

Report title:	The Norfolk and Waveney System Plan for Health and Care 2019-2024
Date of meeting:	30 October 2019
Sponsor (H&WB member):	Patricia Hewitt, STP Independent Chair Melanie Craig, STP Executive Lead
<p>Reason for the Report The report presents an outline of the draft Norfolk and Waveney Health and Care Partnership five-year plan ('the plan') for approval by the Health and Wellbeing Board.</p> <p>To note: Due to the timing of the October Norfolk Health and Wellbeing Board (HWB) it is not possible to present the final plan to members for sign off. Engagement events are still being undertaken throughout October the findings of which will further inform the plan. Consequently, it is recommended that final sign-off is delegated to the Chair of the Norfolk HWB at the STP Oversight Group on 7 November 2019.</p> <p>Report summary The NHS Long Term Plan (January 2019) and its subsequent Implementation Framework (June 2019) sets out the national direction for health and care. Local systems must respond to the actions stated by articulating their plans for the next five years.</p> <p>These plans must capture the national ambition as well as, more importantly, local need with a particular emphasis on prevention, reducing health inequalities and unwarranted variation. In addition systems must articulate how they will deliver fully integrated community-based care, reduce pressure on emergency services, better manage long term conditions, and use technology to improve both primary and outpatient care.</p> <p>Population health is a key driver of the plan alongside an expectation of demonstrable engagement with patients, staff, stakeholders and our public.</p> <p>Recommendations The HWB is asked to:</p> <ul style="list-style-type: none"> a) Consider and comment on the report on draft Norfolk and Waveney Health and Care Partnership five-year plan. a) Delegate HWB sign off for the final version of the Norfolk and Waveney Health and Care Partnership five-year plan to the Chairman of the HWB at the STP Oversight Group on 7 November 2019. 	

1. Background

- 1.1 The plan has previously been discussed with Norfolk Health and Wellbeing Board (HWB) members at the HWB Chairs and Vice Chairs meeting on 23 September 2019. Our first draft plan was submitted to NHS England/NHS Improvement (NHSE/I) on 27 September 2019 and then subsequently shared with the full HWB membership for comment on Monday 30 September 2019. Comments duly received are being considered in further iterations of the plan.
- 1.2 Throughout October there remain a number of specific events being conducted for Voluntary, Community and Social Enterprise providers. Upon completion of these the findings will be

collated and used to inform the final version of the plan. Our final plan will be submitted to the STP Oversight Group for sign off at their meeting on 7 November 2019.

2. The Norfolk and Waveney System Plan for Health and Care 2019-2024 – introduction and summary

2.1 Our goals – what we want to achieve as a partnership

i. To make sure that how healthy you are doesn't depend on where you live.

There are parts of Norfolk and Waveney where people's health and wellbeing is significantly poorer, and where people on average die younger, than other areas. This is something we must change.

ii. To make sure you only have to tell your story once.

Too often people have to explain to different health and care professionals what has happened in their lives, why they need help, the health conditions they have and which medication they are on. Services have to work better together.

iii. To make Norfolk and Waveney the best place for health and care professionals to work.

Having the best staff, and supporting them to work well together will improve the working lives of our staff, and mean people get high quality, personalised and compassionate care.

2.2 Our plan – the five big changes we are going to make:

i. Our GPs, nurses, social workers, mental health workers and other professionals will work together in teams, in the community to provide people with more coordinated care.

- We have set-up 17 teams made-up of GPs and other health and care professionals to provide you with more coordinated care. These teams will include social workers, pharmacists, district nurses, mental health workers, physiotherapists and colleagues from the voluntary sector. We call these teams Primary Care Networks, or PCNs for short.
- By creating teams of different professionals, and where possible locating them in the same buildings too, this will help to coordinate people's care and reduce how often people have to tell their story. It will also mean our staff spend less time trying to get the information they need from patients, carers and other members of staff.

ii. Our hospitals will work more closely together so people get treated quicker in an emergency and don't have to wait as long for surgery and other planned care.

- We have introduced pioneering 'escalation and avoidance teams' so that health or care professionals working across Norfolk and Waveney can get help for people heading for crisis and prevent them going to hospital.
- Our High Intensity Service User Support Services are now in place and provide support and positive intervention to people who frequently attend A&E and GP practices, and who are also known to other partners such as the police and mental health services.
- On 1 January 2020 we plan to launch a single clinical team for urology services across our three acute hospital trusts, as well as a single team providing ENT (ear, nose and throat) services across the Norfolk and Norwich University Hospital and the James Paget University Hospital. These will be followed by single clinical teams for haematology and oncology working across the Norfolk and Norwich.

- iii. We will work together to recruit more staff and we'll invest more in the wellbeing and professional development of our workforce.
 - We are currently developing our workforce strategy for Norfolk and Waveney, which will be completed in early 2020. Having one strategy will enable us to work together to address our workforce challenges more effectively than any one organisation could on its own.
 - We're creating new opportunities for people living locally to start careers in health and care. These include apprenticeships and jobs at a variety of different levels, so that there are opportunities for anyone who wants to work in health and care.
 - We want to expand volunteering opportunities in health and care. We want to create more volunteering opportunities in our GP surgeries and primary care. We are exploring volunteering passports whereby once you are trained as a volunteer you are able to work across a number of organisations and different areas.
- iv. We will help people to make healthier choices to prevent them from getting ill and we will treat and manage illnesses early on.
 - Modern technology provides us with new ways to provide this kind of proactive care. We are already starting to use software to help us work like this and to make more intelligent decisions that improve the health and wellbeing of local people. This approach is called Population Health Management. Our priorities are to use this approach to diagnose and treat diabetes, respiratory disease and cardiovascular disease early on. Over the next 12 months we will roll out a single approach to Population Health Management and embed it as a fundamental part of how we plan services and care for people.
 - To really improve the health and wellbeing of people living locally we need to look at everything that affects our health though, from housing and employment, to loneliness and air pollution. This is why we are working with a much broader range of organisations to address these wider determinants of health, including district councils, schools, voluntary organisations and community groups.
 - We are training our staff so that they can better help people to have the knowledge, skills, tools and confidence to manage their own health and wellbeing, and to be active participants in their own care. Over 500 staff have already attended a two-day health coaching programme, with many more training days planned. And social care in Norfolk has a similar way of working called the "three conversation" approach, which is also about helping people to be independent, rather than being referred to services straight away.
- v. New technology will modernise our health and care services, making it quicker and easier for people to get the care they need.
 - We want to use technology to make sure:
 - People don't have to repeat their story over and over again.
 - Staff all know what everyone else is doing to look after a particular person, so that they don't waste time collecting information or risk prescribing medicines that don't go with the other medicines they are already taking.
 - People can look at their own records and put in details of their conditions and how they prefer to be treated.
 - People can monitor their own condition at home, using simple automatic kits that can alert their doctor or community nurse if there's a problem.
 - We can measure health outcomes, to see if the treatment people received worked.

- One of our top priorities is developing a single digital care record for all health and social care organisations in Norfolk and Waveney to use.
- We are aligning our computer systems so that they work better together. Aligning our computer systems will also support our approach to Population Health Management and enable us to provide people with proactive care, as described above. This is a major programme of work that will have real benefits for people living locally.
- We are increasingly using apps, online support and technology to help people manage their own health, in particular people with long-term conditions. Norfolk and Waveney was the first area in the East of England to launch the NHS App in April 2019.
- All GP surgeries will soon offer online consultations to their patients. Online consultations are a way for people to contact their GP surgery without having to wait on the phone or take time out to go into the surgery. One GP surgery in West Norfolk is already offering patients online consultations enabling patients to see a GP, or an appropriate clinician, either the same day or the following day. Two to four week waits for appointments have stopped.

2.3 Why these goals and why these five big changes?

i. **People's health and care needs are changing.**

- By 2030 we predict the population of Norfolk and Waveney will have risen to almost 1.1 million people and the largest increase will be in the over 75s.
- In 2030 we estimate there will be over 57,000 more people aged 75 and over living locally compared with 2015.
- As we get older, we are more likely to have several different health conditions at once.
- Between 2014 and 2025 we will see an additional 9,000 people with diabetes, 12,000 people with heart disease and 7,000 people with dementia. 5,000 people have suffered a stroke and survived.
- Our services are also faced with responding to illnesses associated with the less active lifestyles many of us now have and the diet we choose. The long-term impact of obesity and the increase in diseases related to this, such as diabetes, stroke and cancers, continues to grow.
- Smoking is responsible for more than 11,000 hospital admissions each year and remains the single largest risk factor contributing to deaths.
- For younger adults, alcohol consumption is the biggest risk factor of ill-health, premature death and disability.
- We estimate that more than 110,000 people in Norfolk and Waveney are unaware that they have high blood pressure and are at greater risk of developing heart disease, kidney disease, dementia or of having a stroke.

ii. **Health and care staff and services are under pressure.**

- In March 2019 there were 68,000 patients on our hospitals' waiting lists, which is an increase of 18% over the last five years.
- Locally two of our hospitals and our mental health trust are in special measures and working incredibly hard to make things better, focusing on delivering services to the high standards they and we all want.
- Last year our local NHS organisations overspent by almost £98 million.

- This isn't just a problem for our public services. The voluntary sector is faced with increasing demand, caring for people with more complex needs and limited resources.
- The way we currently work together is too disjointed and this puts pressure on our staff and services. We need to be better at planning together so that we can make sure there aren't gaps in services, that there isn't any duplication or waste, and so that people who need care, can get it easily.

iii. We struggle to recruit and keep people working in health and care.

- We have over 3,000 vacancies locally, of which around 2,000 are in health organisations and 1,300 in social care roles.
- In 2018 we estimated that a quarter of paid carers and 17% of adult nurses could retire in the next five years based on a retirement age of 60. The actual figure might be even higher due to early retirements, especially for nurses and midwives.
- We also need to make the working lives of our staff and for those in caring roles better for people. We need more compassionate and engaging leadership, positive and supportive working environments, more flexible careers and a better work/life balance for our staff.

iv. In some parts of Norfolk and Waveney people have significantly poorer health, and on average die younger, than other areas.

- Across Norfolk and Waveney, life expectancy is not increasing as fast as the rest of England.
- Men living in the most deprived areas of Norfolk and Waveney die, on average, nearly eight years younger than men living in the least deprived areas.
- People living in parts of Lowestoft, Great Yarmouth, King's Lynn and Norwich have poorer health, and on average die younger, than people who live in better-off parts of Norfolk and Waveney.
- There are also significant pockets of deprivation in our rural areas, particularly in the Brecks and the Fens, in coastal villages and market towns.

v. Our technology is out of date and our computer systems don't all work together.

- Locally we know the technology our NHS organisations use is poor. We need to make the most of the opportunities that new technology offers so that we can provide the type of care that people now need, reduce the pressure on our services, make it easier for our staff to get the information they need to care for people, and so people don't have to repeat their story as often.

vi. Via extensive online and face to face engagement with our public we have been told:

- People don't want to have to repeatedly tell their story to different health and care professionals.
- We should do more to keep people healthy and well and prevent people from getting ill.
- We need to make the most of the opportunities that new technology offers to improve people's care.
- Recruiting more people to work in health and care, and supporting our workforce must be a priority.
- People have mixed experiences of being able to get an appointment at their GP surgery.

- Getting different health and care professionals to work together in teams is a real opportunity to improve people's care.
- Improving mental health care is a priority area for Norfolk and Waveney.
- People generally like going to their local hospital for simple procedures and treatments, and attending other hospitals for more complex procedures.
- We should work more closely with local community groups, voluntary organisations and faith groups.
- It's important we consider travel and transport to and from health services and activities which keep people healthy and well.

3. Improving care for major health conditions

3.1 Alongside these five big changes we're making, our plan contains lots of actions we're taking to improve care for major health conditions, such as cancer, diabetes, stroke and mental health, at for people at key points in their lives, such as when they are having a baby and at the end of their life. These include:

- i. Introducing a new test to help detect and diagnose bowel cancer earlier, so we can treat people quicker and improve their health outcomes.
- ii. Rolling-out the NHS Diabetes Prevention Programme across the whole of Norfolk and Waveney to provide personalised support to people to reduce their risk of developing the condition.
- iii. Working with the local Stroke Network to look at how we can improve rehabilitation in the community for people who've had a stroke.
- iv. Setting-up mental health support teams in schools to provide therapy and support to children at our primary, secondary and special schools.
- v. Creating a Wellbeing Hub in Norwich – at night-time it will be a safe place for people in significant distress, while during the day it will be a walk-in facility and community café, where people can find emotional support when they feel their anxieties or other mental health problems are escalating.
- vi. Improving how we support people with a personality disorder by making sure they receive therapeutic care in the community at an early stage, so that they can manage their condition and are less likely to need to go to hospital.
- vii. Creating digital maternity care records so that all pregnant women can see their care record on their smart phone, read accurate information about pregnancy and get critical reminders about screening, immunisations and appointments during pregnancy.
- viii. Making sure more people with a learning disability have a health check, to help keep them healthy and well, and so any illnesses are picked-up and treated early on.

4. Health and care in 2024

4.1 This is a five year plan for improving the health and wellbeing of people living locally. Many of the actions we are going to take in first couple of years of our plan we are already starting to put into practice.

4.2 At the same time some of our ambitions and goals will take longer, particularly addressing the long-standing health inequalities we have, the causes of which are varied and complex.

- 4.3 We will review this plan every year, adding to it and amending it where we need to. While we will try to, we may not get everything right first time. But we have to be more creative and innovative, and less afraid of failure and risk than we have been in the past, in order to meet the challenges we face.
- 4.4 We will test and learn from different approaches, see what people are doing in other parts of England and indeed across the world, as all developed countries are facing the same kinds of challenges we are. Almost certainly in the next five years new medicines and technology will be developed that again change our understanding of what we can do and what is possible.
- 4.5 We believe that together we really can make a difference. So that come 2024, people's health and wellbeing is better, our health and care services are better, and we get better value for money for every pound people contribute towards the running of the NHS, social care and public services.

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