

<b>Report title:</b>	<b>Norfolk &amp; Waveney Sustainability &amp; Transformation Plan (N&amp;W STP) update</b>
<b>Meeting date:</b>	<b>26 April 2017</b>
<b>Sponsor:</b>	<b>Dr Wendy Thomson, Nominated Lead, N&amp;W STP</b>
<p><b>Reason for the report</b> The purpose of this paper is to provide members of the Health &amp; Wellbeing Board (HWB) with an update on the developing N&amp;W STP.</p> <p><b>Report summary</b> This report provides information on key elements of the STP, including governance, the focus for delivery, bids to the Transformation Fund and communications and engagement. The paper outlines the main shifts in services that the STP workstreams are focused on and the key challenges faced by system partners in delivering these changes.</p> <p><b>Key questions for discussion</b></p> <ol style="list-style-type: none"> <li>1. What are the most important service change necessary to achieve sustainable health and social care system in Norfolk and Waveney, and are HWB system partners contributing to these changes, eg through their operational planning and delivery?</li> </ol> <p><b>Action</b> The Health &amp; Wellbeing Board is asked to:</p> <ul style="list-style-type: none"> <li>• Consider and comment on the report</li> <li>• Identify actions that the HWB/member organisations could take to accelerate progress on delivering the changes necessary to deliver sustainable services.</li> </ul>	

## 1. Background

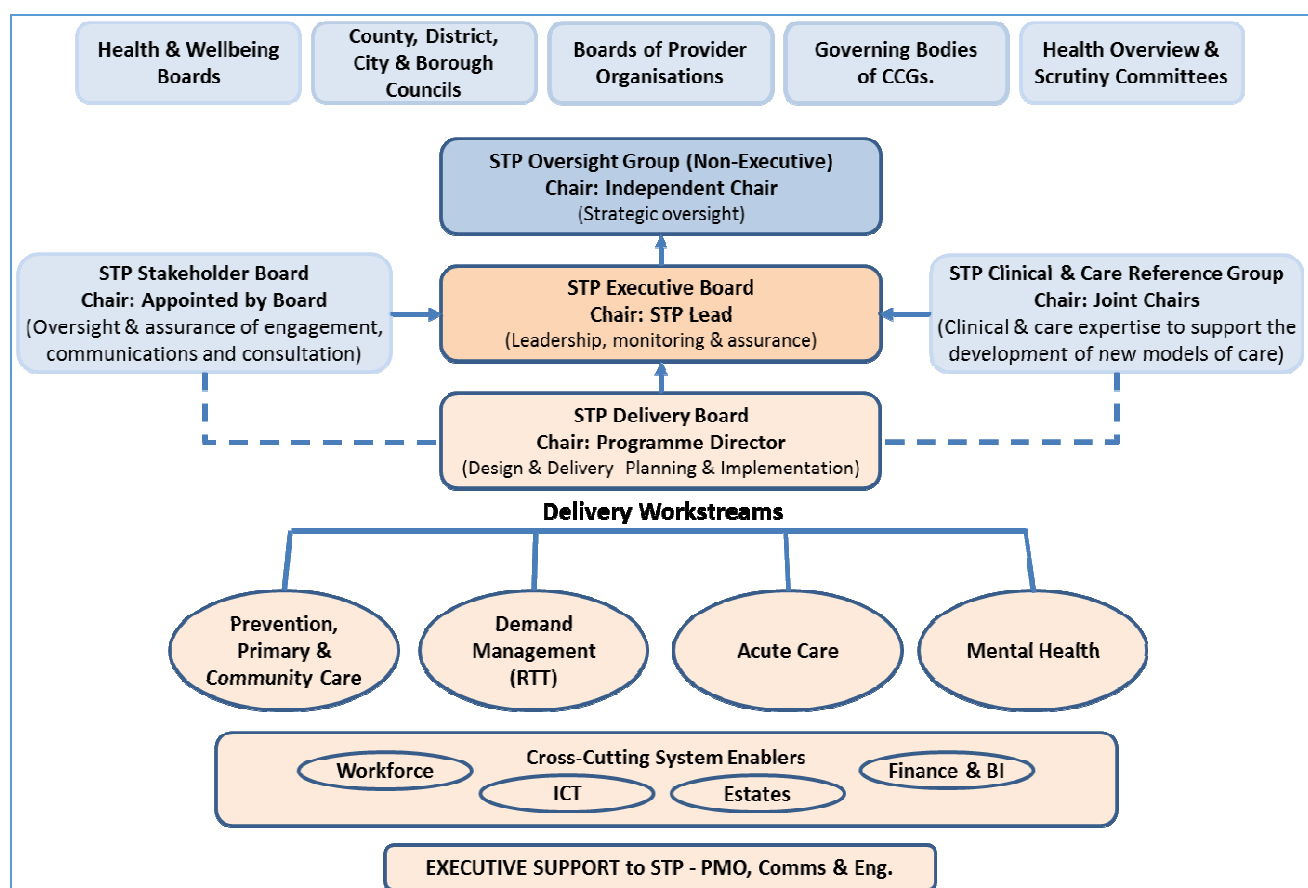
- 1.1 STPs are place-based, system-wide plans for health and social care and cover integration with local authority services “including, but not limited to, prevention and social care, reflecting locally agreed health and wellbeing strategies”. They cover the period up to March 2021 and they are seen as blueprints for accelerating implementation of the [Five Year Forward View](https://www.england.nhs.uk/stps/) (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 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. Key documents including the October submission and supporting summary documents are available on the Healthwatch Norfolk website: [www.healthwatchnorfolk.co.uk/ingoodhealth](http://www.healthwatchnorfolk.co.uk/ingoodhealth).
- 1.5 On 31 March, the NHS published '[Next steps on the NHS Five Year Forward View](#)'. The report outlines progress on the ambitions set out in the Five Year Forward View since its original publication in October 2014, defines what still needs to be achieved over the next two years, and how this will be achieved. It also outlines five priorities for the NHS as follows:
  1. Taking pressure off urgent and emergency care
  2. Better resourced and accessible general practice
  3. Improve rates of cancer survival
  4. More people to receive mental health services, including children and young people, and
  5. Helping frail and older people stay healthy and independent.

## 2. Update on governance

- 2.1 The agreed governance arrangements that are being established for the Norfolk & Waveney STP are set out in the diagram below.



- 2.2 The arrangements will ensure effective decision-making in combination with clear strategic oversight, strong stakeholder engagement, and robust lines of accountability and transparency.
- 2.3 The NHS CCG and Trust Chairs have established an **STP Oversight Group** to support the governance of the STP and to provide ‘non-executive’ oversight of the delivery of the STP and the STP Executive Board. Its membership comprises the Chairs of the NHS provider Trusts and Commissioners together with the Chair of the Health & Wellbeing Board and the Chairs of the County Council’s Adult Social Care and Children’s Services Committees.
- 2.4 The Group has met twice and has agreed its terms of reference and membership. It will be chaired by an Independent Chair who will be appointed by the Group and recruitment for this is underway. Most of the 44 STP footprint areas are making similar appointments in order to provide independent non-executive oversight.
- 2.5 The **Chair of the HWB will provide a verbal update** at the Board meeting.
- 2.6 The **STP Stakeholder Board** has an overview of engagement and communication plans to ensure that effective engagement and consultation takes place. The Board engages with key stakeholders from District councils, the voluntary and community sector and Healthwatch Norfolk plus other key stakeholder groups in Norfolk & Waveney. The Board has appointed Graham Creelman (Chair of the Norfolk Older People’s Strategic Partnership) as its Chairman.
3. **STP workstreams**
- 3.1 The Executive Group decided to do the planning and delivery of the STP through its existing institutional resources and systems, and maintain a very small additional STP resource. Thus the 4 workstreams are primarily accountable for delivery of the

programme, with support from 4 workstreams each led by an SRO with a lead support:

- **Prevention, Primary & Community Care** - Roisin Fallon-Williams, Chief Executive of Norfolk Community Health and Care, is the Senior Responsible Officer (SRO) and Catherine Underwood, Director of Health Integration at Norfolk County Council, is the Lead for this workstream.
- **Demand Management** - 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 the lead for this workstream.
- **Acute Care** – Christine Allen, Chief Executive of James Paget University Hospitals is the SRO, and Andrew Palmer, Director of Performance & Planning, James Paget University Hospitals, is the lead for this workstream
- **Mental Health** - Michael Scott, Chief Executive of Norfolk and Suffolk NHS Foundation Trust is the SRO, and Jocelyn Pike, Chief Operating Officer for South Norfolk CCG, is the lead for this workstream.

3.2 The key objectives of each of the workstreams is given in Appendix A.

### **Main focus for service shifts**

- 3.3 Through the **Prevention, Primary & Community Care workstream** system partners are working on a number of areas including developing and implementing optimal integrated care models known as Multispecialty Community Providers (MCPs) by locality to ensure consistency and reduced variation across Norfolk & Waveney. This represents a key shift in the way services are delivered across Norfolk and Waveney as 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.
- 3.4 The **Acute Care workstream** is developing the strategic direction for acute services delivery. Some of the main shifts will include moving services out into the community – for example, with service areas such as Ear, Nose and Throat (ENT) and Dermatology, where there are opportunities for more of an emphasis on community-based services. Another example is with Maternity services where a focus will be on moving 25% of births into the community by 2021, in line with 'Better Births'. Other key shifts include further collaborative working across the 3 acute sites, for example, with Radiology and also Cardiology, which will bring about improvements in productivity and efficiencies.
- 3.5 Through the **Demand Management workstream** system partners are focused on improved management of planned care, ensuring consistent approaches and equitable access to a range of providers to deliver the 18 week waiting time standard. This is being driven by close, collaborative working across the 3 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.
- 3.6 Examples of how this will be delivered in Norfolk and Waveney include through the NHS England Urgent and Emergency Care 'Must-dos' including the roll-out of the digital 111 service and clinical triage in the 111 service (where we aim for 30% of calls or referrals to be seen by a clinician). Through the national move for GPs to offer appointments 7 days a week and 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 also includes the implementation of the new ambulance response programme and the new streaming models in Accident & Emergency (A&E). There is also a system focus on improving flows of patients ie discharge processes.

- 3.7 Some of the key objectives of the **Mental Health workstream** include 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 and reducing acute hospital use for people of all ages with reported mental health problems, including children and young people and dementia. System partners in Norfolk and Waveney are focusing on the re-design of the Crisis Pathway to support better access to care in the community and ensure people get the care they need during crisis and looking at mental health practitioners to work alongside emergency services. Norfolk and Waveney has secured Transformation Funding of £485k for work around A&E Mental Health Liaison to deliver the 24/7 core standard. Work around peri-natal mental health (supporting women with post-natal depression and pre-birth depression) has already secured funding nationally.
- 3.8 The key challenge for system partners is in fully mobilising our system in developing the detailed plan and in delivering it.

#### **4. CCGs Commissioning round**

- 5.1 Each year, CCGs are required to develop their plans for commissioning services from providers for the following financial year and this is done in accordance with national guidance. 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.
- 5.2 Amongst other things, the Guidance requires plans to demonstrate how they support delivery of the STP and the recent system focus has been on preparing and submitting 2017/18 to 2018/19 Operational Plans that are aligned to the STP as well as signing contracts for all the health organisations. 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.
- 5.3 The CCG's operational planning 2017-19 are in the final stages of approval and will be published in the near future. The CCGs have confirmed that their Operational Plans are aligned with the Norfolk and Waveney STP.
- 5.4 There is now an opportunity at a future meeting for partners to discuss how these plans will support the direction of travel set out in the STP and are helping in take the STP forward.

#### **5. Update on funding opportunities**

- 4.1 There are funding opportunities which are being pursued in order to provide some of the investment required to deliver the necessary changes. £1.1bn of national transformation and efficiency funding for STPs has been identified although the

majority of this has already been allocated to, for example, primary care and the national Vanguard programme to trial new models of care.

- 4.2 In January 11 bids were submitted for Transformation Funding for Diabetes (£2.8m), Mental Health (£5.9m), Learning Disabilities (£800k) and Cancer (£9.1m). These totalled £10.5million in 2017/18 (including £2.5million Capital) and £8m in 2018/19. The bids for Learning Disabilities were unsuccessful. An outcome for the remaining bids is still expected. Further funding opportunities are expected to be announced in the immediate future. To be successful, there needs to be capacity locally to develop system-wide strategic bids for investment that will contribute to the sustainability of services and the financial balance.
- 4.3 Most of the funding has been made available to support the development and implementation of the STP by NHS England, which the Executive Group decided to use to fund the programme management office (PMO). The rest of the work has been resourced through informal secondment arrangements from the partner organisations and funded through pooled monies (£40k per partner).

## **6. Update on Communications and Engagement**

- 4.1 During last autumn and early 2017, 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. The focus is now on communicating the ideas and direction of travel which has further developed since the October submission to Norfolk residents, local organisations and professionals, and obtaining feedback on the strategy as a whole.
- 4.2 Recent action includes:
- Establishing a Stakeholder Board to give a wider range of local organisations a role in developing our STP
  - Engaging with carers via the Carers Council's existing locality meetings during January and February 2017
  - Holding a series of events with the voluntary sector in March 2017
  - Working with Healthwatch Norfolk (HWN) 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
  - Planning for a joint engagement event, with the HWB, for wider stakeholders this summer – for the purposes of developing both the new HWB Strategy and the STP
- 4.3 A Communications & Engagement Lead for the Norfolk & Waveney STP has recently been appointed and this role will bring leadership capacity to progress our approach and build on the work already underway with the VCSE sector and the Stakeholder Board.

### **Officer Contact**

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

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## **Prevention, Primary & Community Care**

- 1.1 The key objectives of the Prevention, Primary & 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 & 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.

## **Demand Management**

- 1.2 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.

## **Acute Care**

- 1.3 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 3 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.

## **Mental Health**

1.4 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

Michael Scott, 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.

## **Enabling Workstreams**

1.5 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 Communications.