



Norfolk County Council

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Councillor Michael Carttiss
Chairman of HOSC
Via email Michael.carttiss@norfolk.gov.uk

3 February 2017

Dear *Michael*

I am writing in response to the report of comments from Norfolk Health Overview and Scrutiny Committee regarding the Norfolk & Waveney Sustainability & Transformation Plan, dated January 12th. These comments related to the December 8th NHOSC meeting that I attended with Roisin Fallon-Williams.

Thank you for providing us with the opportunity to share and discuss progress with you and thank you also for the report of comments which I have shared with the STP Executive at a meeting on January 20th.

I know that you understand that our planning for how services will change over the next five years is at an early stage and securing feedback this early is very helpful as we further develop our plans as a system.

Key priorities over the next two to three months include completing a refresh of the Five Year financial plan, then detailed planning for each of the work streams to match the financial plan, identifying the resources to shape and deliver the proposals from within the system, establishing effective governance arrangements with a clear focus on clinical input and involving a wide range of stakeholders through robust communications and engagement plans. I believe that we will then be well placed to deliver on our aspirations.

In terms of the committee's specific comments:

- 1. The STP should be developed alongside other Central and Local Government and NHS strategies (such as the Government's plans for 7 day working in all sectors of the NHS and the operating plans of the NHS which were not directly a part of the STP).*

Our STP is informed by a wide range of other strategies and we are engaging with all relevant partners at a senior level to ensure alignment with these. The NHS Two Year Operational Plans and the NHS Contracting Round were both concluded after the October 21st STP submission, and thus further refinement is now required.

NHS Two Year Operational plans were agreed over a longer timeframe to increase and cement the alignment to the longer-term objectives of the STP. We are now undertaking further work to review our STP in light of these Two Year Operational plans to maintain this alignment, in particular reviewing demand, activity and financial assumptions.

2. *Breaking down barriers in the provision of care is fundamental to success, particularly between GPs and hospitals, physical and mental health and between health and social care. This includes the barriers to the transfer of digital information between organisations.*

The revised governance arrangements for the STP bring together senior executives and clinicians across all sectors and settings to develop system-wide solutions to the challenges we face. For example the Clinical and Care Reference Group includes GPs, Medical Directors and social care leads and the Delivery Board includes workstream leads from a wide range of the constituent organisations as well as senior clinicians from primary and secondary care.

In terms of the barriers to the transfer of digital information, our Local Digital Roadmap "Connected Digital Norfolk & Waveney" has been published on the Healthwatch website - www.healthwatchnorfolk.co.uk/ingoodhealth. This document sets out the plans for NHS Paper Free at the Point of Care, and to improve digital interactions between primary and secondary care.

3. *It might take significantly longer than the 5 year timescale of the STP before the fundamental changes that the STP intended to bring about are viewed by the public as a success or a failure.*

The STP has to address system challenges in both the short, medium and longer term in line with the Nationally Mandated targets set out in Five Year Forward View and it will continue to evolve and flex in response to further changes over time.

We will set local milestones over the next five years to deliver the Five Year Forward View and will track the pace of delivery and the degree of success in terms of patient and public satisfaction, achievement of National Targets, achievement of local milestones and financial sustainability. We will use these milestones to assess progress and adjust our approach accordingly, using strong input from our Stakeholder Board and the Clinical and Care Reference Group.

4. *There are questions around how acute services will be able to meet demand before the real improvements to the public's health materialise and the economic modelling that has been done around early intervention strategies.*

There are several approaches within the STP to deal with Acute Hospital demand for both Elective and Non Elective work in addition to the public health interventions. These include;

- A dedicated work stream focusing upon developing more out-of-hospital services to reduce Emergency and Urgent Care Demand including Integrated Multi-Disciplinary Health and Social Care Teams focussing upon patients with existing Long Term Conditions, and increasing Hear and Treat and See and Treat by the Ambulance Service to name a few.
- Increasing access to Primary Care Services and General Practice
- Early intervention through Case Management of vulnerable Groups
- Rapid Access to community services with a 2 hour response
- Earlier intervention by social care working within the integrated teams.

This will mean more patients will be treated in the community and closer to home, offering benefits to the patient and reducing demand on acute hospitals.

In addition, a further dedicated Demand Management workstream has now been established to address the current elective demand and meet the

Referral to Treatment challenges as an immediate priority. This will be achieved by offering more patient choice and the three acute hospitals working more efficiently together. Increasing capacity within Primary Care will also assist with this and plans are currently being drawn up for the GP Five Year Forward View.

5. Providing greater public and in-patient access to therapies that tackle mental health issues at an early stage should be addressed as a strategic issue.

The Five Year Forward View sets out the National targets for improving access to Mental Health Services, which we are well placed to meet. The Mental Health work stream includes a wide range of initiatives to improve access to therapies in primary and community care, urgent care and secondary care. These are being prioritised as early initiatives and work on many of these is already underway. We already have Transformation Funding for Early Intervention in Psychosis services, Integrated Perinatal Mental Health and improving access to Child and Adolescent Mental Health Services.

We have also bid in the latest round for Improving Access to Psychological Therapies targeted at patients with Long Term Conditions to improve compliance and reduce A&E attendances and a further bid for Integrated Mental Health Liaison Services.

6. People with mental health problems do not have access to health services on a parity with the population as a whole, resulting in significantly shorter life expectancy and often inappropriate treatment. These inequalities should be addressed by integrating mental health with other services.

The Mental Health workstream has proposed Parity of Esteem as one of its key priorities in line with the Five Year Forward View. This will include improving how mental health is treated across primary and secondary care; a focus on psychological therapies to support patients with long term conditions; improving psychiatric liaison with acute services and integrating mental health into perinatal services.

7. The reference in the STP Workforce workstream to resilience training for staff should be explained so that its connection to the NHS Five Year Forward View is understood and it is not seen as referring to the whole workforce.

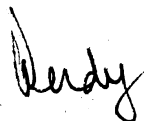
The Workforce workstream is currently being scoped ahead of more detailed planning and to align to the Local Workforce Action Boards. The role and audience for resilience training will be clarified as part of the detailed planning work.

8. The impact of the STP on third sector organisations should be recognised.

We are working with partners from the third sector and have invited the Chief Executives of Community Action Norfolk and Momentum (Norfolk) and the Chair of Carers Council for Norfolk as members of the STP Stakeholder Board to represent the third sector and help identify and manage the impact of the STP.

I hope that this letter has helped to reassure you that the feedback and concerns of Norfolk Health Overview and Scrutiny Committee are being addressed. I look forward to sharing further progress with you in the coming months.

Yours sincerely

A handwritten signature in black ink, appearing to read 'Wendy', written in a cursive style.

Dr Wendy Thomson CBE
Managing Director