

Report title:	Norfolk & Waveney Sustainability & Transformation Plan (STP) update
Meeting date:	8 February 2017
Sponsor:	Dr Wendy Thomson, MD, Norfolk County Council Nominated Lead, Norfolk & Waveney STP

Reason for the report

The purpose of this paper is to provide members of the Health & Wellbeing Board (HWB) with an update on the development of key aspects of the Norfolk and Waveney Sustainability and Transformation Plan (N&W STP).

Report summary

This paper provides Board members with an update on developments in key areas including governance arrangements and communications & engagement. It also outlines four bids currently under development for submission to the Transformation Fund.

Key questions for discussion

- What are the main shifts in services reflected in this round of commissioning and operational plans?
- How do these plans support the direction of travel set out in the STP, as discussed by the HWB in November?
- What can HWB members do in support of the STP communication and engagement activity?

Action

The Health & Wellbeing Board is asked to:

- Consider and comment on the update on progress with key aspects of the STP
- Identify any actions that Board member organisations could take at this stage to support/progress the work

1. Background

- 1.1 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 cover the period up to March 2021 and they are seen as blueprints for accelerating implementation of the [Five Year Forward View](#) (5YFV). Guidance and support is available on the NHS website at the following link: <https://www.england.nhs.uk/stps/>.
- 1.2 The approach for STPs is on planning at an area level, rather than organisationally, and the focus is on addressing three national challenges or ‘gaps’:
 - **Health and wellbeing gap** - inequalities in health
 - **Care and quality gap** - ensuring quality and performance of health and social services
 - **Finance and efficiency gap** - ensuring a financially sustainable health and social care system
- 1.3 Norfolk and Waveney is one of 44 STP ‘footprint’ areas and all are required to determine and make proposals for how areas will address the gaps in population health, service quality and system finances.
- 1.4 The HWB has considered key elements of the N&W STP throughout its development and provided comments on the draft STP before its submission to NHS England on 21 October. The [N&W STP submission](#) was published on 18 November, alongside a more accessible summary document tailored for a wider audience. The June and October submissions and supporting summary documents are available on the Healthwatch Norfolk website: www.healthwatchnorfolk.co.uk/ingoodhealth
- 1.5 At the end of November, the HWB held an informal, development workshop where members explored the STP proposals in some detail, with each of the workstream leads, and the Chairman provided feedback to the N&W STP Executive. This feedback and responses to it are attached at Appendix A.
- 1.6 In the few weeks since then, the main developments are:
 - The concluding on 23 December of the 2 year commissioning rounds, and the submission of Trust’s operational plans
 - Refinement of the STPs governance arrangements
 - Agreement on contributions to the STPs programme resourcing

2. Contracting round and operational plans

- 2.1 Each year, CCGs have been required to develop their plans for commissioning services from providers for the following financial year as part of the annual planning process, done in accordance with national guidance.
- 2.2 The NHS Operational Planning and Contracting [Guidance 2017-19](#) (published September 2016) covers two financial years with the aim of providing greater stability and to support transformation. The guidance also explains how the NHS operational planning and contracting processes will now change to support STPs, reaffirms

national priorities and setting out the financial and business rules for both 2017/18 and 2018/19.

2.3 Amongst other things, the Guidance requires plans to demonstrate how they support delivery of the STP, including “clear and credible milestones and deliverables”. Through November and December the system focus in Norfolk and Waveney has been on preparing and submitting 2017/18 to 2018/19 Operating Plans that are aligned to the STP and signing contracts for all the health organisations in time for the 23 December 2016 deadline.

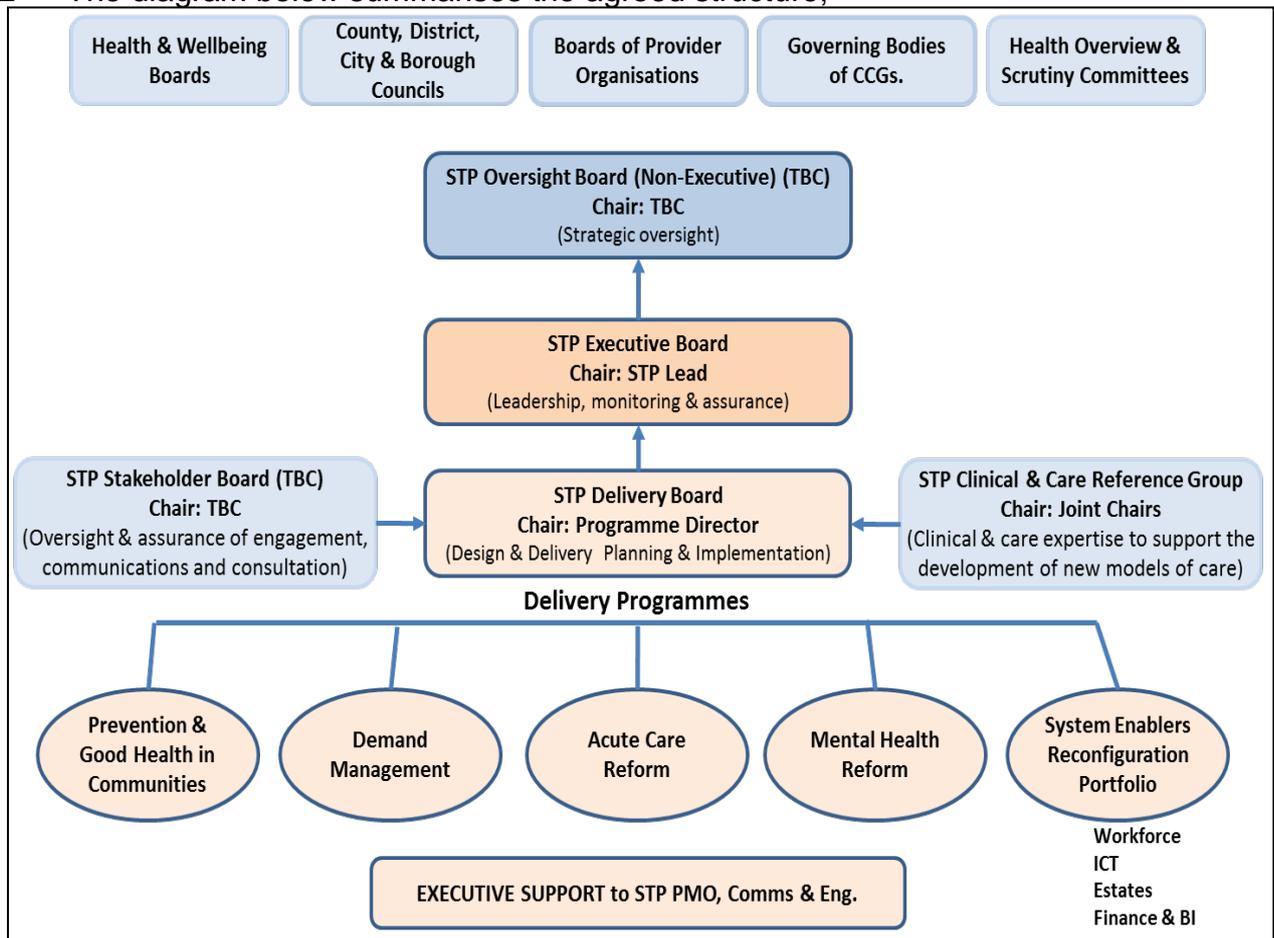
2.4 These plans are based on the [Norfolk and Waveney CCGs Commissioning for 2017/18 - 2018/19](#) document which was discussed at the HWB workshop at the end of November, and which represents the single view of their commissioning plans for the next two years. There will be an opportunity at the HWB meeting for partners to discuss how these plans will support the direction of travel set out in the STP and help in taking the STP forward.

3. Update on Governance

Governance

3.1 The final governance structure for the STP to move us from a planning phase to implementation and delivery was approved by the STP Executive on Friday 20th January 2017. The new arrangements will ensure effective decision-making in combination with clear strategic oversight, strong stakeholder engagement, and robust lines of accountability and transparency.

3.2 The diagram below summarises the agreed structure;



- 3.3 The structure includes an STP Oversight Board with membership which includes the chairs of each of the accountable organisations and elected members of the County Council with an Independent Chair.
- 3.4 The STP Executive Board is established and is providing strategic oversight of the STP Delivery programme, with membership which includes the Chief Executive/Officer of each accountable organisation.
- 3.5 The STP Delivery Board is established and has responsibility for agreeing the Annual Programme of work, KPIs and monitoring of project delivery against agreed milestones and financial savings/efficiencies. Membership includes the Leads for each of the 4 key work streams and the 4 enabling work streams as indicated on the diagram above. Leads have now been appointed to the 4 key workstreams with Mark Burgis (North Norfolk CCG) leading on Demand Management and Catherine Underwood (Norfolk County Council) leading on Prevention & Good Health in Communities. Terms of Reference and Membership are being finalised and a workshop is being held with members to agree the draft Programme of work on 1st February 2017.
- 3.6 Effective engagement with key stakeholders across Norfolk and Waveney, including those from the district/city/borough councils and the voluntary and community sector, is essential. An **STP Stakeholder Board** is being established and will have an overview of the engagement and communication plans and ensure that effective engagement and consultation takes place. A workshop is due to take place on 31st January to undertake a stakeholder mapping event and TOR have been drafted.

The Delivery Board will seek the views of the Stakeholder Board on key elements of the Programme of Work prior to sign off by the STP Executive and on key projects as they develop.

- 3.7 The STP Clinical & Care Reference Group will provide expert clinical and professional advice, support and guidance to the Delivery Board on the Annual Programme of work and key projects with membership from across the clinical and care organisations. It will make a significant contribution to the development of our new models of care and how best practice might be adapted locally to meet the needs of the local population.
- 3.8 The Health & Wellbeing Boards, together with the local councils across Norfolk and Waveney, the Boards of provider organisations, the CCGs' Governing Bodies, and Health Overview & Scrutiny Committees, will continue to play an important role in the strategic oversight of the N&W STP programme.

4. Update on Communications and Engagement

- 4.1 All partners involved in developing the STP actively engage with the public, their patients, service users, staff and the organisations with which they work. We have a wealth of evidence about what local people think about health and social care services and how they could be improved, built from this research, consultations and broader engagement activity. This evidence has already been used to make some immediate changes to the services we provide, as well as providing vital intelligence for the development of our STP.

Recent focus of activity

4.2 During the past few months, work has focused on communicating the challenges that the health and care system in Norfolk and Waveney is facing and how we are working together to address them. This has included:

- **Publishing summary documents** for the public which describe the challenges facing health and social care in Norfolk and Waveney, as well as some of our ideas and potential solutions
- **Running an online discussion** forum so that people can share their ideas for tackling the challenges
- Holding **face-to-face discussions** with some patient groups
- **Providing briefings for local councillors** and holding STP sessions with County Councillors and town and parish councillors
- Providing one-to-one **briefings for our MPs** as well a group briefing session in Westminster
- Setting up a Clinical & Care Reference Group so that the **experiences and ideas of local clinicians** are central to our plan
- **Updating staff** about progress – each organisation has taken responsibility for keeping their staff informed and we are coordinating our messages so that staff get consistent messages at the same time
- **Reporting to, and discussing our work with** NHS boards, CCG governing bodies, Health Overview and Scrutiny Panel (HOSC), as well as the Health and Wellbeing Board.

Plans going forward

4.3 The focus is now on communicating our vision, the ideas and direction of travel set out in our October submission to Norfolk residents, local organisations and professionals, and obtaining feedback on our strategy as a whole.

4.4 Plans are underway to:

- Establish a Stakeholder Board to give a wider range of local organisations a role in developing our STP
- Engage with carers via the Carers Council's existing locality meetings during January and February 2017
- Hold a series of events with the voluntary sector in March 2017
- Work with Healthwatch Norfolk (HWN) to inform and engage the public at their spring and summer programme of roadshows
- Use case studies to highlight how we are making our vision for local health and social care services a reality

4.5 We will also begin a programme of engagement with people and organisations in the development of specific proposals for changing services and our programme of engagement will correlate with the phased implementation of changes. Detailed communications and engagement plans will be developed as part of the planning for each project and we will hold stakeholder workshops and involve local groups who represent people with specific conditions in developing relevant proposals.

4.6 Once we have developed more detailed proposals, we will conduct formal consultations on new models of care, where appropriate, and following national guidance. Consultations will be co-ordinated, with the relevant commissioners and providers of services taking the lead.

5. Bids to the Transformation Fund

5.1 To support the implementation of the [Five Year Forward View](#) vision of better health, better patient care and improved NHS efficiency, NHS England has identified £1 billion of Transformation Funding over the next 5 years, which all 44 STPs will be able to bid against at certain predetermined times for predetermined clinical areas.

5.2 This funding is intended to enable local areas to deliver on key ambitions identified within the Five Year Forward View. The first tranche of funding covered four key areas including; cancer, mental health, diabetes and Learning Disabilities. We await further guidance on further tranches of funding.

5.3 In Norfolk and Waveney we submitted bids in the following areas:

- **Cancer** –
 - Improve **early diagnosis** for people with cancer
 - implement the cancer **Recovery Package** - which will help to identify an individual's care and support needs early, and
 - implement **stratified follow up pathways** - a pathway approach for people who have completed treatment for cancer and which enables all concerned, including the person living with cancer, to make a decision about the best form of aftercare

- **Diabetes** –
 - Improve **uptake of structured education** for people with diabetes - enabling patients to understand what they need to do to keep themselves healthy
 - Improve the **achievement of treatment targets** recommended by the National Institute of Clinical Excellence (NICE) - and thereby driving down variation
 - Improving the timeliness of referrals from primary care to a **multi-disciplinary foot care team (MDFT)** for people with diabetic foot disease by putting in place new or expanded multi-disciplinary footcare teams, thereby reducing the need for amputations
 - Reduce the length of stay for inpatient's with diabetes by the provision of new or **expanded diabetes specialist nursing services**

- **Learning Disabilities** –
 - Improve the independence of 24 adults with Learning Disabilities - by preventing acute admissions and keeping adults in their own home
 - Repatriate 7 Looked After Children back into Norfolk who are currently living out of County.

- **Mental health** –
 - **IAPT**-Based upon evidence from The Kings Fund provide Improved Access to Psychological Therapies(IAPT) targeted at those with Long Term Conditions

to improve treatment compliance and reduce hospital admissions, through improved independence and preventative interventions.

- Developing **Urgent & Emergency Mental Health Liaison Services for Adults and Older Adults**, making sure people who experience a mental health crisis receive the appropriate support to meet their needs within 2 hours and that an evidence-based package of care is in place.

6. Current priorities

6.1 Key priorities for STP partners over the next 3 months include:

- Fully implementing the newly agreed governance structure
- Agreeing the Resourcing Plan for 2017/18
- Appointing a Programme Director for 2017/18
- Agreeing the Annual Programme of Work for 2017/18 along with key performance indicators and savings targets
- Refreshing the Financial Plan in line with Two Year Operational Plans, the Contracting Round and Quality, Innovation, Productivity and Prevention (QIPP) plans.
- Undertaking a Stakeholder Mapping Event
- Building a meaningful conversation with key stakeholders - including through Norfolk and Waveney-wide voluntary sector engagement events in March
- Planning, with HWN, events to inform and engage the public across Norfolk and discussing with Healthwatch Suffolk how best we can achieve this in the Waveney area

Officer Contact

If you have any questions about matters contained in this paper please get in touch with:

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This appendix summarises the outcome of the HWB development workshop held on 23 November. It outlines the key themes arising from the Board's detailed discussion and highlights the key areas of concern, including where Board members may be able to help in addressing the challenges or moving forward.

The Chairman sent this to the STP Executive on 11 January as an attachment to the following letter to Wendy Thomson. This revised summary includes the responses to the 6 questions raised by the HWB.

Sent on behalf of the Chairman of the Norfolk Health & Wellbeing Board

To: N&W STP Executive

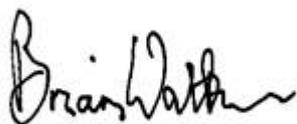
Dear Wendy

As you know, the HWB considered the Norfolk & Waveney STP final submission in detail at a development workshop held on 23 November, when members discussed the proposals with each of the main STP workstream sponsors/leads and then fed back in a plenary session.

The HWB supports the overall direction of the N&W STP and recognises that Board members have a key role to play, as whole system leaders, in addressing the challenges facing us through the STP and in helping 'make it happen'. It is clear from the workshop discussion that the Board does, however, have a number of concerns which it considers need addressing as part of ongoing development and planning.

I attach a summary of the outcome of the workshop which outlines the key themes arising from the Board's detailed discussion and highlights the key areas of concern, including where Board members may be able to help in addressing the challenges or moving forward.

Yours sincerely

A handwritten signature in black ink, appearing to read 'Brian Watkins', with a stylized, cursive script.

Brian Watkins
Chairman, Norfolk Health & Wellbeing Board

Norfolk and Waveney Sustainability & Transformation Plan (N&W STP)

1. Background

The HWB met on 18 October and commented on the N&W STP before its submission to NHS England on 21 October, and considered the final submission in detail at its development workshop on 23 November.

At that workshop, members discussed the proposals with each of the main STP workstream leads and fed back in a plenary session. An outline of the communications and engagement plans was provided, followed by an overview of the Norfolk and Waveney CCGs Commissioning Plans for the next two years (2017/18-2018/19).

The key themes from the Board's discussion around whole system issues, thematic issues and about the overall approach are included at the end of this Appendix.

2. HWB overall views and feedback

The HWB supports the overall direction of the N&W STP and recognises that Board members have a key role to play, as whole system leaders, in addressing the challenges facing us through the STP and in helping 'make it happen'.

The Board has agreed to "Drive the further integration of health services and social care services, and other public services.." and this is set down in its Terms of Reference. The Board also has a valuable role in relation to prevention, including supporting people to adopt and maintain behaviours that are good for health, and in shaping the wider determinants of health, as well as addressing inequalities and health and wellbeing.

Feedback to the STP Executive

However, it is clear from this detailed discussion that the HWB also has a number of concerns which it considers need addressing as part of ongoing development and planning. These concerns can be summarised as follows:

Interconnections – connectedness across the system is key and there is a concern that implementation plans are in danger of being pulled back into individual organisations, running the risk of losing the inter connections.

Question 1– Are we clear that we have embedded joint working and how can we assure ourselves of this?

The STP Executive has approved revised governance arrangements that embed joint working at all levels throughout the structure, including a Chair's oversight Board, at STP executive level as well as through the STP Delivery Board and the 8 associated work streams. In addition there will be strong clinical involvement and engagement with a wide set of stakeholders through a Stakeholder Board and a Clinical and Care Reference Group.

Terms of Reference and membership for the five boards listed below are being developed and agreed.

- *STP Oversight Board with proposed membership to include the chairs of each of the accountable organisations and elected members of the County Council.*

- *STP Executive Board providing strategic oversight of the STP programme, with membership to include the Chief Executive/Officer of each accountable organisation*
- *STP Delivery Board responsible to the STP Executive for implementation of the agreed work programme and the delivery of projects, with membership drawn from across the health and social care organisations within the system who are leading on key work streams.*
- *STP Stakeholder Board which will provide an overview of the engagement and communication plans for the STP programme of work and ensure that effective engagement and consultation takes place with voluntary and third sector groups, other communities of interest and district, borough and city councils as well as town and parish councils.*
- *STP Clinical & Care Reference Group will provide clinical and care advice, guidance and support to the Delivery Board on the Programme of Work with clinical and care membership from across the clinical and care organisations. This group will make a significant contribution to the development of our new models of care, ensuring they are fit for purpose across our population.*

In addition, leaders from across the footprint have engaged in a series of leadership workshops over the last 18 months and the STP Executive have agreed to continue with externally supported system leadership events over the next 6 to 12 months.

Integration – there is a need for further, full integration of health and social care and Board members would find it helpful to see a clearer vision for integration

Question 2 – How can the HWB help with the development of a clear vision for integration?

The STP Executive supports further integration of health and social care and are already developing proposals for this as part of the ongoing work, specifically within the Prevention & Good Health in Communities workstream. The council have appointed a senior leader to take this work forward from a social care perspective. This will also be a focus of the system leadership events over the coming months.

Regular briefings and papers will be presented to the Health & Wellbeing Board to ensure that the board has the opportunity to comment and help shape these proposals.

District councils contribution – we may not be making best use of the contribution of the district councils whose services impact on the wider determinants of health and wellbeing, and the overall approach to localities needs to be better reflected

Question 3 – How best can we ensure that the district council contribution be embedded in the developing plans and what is needed to enable the localities approach be further developed?

District Councils will be represented on the STP Stakeholder Board as well as the Health & Wellbeing Board and will therefore be well placed to help shape proposals for developing the localities approach.

We also envisage that District Councils and other partners will be actively engaged at

a workstream level. For example, the development of integrated locality teams will be a key priority for the Prevention & Good Health in Communities workstream. We would anticipate that the leadership team for this workstream will work closely with all relevant partners in shaping both the overarching approach for locality working as well as tailoring the approach to each locality.

Vision for primary care – The HWB supports the direction of investment in primary care but needs to see a clearer vision

Question 4 – How can the HWB help with the development of the vision for primary care?

The STP Executive agrees that the vision for primary care across Norfolk & Waveney needs to be developed. However there is some excellent innovative work taking place already in Norfolk, for example with the Breckland Alliance and One Norwich. Further developments need to be underpinned and informed by a coherent vision for primary care, including general practice and all other primary health and care professionals.

This is an early priority for the Prevention & Good Health in Communities workstream and the Health & Wellbeing Board and its members will be called upon to help shape this vision over the coming months, either directly at board meetings, through the Stakeholder Board or through active engagement with this workstream.

Communications – there is a need for clear, consistent, core messaging and the development of a clear narrative would help with communications going forward

Question 5 – What plans are there for developing a clear, comprehensive, narrative around the STP with consistent core messaging for use by all, and how can the HWB help with this?

The focus is now on communicating our vision, the ideas and direction of travel set out in our October submission to Norfolk residents, local organisations and professionals, and obtaining feedback on our strategy as a whole. This will be set out in a Communications & Engagement Strategy and includes the following immediate priorities.

- *Establishing a Stakeholder Board to give a wider range of local organisations a role in developing our STP. This work is now near completion and TOR have been drafted.*
- *Engaging with carers via the Carers Council's existing locality meetings during January and February 2017*
- *Holding a series of events with local councillors and with the voluntary sector in March 2017*
- *Working with Healthwatch Norfolk to inform and engage the public at their spring and summer programme of roadshows*
- *Using case studies to highlight how we are making our vision for local health and social care services a reality*

Supporting/Enabling – Supporting and enabling workstreams such as workforce, role of technology, etc, will be critical to the success of the STP and the HWB would like

to better understand how this work is developing.

Question 6 – What further information is available about the development of these supporting or enabling activities and how can Board members engage with it?

Workforce, ICT, Estates and Finance are the four key enabling workstreams and the leads for these workstreams are all members of the recently formed Delivery Board. The Terms of Reference for this board and the prioritised programme of work for all the workstreams to deliver on the intentions set out in the October submission is due to be completed by 10th February.

The draft annual programme of work and supporting resource plans will be taken to the STP Executive for review in February and further updates will be shared with the Health & Wellbeing Board as this work progresses.

Key themes from the 23 November HWB discussion

Whole system issues

- The significant degree of interconnectedness – the overlaps – and the need to build confidence in the system, as well as strength in the links, as we are only as strong as our weakest part
- The need for the whole system to work together to achieve the outcomes, including fully engaging those delivering services that impact on the wider determinants of health and wellbeing (eg the district councils)
- The need to for better reflection of localities – and the need for us, as whole system leaders, to identify the areas where in order to achieve the best outcomes we need to work more on a system wide basis, and the areas where we need to work on a more local footprint, with strong local engagement, in order to achieve the necessary transformation

Thematic issues

- The need for further, full integration of health and social care and for much closer working between all health and social care providers and intervening earlier (eg in relation to diabetes).
- We need to strengthen community provision, along with primary care and mental health and focus on the changes needed in primary care and improving the links.
- We recognise that there are areas that cut across workstreams – for example, across Acute care and the Primary, Community and Social Care workstream
- Prevention and early help are key (eg in relation to mental health and wellbeing). We need to focus on really linking prevention across each of the workstreams - recognising how people live their lives (eg housing, debt, the impact of alcohol, etc) and how crucial these factors are to keeping people well. We also need to properly pick up all the links with the criminal justice system.
- The social prescribing approach feels ‘right’ – but the practicalities will be challenging (eg GPs capacity) and there is under-utilisation of the current infrastructure. So, if we are going to make this work we will need to coalesce around primary care – starting with the

GP practices which are prepared to respond and be 'trailblazers'.

Overall approach

- Good practice - we need to recognise and build on the good practice already happening across Norfolk and Waveney, and elsewhere
- Communications – There is a need for clear, consistent, core messaging and also for patient education - we need to ask the question 'what is the patients' commitment in this?', and ask ourselves 'how do we make it easier for them to fulfil it?'
- Levers for change – we need to identify the incentives and levers for change and agree how best we can work with them eg sharing staff, resources, etc
- Workforce - the need to make the best use of our workforce across the system, develop new skills, etc
- Technology – there is a role for us in using technology to do things very differently (eg integrated care record) and we need to grasp this opportunity
- Shared intelligence - the importance of shared intelligence and shared analysis – enabling us to shift as a system, our services and service-users as well eg get to the bottom of why Norfolk is an outlier (regionally, nationally) around some very stark issues and health and wellbeing outcomes. Targeting the areas of greatest 'heat'
- Mechanisms -we need for mechanisms for diverting funding flows, and for pooling and sharing budgets when we are trying to address the same issue
- Keeping focused - a key question for us is 'how do we join up, organisationally, without losing a focus (eg on mental health)?' A model is provided by the N&W Local Transformation Plan (LTP) for children's mental health, where we are seeing some of the investments coming through
- Stick with it – we recognise that change, and in particular, behaviour change takes time – and we will need to keep confidence in our plans and give them time – and 'stick with it'
- A call for action – we know that this really has to happen, and we in the room can help make this happen but we must focus on action and on outcomes