

1. Acute provider service sustainability
2. Improved internal acute processes (Keogh review)

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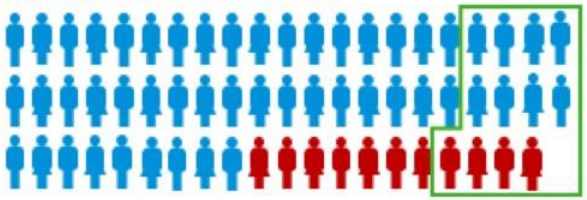
Reducing Acute Activity – Demand management

Acute Activity Future State – the STP ambition

A&E Attendances

20% reduction in A&E attendances (55,000)

Emergency Admissions



20% reduction in emergency admissions (25,000)

Key: = 5,000 = 2,000

Solutions

Primary, Community & Social Care	**Target cohort of 0-1 day LoS** • Residential/care home telehealth (Airedale model) • 111 with GP input • Clinical Hub to reduce ambulance conveyance	**Target cohort of >1 day LoS** • Out of Hospital Teams supporting complex patients
	• Other solutions e.g. Primary care structure/access (Workshop II), Out of Hospital teams (see later)	
Acutes	• Solutions in development	**Mental Health & Prevention**: • Solutions in development (Workshop II)

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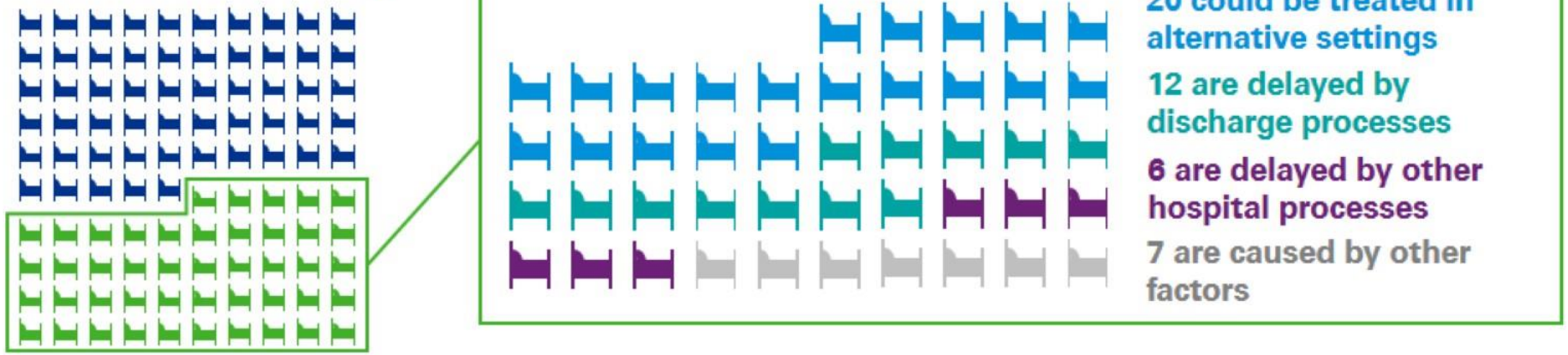
Reducing Acute Activity – Reducing Length of Stay

Oak Group Report found that for every 100 bed days

45 don't need to be in hospital



STP Ambition

Reduce the number of bed days by 20% through improved community care

Reduce the number of bed days by 15% through improved discharge and hospital processes

Key targets: Those with LoS >1 day, complex and frail elderly patients

Solutions

Integrated Out of Hospital Teams & Solutions reducing admissions

Improved internal acute processes (Keogh review)

Improved system discharge processes

Guidance from NHS England

NHS England guidance says that STPs must set out how an area will:

- Strengthen and invest in primary care in line with the GP Forward View.
- Deliver the A&E and ambulance standards, simplify the urgent and emergency care system and make it more accessible to patients.
- Make tangible improvements to mental health and cancer services, and for people with learning disabilities.
- Prevent illness, empowering people to look after their own health and to prevent avoidable hospital stays.
- Improve the quality of hospital services, including maternity services, and deliver the RTT access standard.
- Create a financially sustainable health system for the future.

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Between 26 October and mid-December, we must issue a public summary that clearly explains our proposals.

The STP timetable

- June 30 – initial submission to NHS England
- August 15 – KPMG engaged
- October 7 – Publication of “In Good Health” and June submission
- October 17 to 21 – Council, all Trust Boards, HWB and CCG Governing Body meetings
- October 21 – Submission to NHS England
- November to December – Wider engagement and detailed planning
- November 24 – Submission of full draft 2017/18 to 2018/19 Operating Plans
- December 23 – Submission of final 2017/18 to 2018/19 Operating Plans and signed contracts

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