Norfolk and Waveney STP

Norfolk Health and Wellbeing Board – 27th September 2017

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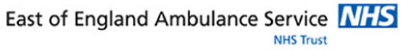
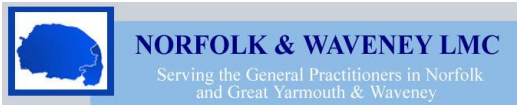
The Norfolk and Waveney STP Members





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AGENDA

1.	Mental Health
2.	Cancer
3.	Local Maternity System (LMS)
4.	Prevention, Primary and Community Care
5.	Urgent and Emergency Care

1. Mental Health	
Reduce primary and secondary care variation in mental health Q1-Q2 2017	Work with CCGs to address practice clinical variation Work with clinicians to improve quality of referrals Enhance integrated working in delivery of crisis services Investigate variation in admission rates and delivery make recommendations to standardise practice across the STP footprint
Improve Psychological Therapies for people with Long Term Conditions and meet access targets 2017/2018	Agree Task and Finish Group work programme Assess workforce developments and training needed (links to Workforce Strategy) Options appraisal and recommendations on optimal service delivery model to achieve national objectives
Improve Psychiatric Liaison in A&E to reduce waiting times	Deliver core 24 standard services for Psychiatric Liaison at NNUH in A&E Recruit additional staff **New service in place by end March 2018**
Crisis Hub	Develop new model and locate suitable property Strengthen links with other services – social care, community services and Housing **New service in place by end March 2018**
Develop Step Down Service By end Sept 2017	Identify suitable premises Establish process for identification of patients suitable for step down and transfer of patients Review and feedback on system and impact on discharges and length of stay

1. Mental Health (continued)	
Improve offer for Early Intervention in Psychosis to meet national service standards 2017/2018	Agree Task and Finish Group work programme Assess workforce developments and training needed (links to Workforce Strategy) Options appraisal and recommendations on optimal service delivery model to achieve national objectives
New Perinatal Mental Health Service	**Bid successful for new 8 bed unit**. Recruitment of staff underway. Implementation plan being worked up Service pathways being developed.
Improved access to CAMHS services through delivery of Local Transformation Plan. Q3 2017/2018	Continued delivery of CAMHS LTP projects: • Eating disorders • Single Point of Access • Crisis pathway • Out of hours assessment and extension of core hours New Collaborative Commissioning Agreement between CCGs, LA's and NHSE Specialised Commissioning to ensure joined up operational pathways for CYP needing intensive/inpatient treatment CAMHS redesign Q2 2019

2. Cancer	
Deliver improved cancer outcomes across the STP footprint	Locality Group established, programme manager appointed. Governance structures being put in place. Delivery plan milestones need review as awaiting confirmation of NHSE transformation funds. Access to these funds linked to delivery of 62 day standard. **NHSE decision expected Sept 2017.** Planning in alignment with EOE Cancer Alliance.
National priorities	Achievement of 2020 Taskforce/Cancer Alliance/STP objectives: Meet and maintain all eight cancer waiting times standards across the STP, implement the Best Practice Pathways, improved cancer patient experience and improved governance, structures and processes. Ensure that all local Trusts are implementing High Impact Actions
Transformation projects: i) Prevention (2017-18)	❑ Increased public awareness of key risk factors and signs and symptoms of cancer: ❑ Increased uptake of screening and timely contact with Primary Care: Reduce unwarranted variation in screening rates, one year survival and cancer outcomes across the STP. Focus on hard to reach groups/areas of deprivation. ▪ Bowel screening – deliver co-ordinated awareness campaign re new FIT test for >60 yr olds. Raise awareness of and implement GP/Primary Care access to FIT for all symptomatic patients ▪ Cervical screening – identify areas of low uptake and target public awareness campaigns/patient follow up to encourage screening attendance. New HPV testing – deliver a co-ordinated awareness campaign to Primary Care re HPV testing. ▪ Lung cancer screening – consideration of future lung cancer screening programme
Transformation projects: ii) Improving Earlier Diagnosis (2017-18)	❑ Right test at right time to enable faster cancer diagnosis: Implement FIT test for symptomatic patients. Improvement in one year survival and number of patients diagnosed at stage 1 & 2: adopt learning from ACE programme/multi-diagnostic centres ❑ Cancer diagnosis confirmed or ruled out within 28 days: Adopt learning from 28 day standard pilots, capacity and demand review and recommendations for commissioners and providers, improved diagnostics workforce capacity and sustainability

2. Cancer (continued)	
	• Improved education, technical and diagnostic tools in use: Ensure Primary Care has robust governance systems in place for cancer and sustainable implementation of NICE Guidance 12, Implement Somerset e-tertiary referrals, Somerset interface with Patient Centre RADlive and digital system for histology. Increase Primary Care involvement in national cancer audits, link to generic integration/information sharing projects.
Transformation projects: iii) Cancer Recovery Package (2017-18)	• Staged implementation of the recovery package: Holistic Needs Assessment, cancer care plans, end of treatment summaries and cancer care reviews to 100% of all eligible patients by 2020. Staged implementation of health and well being events offered to 10% of eligible patients by 2020/21. Link to electronic health records. Establish a comprehensive STP lymphoedema service by 2020/21. Agreement of local tariff for recovery package
Transformation projects: iv) Risk stratification (2017-18)	• Staged implementation of risk stratified follow up and re-entry pathways for breast, colorectal, lung, urology and remaining cancer sites: 100% eligible breast and colorectal by 2019/20, 80% of lung and urology by 2020/21, 100% of all eligible cancer patients by 2020/21. Establish cancer care in the community. Improve skin cancer patient follow up
Specialised Cancer Services (2017-2020)	• Access to high quality, safe and financially sustainable service at the appropriate time/place: radiotherapy review, chemotherapy surgical, diagnostic, children and young peoples specifications.
Cancer Research (2017-18)	• Improved patient experience and more people surviving longer following a diagnoses of cancer. • Improvement in cancer awareness, diagnostics and treatment in partnership with ECRN/EOE Cancer Alliance

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3. Maternity	
Develop Local Maternity System (LMS) to respond to Better Births 2017-2020	• STP Maternity Group established • Allocation of Transformation funding £76,666 for 17/18 and approx. £150,000 for 18/19 to support with implementation of Better Births • Programme Manager to be appointed • Draft LMS Delivery Plan by end September 17 • 9 work streams identified in line with Better Births – all workstreams to have service user involvement

Improve outcomes for Mothers and Babies	• New LMS dashboard to be developed to enable monitoring of 4 maternity related outcomes (plus additional local performance measures e.g. reducing transfers out of region)
	  • Perinatal Mortality
	  • Maternal Smoking At Time Of Delivery
	  • Women's experience
	  • Women's choice
	• Data sharing agreement between 3 Hospitals
	• New dashboard to be populated by end December 2018

Reduction in neonatal mortality and stillbirths	• Implement the 'Saving Babies' lives Care bundle to improve outcomes • Complete gap analysis across the 3 hospitals by end September 2017
Reduction in the numbers of mothers (and their family members) who smoke	• Ensure Smoking At Time Of Delivery data is produced and monitored • Early identification of mothers who smoke and referral to stop smoking services • Systems in place to conduct routine CO monitoring for all women booking for hospital care

3. Maternity (continued)	
Communication and Engagement 2017/2018	• Develop the Maternity Voices Partnership (MVPs) to ensure work streams have service users involved in the implementation • Plan series of consultation events across the system – these will be widely published through use of social media, posters and invites through key groups such as MVPs, Get Me Out Of The Four Walls, Health Watch
Link with wider Estates work stream to develop community hubs 2017/2018	• Identify potential locations of community service hubs across the STP footprint and ensure they are fit for purpose for the delivery of maternity care.
Develop Electronic Maternity Record (EPR) across the LMS By 2020	• Implementation of electronic records at JPUH both in the hospital and community setting • NNUH to complete community IT roll out • Establish inter operability of IT systems across the 3 hospitals

4. Primary, Prevention and Community Care	Primary Care
Refocus works stream with a stronger emphasis on Primary Care	• Director of Primary Care GYW CCG recently appointed to lead transformation around Primary Care across the STP in line with the GP Five Year Forward View • Each CCG to confirm number of localities, undertake readiness assessment and identify clinical lead in each locality by end September 2017.
Implement the 10 High Impact changes by end 2019 in Primary Care	• 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 public have access to evening and weekend appointments by march 2018 and 100% by March 2019 • Change 3: Reduce number of people who do not attend their appointment • Change 4: Develop 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 • Change 7: Develop partnerships and collaborative working across practices building upon existing arrangements • Change 8: Introduce and roll out Social prescribing to assist people with a greater access to a wide variety of services through a Directory of services • Change 9: Support self care with accessible advice and information • Change 10: Develop additional expertise including from clinical pharmacists and physicians associates.

4. Primary, Prevention and Community Care (continued)	Prevention
Expand the Diabetes programme to reduce type 2 diabetes	• Identify a lead CCG to take forward this work • Bid for new funding to develop programme across the STP footprint • Roll out tool across General Practice to identify those people who are most at risk of developing diabetes
Optimise care for people with long term conditions	• Right care plans in place across the STP footprint for Diabetes, Respiratory and Cancer • Implement improvements to Diabetes treatment targets
Develop Social Prescribing offer across the system 2017/2018	• Consultation on the proposed model for social prescribing in each locality (October 2017) • Bid for funding to develop feasibility of Social Impact Bond • Procure range of providers to deliver new model of Social Prescribing by end December 2017
Alcohol	• Expand service from 5 days a week • Enhanced alcohol liaison service in acute trusts • New service in place by end March 2018
Weight management	• Extension of Tier 2 weight management services • Review existing supply and demand • Extension of criteria to wider population group

4. Primary, Prevention and Community Care (continued)	Community
Develop Integrated Models of Care	• Develop Multispeciality Community Providers (MCPs) by locality • Identify and consult on hubs for community services to be accessed locally (links with estates work stream)
Intermediate Care Strategy	• Develop strategy to optimise step up and step down facilities and provide care closer to home. • Integrated hospital discharge team • Home to assess • Trusted assessor
Optimising Housing Solutions	• Develop the Housing Needs assessment • Identify gaps in provision – particularly social housing • Work closely with District councils to identify solutions
Extend Health in Care Homes Model	• Implement new Business case and roll out multidisciplinary team approach across 10,000 nursing and residential care home beds • Training for care staff
End of Life/palliative care	• Develop business case for change with involvement from key stakeholders • Identify key priorities

5. Urgent and Emergency Care	

Establish an STP system wide Urgent and Emergency Care Board (UECB) to oversee transformation	• 3 A&E Delivery Boards to work together to provide oversight of nationally mandated targets across the STP during transitional change
	• UECB to monitor implementation of UEC plans and support our funding allocation of £425,504 to support implementation. Waiting to hear outcome of bid for;
	  • Programme manager
	  • Extending the number of Falls vehicle across the STP
	  • Expansion of Clinical Assessment Service (CAS)

Implementation of UEC plans to meet national targets by end March 2019	• **NHS 111 online**: available in all areas by end December 2017 • **NHS 111 calls:** Currently at 30% - target 50% by end March 2018 (links to bid for expansion of CAS) • **GP access:** Primary care leads working with GP practices to ensure delivery of core requirements of GPFV by end March 2018 • **Urgent Treatment Centres (UTCs):** develop plans to meet UTC core standards and identify facilities – including sites for early designation • **Ambulances:** Reduce conveyance to Type 1 and 2 to Emergency Departments • **Hospitals:** targets for Ambulance hander over within 15 minutes, GP streaming, provision of ambulatory care at least 14 hours a day/7 days a week, introducing frailty pathways, expediting discharge. • Emergency Care dataset in place by end March 2018. • **Hospital to Home**, Discharge to Assess and Trusted Assessor in place.