Health and Wellbeing Board

Item 11

Report title:	**Norfolk and Waveney Health and Care Partnership update**
Date of meeting:	**4 March 2020**
Sponsor (H&WB member):	**Patricia Hewitt, STP Independent Chair** **Melanie Craig, STP Executive Lead**

Reason for the Report

The purpose of this report is to update members of the Health and Wellbeing Board (HWB) on the Norfolk and Waveney Health and Care Partnership, with a focus on progress made with key pieces of work since the last report in October 2019.

Report summary

The report provides an update on the progress of the Norfolk and Waveney Health and Care Partnership, including the financial position and performance of our system, how we are aligning mental health and community teams to our Primary Care Networks, support for people to age well and digital transformation.

Recommendations

The HWB is asked to:

a) Consider what additional actions partners could take, both collectively and individually, to support our health and care system to address the financial challenge we face.
b) Support the continued development of our Primary Care Networks, including the planned integration of mental health and community teams.
c) Support the continued development of our Network Escalation and Avoidance Teams so that we can deliver the two-hour urgent community response and two-day reablement commitments in the NHS Long Term Plan.

in good health
The Norfolk and Waveney Health and Care Partnership

1. Managing the finance and performance of our health and care system

1.1 Key to our success as a partnership of health and care organisations is to work more closely together to manage our finances and performance. To use our money to best effect, we need model having 'one budget' for providing services. This is why we produce a report that look at the finances of all of our local NHS organisations and another about the performance of our whole health and care system.

1.2 The financial position for the Norfolk and Waveney health system at month at month 9, excluding one-off supplemental income we may receive, was a deficit of £78.6m against a planned deficit of £68.1m – a £10.5m adverse position. We are now not expecting to meet the planned system control total for 2019/20 and as a result are forecasting that we will not receive c£25m of one-off supplemental income.

1.3 Overall, we have made an improvement in our financial position this year. In 2018/19 the NHS organisations in Norfolk and Waveney had a total deficit of £97.6m. We are now forecasting a deficit of c£55m for 2019/20. Whilst this is a significant improvement on last year's performance, we know that we must live within our means and that we must continue to work ever closer together in order to improve care and make our services more efficient. As we develop our operational plan for 2020/21 and move towards becoming an Integrated Care System, we are continuing to look for opportunities to change how we work as a system to join-up care and eliminate duplication.

1.4 The last update to the Board noted that the Queen Elizabeth Hospital King's Lynn NHS Foundation Trust had been allocated £1.5m of capital funding for urgent and emergency care. This funding has been used to increase the space for same-day emergency care and capacity in their discharge lounge. Renovated in just six weeks, these changes are already making a significant impact already on patient care and the Trust's A&E performance.

1.6 Further information about our **financial position is included in Appendix A**.

1.7 Further information about our **performance is included in Appendix B**.

2. Merger of the five Norfolk and Waveney CCGs

2.1 Since the Board last met, NHS England and Improvement has authorised in principle the merging of the five CCGs. The CCGs are on track to become one organisation, known as NHS Norfolk and Waveney CCG, from April 2020. The support of members of the Board helped significantly with the CCGs' application.

2.2 It's worth noting that our CCGs are the only ones in the Eastern region that are merging in the next financial year. Due to the support they received from partners and practices, pace of delivery and strong case for change, the CCGs are recognised on the regional and national NHS stage as an exemplar. This is important as the NHS Long Term Plan requires STP/ICS 'footprints' to have one NHS commissioner. The creation of one CCG will enable us to transform services quicker, reduce unwarranted variation and help us to integrate care.

2.3 The following have been elected to the new Governing Body:

- Dr Hilary Byrne – elected by practices in South Norfolk
- Dr Anoop Dhesi – elected by practices in North Norfolk
- Dr Claire Hambling – elected by practices in West Norfolk
- Dr Ardyn Ross – elected by practices in Great Yarmouth and Waveney
- Tracy Williams, Queens Nurse – elected by practices in Norwich

2.4 Dr Anoop Dhesi has been elected by the CCG's member practices to be Chair of NHS Norfolk and Waveney CCG. Anoop is a GP in Stalham in North Norfolk has been Chair of NHS North Norfolk CCG since 2013. Prior to that he has held clinical leadership roles for more than a decade.

2.5 The CCGs are now recruiting lay members, with remits for patient and public involvement, finance and performance, primary care, and financial management and audit, plus two clinical members, a registered nurse and a secondary care doctor.

2.6 Allied to creating a single CCG, the five CCGs have almost finished creating a single management team. This month the CCGs are hoping to complete the rest of the staff interviews and finish appointing to as many roles as possible. It is an important and necessary process to ensure we have the right structure in place both for the single CCG and looking further ahead to when we become an Integrated Care System.

2.7 The CCGs have issued two general updates on their merger which have been issued to partner organisations for sharing and placed on their websites. If members of the Board have not seen these yet, they can be downloaded here: https://www.norwichccg.nhs.uk/publications-policies-and-documents/corporate-information/4067-briefing-norfolk-and-waveney-ccg-february-2020/file

3. Aligning mental health and community teams to our PCNs

3.1 A pilot scheme is going live to transform mental health care by placing Mental Health Practitioners in GP surgeries in five test locations in Lowestoft, Breckland, Fens and Brecks, central Norwich and north Norfolk. This pilot is part of the development of our 17 Primary Care Networks, or PCNs. Co-location is regarded by GP practices as extremely important. When the right model and ways of working are established we expect it to have a significant impact.

3.2 NCH&C is also aligning its community teams to the PCNs in West, South and North Norfolk and in Norwich. This is a further piece of system transformational work which will improve integration and place-based care. East Coast Community Healthcare (ECCH) has already aligned its community staff to practices as part of its re-designed operating model which commenced on 1 April 2019. This is already showing real benefits for staff and patients, including:

- **Practice based huddles to coordinate care for patients:** Routinely there are now meetings at GP practices with ECCH colleagues to discuss patients that have particularly complex health or who are likely to need extra support. These discussions didn't happen previously, but they have enabled GP practices to try out new ways of working. For example at Sole Bay on Fridays they discuss and prepare together for what might happen over the weekend with individual patients who they are concerned about, and on Mondays they discuss what did happen, what they need to do next and what they can learn. These meetings have also led to the development of pro-active welfare checks (including at weekends) for individuals identified by the GP practice who would benefit, such as patients who are recovering from infections and those who have just been discharged from hospital.
- **Liaison nurses building relationships:** Every GP practice has a liaison nurse from ECCH. The nurse takes part in the practice's discussions about who needs visits and support and any patients of concern. Importantly, having these nurses in post has changed the dynamic between GP practices and the ECCH teams. Having a point of contact and consistent staff visiting has really helped to build relationships, which is the foundation of us being able to provide better and more coordinated care to patients.
- **Integrated nursing teams:** ECCH has been working on a number of local projects designed to develop the new model. A good example is the work they are doing with Coastal Villages Partnership where they are integrating nursing teams. The practice nurses and the community nurses are exploring rotational working to support their ongoing learning and development, for example around caring for people with long-term conditions. They are also developing joint clinics and a way of sharing the workload around wound care and diabetes.
- **Helping the James Paget:** The impact hasn't just been on primary care. Whilst still under pressure of course, the James Paget is performing well this winter when compared with other hospitals. Some of this performance can be associated with how we are now caring for people in the community. For example, we have seen a 53% drop in cardiac failure admissions to hospital since the contract started.

  Working with the Ambulance Service, the new Emergency Intervention Vehicle has successfully reduced the numbers of patients conveyed to the James Paget by providing direct interventions, issuing equipment and alarms to enable patients to remain at home; 81% of those treated by the EIV remained at home.

  We have introduced a new triage service for patients with musculoskeletal concerns. This has resulted in 55% of these referrals being managed by ECCH services – in the past these patients would previously have been seen by a consultant led service at the James Paget.

- **Palliative Patients with Complex Needs:** New services have been developed to support palliative patients with complex needs. Six beds have been opened on the Beccles Hospital site and are managed by the St Elizabeth's Hospice palliative care consultant. The positive impact of this is well illustrated by feedback from a GP describing the experience of one their patients who had a stay in Beccles Hospital: "The patient is on two syringe drivers with sub cut fluids at home, administered by her husband, which is allowing her to stay out of the acute care settling and be at home where she wants to be. This would not have happened a few months ago so it is much appreciated." Alongside the six new beds, a 24/7 support and advice line is available (handling on average 78 calls per week) which provides support to families and clinicians managing patients in their homes.

4. Ageing Well

4.1 It has been announced that we are one of just seven 'Ageing Well accelerator sites' across England. The seven accelerator sites will share a total pot of £14m of additional monies to develop a two-hour urgent community response to help older people remain safely at home when their heath deteriorates, helping them to avoid hospital admissions, and to meet the two-day reablement commitment in the Long Term Plan. This is really positive news and a good reflection on how our system is now being viewed by regional and national colleagues.

4.2 We are going to use the funding to develop our Network Escalation Avoidance Teams. Our NEATs currently operate 'in-hours' Monday to Friday, so with our 'accelerator site' status and funding we are looking at how NEATs could operate for longer. This will be achieved through collaboration between system partners, including NCH&C, ECCH, IC24, NSFT, Norfolk County Council, Suffolk County Council and the CCGs.

5. Digital transformation

Introducing online consultations for patients

5.1 Many GP surgeries across Norfolk and Waveney have begun to offer patients online consultations, in addition to all the other ways of contacting their surgery. It means people are getting the help they want quicker and more conveniently. For GP surgeries it reduces the pressure on phone lines and helps them keep face-to-face appointments for those who really need it.

5.2 The website being used in Norfolk and Waveney is a product called Footfall. It enables people to go online and request advice or an appointment without having to telephone. They can do this 24/7 and the requests are attended to during normal working hours. Patients can still phone if they want.

5.3 Patients can ask questions and report symptoms. The practice then looks at the request and responds within a stated timeframe, connecting the patient to the right person, service or support. For many people, an online response or phone call from a clinician can resolve their enquiry. However, they can request a face to face appointment if they wish, or a clinician can advise them to come into the surgery if they think a face to face consultation is necessary.

5.4 Online consultations are expected to be available across Norfolk and Waveney by the summer, but they are already having an impact. Fakenham Medical Practice in North Norfolk reports a drop of 90% in waiting times and a drop of 82% in appointments not kept by patients, as a result of the new website. Comments received by practices include:

"I submitted a form and then 28 mins later I had been seen and sent away with a prescription. Can't get better than that!"

"I just wanted to say that since the introduction of the new system, I think it is brilliant. It seems to be a far greater use of resources and you are dealt with in a far more efficient way. Well done!"

New technology to support people with diabetes to manage their condition

5.5 New technology is helping people with Type 2 diabetes in Norfolk and Waveney to better understand and manage their condition. Clinical studies show that improving self-management skills leads to better health for people with diabetes. It also reduces the chance of suffering from the complications of diabetes – such as heart attack, blindness and stroke.

5.6 To help people with Type 2 diabetes, a new digital resource called Mapmydiabetes is being rolled out. It is a program of information, guidance and self-help tools to support people to manage their diabetes. It provides people with:

- information and education about their diabetes
- in-depth eating and activity coaching, including recipes for people with diabetes
- a highly secure way of sharing information with their GP surgery, so that patients can see their diabetes results and appointments online
- regular updates from their GP surgery about services to help them with their diabetes

5.7 Once a person has been diagnosed with diabetes, they can be supported to access Mapmydiabetes by their GP or practice nurse. The system is very easy to use and patients can access it at home or out and about on laptops, tablets and mobile devices.

Other Primary Care IT projects we are pursuing:

- The Norfolk and Waveney CCG Digital Team has been successful in securing a Digital First Primary Care Accelerator award from NHS England. This is a revenue investment of £228,000 for this year (2019/20), with a further £500,000 for the following four years. Norfolk and Waveney is the only CCG in the Eastern region to be awarded Accelerator Status. It means we can recruit more staff to work with practices to support them in adopting and rolling out new digital initiatives which will benefit our patients.
- Our CCGs have also been awarded £1.1m to digitise older patient records currently held in paper format. This work will be undertaken with 21 practices across the area and will digitise a quarter of a million notes. As well as making the notes available for patients to view online, and reducing the work involved in requests for records, this will create valuable space within GP practices that can be put to use in creating rooms for social prescribers or additional consulting rooms.
- GP Connect allows clinicians in the NHS 111 service to view the patient's GP record. Norwich was the first CCG in the country to go live with this in the summer with a small group of six practices. Shortly NHS 111 staff will be able to book appointments at GP practices, where the practice has made these available. The Ambulance Service will also use it – paramedics will be able to view the patient's GP record in real time when they are called out.

6. Systems Leadership Programme for Directors 2019/20

6.1 36 colleagues from across our health and care system have embarked on our new leadership programme. The programme has been designed to provide the time and thinking space for directors and associate director level leaders across Norfolk and Waveney to consider their

role in strategic system change, to help them identify any learning needs and to work through system issues.

6.2 During the programme participants will work with experts to:

- Develop relationships and trust through joint working; shared experiences; and 'stepping into each other's shoes'
- Rethink their role as a change agent through access to coaching and mentoring; being empowered to think and act differently; and engaging in challenge and debate with peers on hot topics and wicked issues
- Gain an improved understanding of the scale of the challenge faced by the system through access to key speakers; change theory; national policy; and insights into Norfolk and Waveney and its long term plan
- Build their own 'toolkit' of resources to refine their leadership approaches.

6.3 This programme is important because we will only be successful in transforming care and making services fit for the future if we support the cultural and behavioural change that we need to move away from competition and towards greater collaboration.

6.4 Over the next five years we aim to offer similar system leadership programmes like this for staff at all levels across health and care so that we develop a culture of shared ownership for improving the health outcomes for our population. This will include piloting a new coaching in action programme for middle managers, and the launch of 'Springboard' which is a development programme for staff in bands 1-4.

Officer Contact

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

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