

Norfolk County Council

Date: Monday 17 October 2016

Time: 10.00 a.m

Venue: Council Chamber, County Hall, Norwich

Supplementary Agenda

9. **Norfolk & Waveney Sustainability & Transformation Plan (STP)** Page A2
Report by the Managing Director.

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Date Supplementary Agenda Published: 11 October 2016

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Report title:	Norfolk & Waveney Sustainability & Transformation Plan (STP)
Date of meeting:	17 October 2016
Responsible Chief Officer:	Dr Wendy Thomson – Managing Director
<p>Strategic impact</p> <p>Sustainability and Transformation Plans (STPs) are being introduced across the country as part of the delivery of the NHS Five Year Forward View - the shared vision for the future of the NHS.</p> <p>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 are seen as blueprints for accelerating implementation of the NHS Five Year Forward View (5YFV) and in implementing the NHS new models of care.</p> <p>Set within the context of the 5YFV, and the significant challenges facing the NHS, this major initiative recognises the need to move from short term organisationally focused changes to transformational, health and care system wide initiatives with a population focus. Given the unprecedented challenges for the health and care system as a whole, radical change will be required in order to secure a sustainable future for the health and care system of Norfolk and Waveney.</p>	

Executive summary

<p>Health and care services in Norfolk and Waveney are under considerable strain and need to change in order to put them on a secure and sustainable footing. It is clear that this cannot be done by the different services and organisations in isolation of each other and that a whole-system approach is needed for our system to be efficient and effective.</p> <p>Sustainability and Transformation Plans (STPs) are being introduced across the country as part of the delivery of the NHS Five Year Forward View. This major national initiative provides a framework within which all partners can work together to find the right solutions and transform health and care services in Norfolk and Waveney to make them fit for the future. NHS England requires STPs to be submitted on 21 October 2016 and they cover the period up to March 2021.</p> <p>Recommendation:</p> <ol style="list-style-type: none"> 1. That the Council endorses the overall strategic direction of the Norfolk and Waveney STP and key areas for change for submission to NHS England by the 21 October deadline and supports the ongoing work with partners in moving to the next stages of detailed planning

1. Introduction

- 1.1 This report informs Council about the development of a Sustainability & Transformation (STP) for the Norfolk and Waveney area and outlines the next steps.
- 1.2 This report provides a summary of the key elements of the STP. It invites Council to consider and endorse the overall strategic direction, in advance of the submission to NHS England on 21 October, and give its support to the ongoing work with partners in moving to the next stages of detailed planning.

2. Background Information

What are STPs?

- 2.1 Sustainability and Transformation Plans (STPs) are a national policy initiative and are being introduced across the Country as 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.
- 2.2 In contrast to organisation plans, STPs are place-based, system-wide plans for health and social care and should cover integration with local authority services “including, but not limited to, prevention and social care, reflecting locally agreed health and wellbeing strategies”. Set within the context of the 5YFV, and the significant challenges facing the NHS, this major initiative recognises the need to move from short term organisationally focused changes to transformational, system wide initiatives with a population focus.
- 2.3 The NHS shared planning guidance [Delivering the Forward View](#) describes them as “local blueprints for accelerating implementation of the Five Year Forward View” (5YFV) and in implementing the NHS new models of care. NHS England requires STPs to be submitted on 21 October 2016 and they cover the period up to March 2021.

National challenges or ‘gaps’

- 2.4 STPs need to address a series of ‘national challenges’ or ‘gaps’, which fall into three themes:
 - **Improving health and wellbeing** – inequalities in health
 - **Improving quality and developing new models of care** – ensuring quality and performance of health and social services
 - **Improving efficiency to achieve financial balance** – ensuring a financially sustainable health system
- 2.5 Local health and care economies are expected to set out their transformation programme to close their ‘gaps’ and build a sustainable health and care system for their local population, based within the framework of the Five Year Forward View.

New care models

- 2.6 The future vision of the NHS, as set out in the 5YFV, recognises the need for a stronger emphasis on population health; breaking down barriers in the provision of care is seen as fundamental - between GPs and hospitals, physical and mental health and between health and social care.

2.7 It is for local areas to determine their solutions but the 5YFV sets out a series of models including:

- **Multi-specialty community providers** – where groups of GPs combine with other services such as community health services, hospital specialists and perhaps mental health and social care to provide integrated community services
- **Primary and acute care systems** – combining for the first time general practice and hospital services to create integrated hospital and primary care providers
- **Urgent and emergency care networks** – redesigning services to integrate between A&E departments, GP out-of-hours services, urgent care centres, NHS 111, and ambulance services
- **Viable smaller hospitals** – including the option to partner with larger hospitals
- **Specialised Care** – specialist services could be consolidated where there is a strong relationship between the number of patients and the quality of care
- **Modern maternity services** – giving midwives options to take charge of the maternity services they offer
- **Enhanced health in care homes** – with the NHS providing more support for frail older people living in care homes

2.8 These models are being tested with Vanguard schemes which have been selected in many parts of the country. The development of new care models are central to how areas will drive transformation to close the care, quality and financial gap. Norfolk will draw on the experience of Vanguards to develop its local care models for the future.

3. Developing the Norfolk and Waveney STP

Local 'footprint' or planning area

3.1 When the STP was announced by the NHS, local health and care system leaders proposed that the Norfolk and Waveney geographic 'footprint' be covered by a single STP, with the rationale being that it is important that the footprint reflects the geography of the county of Norfolk as well as the Great Yarmouth and Waveney CCG. This area has been approved by NHSE as one of the country's 44 STPs, and means that the STP incorporates Norfolk and the Waveney area. .

System wide Executive group

3.2 A system-wide executive group has been established to oversee the development of the Norfolk and Waveney STP. This group is composed of the chief executives across the health and care economy (the Norfolk and Waveney Partnership) who have been leading the development of a programme of work to address the current challenges across the system. The County Council is represented on the STP Executive Board by the Chief Executive (who is the nominated lead for the Norfolk and Waveney STP), the Director of Public Health and the Acting Executive Director of Adult Social Services. A complete list is given in Appendix A. In the coming weeks the governance of the STP will be reviewed to meet the next stage of development.

The Challenge

- 3.3 The initial focus of work has been on sizing the 'gaps' - identifying the challenge as it relates to Norfolk and Waveney – and analysing and developing the case for change. The detailed analysis can be found in the **interim checkpoint STP submission** which was required by NHS England in June and is available at this [link](#). Key headlines include:

A. Health and Wellbeing gap:

- Norfolk and Waveney has an older population which is increasing; the largest increase is in people aged over 85 and is forecast between now and 2025.
- If nothing changes then, due to age alone, between now and 2025, there will be about 9,000 additional people with diabetes, more than 12,000 additional people with coronary heart disease, more than 5,000 additional people who have suffered a stroke and almost 7,000 additional people with dementia.

B. Care and Quality gap:

- In terms of social care, when compared to statistically similar councils, Norfolk has the highest users of residential care for people with learning disabilities and for people with mental health problems, and is fourth out of fifteen councils for older people.
- Demographic factors also significantly drive demand for services for people with learning disabilities and physical disabilities and demand for these services, which involve complex care packages, is rising.
- Service access is an issue in relation '18 weeks Referral to Treatment' targets for elective care and '4 hour wait' targets in Accident & Emergency (A&E) and there are opportunities to improve outcomes in community healthcare in key areas.
- Mental health services have been placed in special measures and are facing a number of operational challenges which mean that it is difficult to deliver high quality services in some areas.
- Many services struggle to recruit the necessary personnel, and will need to operate differently to meet the increasing demand forecast for the next five years.

C. Finance and Efficiency gap:

- There is a total budget of £1.6 billion a year for health and social care services in Norfolk and Waveney, however as a system we are currently spending more than that each year.
- The 'do nothing' scenario deficit in 2020/21 is expected to be in the region of £442m based on the cumulative effect of the 2015/16 position and annual deficits, and before any potential savings through national or local efficiency schemes or transformational savings.
- Investment in primary care and community services will enable the development of local integrated community providers with the key aim of delivering care closer to home and reducing emergency attendances and admissions. Investment in prevention services also supports the initiatives around improving lifestyles

4. Overall approach and key proposals for change

- 4.1 This analysis of the health, service and financial gap facing the system over the next five years makes a compelling case for change. In brief, although the population of Norfolk and Waveney is only projected to increase by 4%, the elderly

population will grow by 18% by 2021 and 38% by 2025. When this is coupled with an increase in the prevalence of chronic disease it will see an increase in acute (hospital) activity and increased pressure on primary care, community health services and social care. Unless there is transformation in the way demand is managed and services delivered, the projected increase in activity, coupled with increasing cost levels, will lead to a projected financial deficit across health and social care for the STP footprint of an estimated £442m.

4.2 The STP Executive is working at whole system level on how to tackle the challenges and develop solutions which address the gaps in population health and wellbeing, improve quality of care and close the financial gap.

4.3 It has agreed a **vision** which is as follows:

“To support more people to live independently at home, especially the frail elderly and those with long term conditions”.

4.4 The STP represents a major programme of work and has established the following four main workstreams:

- **Prevention and Wellbeing** – supporting people to keep themselves healthy
- **Primary Community and Social Care** – caring for more people in the community
- **Acute Care** – Reducing the pressure on hospitals
- **Mental Health** – working across the breadth of the STP, encompassing the other three main work programmes

4.5 There are also a set of enabling workstreams (ICT, Workforce, and Estates) and supporting workstreams (Finance & Business Intelligence, Contracting & Commissioning, and Communications & Engagement).

Overall approach

4.6 It is agreed that the overall approach for securing a sustainable future for the health and care system of Norfolk and Waveney is through investing in primary, community and social care to enable integrated holistic care for the population.

4.7 The Prevention and Wellbeing workstream and the Mental Health workstream are currently developing solutions which will be key to the success of this approach over the longer term.

4.8 **Key proposals for change** are outlined below.

Acute care – reducing time spent in hospitals

4.9 To mitigate the forecast rise in demand for acute services, plans are under development to reduce, by 20%, both A&E attendances and emergency admissions. This will be primarily delivered **via improved care outside of hospital**, ensuring patients are treated in care settings most appropriate to their needs, and preventing escalation to higher tiers of care through effective case management.

4.10 The plans to deliver ‘out of hospital’ solutions are under development through the Primary, Community & Social care workstream. The work has drawn on emerging practice within Norfolk and Waveney, and examined best practice from external areas, including the NHS vanguards, to identify possible solutions which can contribute to achieving the changes required in this area. The solutions below

have been identified and their impact and investment requirements are currently being modelled:

- Integrated Out of Hospital Teams
- Care and Residential Home Telemedicine
- 111 with GP input
- Ambulance Conveyance with Integrated Clinical Hub

- 4.11 A second area of focus is in **reducing the number of bed days patients currently occupy within acute hospitals**. The rationale for this is based upon the fact that these are typically the most expensive care setting and often the patient can be better treated in their own home or within community settings. The STP will seek to address this through **enhanced community care**, including integrated teams of primary, community and social care and the improvement of internal hospital and discharge processes.
- 4.12 A third commitment in the STP is to **reduce the ratio of ambulance conveyances to acute hospitals** following 999 or 111 calls from the current state of 60% to a future target of below 50% (the national average).
- 4.13 The Norfolk Provider Partnership, involving the three acute and two community trusts in Norfolk and Waveney, recognises that an ambitious agenda should be pursued to ensure clinical services are placed on a sustainable footing, national standards are consistently delivered across Norfolk and Waveney, and opportunities for improving efficiency are realised at pace. Within the STP process, the NPP Partners agreed that an **acute services review** should be undertaken, in the context of the whole Norfolk and Waveney health and social care landscape, to analyse demand and capacity and review the clinical interdependencies between the three hospitals.
- 4.14 The STP Executive Board has commissioned an independent and experienced external consultancy (KPMG) to undertake this review across the three acute sites, with the initial area of focus being specialist services. This work is being progressed and interim findings, together with opportunities for STP- level solutions, are being identified and developed. The work involves a careful assessment of the essential requirements to support local delivery of national service standards across the three hospitals.

A new kind of Community Service

- 4.15 The evidence demonstrates that well-designed schemes to move healthcare closer to home can deliver benefits in the medium term and that the costs of delivering care in the community may be lower than those of delivering care in acute hospitals.
- 4.16 To shift care out of hospitals, and re-provide these services effectively in the community, a whole-system approach is needed. The proposal is for a **new kind of community service** - building primary care capacity and a culture of independence through multi-disciplinary working and the co-ordination of voluntary and third sector health and wellbeing initiatives. (For the purposes of this document, 'Community Services' is an umbrella term to include general practice, community physical and mental health care, social care, voluntary and non-statutory care services).
- 4.17 Building on learning from local initiatives, the Norfolk and Waveney STP will **focus on providing the right services in the right place, supporting independence and ensuring:**

- Better social and clinical outcomes for people with long term conditions and their carers
 - Cost effective and efficient use of primary care resources
 - Community focused, diverse and responsive local provision
- 4.18 With the forecast increase in primary care activity and the necessary shift in activity away from acute settings, new models of primary care will be needed to deliver these integrated services at scale. The Five Year Forward View examples of Multi-Specialty Provider, Care Homes Pilot and Primary and Acute Care Services are not mutually exclusive and elements of each feature in various Norfolk and Waveney developments.
- 4.19 The STP leadership is in agreement that integrated multidisciplinary working is critical to delivering the change sought and proposals include:
- **Prioritising areas by shifting resource** – as services move into a community setting there will need to be a like for like reduction in investment in acute/specialist settings. Opportunities will exist to repatriate current provision provided out of Norfolk into any capacity released into acute settings as a result.
 - **Seeking opportunities** to access the Sustainability & Transformation Fund to allow for double-running and/or pump priming of initiatives and **making best use the learning** both from the contractual models of the National Vanguard and from local models.
 - **Encouraging and developing the necessary cultural and behaviour change** which will be key in underpinning the successful creation of new models of care. Incentives and responsibilities will need to be aligned; to identify “what is in it” not only for the community and patients, but also for clinical groups, community and primary care, mental health, and social care.
 - **Stabilising the system through the period of change** will be critical to success – ensuring that there are robust shared local and operational plans that allow the system to change at pace without adversely disrupting services to patients and to the community in the process.
- 4.20 The scale of change required across Norfolk and Waveney is unlikely be delivered without organisational reform, changes to delivery models and current payment mechanisms.

Prevention and wellbeing - a step-change

- 4.21 The evidence demonstrates that:
- The increase in diabetes (9,000 more diabetics if we “do nothing” as a system) is largely preventable, increasing obesity is the leading cause of co-morbidities
 - Unwarranted variations in care exist for patients with Atrial Fibrillation (AF), hypertension, dementia, diabetes, asthma and chronic obstructive pulmonary disease (COPD).
 - People living in the most deprived areas experience poor social outcomes, such as poor housing or low income, and families in need are more likely to use A&E for “minor attendances”, primary care and do not benefit from lifestyle interventions.
- 4.22 This is resulting in a 7 year life expectancy gap for men and 4.5 for women between the most and least deprived areas. Long term conditions and issues relating to mental ill health account for 5 years for men and 3 years for women.

This is also resulting in increased use of primary care, acute services and acute care.

4.23 The response is to change what we do in health and social care to:

- **Increase community capacity** to directly address individual's socio-economic problems rather than medicalise them and help people be better connected with each other.
- **Change the nature of the health and social care offer** to help people manage their own health especially long term conditions.

4.24 This approach signals a **step-change in the 'offer' to people as they seek to maximise their independence**. The aim is to develop a system wide programme to:

- Prevent ill health and achieve sustainable reductions in NHS and social care demand by embedding prevention across health and social care.
- Reduce variations in access to health care where this contributes to the health and wellbeing gap.
- Address the impact of wider socio-economic issues to prevent causing further demand on health and social care services.
- Increase individual and community capacity for self-care, and increase patient activation.

4.25 Key objectives include:

- Improving the prevention, detection and management of major chronic illnesses that affect the N&W population, such as diabetes, CHD and hypertension.
- Increasing access to self-care, supporting people to manage their own conditions.
- Developing 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.

4.26 The STP approach is being developed through a programme based on four levels of initiatives:

- Primary Prevention - Lifestyle behaviour change.
- Secondary Prevention – Optimising Health Care.
- Patient Activation - Self care.
- Social prescribing.

4.27 Through our adult social care strategy (Promoting Independence) we will move to a whole-system approach that positions 'formal' care services as the best option for only those people with the highest care needs, and a wider range of informal and community-based care options for people whose needs mean that their independence is restricted, but who can be supported to remain at home whilst staying well or regaining wellbeing.

Mental Health – driving system wide improvement

4.28 In July 2016, NHS England published 'Implementing The Five Year Forward View for Mental Health' ([link](#)) which outlines the challenges facing mental health services and highlights the gaps in service provision that areas are expected to address by 2020/21. The report includes the statement that 'by 2020/21, adult community mental health services will provide timely access to evidence-based,

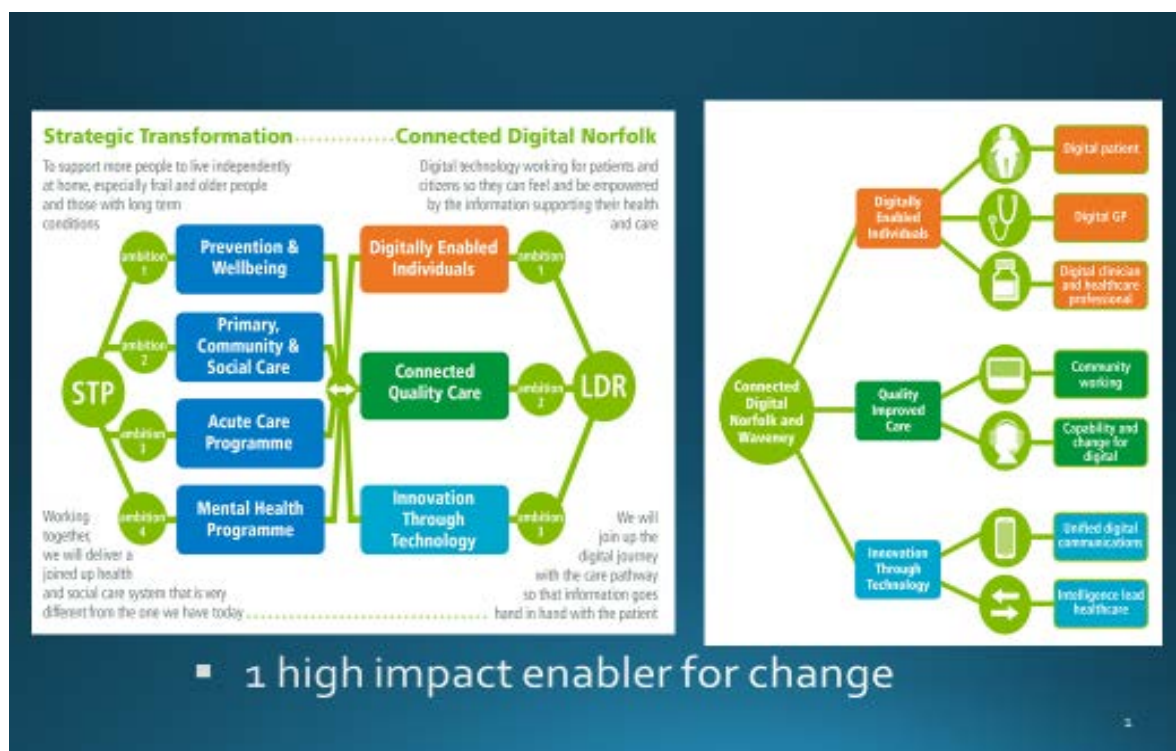
person-centred care, which is focused on recovery and integrated with primary and social care and other sectors’.

- 4.29 Mental health and wellbeing has been an integral part of the developing Norfolk and Waveney STP - working towards a system wide shift to drive improvements in the mental health and wellbeing of the whole population. Over the summer feedback was received from the national leadership on the interim STP submission which included the need for ‘stronger plans for mental health, drawing on the recent publication of the Forward View for Mental Health’. A Mental Health workstream has been established and system-wide work on improving mental health and wellbeing is being developed across the breadth of the STP, encompassing the other three main work programmes.
- 4.30 The evidence demonstrates that:
- Low dementia recording rates make it more difficult to signpost people to the correct care.
 - 3.9% of people with mental health needs in employment (compared with 8.9% in comparator areas).
 - 30% of people with long term conditions have mental health co-morbidities
 - Higher suicide rates and self harm (all ages) than nationally.
 - Increasing reliance on expensive out of area and residential placements, this has doubled in 12 months, costing £3.5m.
 - Variability in crisis response, including in acute liaison is leading to increases in admissions and lengths of stay.
 - Projected increases in dementia prevalence (9,000 people by 2025) will have an impact on non-elective care and length of stay.
 - 16% increase in secondary health referrals, but stabilising caseloads – suggesting inappropriate referrals.
- 4.31 These result in:
- Life expectancy for people with mental health needs is 15 years lower than average.
 - High use of primary and acute care.
 - 5% of all A&E attendance nationally relate to mental ill health and 38% of these will be admitted.
- 4.32 The **overall aim** is to embed the delivery of mental health within the health and care system, supporting people in the community wherever possible. Acute mental health beds will be only for people who need them and the emphasis will be on people’s recovery. The STP will support the improvement of the quality of care for people with mental health needs, and meeting the national 5YFV expectation. Health, care and community teams will support the resilience of individuals.
- 4.33 The key objectives include:
- Offsetting and reducing the growth in out of area bed days - reducing adult secondary mental health activity and length of stay.
 - Reducing suicide and self-harm - reducing the number of people presenting to all system services in crisis, and improving the response for people presenting in crisis.
 - Increasing recording of dementia, improving access to support and reducing use of residential and acute care.
 - Supporting community and primary care to provide mental health support at an early stage.
 - Increasing community based treatment for children and young people.

- Reducing acute hospital use for people of all ages with reported MH problem, including children and young people and dementia.

Local Digital Roadmap

- 4.34 One of the STP's enabling workstreams is on Information and Communications Technology (ICT) and work has focused on the development of the Local Digital Roadmap (LDR), which is central to achieving the clinically lead digital transformation needed in the Norfolk and Waveney area.
- 4.35 All areas are making digital plans so that patients and the public may have greater control for maintaining their health and so that digital technology will support working together across the area so patients only have to tell their story once. The Norfolk and Waveney Local Digital Roadmap is structured around three ambitions:
- **Digitally Enabled Individuals** – build capability and support cultural change to enable patient connectivity and workforce sustainability.
 - **Connected Quality Care** – aligning the digital journey with the care pathway so that the information goes hand in hand with the patient.
 - **Innovation Through Technology** – transformational digital technology allowing health and care to deliver innovative services.
- 4.36 The figure below shows the overall strategic alignment of the LDR and the STP, with the LDR being a key enabler for change.



- 4.37 This work could also offer some care in fundamentally different ways, making fuller use of digital technologies, equipping staff with new skills and roles, and offering greater convenience for patients and greater support to manage their own healthcare – all helping enable people to live independently.

5. System preparedness

- 5.1 The STP represents a significant challenge for the Norfolk and Waveney area and progress is not as advanced as in some other areas. Considerable progress has

been made across Norfolk and Waveney in a relatively short space of time, with the collective commitment by local health and care system leaders to tackling the 'big ticket' changes that are required to secure a sustainable future for health and care services.

- 5.2 The STP Executive has worked on developing a common understanding of the challenges facing the system and what needs to be done to improve it. Partners have made a commitment to working together and recognise that the changes needed cannot be achieved by any one institution working alone.
- 5.3 Governance arrangements have been put in place and the STP Executive Board has agreed to programme mobilisation to ensure the right governance, organisational arrangements, infrastructure, mechanisms and overall resources are in place together with the necessary capacity required for the next stages of the STP programme.
- 5.4 The work is building directly on the many innovative development that are already underway in Norfolk and Waveney – for example, local prevention programmes in partnership with local communities, developing new multi-disciplinary models of primary and social care, shifting social care upstream, making a reality of out of hospital services, using new technology.
- 5.5 The STP Executive has responded directly to feedback from national leadership on the interim submission, including establishing a specific Mental Health Work Programme, which will be developed across the breadth of the STP, and securing more dedicated resources to help make this substantial work programme happen. This has included engaging with an independent and experienced consultancy (KPMG) to provide further capacity and expertise in key areas and the STP leadership agrees that this will bring added strength to the STP and will help to ensure proposals are impartial, robust and in the best interests of the whole system.
- 5.6 As a result of all the above, the Norfolk and Waveney health and care system is now more change ready than at any previous point.

6. Communications and engagement

- 6.1 A key element of activity over the coming months will be engaging with the people and organisations of Norfolk and Waveney to help shape the plans. The STP Executive wants to take into account the insights and opinions of the Norfolk and Waveney community and is consulting with groups and individuals as the work progresses.
- 6.2 In terms of engagement with key stakeholders, a Clinical Reference Group has been established, involving NHS Trusts Medical Directors and CCG Chairs, to ensure that plans carry the support of local clinical leaders. An engagement event was held in June, attended by representatives from Healthwatch Norfolk, the boards and governing bodies of the Norfolk and Waveney partnership organisations, Norfolk Independent Care, district councils and members of both the Norfolk and Suffolk Health and Wellbeing Boards.
- 6.3 More generally, plans for communicating the challenge faced and how partners are working together to address it are well underway, with a programme of engagement, using existing communications channels, beginning at the end of September. As well as providing residents with opportunities to understand the scale of the challenge that is collectively faced and that services will have to

change, it will also enable people to start to consider how they can change their behaviour and what they can do as an individual to address the challenge.

- 6.4 Key information has been published on the Healthwatch Norfolk (HWN) website including 'In Good Health' – a public document that sets out why local health and care service must change in the years ahead to keep them sustainable. The HWN website is also where people can find out how they can get involved and work with us to improve health and social care services. 'In Good Health' and other related documents can be found at the following link:
<http://www.healthwatchnorfolk.co.uk/ingoodhealth/>.

7. Submission and next steps

- 7.1 NHS England require all areas to submit their full STPs on 21 October 2016. Although we are not yet permitted to share it, the STP Executive expects to be allowed to publish the STP in November or December, subject to confirmation from NHSE.
- 7.2 The accountable board of each of the constituent NHS organisations is meeting to consider the submission, in private, during the final week before the 21 October deadline. These boards are being asked to review and support the submission – formal approval and sign off will happen through November and December.
- 7.3 The Health and Wellbeing Board (HWB) has a general duty to promote the integration of health and social care, a key element underpinning the STP, and given its broad membership, the HWB also clearly has a valuable role in relation to prevention and the wider determinants of health. The HWB has considered the key elements of the STP as it has developed and members of the Board will also meet, in private, during the final week before submission, when they will have an opportunity to review and comment on the Plan. This meeting will take place on Tuesday 18 October 2016.
- 7.4 Members of Council have had an opportunity to engage informally with the developing STP at a Member Briefing. This report provides Council with an opportunity to comment on the overall strategic direction and provide key messages to inform the next stages of detailed planning around the key areas for change.
- 7.5 It is worth noting that whilst there is a deadline for overall agreement of the high level plan in October, this is another step in a longer term programme of engagement with stakeholders and the public, with much of the detailed planning to be developed.

8. Financial Implications

- 8.1 The resource implications for all partners are dependent on the next stages of the development of the STP, for example, around new service models to facilitate change. These will be identified as further detailed plans are developed. What is known is that if we and our partners 'do nothing' over the next five years, the Norfolk and Waveney health and care system has a place-based financial gap of some £442 million.
- 8.2 The work to date on the STP has been produced with in-house capacity from across the health and care system, with any financial or other resource requirements being met from within existing budgets.

9. Conclusion

- 9.1 Considerable, complex work between local health and social care leaders, over a very short timescale, and over a relatively new geographical area has led to the development of the Norfolk and Waveney STP - a high level strategic plan. The Council will need to decide whether to endorse the overall strategic direction of the Norfolk and Waveney STP and key areas for change, at this stage in its development, for submission to NHS England by the October deadline and give its overall support in moving to the next stage of further detailed planning necessary to realise the Plan's ambitions.

10. Recommendations

- 10.1 That the Council endorses the overall strategic direction of the Norfolk and Waveney STP and key areas for change for submission to NHS England by the 21 October deadline and supports the ongoing work with partners in moving to the next stages of detailed planning.

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**Norfolk and Waveney Sustainability & Transformation Plan
Executive Board Membership**

- NHS Great Yarmouth & Waveney CCG
- NHS North Norfolk CCG
- NHS Norwich CCG
- NHS South Norfolk CCG
- NHS West Norfolk CCG
- District/city/borough council representation
- East Coast Community Healthcare CIC
- East of England Ambulance Service NHS Trust
- Integrated Care (IC) 24
- Healthwatch Norfolk
- James Paget University Hospitals NHS Foundation Trust
- Norfolk County Council
- Norfolk Community Health and Care NHS Trust
- Norfolk and Norwich University Hospital NHS Foundation Trust
- Norfolk and Suffolk NHS Foundation Trust
- Queen Elizabeth Hospital Kings Lynn NHS Foundation Trust
- Norfolk Independent Care
- Norfolk and Waveney Local Medical Committee