

in good health

Our proposals for changing health and social care in **Norfolk and Waveney**



November 2016

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The NHS and social care system is one of this country's greatest achievements and one on which we all rely at some point in our lives. However, our health and social care services face some huge challenges.

Our population is growing, people are generally living longer and the type of care that people need is changing. We know that we must improve how we care for people. And we know that our current services are not sustainable if they continue as they are now.

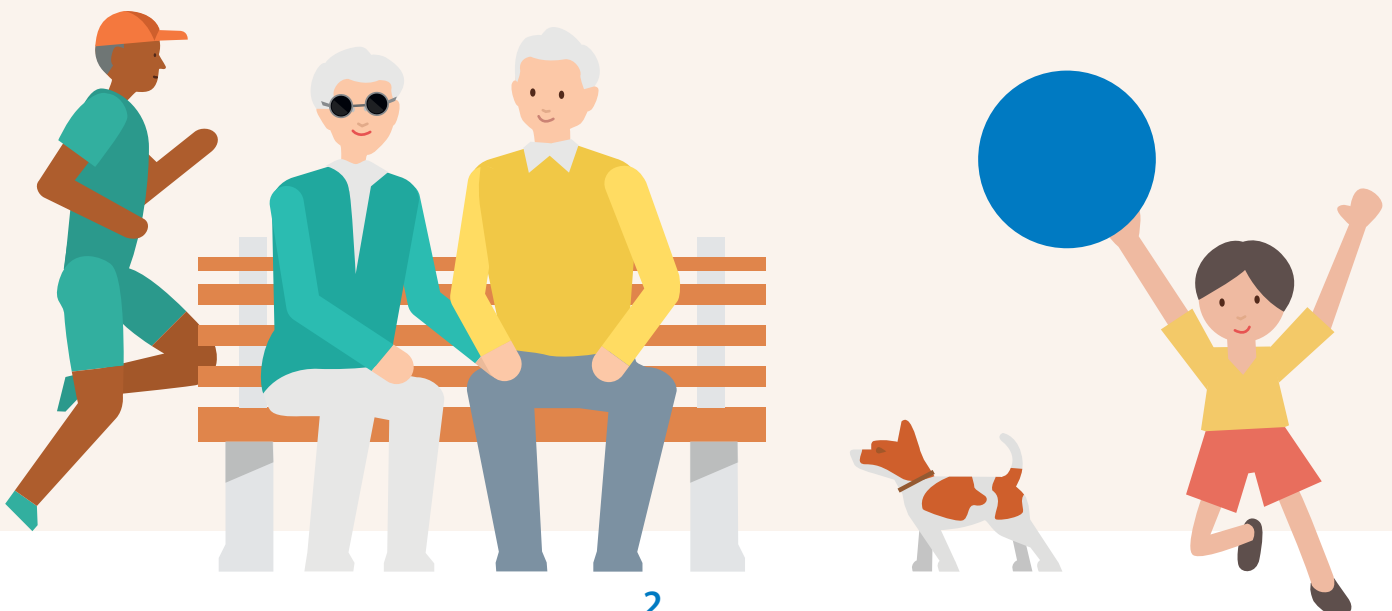
As local health and social care organisations, we are committed to working together to improve our services and to help you to take more control of your own health and wellbeing.

In October 2016 we published '**In Good Health – why health and social care services in Norfolk and Waveney need to change**', which set out the challenges facing our services. Since then we've started to develop ideas for how we can collectively tackle those challenges and rethink how we organise health and social care services.

Our planning for how services will change over the next five years is at a very early stage. Health and social care services in other parts of the country have been working together for longer on their plans and so are further ahead. We have much more detailed planning to do. We know we don't have all the answers to creating services that are fit for the future.

This document sets out some ideas for improving health and social care over the next five years. In many cases it is too early to be able to say exactly what they would mean for you and your family. These ideas need to be tested and worked up in more detail. We need your help to develop these ideas into practical plans that will make a positive difference to the health and wellbeing of local people.

Any changes made would be gradually introduced over the next five years. As local residents, organisations and people who use our services and work in health and social care, we want you to tell us how you think we can improve services and help us to develop these proposals. You can find out more about how to have your say at the end of this document.



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



7,000

more people having
coronary heart disease



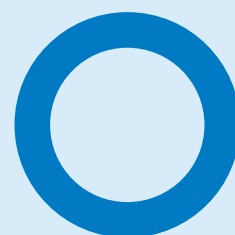
2,000

more people suffering
from a stroke



100,000

more people with
hypertension



50,000

more people getting
diabetes

The challenge

The population of Norfolk and Waveney is growing, which means there are more people to care for. More importantly, the type of care that people need continues to change. Advances in health care mean that people are generally living longer, some with complex and multiple long-term conditions that we could not have treated in the past.

In addition to the health problems we can experience as we grow older, there are other challenges that affect our lives and can make it more difficult to remain independent and living in our own homes. For example, we might not be able to drive any more, or may lose a partner in later life and become isolated from family, friends and the community. People may need help with washing and dressing, staying safe at home, maintaining their friendships or creating new ones.

When people struggle to cope they may need the support of care services. There are also lots of other practical things that can help people remain independent, and many organisations in the community who can provide support. It needs to be easier for older people and their families to arrange this themselves.

Our services are also faced with responding to illnesses associated with the more sedentary lifestyles many of us now have. The impact of smoking-related illness has fallen as fewer people smoke, but the long-term impact of obesity and the increase in disease related to this, such as diabetes, continues to grow.

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

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

Our understanding of the causes and consequences of mental illness, and of the links between mental and physical ill health is far more advanced than even 20 years ago. Too often in the past mental illness has not received the same level of priority as physical health, but this is now being addressed.

Our vision for health and social care in Norfolk and Waveney

There are gaps in some services, with duplication and avoidable delays in others. Many people would prefer to be cared for in their own homes rather than in hospitals or residential care. But if they do not get the right care and support, their illness will get worse and they could then need emergency care in a hospital. When long-term conditions are managed well in the community – with people actively involved in choices around their own care – hospital admission should be the exception.

We aren't just faced with an increase in demand for our services. Norfolk and Waveney also has problems in recruiting appropriately qualified staff across health and social care services, with vacancies in a variety of jobs, from consultants to care assistants.

We are also going to lose a significant number of experienced staff who are due to reach retirement age in the next few years. Unless we change how our services and staff are organised, it will not be possible to continue to provide the quality of service that we all believe is necessary.

We have a total budget of £1.6 billion a year for health and social care services in Norfolk and Waveney. However, we are currently spending more than that each year. If we do nothing, in five years' time we would overspend by £415 million in just one year. This is not sustainable. Together we need to develop better ways that we can both improve health and sustain quality services, using the money and other resources that are available.

Given the scale of the challenges facing us, we are thinking again about the way we care for people and how we organise health and social care services. We have developed a vision for health and social care in Norfolk and Waveney, which is based on what people have told us about how they want to be cared for.

Our vision is to provide high quality services that support more people to live independently at home, especially older people and those with long-term conditions, like heart disease, breathing problems, diabetes or dementia.

What would this mean for you and your family?

- You would have the support you need to keep yourself healthy and well, and in control of your own long-term health.
- You would have good information to help you put in place the support you need.
- When you need care, there would be a greater range of services which can support you at home and near to where you live.
- Your care and support would be coordinated better, and your physical and mental health needs would be considered together.
- Our hospitals would focus on providing you with the specialist and emergency care that is appropriate.

As local health and social care organisations, we are committed to working together to improve our services and to support you having more control of your own health and wellbeing.

Support to keep yourself and your family healthy and well

Our focus will be on helping you to keep healthy, well and more in control of your own long-term health. At the moment we spend most of our time and money treating illness, and not enough on keeping people healthy and well in the first place.

When you do need treatment or care, our goal will be to treat you as early as possible, before your condition gets worse and requires urgent care. This means we need to identify problems sooner. And if you have a long-term condition, such as heart disease, breathing problems, diabetes or dementia, we need to give you better support to manage it.



We have some ideas about how we can do this better:

- You should have access to more advice and support to prevent you from developing a long-term health condition, such as heart disease, breathing problems like emphysema or chronic bronchitis, diabetes or dementia. We could do this by making sure all health and care staff, not just GPs, look out for early warning signs.
- If you have a long-term condition, we want to make sure you have a clear plan for how you can manage your own health and how you can prevent your condition getting worse. If you have better information and advice you are less likely to need emergency hospital treatment.
- We know that people with long-term conditions are at a higher risk of anxiety or depression, so we will make sure that your physical and mental health needs are considered together.
- You should be able to get the information you need so that you can plan for your future, and to help you stay active and independent, including information about financial planning, community activities and travel options.

- So you can quickly get help and advice about a wide variety of topics, we want more of our services to be located together including mental health, housing, benefits and social care. Our 'hubs' would build on the existing early help hubs and be located across Norfolk and Waveney, and they would provide support early on, before problems become more serious.
- Evidence shows that there are times when activities, such as going to walking groups, befriending services or book clubs, can be more effective at improving someone's health than prescribing medication, or can help improve the health of someone who is taking medication. So in future there will be someone at your GP surgery who can talk to you about other options for improving your health.

Case study

NHS Health Checks are aimed at adults aged 40 to 74 years old. They check the health of your heart and work out your risk of developing some of the most disabling – but preventable – illnesses. If you have a Health Check, your GP or pharmacist can refer you to a local group if you would like support to be more active, improve your diet or perhaps stop smoking. We want to encourage more people to have NHS Health Checks, and to use other ways to help identify health problems earlier.

Care closer to home

We know that being cared for at home, near to your family and friends, is almost always better for you than being in hospital or residential care. So we want to develop health and social care services that are closer to your home and which bring together GPs, community services, hospital services, social care and other council services, the independent sector and the voluntary sector.

We want you to get the right care, at the right time and in the right place. By working with you to better plan your care, we can reduce the number of times you have to tell your story at each stage of the process and be more effective at improving your health and wellbeing.

We know that we need to work closer together so that we can do more to improve the health and wellbeing of children, young people and pregnant women. We also want to improve services for people who are at the end of their lives so that they can be better supported to die at home, if that is where they choose to be.



We have some ideas about how we can do this better:

- You should have access to consultants who specialise in a particular condition, such as diabetes, working in the community alongside GP practices and social care, to help you to continue to live at home. At the moment, people have to go to hospital to see specialist consultants like these.
- You should also have access to have other health professionals working in the community and at your GP practice to help you if you have a long-term condition, like heart disease, breathing problems or dementia. They would have more time to spend with you than a consultant or a GP, and they would help you to better understand and manage your condition.
- You should receive social care at home, and be supported to remain independent. At the moment we have too many people with learning disabilities, mental health problems and older people living in residential care.
- If you are living in a residential care home, the staff should have access to medical advice over the phone and online to help you decide

whether you need to go to hospital or if you can be treated by someone else, such as your GP or a pharmacist.

- We could employ more specialist paramedics who can treat you in your own home, where possible, so that you don't need to go to hospital.
- The latest technology offers new ways to help you to stay living in your own home, by helping you to monitor your health and that of your family. For example there are devices which monitor the whereabouts of someone with dementia and can alert another member of their family if they are outside of an agreed safe area.
- You should be supported to settle back in your own home and to regain your independence after a stay in hospital or after a crisis. Teams of health and social care professionals should work with local voluntary and community groups to help you get used to doing everyday tasks again so that you are able to continue to live at home.

Case study

Across Norfolk and Waveney we have teams who provide people with intensive, short-term care where they live. Nurses, therapists, social workers and support staff work closely together in one team to help people to recover from an illness or injury, to get used to living at home again after spending time in hospital, and with end of life care for people with terminal illnesses.

As well as carrying out rehabilitation, the teams can organise any equipment the patient may need, such as walking frames. They can signpost families and carers to additional information and support. The teams work closely with the patient's GP to make sure that they know what is happening throughout.

We want to increase our use of this type of home-based care because it is better for patients and reduces the pressure on our hospitals. Services such as HomeWard in Norwich, out of hospital teams in Great Yarmouth and Waveney, and the 'virtual ward' in West Norfolk are examples of services which are already up and running, and proving effective at preventing people from needing to go to hospital and helping others to leave hospital earlier.

Supporting primary care and GP services

Primary care services are provided from your local GP surgery or health centre, and are led by GPs and other health professionals. They provide general medical care, referrals to specialists and may provide services such as health checks, contraceptive services and immunisations.

There is a case for investing more in primary care and GP services if it would help to recruit more GPs and practice nurses, and make it possible for you to access more services at GP practices. We want to work with our GPs to make primary care services more reliable and able to cope with the rising demand for health and social care services.

Additional investment should make it easier to get help from your GP practice and to improve the quality of care. We want to enable GPs and hospitals to work more closely together, to deliver care closer to your home and provide services that better meet your individual needs.

We have some ideas about how we can do this better:

- Allow you to call your GPs or healthcare professional for advice and help, when that is more convenient.
- Make it easier for you to get help at your GP surgery by providing more training to practice nurses so that they can help you with a wider range of health problems, having paramedics work in GP surgeries to help with assessment of urgent treatments and referrals, and employing pharmacists to work as part of your GP service so that they can help with prescriptions, day-to-day medicine issues and some consultations.
- Provide additional training and opportunities for GPs to encourage them to stay in the profession.

Case study

We want to make it easier for you to get help from your GP practice. Here is an example of how one GP surgery is aiming to do so. Beccles surgery use 'Doctor First', a telephone appointment system you can call about urgent and non-urgent health problems. The receptionist takes a contact number and a very brief outline of the problem. Calls are then prioritised, so if you have an emergency you get immediate help. All other patients get a call back from one of the GPs, usually within two hours, giving you direct access to medical help and advice without having to wait for a booked appointment.

If you need a face-to-face consultation, then the GP will arrange an appointment for you, usually on the same day, and with the appropriate healthcare professional – this may be a GP or a nurse. Two out of three patients have their problem resolved over the phone; only one need a face-to-face consultation.

This system allows patients better access to their GPs who are using their time effectively. The Beccles surgery reports higher levels of patient satisfaction since the introduction of 'Doctor first'.

Improving mental health services

Too often in the past mental illness has not received the same level of priority as physical health. We are committed to changing this and to making it quicker and easier for you to get support if you have a mental health problem.

We believe that it is better for people with mental health problems to be supported near to where they live, and that it is also better for people who care for them. So we want to provide more support in the community.

We know that people with mental health problems often have poorer physical health too. We need to be addressing the physical health needs of those living with mental illness, and always considering the mental and emotional wellbeing of those with physical illness.

We want to make sure that mental health services are better linked with existing community health and social care services, so that we can support your mental health and physical health as a whole.

We have some ideas about how we can do this better:

- If you have a mental health problem, your GP surgery should be equipped to help you. We could achieve this by increasing training for staff, creating mental health practice nurse roles and GP champions, who would develop and share best practice around supporting people with mental health problems.
- You should be well supported if you have dementia, or if you care for someone who does. We could be better at doing this by increasing training for staff and others to help them identify people with dementia, improving support for people with dementia when they return home after being in hospital and joining-up mental and physical health care for people diagnosed with dementia.
- We know that people with long-term conditions are at a higher risk of anxiety or depression, so we will make it easier for people to get treatment, like counselling and psychotherapy, so that they can talk about their problems and feelings in a confidential and safe environment.

- If you are experiencing a mental health crisis, you should get the support you need to prevent things getting worse so you don't need to go to hospital.
- You should be supported early on if you are experiencing a psychotic illness, such as schizophrenia or bipolar mood disorders. This would make it less likely you would need to go to hospital to be cared for. Evidence shows that treatment at the earliest point for psychosis reduces further psychotic episodes in later life.
- We know that staying socially connected, active and purposeful helps your mental health. You should be able to easily find information about volunteering, local activities and other ways you can get involved in your local community.

Case studies

It is estimated that 10% of mothers suffer from post-natal depression in the first eight weeks after giving birth, and that each year 360 women in Norfolk and Waveney have serious mental health problems related to giving birth. The plan is to develop a new service that will directly help women with serious mental health problems, before and after giving birth. It will also train and advise health and social care professionals to be able to help mothers they work with who need support. This service will be designed and implemented with women with experience of mental health problems who have used local maternity services.

Children and young people with mental health problems should get the help they need. Mental health professionals will work with groups of schools, to assist and support teachers identifying and supporting children who may have mental health conditions. We'll also make it easier for children and young people to contact mental health services by creating a single point of access for them to get help.

Our hospitals providing you with specialist and emergency care

Our three main hospitals are highly valued local institutions that play a major role in health services, but they are under unsustainable pressure. There have been big increases in the number of people visiting A&E, being admitted to hospital in an emergency and going to hospital for day treatments. It is also difficult for them to recruit and keep some key staff.

Our hospitals should focus more closely on patients who need specialist or emergency care. When you do need to go to hospital, we will make sure that our A&E departments are able to treat you swiftly and safely. And if you have to be admitted, we will give you the care you need and get you home as quickly as we can.

We know that spending too long in hospital can actually undermine a person's health and their recovery, particularly for older and more frail patients. So it makes sense that a patient should leave hospital as soon as they are medically fit to do so and where the necessary support at home is available to help them with their recovery. We want to find ways to better organise our health and social care services around the needs of patients and reduce the time many of our patients spend in hospital.

We have some ideas about how we can do this better:

- You should have good access to high quality specialist services, such as maternity, cancer, radiology, cardiology, stroke, dermatology and paediatric services. Reviewing these services could identify whether there are better ways to use all of the capacity available between our hospitals and to manage the demand for these services.
- If you go to Accident and Emergency you should be treated by the appropriate healthcare professional. We could develop services for treating minor injuries and illnesses, so that Accident and Emergency services focus on treating people with critical or life threatening situations.
- Moving some clinics that are currently provided in our hospitals into the community, to places such as GP practices and community hospitals, could take pressure off busy outpatient services.
- You should only be in hospital for as long as you need to be. We could, for example, get some patients home quicker by assessing their ongoing, longer-term needs when they are at home, rather than keeping them in hospital until this is done.
- You should be well prepared for leaving hospital. It's important your discharge is planned for earlier and that you have a clear discharge plan.

Case study

It is almost always better for people to spend less time in hospital. So we have started to change how we work so that we are better at identifying and treating patients who can be looked after all in one day, so that these patients don't have to make separate visits to hospital to be assessed, diagnosed and treated.

So they don't have to go to one place to get their blood tested and another to speak to a consultant, all the help these patients need is located together in one part of the hospital. Patients are sent home with ongoing support and supervision as needed.

The latest technology helps to make this possible, for example blood testing equipment can now provide results within five minutes, compared with traditional methods which can take more than an hour.

We want to increase our use of this way of working, because it helps to avoid unnecessary overnight hospital admissions for patients with some conditions. It can be offered either in a hospital, or in the community with hospital and GP teams working together.

How you can find out more

You can read more about the challenges facing our services in **'In Good Health – Why health and social care services in Norfolk and Waveney need to change'**.

You can read the Sustainability and Transformation Plan which we submitted to NHS England in October 2016.

These documents are available from **www.healthwatchnorfolk.co.uk/ingoodhealth**.

How you can get involved

We need local people, and organisations to share their experience, views and ideas about how we can create sustainable health and social care services. There will be opportunities for you to get involved at every stage of our work.

Visit **www.healthwatchnorfolk.co.uk/ingoodhealth** to find out how you can get involved and work with us to improve health and social care services. We will regularly update these pages with opportunities for you to have your say.



If you need this information in large print, or in an alternative version, please call 0344 800 8020.

Produced by Norfolk and Waveney Sustainability and Transformation Programme

- NHS Great Yarmouth and Waveney Clinical Commissioning Group
- NHS North Norfolk Clinical Commissioning Group
- NHS Norwich Clinical Commissioning Group
- NHS South Norfolk Clinical Commissioning Group
- NHS West Norfolk Clinical Commissioning Group
- East Coast Community Healthcare CIC
- East of England Ambulance Service NHS Trust
- James Paget University Hospitals NHS Foundation Trust
- Norfolk County Council
- Suffolk County Council
- Norfolk Community Health and Care NHS Trust
- Norfolk and Norwich University Hospitals 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
- Healthwatch Norfolk
- Norfolk and Waveney district, borough and city councils

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