



Norfolk and Waveney Sustainability and Transformation Plan Progress Update

1. Reason for the report

1.1 The purpose of this paper is to update members of the Norfolk Health Overview and Scrutiny Committee (NHOSC) on the Norfolk and Waveney Sustainability and Transformation Plan (N&W STP), with a focus upon our STP Delivery Plan, in line with the Next Steps of Five Year Forward View and the priorities set out in the last report presented on 8 December by Wendy Thomson. This has been supported by short written updates in NHOSC briefings

2. Report summary

2.1 This report provides information on STP delivery. It outlines the main transformation deliverables that the STP workstreams are focused on and the key challenges faced by system partners in delivering these changes.

3. Specific areas of interest for NHOSC

3.1 NHOSC have asked for specific details on the progress of the N&W STP in the form of a number of questions. These are questions are set out in bold below, with the response which will be discussed further on the day.

3.2 **An update on the rate of progress since the last report from the N&W STP to NHOSC on 8 December 2016**

3.2.1 The recent published ratings for STPs across England confirmed that Norfolk and Waveney **STP was rated as category 2 - 'advanced'** out of four categories, with category 4 being 'needing the most improvement'. This means that the N&W STP has a strong foundation upon which to work and further develop our plans with stakeholders and the public to deliver sustainable transformation. We now aspire to become an Outstanding STP - category 1.

In June 2016 we developed our **STP Delivery Plan** which sets out the programme of work which we intend to deliver over the next four years upto 2020 and the key milestones. Our STP Delivery Plan was agreed by the STP Chairs Oversight Group, the STP Executive and NHS England in the Summer and we are due to publish our plan shortly.

Progress against our plan will be monitored quarterly by NHSE and at our recent meeting with Dr Paul Watson on Friday 13th October 2017 he commended the Norfolk and Waveney STP on the 'very impressive progress' which has been made and the strong programme of work.

3.2.2 Appendix 1 outlines the key STP priorities against each of the four STP work streams, together with the respective Senior Responsible Officer and workstream leads for each.

3.2.3 Information on our STP delivery plan, which is all subject to further engagement and consultation, and due to be published shortly is provided below.

3.3 Progress on STP delivery

The main areas we have made progress on are as follows; -

- Developing our plans for a single strategic commissioning approach (Section 3.4)
- Strengthening our governance by establishing a Chairs Oversight Group and appointing Rt Hon Patricia Hewitt as our STP Independent Chair.
- Developing our STP Delivery Plan and Programme of work upto 2020.
- Developing our plans for Prevention, Primary and Community Care (Section below)
- Progressing plans for Acute Services and for the three hospital to work more as a chain of hospitals, where it makes clinical and financial sense to do so.
- Developing plans to improve mental health services (See below)
- Managing demand and implementing plans to reduce unnecessary hospital admissions
- Reviewing our financial plans for 17/18 and beyond to mitigate against any slippage and ensure they are robust.
- Securing transformation funding nationally of £1.7million revenue and £4m Capital to assist in rolling out the programme of work.

3.3.1 Primary and Community Care

A new Director of Primary Care, Sadie Parker, has recently been appointed to lead the transformation around Primary Care across the STP in line with the GP Five Year Forward View. A Head of Strategic Planning has also been appointed.

As a result we propose to refocus the work stream with a stronger emphasis on primary care. Sadie will take responsibility for driving the changes needed to ensure services meet the needs of local communities and ensure services are clinically sustainable.

We are proposing to develop up to 20 integrated neighbourhood teams delivered by Multispecialty Community Providers (MCPs) to improve access, ensure consistency and reduced variation across Norfolk and Waveney.

The main purpose of this approach is to ensure patients receive more seamless care at the right time and wherever possible and appropriate closer to home.

In line with our STP submission in October 2016 this represents a key shift in the way services are delivered across Norfolk and Waveney. MCPs involve groups of GPs combining with other services such as community health services, pharmacists and mental health and social care to provide integrated community services.

As part of delivering sustainable services for local communities we propose to deliver the following changes in primary care by using an MCP approach, following local engagement and communication sessions, in line with 'The Changing Face of Primary Care'. Where appropriate we will create community hubs for community services to be

accessed locally. We are currently working with our estates teams to identify potential sites for consultation.

- Change 1 Active signposting across the STP Footprint to help people access the most appropriate services
- Change 2 New consultation types to ensure 50% of the public have access to evening and weekend appointments by March 2018 and 100% by March 2019
- Change 3 Reduce the number of people who do not attend their appointment
- Change 4 Develop the primary care workforce through education and training to reduce pressure on GPs
- Change 5 Introduce new ways of working to support practices to become more streamlined particularly around back office and reception functions
- Change 6 Staff development to increase staff satisfaction and retention of staff

The STP partnership will continue to seek the views of the public in determining the exact service model within different communities and looking to other STPs across the country where we can learn from their models and adapt them to suit our communities

3.3.2 Prevention

Prevention is a strong focus of our STP plan with projects being implemented around those areas for which there is a strong evidence base and will have the greatest impact upon people's health.

- Change 1 Expanding the diabetes prevention programme to reduce Type 2 Diabetes across the whole STP. This includes rolling out a tool across General Practice to identify those people who are most at risk of developing diabetes.
- Change 2 Optimising care for patients with existing long term conditions, through improved secondary prevention and reducing complications of the disease.
- Change 3 Developing with stakeholders and the public a systematic social prescribing offer
- Change 4 Targeted lifestyle interventions to help people reduce smoking and alcohol consumption
- Change 5 Extension of the Weight Management Service

3.3.3 Acute Care

The acute care work stream has several key deliverables which include;-

- Reviewing certain acute services to improve clinical sustainability across Norfolk and Waveney, particularly where there are national shortages of certain professional staff (ie Cardiology, Urology and Radiology)
- Where appropriate reconfigure services to deliver the most efficient, effective and safe services across the three hospitals by working more closely together, particularly around elective care.
- Provide some services in a community setting where the majority of services don't need to be provided in a hospital setting (ie ENT and Dermatology).
- Reviewing the recommendations of the Lord Carter review and where appropriate driving efficiencies in back office functions.

We have procured and appointed a supplier, Attain, who commenced on 10th October 2017 to assist us with developing a series of detailed options on service changes, for consultation towards the end of this year, which we will bring back to HOSC.

3.3.4 Cancer

We also have a large programme of work around improving outcomes for patients with cancer including prevention, reducing waiting times, earlier detection through screening and better follow up.

3.3.5 Maternity Services

In Maternity services we have just compiled our programme of work with services users. A final draft will be prepared for further consultation by the end of October.

Our proposed improvements in Maternity Services are based upon delivering the National Strategy around Better Births.

3.3.6 Demand Management

Through the **Demand Management workstream**, system partners are focused on Improving the management of planned care, to deliver consistent approaches and equitable access to providers, and to deliver the maximum 18 week waiting time standard by October 2018.

This is being driven by close, collaborative working across the three acute sites. Another key objective is reducing urgent and emergency activity through improved demand management (supporting the other work streams to deliver admission avoidance schemes) and reduced length of stay.

3.3.7 Urgent and Emergency Care

The most comprehensive transformation within the NHS needs to take place around how we manage the growing demand for urgent and emergency care, in particular for those aged over 65 who make up 1 in 4 of our population.

Our **Urgent and Emergency Care** transformation programme includes:

- The roll-out of the digital 111 service.
- Clinical triage in the 111 service; we have already exceeded the national target 30% of calls being reviewed by a clinician and are now putting in plans to increase this to 50% over this winter.
- The expansion of urgent treatment centres - with a target of 25% of the population to have access to a centre by March 2018
- Work to avoid unnecessary admissions including the implementation of the new ambulance response programme and a Falls Vehicle with rapid response
- The new streaming models in Accident & Emergency (A&E)
- Improving intermediate care in the community.
- There is also a system focus on improving the flow of patients through hospital to avoid delays and we have recently been commended by the Secretary of State for the significant improvements we have made in this regard.
- Implementing Discharge to Assess and the Trusted Assessor Model.

3.3.8 Mental Health

Some of the deliverables of the **Mental Health workstream** include;

- Developing an action plan in response to the recent CQC report.
- Supporting community and primary care to provide mental health support at an early stage, in particular for people with psychosis
- Increasing community based treatment for children and young people with mental health problems
- Reducing acute hospital use for people of all ages with reported mental health problems, including those with dementia
- Re-designing the Mental Health Crisis Pathway to support better access to care in the community and ensure people get the care they need during crisis. We will shortly be engaging with people about these services and establishing crisis cafes
- Mental health practitioners to work alongside emergency services in Accident and Emergency Department providing 24 hour cover within the Norfolk and Norwich Hospital by January 2018
- Peri-natal mental health (supporting women with post-natal depression and prebirth depression) which has already secured funding nationally.

3.4 STP Risks and challenges

The key risks and challenges for system partners are:

- Achieving the scale and pace of change within the available resources
- Implementing the changes to ensure a sustainable workforce
- Developing our digital maturity across Norfolk and Waveney as a key enabler to Change

These are all on our risk log and we have a series of actions in place to address these risks.

3.3 What is planned by way of specific proposals for substantial changes to service,

3.3.1 The N&W STP Executive are fully aware of their statutory duties around engagement and consultation. To this end, the STP executive have appointed a Director of Communications and Engagement (part time) who is leading this work across the STP, with support from leads in the local authorities and the NHS. The STP Executive have been fully briefed on the key areas of engagement and consultation. A new STP Communications and Engagement Strategy has been approved by the STP Executive and will be published shortly. This will set out a timetable over the next twelve months for engagement work.

3.3.2 The appointment of the STP's Independent Chair Patricia Hewitt, who has a wealth of experience in public consultation and engagement, has strengthened this crucial element of the work of the STP.

3.3.3 The STP Executive has received the terms of reference for the newly established joint Norfolk and Waveney committee, who will be responsible for the consultation, for understanding the timetable for decision-making and for understanding how decisions will be made.

3.3.4 The N&W STP is not yet ready to begin pre-consultation work towards a formal public consultation on any area of work within each of the key workstreams (see Appendix 1 for details). Each workstream has a dedicated communications and engagement specialist working with them now to develop a clear timeline for engagement work. This will begin in earnest with six joint events being run with Healthwatch Norfolk at the end of November 2017, focussing on primary (GP) care and hospital services, specifically cardiology, urology and radiology.

3.4 How well do the various CCG commissioning and NHS Trust operating plans, the Norfolk Health and Wellbeing Strategy and the County Council's social care plans fit with the STP?

3.4.1 The commissioners of health and social care in Norfolk and Waveney recognise the opportunities to work more effectively together whilst valuing local priorities and local system working. In September, all five CCG Governing Body meetings in public considered a new commissioning approach with the formation from October 2017 of the new single Joint Strategic Commissioning Committee (JSCC).

3.4.2 There are many decisions we take together and many issues we resolve as one wider system. This 'STP-wide' approach to commissioning provides an opportunity to formalise our closer working arrangements. We aim to improve our efficiency, effectiveness and speed of action by streamlining our decision-making processes, working in a Joint Strategic Commissioning Partnership (JSCP) across the five CCGs. These consist of NHS Great Yarmouth and Waveney CCG, NHS North Norfolk CCG, NHS Norwich CCG, NHS South Norfolk CCG and NHS West Norfolk CCG (together "Norfolk and Waveney CCGs"). Where practicable we will do things once across the STP footprint, where a system-wide approach is more appropriate. Not only will this deliver better value

for money, we believe this will lead to greater consistency, equity and greater clarity within Norfolk and Waveney.

3.4.3 In order to deliver this working in the most effective way, strategic commissioning decisions will be made by a single Joint Strategic Commissioning Committee (JSCC) which will have delegated authority from the Norfolk and Waveney CCG's Governing Bodies to make decisions against a defined set of responsibilities.

3.4.4 CCG Governing Bodies have been asked to approve that new terms of reference for the JSCC and to include these in each CCG's constitution so that the JSCC becomes a formal joint committee of each Governing Body with authority to make decisions as delegated to it. The plan is that this new JSCC will meet in public from April 2018.

3.4.5 This proposal comes with a very clear understanding, articulated by every CCG on behalf of their local populations, which is that localised commissioning works and will continue as before. In many circumstances localised commissioning led by local clinicians with the engagement of patients and stakeholders has delivered considerable benefits. This proposal does not seek to dilute locality-based commissioning, rather to strengthen our work where shared interests and shared contracts are concerned.

3.4.6 There will be a Lead CCG Chief Officer for strategic commissioning. This will be chosen from one of the existing Norfolk and Waveney CCG Accountable/Chief Officers. This person will be expected to regularly liaise with the other Norfolk and Waveney Chief Officers on the work of the JSCC and work with them to communicate a clear view on all issues that arise at the JSCC. The details of this arrangement will be set out in an MOU which will be worked on by the JSCC and the Norfolk and Waveney CCGs.

3.5 Breaking down the barriers between primary and secondary care, physical and mental health and health and social care, particularly in respect of the transfer of digital info between organisations

3.5.1 We recognise that progress around our five key digital programmes remains mixed with slow progress on the development on an integrated electronic patient record (EPR) which has interoperability across the STP footprint. This has been predominantly because we are still awaiting confirmation of national capital funding and also revenue funding of £2.5million for primary care from NHS England.

3.5.2 Several capital bids have been submitted for national transformation funding to enhance our digital maturity and this was prioritised over all other capital bids by the STP Executive. To date no capital funding has been received. We continue to campaign at a National Level to secure funding.

3.5.3 However whilst we wait for national funding we continue to progress a range of issues within our control. In October we have appointed a **Chief Information Officer** as a joint appointment across the STP and NNUH to lead and progress our agenda. We have already appointed Erika Denton as our interim **Clinical Chief Information Officer**. In the meantime we have also appointed Mark Avery for 2 days a week from the EAHSN to reassess our **digital maturity assessment** and develop an option appraisal for an integrated EPR system.

3.5.4 In the meantime we continue to make progress with several digital programmes including rolling out ECLIPSE which is a sophisticated clinical monitoring tool which we are

using to provide an **electronic diabetes early intervention tool** across the STP as part of the £700k received for early intervention for diabetes.

3.6 **Workforce**

3.6.1 A dedicated workshop was held in July to assess all aspects of workforce across the STP, and a new workforce lead for the STP has been appointed. The draft Workforce Strategy will be considered by the STP Executive in October. This is likely to result in a refresh of the work programme for the STP Workforce Group given the significant workforce challenges across both Health and Social Care, in the short, medium and longer term.

3.6.2 A range of specific initiatives in primary care are being taken forward in line with the GP Practice Forward View, with a focus on resilience, sustainability, transformation, demand management and clinical variation. A recent success was the award of £2.2 million funding to enable the international recruitment of GPs to support local workforce challenges across Norfolk and Waveney.

3.6.3 Alongside this, we have continued to work with union representatives, and plan to increase union engagement in the STP.

3.7 **Third sector engagement**

3.7.1 A key workstream for the STP is our Stakeholder Board, chaired by Graham Creelman. This meets monthly and provides an overview of engagement and communication plans to ensure that effective engagement and consultation takes place.

3.7.2 The Stakeholder Board engages with key stakeholders from district councils, the voluntary and community sector and Healthwatch Norfolk and Suffolk, plus other key stakeholder groups in Norfolk and Waveney. To date they have reviewed and commented on our plans for Social Prescribing and mental health service developments, including our new perinatal mental health service, which is one of the first in the country. In the last month they have commented on the STP Communications and Engagement Strategy.

3.7.3 In March 2017, the STP ran three key engagement events with voluntary sector partners across Norfolk and Waveney in partnership with Community Action Norfolk (CAN). A full report has been produced from these events and reviewed by our STP Stakeholder Board. This will be published soon by CAN, and will be used to inform the work of the work streams to ensure full consideration is given to the critical role that the voluntary sector plays in service provision, particularly to some of our most vulnerable groups.

Antek Lejk
Norfolk and Waveney STP Lead
October 2017

Appendix 1

1. Prevention, Primary and Community Care workstream

The key objectives of the Prevention, Primary and Community Care workstream include:

- Improving the prevention, detection and management of major chronic illnesses
- Increasing individual and community capacity for self-care
- Developing a social prescribing model
- Developing and implementing a primary care provision model that improves access and capacity and addresses retention and recruitment in line with the GP 5 Year Forward View
- Developing and implementing optimal integrated care models (Multispecialty Community Providers) by locality to ensure consistency and reduced variation across Norfolk and Waveney

Roisin Fallon-Williams, Chief Executive of Norfolk Community Health and Care, is the SRO and **Catherine Underwood**, Director of Health Integration at Norfolk County Council, is the Lead for this workstream.

2. Demand Management workstream

The key objectives of the Demand Management workstream include:

- Managing the flows of patients into elective care by:
 - Reviewing procedures of limited clinical value in line with national guidance
 - Ensuring CCGs adopt consistent clinical policies and procedures across the system where appropriate
 - Ensuring effective pathways are in place
 - Ensuring consistent approaches to demand and referral management and reducing unnecessary variation in referral
- Ensuring there is good access to a range of providers and encouraging more delivery in the community where appropriate
- Ensuring our provider infrastructure has the capacity to deliver the care it needs and ensure equitable access
- Ensuring we have good quality, consistent, up to date data systems that help us track, review and adjust patient flows

Antek Lejk, Chief Officer for North Norfolk and South Norfolk CCGs is the SRO, and **Mark Burgis**, Chief Operating Officer for North Norfolk CCG, is lead for this workstream.

3. Acute Care workstream

The key objectives of the Acute Care workstream include:

- Developing the strategic direction for acute services delivery and exploring opportunities for back office efficiencies between the acute, community and mental health providers
- Reducing urgent and emergency activity through improved demand management (supporting the other work streams to deliver admission avoidance schemes) and reduced length of stay
- Ensuring acute clinical service sustainability at an STP footprint level across the key nominated specialty areas and their interdependencies by working collaboratively across

the three sites

Christine Allen, Chief Executive of James Paget University Hospitals is the SRO, and **Andrew Palmer**, Director of Performance & Planning, James Paget University Hospitals, is lead for this workstream.

4. Mental Health workstream

The key objectives of the Mental Health workstream include:

- Offsetting and reducing the growth in out of area bed days
- Increasing recording of dementia, improving access to support and reducing the 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 with mental health problems
- Reducing acute hospital use for people of all ages with reported mental health problems, including children and young people and dementia

Julie Cave, Acting Chief Executive of Norfolk and Suffolk NHS Foundation Trust is the SRO, and **Jocelyn Pike**, Chief Operating Officer for South Norfolk CCG, is lead for this workstream.

5. Enabling Workstreams

Further workstreams have also been established to ensure that the delivery of the STP is supported by system-wide approaches to Workforce, Estates, ICT, Finance and Communication.