

<b>Report title:</b>	<b>Norfolk and Waveney Sustainability and Transformation Partnership (STP) update</b>
<b>Date of meeting:</b>	<b>13 February 2019</b>
<b>Sponsor (H&amp;WB member):</b>	<b>Patricia Hewitt, STP Chair/ Melanie Craig, STP Interim Executive Lead</b>

**Reason for the report**

The purpose of this paper is to update members of the Health and Wellbeing Board (HWB) on the Norfolk and Waveney Sustainability and Transformation Partnership (STP), with a focus on progress made with key pieces of work since the last report in October 2018.

**Action/decisions needed:**

Members of the Health and Wellbeing Board are asked to:

1. Assist with building awareness of the three levels our Integrated Care System will have within their organisations, in order to build a consistent and shared understanding of how the system will work together to improve health and care.
2. Consider the role that partners could play, both collectively and individually, in the development and implementation of our 20 Primary Care Networks across Norfolk and Waveney.
3. Support the continued involvement of service-users, carers, staff and other stakeholders in the implementation of our mental health strategy.
4. Commit to supporting the development of the Norfolk and Waveney five year plan.



**1. Creating an Integrated Care System for Norfolk and Waveney**

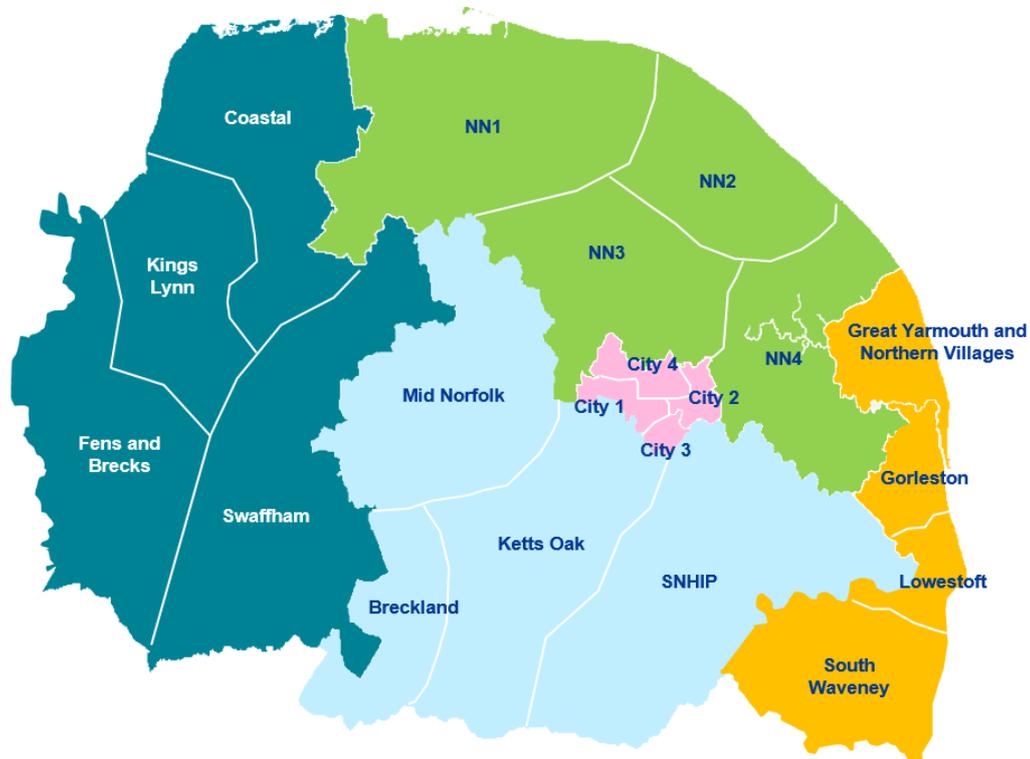
- 1.1 On 7 January 2019, the NHS published its Long Term Plan, which lists a number of important ambitions for the next few years. Central to the delivery of all of them will be the need for people to work together – whether that’s GP surgeries teaming up with each other, as well as community and mental health services and social care, so they can care for people more effectively, or whole health and care systems coming together to plan and deliver improvements for patients. The Long Term Plan says that by April 2021 integrated care systems (ICS) will cover the whole country, growing out of the current network of Sustainability and Transformation Partnerships (STPs).
- 1.2 Over the past few months a significant amount of work has been done to develop our ICS through our involvement in the Aspirant ICS Programme and engagement with a

broader group of colleagues, including CCG governing bodies and provider boards, as well as local voluntary and community sector organisations and patients.

- 1.3 Our ICS will operate at three levels: at “neighbourhood” level, place level and across Norfolk and Waveney. We have been considering what we could do differently at these three levels to better integrate services and provide more joined-up care:

#### At “neighbourhood” level

- 1.4 We will create 20 “neighbourhoods” – four in each CCG area, serving a population of between 25,000 and 70,000 people. At this neighbourhood level we have some really exciting ideas about how we can transform care, based on what the most effective GP practices are already doing.
- 1.5 In each neighbourhood we want to create primary care networks – teams based around groups of GP practices and made up of professionals from a range of different backgrounds, for example there would be an adult social care lead and team, mental health workers and community healthcare colleagues.
- 1.6 These multi-disciplinary teams will work closely with local voluntary and community groups and other statutory services; social prescribing will be a key tool for helping tackle the underlying causes of ill-health. We’ve just been awarded £535,000 from NHS England to develop our primary care networks. [This video](#) explains more about primary care networks and the benefits they’ll bring to people living in Norfolk and Waveney.
- 1.7 Here is a map showing the 20 primary care networks we are developing:



#### At place level

- 1.8 We have five CCG areas which are very different from each other in many ways. For example Norwich is urban and has a much younger population than rural North Norfolk, and so there are some instances when we need to adapt services to meet the needs of

each area. We are creating local delivery groups in each of the five places, involving the district council(s) and other key partners including the voluntary and community sector.

## **Across Norfolk and Waveney**

- 1.9 There are times when it makes sense for us to make decisions and provide services for the whole area or 'system', particularly to remove the unwarranted variations in quality and care that still exist. We need to be clear about when this is the case and equally to understand when we'd be better to make a decision at a more local level.
- 1.10 We have started to draft a vision and strategy for our system, together with a financial strategy, contracting arrangements, an approach to population health management and a plan for how we can strengthen our primary care networks.
- 1.11 We expect NHS England to notify us of the application process for becoming an ICS by the end of February. Governing bodies, provider boards and the Health and Wellbeing Board will be notified of this process as soon as possible. In due course governing bodies, provider boards and the Health and Wellbeing Board will be invited to discuss the expression of interest within the timescales set by NHS England.
- 1.12 As a system we will also be working together over the coming months - and engaging widely with local people - to determine what the NHS Long Term Plan will mean for people in Norfolk and Waveney. In the autumn we will publish our local five year plan, setting out how we will be implementing the NHS Long Term Plan.

## **2. Draft mental health strategy for Norfolk and Waveney published**

- 2.1 On 10 December 2018, we published the draft Mental Health Strategy for Norfolk and Waveney, which is available to read here: <https://www.healthwatchnorfolk.co.uk/ingoodhealth/stp-mental-health>. Our draft strategy has been developed with input from thousands of local people and professionals. Based on what we have heard so far, our vision is to develop and deliver 'place based' services wrapped around primary care through integrating mental and physical health in each of our localities: Great Yarmouth and Waveney, North Norfolk, Norwich, South Norfolk and West Norfolk.
- 2.2 Six pillars have been identified for future work and we are co-designing the detailed plans that sit behind each of these. The pillars are worth highlighting as these come straight from what we have heard about where current services need to be improved:
  - Focus more on prevention and wellbeing
  - Ensure clear routes into and through services and make these transparent to all
  - Support the management of mental health issues in primary care settings
  - Provide appropriate support to those in crisis
  - Ensure effective in-patient care for those that really need it
  - Ensure the system is focused on working in an integrated way to care for patient
- 2.3 Throughout January and into early February we have been asking people what they think of our draft strategy, to help us refine it into the final document. We are currently analysing this feedback and an updated version of the strategy will be presented to the Joint Strategic Commissioning Committee on 19 February for sign-off. We'll continue to engage and involve service users, carers, staff and stakeholders in the implementation of our strategy once it has been finalised.

- 2.4 As a partnership we are committed to working together to respond to NSFT's recent CQC report and to make the improvements to mental health care that we need to. We are working closely with our national NHS colleagues, our counterparts in Suffolk and NSFT itself to ensure that the necessary short-term changes take place quickly and effectively while we're developing a new model of care, based on prevention, primary care and community.

### **3. Review of child and adolescent mental health services**

- 3.1 We have also reviewed child and adolescent mental health services (CAMHS). The review has produced a set of recommendations to create a much more integrated children's system, with consistent system-wide strategic leadership for children and young people's mental health.
- 3.2 As with our review of adult mental health services, this work has been driven by engagement with young people, their parents / carers, professionals and others. The review has looked at a range of aspects of our Local Transformation Plan and our wider ambitions for these important services. This has included commissioning arrangements, leadership and governance, service models, performance, the provider landscape, and the many interfaces these services need to have with other parts of the system.

### **4. Focusing on children and young people**

- 4.1 In addition to reviewing child and adolescent mental health services, we have also given some thought to the wider integration of children's services. We want a greater emphasis in our STP on the needs of children and young people and so we have agreed to create a new STP workstream to channel future transformation work. This will enable us to collectively make the biggest difference to the lives of children and young people living locally, and will support, for example, the implementation of the recommendations from the review of CAMHS.

### **5. Demand and capacity review**

- 5.1 Over the past few months we've undertaken a significant piece of work to analyse and model in more detail:
- the collective finances of all the organisations involved in our STP
  - demand for health and care services in Norfolk and Waveney
  - our resources and capacity to meet the demand for health and care services.

#### **What did the review tell us?**

- 5.2 The review identified key challenges for our partnership:
- A growing and ageing population
  - Primary care working to capacity, with a shrinking GP workforce
  - Acute inpatient bed capacity cannot meet demand
  - Community services cannot meet demand from acutes
  - Social care related delayed transfers of care (DTocS) are high and there is a lack of home care capacity
  - The system has significant financial challenges.
- 5.3 Whilst these challenges were not unknown to us, the review has helped to quantify them in more detail so that we understand more about the scale of the challenges facing us, the causes and some potential solutions.

- 5.4 For example, the review highlighted that if we do not implement the many schemes already in the pipeline and if we do not develop more, the mismatch in demand for services and our capacity to care for those people would result in a deficit of 500 beds by 2023. Together with improving outcomes for patients, this is why we are focused on developing more integrated services for people before they need hospital treatment.
- 5.5 The review is also clear that the issues we face cannot be addressed by any single organisation – only collective interventions across the system will create a sustainable position.

### **Next steps**

- 5.6 The demand and capacity issues could potentially be covered by any one of these workstreams: Acute Transformation, Urgent and Emergency Care or Primary and Community Care. However the issues fall across the whole system and none of those workstreams can cover the whole problem.
- 5.7 So we have agreed to establish a new Demand and Capacity workstream to take forward the findings from the review. The workstream will establish a short, medium and long term plan, with a significant part of its work to focus on the longer term strategy. The Director of Strategy at the James Paget University Hospitals NHS Trust will be the programme director for this work.

## **6. Financial planning**

- 6.1 In January all the NHS organisations involved in our partnership received their 2019/20 control totals and allocations and we have been working together to analyse these. This is a good example of how we are working differently. In the past, each organisation would have looked at their own finances and considered what any changes meant for them. This year we are working much more closely together and sharing information so that we understand the impact of any changes on the finances of our system.
- 6.2 Last year our collective deficit was £65 million and we are currently forecasting a deficit of over £90 million for 2018/19. We have agreed as a partnership that our ambition is to halve this in the next financial year. The additional funding we're receiving as part of the investment announced with the Long Term Plan will help with this, however it will not solve the problem. We need to identify further savings or ways to make our system more efficient.
- 6.3 Through our involvement in the Aspirant ICS Programme, we have developed three system finance documents which will now be presented to CCG governing bodies and trust boards for approval:
- **Financial Strategy:** This sets out the behavioural principles and framework under which the system will operate. In doing so our collective focus will be on managing the system within the total available resource, rather than from any single organisations perspective, and thus manage financial risk collectively.
  - **Contracting Arrangements:** This sets out the principles and method under which the system will contract in order to drive collaboration and a cost focus across the system. In doing so this will reduce the transactional activity, freeing up resources to deliver transformation. The focus on cost will ensure that increased activity, which the system can't afford, isn't incentivised.

- **Memorandum of Understanding:** This sets out the STPs partners' agreement on the basis of the financial principles of collaboration, financial governance structures, and roles and responsibilities. In doing so this signals partners desire to operate collaboratively to achieve our vision for the system.

## Officer Contact

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

**Officer Name:**

Chris Williams

**Tel No:**

01502 719500

**Email address:**

[chris.williams20@nhs.net](mailto:chris.williams20@nhs.net)



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